

BRENDENWOOD WATERWORKS, INC.

April 20, 2021

Office of the Commission Clerk
Florida Public Service Commission
2540 Shumard Oak Blvd.
Tallahassee, FL 32399-0850

Re: Docket No. 20210055-WU - Application of Brendenwood Waterworks, Inc. for Staff Assisted Rate Case in Lake County – *Staff First Data Request*

Dear Commission Clerk,

Brendenwood Waterworks, Inc. hereby submits its response to Staff’s First Data Request in the above referenced docket.

1. Purchased Water: All Utility related bills from the beginning of the test year to present which include meter number and location, gallons used, dollars paid, and the Utility's account numbers.

Response: Not applicable. There was no purchased water.

COM _____
 AFD _____
 APA _____
 ECO 1 _____
 ENG _____
 GCL _____
 IDM _____
 CLK _____

2. Purchased Power: All Utility related electricity bills from the beginning of the test year to present which include meter number and location, kilowatts used, dollars paid, and the electric company's account numbers.

Response: See attached electric bills. It should be noted that this was also requested by the FPSC auditor and supplied to him as well.

3. Chemicals: A list of all chemicals used in the treatment of water, amounts purchased, quantity purchased, unit prices paid and dosage rates utilized.

4. **Response:** See attached chemical bills and schedule. It should be noted that this was also requested by the FPSC auditor and supplied to him as well. The only chemical used is Sodium Hypochlorite (Chlorine 12%) and the dosing rate is 0.18 mg/l per 1,000 gallons.

5. Contractual Services - Testing: A list of tests along with costs paid to outside laboratories for testing the water treatment during the test year.

Response: Normal required testing is included in the operations contract with U.S. Water Services Corporation (USWSC). Abnormal event testing is billed separately. Attached is the abnormal testing invoice. This was also requested and supplied to the FPSC auditor. Below is the normal operational testing included in the USWSC contract.

RECEIVED FPSC
 APR 26 2021 1:00 PM

FPSC Staff First Data Request
 April 20, 2021

	Samples	Frequency	Cost/sample	Total Cost	Total Cost/yr
	Req'd				
Total Coliform	3	3/month	\$ 7.50	\$ 22.50	\$ 270.00
DBP - TTHMs	2	2/year	\$ 185.00	\$ 370.00	\$ 370.00
Nitrates	1	1/year	\$ 14.00	\$ 14.00	\$ 14.00
Lead & Copper	10	1/year	\$ 16.00	\$ 160.00	\$ 160.00
Tri-Annuals	1	1/3 yrs	\$ 1,345.00	\$ 1,345.00	\$ 448.33
Radionuclides	1	every 6 yrs	\$ 265.00	\$ 265.00	\$ 44.17
Totals					\$ 1,306.50

6. Contractual Services - Other: The costs of operation and maintenance work not performed by Utility employees with an explanation of the type of work performed. These costs include the operator's fee, mowing and grounds keeping and contracted repair for the water system.

Response: All operation and maintenance work is performed under contract with USWSC. A copy of the test year invoices and contract is attached. It should be noted that this was also requested by the FPSC auditor and supplied to him as well.

7. Transportation Expenses: A schedule of all vehicles by serial number and description owned or leased by the Utility, original cost or lease documents, whom the vehicles are assigned to, and an explanation of how they are allocated to the Utility, or a copy of the log book showing miles on personal vehicles associated with Utility business. All vehicles are to be available for inspection.

Response: N/A. The utility does not own any vehicles.

8. Copies of your most recent Primary and Secondary Water Quality test results.

Response: Attached.

9. Copies of monthly operation reports for water from January 1, 2020, through December 31, 2020, (test year) which includes: Total water purchased or pumped, total wash water, total of each chemical in points, chemical dosages rates (average),\.

Response: Attached.

10. Copy of monthly totals of metered water sold for each month of the test year.

Response: See attached Unaccounted for Water Report. This information is also contained in the Annual Report on file at the FPSC. (see W-4 attached).

FPSC Staff First Data Request

April 20, 2021

11. A written summary, by permit number, of all Department of Environmental Protection, Water Management District, and/or County Health Department permits.

Response: See attached.

12. If any plant addition has been made or will be required due to a written order from a governmental agency, please provide a copy of that order.

Response: N/A.

13. A list of all service complaints received during the test year and four years prior to the test year. Please include the date of the complaint, an explanation of how each complaint was resolved, and the date of resolution.

Response: See attached, also provided on the enclosed USB.

14. A listing of all assets owned by the Utility.

Example: 200' – 8" PVC (Sewer)
 250' – 6" PVC Pipe (Water)
 50' – 6" PVC Fire Hydrants (Water)

Response: See attached Schedules W-4, W-5, and W-6 from the Annual Report on file at the FPSC.

15. Number of customers classified as to meter size and class (commercial or residential) for the following points in time:

- a. A minimum of four years prior to the beginning of the test (or calendar last) year.
- b. The beginning of the last calendar year.
- c. The end of the last calendar year.
- d. Present.

Response: See Schedule W-3 attached from the Annual Report on file at the FPSC.

16. Please provide a copy of the Utility's engineering maps for the water system showing location and size of water mains throughout the service area and customer location and classification.

Response: See attached.

17. Please fill out the spreadsheet attached concerning any pro forma items. Please include any bid proposals or estimates for the pro forma items. (Pro forma items are any major maintenance or improvements planned for the system within the next two years.) If less than three bid proposals were received for each pro forma item, please explain why.

Response: N/A. There are no pro forma items.

FPSC Staff First Data Request

April 20, 2021

If you have any questions, please do not hesitate to contact me at (727) 848-8292, ext. 245.

Respectfully Submitted,

A handwritten signature in blue ink, appearing to read "Troy Rendell". The signature is stylized with a large initial "T" and "R".

Troy Rendell

Vice President

Investor Owned Utilities

// for *Brendenwood Waterworks, Inc.*



duke-energy.com
1.877.372.8477

Account number **83421 91297**

Your usage snapshot - continued

Current electric usage for meter number 000169501			
Actual reading	16080		
Previous reading	- 15112		
Energy used	968 kWh		
PRESENT ONPEAK	3,265	PREVIOUS ONPEAK	3,043
DIFFERENCE ONPEAK	222	ON PEAK KWH	222
PRESENT KW (ACTUAL)	4.43	PRESENT PEAK KW	4.43
BASE KW	4	ON-PEAK KW	4
LOAD FACTOR	29.7%		



A kilowatt-hour (kWh) is a measure of the energy used by a 1,000-watt appliance in one hour. A 10-watt LED lightbulb would take 100 hours to use 1 kWh.

Billing details - Electric Charges

General Service Non-Demand Secondary (GS-1)	
BILLING PERIOD..11-24-20 TO 12-28-20 34 DAYS	
CUSTOMER CHARGE	\$15.09
ENERGY CHARGE	
968 KWH @ 8.602c	83.27
FUEL CHARGE	
968 KWH @ 3.094c	29.95
ASSET SECURITIZATION CHARGE	
968 KWH @ 0.252c	2.44
Total Electric Charges	\$130.75

Your current rate is General Service Non-Demand Secondary (GS-1).

This bill for electric service covers an extended period of time.

Billing details - Lighting Charges

Lighting Service Company Owned/Maintained (LS-1)	
BILLING PERIOD..11-24-20 TO 12-28-20 34 DAYS	
CUSTOMER CHARGE	\$1.54
ENERGY CHARGE	
65 KWH @ 3.064c	1.99
FUEL CHARGE	
65 KWH @ 2.955c	1.92
ASSET SECURITIZATION CHARGE	
65 KWH @ 0.032c	0.02
Total Lighting Charges	\$5.47

Your current rate is Lighting Service Company Owned/Maintained (LS-1).

For a complete listing of all Florida rates and riders, visit duke-energy.com/rates

Billing details - Equipment/Rental Charges

EQUIPMENT RENTAL FOR:
0001 SV RW 16000





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1.877.372.8477

Account number **83421 91297**

Your usage snapshot - continued

Current electric usage for meter number 000169501			
Actual reading		15112	
Previous reading		- 14328	
Energy used		784 kWh	
PRESENT ONPEAK	3,043	PREVIOUS ONPEAK	2,901
DIFFERENCE ONPEAK	142	ON PEAK KWH	142
PRESENT KW (ACTUAL)	7.44	PRESENT PEAK KW	2.42
BASE KW	7	ON-PEAK KW	2
LOAD FACTOR	16.7%		



A kilowatt-hour (kWh) is a measure of the energy used by a 1,000-watt appliance in one hour. A 10-watt LED lightbulb would take 100 hours to use 1 kWh.

Billing details - Electric Charges

General Service Non-Demand Secondary (GS-1)	
BILLING PERIOD..10-27-20 TO 11-24-20 28 DAYS	
CUSTOMER CHARGE	\$14.07
ENERGY CHARGE	
784 KWH @ 8.696c	68.18
FUEL CHARGE	
784 KWH @ 3.35c	26.26
ASSET SECURITIZATION CHARGE	
784 KWH @ 0.252c	1.98
Total Electric Charges	\$110.49

Your current rate is General Service Non-Demand Secondary (GS-1).

Duke Energy Florida utilized fuel in the following proportions to generate your power: Coal 8%, Purchased Power 11%, Gas 80%, Oil 0%, Nuclear 0%, Solar 1% (For prior 12 months ending September 30, 2020).

Billing details - Lighting Charges

Lighting Service Company Owned/Maintained (LS-1)	
BILLING PERIOD..10-27-20 TO 11-24-20 28 DAYS	
CUSTOMER CHARGE	\$1.44
ENERGY CHARGE	
65 KWH @ 3.341c	2.17
FUEL CHARGE	
65 KWH @ 3.181c	2.07
ASSET SECURITIZATION CHARGE	
65 KWH @ 0.032c	0.02
Total Lighting Charges	\$5.70

Your current rate is Lighting Service Company Owned/Maintained (LS-1).

For a complete listing of all Florida rates and riders, visit duke-energy.com/rates

Billing details - Equipment/Rental Charges

EQUIPMENT RENTAL FOR:
0001 SV RW 16000

fb_def_duke_bill_20201124221358_4_sfa-61107-000004489





Your usage snapshot - continued

Current electric usage for meter number 000169501			
Actual reading	14328		
Previous reading	- 13534		
Energy used	794 kWh		
PRESENT ONPEAK	2,901	PREVIOUS ONPEAK	2,747
DIFFERENCE ONPEAK	154	ON PEAK KWH	154
PRESENT KW (ACTUAL)	8.21	PRESENT PEAK KW	6.86
BASE KW	8	ON-PEAK KW	7
LOAD FACTOR	14.3%		



A kilowatt-hour (kWh) is a measure of the energy used by a 1,000-watt appliance in one hour. A 10-watt LED lightbulb would take 100 hours to use 1 kWh.

Billing details - Electric Charges

General Service Non-Demand Secondary (GS-1)	
BILLING PERIOD..09-28-20 TO 10-27-20 29 DAYS	
CUSTOMER CHARGE	\$14.07
ENERGY CHARGE	
794 KWH @ 8.696c	69.05
FUEL CHARGE	
794 KWH @ 3.35c	26.60
ASSET SECURITIZATION CHARGE	
794 KWH @ 0.252c	2.00
Total Electric Charges	\$111.72

Your current rate is General Service Non-Demand Secondary (GS-1).

Billing details - Lighting Charges

Lighting Service Company Owned/Maintained (LS-1)	
BILLING PERIOD..09-28-20 TO 10-27-20 29 DAYS	
CUSTOMER CHARGE	\$1.44
ENERGY CHARGE	
65 KWH @ 3.341c	2.17
FUEL CHARGE	
65 KWH @ 3.181c	2.07
ASSET SECURITIZATION CHARGE	
65 KWH @ 0.032c	0.02
Total Lighting Charges	\$5.70

Your current rate is Lighting Service Company Owned/Maintained (LS-1).

For a complete listing of all Florida rates and riders, visit duke-energy.com/rates

Billing details - Equipment/Rental Charges

EQUIPMENT RENTAL FOR:
0001 SV RW 16000





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Account number **83421 91297**

Your usage snapshot - continued

Current electric usage for meter number 000169501			
Actual reading	13534		
Previous reading	- 12586		
Energy used	948 kWh		
PRESENT ONPEAK	2,747	PREVIOUS ONPEAK	2,587
DIFFERENCE ONPEAK	160	ON PEAK KWH	160
PRESENT KW (ACTUAL)	9.38	PRESENT PEAK KW	2.93
BASE KW	9	ON-PEAK KW	3
LOAD FACTOR	13.7%		



A kilowatt-hour (kWh) is a measure of the energy used by a 1,000-watt appliance in one hour. A 10-watt LED lightbulb would take 100 hours to use 1 kWh.

Billing details - Electric Charges

General Service Non-Demand Secondary (GS-1)	
BILLING PERIOD..08-27-20 TO 09-28-20 32 DAYS	
CUSTOMER CHARGE	\$14.07
ENERGY CHARGE	
948 KWH @ 8.696c	82.44
FUEL CHARGE	
948 KWH @ 3.35c	31.76
ASSET SECURITIZATION CHARGE	
948 KWH @ 0.252c	2.39
Total Electric Charges	\$130.66

Your current rate is General Service Non-Demand Secondary (GS-1).

Billing details - Lighting Charges

Lighting Service Company Owned/Maintained (LS-1)	
BILLING PERIOD..08-27-20 TO 09-28-20 32 DAYS	
CUSTOMER CHARGE	\$1.44
ENERGY CHARGE	
65 KWH @ 3.341c	2.17
FUEL CHARGE	
65 KWH @ 3.181c	2.07
ASSET SECURITIZATION CHARGE	
65 KWH @ 0.032c	0.02
Total Lighting Charges	\$5.70

Your current rate is Lighting Service Company Owned/Maintained (LS-1).

For a complete listing of all Florida rates and riders, visit duke-energy.com/rates

Billing details - Equipment/Rental Charges

EQUIPMENT RENTAL FOR:
0001 SV RW 16000





Your usage snapshot - continued

Current electric usage for meter number 000169501			
Actual reading		12586	
Previous reading		- 11718	
Energy used		868 kWh	
PRESENT ONPEAK	2,587	PREVIOUS ONPEAK	2,413
DIFFERENCE ONPEAK	174	ON PEAK KWH	174
PRESENT KW (ACTUAL)	9.00	PRESENT PEAK KW	3.23
BASE KW	9	ON-PEAK KW	3
LOAD FACTOR	13.9%		



A kilowatt-hour (kWh) is a measure of the energy used by a 1,000-watt appliance in one hour. A 10-watt LED lightbulb would take 100 hours to use 1 kWh.

Billing details - Electric Charges

General Service Non-Demand Secondary (GS-1)	
BILLING PERIOD..07-29-20 TO 08-27-20 29 DAYS	
CUSTOMER CHARGE	\$14.07
ENERGY CHARGE	
868 KWH @ 8.696c	75.48
FUEL CHARGE	
868 KWH @ 3.35c	29.08
ASSET SECURITIZATION CHARGE	
868 KWH @ 0.252c	2.19
Total Electric Charges	\$120.82

Your current rate is General Service Non-Demand Secondary (GS-1).

Billing details - Lighting Charges

Lighting Service Company Owned/Maintained (LS-1)	
BILLING PERIOD..07-29-20 TO 08-27-20 29 DAYS	
CUSTOMER CHARGE	\$1.44
ENERGY CHARGE	
65 KWH @ 3.341c	2.17
FUEL CHARGE	
65 KWH @ 3.181c	2.07
ASSET SECURITIZATION CHARGE	
65 KWH @ 0.032c	0.02
Total Lighting Charges	\$5.70

Your current rate is Lighting Service Company Owned/Maintained (LS-1).

For a complete listing of all Florida rates and riders, visit duke-energy.com/rates

Billing details - Equipment/Rental Charges

EQUIPMENT RENTAL FOR:
0001 SV RW 16000





Your usage snapshot - continued

Current electric usage for meter number 000169501			
Actual reading		11718	
Previous reading		- 10726	
Energy used		992 kWh	
PRESENT ONPEAK	2,413	PREVIOUS ONPEAK	2,232
DIFFERENCE ONPEAK	181	ON PEAK KWH	181
PRESENT KW (ACTUAL)	10.43	PRESENT PEAK KW	5.59
BASE KW	10	ON-PEAK KW	6
LOAD FACTOR	13.8%		



A kilowatt-hour (kWh) is a measure of the energy used by a 1,000-watt appliance in one hour. A 10-watt LED lightbulb would take 100 hours to use 1 kWh.

Billing details - Electric Charges

General Service Non-Demand Secondary (GS-1)	
BILLING PERIOD..06-29-20 TO 07-29-20 30 DAYS	
CUSTOMER CHARGE	\$14.07
ENERGY CHARGE	
992 KWH @ 8.696c	86.26
FUEL CHARGE	
992 KWH @ 3.35c	33.23
ASSET SECURITIZATION CHARGE	
992 KWH @ 0.222c	2.20
Total Electric Charges	\$135.76

Your current rate is General Service Non-Demand Secondary (GS-1).

Duke Energy Florida utilized fuel in the following proportions to generate your power: Coal 8%, Purchased Power 11%, Gas 80%, Oil 0%, Nuclear 0%, Solar 1% (For prior 12 months ending June 30, 2020).

Billing details - Lighting Charges

Lighting Service Company Owned/Maintained (LS-1)	
BILLING PERIOD..06-29-20 TO 07-29-20 30 DAYS	
CUSTOMER CHARGE	\$1.44
ENERGY CHARGE	
65 KWH @ 3.341c	2.17
FUEL CHARGE	
65 KWH @ 3.181c	2.07
ASSET SECURITIZATION CHARGE	
65 KWH @ 0.027c	0.02
Total Lighting Charges	\$5.70

Your current rate is Lighting Service Company Owned/Maintained (LS-1).

For a complete listing of all Florida rates and riders, visit duke-energy.com/rates

Billing details - Equipment/Rental Charges

EQUIPMENT RENTAL FOR:
0001 SV RW 16000





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Account number **83421 91297**

Your usage snapshot - continued

Current electric usage for meter number 000169501			
Actual reading	10726		
Previous reading	- 9680		
Energy used	1,046 kWh		
PRESENT ONPEAK	2,232	PREVIOUS ONPEAK	2,056
DIFFERENCE ONPEAK	176	ON PEAK KWH	176
PRESENT KW (ACTUAL)	10.30	PRESENT PEAK KW	4.26
BASE KW	10	ON-PEAK KW	4
LOAD FACTOR	14.1%		



A kilowatt-hour (kWh) is a measure of the energy used by a 1,000-watt appliance in one hour. A 10-watt LED lightbulb would take 100 hours to use 1 kWh.

Billing details - Electric charges

General Service Non-Demand Secondary (GS-1)	
BILLING PERIOD..05-29-20 TO 06-29-20 31 DAYS	
CUSTOMER CHARGE	\$14.07
ENERGY CHARGE	
1,046 KWH @ 8.696c	90.96
FUEL CHARGE	
1,046 KWH @ 3.35c	35.04
ASSET SECURITIZATION CHARGE	
1,046 KWH @ 0.222c	2.32
Total Electric charges	\$142.39

Your current rate is General Service Non-Demand Secondary (GS-1).

For a complete listing of all Florida rates and riders, visit duke-energy.com/rates

Billing details - Lighting Charges

Lighting Service Company Owned/Maintained (LS-1)	
BILLING PERIOD..05-29-20 TO 06-29-20 31 DAYS	
CUSTOMER CHARGE	\$1.44
ENERGY CHARGE	
65 KWH @ 3.341c	2.17
FUEL CHARGE	
65 KWH @ 3.181c	2.07
ASSET SECURITIZATION CHARGE	
65 KWH @ 0.027c	0.02
Total Lighting Charges	\$5.70

Your current rate is Lighting Service Company Owned/Maintained (LS-1).

Billing details - Equipment/Rental Charges

EQUIPMENT RENTAL FOR:
0001 SV RW 16000





Your usage snapshot

Current electric usage for meter number 000169501			
Actual reading		9680	
Previous reading		- 8390	
Energy used		1,290 kWh	
PRESENT ONPEAK	2,056	PREVIOUS ONPEAK	1,842
DIFFERENCE ONPEAK	214	ON PEAK KWH	214
PRESENT KW (ACTUAL)	12.30	PRESENT PEAK KW	4.78
BASE KW	12	ON-PEAK KW	5
LOAD FACTOR	14.9%		



A kilowatt-hour (kWh) is a measure of the energy used by a 1,000-watt appliance in one hour. A 10-watt LED lightbulb would take 100 hours to use 1 kWh.

Billing details - Electric charges

General Service Non-Demand Secondary (GS-1)	
BILLING PERIOD: 04-29-20 TO 05-29-20 30 DAYS	
CUSTOMER CHARGE	\$14.00
ENERGY CHARGE	
1,290 KWH @ 8.665c	111.78
FUEL CHARGE	
1,290 KWH @ 3.35c	43.22
ASSET SECURITIZATION CHARGE	
1,290 KWH @ 0.222c	2.86
Total Electric charges	\$171.86

Your current rate is General Service Non-Demand Secondary (GS-1).

For a complete listing of all Florida rates and riders, visit duke-energy.com/rates

Billing details - Lighting Charges

Lighting Service Company Owned/Maintained (LS-1)	
BILLING PERIOD: 04-29-20 TO 05-29-20 30 DAYS	
CUSTOMER CHARGE	\$1.43
ENERGY CHARGE	
65 KWH @ 3.329c	2.16
FUEL CHARGE	
65 KWH @ 3.181c	2.07
ASSET SECURITIZATION CHARGE	
65 KWH @ 0.027c	0.02
Total Lighting Charges	\$5.68

Your current rate is Lighting Service Company Owned/Maintained (LS-1).

Billing details - Equipment/Rental Charges

EQUIPMENT RENTAL FOR:	
0001 SV RW 16000	





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Account number **83421 91297**

Your usage snapshot - continued

Current electric usage for meter number 000169501			
Actual reading			8390
Previous reading			- 7264
Energy used			1,126 kWh
PRESENT ONPEAK	1,842	PREVIOUS ONPEAK	1,614
DIFFERENCE ONPEAK	228	ON PEAK KWH	228
PRESENT KW (ACTUAL)	10.04	PRESENT PEAK KW	5.30
BASE KW	10	ON-PEAK KW	5
LOAD FACTOR	15.6%		



A kilowatt-hour (kWh) is a measure of the energy used by a 1,000-watt appliance in one hour. A 10-watt LED lightbulb would take 100 hours to use 1 kWh.

Billing details - Electric charges

General Service Non-Demand Secondary (GS-1)	
BILLING PERIOD..03-30-20 TO 04-29-20 30 DAYS	
CUSTOMER CHARGE	\$14.00
ENERGY CHARGE	
1,126 KWH @ 8.665c	97.57
FUEL CHARGE	
1,126 KWH @ 0.733c	8.25
ASSET SECURITIZATION CHARGE	
1,126 KWH @ 0.222c	2.50
Total Electric charges	\$122.32

Your current rate is General Service Non-Demand Secondary (GS-1).

For a complete listing of all Florida rates and riders, visit duke-energy.com/rates

Duke Energy Florida utilized fuel in the following proportions to generate your power: Coal 8%, Purchased Power 11%, Gas 80%, Oil 0%, Nuclear 0%, Solar 1% (For prior 12 months ending March 31, 2020).

Billing details - Lighting Charges

Lighting Service Company Owned/Maintained (LS-1)	
BILLING PERIOD..03-30-20 TO 04-29-20 30 DAYS	
CUSTOMER CHARGE	\$1.43
ENERGY CHARGE	
65 KWH @ 3.329c	2.16
FUEL CHARGE	
65 KWH @ 0.696c	0.45
ASSET SECURITIZATION CHARGE	
65 KWH @ 0.027c	0.02
Total Lighting Charges	\$4.06

Your current rate is Lighting Service Company Owned/Maintained (LS-1).

Billing details - Equipment/Rental Charges

EQUIPMENT RENTAL FOR:
1 SV RW 16000





STATEMENT OF ELECTRIC SERVICE



ACCOUNT NUMBER
83421 91297

APRIL 2020

FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:
1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:
1-800-228-8485

BRENDENWOOD WATERWORKS INC
C/O J GABAY
4939 CROSS BAYOU BL
NEW PORT RICHEY FL 34652

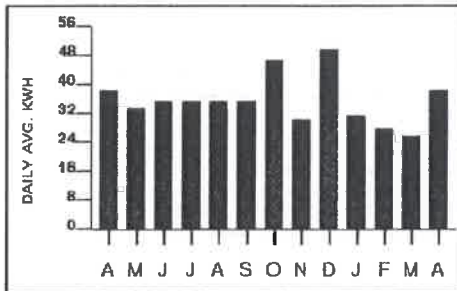
SERVICE ADDRESS
13711 DEVENSHIRE CT
GRAND ISLAND FL 32735

DUE DATE APR 21 2020	TOTAL AMOUNT DUE 198.45
NEXT READ DATE ON OR ABOUT APR 30 2020	DEPOSIT AMOUNT ON ACCOUNT 200.00

PIN: 799917808

METER READINGS

METER NO.	000169501
PRESENT (ACTUAL)	007264
PREVIOUS (ACTUAL)	006004
DIFFERENCE	001260
PRESENT ONPEAK	001614
PREVIOUS ONPEAK	001304
DIFFERENCE ONPEAK	000310
TOTAL KWH	1260
ON PEAK KWH	310
PRESENT KW (ACTUAL)	0010.16
PRESENT PEAK KW	0010.16
BASE KW	10
ON-PEAK KW	10
LOAD FACTOR	16.4%



ENERGY USE

DAILY AVG. USE -	41 KWH/DAY
USE ONE YEAR AGO -	41 KWH/DAY
*DAILY AVG. ELECTRIC COST -	\$5.61

YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED FOR \$198.45 ON 04/21/20

PAYMENTS RECEIVED AS OF MAR 19 2020 131.22 THANK YOU

LS-1 017 LIGHTING SER COMPANY OWNED/MAINTAINED	
BILLING PERIOD..02-27-20 TO 03-30-20	32 DAYS
CUSTOMER CHARGE	1.43
ENERGY CHARGE 65 KWH @ 3.32900¢	2.16
FUEL CHARGE 65 KWH @ 3.18100¢	2.07
ASSET SECURITIZATION CHARGE 65 KWH @ 0.02700¢	0.02
GS-1 060 GENERAL SERVICE - NON DEMAND SEC	
BILLING PERIOD..02-27-20 TO 03-30-20	32 DAYS
CUSTOMER CHARGE	14.00
ENERGY CHARGE 1260 KWH @ 8.66500¢	109.18
FUEL CHARGE 1260 KWH @ 3.35000¢	42.21
ASSET SECURITIZATION CHARGE 1260 KWH @ 0.22200¢	2.80
*TOTAL ELECTRIC COST	173.87
EQUIPMENT RENTAL FOR: 1 SV RW 16000	
FIXTURE TOTAL	3.78
MAINTENANCE TOTAL	1.75
GROSS RECEIPTS TAX	4.46
STATE AND OTHER TAXES ON ELECTRIC	14.19
SALES TAX ON EQUIPMENT RENTAL	.40
TOTAL CURRENT BILL	198.45

Have concerns about a possible environmental or regulatory violation involving Duke Energy? You can report it anonymously 24/7 at 1-855-355-7042 or at duke-energy-env.alertline.com

Entered:
COA Code: 2015
Approved:
Paid: EFT 042120
Date: 4/21/20

Duke Energy

ACCOUNT NUMBER - 83421 91297

029502 000013032



BRENDENWOOD WATERWORKS INC
C/O J GABAY
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652-3434





STATEMENT OF ELECTRIC SERVICE



ACCOUNT NUMBER
83421 91297

APRIL 2020

**FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:**
1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:
1-800-228-8485

BRENDENWOOD WATERWORKS INC
C/O J GABAY
4939 CROSS BAYOU BL
NEW PORT RICHEY FL 34652

SERVICE ADDRESS
13711 DEVENSHIRE CT
GRAND ISLAND FL 32735

DUE DATE APR 21 2020	TOTAL AMOUNT DUE 198.45
NEXT READ DATE ON OR ABOUT APR 30 2020	DEPOSIT AMOUNT ON ACCOUNT 200.00

TOTAL DUE THIS STATEMENT

\$198.45



STATEMENT OF ELECTRIC SERVICE

MARCH 2020



ACCOUNT NUMBER

83421 91297

FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:
1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:
1-800-228-8485

BRENDENWOOD WATERWORKS INC
C/O J GABAY
4939 CROSS BAYOU BL
NEW PORT RICHEY FL 34652

SERVICE ADDRESS
13711 DEVENSHIRE CT
GRAND ISLAND FL 32735

DUE DATE TOTAL AMOUNT DUE
MAR 20 2020 131.22

NEXT READ DEPOSIT AMOUNT
DATE ON OR ON ACCOUNT
ABOUT
MAR 31 2020 200.00

PIN: 799917808

METER READINGS

METER NO.	000169501
PRESENT (ACTUAL)	006004
PREVIOUS (ACTUAL)	005237
DIFFERENCE	000767
PRESENT ONPEAK	001304
PREVIOUS ONPEAK	001116
DIFFERENCE ONPEAK	000188
TOTAL KWH	767
ON PEAK KWH	188
PRESENT KW (ACTUAL)	0007.11
PRESENT PEAK KW	0005.60
BASE KW	7
ON-PEAK KW	6
LOAD FACTOR	15.2%

YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED
FOR \$131.22 ON 03/20/20
PAYMENTS RECEIVED AS OF FEB 18 2020 142.85 THANK YOU

LS-1 017 LIGHTING SER COMPANY OWNED/MAINTAINED
BILLING PERIOD..01-28-20 TO 02-27-20 30 DAYS

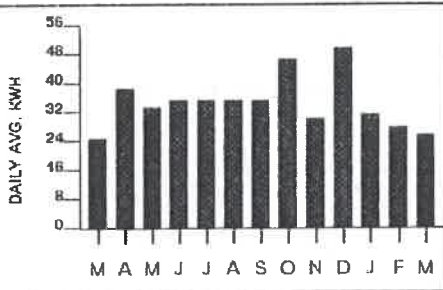
CUSTOMER CHARGE		1.42
ENERGY CHARGE	65 KWH @ 3.31400¢	2.15
FUEL CHARGE	65 KWH @ 3.18100¢	2.07
ASSET SECURITIZATION CHARGE	65 KWH @ 0.02700¢	0.02

GS-1 060 GENERAL SERVICE - NON DEMAND SEC
BILLING PERIOD..01-28-20 TO 02-27-20 30 DAYS

CUSTOMER CHARGE		13.92
ENERGY CHARGE	767 KWH @ 8.62700¢	66.17
FUEL CHARGE	767 KWH @ 3.35000¢	25.69
ASSET SECURITIZATION CHARGE	767 KWH @ 0.22200¢	1.70

*TOTAL ELECTRIC COST	113.14
EQUIPMENT RENTAL FOR:	
1 SV RW 16000	
FIXTURE TOTAL	3.78
MAINTENANCE TOTAL	1.75
GROSS RECEIPTS TAX	2.91
STATE AND OTHER TAXES ON ELECTRIC	9.24
SALES TAX ON EQUIPMENT RENTAL	.40
TOTAL CURRENT BILL	131.22

Learn how to lower your bill with a free on-site Business Energy Check. This no-cost analysis provides you with specific tips on how to save energy and qualify for valuable rebates for energy-savings measures. You may also qualify for a FREE Commercial Energy Savings Kit. Visit us at duke-energy.com/FreeBizCheck, or call 1-877-372-8477.



ENERGY USE

DAILY AVG. USE -	28 KWH/DAY
USE ONE YEAR AGO -	27 KWH/DAY
*DAILY AVG. ELECTRIC COST -	\$3.95

Duke Energy

ACCOUNT NUMBER - 83421 91297

015409 000004442

BRENDENWOOD WATERWORKS INC
C/O J GABAY
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652-3434

Entered:
 COA Code: 615
 Approved:
 Paid: EFT 032020
 Date: 3/20/20



STATEMENT OF ELECTRIC SERVICE



ACCOUNT NUMBER
83421 91297

MARCH 2020

**FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:**
1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:
1-800-228-8485

BRENDENWOOD WATERWORKS INC
C/O J GABAY
4939 CROSS BAYOU BL
NEW PORT RICHEY FL 34652

SERVICE ADDRESS
13711 DEVENSHIRE CT
GRAND ISLAND FL 32735

DUE DATE MAR 20 2020	TOTAL AMOUNT DUE 131.22
NEXT READ DATE ON OR ABOUT MAR 31 2020	DEPOSIT AMOUNT ON ACCOUNT 200.00

TOTAL DUE THIS STATEMENT

\$131.22



STATEMENT OF ELECTRIC SERVICE

FEBRUARY 2020



ACCOUNT NUMBER
83421 91297

FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:
1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:
1-800-228-8485

BRENDENWOOD WATERWORKS INC
C/O J GABAY
4939 CROSS BAYOU BL
NEW PORT RICHEY FL 34652

SERVICE ADDRESS
13711 DEVENSHIRE CT
GRAND ISLAND FL 32735

DUE DATE
FEB 19 2020

TOTAL AMOUNT DUE
142.85

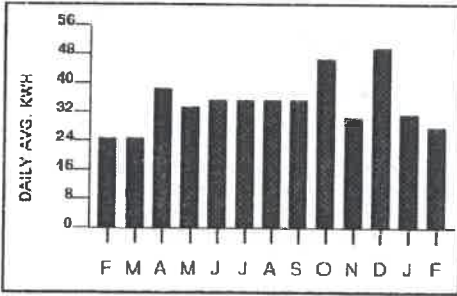
NEXT READ DATE ON OR ABOUT
FEB 28 2020

DEPOSIT AMOUNT ON ACCOUNT
200.00

PIN: 799917808

METER READINGS

METER NO.	000169501
PRESENT (ACTUAL)	005237
PREVIOUS (ACTUAL)	004351
DIFFERENCE	000886
PRESENT ONPEAK	001116
PREVIOUS ONPEAK	000916
DIFFERENCE ONPEAK	000200
TOTAL KWH	886
ON PEAK KWH	200
PRESENT KW (ACTUAL)	0008.51
PRESENT PEAK KW	0005.54
BASE KW	9
ON-PEAK KW	6
LOAD FACTOR	12.8%



ENERGY USE	
DAILY AVG. USE -	30 KWH/DAY
USE ONE YEAR AGO -	27 KWH/DAY
*DAILY AVG. ELECTRIC COST -	\$4.04

YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED FOR \$142.85 ON 02/19/20
PAYMENTS RECEIVED AS OF JAN 20 2020 161.63 THANK YOU

LS-1 017 LIGHTING SER COMPANY OWNED/MAINTAINED	
BILLING PERIOD..12-27-19 TO 01-28-20 32 DAYS	
CUSTOMER CHARGE	1.42
ENERGY CHARGE 65 KWH @ 2.93500¢	1.91
FUEL CHARGE 65 KWH @ 3.18100¢	2.07
ASSET SECURITIZATION CHARGE 65 KWH @ 0.03000¢	0.02
GS-1 060 GENERAL SERVICE - NON DEMAND SEC	
BILLING PERIOD..12-27-19 TO 01-28-20 32 DAYS	
CUSTOMER CHARGE	13.92
ENERGY CHARGE 886 KWH @ 8.18300¢	72.50
FUEL CHARGE 886 KWH @ 3.35000¢	29.68
ASSET SECURITIZATION CHARGE 886 KWH @ 0.24100¢	2.14
*TOTAL ELECTRIC COST	123.66
EQUIPMENT RENTAL FOR: 1 SV RW 16000	
FIXTURE TOTAL	3.78
MAINTENANCE TOTAL	1.75
GROSS RECEIPTS TAX	3.17
STATE AND OTHER TAXES ON ELECTRIC	10.09
SALES TAX ON EQUIPMENT RENTAL	.40
TOTAL CURRENT BILL	142.85

Duke Energy Florida utilized fuel in the following proportions to generate your power: Coal 10%, Purchased Power 11%, Gas 79%, Oil 0%, Nuclear 0%, Solar 0% (For prior 12 months ending December 31, 2019).

Duke Energy

ACCOUNT NUMBER - 83421 91297
029517 000012989
BRENDEWOOD WATERWORKS INC
C/O J GABAY
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652-3434

Entered: *[Signature]*
COA Code: *615*
Approved: *[Signature]* *2-4-20*
Paid: *EFT 021920*
Date: *2/19/20*



STATEMENT OF ELECTRIC SERVICE



ACCOUNT NUMBER
83421 91297

FEBRUARY 2020

**FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:**
1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:
1-800-228-8485

BRENDENWOOD WATERWORKS INC
C/O J GABAY
4939 CROSS BAYOU BL
NEW PORT RICHEY FL 34652

SERVICE ADDRESS
13711 DEVENSHIRE CT
GRAND ISLAND FL 32735

DUE DATE FEB 19 2020	TOTAL AMOUNT DUE 142.85
NEXT READ DATE ON OR ABOUT FEB 28 2020	DEPOSIT AMOUNT ON ACCOUNT 200.00

TOTAL DUE THIS STATEMENT

\$142.85



STATEMENT OF ELECTRIC SERVICE



ACCOUNT NUMBER

83421 91297

JANUARY 2020

FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:
1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:
1-800-228-8485

BRENDEWOOD WATERWORKS INC
C/O J GABAY
4939 CROSS BAYOU BL
NEW PORT RICHEY FL 34652

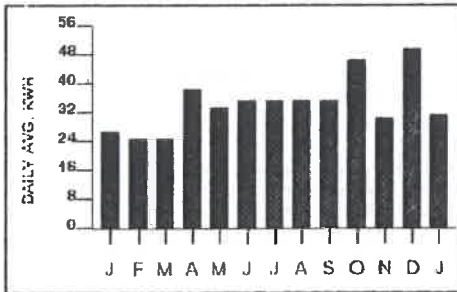
SERVICE ADDRESS
13711 DEVENSHIRE CT
GRAND ISLAND FL 32735

DUE DATE JAN 21 2020	TOTAL AMOUNT DUE 161.63
NEXT READ DATE ON OR ABOUT JAN 29 2020	DEPOSIT AMOUNT ON ACCOUNT 200.00

PIN: 799917808

METER READINGS

METER NO.	000169501
PRESENT (ACTUAL)	004351
PREVIOUS (ACTUAL)	003321
DIFFERENCE	001030
PRESENT ONPEAK	000916
PREVIOUS ONPEAK	000674
DIFFERENCE ONPEAK	000242
TOTAL KWH	1030
ON PEAK KWH	242
PRESENT KW (ACTUAL)	0008.46
PRESENT PEAK KW	0006.54
BASE KW	8
ON-PEAK KW	7
LOAD FACTOR	16.8%



ENERGY USE

DAILY AVG. USE -	34 KWH/DAY
USE ONE YEAR AGO -	29 KWH/DAY
%DAILY AVG. ELECTRIC COST -	\$4.56

YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED FOR \$161.63 ON 01/21/20

PAYMENTS RECEIVED AS OF DEC 16 2019 218.32 THANK YOU

LS-1 017 LIGHTING SER COMPANY OWNED/MAINTAINED	
BILLING PERIOD..11-25-19 TO 12-27-19 32 DAYS	
CUSTOMER CHARGE	1.42
ENERGY CHARGE 65 KWH @ 2.93500¢	1.91
FUEL CHARGE 65 KWH @ 3.18100¢	2.07
ASSET SECURITIZATION CHARGE 65 KWH @ 0.03000¢	0.02
GS-1 060 GENERAL SERVICE - NON DEMAND SEC	
BILLING PERIOD..11-25-19 TO 12-27-19 32 DAYS	
CUSTOMER CHARGE	13.92
ENERGY CHARGE 1030 KWH @ 8.18300¢	84.28
FUEL CHARGE 1030 KWH @ 3.35000¢	34.51
ASSET SECURITIZATION CHARGE 1030 KWH @ 0.24100¢	2.48
*TOTAL ELECTRIC COST	140.61
EQUIPMENT RENTAL FOR:	
1 SV RW 16000	
FIXTURE TOTAL	3.78
MAINTENANCE TOTAL	1.75
GROSS RECEIPTS TAX	3.61
STATE AND OTHER TAXES ON ELECTRIC	11.48
SALES TAX ON EQUIPMENT RENTAL	.40
TOTAL CURRENT BILL	161.63

A new bill design is coming soon. It's simpler, more reader-friendly and easier to navigate. And it's just one more way we're enhancing your experience. Learn more by visiting duke-energy.com

Entered: [Signature]

COA Code: W15

Approved: [Signature] 01-6-20

Paid: EFT 01/21/20

Date: 1/21/20

Duke Energy

ACCOUNT NUMBER - 83421 91297

029933 000013381



BRENDEWOOD WATERWORKS INC
C/O J GABAY
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652-3434





STATEMENT OF ELECTRIC SERVICE



ACCOUNT NUMBER

83421 91297

JANUARY 2020

**FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:
1-877-372-8477**

WEB SITE: www.duke-energy.com

**TO REPORT A POWER OUTAGE:
1-800-228-8485**

**BRENDENWOOD WATERWORKS INC
C/O J GABAY
4939 CROSS BAYOU BL
NEW PORT RICHEY FL 34652**

**SERVICE ADDRESS
13711 DEVENSHIRE CT
GRAND ISLAND FL 32735**

DUE DATE	TOTAL AMOUNT DUE
JAN 21 2020	161.63

NEXT READ DATE ON OR ABOUT	DEPOSIT AMOUNT ON ACCOUNT
JAN 29 2020	200.00

TOTAL DUE THIS STATEMENT

\$161.63



Facility	Chemical	Delivery Date	Amount Gals	Cost
Brendenwood	Sod Hypo	1/21/20	20	26.00
	Sod Hypo	3/17/20	15	19.50
	Sod Hypo	5/11/20	15	19.50
	Sod Hypo	7/7/20	25	32.50
	Sod Hypo	9/1/20	25	32.50
	Sod Hypo	10/27/20	25	32.50

Dosage is 0.18 mg/l per 1000

Original



Hawkins, Inc.
2381 Rosegate
Roseville, MN 55113
Phone: (612) 331-6910

INVOICE

Total Invoice	\$19.50
Invoice Number	4849579
Invoice Date	12/21/20
Sales Order Number/Type	3353454 SO
Branch Plant	76
Shipment Number	3808701



Sold To: 292245
Accounts Payable
USWS - US WATER SERVICES -JOE
GABAY-B78
4939 Cross Bayou Blvd
New Port Richey FL 34652

Ship To: 309091
USWS - BRENDENWOOD-JOE GABAY
Brendenwood
13711 Devinshire Ct.
Grand Island FL 32735

Net Due Date	Terms	FOB Description	Ship Via	Customer P.O.#	P.O. Release	Sales Agent #			
1/20/21	Net 30	PPD Origin	HAWKINS SOUTHEAST FLEET			B76			
Line #	Item Number	Item Name/Description	Tax	Qty Shipped	Trans UOM	Unit Price	Price UOM	Weight Net/Gross	Extended Price
1.000	43967	Ultra-Chlor (Sod. Hypo 12.5%)	N	15.0000	GA	\$1.3000	GA	151.4 LB	\$19.50
		1 GA BLK (Mini-Bulk)		15.0000	GA			163.8 GW	

***** Receive Your Invoice Via Email *****

Please contact our Accounts Receivable Department via email at Credit.Dept@HawkinsInc.com or call 612-331-6910 to get it setup on your account.

Entered: 
COA Code: 618
Approved: 
Paid: _____
Date: _____

Tax Rate Sales Tax
0 % \$0.00

Invoice Total **\$19.50**

No Discounts on Freight or Containers
IMPORTANT: All products are sold without warranty of any kind and purchasers will, by their own tests, determine suitability of such products for their own use. Seller warrants that all goods covered by this invoice were produced in compliance with the requirements of the Fair Labor Standards Act of 1938, as amended. Containers are to be paid for in full, as invoiced, and full refund will be made promptly, provided containers are returned to original point of shipment. Return freight charges to be prepaid. The containers returned must be the same originally shipped, and show no evidence of abuse, or use for purposes other than the storage of original containers. Seller specifically disclaims and excludes any warranty of merchantability and any warranty of fitness for a particular purpose.
NO CLAIMS FOR LOSS, DAMAGE OR LEAKAGE ALLOWED AFTER DELIVERY IS MADE IN GOOD CONDITION .

Please Remit To:
Hawkins, Inc.
P.O. Box 860263
Minneapolis, MN 55486-0263

This contractor and subcontractor shall abide by the requirements of 41 CFR 8860-1.4(a), 80-300.6(p) and 80-741.5(a). These regulations prohibit discrimination against qualified individuals based on their status as protected veterans or individuals with disabilities, and prohibit discrimination against all individuals based on their race, color, religion, sex, or national origin. Moreover, these regulations require that covered prime contractors and subcontractors take affirmative action to employ and advance in employment individuals without regard to race, color, religion, sex, national origin, protected veteran status or disability.



Hawkins, Inc.
2381 Rosegate
Roseville, MN 55113
Phone: (612) 331-6910

Original

INVOICE

Total Invoice	\$32.50
Invoice Number	4819940
Invoice Date	10/27/20
Sales Order Number/Type	3316302 SO
Branch Plant	76
Shipment Number	3753266

Sold To: 292245
USWS - US WATER SERVICES -JOE
GABAY-B78
4939 Cross Bayou Blvd
New Port Richey FL 34652

Ship To: 309091
USWS - BRENDENWOOD-JOE GABAY
Brendenwood
13711 Devinshire Ct.
Grand Island FL 32735

Net Due Date	Terms	FOB Description	Ship Via	Customer P.O.#	P.O. Release	Sales Agent #			
11/26/20	Net 30	PPD Origin	HAWKINS SOUTHEAST FLEET			B76			
Line #	Item Number Cust Item #	Item Name/ Description	Tax	Qty Shipped	Trans UOM	Unit Price	Price UOM	Weight Net/Gross	Extended Price
1.000	43967	Ultra-Chlor (Sod. Hypo 12.5%)	N	25.0000	GA	\$1.3000	GA	252.3 LB	\$32.50
		1 GA BLK (Mini-Bulk)		25.0000	GA			273.1 GW	

***** Receive Your Invoice Via Email *****

Please contact our Accounts Receivable Department via email at Credit.Dept@Hawkinsinc.com or call 612-331-6910 to get it setup on your account.

Approved: 

Paid: _____

Date: _____

Dear Valued Customer,

We appreciate your business. Attached is a copy of your invoice for your recent purchase. Please provide remittance details when submitting payment to ensure accurate application.

Thank you.

**Credit Team
Credit.dept@hawkinsinc.com**

Page 1 of 1

Tax Rate Sales Tax
0 % \$0.00

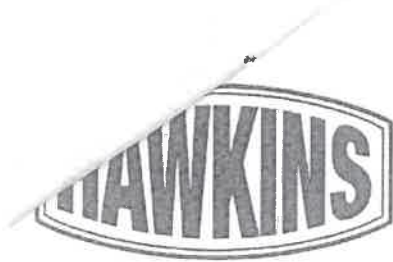
Invoice Total **\$32.50**

No Discounts on Freight or Containers
IMPORTANT: All products are sold without warranty of any kind and purchasers will, by their own tests, determine suitability of such products for their own use. Seller warrants that all goods covered by this invoice were produced in compliance with the requirements of the Fair Labor Standards Act of 1938, as amended. Containers are to be paid for in full, as invoiced, and full refund will be made promptly, provided containers are returned to original point of shipment. Return freight charges to be prepaid. The containers returned must be the same originally shipped, and show no evidence of abuse, or use for purposes other than the storage of original containers. Seller specifically disclaims and excludes any warranty of merchantability and any warranty of fitness for a particular purpose.
NO CLAIMS FOR LOSS, DAMAGE OR LEAKAGE ALLOWED AFTER DELIVERY IS MADE IN GOOD CONDITION.

Please Remit To:

**Hawkins, Inc.
P.O. Box 860263
Minneapolis, MN 55486-0263**

This contractor and subcontractor shall abide by the requirements of 41 CFR §§60-1.4(a), 60-300.5(a) and 60-741.5(a). These regulations prohibit discrimination against qualified individuals based on their status as protected veterans or individuals with disabilities, and prohibit discrimination against all individuals based on their race, color, religion, sex, or national origin. Moreover, these regulations require that covered prime contractors and subcontractors take affirmative action to employ and advance in employment individuals without regard to race, color, religion, sex, national origin, protected veteran status or disability.



Hawkins, Inc.
2381 Rosegate
Roseville, MN 55113
Phone: (612) 331-6910

Original

INVOICE

Total Invoice	\$32.50
Invoice Number	4786557
Invoice Date	9/1/20
Sales Order Number/Type	3270310 SO
Branch Plant	76
Shipment Number	3684996



Sold To: 292245
USWS - US WATER SERVICES -JOE
GABAY-B78
4939 Cross Bayou Blvd
New Port Richey FL 34652

Ship To: 309091
USWS - BRENDENWOOD-JOE GABAY
Brendenwood
13711 Devinshire Ct.
Grand Island FL 32735

Net Due Date	Terms	FOB Description	Ship Via	Customer P.O.#	P.O. Release	Sales Agent #			
10/1/20	Net 30	PPD Origin	HAWKINS SOUTHEAST FLEET			B76			
Line #	Item Number Cust Item #	Item Name/ Description	Tax	Qty Shipped	Trans UOM	Unit Price	Price UOM	Weight Net/Gross	Extended Price
1.000	43967	Ultra-Chlor (Sod. Hypo 12.5%)	N	25.0000	GA	\$1.3000	GA	252.3 LB	\$32.50
		1 GA BLK (Mini-Bulk)		25.0000	GA			273.1 GW	

***** Receive Your Invoice Via Email *****

Please contact our Accounts Receivable Department via email at Credif.Dept@HawkinsInc.com or call 612-331-6910 to get it setup on your account.

Entered: 
COA Code: 2018
Approved: 
Paid: _____
Date: _____

Page 1 of 1

Tax Rate Sales Tax
0 % \$0.00

Invoice Total **\$32.50**

No Discounts on Freight or Containers
IMPORTANT: All products are sold without warranty of any kind and purchasers will, by their own tests, determine suitability of such products for their own use. Seller warrants that all goods covered by this invoice were produced in compliance with the requirements of the Fair Labor Standards Act of 1938, as amended. Containers are to be paid for in full, as invoiced, and full refund will be made promptly, provided containers are returned to original point of shipment. Return freight charges to be prepaid. The containers returned must be the same originally shipped, and show no evidence of abuse, or use for purposes other than the storage of original contents. Seller specifically disclaims and excludes any warranty of merchantability and any warranty of fitness for a particular purpose.
NO CLAIMS FOR LOSS, DAMAGE OR LEAKAGE ALLOWED AFTER DELIVERY IS MADE IN GOOD CONDITION.

Please Remit To: **Hawkins, Inc.**
P.O. Box 860263
Minneapolis, MN 55486-0263

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Hawkins, Inc.
2381 Rosegate
Roseville, MN 55113
Phone: (612) 331-6910

Original

INVOICE

Total Invoice	\$32.50
Invoice Number	4748935
Invoice Date	7/7/20
Sales Order Number/Type	3222078 SO
Branch Plant	76
Shipment Number	3614168



Sold To: 292245
USWS - US WATER SERVICES -JOE
GABAY-B78
4939 Cross Bayou Blvd
New Port Richey FL 34652

Ship To: 309091
USWS - BRENDENWOOD-JOE GABAY
Brendenwood
13711 Devinshire Ct.
Grand Island FL 32735

Net Due Date	Terms	FOB Description	Ship Via	Customer P.O.#	P.O. Release	Sales Agent #			
8/6/20	Net 30	PPD Origin	HAWKINS SOUTHEAST FLEET			B76			
Line #	Item Number Cust Item #	Item Name/ Description	Tax	Qty Shipped	Trans UOM	Unit Price	Price UOM	Weight Net/Gross	Extended Price
1.000	43967	Ultra-Chlor (Sod. Hypo 12.5%)	N	25.0000	GA	\$1.3000	GA	252.3 LB	\$32.50
		1 GA BLK (Mini-Bulk)		25.0000	GA			273.1 GW	

***** Receive Your Invoice Via Email *****

Please contact our Accounts Receivable Department via email at Credit.Dept@HawkinsInc.com or call 612-331-6910 to get it setup on your account.

Entered: 
COA Code: 618
Approved: 
Paid: _____
Date: _____

Page 1 of 1

Tax Rate Sales Tax
0 % \$0.00

Invoice Total **\$32.50**

No Discounts on Freight or Containers
IMPORTANT: All products are sold without warranty of any kind and purchasers will, by their own tests, determine suitability of such products for their own use. Seller warrants that all goods covered by this invoice were produced in compliance with the requirements of the Fair Labor Standards Act of 1938, as amended. Containers are to be paid for in full, as invoiced, and full refund will be made promptly, provided containers are returned to original point of shipment. Return freight charges to be prepaid. The containers returned must be the same originally shipped, and show no evidence of abuse, or use for purposes other than the storage of original containers. Seller specifically disclaims and excludes any warranty of merchantability and any warranty of fitness for a particular purpose.
NO CLAIMS FOR LOSS, DAMAGE OR LEAKAGE ALLOWED AFTER DELIVERY IS MADE IN GOOD CONDITION.

Please Remit To: **Hawkins, Inc.**
P.O. Box 860263
Minneapolis, MN 55486-0263

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www.hawkinsinc.com

Job# 137776

Original



Hawkins, Inc.
2381 Rosegate
Roseville, MN 55113
Phone: (612) 331-6910

INVOICE

Total Invoice **\$19.50**
Invoice Number 4712708
Invoice Date 5/11/20
Sales Order Number/Type 3177628 SO
Branch Plant 76
Shipment Number 3546789

Sold To: 292245
USWS - US WATER SERVICES -JOE
GABAY-B78
4939 Cross Bayou Blvd
New Port Richey FL 34652




Ship To: 309091
USWS - BRENDENWOOD-JOE
GABAY
Brendenwood
13711 Devinsshire Ct.
Grand Island FL 32735

Net Due Date	Terms	FOB Description	Ship Via	Customer P O.#	P.O. Release	Sales Agent #
6/10/20	Net 30	PPD Origin	HAWKINS			B76

Line #	Item Number Cust Item #	Item Name/ Description	Tax	Qty Shipped	Trans UOM	Unit Price	Price UOM	Weight Net/Gross	Extended Price
1.000	43967	Ultra-Chlor (Sod. Hypo 12.5%)	N	15.0000	GA	\$1.3000	GA	151.4 LB	\$19.50
		1 GA BLK (Mini-Bulk)		15.0000	GA			163.8 GW	

***** Electronic Billing Now Available. *****

Please contact our Accounts Receivable Department via email at Credit.Dept@HawkinsInc.com
or call 612-331-6910 to get it setup on your account.

Entered: 
COA Code: 
Approved: 
Paid: _____
Date: _____

Page 1 of 1

Tax Rate 0 %
Sales Tax \$0.00

Invoice Total **\$19.50**

No Discounts on Freight or Containers
IMPORTANT: All products are sold without warranty of any kind and purchasers will, by their own tests, determine suitability of such products for their own use. Seller warrants that all goods covered by this invoice were produced in compliance with the requirements of the Fair Labor Standards Act of 1938, as amended. Containers are to be paid for in full, as invoiced, and full refund will be made promptly, provided containers are returned to original point of shipment. Return freight charges to be prepaid. The containers returned must be the same originally shipped, and show no evidence of abuse, or use for purposes other than the storage of original containers. Seller specifically disclaims and excludes any warranty of merchantability and any warranty of fitness for a particular purpose.
NO CLAIMS FOR LOSS, DAMAGE OR LEAKAGE ALLOWED AFTER DELIVERY IS MADE IN GOOD CONDITION.

Please Remit To: **Hawkins, Inc.**
P.O. Box 860263
Minneapolis, MN 55486-0263

This contractor and subcontractor shall abide by the requirements of 41 CFR §§60-1.4(a), 60-300.5(a) and 60-741.5(a). These regulations prohibit discrimination against qualified individuals based on their status as protected veterans or individuals with disabilities, and prohibit discrimination against all individuals based on their race, color, religion, sex, or national origin. Moreover, these regulations require that covered prime contractors and subcontractors take affirmative action to employ and advance in employment individuals without regard to race, color, religion, sex, national origin, protected veteran status or disability.

www.hawkinsinc.com

Job# 500448856

Original



Hawkins, Inc.
2381 Rosegate
Roseville, MN 55113
Phone: (612) 331-6910

INVOICE

Total Invoice	\$19.50
Invoice Number	4680859
Invoice Date	3/17/20
Sales Order Number/Type	3134510 SO
Branch Plant	76
Shipment Number	3480427

Sold To: 292245
USWS - US WATER SERVICES -JOE
GABAY-B78
4939 Cross Bayou Blvd
New Port Richey FL 34652

Ship To: 309091
USWS - BRENDENWOOD-JOE
GABAY
Brendenwood
13711 Devinshire Ct.
Grand Island FL 32735

Net Due Date	Terms	FOB Description	Ship Via	Customer P.O.#	P.O. Release	Sales Agent #			
4/16/20	Net 30	PPD Origin	HAWKINS			B76			
Line #	Item Number Cust Item #	Item Name/ Description	Tax	Qty Shipped	Trans UOM	Unit Price	Price UOM	Weight Net/Gross	Extended Price
1.000	43967	Ultra-Chlor (Sod. Hypo 12.5%)	N	15.0000	GA	\$1.3000	GA	151.4 LB	\$19.50
		1 GA BLK (Mini-Bulk)		15.0000	GA			163.8 GW	

***** Electronic Billing Now Available.*****

Please contact our Accounts Receivable Department via email at Credit.Dept@Hawkinsinc.com
or call 612-331-6910 to get it setup on your account.

Entered: _____
 COA Code: 618
 Approved: _____
 Paid: _____
 Date: _____

Page 1 of 1

Tax Rate	Sales Tax
0 %	\$0.00

Invoice Total **\$19.50**

No Discounts on Freight or Containers
IMPORTANT: All products are sold without warranty of any kind and purchasers will, by their own tests, determine suitability of such products for their own use. Seller warrants that all goods covered by this invoice were produced in compliance with the requirements of the Fair Labor Standards Act of 1938, as amended. Containers are to be paid for in full, as invoiced, and full refund will be made promptly, provided containers are returned to original point of shipment. Return freight charges to be prepaid. The containers returned must be the same originally shipped, and show no evidence of abuse, or use for purposes other than the storage of original containers. Seller specifically disclaims and excludes any warranty of merchantability and any warranty of fitness for a particular purpose. NO CLAIMS FOR LOSS, DAMAGE OR LEAKAGE ALLOWED AFTER DELIVERY IS MADE IN GOOD CONDITION.

Please Remit To: **Hawkins, Inc.**
P.O. Box 860263
Minneapolis, MN 55486-0263

This contractor and subcontractor shall abide by the requirements of 41 CFR §60-1.4(a), 60-300.5(a) and 60-741.5(a). These regulations prohibit discrimination against qualified individuals based on their status as protected veterans or individuals with disabilities, and prohibit discrimination against all individuals based on their race, color, religion, sex, or national origin. Moreover, these regulations require that covered prime contractors and subcontractors take affirmative action to employ and advance in employment individuals without regard to race, color, religion, sex, national origin, protected veteran status or disability.

Original



Hawkins, Inc.
2381 Rosegate
Roseville, MN 55113
Phone: (612) 331-6910

INVOICE

Total Invoice	\$26.00
Invoice Number	4649766
Invoice Date	1/21/20
Sales Order Number/Type	3095748 SO
Branch Plant	76
Shipment Number	3421349

Sold To: 292245
USWS - US WATER SERVICES -JOE
GABAY-B78
4939 Cross Bayou Blvd
New Port Richey FL 34652

Ship To: 309091
USWS - BRENDENWOOD-JOE
GABAY
Brendenwood
13711 Devonshire Ct.
Grand Island FL 32735

Net Due Date	Terms	FOB Description	Ship Via	Customer P.O.#	P.O. Release	Sales Agent #
2/20/20	Net 30	PPD Origin	HAWKINS			B76

Line #	Item Number Cust Item #	Item Name/ Description	Tax	Qty Shipped	Trans UOM	Unit Price	Price UOM	Weight Net/Gross	Extended Price
1.000	43967	Ultra-Chlor (Sod. Hypo 12.5%)	N	20.0000	GA	\$1.3000	GA	201.8 LB	\$26.00
		1 GA BLK (Mini-Bulk)		20.0000	GA			218.5 GW	

***** Electronic Billing Now Available.*****

Please contact our Accounts Receivable Department via email at Credit.Dept@HawkinsInc.com
or call 612-331-6910 to get it setup on your account.

Entered: [Signature]
COA Code: 618
Approved: [Signature] 1-28-20
Paid: _____
Date: _____

Page 1 of 1

Tax Rate	Sales Tax
0 %	\$0.00

Invoice Total **\$26.00**

No Discounts on Freight or Containers
IMPORTANT: All products are sold without warranty of any kind and purchasers will, by their own tests, determine suitability of such products for their own use. Seller warrants that all goods covered by this invoice were produced in compliance with the requirements of the Fair Labor Standards Act of 1938, as amended. Containers are to be paid for in full, as invoiced, and full refund will be made promptly, provided containers are returned to original point of shipment. Return freight charges to be prepaid. The containers returned must be the same originally shipped, and show no evidence of abuse, or use for purposes other than the storage of original containers. Seller specifically disclaims and excludes any warranty of merchantability and any warranty of fitness for a particular purpose. **NO CLAIMS FOR LOSS, DAMAGE OR LEAKAGE ALLOWED AFTER DELIVERY IS MADE IN GOOD CONDITION.**

Please Remit To: **Hawkins, Inc.**
P.O. Box 860263
Minneapolis, MN 55486-0263

This contractor and subcontractor shall abide by the requirements of 41 CFR 560-1.4(a), 60-300.5(a) and 50-741.5(a). These regulations prohibit discrimination against qualified individuals based on their status as protected veterans or individuals with disabilities, and prohibit discrimination against all individuals based on their race, color, religion, sex, or national origin. Moreover, these regulations require that covered prime contractors and subcontractors take affirmative action to employ and advance in employment individuals without regard to race, color, religion, sex, national origin, protected veteran status or disability.

U.S. Water Services Corporation

4939 CROSS BAYOU BOULEVARD
NEW PORT RICHEY, FL 34652

INVOICE

Page: 1

Invoice Number: S104477
Invoice Date: 3/31/2020
Due Date: 4/30/2020

Bill To: IOU Systems
4939 Cross Bayou Boulevard
Attn: Joe Gabay
New Port Richey, FL 34652

All pricing anticipates payment by check or ACH. Due to additional cost incurred, services paid by credit card will require an additional 5% processing fee.

Job Number: J01527
Job Description: Brendenwood Waterworks, Inc.

Customer ID: C00350
P.O. Number:
WA:

Date	Item/Description	Task Number	Qty.	Unit	Unit Price	Total Price
1/10/2020	Total Coliform	1002	2	Each	7.84	15.68
1/11/2020	Total Coliform	1002	2	Each	7.84	15.68

Boil Water Clearance Testing
PWS ID 335-4043

Entered: [Signature]
COA Code: 335
Approved: [Signature]
Paid: ck # 2033
Date: 1/19/20

Phone: (727) 848-8292 Ext. 219
Toll Free: (866) 753-8292 Ext. 219
Email: ar@uswatercorp.net

Subtotal: 31.36
Invoice Discount: 0.00
Total Sales Tax: 0.00

Total USD: 31.36



4939 CROSS BAYOU BOULEVARD
NEW PORT RICHEY, FL 34652

INVOICE

Page: 1

Invoice Number: SI19651
Invoice Date: 12/1/2020
Due Date: 12/31/2020



Bill To: IOU Systems
4939 Cross Bayou Boulevard
Attn: Joe Gabay
New Port Richey, FL 34652

All pricing anticipates payment by check or ACH. Due to additional cost incurred, services paid by credit card will require an additional 5% processing fee.

Job Number: J01527
Job Description: Brendenwood Waterworks, Inc.

Customer ID: C00350
P.O. Number
WA:

Date	Item/Description	Task Number	Qty.	Unit	Unit Price	Total Price
12/1/2020	Monthly Service Fee - Annual Contract Value \$20,052.67, Monthly Contract Value \$1,671.06	1005	1.00	Each	1,671.06	1,671.06

Entered: 
COA Code: 62316
Approved: 
Paid:
Date:

Phone: (727) 848-8292 Ext. 219
Toll Free: (866) 753-8292 Ext. 219
Email: ar@uswatercorp.net

Subtotal: 1,671.06
Invoice Discount: 0.00
Total Sales Tax: 0.00

Total USD: 1,671.06



4939 CROSS BAYOU BOULEVARD
NEW PORT RICHEY, FL 34652

INVOICE

Page: 1

Invoice Number: SI18031
Invoice Date: 11/1/2020
Due Date: 12/1/2020




Bill To: IOU Systems
4939 Cross Bayou Boulevard
Attn: Joe Gabay
New Port Richey, FL 34652

All pricing anticipates payment by check or ACH. Due to additional cost incurred, services paid by credit card will require an additional 5% processing fee.

Job Number: J01527
Job Description: Brendenwood Waterworks, Inc.

Customer ID: C00350
P.O. Number:
WA:

Date	Item/Description	Task Number	Qty.	Unit	Unit Price	Total Price
11/1/2020	Monthly Service Fee - Annual Contract Value \$20,052.67, Monthly Contract Value \$1,671.06	1005	1.00	Each	1,671.06	1,671.06

Entered: 
COA Code: 
Approved: 
Paid: _____
Date: _____

Phone: (727) 848-8292 Ext. 219
Toll Free: (866) 753-8292 Ext. 219
Email: ar@uswatercorp.net

Subtotal: 1,671.06
Invoice Discount: 0.00
Total Sales Tax: 0.00

Total USD: 1,671.06

U.S. Water[®] Services Corporation

4939 CROSS BAYOU BOULEVARD
NEW PORT RICHEY, FL 34652

INVOICE

Page: 1

Invoice Number: SI16308
Invoice Date: 10/1/2020
Due Date: 10/31/2020

All pricing anticipates payment by check or ACH. Due to additional cost incurred, services paid by credit card will require an additional 5% processing fee.

Bill To: IOU Systems
4939 Cross Bayou Boulevard
Attn: Joe Gabay
New Port Richey, FL 34652

Job Number: J01527
Job Description: Brendenwood Waterworks, Inc.

Customer ID: C00350
P.O. Number
WA:

Date	Item/Description	Task Number	Qty.	Unit	Unit Price	Total Price
10/1/2020	Monthly Service Fee - Annual Contract Value \$20,052.67, Monthly Contract Value \$1,671.06	1005	1	Each	1,671.06	1,671.06

Entered: [Signature]
COA Code: 1234
Approved: [Signature]
Paid: _____
Date: _____

Phone: (727) 848-8292 Ext. 219
Toll Free: (866) 753-8292 Ext. 219
Email: ar@uswatercorp.net

Subtotal: 1,671.06
Invoice Discount: 0.00
Total Sales Tax: 0.00

Total USD: 1,671.06



4939 CROSS BAYOU BOULEVARD
NEW PORT RICHEY, FL 34652

INVOICE

Page: 1

Invoice Number: SI14210
Invoice Date: 9/1/2020
Due Date: 10/1/2020




Bill To: IOU Systems
4939 Cross Bayou Boulevard
Attn: Joe Gabay
New Port Richey, FL 34652

All pricing anticipates payment by check or ACH. Due to additional cost incurred, services paid by credit card will require an additional 5% processing fee.

Job Number: J01527
Job Description: Brendenwood Waterworks, Inc.

Customer ID: C00350
P.O. Number
WA:

Date	Item/Description	Task Number	Qty. Unit	Unit Price	Total Price
9/1/2020	Monthly Service Fee - Annual Contract Value \$20,052.67, Monthly Contract Value \$1,671.06	1005	1 Each	1,671.06	1,671.06

Entered: 
COA Code: 
Approved: 
Paid: _____
Date: _____

Phone: (727) 848-8292 Ext. 219
Toll Free: (866) 753-8292 Ext. 219
Email: ar@uswatercorp.net

Subtotal: 1,671.06
Invoice Discount: 0.00
Total Sales Tax: 0.00

Total USD: 1,671.06



4939 CROSS BAYOU BOULEVARD
NEW PORT RICHEY, FL 34652

INVOICE

Page: 1

Invoice Number: SI12674
Invoice Date: 8/1/2020
Due Date: 8/31/2020

Bill To: IOU Systems
4939 Cross Bayou Boulevard
Attn: Joe Gabay
New Port Richey, FL 34652

All pricing anticipates payment by check or ACH. Due to additional cost incurred, services paid by credit card will require an additional 5% processing fee.

Job Number: J01527
Job Description: Brendenwood Waterworks, Inc.

Customer ID: C00350
P.O. Number:
WA:

Date	Item/Description	Task Number	Qty.	Unit	Unit Price	Total Price
8/1/2020	Monthly Service Fee - Annual Contract Value \$20,052.67, Monthly Contract Value \$1,671.06	1005	1	Each	1,671.06	1,671.06

Entered: [Signature]
COA Code: 62310
Approved: [Signature]
Paid: _____
Date: _____

Phone: (727) 848-8292 Ext. 219
Toll Free: (866) 753-8292 Ext. 219
Email: ar@uswatercorp.net

Subtotal: 1,671.06
Invoice Discount: 0.00
Total Sales Tax: 0.00

Total USD: 1,671.06



4939 CROSS BAYOU BOULEVARD
NEW PORT RICHEY, FL 34652

INVOICE

Page: 1

Invoice Number: SI10685
Invoice Date: 7/1/2020
Due Date: 7/31/2020



All pricing anticipates payment by check or ACH. Due to additional cost incurred, services paid by credit card will require an additional 5% processing fee.

Bill To: IOU Systems
4939 Cross Bayou Boulevard
Attn: Joe Gabay
New Port Richey, FL 34652

Job Number: J01527
Job Description: Brendenwood Waterworks, Inc.

Customer ID: C00350
P.O. Number:
WA:

Date	Item/Description	Task Number	Qty.	Unit	Unit Price	Total Price
7/1/2020	Monthly Service Fee - Annual Contract Value \$20,052.67, Monthly Contract Value \$1,671.06	1005	1.00	Each	1,671.06	1,671.06

Entered: 
 COA Code: LE 36
 Approved: 
 Paid: _____
 Date: _____

Phone: (727) 848-8292 Ext. 219
Toll Free: (866) 753-8292 Ext. 219
Email: ar@uswatercorp.net

Subtotal:	1,671.06
Invoice Discount:	0.00
Total Sales Tax:	0.00
Total USD:	1,671.06

U.S. Water[®]

Services Corporation

4939 CROSS BAYOU BOULEVARD
NEW PORT RICHEY, FL 34652

INVOICE

Page: 1

Invoice Number: S108769
Invoice Date: 6/1/2020
Due Date: 7/1/2020




Bill To: IOU Systems
4939 Cross Bayou Boulevard
Attn: Joe Gabay
New Port Richey, FL 34652

All pricing anticipates payment by check or ACH. Due to additional cost incurred, services paid by credit card will require an additional 5% processing fee.

Job Number: J01527
Job Description: Brendenwood Waterworks, Inc.

Customer ID: C00350
P.O. Number:
WA:

Date	Item/Description	Task Number	Qty.	Unit	Unit Price	Total Price
6/1/2020	Monthly Service Fee - Annual Contract Value \$20,052.67, Monthly Contract Value \$1,671.06	1005	1.00	Each	1,671.06	1,671.06

Entered: 
COA Code: 6210
Approved:  
Paid: _____
Date: _____

Subtotal: 1,671.06
Invoice Discount: 0.00
Total Sales Tax: 0.00

Total USD: 1,671.06

Phone: (727) 848-8292 Ext. 219
Toll Free: (866) 753-8292 Ext. 219
Email: ar@uswatercorp.net

U.S. Water[®] Services Corporation

4939 CROSS BAYOU BOULEVARD
NEW PORT RICHEY, FL 34652

INVOICE

Page: 1

Invoice Number: SI06918
Invoice Date: 5/1/2020
Due Date: 5/31/2020



Bill To: IOU Systems
4939 Cross Bayou Boulevard
Attn: Joe Gabay
New Port Richey, FL 34652

All pricing anticipates payment by check or ACH. Due to additional cost incurred, services paid by credit card will require an additional 5% processing fee.

Job Number: J01527
Job Description: Brendenwood Waterworks, Inc.

Customer ID: C00350
P.O. Number:
WA:

Date	Item/Description	Task Number	Qty.	Unit	Unit Price	Total Price
5/1/2020	Monthly Service Fee - Annual Contract Value \$20,052.67, Monthly Contract Value \$1,671.06	1005	1	Each	1,671.06	1,671.06

Entered: 
COA Code: 6316
Approved: 
Paid: _____
Date: _____

Phone: (727) 848-8292 Ext. 219
Toll Free: (866) 753-8292 Ext. 219
Email: ar@uswatercorp.net

Subtotal: 1,671.06
Invoice Discount: 0.00
Total Sales Tax: 0.00

Total USD: 1,671.06



INVOICE

Page: 1

Invoice Number: SI04863
Invoice Date: 4/1/2020
Due Date: 5/1/2020



All pricing anticipates payment by check or ACH. Due to additional cost incurred, services paid by credit card will require an additional 5% processing fee.

Bill To: IOU Systems
4939 Cross Bayou Boulevard
Attn: Joe Gabay
New Port Richey, FL 34652

Job Number: J01527
Job Description: Brendenwood Waterworks, Inc.

Customer ID: C00350
P.O. Number:
WA:

Date	Item/Description	Task Number	Qty.	Unit	Unit Price	Total Price
4/1/2020	Monthly Service Fee - Annual Contract Value \$20,052.67, Monthly Contract Value \$1,671.06	1005	1	Each	1,671.06	1,671.06

Entered: 
 COA Code: 10310
 Approved: 
 Paid: _____
 Date: _____

Subtotal: 1,671.06
Invoice Discount: 0.00
Total Sales Tax: 0.00

Total USD: 1,671.06

Phone: (727) 848-8292 Ext. 219
Toll Free: (866) 753-8292 Ext. 219
Email: ar@uswatercorp.net

U.S. Water[®]

Services Corporation

4939 CROSS BAYOU BOULEVARD
NEW PORT RICHEY, FL 34652

INVOICE

Page: 1

Invoice Number: SI03328
Invoice Date: 3/1/2020
Due Date: 3/31/2020

Bill To: IOU Systems
4939 Cross Bayou Boulevard
Attn: Joe Gabay
New Port Richey, FL 34652

All pricing anticipates payment by check or ACH. Due to additional cost incurred, services paid by credit card will require an additional 5% processing fee.

Job Number: J01527
Job Description: Brendenwood Waterworks, Inc.

Customer ID: C00350
P.O. Number: WA:

Date	Item/Description	Task Number	Qty. Unit	Unit Price	Total Price
3/1/2020	Monthly Service Fee - Annual Contract Value \$19,700.04 Monthly Contract Value \$1,641.67	1005	1 Each	1,641.67	1,641.67

Entered: [Signature]
COA Code: 60360
Approved: [Signature]
Paid: _____
Date: _____

Phone: (727) 848-8292 Ext. 219
Toll Free: (866) 753-8292 Ext. 219
Email: ar@uswatercorp.net

Subtotal: 1,641.67
Invoice Discount: 0.00
Total Sales Tax: 0.00

Total USD: 1,641.67

U.S. Water Services Corporation

4939 CROSS BAYOU BOULEVARD
NEW PORT RICHEY, FL 34652

INVOICE

Page: 1

Invoice Number: SI02050
Invoice Date: 2/1/2020
Due Date: 3/2/2020




All pricing anticipates payment by check or ACH. Due to additional cost incurred, services paid by credit card will require an additional 5% processing fee.

Bill To: IOU Systems
4939 Cross Bayou Boulevard
Attn: Joe Gabay
New Port Richey, FL 34652

Job Number: J01527
Job Description: Brendenwood Waterworks, Inc.

Customer ID C00350
P.O. Number
WA:

Item/Description	Task Number	Quantity	Unit	Unit Price	Total Price
1000 - Monthly Service Fee - Annual Contract Value \$19,700.04 Monthly Contract Value \$1,641.67	1005	1	Each	1,641.67	1,641.67

Entered: 
COA Code: 
Approved: 
Paid: _____
Date: _____

Phone: (727) 848-8292 Ext. 219
Toll Free: (866) 753-8292 Ext. 219
Email: ar@uswatercorp.net

Subtotal: 1,641.67
Invoice Discount: 0.00
Total Sales Tax: 0.00

Total USD: 1,641.67

U.S. Water Services Corporation

4939 CROSS BAYOU BOULEVARD
NEW PORT RICHEY, FL 34652

INVOICE

Page: 1

Invoice Number: S101017
Invoice Date: 1/1/2020
Due Date: 1/31/2020

All pricing anticipates payment by check or ACH. Due to additional cost incurred, services paid by credit card will require an additional 5% processing fee.

Bill To: IOU Systems
4939 Cross Bayou Boulevard
Attn: Joe Gaboy
New Port Richey, FL 34652

Job Number: J01527
Job Description: Brendenwood Waterworks, Inc.

Customer ID: C00350
P.O. Number:

Item/Description	Task and Description	Unit	Quantity	Unit Price	Total Price
1000 - Monthly Service Fee - Annual Contract Value \$19,359.47, Monthly Contract Value \$1,641.67	1005 - Monthly Contract Operations	Each	1	1,641.67	1,641.67

Entered: [Signature]
COA Code: 6310
Approved: [Signature] 01-24-20
Paid: _____
Date: _____

Phone: (727) 848-8292 Ext. 219
Toll Free: (866) 753-8292 Ext. 219
Email: ar@uswatercorp.net

Subtotal: 1,641.67
Invoice Discount: 0.00
Total Sales Tax: 0.00

Total USD: 1,641.67



Water and Wastewater Utility Operations, Maintenance,
Engineering, Management

AMENDMENT TO AGREEMENT FOR SERVICES

XX **Water System Operations**
 Wastewater System Operations
XX **Maintenance**
XX **Customer Service**

THIS AMENDMENT TO AGREEMENT is entered into this 1st day of April, 2018, by and between:

Brendenwood Waterworks, Inc. with its principal mailing address at 4939 Cross Bayou Blvd., New Port Richey, Florida 34652 (hereinafter "OWNER")

AND

U.S. Water Services Corporation, with its principal mailing address at 4939 Cross Bayou Boulevard, New Port Richey, Florida 34652 (hereinafter "USWSC").

WHEREAS, OWNER and USWSC entered into an Agreement for services on April 1, 2017 (AGREEMENT); and

WHEREAS, OWNER and USWSC have agreed to certain specific clarifications of this AGREEMENT contained herein, and

WHEREAS, Section 2.13 of said AGREEMENT provides for labor costs for meter replacements to be included in the base fee, and

WHEREAS, OWNER AND USWSC have agreed that this stated provision of Section 2.13 should only relate to normal meter replacements and installations, and not to meter replacement projects, and

WHEREAS, Sections 4.1 and 4.3 of said AGREEMENT provide for increases in the monthly base fee by CPI, as published by the Department of Labor, and

WHEREAS, Owner is a regulated investor owned utility by the Florida Public Service Commission (FPSC), and

WHEREAS, Owner and USWSC have agreed that the CPI increase should be based upon the Annual Price Increase Index as approved by the FPSC annually pursuant to Section 367.081(4)(a), Florida Statutes.

NOW, THEREFORE, in consideration of the mutual covenants and agreements hereinafter set forth, OWNER and USWSC agree to Amend said AGREEMENT as follows:

AMENDED USWSC Scope of Services – Base Contract Service

2.13

USWSC will provide labor, which is included in the base fee, related to normal annual service meter replacements up to 5/8" x 3/4" meter size up to an amount equal to ten percent (10%) of OWNER's connections based upon the previous annual number of connections. For meter replacement projects over 10% of annual connections, USWSC will charge labor as listed on Appendix G. All installation or change out of meters of a greater size shall be billed as additional service to OWNER base upon time and material, as listed on Appendix G.

AMENDED Compensation

4.1

Formula: (1) Initial Annualized Contract Value Divided by ERC's at Contract Startup = Annual ERC Value. (2) April of Each year previous annual values increases by Annual FPSC Price Index noted herein, a review of ERC count is undertaken and increases in ERC are applied if applicable.


4.3

The Monthly Fees shall be adjusted April 1st of each year per Annual FPSC Price Index pursuant to Section 367(4)(a), Florida Statutes. Should the capacity of the System change, or other services are added, the fee will change upon review with the OWNER, and calculated by base ERC


value assigned at that time and be subject to applicable Annual Price Index adjustments. Changes in ERC totals will not remove the Annual Price Index increase.

Each of the parties indicates their approval and full understanding of this Amendment to AGREEMENT by their signatures below, and each party warrants that all corporate or governmental action necessary to bind the parties to the terms of this Amendment to AGREEMENT has been and will be taken.

Brendenwood Waterworks, Inc.

By: 
Name: Gary Peromer
Title: President

U.S. Water Services Corporation

By: 
Name: Edward Mitchell
Title: Genl Mgr

End AMENDMENT

Additional: Appendix ~~F~~ G

APPENDIX G – Hourly Rate Structure

See Attachment G

Rates can be utilized for services out of the scope of base contract.

END DOCUMENT



ATTACHMENT G

SCHEDULE OF SERVICE FEES

Effective May 1, 2014

1	Principal	\$166.52 per hour
2	Director of Engineering Services: (Registered Professional Engineer)	\$145.89 per hour
3	Engineer III (Registered Professional Engineer)	\$130.28 per hour
4	Engineer II	\$106.82 per hour
5	Engineer I	\$ 84.33 per hour
6	Sr. Environmental Consultant	\$125.70 per hour
7	Hydrogeologist (Registered Professional Geologist)	\$118.17 per hour
8	Sr. Project Manager /Utility Manager, CIP or PSC Filings	\$139.66 per hour
9	Project Manager	\$ 98.92 per hour
10	Field Inspector	\$ 95.86 per hour
11	Engineering Technician	\$ 62.14 per hour
12	Cad Operator	\$ 66.99 per hour
13	Instrumentation/Control Technician/Maintenance Supervisor/Chief Mechanic	\$ 89.43 per hour
14	Lab Tech/Collection Capture	\$ 42.66 per hour
15	Tradesman	\$ 57.91 per hour
16	Maintenance Technician	\$ 52.01 per hour
17	Welder/Fabricator	\$ 65.00 per hour
18	Utility Electrician	\$ 67.82 per hour
19	Certified Cross Connection Control Technician (Backflow Prevention Technician)	\$ 73.37 per hour
20	Water and Wastewater Plant Operator (LEAD)	\$ 79.01 per hour
21	Water and Wastewater Plant Operator	\$ 58.19 per hour
22	Administrative Support	\$ 52.37 per hour
23	Materials and reimbursable expenses will be billed at actual cost plus: 18%	18%
24	Automobile Travel Mileage Reimbursement Associated With Consulting Services	\$ 0.55 per mile
25	Disposal Fee for Disposal of Non Hazardous Material and Debris.	\$ 13.99 per visit
26**	Labor Rates of 1.5 times the regular hourly rate will apply under the following circumstances: **Monday - Friday from 4:00pm to 7:00am and Weekends at All Hours	
27	Labor Rates of 2.0 times the regular hourly rate will apply on holidays recognized by US Water.	
28	Operations Supplies provided will be billed at actual cost plus 18%.	

EQUIPMENT

29	Confined Space Entry – With Permit and Equipment	\$110.00 per/entry
30	Diaphragm Pump Rental	\$ 52.37 per/day
31	Submersible Bypass Pump Rental	\$ 79.01 per/day
32	Cut Saw Rental	\$ 29.11 per/day
33	Cut Saw Blades	\$ 11.65 each
34	RPZ Certification	\$145.60 each
35	Lift Station Calibration and Testing	\$368.78 each
36	Pressure Washer	\$ 28.04 per/hour
37	Pressure Jetter	\$ 84.68 per/day
38	Cutting Torches	\$ 84.68 per/day
39	Crane Truck	\$138.12 per/hour
40	VacTruck/Residuals Hauler	\$317.51 per/hour
41	Residual Liquid Hauled	\$ 0.39 per/gallon
42	Pump Hoist	\$ 78.08 per/day
43	TV Camera	\$ 88.52 per/foot

Fees are subject to change without notice and are updated annually at a minimum.

Invoices may be subject to fuel surcharges.

END



**Water and Wastewater Utility Operations, Maintenance,
Engineering, Management**

REVISED AGREEMENT FOR SERVICES

XX **Water System Operations**
 Wastewater System Operations
XX **Maintenance**
XX **Customer Service**

THIS AGREEMENT is entered into this **1st** day of **April, 2017**, by and between:

Brendenwood Waterworks, Inc. with its principal mailing address at 5320 Captains Court, New Port Richey, Florida 34652 (hereinafter "OWNER")

AND

U.S. Water Services Corporation, with its principal mailing address at 4939 Cross Bayou Boulevard, New Port Richey, Florida 34652 (hereinafter "USWSC").

WHEREAS, OWNER owns and provides for the operation and administration of a water treatment, distribution and transmission system; and/or wastewater treatment, collection and lift station facilities; and customer service billing and collection; and

WHEREAS, OWNER desires to employ the services of USWSC in the operation, maintenance and billing/collection (OM&BC) of the Utility System, and USWSC desires to perform such services for the compensation provided for herein.

NOW, THEREFORE, in consideration of the mutual covenants and agreements hereinafter set forth, OWNER and USWSC agree as follows:

1. General Provisions

1.1

Definitions of words and phrases used in this Agreement and the attachments are contained in Appendix A.

1.2

All land, buildings, facilities, easements, licenses, rights-of-way, equipment and vehicles presently or hereinafter acquired or owned by OWNER shall remain the exclusive property of OWNER unless specifically provided for otherwise in this Agreement.

1.3

This Agreement shall be governed by and interpreted in accordance with the laws of the State of Florida.

1.4

This Agreement shall be binding upon the successors and assigns of each of the parties, but neither party shall assign this Agreement without the prior written consent of the other party. Consent shall not be unreasonably withheld.

1.5

All notices shall be in writing and transmitted to the party's address stated above. All notices shall be deemed effectively given as follows:

1.5.1 If delivered personally or by courier mail service (e.g., Federal Express or United Parcel Service), upon delivery;

1.5.2 If mailed by certified or registered U.S. mail, return receipt requested, upon deposit in the United States mail, postage prepaid.

1.5.3 If in any other manner, upon actual receipt.

1.6

This Agreement, including appendices, is the entire Agreement between the parties. This Agreement may be modified only by subsequent written agreement signed by both parties. Wherever used, the terms "USWSC" and "OWNER" shall include the respective

officers, agents, directors, elected or appointed officials and employees and, where appropriate, subcontractors, or anyone acting on their behalf.

1.7

If any term, provision, covenant or condition of this Agreement is held by a court of competent jurisdiction to be invalid, void or unenforceable, the remainder of the provisions shall remain in full force and effect and shall in no way be affected, impaired or invalidated.

1.8

It is understood that the relationship of USWSC to OWNER is that of a contracted service corporation. The services provided under this Agreement are of a professional nature and shall be performed in accordance with good and accepted industry practices for professional contract operators similarly situated in the same geographic region and at the same time.

1.9

The OWNER and USWSC are the only parties to this Agreement. No third party rights or benefits are intended to or shall arise by reason of this Agreement.

1.10

If any litigation is necessary to enforce the terms of this Agreement, the prevailing party shall be entitled to reasonable attorney's fees, which are directly attributed to such litigation in addition to any other relief to which it may be entitled.

This area left intentionally blank.

2. USWSC Scope of Services – Base Contract Service

2.1

Upon signing of this agreement, USWSC will staff the Utility System (as described in Appendices D,F,I) with employees who have met appropriate licensing and certification requirements of the State of Florida, and employ the appropriate skilled staff to maintain the service specified herein. A further break down of the Scope of Services is displayed in Table 4.

2.2

USWSC operators shall have ongoing training and education appropriate to personnel in all necessary areas of required water/wastewater process control, operations, maintenance, safety and supervisory skills. All operators employed for the facility will be trained in drinking water treatment plant operation and/or domestic wastewater treatment plant operator as regulatory permits require, and licensed by FDEP. USWSC will ensure that all personnel have the proper training to perform their jobs safely and efficiently.

2.3

USWSC shall develop, or supply, and utilize Computerized Maintenance Management Systems (CMMS) and process monitoring.

2.4

Within 90 days after USWSC begins service under this Agreement, USWSC will provide a statement of condition (SOC) of the utility system which will include any physical inventory of OWNER'S utility equipment and spare parts in use or associated with the system, and a general statement as to the condition of each piece of equipment. The SOC will also include recommendations for improved O&M efficiencies, capital improvements and estimated cost to implement all recommendations.

2.5

USWSC will provide OWNER with a physical inventory of chemicals and other consumables on hand when USWSC begins services under this Agreement within 7 days of service startup. USWSC will provide OWNER with the same quantity of chemicals or equivalent upon termination of this Agreement.

2.6

USWSC shall be responsible for maintaining all manufacturers' warranties on new equipment purchased by OWNER and assist OWNER in enforcing existing equipment warranties and guarantees.

2.7

USWSC shall provide the OWNER with documentation that preventive maintenance is being performed CMMS on Owner's owned equipment in accordance with manufacturer's recommendations at intervals and in sufficient detail as may be feasibly determined by the OWNER. Such a maintenance program shall include documentation of corrective and preventive maintenance.

2.8

USWSC shall operate, maintain and/or monitor the Utility System as FDEP permitting dictates and maintain a 24-hour per day, seven-day per week scheduled, on call emergency staff and live answering service. USWSC will respond to call outs, assess the situation and make necessary arrangement to contain or repair the problem. USWSC shall notify the OWNER of emergency type repairs within 2 hours of incident.

2.9

Visits may be made at a reasonable time by Owner's employees if previously authorized by owner or designated by Owner's representative. Keys for the system shall be provided to OWNER by USWSC for such visits. All visitors to the System shall comply with USWSC' operating and safety procedures and register in utility log books.

2.10

USWSC will implement and maintain an employee safety program in compliance with all Occupational Safety and Health Administration (OSHA) laws and regulation specified in OSHA 1910 which is designed to provide a safe and healthful workplace. Provide all necessary equipment to employees to perform their tasks in a safe and efficient manner. USWSC will make recommendations to the OWNER regarding the need if any, for OWNER to rehabilitate, expand or modify the system to comply with governmental safety regulations applicable to USWSC operations hereunder and with federal regulations promulgated pursuant to the American with Disabilities Act (ADA).

2.11

USWSC may modify the process and/or facilities with permission of OWNER, to achieve the maximum efficiency of operation and optimum water quality. Any modifications to facilities of the system will be billed separate from this agreement at a price approved by the OWNER, except in the case of an emergency. During an emergency situation, USWSC may take the steps required to maintain the safety of the utility customers and meet any mandated regulatory requirements.

2.12

In any emergency affecting the safety of persons or property, USWSC may act without written amendment or change order, at USWSC's discretion, to prevent threatened damage, injury or loss. USWSC shall be compensated by OWNER for any such emergency work notwithstanding the lack of a written amendment. At a minimum such compensation shall include USWSC Costs for the emergency.

2.13

As required by law, permit or court order, USWSC will prepare routine plant performance reports and submit them to OWNER, or OWNER designated signature authority, for signature and transmittal to appropriate authorities. USWSC will prepare Daily operational reports, Monthly Operating Reports (MOR), Discharge Monitoring Reports (DMR), minor revisions to operating permits, monitoring plans such as bacteriological sampling plans, cross-connection plans, water system flushing plans, lead & copper sampling plan, bio-solids annual reports, abnormal events, boil water notices, Consumer Confidence Reports (CCR's), review inspection reports and respond, annual reporting of flows on the Consumptive and Water Use Permits (CUP) (WUP). USWSC will conduct annual audits and report to the PSC per FAC Chapter 25-30 for water and wastewater utility systems. Signature authority may be established by the Owner to allow USWSC to file required reports with signature of USWSC personnel with report copy sent to owner.

Table 1- Regulatory Reporting Responsibilities	
USWSC	Owner
FPSC Annually	None
DMR & MOR's Monthly	
Compliance Sampling Reporting Ongoing	
Groundwater Reports as Required	
Abnormal Events As Occurs	

Boil Notice Prep and Post As Occurs	
Prepare Minor Permit Revisions	
Prepare Annual CCR's	

2.14

USWSC will provide all packing and transport charges and insurance costs, as well as transit handling costs and transport fees and labor to perform laboratory testing and sampling presently required by plant performance portions of regulatory permits (see Appendices D & E), the Clean Water Act, the Safe Drinking Water Act and/or any federal, state or local rules and regulations, statutes or ordinances, permit or license requirements, or judicial and regulatory orders and decrees. All laboratory services will maintain a Florida NELAC certified laboratory capable of meeting all Federal Environmental Protection (EPA), Code of Federal Regulations (40 CFR-60.535), Safe Drinking Water Act (SDWA), Clean Water Act (CWA), Florida Department of Environmental Protection (FDEP) Florida Administrative Codes (FAC Chapter 62-160.300) which defines the minimum field and laboratory quality assurance, methodological and reporting requirements, Water Management Districts (WMD), Department of Health (DOH – 64E-1) or any other regulatory agency that has jurisdiction over the facilities for analyzing samples required by permits.

2.15

USWSC will provide labor, which is included in the base fee, related to service meter replacements up to 5/8" x 3/4" meter size. Installation or change out of meters of a greater size shall be billed as additional service to OWNER base upon time and material, as listed on Appendix G.

2.16

USWSC shall operate and maintain the public water systems so as to comply with applicable standards in Chapter 62-550 F.A.C. and USWSC shall keep all necessary public water system components in operation and shall maintain such components in good operating condition so the components function as intended. Preventive maintenance on electrical or mechanical equipment – including exercising of auxiliary power sources, checking the calibration of finished-drinking-water meters at treatment plants, testing of air or pressure relief valves for hydro-pneumatic tanks, and exercising of isolation valves – shall be performed in accordance with the equipment manufacturer's recommendations or in accordance with a written preventive maintenance program established by USWSC.

2.17

USWSC shall perform locates, which are included in the base fee, within the specified time frames for all water distribution & wastewater collection piping systems per Sunshine One-call requirements. OWNER shall pay for all costs related to the Florida Sunshine On-Call Locate Service.

2.18

USWSC shall maintain grounds in a neat and orderly condition. This includes removal of yard trimmings, non-working pumps, used piping, garbage, and plant screenings from treatment processes. USWSC shall maintain grounds in and around the facilities in a professional manner, perform weed control, grass cutting and trimming.

2.19

USWSC shall maintain permits according to Florida Administrative Code (FAC) Chapter 62-4 which is FDEP's general authority to issue permits and Florida Administrative Code (FAC) Chapter 62-620 which establishes the procedures to obtain a permit to construct operate or modify domestic and industrial wastewater facilities; 40 CFR 122.41 which describes applicable to all permitting. All permits will be maintained in safe location, keep up-to-date, system modification and permit revisions will be submitted in a timely manner.

2.20

USWSC shall calibrate all plant flow meters required by permits, Water Management District's and FDEP Directives, or FAC requirements, according to industry standards.

2.21

USWSC shall perform annual testing of Backflow Prevention Devices Owned by the Utility. Any replacements will be coordinated/provided with approval from OWNER.

2.22

USWSC shall provide meter re-reads, meter turn-on & turn-offs, minor repairs to service lines (not to exceed \$400.00 in USWSC expense per incident), meter change outs, troubleshooting customer problems or issues.

2.23

USWSC shall provide Emergency Generator Maintenance and Fuel. All maintenance shall be performed in accordance with Chapter 62-550, F.A.C and with the equipment manufacturer's recommendations or in accordance with a written preventive maintenance program established by USWSC; however, in no case shall auxiliary power sources be run under load less frequently than monthly. Inspections and servicing will be performed monthly and shall include, check engine coolant level, coolant lines/connections/hoses & connections, drive belts for wear and tear, gasket/seals for leaks, battery(s) electrolyte level, battery connections, cables, casing, check air Filters, check engine oil level and oil leaks (hoses, connectors), check fuel tank/day tank operation, check fuel level and order fuel as needed.

USWSC	OWNER
Coolant levels, lines, connections and hoses	Major repairs over \$400.00 per incident
Drive belts	Replacement of unit
Battery and connections	
Air Filters	
Gasket condition	
Fuel levels and hose connections	
Engine oil levels and connections	
Order Fuel as needed	
Annual testing of unit	
Any outside Generator Service Contracts	

2.24

USWSC shall perform minor repairs - repairs that can be performed by the Collection and Distribution Technician, plant operators or maintenance personnel without assistance (Totaling Less than \$400.00 in USWSC Expense per incident), such as painting, changing

motor oil, changing air filters, greasing equipment, cleaning equipment and troubleshooting equipment failures.

Table 3- Minor Repair Responsibilities

USWSC	OWNER
Replace Meter Boxes	In excess of \$400.00 per incident
Minor Water Leaks	
Cleaning of Wetwells	
Unclog Lift Station Pumps	
Hydrant Repairs	
Project Planning or Advisement to Owner	
Replace Curb Stops, Valves, Pipe Fittings	
Repairs to Electrical System	
Fencing and Other Similarly Related Repairs	

2.25

USWSC shall provide a Customer Service based operation that resolves any customer complaints; provides meter reads, turn-on & off meter services, billing and collection and all associated cost of that service, credit card and web based customer payment options, collection rate monitoring; issue field service orders, set up new and maintain customer accounts with accurate information; provide information to address inquiries regarding services, maintain proper files and required customer service documents; all to be provided in a professional manner and in keeping with industry standards.

Base Contract Services – Water Treatment Facilities

2.26

This section shall apply to USWSC OM&BC services for the Owner's Water Treatment Facilities either owned, leased or by easement rights.

2.27

Within the existing design capacity and capabilities of the Water Treatment Facilities, USWSC will operate the systems according to the facility's Florida Department of Environmental Protection (FDEP) operating permit, FAC 62-699 which establishes minimum staffing requirements for facilities. Physical operation of the facility to include adding chemicals, such as ammonia, chlorine, poly-phosphates or lime, for disinfection and efficient treatment operation, Inspect equipment on a regular basis,

monitor operating conditions, meters, and gauges, collect and test water samples, record meter and gauge readings and operational data and interpret findings, operate equipment to treat the water to meet Federal, State and Local requirements and, clean and maintain equipment, tanks, filter beds, and other work areas, ensure all safety standards are met.

2.28

USWSC will pay all costs associated with taking all daily, weekly, monthly, quarterly, annual and tri-annual samples and any retake samples required by FDEP Permit and EPA's 40 CFR Part 136, and as listed in Appendix E; with the exception of annual or semiannual special event sampling and testing and any special sampling.

2.29

USWSC shall perform tank inspections for hydro-pneumatic and Ground Storage tanks (GST) in service for the water systems- The FDEP Chapter 62-555-350 requires annual inspections and cleaning and has 5 yr requirement for complete inspection of the vessel for structural integrity and reliability.

2.30

OWNER shall be responsible for Regulatory Fees which includes permit renewals, modifications and/or revisions to permits for the Water Management District, FDEP, DOH, County and/or City and any other regulatory entity fees.

Base Contract Services – Distribution System

2.31

This Section shall apply to USWSC service related to Owner's distribution system

2.32

USWSC shall provide for the operation and maintenance of the distribution and transmission system according to Florida Administrative Code (FAC) 62-604. Which includes maintenance, minor repairs to water distribution systems, including mains, valves, hydrants and services, performs water taps, ensure that all appropriate safety measures are observed in the performance of the various kinds of work, investigate and

determine the locations of water leaks and takes action in such a way that affects a minimum of customers, collects water samples when necessary and fills out operation reports for the water systems, maintain accurate and legible records of time and materials used on various jobs and reports, reads, removes and resets the routine operation, maintenance, and repair of the distribution systems as established upon startup of this agreement. Services not included as routine are items identified as capital repairs, line extensions or system expansions. Excluded services will be billed in addition to base OM&BC contract fee per Appendices G.

2.33

USWSC shall provide for all daily operation and maintenance functions such as perform routine operational checks of chlorine levels, equipment functions, read meters, check for proper plant operation, record all maintenance activities and ensure official logs are kept per regulatory requirements.

2.34

USWSC will pay cost incurred related to routine staffing, and labor related to sampling, testing, in normal water distribution, operation and maintenance, and repair, except as specifically provided herein. Specific special sampling event (i.e. break/main clearance) analysis cost will be billed direct to Owner per USWSC standard sampling fee schedule in place at the time of incident. If the scope of the permit changes which results in increases to sampling and or staffing requirements, then the Owner will be responsible for the cost to upgrade the terms of the agreement, as such changes are regards as changes to the general conditions herein stated.

Base Contract Services – Wastewater Treatment Facilities –

N/A (Brendenwood is water system only)

2.35

This section shall apply to USWSC OM&BC services for the Owner's Wastewater Treatment Facilities either owned, leased or by easement rights.

2.36

USWSC will operate the systems according to the facility's Florida Department of Environmental Protection (FDEP) operating permit, FAC 62-699 which establishes minimum staffing requirements for facilities.

2.37

USWSC will pay all costs associated with taking all daily, weekly, monthly, quarterly, annual samples and any retake samples required by FDEP Permit and Florida Administrative Code (FAC) 62-601, which establishes minimum requirements for monitoring of domestic wastewater facilities and EPA's 40 CFR Part 136, with the exception of annual or semiannual special event sampling and testing and any special sampling; see Appendix D for definition of routine sampling. Any additional sampling events will be submitted to OWNER as an additionally billable item per USWSC laboratory/sampling fees in place at the time of incident.

Base Contract Services – Wastewater Collection and Lift Station Systems –

N/A – (Brendenwood is water system only)

2.38

This Section shall apply to USWSC' service for Owner's wastewater collection and lift station system.

2.39

USWSC shall USWSC will operate the collection system according to Florida Administrative Code (FAC) 62-604. Which includes routine preventive maintenance and minor repairs of the collection system as established upon startup of this agreement; shall performs sewer taps, inspects manholes and appurtenances, perform checks on lift stations and or pump station for proper operation, ensure that all appropriate safety measures are observed in the performance of the various kinds of work, investigate and determine the locations of sewer breaks maintain accurate and legible records of time and materials used on various jobs. Services not included as routine are items identified as capital repairs, line extensions or system expansions.

2.40

1. Specific lift station maintenance shall include:

- (a) Monitoring of Lift or pumping stations for emergency conditions; Preventive maintenance the radio telemetry systems if any; Regularly Monthly scheduled preventive maintenance, inspection, adjustments (including but not limited to measuring run pump times, water levels in wet wells, review of any loss of electrical power and any thermal overloads).
- (b) All pump stations and lift stations shall be visited by a state licensed, certified or manufacturer trained and certified operator as frequently as necessary to preclude pump station or lift station failure but in no case less than once per month.
- (c) A permanent log containing information for the previous year to the current date shall be kept onsite or at the appropriate regional wastewater treatment facility. Log information shall be maintained by the pump station or lift station owner on a rolling five year calendar basis. The log shall be the property of the pump station or lift station owner and shall be surrendered to the pump station or lift station owner upon termination of an operator contract.
- (d) Preventive maintenance of the wastewater collection/transmission system shall include the following minimum monthly services provided by a state licensed, certified or manufacturer trained and certified operator.
 - (1) Remove and dispose of any debris from the surface of the pump station or lift station wet well that may interfere with the operation of the pump station or lift station;
 - (2) Log hour meter reading for all pumps
 - (3) Run each pump manually through a cycle and record amp draw in the maintenance log;
 - (4) Record voltage at control panel source in the maintenance log;
 - (5) Cycle alarms;
 - (6) Confirm floats are properly set;
 - (7) Confirm floats are clear of grease and clean if any grease present;
 - (8) Ensure that pump cables and pump chains are in good condition, are secure, and not around the pump suction;
 - (9) With lift station/wet well pumped down, stick the bottom of the tank to confirm the absence or presence of sand or debris.

- (10) USWSC shall remove and owner shall dispose of any sand or debris in the bottom of the tank that may interfere with the operation of the pump station or lift station.
 - (11) Ensure that any grass around the lift station, the wet well entrance, the valve box entrance and any vegetation that would hinder access to the control panel is trimmed back and the area is free from debris;
 - (12) Exercise all isolation valves completely closed and leave completely open;
 - (13) Confirm all electrical lugs in panel are tight and seal is secure for electrical panel;
 - (14) Secure each lock and lubricate as needed; and
 - (14) Inspect the check valves to ensure they are functioning properly and will prevent back flow from the force main to the wet well.
- (e) Once every three months minimum, ensure the pump station or lift station Megohm test is performed on the pump motors to determine the condition of the motor winding insulation to establish a base line reading to be used over time to determine if the windings are deteriorating.
- (f) For lift stations servicing hotels, apartments and food establishments, upon recommendation by the operator, but no less than once every 6 months;
- (1) Owner shall pump out wet wells and USWSC shall pressure wash to prevent solids and grease build-up, to reduce odors, and to reduce potential damage to the pumps. The pump station or lift station owner must provide the operator access to a water supply source. Owner shall ensure that the removed wastewater shall be hauled by a state licensed or permitted hauler to a wastewater treatment facility and the receipt for disposal provided to the lift station owner.
 - (2) Pull the pumps and inspect the impeller and suction ports of each pump, noting the condition of each pump.
- (g) For lift stations servicing all other locations (not hotels, apartments and food establishments), upon recommendation by the operator, but no less than once every 2 years;
- (1) Owner shall pump out wet wells and USWSC shall pressure wash to prevent solids and grease

build-up, to reduce odors, and to reduce potential damage to the pumps. The pump station or lift station owner must provide the operator access to a water supply source. The removed wastewater shall be hauled by a state licensed or permitted hauler to a wastewater treatment facility and the receipt for disposal provided to the lift station owner.

(2) Pull the pumps and inspect the impeller and suction ports of each pump.

(h) For lift stations monitored by a Supervisory Control and Data Acquisition System (SCADA System), a lift station owner may submit a request for approval of an alternative maintenance plan in cooperation with contracted operator. The request must outline in detail:

(1) the proposed maintenance plan and schedule;

(2) the SCADA System data monitored and the data retention plan for the SCADA System data. At a minimum, the data otherwise recorded for the required maintenance as outlined in this rule must be made a permanent part of the lift station owner's maintenance log;

(3) the operator's training and state license or certification level;

(4) the training and certification or state license level of each staff member of the operator's company; and

(5) the response times provided by the operator in event of a SCADA alert; and

(6) the lift station owner shall provide any additional information requested by the Division in order to evaluate the request. Any alternative maintenance plan must be mutually acceptable to both Owner and USWSC.

(i) Jetting of collection system lines shall be conducted as needed to clear grease and sediment from collection system lines.

(j) The operator shall record and document all maintenance performed and findings in the required maintenance log. The log shall be the permanent property of the lift station owner.

(j) In the case of a breakdown or malfunction of a Wastewater collection/transmission system and/or a wastewater treatment facility, the owner or operator shall record the

- breakdown or malfunction event and the reason therefore in the permanent log upon discovery.
2. The owner or operator shall investigate each instance of system malfunction alarm. During the alarm investigation, if an owner or operator discovers that a release or discharge of wastewater from the system to the ground or surrounding environment has occurred, USWSC shall immediately upon discovery of such release or discharge to FDEP.
 - a. If any release of wastewater occurs, a copy of the invoice or report from the operator shall be submitted to the Owner. The operator invoice or report shall state the cause of the release of sewage, detail the repairs made, and state the amount of wastewater removed by pump truck. The failure of an operator to notify the owner of the breakdown or malfunction shall not relieve the owner of the responsibility to notify the Division. In addition to the owner, an operator may also be held liable for failure to notify the Division pursuant to Section 362.110(c), Ordinance Code.
 - b. Notifying the FDEP does not relieve the owner or operator of the requirement for discharges, spills or releases of untreated wastewater in excess of 1,000 gallons or other abnormal events set forth in Rule 62-604.550, FAC, to report orally to the State Warning Point number, 1-800-320-0519.
 3. Electrical service must be supplied to the lift station at all times. In the event electrical service fails, regardless of the reason, and temporary or emergency power cannot be supplied, it is mandatory that the lift station be monitored and the lift station wet well be pumped and hauled by a state licensed or permitted hauler to a wastewater treatment facility so as to prevent an unlawful discharge of wastewater. A copy of the receipt from the wastewater treatment facility shall be provided to the lift station owner.
 4. In lieu of the requirements of Rule 3.405.A.5 above, publicly owned regional sewerage system utilities shall conduct operation and maintenance in accordance with federal and state requirements, which are consistent with the requirements of Rule 3.405A.5, and provide documentation of such maintenance within five business days of a request by the Division.
 5. In accordance with Rule 3,402B, repairs, modifications or replacements of pumps or major components may require a permit pursuant to this Rule. Pumps or major components of a pump station or lift station that are replaced must be replaced by similar or upgraded equipment to ensure there is no degradation of the design and performance of the system. In addition, for each replacement made, the operation and maintenance manual shall be revised.

6. Exception: For the purpose of this Section, a pumping system serving an individual single-family residence that transmits to a gravity sanitary sewer collection system, which system is located in a utility easement or right-of-way fronting said individual single family residence, is considered a service connection and the requirements for sewage pump stations or lift stations shall not apply.

Base Contract Services – Administrative and Customer Services

2.41

USWSC shall provide the following specific utility and customer accounting and administrative functions for the Facilities and Business Entity: (i) monthly flow meter reading (ii) consumer folder on each account, (iii) billing register containing information on each account billed, (iv) preparation and mailing of a monthly use bill to each customer, (v) preparation of monthly sales report, (vi) preparation and mailing of late notices for delinquent accounts, (vii) collection of meter deposits and payments, (viii) preparation of a Daily Monitoring Report, (ix) general ledger P&L and Balance Sheet reports monthly and (x) preparation of annual FPSC report.

2.42

USWSC shall use reasonable efforts to collect all available Owner revenue from sales, connection fees, security deposits, collection fees, late payment charges, taxes collected (if applicable) and all other monies due from consumers of services provided by the facilities.

2.43

USWSC will submit to the owner monthly a report of System activities due by the 21st of the following month. USWSC shall review the administrative reports generated in accordance with section 2.41 above, and from time to time, make recommendations to the Owner regarding rates, deposit amounts, and other matters as to keep the Owner's Facilities financially sound.

2.44

USWSC maintains a business office established for the purpose of utility management; main office location is in New Port Richey, FL; with additional satellite offices throughout the State. Offices shall be open from 9:00 am to 5:00 pm Monday through Friday. Online, web base bill payment is also maintained for customer ease in access to additional

payment options with 24 hr a day access. USWSC also maintains and provides 24 hour emergency answering service and dispatch, as well as local utility manager and staff assigned to the system.

3. Owner Representations and Duties

3.1

OWNER shall keep in force all System warranties, guarantees, easements and licenses that have been granted to OWNER and are not transferred to USWSC under this Agreement.

3.2

OWNER shall pay all *ad valorem*, property, franchise, occupational and disposal taxes, or other taxes associated with the System other than taxes imposed upon USWSC net income and/or payroll taxes for USWSC employees.

3.3

OWNER shall provide USWSC, within a reasonable time after request and on an "as available" basis, with the temporary use of any piece of Owner's heavy equipment that is available so that USWSC may discharge its obligations under this Agreement in the most cost-effective manner.

3.4

OWNER shall provide all registrations and licenses for any of Owner's vehicles used in connection with the System (if applicable).

3.5

OWNER represents and warrants that facilities and other System equipment have been operated only in the normal course of business. Owner cannot fully attest to the condition of the facilities composing the System and/or any equipment used by the System, and therefore has not disclosed to USWSC.

3.6

OWNER shall supply all chemicals necessary to maintain compliance of the system includes chlorine, poly phosphates, polymers, proprietary and non-proprietary filter media, lime, de-chlorination chemicals, or any other chemical necessary to maintain regulatory compliance.

3.7

OWNER shall be responsible for sludge disposal per FAC Chapter 62-640.

3.8

OWNER shall be responsible for purchase of all power, water, wastewater and phone services.

3.9

OWNER shall be responsible for major repairs and/or capital items.

3.10

OWNER shall be responsible for maintaining property insurance for the facilities.

3.11

OWNER shall be responsible for any Bad Debt, write offs, for collecting bad debts and absorbing write off costs.

3.12

OWNER shall be responsible for payment of all Federal and Local Taxes related to the systems.

3.13

OWNER shall be responsible for any and all banking fees such as over drafts, non-sufficient funds, user fees pertaining to the systems.

3.14

OWNER shall be responsible for onsite telephone services for auto dialers and/or SCADA systems for emergency power or equipment failures only.

See Table 4 Following for Ledger of Cost Responsibilities of USWSC and Owner:

BELOW IS A SUMMARY OF COST RESPONSIBILITIES FOR BOTH USWSC AND OWNER

USWSC	Owner
1. Operation of the Water & Wastewater Facilities	1. Chemicals
2. Operation and Maintenance of Collection and Distribution Systems	2. Sludge Transport and Disposal
3. Sampling and Laboratory Analysis per Appendices D & E	3. Utilities – Purchased Power, Phones/SCADA, Purchased Water/Wastewater Services
4. Reporting	4. Capital Items or Major Repairs
5. Transportation	5. Property Insurance
6. Personnel	6. Regulatory Fees
7. Safety	7. Bad Debts & Write-offs
8. Training	8. Legal Fees
9. Customer Service / Billing / Collection	9. Federal Taxes
10. Minor Repair Less than \$400 in USWSC Expense per incident	10. Banking Fees
11. Emergency Generator Maintenance and Fuel	11. Locate Service Fees / Sunshine
12. Service Work	12. Meters
13. Grounds Maintenance	13. Permit Fees for Regulatory Permits
14. Operating Permit Renewals	14. Property Taxes
15. Meter calibrations	15. New Service Connection for Water and Wastewater Services
16. Backflow prevention testing	16. Repairs Totaling \$400.00 or greater per incident
17. Trash Removal	Tax Return Filings
18. Accounting for PSC and General Ledger	
19. Tank Inspections	
20. Locate Services	
21. On-call and initial emergency callouts	
22. Plant upkeep and good housekeeping	
23. Laboratory Services	
24. System Preventative Maintenance (CMMS)	
25. Update system maps	
26. Tools, Vehicles, Testing Equipment	
27. Preventive Maintenance	
28. Fire Hydrant Testing as Required	
29. Maintain Record Keeping, General Ledger, and Filing Systems.	

4. Compensation

4.1

USWSC compensation under this Agreement and dictated scope of work shall consist of a Monthly Fee. For the first year of **Water Operation** this Agreement the **USWSC Monthly Fee for Services as described herein will total \$1,576.09; total annual contract value \$18,913.12** and is assigned a base ERC value.

Formula: (1) Initial Annualized Contract Value Divided by ERC's at Contract Startup = Annual ERC Value. (2) April of Each year previous annual values increases by CPI noted herein, a review of ERC count is undertaken and increases in ERC are applied if applicable.

4.2 – N/A – Water Only

USWSC compensation under this Agreement and dictated scope of work shall consist of a Monthly Fee. For the first year of **Wastewater Operation** this Agreement the **USWSC Monthly Fee for Services as described herein will total \$0; total annual contract value \$0** and is assigned a base ERC value.

Formula: (1) Initial Annualized Contract Value Divided by ERC's at Contract Startup = Annual ERC Value. (2) April of Each year previous annual values increase by CPI noted herein, a review of ERC count is undertaken and increases in ERC are applied if applicable.

4.3

The Monthly Fees shall be adjusted April 1st of each year per consumer price index as published by the Department of Labor. Should the capacity of the System change, or other services are added, the fee will change upon review with the Owner, and calculated by base ERC value assigned at that time and be subject to applicable CPI adjustments. Changes in ERC totals will not remove the annual CPI increase.

5. Payment of Compensation

5.1

The Monthly Fee shall be due and payable on the first business day of the month for each month that services are provided.

5.2

All other compensation to USWSC is due upon receipt of USWSC invoice and payable within thirty (30) days.

5.3

OWNER shall pay interest at an annual rate equal to the prime rate established by TD Bank plus two percent (1.0%) on payments not paid and received within thirty (30) calendar days of the due date, such interest being calculated from the due date of the payment. In the event that the interest charges under this Section 7.4 might exceed any limitation provided by law, such charges shall be reduced to the highest rate or amount allowed within such limitation.

5.4

Amortization Items, in the event that this contract is terminated prematurely all monies that have been previously paid as a monthly expense shall be returned at a prorated cost, such as Tri-annual samples, permit renewals or vendor contracts to the USWSC.

6. Scope Changes

6.1

A Change in Scope of Services shall occur when and as USWSC costs of providing services under this Agreement change as a result of:

6.2

Any change in System operations, personnel qualifications or staffing or other cost which is mandated or otherwise required, by a change in law, rule or regulation or an action or forbearance of any governmental body having jurisdiction to order, dictate or require such change;

6.3

Owner's request and USWSC consent to provide additional services beyond the scope of this Agreement and shall be priced per rate schedule included in Appendix G.

7. Indemnity, Liability and Insurance

7.1

For the sum of \$10.00, USWSC hereby agrees to indemnify and hold OWNER harmless from any liability or damages for bodily injury, including death, which may arise from USWSC' negligence or willful misconduct under this Agreement, provided USWSC shall be liable only for that percentage of total damages that corresponds to its percentage of total negligence or fault.

7.2

For the sum of \$10.00, OWNER agrees to indemnify and hold USWSC harmless from any liability or damage or bodily injury, including death, which may arise from all causes of any kind other than USWSC' negligence or willful misconduct including, but not limited to, breach of an OWNER warranty.

7.3

USWSC shall be liable for those fines or civil penalties imposed by a regulatory or enforcement agency for violations occurring on or after the Commencement Date of the effluent quality requirements as are dictated by regulatory agencies and as a result of USWSC's negligence. OWNER will assist USWSC in contesting any such fines in administrative proceedings and/or in court prior to any payment by USWSC. USWSC shall pay the cost of any such contest.

7.4

OWNER shall be liable and indemnify and hold USWSC harmless for those fines or civil penalties imposed by any regulatory or enforcement agencies on OWNER and/or USWSC 1) that are not a result of USWSC negligence 2) that are otherwise directly related to the ownership of the System and 3) are the result of failure of Owner to make any Capital Expenditures previously identified as necessary for the System to attain applicable performance standards and 4) Owner shall indemnify and hold USWSC harmless from the payment of any such fines and/or penalties.

7.5

Owner Shall defend, indemnify and hold USWSC harmless from any and all liability, cost, expenses, penalties, including attorneys fees and the cost of investigation, remediation, negotiation and resolution, arising from any condition existing prior to the start date that constitutes a release of hazardous substances, as that term is defined in any state, federal or local law, or constitutes a violation of any state, federal or local environmental law.

7.6

Indemnity obligations provided for in this Agreement shall survive the termination of the Agreement.

7.7

USWSC shall maintain general liability insurance coverage limits of \$2,000,000.00; Excess General Liability limits of \$5,000,000.00; Vehicle Insurance coverage limits of \$1,000,000.00; Professional Liability Insurance limits of \$2,000,000.00, and provide all workers compensation coverage for USWSC staff in accordance with state and federal labor requirements.

8. Term, Termination and Default

8.1

The initial term of this Agreement shall be Five (5) years; commencing **April 1, 2017**, (the "Commencement Date"). Thereafter, this Agreement shall be automatically renewed on each anniversary date, for successive Five (5) Year terms unless canceled in writing by either party no less than ninety (90) days prior to expiration of the then current term.

8.2

Either party may terminate this Agreement upon 90 day written notice.

8.3

Amortization Items: In the event that this contract is terminated all monies that have been previously paid as a monthly expense shall be returned at

a prorated cost, such as Tri-annual samples, permit renewals to the USWSC.

8.4

Upon notice of termination by OWNER, USWSC shall assist OWNER in assuming operation of the System. If additional Cost is incurred by USWSC at request of OWNER, OWNER shall pay USWSC such Cost within 15 days of invoice receipt.

8.5

Upon termination of this agreement and all renewals and extensions of it, at a minimum USWSC will return the System to OWNER in the same or better condition as it was upon the effective date of this Agreement, ordinary wear and tear excepted. Equipment and other personal property purchased by USWSC for use in the operation or maintenance of the System shall remain the property of USWSC upon termination of this Agreement unless the property was directly paid for by OWNER or OWNER specifically reimbursed USWSC for the cost incurred to purchase the property or this Agreement provides to the contrary.

9. Disputes and Force Majeure

9.1

In the event activities by employee groups or unions unrelated to USWSC cause a disruption in USWSC ability to perform at the System, USWSC may request and Owner shall assist USWSC efforts or USWSC at its own option, may seek appropriate injunctive court orders. During any such disruption, USWSC shall operate the facilities on a best-efforts basis until any such disruption ceases.

9.2

Neither party shall be liable for its failure to perform its obligations under this Agreement if such failure is due to any Unforeseen Circumstances beyond its reasonable control or force majeure. However, this section may not be used by either party to avoid, delay or otherwise affect any payments due to the other party.

10. Penalties

10.1

Should USWSC fail to comply with the provisions of this Agreement, such failure shall constitute a default.

10.2

The following fines and penalties shall apply:

- a. Failure to meet drinking water standards; \$100.00 per day commencing on the 4th consecutive day.
- b. Failure to control odors consistent with Prudent Utility Practice; \$100.00 per day commencing on the 6th consecutive day.
- c. Failure to dispose of residuals in a manner consistent with Basic O&M Performance Standards and Prudent Utility Practice; \$100.00 per day commencing on the 8th consecutive day.
- d. Intentional falsification/misrepresentation of any reports or records to be filed or maintained pursuant to this agreement; \$1,000.00 per incident.
- e. Failure to follow any notification requirements of this Agreement; \$1,000.00 per incident.
- f. Failure to maintain the Utility Facilities consistent with Basic O&M Performance Standards and Prudent Utility Practice; \$500.00 per incident.
- g. Failure to maintain staffing levels as require by regulation; \$100 per day commencing on the 8th consecutive day; in addition to all regulatory fines that may be assessed.
- h. Failure to make deposits or timely manage fiduciary requirements; \$250.00 per day.
- i. Failure to submit timely reports as outlined in this Agreement; \$100.00 per day.
- j. Failure to process customer credits and refunds within 10 business days; \$100.00 per day commencing upon the 11th day.
- k. Incurrence of customer service complaints related to the quality of work provided by USWSC at a rate exceeding 0.1% of customer accounts in a single month or 1.0% of average monthly customer count of any 12 consecutive months; \$100.00 per complaint above these thresholds.
- l. Failure to correctly read meters within an accuracy rate of 99.5% or better; \$100.00 per each 0.1% below the 99.5% accuracy requirement.
- m. Failure to complete meter reads within 2 business days of scheduled meter reading date; \$100.00 per day per 100 unread meters commencing on the 3rd consecutive day.
- n. Failure to charge all required deposits, fees and installation costs prior to the initiation of service; \$100.00 per incident.

- o. Failure to reconcile all customer service collection activities within 0.25% of total collections; \$100.00 per incident or the amount of un-reconciled balance, whichever is greater.
- p. Failure to collect 97% of all customer billings within 90 days of billing; 5% of difference between actual collection and 97%.
- q. Failure complete timely service orders in performance of Prudent Utility Practice; \$100.00 per day beyond the prudent time period.

Each of the parties indicates their approval and full understanding of this Agreement by their signatures below, and each party warrants that all corporate or governmental action necessary to bind the parties to the terms of this Agreement has been and will be taken.

Brendenwood Waterworks, Inc.

By: _____

Name: Gary Peremer

Title: President

U.S. Water Services Corporation

By: _____

Name: Edward Mitchell

Title: General Manager

End Agreement

Additional: Appendices A,B,C,D,E,F,G,H.

Appendix A - Definitions

1. **"Monthly Fee"** means a predetermined, fixed sum for USWSC base operating, billing/collection, and customer services.
2. **"Base Fee"** means a predetermined, fixed sum for USWSC contract services including operations and preventive maintenance, minor repairs, billing/collection, and customer services – and all related expense.
3. **"Banking Fees"** - any banking fees such as over drafts, non-sufficient funds, user fees pertaining to the systems
4. **"Capital Expenditures"** means any expenditures for (1) the purchase of new equipment or facility repairs that Four Hundred Dollars (\$400.00) or greater.
5. **"Cost"** means all Direct Cost and indirect cost determined on an accrual basis in accordance with generally accepted accounting principles.
6. **"Chemicals"** - chemicals necessary to maintain compliance of the system includes chlorine, poly phosphates, polymers, proprietary and non-proprietary filter media, lime, de-chlorination chemicals, or any other chemical necessary to maintain regulatory compliance.
7. **"CMMS"** shall mean Computerized Maintenance Management System.
8. **"Emergency"** shall mean a situation that threatens public, USWSC employee or OWNER health and safety, System Property, and/or as additionally defined by the FDEP.
9. **"ERC's"** shall mean Equivalent Residential Connection as defined by the FPSC.
10. **"FDEP"** shall mean Florida Department of Environmental Protection.
11. **"Field Service"** means work performing meter rereads, meter turn-on & turn-offs, minor repairs to service lines, meter change outs, providing boil water notices and troubleshooting customer or Owner concerns.
12. **"FPSC"** shall mean the Florida Public Service Commission.

13. **“Laboratory Services”** means all laboratory services with a Florida NELAC certified laboratory capable of meeting all Federal Environmental Protection (EPA), Code of Federal Regulations (40 CFR-60.535), Safe Drinking Water Act (SDWA), Clean Water Act (CWA), Florida Department of Environmental Protection (FDEP) Florida Administrative Codes (FAC Chapter 62-160.300) which defines the minimum field and laboratory quality assurance, methodological and reporting requirements, Water Management Districts (WMD), Department of Health (DOH – 64E-1) or any other regulatory agency that has jurisdiction over the facilities for analyzing samples required by permits
14. **“Locates”** means to locate and identify the location of all water distribution & wastewater collections piping systems per Sunshine One-call requirements.
15. **“Maintenance”** means those routine and/or repetitive activities required or recommended by the equipment or facility manufacturer or by USWSC to maximize the service life of the equipment, vehicles and facilities.
16. **“Minor Repairs”** repairs that can be performed by the Collection and Distribution Technician, plant operators or maintenance personnel without assistance (Less than \$400.00 in total USWSC expense per incident).
17. **“Major Repairs”** shall mean Capital Improvements and/or repairs \$400.00 or greater.
18. **“Permits”** means according to Florida Administrative Code (FAC) Chapter 62-4 which is FDEP's general authority to issue permits and Florida Administrative Code (FAC) Chapter 62-620 which establishes the procedures to obtain a permit to construct operate or modify domestic and industrial wastewater facilities. 40 CFR 122.41 which describes applicable to all permitting.
19. **“PM”** shall mean Preventive Maintenance.
20. **“Regulatory Fees”** means cost of fees related to permit renewals, modifications and/or revisions to permits for the Water Management

District, FDEP, DOH, County and/or City and any other regulatory entity fees.

21. **“Repairs”** means those non-routine/non-repetitive activities required for operational continuity, safety and performance generally due to failure or to avert a failure of the equipment, or facilities, or some component thereof.
22. **“Reporting”** means Florida Department of Environmental Protection (FDEP) Reporting – Daily operational reports, Monthly Operating Reports (MOR), Discharge Monitoring Reports (DMR), minor revisions to operating permits, construction permits, monitoring plans such as bacteriological sampling plans, cross-connection plans, water system flushing plans, lead & copper sampling plan, bio-solids annual reports, abnormal events, boil water notices, Consumer Confidence Reports (CCR) and review of inspection reports and response.

Water Management District Reporting – Annual reporting of flows on the Consumptive and Water Use Permits (CUP) (WUP), per Florida Statutes (Chapters 120 and 373) and Florida Administrative Code (Chapters 40D-1 and 40D-2); Complying with Environmental Resource Permits (ERP) Part IV of Chapter 373, Florida Statutes and Well Construction Permits Chapter 40D-3, F.A.C.

Public Service Commission (PSC) - conduct ongoing audits and report annually to the PSC per FAC Chapter 25-30 for water and wastewater utility systems.

23. **“Safety”** means USWSC will implement and maintain an employee safety program in compliance with all Occupational Safety and Health Administration (OSHA) laws and regulation specified in OSHA 1910 which is designed to provide a safe and healthful workplace. Provide all necessary equipment to employees to perform their tasks in a safe and efficient manner. USWSC will make recommendations to the owner regarding the need if any, for the owner to rehabilitate, expand or modify the system to comply with governmental safety regulations applicable to USWSC operations hereunder and with federal regulations promulgated pursuant to the American with Disabilities Act (ADA).
24. **“Sampling”** means taking all daily, weekly, monthly, quarterly, annual and tri-annual samples and any retake samples required by FDEP Permit and Florida Administrative Code (FAC) 62-601, which establishes minimum requirements for monitoring of domestic wastewater facilities and EPA's 40 CFR Part 136.

25. **“System”** means all equipment, vehicles, grounds, rights-of-way, wells and facilities, lines, meters related to water and/or wastewater service delivery.

26. **“Training”** means training and education for appropriate personnel in all necessary areas of modern water/wastewater process control, operations, maintenance, safety and supervisory skills. All operators employed for the facility will be trained in drinking water treatment plant operation and/or domestic wastewater treatment plant operator licensed by FDEP. Ensure all personnel have the proper training to perform their jobs safely and efficiently.

27. **“Unforeseen Circumstances”** shall mean any event or condition which has an effect on the rights or obligations of the parties under this Agreement, or upon the System, which is beyond the reasonable control of the party relying thereon and constitutes a justification for a delay in, or non-performance of, action required by this Agreement, including, but not limited to (i) an act of God, landslide, lightning, earthquake, tornado, fire, explosion, flood, failure to possess sufficient property rights, acts of the public enemy, war, blockade, sabotage, insurrection, riot or civil disturbance, (ii) preliminary or final order of any local, province, administrative agency or governmental body of competent jurisdiction, (iii) any change in law, regulation, rule, requirement, interpretation or statute adopted, promulgated, issued or otherwise specifically modified or changed by any local, province or governmental body, (iv) loss of or inability to obtain service from a utility necessary to furnish power for the operation and maintenance of the System, or (v) the failure of OWNER to make any Capital Expenditure previously identified as necessary for the System to attain applicable performance standards, (vi) the failure of the Owner to provide influent within the characteristics as identified herein as necessary for the System to attain applicable performance standards.

28. **“WMD”** shall mean Water Management District.

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Appendix B – System(s) Descriptions

SYSTEM CHARACTERISTICS

WASTEWATER – N/A

B.1. The Wastewater System has the following design characteristics:

1. Number of Wastewater Treatment Plants: **N/A**
2. Current ERC's:
3. Capacity:
4. Maximum Number of ERC's:
5. Effluent Disposal:
6. County Interconnect: Yes _____ NO
7. Other Interconnect:
8. **Lift Stations:**
9. **Feet of Pipe:**
10. **Manholes:**

B.2 The Base Fee for services under this contract is based on baseline of 58 ERC's.

B.3 Description of Plant – N/A

SYSTEM CHARACTERISTICS

WATER

B.4. The Water System has the following design characteristics:

1. Number of Water Treatment Plants: **One**
2. Current ERC's: **58**
3. Capacity: **108,400 maximum gallons day**
4. Maximum Number of ERC's: **350**
5. County Interconnect: Yes _____ NO **XX**
6. Other Interconnect: **NONE**
7. **Watermain:** **4" - 5,600 LF**
 3" - 1,300 LF
 2" - 700 LF
8. **Meters:** **58**
9. **Hydrants:** **0**
10. **Valves:** **3**

B.5 The Base Fee for services under this contract is based on baseline of 58 ERC's.

- B.6 Description of Water Plant - The system has one water plant: with a maximum design capacity of 108,000 gallons. The system has one well. Well #1 is a 6" well with a 15 HP submersible type pump. Disinfection is accomplished by liquid chlorine.

APPENDIX C – Insurance Coverage

USWSC SHALL MAINTAIN:

1. Statutory Workers' Compensation for all of USWSC' employees at the System as required by the State of Florida.
2. Comprehensive general liability insurance, insuring USWSC negligence, in an amount not less than Two Million Dollars (\$2,000,000) combined single limits for bodily injury and/or property damage; Excess liability in an amount not less than Five Million Dollars (\$5,000,000), and in addition maintain Professional Liability Insurance in an amount not less than Two Million Dollars (\$2,000,000).

OWNER SHALL MAINTAIN:

1. Statutory Workers' Compensation for all of Owner's employees associated with the System as required by the State of Florida.
2. Property damage insurance, or shall self insure, for all property including vehicles owned by OWNER and operated by USWSC under this Agreement if applicable. Any property, including vehicles not properly or fully insured, shall be the financial responsibility of the OWNER.
3. Automobile liability insurance, or self insure, for collision, comprehensive, and bodily injury if system vehicles are provided.

USWSC will provide at least thirty (30) days notice of the cancellation of any policy it is required to maintain under this Agreement. USWSC may self-insure reasonable deductible amounts under the policies it is required to maintain to the extent permitted by law but only if such action does not invalidate the property insurance of OWNER. USWSC and the OWNER, on behalf of themselves and their insurers, waive their rights of subrogation with respect to losses occurring to property of the parties.

APPENDIX D – Routine Wastewater Sampling- N/A

Included in Base Contract Services: Wastewater Treatment System

<i>Parameter</i>	<i>Frequency</i>
CBOD	Monthly
TSS	Monthly
Fecal Coliform	Monthly
NO ₃	Monthly
Monitoring Wells	Quarterly

APPENDIX E – Routine Water Sampling

Included in Base Services: Water Treatment System

<i>Parameter</i>	<i>Frequency</i>
Chlorine residuals	Daily
pH	Daily
Total Coliform	Monthly
Lead	Annual
Copper	Annual
TTHM (Stage 2)/ HAA5 (Stage 2)	Annual
Annual Nitrate	Annual
Primary Inorganics	Every Three Years ¹
Secondary Contaminants	Every Three Years ¹
SOC	Every Three Years ¹
VOC	Every Three Years ¹
Gross Alpha	Every Three Years ¹
Radium 226	Every Three Years ¹
Radium 228	Every Three Years ¹
Uranium	Every Three Years ¹

¹ Reduced monitoring can reduce the frequency to every six to nine years

Appendix F – Property Legal Descriptions

Legal Description for the Water System in Lake County

WATER LEGAL DESCRIPTION

Brendenwood and Jeremy Estates Subdivisions
Lake County

The North 660 feet of the East 924 feet of the Northwest 1/4 of the Southeast 1/4 of Section 32, Township 18 South, Range 26 East, Lake County, Florida. Also described as: Begin at the Northeast corner of the Northwest 1/4 of the Southeast 1/4 of Section 32, Township 18 South, Range 26 East, Lake County, Florida, run thence S89°53'07" W along the North Line of the Northwest 1/4 of the Southeast 1/4 of Section 32, Township 18 South, Range 26 East a distance of 924.00 feet, then S0°36'29" E parallel to the East line of said Northwest 1/4 of the Southeast 1/4 of Section 32 a distance of 660.00 feet, thence N89°53'07" E parallel to the aforesaid North line of the Northwest 1/4 of the Southeast 1/4 of Section 32 a distance of 924.00 feet, thence N0°36'29" W 660.00 feet to the point of beginning.

Jeremy Estates
Township 18 South, Range 26 East
In Section 32

From the Southeast corner of the Northwest 1/4 of the Southeast 1/4 of Section 32, Township 18 South, Range 26 East, Lake County, Florida. Run N 00°35'29"W along the East Line of said Northwest 1/4 of the Southeast 1/4 a distance of 369.20 feet; thence S 89°58'23"W, 25.00 feet to a point on the Westerly right-of-way line of Fish Camp Road and the POINT OF BEGINNING of this description; from said POINT OF BEGINNING run S 89°58'23"W, 508.92 feet; thence N 00°37'31"W, 297.73 feet; thence N 89°53'07"E, 509.09 feet to a point on the Westerly right-of-way line of Fish Camp Road; thence S 00°35'29"E along said Westerly right-of-way line, 298.51 feet to the POINT OF BEGINNING.

Grand Island Post Office
The East 275 feet of the Southwest 1/4 of the Northeast 1/4 all lying South of Highway No. 44 and West of Fish Camp Road.

Township 18 South, Range 26 East, Lake County, Florida

Section 32: The East 278.35 feet of the North 156.50 feet of the South 369.2 feet of the Northwest 1/4 of the Southeast 1/4 of Section 32, Township 18 South, Range 26 East in Lake County, Florida

ESS the East 33 feet for Rd R/W.

APPENDIX G – Hourly Rate Structure

See Attachment G

Rates can be utilized for services out of the scope of base contract.



ATTACHMENT G

SCHEDULE OF SERVICE FEES

Effective May 1, 2014

1	Principal	\$166.52 per hour
2	Director of Engineering Services: (Registered Professional Engineer)	\$145.89 per hour
3	Engineer III (Registered Professional Engineer)	\$130.28 per hour
4	Engineer II	\$106.82 per hour
5	Engineer I	\$ 84.33 per hour
6	Sr. Environmental Consultant	\$125.70 per hour
7	Hydrogeologist (Registered Professional Geologist)	\$118.17 per hour
8	Sr. Project Manager /Utility Manager, CIP or PSC Filings	\$139.66 per hour
9	Project Manager	\$ 98.92 per hour
10	Field Inspector	\$ 95.86 per hour
11	Engineering Technician	\$ 62.14 per hour
12	Cad Operator	\$ 66.99 per hour
13	Instrumentation/Control Technician/Maintenance Supervisor/Chief Mechanic	\$ 89.43 per hour
14	Lab Tech/Collection Capture	\$ 42.66 per hour
15	Tradesman	\$ 57.91 per hour
16	Maintenance Technician	\$ 52.01 per hour
17	Welder/Fabricator	\$ 65.00 per hour
18	Utility Electrician	\$ 67.82 per hour
19	Certified Cross Connection Control Technician (Backflow Prevention Technician)	\$ 73.37 per hour
20	Water and Wastewater Plant Operator (LEAD)	\$ 79.01 per hour
21	Water and Wastewater Plant Operator	\$ 58.19 per hour
22	Administrative Support	\$ 52.37 per hour
23	Materials and reimbursable expenses will be billed at actual cost plus: 18%	18%
24	Automobile Travel Mileage Reimbursement Associated With Consulting Services	\$ 0.55 per mile
25	Disposal Fee for Disposal of Non Hazardous Material and Debris.	\$ 13.99 per visit
26**	Labor Rates of 1.5 times the regular hourly rate will apply under the following circumstances: **Monday - Friday from 4:00pm to 7:00am and Weekends at All Hours	
27	Labor Rates of 2.0 times the regular hourly rate will apply on holidays recognized by US Water.	
28	Operations Supplies provided will be billed at actual cost plus 18%.	

EQUIPMENT

29	Confined Space Entry – With Permit and Equipment	\$110.00 per/entry
30	Diaphragm Pump Rental	\$ 52.37 per/day
31	Submersible Bypass Pump Rental	\$ 79.01 per/day
32	Cut Saw Rental	\$ 29.11 per/day
33	Cut Saw Blades	\$ 11.65 each
34	RPZ Certification	\$145.60 each
35	Lift Station Calibration and Testing	\$368.78 each
36	Pressure Washer	\$ 28.04 per/hour
37	Pressure Jetter	\$ 84.68 per/day
38	Cutting Torches	\$ 84.68 per/day
39	Crane Truck	\$138.12 per/hour
40	VacTruck/Residuals Hauler	\$317.51 per/hour
41	Residual Liquid Hauled	\$ 0.39 per/gallon
42	Pump Hoist	\$ 78.08 per/day
43	TV Camera	\$ 88.52 per/foot

Fees are subject to change without notice and are updated annually at a minimum.

Invoices may be subject to fuel surcharges.

END

APPENDIX H – Service Maps

SERVICE MAPS TO Be Attached for Each System

END DOCUMENT

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

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

Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification #: E53076 Certification Expiration Date: 06/30/2021

ATTACH CURRENT DOH ANALYTE *

Address: 380 North Lake Blvd., Suite 1048 Altamonte Payments: P.O. Box Phone #: (407)937-1594

Were any analyses subcontracted? Yes No If yes, please provide DOH certification numbers: E82001, E82535, E82574, E84589

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 02/24/2021

PWS ID (From Page 1): 3354043 Sample Number (From Page 1): A2101720001 Lab Assigned Report # or Job A2101720

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

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

LAB CERTIFICATION

I, Brandon O'Hara, Laboratory Manager, do HEREBY CERTIFY
(Print Name) (Print Title)

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

Signature: Brandon O'Hara Date: 03/12/2021

* 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: Yes No (circle or highlight group(s) above)

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: _____

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

INORGANIC CONTAMINANTS
62-550.310(1)

Report Number / Job ID: A2101720001

PWS ID (From Page 1): 3354043

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification
1040	Nitrate (as N)	10	mg/L	4.8	J4	EPA 300.0	0.0075	02/25/2021	15:56	E53076
1041	Nitrite (as N)	1	mg/L	0.048	U,J4	EPA 300.0	0.048	02/25/2021	15:56	E53076
1005	Arsenic	0.010	mg/L	0.00026	I	EPA 200.8	0.00025	03/09/2021	14:11	E82574
1010	Barium	2	mg/L	0.0044	I	EPA 200.7	0.0030	03/09/2021	12:56	E82535
1015	Cadmium	0.005	mg/L	0.00025	U	EPA 200.8	0.00025	03/09/2021	14:11	E82574
1020	Chromium	0.1	mg/L	0.0050	U	EPA 200.7	0.0050	03/09/2021	12:56	E82535
1024	Cyanide	0.2	mg/L	0.0040	U	SM 4500-CN-E	0.0040	03/04/2021	18:08	E84589
1025	Fluoride	4.0	mg/L	0.10	V,J4	EPA 300.0	0.0065	02/25/2021	15:56	E53076
1030	Lead	0.015	mg/L	0.00050	U	EPA 200.8	0.00050	03/09/2021	14:11	E82574
1035	Mercury	0.002	mg/L	0.000028	U	EPA 245.1	0.000028	03/08/2021	12:19	E84589
1036	Nickel	0.1	mg/L	0.010	U	EPA 200.7	0.010	03/09/2021	12:56	E82535
1045	Selenium	0.05	mg/L	0.0012	U	EPA 200.8	0.0012	03/09/2021	14:11	E82574
1052	Sodium	160	mg/L	10		EPA 200.7	0.80	03/09/2021	12:56	E82535
1074	Antimony	0.006	mg/L	0.0010	U	EPA 200.8	0.0010	03/09/2021	14:11	E82574
1075	Beryllium	0.004	mg/L	0.0020	U	EPA 200.7	0.0020	03/09/2021	12:56	E82535
1085	Thallium	0.002	mg/L	0.00025	U	EPA 200.8	0.00025	03/09/2021	14:11	E82574

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

SECONDARY CONTAMINANTS

62-550.320

Report Number / Job ID: A2101720001

PWS ID (From Page 1): 3354043

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	0.083	U	EPA 200.7	0.083	03/09/2021	12:56	E82535
1017	Chloride	250	mg/L	18	J4	EPA 300.0	0.053	02/25/2021	15:56	E53076
1022	Copper	1	mg/L	0.010	U	EPA 200.7	0.010	03/09/2021	12:56	E82535
1025	Fluoride	2.0	mg/L	0.10	V,J4	EPA 300.0	0.0065	02/25/2021	15:56	E53076
1028	Iron	0.3	mg/L	0.20	U	EPA 200.7	0.20	03/09/2021	12:56	E82535
1032	Manganese	0.05	mg/L	0.0050	U	EPA 200.7	0.0050	03/09/2021	12:56	E82535
1050	Silver	0.1	mg/L	0.00050	U	EPA 200.8	0.00050	03/09/2021	14:11	E82574
1055	Sulfate	250	mg/L	12	J4	EPA 300.0	0.068	02/25/2021	15:56	E53076
1095	Zinc	5	mg/L	0.050	U	EPA 200.7	0.050	03/09/2021	12:56	E82535
1905	Color	15	PCU	5.0	U	SM 2120 B	5.0	02/25/2021	12:45	E53076
1920	Odor	3	TON @ 40°C	1.0	U	SM 2150 B	1.0	02/24/2021	17:10	E53076
1925	pH	6.5 - 8.5	SU	8.27	Q	SM 4500H+B	0.10	03/10/2021	16:26	E53076
1930	Total Dissolved Solids	500	mg/L	180		SM 2540 C	5.0	03/02/2021	12:17	E53076
2905	Foaming Agents	0.5	mg/L	0.040	U	SM 5540 C	0.040	02/25/2021	10:15	E82001

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

VOLATILE ORGANICS
62-550.310(4)(a)

Report Number / Job ID: A2101720001

PWS ID (From Page 1): 3354043

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	ug/L	0.28	U	EPA 524.2	0.28	0.5	03/05/2021	19:22	E82535
2380	cis-1,2-Dichloroethylene	70	ug/L	0.32	U	EPA 524.2	0.32	0.5	03/05/2021	19:22	E82535
2955	Xylenes (total)	10,000	ug/L	0.28	U	EPA 524.2	0.28	0.5	03/05/2021	19:22	E82535
2964	Dichloromethane	5	ug/L	0.44	U	EPA 524.2	0.44	0.5	03/05/2021	19:22	E82535
2968	o-Dichlorobenzene	600	ug/L	0.46	U	EPA 524.2	0.46	0.5	03/05/2021	19:22	E82535
2969	para-Dichlorobenzene	75	ug/L	0.26	U	EPA 524.2	0.26	0.5	03/05/2021	19:22	E82535
2976	Vinyl Chloride	1	ug/L	0.20	U	EPA 524.2	0.20	0.5	03/05/2021	19:22	E82535
2977	1,1-Dichloroethylene	7	ug/L	0.18	U	EPA 524.2	0.18	0.5	03/05/2021	19:22	E82535
2979	trans-1,2-Dichloroethylene	100	ug/L	0.28	U	EPA 524.2	0.28	0.5	03/05/2021	19:22	E82535
2980	1,2-Dichloroethane	3	ug/L	0.36	U	EPA 524.2	0.36	0.5	03/05/2021	19:22	E82535
2981	1,1,1-Trichloroethane	200	ug/L	0.39	U	EPA 524.2	0.39	0.5	03/05/2021	19:22	E82535
2982	Carbon tetrachloride	3	ug/L	0.23	U	EPA 524.2	0.23	0.5	03/05/2021	19:22	E82535
2983	1,2-Dichloropropane	5	ug/L	0.26	U	EPA 524.2	0.26	0.5	03/05/2021	19:22	E82535
2984	Trichloroethylene	3	ug/L	0.28	U	EPA 524.2	0.28	0.5	03/05/2021	19:22	E82535
2985	1,1,2-Trichloroethane	5	ug/L	0.12	U	EPA 524.2	0.12	0.5	03/05/2021	19:22	E82535
2987	Tetrachloroethylene	3	ug/L	0.24	U	EPA 524.2	0.24	0.5	03/05/2021	19:22	E82535
2989	Chlorobenzene	100	ug/L	0.12	U	EPA 524.2	0.12	0.5	03/05/2021	19:22	E82535
2990	Benzene	1	ug/L	0.17	U	EPA 524.2	0.17	0.5	03/05/2021	19:22	E82535
2991	Toluene	1,000	ug/L	0.22	U	EPA 524.2	0.22	0.5	03/05/2021	19:22	E82535
2992	Ethylbenzene	700	ug/L	0.17	U	EPA 524.2	0.17	0.5	03/05/2021	19:22	E82535
2996	Styrene	100	ug/L	0.39	U	EPA 524.2	0.39	0.5	03/05/2021	19:22	E82535

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

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*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 J, G, R, or Y must be accompanied by written justification and will be evaluated on a case-by-case basis. To avoid a reporting violation, unsatisfactory results must be replaced with acceptable results from samples collected during the same monitoring period.

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Format

SYNTHETIC ORGANICS
62-550.310(4)(b)

Report Number / Job ID: A2101720001
PWS ID (From Page 1): 3354043

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Extraction Date	Analysis Date	Analysis Time	DOH Lab Certification #
2005	Endrin	2	ug/L	0.0069	U	EPA 508	0.0069	0.01	03/03/2021	03/10/2021	17:01	E82574
2010	gamma-BHC (Lindane)	0.2	ug/L	0.0071	U	EPA 508	0.0071	0.02	03/03/2021	03/10/2021	17:01	E82574
2015	Methoxychlor	40	ug/L	0.0068	U	EPA 508	0.0068	0.1	03/03/2021	03/10/2021	17:01	E82574
2020	Toxaphene	3	ug/L	0.12	U	EPA 508	0.12	1	03/03/2021	03/10/2021	17:01	E82574
2031	Dalapon	200	ug/L	0.90	U	EPA 515.3	0.90	1	03/03/2021	03/04/2021	04:59	E82574
2032	Diquat	20	ug/L	0.37	U	EPA 549.2	0.37	0.4	03/01/2021	03/04/2021	00:31	E82574
2033	Endothall	100	ug/L	6.0	U	EPA 548.1	6.0	9	03/01/2021	03/03/2021	15:30	E82574
2034	Glyphosate	700	ug/L	5.9	U	EPA 547	5.9	6	03/04/2021	03/04/2021	22:07	E82574
2035	Di(2-ethylhexyl) adipate	400	ug/L	0.50	U	EPA 525.2	0.50	0.6	03/03/2020	03/04/2021	18:35	E82574
2036	Oxamyl	200	ug/L	1.8	U	EPA 531.1	1.8	2	03/03/2021	03/03/2021	03:07	E82574
2037	Simazine	4	ug/L	0.060	U	EPA 525.2	0.060	0.07	03/03/2020	03/04/2021	18:35	E82574
2039	Di(2-Ethylhexyl)phthalate	6	ug/L	0.50	U	EPA 525.2	0.50	0.6	03/03/2020	03/04/2021	18:35	E82574
2040	Picloram	500	ug/L	0.090	U	EPA 515.3	0.090	0.1	03/03/2021	03/04/2021	04:59	E82574
2041	Dinoseb	7	ug/L	0.18	U	EPA 515.3	0.18	0.2	03/03/2021	03/04/2021	04:59	E82574
2042	Hexachlorocyclopentadiene	50	ug/L	0.019	U	EPA 508	0.019	0.1	03/03/2021	03/10/2021	17:01	E82574
2046	Carbofuran	40	ug/L	0.51	U	EPA 531.1	0.51	0.9	03/03/2021	03/03/2021	03:07	E82574
2050	Atrazine	3	ug/L	0.090	U	EPA 525.2	0.090	0.1	03/03/2020	03/04/2021	18:35	E82574
2051	Alachlor	2	ug/L	0.15	U	EPA 525.2	0.15	0.2	03/03/2020	03/04/2021	18:35	E82574
2065	Heptachlor	0.4	ug/L	0.0060	U	EPA 508	0.0060	0.04	03/03/2021	03/10/2021	17:01	E82574
2067	Heptachlor Epoxide	0.2	ug/L	0.0052	U	EPA 508	0.0052	0.02	03/03/2021	03/10/2021	17:01	E82574
2105	2,4-D	70	ug/L	0.095	U	EPA 515.3	0.095	0.1	03/03/2021	03/04/2021	04:59	E82574
2110	Silvex (2,4,5-TP)	50	ug/L	0.090	U	EPA 515.3	0.090	0.2	03/03/2021	03/04/2021	04:59	E82574
2274	Hexachlorobenzene	1	ug/L	0.0063	U	EPA 508	0.0063	0.1	03/03/2021	03/10/2021	17:01	E82574
2306	Benzo[a]pyrene	0.2	ug/L	0.015	U	EPA 525.2	0.015	0.02	03/03/2020	03/04/2021	18:35	E82574
2326	Pentachlorophenol	1	ug/L	0.038	U	EPA 515.3	0.038	0.04	03/03/2021	03/04/2021	04:59	E82574
2383	PCBs	0.5	ug/L	0.093	U	EPA 508	0.093	0.1	03/03/2021	03/10/2021	17:01	E82574
2931	1,2-Dibromo-3-Chloropropane	0.2	ug/L	0.0055	U	EPA 504.1	0.0055	0.02	03/09/2021	03/10/2021	09:38	E82535
2946	Ethylene Dibromide (EDB)	0.02	ug/L	0.0047	U	EPA 504.1	0.0047	0.01	03/09/2021	03/10/2021	09:38	E82535
2959	Chlordane (technical)	2	ug/L	0.053	U	EPA 508	0.053	0.2	03/03/2021	03/10/2021	17:01	E82574

NOTE: Results indicating non-detection with a reported lab MDL >50% of the MCL will not be accepted for compliance.



Advanced
Environmental Laboratories, Inc.

Queue: WCAa
Batch Number: 1197

I. Receipt

No Exceptions were encountered.

II. Holding Times

Preparation: All holding times were met.

Analysis: All holding times were met.

III. Method

Analysis: EPA 300.0

Preparation:

IV. Preparation

Sample preparation proceeded normally.

V. Analysis

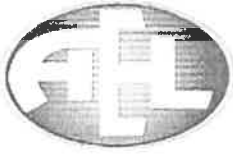
Calibration: All acceptance criteria were met.

Blanks: The Method Blank associated with batch WCAa/1197 contained low level concentrations of Cl, NO₃, and SO₄ above the Method Reporting Limit (MDL). The associated samples A2101691001, A2101699002, A2101704002, A2101717001, A2101718001, A2101719001, A2101720001, A2101727001-008, and A2101730002 contained these compounds at a concentration of at least ten times that found in the Method Blank. Blank contamination less than ten times that found in the associated samples is deemed insignificant and the data is reported with no further corrective action required.

The Continuing Calibration Blank (CCB) associated with A2101691001, A2101717001, A2101718001, A2101719001, and A2101720001 contained low levels of F and/or NO₃ above the Method Detection Limit (MDL). In accordance with AEL QA policy, all sample results less than ten times the level found in the CCB are flagged with a V to indicate the data is an estimate.

Surrogates: All acceptance criteria were met.

Spikes



Advanced
Environmental Laboratories, Inc.

Queue: WCAa

Batch Number: 1197

The matrix spike recovery of F, Cl, NO₃, and SO₄ for A2101720001 was outside control criteria. Recoveries in the Laboratory Control Sample (LCS) and Matrix Spike Duplicate (MSD) were acceptable, which indicates the analytical batch was in control. The matrix spike outlier suggests a potential low bias in this matrix. No further corrective action was required.

The matrix spike and matrix spike duplicate percent recoveries applying to parent sample A2101720001 for NO₂ were (71%, 86%); respectively. The recoveries for both analytes in the Laboratory Control Sample were within the method required 90-110% range, indicating the batch was in control. The sample results have been qualified to indicate any matrix interference.

The matrix spike duplicate percent recovery applying to parent sample A2101727006 for NO₃ was 89%. The recoveries in the Laboratory Control Sample and matrix spike were within the method required 90-110% range, indicating the batch was in control. The sample results have been qualified to indicate any matrix interference.

Internal Standard: All acceptance criteria were met.

Samples: All acceptance criteria were met.

Other: All acceptance criteria were met.

Duplicates: The relative percent difference (RPD) for the following analyte(s) in the replicate matrix spike analyses of A2101720001 was outside control criteria: F, Cl, NO₂, NO₃, SO₄. Failing RPD indicates inconsistency in the parent sample matrix. All spike recoveries in the associated LCS were within acceptable limits, indicating the analytical batch was in control. No further corrective action was needed.

Serial Dilution: All acceptance criteria were met.

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of:	January, 2020
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A. Public Water System (PWS) Information

PWS Name: Brendenwood		PWS Identification Number: 3354043	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 58		Total Population Served at End of Month: 130	
PWS Owner: U.S. Water Services			
Contact Person: Melisa Rotteveel		Contact Person's Title: Compliance Manager	
Contact Person's Mailing Address: 4939 Cross Bayou Blvd.		City: New Port Rich	State: Florida
Contact Person's Telephone Number: 904.540.9765		Zip Code: 34652-3434	
Contact Person's E-Mail Address: mrotteveel@uswatercorp.net		Contact Person's Fax Number: 727.849.4219	

B. Water Treatment Plant Information

Plant Name: Brendenwood WTP		Plant Telephone Number: 866.753.8292		
Plant Address: 13711 Devenshire Ct.		City: Grand Island	State: Florida	
Type of Water Treatment by Plant:		<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:		108,000		
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): D		
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Sharon Purviance	C	13268	Utility Manager
Other Operators:	Gary Kissick	C	7846	Operator Days 1st Shift 3 days per week

II. Certification by Lead/Chief Operator

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

Sharon Purviance 2/6/2020
Signature and Date

Sharon Purviance
Printed or Typed Name

C-13268
License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS ID: 3354043 Plant Name: Brendenwood WTP

III. Daily Data for the Month/Year of: January, 2020

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/l	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24.0	25,900		0.9									0.8	
2		24.0	25,900												
3	X	24.0	13,000		1.0									1.0	
4		24.0	13,000												
5		24.0	13,000												
6	X	24.0	15,800		1.0									0.9	
7		24.0	15,800												
8	X	24.0	14,300		1.0									0.9	
9		24.0	14,300												
10	X	24.0	18,400		1.0									1.0	BWN
11		24.0	18,400												Rescinded
12		24.0	18,400												
13	X	24.0	19,600		1.0									1.0	
14		24.0	19,600												
15	X	24.0	16,900		1.0									0.9	
16		24.0	16,900												
17	X	24.0	17,100		1.2									1.2	
18		24.0	17,100												
19		24.0	17,100												
20	X	24.0	14,700		1.2									1.1	
21		24.0	14,700												
22	X	24.0	13,700		1.2									1.2	
23		24.0	13,700												
24	X	24.0	17,500		1.2									1.2	
25		24.0	17,500												
26		24.0	17,500												
27	X	24.0	17,000		1.1									1.1	
28		24.0	17,000												
29	X	24.0	12,100		1.3									1.2	
30		24.0	12,100												
31	X	24.0	14,300		1.2									1.3	
Total			512,300												
Average			16,526												
Maximum			25,900												

* 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
- 8610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 • E84589
- 528 S. Northlake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • 407.937.1594 • E53076
- 1288 Cedar Center Drive, Tallahassee, FL 32301 • 850.219.6274 • Fax 850.219.6275 • E811095



Advanced Environmental Laboratories, Inc.

KR002v



Lab Receipt Date & Time: 1/3/20 - 16:00
 Analysis Date & Time: 1/3/20 1745
 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: Brendenwood

PWS I.D.: 3354043

PWS Address: 13711 Devenshire Court

City: Grand Island

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

Fax #: 727-849-4219

Collector: Gary Kissick

Collector's Phone #: 904-237-0919

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: 1-3-20

DCN# AD-D045 Effective 01/95, Electronic Revision 11/04/2012

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time (24 hr clock)	Sample Type	Disinfectant Residual (mg/L)	pH	To be completed by lab				
						Non-Coliform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage ¹	Data Qualifier ²	Lab Sample #
W1	Well	10:50	R	0		A	A		1	
R	13701 Devenshire Ct	1100	D	1.0		A	A		2	

Average of disinfectant residuals for distribution routine & repeat samples.³ Free chlorine or Total chlorine (check one). 1.0

Disinfectant Residual Analysis Method:
 DPD Colorimetric Other: _____
 Person performing disinfectant analysis is (Check one of below):
 A certified operator (# DWC 7846)
 Supervised by certified operator (# _____)
 Employed by a certified lab Employed by DEP or DOH
 Authorized representative of supplier of water

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

U.S. WATER SERVICES CORPORATION
 4939 Cross Bayou Boulevard
 New Port Richey, FL 34652
 Regional

DEP/DOH USE ONLY
 Satisfactory
 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 Form).

Relinquish By: [Signature]
 Date: _____ Time: _____
 Received By: [Signature]
 Date: 1/3/20 Time: 14:30

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of: February, 2020

A. Public Water System (PWS) Information

PWS Name: Brendenwood		PWS Identification Number: 3354043	
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: 58		Total Population Served at End of Month: 130	
PWS Owner: U.S. Water Services		Contact Person's Title: Compliance Manager	
Contact Person: Melisa Rotteveel		Contact Person's Title: Compliance Manager	
Contact Person's Mailing Address: 4939 Cross Bayou Blvd.		City: New Port Rich	State: Florida
		Zip Code: 34652-3434	
Contact Person's Telephone Number: 904.540.9765		Contact Person's Fax Number: 727.849.4219	
Contact Person's E-Mail Address: mrotteveel@uswatercorp.net			

B. Water Treatment Plant Information

Plant Name: Brendenwood WTP		Plant Telephone Number: 866.753.8292		
Plant Address: 13711 Devenshire Ct.		City: Grand Island	State: Florida	
		Zip Code: 32735		
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 108,000		Plant Class (per subsection 62-699.310(4), F.A.C.): 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:	Sharon Purviance	C	13268	Utility Manager
Other Operators:	Gary Kissick	C	7846	Operator Days 1st Shift 3 days per week

II. Certification by Lead/Chief Operator

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

Sharon Purviance 2/4/20
Signature and Date

Sharon Purviance
Printed or Typed Name

C-13268
License Number

MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS ID: 3354043 Plant Name: Brendenwood WTP

III. Daily Data for the Month/Year of: February, 2020

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

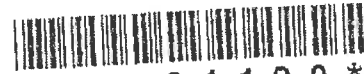
Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1		24.0	14,300												
2		24.0	14,300												
3	X	24.0	18,600		1.3									1.3	
4		24.0	18,600												
5	X	24.0	14,500		1.4									1.3	
6		24.0	14,500												
7	X	24.0	15,500		1.2									1.1	
8		24.0	15,500												
9		24.0	15,500												
10	X	24.0	19,100		1.0									1.0	
11		24.0	19,100												
12	X	24.0	19,750		1.0									0.9	
13		24.0	19,750												
14	X	24.0	16,900		1.0									1.0	
15		24.0	16,900												
16		24.0	16,900												
17	X	24.0	22,000		1.1									1.1	
18		24.0	22,000												
19	X	24.0	15,700		1.0									1.0	
20		24.0	15,700												
21	X	24.0	17,200		1.0									1.0	
22		24.0	17,200												
23		24.0	17,200												
24	X	24.0	19,800		0.9									0.9	
25		24.0	19,800												
26	X	24.0	14,700		1.0									1.0	
27		24.0	14,700												
28	X	24.0	19,400		1.0									1.0	
29		24.0	19,400												
30															
31															
Total			504,500												
Average			17,397												
Maximum			22,000												

* 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 • 954.889.2286 • Fax 954.889.2281 • E82535
- 9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 • E84589
- 528 S. Northlake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • 407.937.1594 • E53076
- 1288 Cedar Center Drive, Tallahassee, FL 32301 • 850.219.6274 • Fax 850.219.6275 • E811095



* A 2 0 0 1 1 9 0 *



Advanced Environmental Laboratories, Inc.

Lab Receipt Date & Time: 2/3/2020 16:30
 Analysis Date & Time: 2/3/20 17:53
 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: Brendenwood

PWS I.D.: 3354043

PWS Address: 13711 Devenshire Court

City: Grand Island

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

Fax #: 727-849-4219

Collector: Gary Kissick

Collector's Phone #: 904-237-0919

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: 2-3-2020

DCN#: AD-D045

Effective 01/95, Electronic Revision 11/04/2012

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, <i>E. coli</i> , Enterococci, or Coliphage	Data Qualifier ¹	Lab Sample #
W1	Well	1100	R	φ			A	A		1
R	13539 DEVENSHIRE	1110	D	1.3			A	A		2

Average of disinfectant residuals for distribution routine & repeat samples: Free chlorine or Total chlorine (check one). 1.3

Disinfectant Residual Analysis Method:

DPD Colorimetric Other: _____

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

- A certified operator (# DWC 7846)
- Supervised by certified operator (# _____)
- Employed by a certified lab Employed by DEP or DOH
- Authorized representative of supplier of water

INSERT NAME AND MAILING ADDRESS OF PERSON TO BE NOTIFIED (IF PWS)
 U.S. Water Services Corporation
 4939 Cross Bayou Boulevard
 New Port Richey, FL 34652

Region 6

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: _____

Lab Signature: [Signature]

Title: [Signature]

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

Relinquish By: _____
 Date: 2/3/2020 Time: 14:30
 Received By: _____
 Date: 2/3/2020 Time: 14:30

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).

MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS ID: 3354043 Plant Name: Brendenwood WTP

III. Daily Data for the Month/Year of: March, 2020

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/l	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1		24.0	19,400												
2	X	24.0	21,600		0.9									0.8	
3		24.0	21,600												
4	X	24.0	21,200		1.0									1.0	
5		24.0	21,200												
6	X	24.0	19,466		1.0									1.0	
7		24.0	19,466												
8		24.0	19,467												
9	X	24.0	22,100		1.0									1.0	
10		24.0	22,100												BWN
11	X	24.0	22,700		0.9									0.9	
12		24.0	22,700												Rescinded
13	X	24.0	24,233		1.0									1.0	
14		24.0	24,233												
15		24.0	24,234												
16	X	24.0	29,450		1.0									1.0	
17		24.0	29,450												
18	X	24.0	23,300		1.2									0.9	
19		24.0	23,300												
20	X	24.0	36,700		1.2									1.2	
21		24.0	36,700												
22		24.0	36,700												
23	X	24.0	39,800		1.3									1.2	
24		24.0	39,800												
25	X	24.0	33,100		1.3									1.3	
26		24.0	33,100												
27	X	24.0	30,500		1.2									1.2	
28		24.0	30,500												
29		24.0	30,500												
30	X	24.0	27,700		1.2									1.2	
31		24.0	27,700												
Total			833,999												
Average			26,903												
Maximum			39,800												

* 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
- 9810 Princess Palm Ave. • Tampa, FL 33619 • 813.830.9616 • Fax 813.630.4327 • E84589
- 528 S. Northlake Blvd., Ste. 1016 • Allamonte Springs, FL 32701 • 407.937.1594 • E53076
- 1288 Cedar Center Drive, Tallahassee, FL 32301 • 850.219.6274 • Fax 850.219.6275 • E811055

* A 2 0 0 2 1 1 7 *



Advanced Environmental Laboratories, Inc.

Lab Receipt Date & Time: 3/3/20 / 16:25
 Analysis Date & Time: 3/3/20 / 17:20
 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: _____

PWS I.D.: 3354043

Public Water System (PWS) Name: Brendenwood

City: Grand Island

PWS Address: 13711 Devenshire Court

Fax #: 727-849-4219

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

Collector's Phone #: 904-237-0919

Collector: Gary Kissick

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: 3-3-2020

DCN# AD-D045

Effective 01/95, Electronic Revision 11/04/2012

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	Analysis Method(s) <u>7235</u>			
						Non-Coliform	Total Coliform	Fecal (E. coli) Enterococci, or Coliphage ³	Data Qualifier ⁴
W1	Well	0930	R	Φ		A	A		1
R	13605 Bedshire Ct	0940	D	1.0		A	A		2

Average of disinfectant residuals for distribution routine & repeat samples.⁵ Free chlorine or Total chlorine (check one). 1.0

Disinfectant Residual Analysis Method:
 DPD Colorimetric Other: _____

Person performing disinfectant analysis is (Check one of below):
 A certified operator (# DWC 7846)
 Supervised by certified operator (# _____)
 Employed by a certified lab Employed by DEP or DOH
 Authorized representative of supplier of water

U.S. Water Services Corporation
 4939 Cross Bayou Boulevard
 New Port Richey, FL 34652 Region 6

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: _____

Lab Signature: [Signature]
 Title: DWC

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 62-100, 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 (62-550.710 Reporting Format)

Relinquish By: _____
 Date: 3/3/2020 Time: 14:05
 Received By: [Signature]
 Date: _____ Time: _____

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of: April, 2020

A. Public Water System (PWS) Information

PWS Name: Brendenwood		PWS Identification Number: 3354043	
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: 58		Total Population Served at End of Month: 130	
PWS Owner: U.S. Water Services			
Contact Person: Melisa Rotteveel		Contact Person's Title: Compliance Manager	
Contact Person's Mailing Address: 4939 Cross Bayou Blvd.		City: New Port Rich	State: Florida
Contact Person's Telephone Number: 904.540.9765		Zip Code: 34652-3434	
Contact Person's E-Mail Address: mrotteveel@uswatercorp.net		Contact Person's Fax Number: 727.849.4219	

B. Water Treatment Plant Information

Plant Name: Brendenwood WTP		Plant Telephone Number: 866.753.8292		
Plant Address: 13711 Devenshire Ct.		City: Grand Island	State: Florida	
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		Zip Code: 32735		
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 108,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): D		
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Sharon Purviance	C	13268	Utility Manager
Other Operators:	Gary Kissick	C	7846	Operator Days 1st Shift 3 days per week

II. Certification by Lead/Chief Operator

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

Sharon Purviance 5/4/2020
Signature and Date

Sharon Purviance
Printed or Typed Name

C-13268
License Number

PWS Identification Number: 335-4043
 Plant Name: Brendenwood

Daily Data for the Month/Year of: April-20				Free Chlorine			Chlorine Dioxide			Ozone			Combined Chlorine			
Means of Achieving Four-Log Virus Inactivation/Removal: *				Other (Describe):												
Ultraviolet Radiation																
Type of Disinfectant Residual Maintained in Distribution System:				Free Chlorine			Combined Chlorine (Chloramines)			Chlorine Dioxide						
Day of the Month	Days Plant Stopped or Vented by (Y/N) Plant "X"	Hours Plant on Operation	No. Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Determine Four-Log Virus Inactivation, if Applicable*											Lowest Residual Disinfectant Concentration at Escorte Point in Distribution System, mg/L	Emergency of Absence of Operating Conditions, Repair or Maintenance Work that Involves Closing Water System Components (Y/N) (Describe)
				CT Calculations						UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Minimum Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided (e.g. 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-hr/cm ²	Minimum UV Dose Required, mW-hr/cm ²				
1	x	24	27,000		1.20										1.20	
2		24	27,000													
3	x	24	28,000		1.20										1.20	
4		24	28,000													
5		24	28,000													
6	x	24	28,900		1.20										1.10	
7		24	28,900													
8	x	24	22,800		1.20										1.00	
9		24	22,800													
10	x	24	24,600		1.20										1.10	
11		24	24,600													
12		24	24,600													
13	x	24	31,900		1.20										1.10	
14		24	31,900													
15	x	24	16,000		1.20										1.20	
16		24	16,000													
17	x	24	22,100		1.10										1.10	
18		24	22,100													
19		24	22,100													
20	x	24	25,500		1.10										1.00	
21		24	25,500													
22	x	24	22,000		1.00										1.00	
23		24	22,000													
24	x	24	20,800		1.00										0.90	
25		24	20,800													
26		24	20,800													
27	x	24	27,800		1.20										1.10	
28		24	27,800													
29	x	24	18,000		1.10										1.10	
30		24	18,000													
31																
Total			726,300													
Average			24,210													
Maximum			31,900													

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

- 6581 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 • 954.889.2286 • Fax 954.889.2281 • E82535
- 9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.830.4327 • E84589
- 528 S. Northlake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • 407.937.1594 • E53076
- 1288 Cedar Center Drive, Tallahassee, FL 32301 • 850.219.6274 • Fax 850.219.6275 • E811095



Advanced Environmental Laboratories, Inc.



Lab Receipt Date & Time: 4/1/20 16:05
 Analysis Date & Time: 4/1/20 1734
 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: Brendenwood

PWS I.D.: 3364043

PWS Address: 13711 Devenshire Court

City: Grand Island

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

Fax #: 727-849-4219

Collector: Gary Kissick

Collector's Phone #: 904-237-0919

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: 4-1-2020

DCN# AD-D045

Effective 01/95, Electronic Revision 11/04/2012

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time (24 hr clock)	Sample Type	Disinfectant Residual (mg/L)	pH	To be completed by lab			
						Non-Coliform	Total Coliform	Fecal (<i>E. coli</i>) Enterococci or Coliphage ³	Data Qualifier ⁴
W1	Well	1115	R	4		A	A		1
R	13634 Beckshire Ct	1125	D	1.2		A	A		2

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

1.2

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

Disinfectant Residual Analysis Method:

DPD Colorimetric Other: _____

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

A certified operator (# DWC 7846)

Supervised by certified operator (# _____)

Employed by a certified lab Employed by DEP or DOH

Authorized representative of supplier of water

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

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

Date Report Issued: _____

Lab Signature: [Signature]

Title: DM

U.S. Water Services Corporation
 4939 Cross Bayou Boulevard
 New Port Richey, FL 34652

Region 6

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 or special), 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 1,900. 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 (62-550.736 Reporting Format)

Relinquish By: _____

Date: 4/1/20 Time: _____

Received By: [Signature]

Date: 4/1/20 Time: 14:30



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

See Pages 4 for Instructions.

I. General Information for the Month/Year of:	May, 2020
--	-----------

A. Public Water System (PWS) Information

PWS Name: Breandenwood		PWS Identification Number: 3354043	
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: 58		Total Population Served at End of Month: 130	
PWS Owner: U.S. Water Services			
Contact Person: Melisa Rotteveel		Contact Person's Title: Compliance Manager	
Contact Person's Mailing Address: 4939 Cross Bayou Blvd.		City: New Port Rich State: Florida Zip Code: 34652-3434	
Contact Person's Telephone Number: 904.540.9765		Contact Person's Fax Number: 727.849.4219	
Contact Person's E-Mail Address: mrotteveel@uswatercorp.net			

B. Water Treatment Plant Information

Plant Name: Brendenwood WTP		Plant Telephone Number: 866.753.8292	
Plant Address: 13711 Devenshire Ct.		City: Grand Island State: Florida Zip Code: 32735	
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 108,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): D	
Licensed Operators	Name	License Class	License Number Day(s) / Shift(s) Worked
Lead/Chief Operator:	Sharon Purviance	C	13268 Utility Manager
Other Operators:	Gary Kissick	C	7846 Operator Days 1st Shift 3 days per week

II. Certification by Lead/Chief Operator

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

Sharon Purviance 6/3/2020
 Signature and Date

Sharon Purviance
 Printed or Typed Name

C-13268
 License Number

PWS Identification Number: 335-4043
 Plant Name: Brendenwood

III. Daily Data for the Month/Year of: May-20				X Free Chlorine		Chlorine Dioxide		Ozone		Combined Chlorine				
Means of Achieving Four-Log Virus Inactivation Removal * Ultraviolet Radiation				Other (Describe)										
Type of Disinfectant Residual Maintained in Distribution System:				X Free Chlorine		Combined Chlorine (Chloramines)		Chlorine Dioxide						
Day of the Month	Days/Week 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 (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²			Minimum UV Dose Required, mW-sec/cm ²
1	x	24	26,800		1.10							1.10		
2		24	26,800											
3		24	26,800											
4	x	24	33,500		1.00							1.00		
5		24	33,500											
6	x	24	24,200		1.10							1.10		
7		24	24,200											
8	x	24	27,800		1.10							1.00		
9		24	27,800											
10		24	27,800											
11	x	24	37,500		1.00							1.00		
12		24	37,500											
13	x	24	26,200		1.30							1.30		
14		24	26,200											
15	x	24	26,500		1.10							1.10		
16		24	26,500											
17		24	26,500											
18	x	24	35,000		1.00							1.00		
19		24	35,000											
20	x	24	29,000		1.00							1.00		
21		24	29,000											
22	x	24	27,000		1.10							1.00		
23		24	27,000											
24		24	27,000											
25	x	24	27,300		1.00							1.00		
26		24	27,300											
27	x	24	22,600		1.00							0.90		
28		24	22,600											
29	x	24	21,100		1.10							1.00		
30		24	21,100											
31		24	21,100											
Total			858,200											
Average			27,684											
Maximum			37,500											

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 954.689.2281 • E82535
- 9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9816 • Fax 813.630.4327 • E84589
- 528 S. Northlake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • 407.937.1594 • E63076
- 1288 Cedar Center Drive, Tallahassee, FL 32301 • 850.219.6274 • Fax 850.219.6275 • E811095



* A 2 0 0 3 8 5 0 *



Advanced Environmental Laboratories, Inc.

Lab Receipt Date & Time: 5/11/2020 1630

Analysis Date & Time: 5/11/2020 1700

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: Brendenwood

PWS I.D.: 3354043

PWS Address: 13711 Devenshire Court

City: Grand Island

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

Fax #: 727-849-4219

Collector: Gary Kissick

Collector's Phone #: 904-237-0919

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: 5-9-2020

DCN#: AD-D045

Effective 01/95, Electronic Revision 11/04/2012

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	Analysis Method(s)	Non-Coliform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage ¹	Data Qualifier ⁴	Lab Sample #
W1	Well	11:30	R	0				A	A		1
R	13551 DEVENSHIRE CT	11:40	D	1.0				A	A		2
Average of disinfectant residuals for distribution routine & repeat samples. ⁵ <input checked="" type="checkbox"/> Free chlorine or <input type="checkbox"/> Total chlorine (check one).				1.0	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: _____ Lab Signature: <u>[Signature]</u> Title: <u>DM</u>						
Disinfectant Residual Analysis Method: <input checked="" type="checkbox"/> DPD Colorimetric <input type="checkbox"/> Other: _____				Person performing disinfectant analysis is (Check one of below): <input checked="" type="checkbox"/> A certified operator (# <u>DWC 7846</u>) <input type="checkbox"/> Supervised by certified operator (# _____) <input type="checkbox"/> Employed by a certified lab <input type="checkbox"/> Employed by DEP or DOH <input type="checkbox"/> Authorized representative of supplier of water							
INSURE NAME AND NUMBER ARE LISTED ON PERSON FOUR CHECK REPORT U.S. Water Services Corporation 4939 Cross Bayou Boulevard New Port Richey, FL 34652 <u>Region 6</u>				DEP/DOH USE ONLY <input type="checkbox"/> Satisfactory <input type="checkbox"/> Incomplete Collection Information <input type="checkbox"/> Repeat Samples Required <input type="checkbox"/> 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. FNTC too numerous to count (62-550 730 Reporting Format)

Relinquish By: _____

Date: _____ Time: _____

Received By: [Signature]

Date: 5/11/2020 Time: 14:35

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 352.395.8639 • E82001
- 10200 USA Today Way • Miramar, FL 33025 • 954.889.2285 • Fax 954.889.2281 • E82535
- 9810 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 • E84589
- 528 S. Northlake Blvd., Sta. 1016 • Altamonte Springs, FL 32701 • 407.937.1594 • E53076
- 1288 Cedar Center Drive, Tallahassee, FL 32301 • 850.219.6274 • Fax 850.219.6275 • E811095



Advanced Environmental Laboratories, Inc.

RUSH!



* A 2 0 0 4 7 1 0 *

Lab Receipt Date & Time: 6/1/2020 16:30

Analysis Date & Time: 6/1/20 12:24

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: Brendenwood

PWS I.D.: 3354043

PWS Address: 13711 Devenshire Court

City: Grand Island

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

Fax #: 727-849-4219

Collector: Gary Kissick

Collector's Phone #: 904-237-0919

Type of Supply: (check only one)

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

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

Reason for Sampling: (check all that apply)

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

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

Sample Collection Date: 6-1-2020

DCN#: AD-D045

Effective 01/95, Electronic Revision 11/04/2012

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)	Data Qualifier ¹	Lab Sample #
W1	Well	11:50	R	0			A	A		1
R	13702 Berkshire Ct	11:55	D	1.0			A	A		2

Average of disinfectant residuals for distribution routine & repeat samples: Free chlorine or Total chlorine (check one). 1.0

Disinfectant Residual Analysis Method:

DPD Colorimetric Other: _____

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

A certified operator (# DWC 7846)

Supervised by certified operator (# _____)

Employed by a certified lab Employed by DEP or DOH

Authorized representative of supplier of water

Unless otherwise noted, all tests are preformed 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: _____

Lab Signature: [Signature]

Title: [Signature]

(INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT)

U.S. Water Services Corporation
4939 Cross Bayou Boulevard
New Port Richey, FL 34652

Region 6

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: 6/1/2020 Time: 14:00

PWS Identification Number: 335-4043
 Plant Name: Brendenwood

III. Daily Data for the Month/Year of: July-20				Means of Achieving Four-Log Virus Inactivation/Removal: *										Emergency or Altered Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation		
				X Free Chlorine		Chlorine Dioxide		Ozone		Combined Chlorine						
				Type of Disinfectant Residual Maintained in Distribution System: X Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide												
				CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*												
Day of the Month	Disinfectant Applied at Plant "X"	Hours Plant is Operating	Net Quantity of Finished Water Produced, gal	CT Calculations										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
				Peak Flow Rate, gal	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	Volume 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				
1	x	24	23,400		0.90										0.90	
2		24	23,400													
3	x	24	22,400		1.00										0.90	
4		24	22,400													
5		24	22,400													
6	x	24	19,800		1.20										0.90	
7		24	19,800													
8	x	24	13,700		1.20										0.20	
9		24	13,700													
10	x	24	19,800		1.20										1.20	
11		24	19,800													
12		24	19,800													
13	x	24	22,200		1.20										1.20	
14		24	22,200													
15	x	24	17,400		1.20										1.10	
16		24	17,400													
17	x	24	23,500		1.10										1.00	
18		24	23,500													
19		24	23,500													
20	x	24	21,900		1.10										1.10	
21		24	21,900													
22	x	24	17,700		1.10										1.00	
23		24	17,700													
24	x	24	26,000		1.10										1.00	
25		24	26,000													
26		24	26,000													
27	x	24	25,800		1.20										1.20	
28		24	25,800													
29	x	24	15,500		1.50										1.50	
30		24	15,500													
31	x	24	15,500		1.30										1.30	
Total			645,400													
Average			20,819													
Maximum			26,000													

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

- 6681 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • E82574
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- 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
- 528 S. Northlake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • 407.937.1594 • E53076
- 1288 Cedar Center Drive, Tallahassee, FL 32301 • 850.219.6274 • Fax 850.219.6275 • E811095



Advanced Environmental Laboratories, Inc.



Lab Receipt Date & Time: 7/1/2020 16:30
 Analysis Date & Time: 7/1/20 1715
 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: Brendenwood

PWS I.D.: 3354043

PWS Address: 13711 Devenshire Court

City: Grand Island

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

Fax #: 727-849-4219

Collector: Gary Kissick

Collector's Phone #: 904-237-0919

Type of Supply: (check only one)

Community Water System Non-Transient Non-community Water System Transient Non-community Water System
 Limited Use System Bottled Water Private Well Swimming Pool Other: _____

Reason for Sampling: (check all that apply)

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

Sample Collection Date: 7-1-2020

DCN#: AD-D045

Effective 01/95, Electronic Revision 11/04/2012

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time (24 hr clock)	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s) ⁹²²³⁵				
						Non-Coliform	Total Coliform	Fecal, <i>E. coli</i> , Enterococci, or Coliphage ³	Data Qualifier ⁴	Lab Sample #
W1	Well	1045	R	4		A	A		1	
R	13711 Devenshire Ct	1055	D	0.9		A	A		2	

Average of disinfectant residuals for distribution routine & repeat samples: Free chlorine or Total chlorine (check one). 0.9

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

Disinfectant Residual Analysis Method:

DPD Colorimetric Other: _____

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

- A certified operator (# DWC 7846)
- Supervised by certified operator (# _____)
- Employed by a certified lab Employed by DEP or DOH
- Authorized representative of supplier of water

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

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

Date Report Issued: _____

Lab Signature: [Signature]

Title: Dr.

Satisfactory DEP/DOH USE ONLY

Incomplete Collection Information

Repeat Samples Required

Replacement Samples Required

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT

U.S. Water Services Corporation
 4939 Cross Bayou Boulevard
 New Port Richey, FL 34652

Resioub

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 = Post-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)

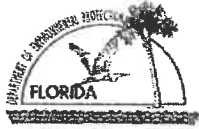
Relinquish By: _____

Date: 7/1/2020 Time: 14:40

Received By: [Signature]

Date: 7/1/2020 Time: 14:40

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of: August, 2020

A. Public Water System (PWS) Information

PWS Name: Brendenwood		PWS Identification Number: 3354043	
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: 58		Total Population Served at End of Month: 130	
PWS Owner: U.S. Water Services			
Contact Person: Melisa Rotteveel		Contact Person's Title: Compliance Manager	
Contact Person's Mailing Address: 4939 Cross Bayou Blvd.		City: New Port Rich	State: Florida
Contact Person's Telephone Number: 904.540.9765		Zip Code: 34652-3434	
Contact Person's E-Mail Address: mrotteveel@uswatercorp.net		Contact Person's Fax Number: 727.849.4219	

B. Water Treatment Plant Information

Plant Name: Brendenwood WTP		Plant Telephone Number: 866.753.8292	
Plant Address: 13711 Devenshire Ct.		City: Grand Island	State: Florida
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		Zip Code: 32735	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 108,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): D	

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Sharon Purviance	C	13268	Utility Manager
Other Operators:	Gary Kissick	C	7846	Operator Days 1st Shift 3 days per week

II Certification by Lead/Chief Operator

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

Sharon Purviance 8/2/2020
Signature and Date

Sharon Purviance
Printed or Typed Name

C-13268
License Number

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 32606 • 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
- 528 S. Northlake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • 407.937.1594 • E53076
- 1288 Cedar Center Drive, Tallahassee, FL 32301 • 850.219.6274 • Fax 850.219.6275 • E811095



Advanced
Environmental Laboratories, Inc.

Lab Receipt Date & Time: 8/6/2020 16:35
 Analysis Date & Time: 8/6/20 1745
 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: Brendenwood

PWS I.D.: 3354043

PWS Address: 13711 Devenshire Court

City: Grand Island

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

Fax #: 727-849-4219

Collector: Gary Kissick

Collector's Phone #: 904-237-0919

Type of Supply: (check only one)

Community Water System Non-Transient Non-community Water System Transient Non-community Water System
 Limited Use System Bottled Water Private Well Swimming Pool Other: _____

Reason for Sampling: (check all that apply)

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

Sample Collection Date: 8-5-2020

DCN#: AD-D045

Effective 01/95, Electronic Revision 11/04/2012

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time (24 hr clock)	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)			
						Non-Coliform	Total Coliform	Fecal, <i>E. coli</i> , Enterococci, or Coliphage	Data Qualifier ⁴
W1	Well	1615	R	0.8		A	A		1
R	13539 Downshire Ct	1620	D	0.8		A	A		2

Average of disinfectant residuals for distribution routine & repeat samples: Free chlorine or Total chlorine (check one). 0.8

Disinfectant Residual Analysis Method:
 DPD Colorimetric Other: _____

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

- A certified operator (# DWC 7848)
- Supervised by certified operator (# _____)
- Employed by a certified lab Employed by DEP or DOH
- Authorized representative of supplier of water

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

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

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

Date Report Issued: _____

Lab Signature: [Signature]

Title: DM

(INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT)

U.S. Water Services Corporation
 4939 Cross Bayou Boulevard
 New Port Richey, FL 34652

Region 6

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 verification 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: 8/6/20 Time: 1045

Received By: [Signature]

Date: 8/6/20 Time: 13:40

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of: September, 2020

A. Public Water System (PWS) Information

PWS Name: Brendenwood		PWS Identification Number: 3354043	
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: 58		Total Population Served at End of Month: 130	
PWS Owner: U.S. Water Services			
Contact Person: Melisa Rotteveel		Contact Person's Title: Compliance Manager	
Contact Person's Mailing Address: 4939 Cross Bayou Blvd.		City: New Port Rich	State: Florida
		Zip Code: 34652-3434	
Contact Person's Telephone Number: 904.540.9765		Contact Person's Fax Number: 727.849.4219	
Contact Person's E-Mail Address: mrotteveel@uswatercorp.net			

B. Water Treatment Plant Information

Plant Name: Brendenwood WTP		Plant Telephone Number: 866.753.8292	
Plant Address: 13711 Devenshire Ct.		City: Grand Island	State: Florida
		Zip Code: 32735	
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 108,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): D	
Licensed Operators	Name	License Class	License Number
Lead/Chief Operator:	Sharon Purviance	C	13268
Other Operators:	Gary Kissick	C	7846

II. Certification by Lead/Chief Operator

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

Sharon Purviance 10/2/2020
Signature and Date

Sharon Purviance
Printed or Typed Name

C-13268
License Number

PWS Identification Number: 335-4043
 Plant Name: Brendenwood

III. Daily Data for the Month/Year of: September-20				X Free Chlorine		Chlorine Dioxide		Ozone		Combined Chlorine			
Means of Achieving F- or Log Virus Inactivation/Removal: *				Other (Describe)									
Ultraviolet Radiation													
Type of Disinfectant Residual Maintained in Distribution System				X 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, or Demonstrate Equivalent 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 (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (t) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	Volume of Water, if Applicable, gal	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²		
1		24	18,000										
2	x	24	17,200		0.70							0.50	
3		24	17,200										
4	x	24	22,300		1.00							0.90	
5		24	22,300										
6		24	22,300										
7	x	24	22,000		1.00							1.00	
8		24	22,000										
9	x	24	15,800		1.00							0.90	
10		24	15,800										
11	x	24	14,700		1.20							1.20	
12		24	14,700										
13		24	14,700										
14	x	24	29,500		1.20							1.20	
15		24	29,500										
16	x	24	14,600		1.20							1.20	
17		24	14,600										
18	x	24	18,600		1.20							1.10	
19		24	18,600										
20		24	18,600										
21	x	24	20,200		1.20							1.10	
22		24	20,200										
23	x	24	17,300		1.10							1.00	
24		24	17,300										
25	x	24	21,200		1.10							1.10	
26		24	21,200										
27		24	21,200										
28	x	24	19,500		1.10							1.00	
29		24	19,500										
30	x	24	16,100		1.10							1.00	
31													
Total			576,700										
Average			19,223										
Maximum			29,500										

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
- 528 S. Northlake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • 407.937.1594 • E83076
- 1288 Cedar Center Drive, Tallahassee, FL 32301 • 850.219.6274 • Fax 850.219.6275 • E811095



Advanced Environmental Laboratories, Inc.

ES003V

Lab Receipt Date & Time: 7/4/2020 1558
 Analysis Date & Time: 9/4/20 1605
 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: Brendenwood

PWS I.D.: 3354043

PWS Address: 13711 Devenshire Court

City: Grand Island

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

Fax #: 727-849-4219

Collector: Gary Kissick

Collector's Phone #: 904-237-0919

Type of Supply: (check only one)

- Community Water System Non-Transient Non-community Water System Transient Non-community Water System
 Limited Use System Bottled Water Private Well Swimming Pool Other: _____

Reason for Sampling: (check all that apply)

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

Sample Collection Date: 9-4-2020

DCN#: AD-D045

Effective 01/95, Electronic Revision 11/04/2012

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time (24 hr clock)	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s) <u>7203B</u>				
						Non-Coliform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage ³	Data Qualifier ⁴	Lab Sample #
W1	Well	11:00	R	0		A	A			1
R2	13605 Berkshire Ct	1110	D	0.9		A	A			2
Average of disinfectant residuals for distribution routine & repeat samples. ⁵ <input checked="" type="checkbox"/> Free chlorine or <input type="checkbox"/> Total chlorine (check one).				0.9	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: _____ Lab Signature: <u>[Signature]</u> Title: <u>DM</u>					
Disinfectant Residual Analysis Method: <input checked="" type="checkbox"/> DPD Colorimetric <input type="checkbox"/> Other: _____										
Person performing disinfectant analysis is (Check one of below): <input checked="" type="checkbox"/> A certified operator (# <u>DWC 7846</u>) <input type="checkbox"/> Supervised by certified operator (# _____) <input type="checkbox"/> Employed by a certified lab <input type="checkbox"/> Employed by DEP or DOH <input type="checkbox"/> Authorized representative of supplier of water										
[INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT] U.S. Water Services Corporation 4939 Cross Bayou Boulevard New Port Richey, FL 34652						<input type="checkbox"/> Satisfactory DEP/DOH USE ONLY <input type="checkbox"/> Incomplete Collection Information <input type="checkbox"/> Repeat Samples Required <input type="checkbox"/> Replacement Samples Required Date Reviewed by DEP/DOH: _____ DEP/DOH Reviewing Official: _____				

Region 6

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: 9/4/2020 Time: 1315

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of:	October, 2020
--	---------------

A. Public Water System (PWS) Information

PWS Name: Brendenwood		PWS Identification Number: 3354043	
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: 58		Total Population Served at End of Month: 130	
PWS Owner: U.S. Water Services			
Contact Person: Melisa Rotteveel		Contact Person's Title: Compliance Manager	
Contact Person's Mailing Address: 4939 Cross Bayou Blvd.		City: New Port Rich	State: Florida
		Zip Code: 34652-3434	
Contact Person's Telephone Number: 904.540.9765		Contact Person's Fax Number: 727.849.4219	
Contact Person's E-Mail Address: mrotteveel@uswatercorp.net			

B. Water Treatment Plant Information

Plant Name: Brendenwood WTP		Plant Telephone Number: 866.753.8292		
Plant Address: 13711 Devenshire Ct.		City: Grand Island	State: Florida	
		Zip Code: 32735		
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 108,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): D		
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Sharon Purviance	C	13268	Utility Manager
Other Operators:	Gary Kissick	C	7846	Operator Days 1st Shift 3 days per week

II. Certification by Lead/Chief Operator

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

Sharon Purviance 11/2/2020
 Signature and Date

Sharon Purviance
 Printed or Typed Name

C-13268
 License Number

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

- 6681 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • E82574
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- 10200 USA Today Way • Miramar, FL 33025 • 954.889.2288 • Fax 954.889.2281 • E82535
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- 528 S. Northlake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • 407.937.1594 • E83076
- 1288 Cedar Center Drive, Tallahassee, FL 32301 • 850.219.6274 • Fax 850.219.6275 • E811095



Advanced Environmental Laboratories, Inc.

F5014V

Lab Receipt Date & Time: 10/2/20 - 1515
 Analysis Date & Time: 10.02.2020 1635
 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: Brendenwood

PWS I.D.: 3354043

PWS Address: 13711 Devenshire Court

City: Grand Island

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

Fax #: 727-849-4219

Collector: Gary Kissick

Collector's Phone #: 904-237-0919

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: 10-2-2020

OCN#: AD-D045

Effective 01/95, Electronic Revision 11/04/2012

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time (24 hr clock)	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s): <u>SM4223B</u>				
						Non-Coliform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage ³	Data Qualifier ⁴	Lab Sample #
W1	Well	1105	R	φ		A	A		1	
R	13634 Beckshire Ct	1115	D	1.1		A	A		2	

Average of disinfectant residuals for distribution routine & repeat samples: 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.

Disinfectant Residual Analysis Method:
 DPD Colorimetric Other: _____
 Person performing disinfectant analysis is (Check one of below):
 A certified operator (# DWC 7848)
 Supervised by certified operator (# _____)
 Employed by a certified lab Employed by DEP or DOH
 Authorized representative of supplier of water

Date and time PWS notified by lab of positive results: _____
 Date and time DEP/DOH notified by lab of positive results: _____
 Date Report Issued: _____
 Lab Signature: [Signature]
 Title: DM

[INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT]
 U.S. Water Services Corporation
 4939 Cross Bayou Boulevard
 New Port Richey, FL, 34652
Region 6

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: Timé
 Received By: [Signature]
 Date: 10/2/20 Time: 1330

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of: November, 2020

A. Public Water System (PWS) Information

PWS Name: Brendenwood		PWS Identification Number: 3354043	
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: 58		Total Population Served at End of Month: 130	
PWS Owner: U.S. Water Services		Contact Person: Melisa Rotteveel	
Contact Person's Mailing Address: 4939 Cross Bayou Blvd.		Contact Person's Title: Compliance Manager	
Contact Person's Telephone Number: 904.540.9765		City: New Port Rich	State: Florida
Contact Person's E-Mail Address: mrotteveel@uswatercorp.net		Zip Code: 34652-3434	
		Contact Person's Fax Number: 727.849.4219	

B. Water Treatment Plant Information

Plant Name: Brendenwood WTP		Plant Telephone Number: 866.753.8292		
Plant Address: 13711 Devenshire Ct.		City: Grand Island	State: Florida	
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		Zip Code: 32735		
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 108,000		Plant Class (per subsection 62-699.310(4), F.A.C.): 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:	Sharon Purviance	C	13268	Utility Manager
Other Operators:	Gary Kissick	C	7846	Operator Days 1st Shift 3 days per week

II. Certification by Lead/Chief Operator

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

Sharon Purviance 12/2/2020
Signature and Date

Sharon Purviance
Printed or Typed Name

C-13268
License Number

PWS Identification Number: 335-4043
 Plant Name: Brendenwood

III. Daily Data for the Month/Year of: November-20				Means of Achieving Four-Log Virus Inactivation/Removal: <input checked="" type="checkbox"/> Free Chlorine Chlorine Dioxide Ozone Combined Chlorine										Other (Describe)			
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine Combined Chlorine (Chloramine) Chlorine Dioxide				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			
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										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²					
1		24	21,800														
2	x	24	21,800		1.20											1.20	
3		24	21,800														
4	x	24	18,100		1.20											1.10	
5		24	18,100														
6	x	24	21,800		1.20											1.20	
7		24	21,800														
8		24	21,800														
9	x	24	18,250		1.10											1.00	
10		24	18,250														
11	x	24	12,200		1.10											1.00	
12		24	12,200														
13	x	24	16,900		1.20											1.20	
14		24	16,900														
15		24	16,900														
16	x	24	17,800		1.10											1.00	
17		24	17,800														
18	x	24	13,700		1.00											1.00	
19		24	13,700														
20	x	24	16,800		1.20											1.10	
21		24	16,800														
22		24	16,800														
23	x	24	22,400		1.10											1.10	
24		24	22,400														
25	x	24	18,200		1.10											1.00	
26		24	18,200														
27	x	24	18,800		1.00											1.00	
28		24	18,800														
29		24	18,800														
30	x	24	20,600		1.10											1.00	
31																	
Total			550,200														
Average			18,340														
Maximum			22,400														

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

- 6681 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.383.9350 • Fax 904.383.9354 • E82574
- 4965 SW 41st Blvd • Gainesville, FL 32608 • 352.377.2349 • Fax 352.395.6839 • E82001
- 10200 USA Today Way • Miramar, FL 33025 • 954.869.2268 • Fax 954.869.2281 • E82535
- 9810 Princess Palm Ave. • Tampa, FL 33619 • 813.830.9818 • Fax 813.830.4327 • E84589
- 528 S. Northlake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • 407.937.1594 • E53076
- 1288 Cedar Center Drive, Tallahassee, FL 32301 • 850.219.6274 • Fax 850.219.6275 • E811095



**Advanced
Environmental Laboratories, Inc.**



Lab Receipt Date & Time: 11/2/2020 16:20

Analysis Date & Time: 11/2/2020 17:07

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: Brendenwood PWS I.D.: 3364043

PWS Address: 13711 Devenshire Court City: Grand Island

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

Collector: Gary Kissick Collector's Phone #: 904-237-0919

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: 11-2-2020 DCN#: AD-0045 Effective 01/95, Electronic Revision 11/04/2012

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time (24 hr clock)	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s) <u>4223</u>				
						Non-Coliform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage*	Data Qualifier*	Lab Sample #
W1	Well	1120	R	0		A	A			1
R	13551 Devenshire Ct	1130	D	1.2		A	A			2

Average of disinfectant residuals for distribution routine & repeat samples: Free chlorine or Total chlorine (check one). 1.2

Disinfectant Residual Analysis Method:
 DPD Colorimetric Other: _____

Person performing disinfectant analysis is (Check one of below):
 A certified operator (# DWC 7846)
 Supervised by certified operator (# _____)
 Employed by a certified lab Employed by DEP or DOH
 Authorized representative of supplier of water

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

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

Lab Signature: [Signature]
 Title: _____

[INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT]
 U.S. Water Services Corporation
 4939 Cross Bayou Boulevard
 New Port Richey, FL, 34652

Region 6

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 (62-530.730 Reporting Format).

Relinquish By: _____
 Date: 11/2/2020 Time: 14:40

Received By: [Signature]
 Date: _____ Time: _____

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of: December, 2020

A. Public Water System (PWS) Information

PWS Name: Brendenwood		PWS Identification Number: 3354043	
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: 58		Total Population Served at End of Month: 130	
PWS Owner: U.S. Water Services			
Contact Person: Melisa Rotteveel		Contact Person's Title: Compliance Manager	
Contact Person's Mailing Address: 4939 Cross Bayou Blvd.		City: New Port Rich	State: Florida
Contact Person's Telephone Number: 904.540.9765		Zip Code: 34652-3434	
Contact Person's E-Mail Address: mrotteveel@uswatercorp.net		Contact Person's Fax Number: 727.849.4219	

B. Water Treatment Plant Information

Plant Name: Brendenwood WTP		Plant Telephone Number: 866.753.8292	
Plant Address: 13711 Devenshire Ct.		City: Grand Island	State: Florida
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		Zip Code: 32735	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 108,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): D	
	Name	License Class	License Number
Licensed Operators			Day(s) / Shift(s) Worked
Lead/Chief Operator:	Sharon Purviance	C	13268 Utility Manager
Other Operators:	Gary Kissick	C	7846 Operator Days 1st Shift 3 days per week

II. Certification by Lead/Chief Operator

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

Sharon Purviance 1/4/2021
Signature and Date

Sharon Purviance
Printed or Typed Name

C-13268
License Number

PWS Identification Number: 335-4043

Plant Name: Brendenwood WTP

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: *

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

Polymer Dose, ppm = Acrylamide Level, %[†] =

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

Polymer Dose, ppm = Epichlorohydrin Level, %[†] =

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

Type of Sequestrant (polyphosphate or sodium silicate):

Sequestrant Dose, mg/L of phosphate as PO₄ or mg/L of silicate as SiO₂ =

If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO₂ =

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

[†] Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

- 6661 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 • E82635
- 9610 Princess Palm Ave. • Tampa, FL 33619 • 813.830.9618 • Fax 813.830.4327 • E84589
- 528 S. Northlake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • 407.937.1594 • E53076
- 1288 Cedar Center Drive, Tallahassee, FL 32301 • 850.218.8274 • Fax 850.218.6275 • E811095



* A 2 0 1 0 1 6 6 *



Advanced Environmental Laboratories, Inc.

Lab Receipt Date & Time: 12/2/2020 11:30
 Analysis Date & Time: 12/2/20 1707
 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: Brendenwood

PWS I.D.: 3354043

PWS Address: 13711 Devenshire Court

City: Grand Island

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

Fax #: 727-849-4219

Collector: Gary Kissick

Collector's Phone #: 904-237-0919

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: 12-2-2020

DCN#: AD-D045

Effective 01/95, Electronic Revision 11/04/2012

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time (24 hr clock)	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s) <u>42255</u>				
						Non-Coliform	Total Coliform	Fecal (E. coli, Enterococci, or Coliphage) ³	Data Qualifier ⁴	Lab Sample #
W1	Well	1130	R	φ		A	A		1	
12	13702 Berkshire Ct	1140	D	0.9		A	A		2	

Average of disinfectant residuals for distribution routine & repeat samples:⁵ Free chlorine or Total chlorine (check one). 0.9

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

Disinfectant Residual Analysis Method:
 DPD Colorimetric Other: _____
 Person performing disinfectant analysis is (Check one of below):
 A certified operator (# DWC 7846)
 Supervised by certified operator (# _____)
 Employed by a certified lab Employed by DEP or DOH
 Authorized representative of supplier of water

Date and time PWS notified by lab of positive results: _____
 Date and time DEP/DOH notified by lab of positive results: _____
 Date Report Issued: _____
 Lab Signature: [Signature]
 Title: DM

[INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT]
 U.S. Water Services Corporation
 4939 Cross Bayou Boulevard
 New Port Richey, FL, 34652
Region 6

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 I.
 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, TWTC = too numerous to count (62-550.730 Reporting Format).

Relinquish By: _____
 Date: 12/2/2020 Time: _____
 Received By: [Signature]
 Date: 12/2/2020 Time: 14:45

BRENDENWOOD WATERWORKS

USAGE AND BILLING REPORT

	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20		
Read Period	1/6-2/7	2/7-3/5	3/5-4/6	4/6-5/6	5/6-6/5	6/6-7/8	7/8-8/5	8/5-9/3	9/3-10/2	10/2-11/3	11/3-12/4	12/4-1/6/21		
Billed	2/17/20	3/17/20	4/16/20	5/18/20	6/18/20	7/17/20	8/18/20	9/18/20	10/16/20	11/17/20	12/18/20	1/19/21	Annual Totals	Annual Averages
Total Well Withdrawal Per Calendar Month	512,300	504,500	833,999	726,300	858,200	677,100	645,400	595,998	576,700	576,300	550,200	559,500	7,616,497	634,708
Purchased Water														
Total Gross Source	512,300	504,500	833,999	726,300	858,200	677,100	645,400	595,998	576,700	576,300	550,200	559,500	7,616,497	634,708
Monthly Water Revenue	\$1,898	\$1,930	\$3,129	\$2,679	\$2,863	\$2,608	\$2,095	\$1,909	\$1,881	\$2,104	\$1,889	\$2,103	\$27,088	\$2,257
Water Gallons Used/Billed	430,000	445,000	779,000	653,000	695,000	634,000	494,000	432,000	417,000	479,000	425,000	475,000	6,358,000	529,833
Water Gallons Flushing/Maint	15,369	15,135	25,020	21,789	25,746	20,313	19,362	17,880	17,301	17,289	16,506	16,785	228,495	19,041
Estimated Use - Water Breaks	57,847	-	0	0	-	0	63568	0	0	0	0	3000	124,415	10,368
Total Use	503,216	460,135	804,020	674,789	720,746	654,313	576,930	449,880	434,301	479,000	441,506	494,785	6,693,621	557,802
Percentage Unaccounted For	1.77%	8.79%	3.59%	7.09%	16.02%	3.37%	10.61%	24.52%	24.69%	16.88%	19.76%	11.57%	12.12%	12.12%
Water Gallons Unaccounted	9,084	44,365	29,979	51,511	137,454	22,787	68,470	146,118	142,399	97,300	108,694	64,715	922,876	76,906
Monthly Sewer Revenue														
Sewer Gallons Used/Billed														
Days	31	27	32	30	30	33	28	29	29	32	31	33		
54795864														
Number of Bills	58	59	57	58	57	56	57	58	58	58	57	57		
Water Revenue Accrued	\$1,530.65	\$1,464.14	\$2,624.32	\$2,143.20	\$2,308.87	\$1,999.47	\$1,757.10	\$1,662.68	\$1,692.90	\$1,968.26	\$1,700.10	\$1,831.65		

Account	Label	Comment	Date	
54795916	F 5.0 No Water - Sewer / Service Interruption	OPmrodgers 02/25/2020: JAMES CALLED STATED THERE IS NO WATER AS OF 2/24 @ 430PM. SPOKE WITH	02/25/2020 08:31 AM	BRENDENWOOD
54799202	F 5.0 No Water - Sewer / Service Interruption	OPvweinberger 10/10/2018: CAROL WOMBLE ADV THEY HAVE NO WATER; CREATED S/O	10/10/2018 11:11 AM	BRENDENWOOD
54795882	F 5.0 No Water - Sewer / Service Interruption	OPvweinberger 12/18/2017: MARK SEXTON CALLED ADV NO WATER; ADV TECHS HAVE BEEN DISPATCHED TO	12/18/2017 04:46 PM	BRENDENWOOD
54795909	F 5.0 No Water - Sewer / Service Interruption	OPrking 12/18/2017: JANE UGLOINE CALLED TO REPORT SHE HAS NO WATER. ADV. HER THAT TECHS ARE	12/18/2017 04:02 PM	BRENDENWOOD
54799016	F 5.0 No Water - Sewer / Service Interruption	OPkjohnson 10/31/2017: Customer called stating she had no water, I put in service order.	10/31/2017 02:20 PM	BRENDENWOOD
54795872	F 5.0 No Water - Sewer / Service Interruption	OPvweinberger 10/31/2017: DARLENE WUTKE CALLED SAID SHE HAS NO WATER; ADV WILL CREATE S/O	10/31/2017 02:19 PM	BRENDENWOOD
54795867	F 5.1 Pressure Issue	OPjaczarnik 02/28/2020: JACK CI REGARDING LOW PRESSURE AND BLACK WATER; ADV WAS SMALL ISSUE AT THE WATER PLANT AND THE TECHS ARE WORKING TO FIX IT; PRESSURE AND WATER QUALITY SHOULD	02/28/2020 04:29 PM	BRENDENWOOD
54801086	F 5.1 Pressure Issue	OPjaczarnik 02/28/2020: CALLED LIBERTY BACK REGARDING LOW PRESSURE; LMOM, ADV WAS ISSUE AT THE PLANT THAT IS BEING FIXED AND WATER PRESSURE SHOULD REGULATE SOON; NFAN	02/28/2020 04:21 PM	BRENDENWOOD
54795868	F 5.1 Pressure Issue	OPjaczarnik 02/28/2020: CALLED BRIANNA BACK REGARDING LOW PRESSURE; ADV WAS SMALL ISSUE AT THE	02/28/2020 04:18 PM	BRENDENWOOD
54795868	F 5.1 Pressure Issue	OPjaczarnik 02/28/2020: BRIANNA CI REGARDING LOW PRESSURE; ADV TECHS ARE OUT TO INVESTIGATE; ADV WILL CONTACT HER BACK REAGRINDING UPDATE ONCE TECHS HAVE REACHED BACK TO US; NFAN	02/28/2020 03:53 PM	BRENDENWOOD
54795890	F 5.1 Pressure Issue	OPcbrann 02/28/2020: SPK TO JULIE BICKFORD @352-217-2300;SHE WAS CALLING ABOUT THE WATER PRESSURE;I ADV WE ARE AWARE OF THE ISSUE & A TECH WILL BE GOING OUT TO CHECK;NFAN	02/28/2020 03:40 PM	BRENDENWOOD
54801086	F 5.1 Pressure Issue	OPjaczarnik 02/28/2020: LIBERTY CI REGARDING LOW PRESSURE; ADV TECHS ARE GOING OUT TO INVESTIGATE, WILL CONTACT HER ONCE TECHS HAVE GIVEN AN UPDATE; HER NUMBER IS 352-357-3515;	02/28/2020 03:32 PM	BRENDENWOOD
54821256	F 5.1 Pressure Issue	OPcbrann 02/28/2020: SPK TO ILENE ROBINSON @352-702-6860;SHE WAS CALLING ABOUT LOW PRESSURE;I ADV WE ARE AWARE OF THE PROBLEM & A TECH WILL BE GOING OUT TO CHECK;NFAN	02/28/2020 03:31 PM	BRENDENWOOD
54795898	F 5.1 Pressure Issue	OPcbrann 02/28/2020: SPK TO JACQUELINE MCLENDON @352-357-2222;SHE WAS CALLING ABOUT LOW WATER PRESSURE;ADV WE ARE AWARE OF THE PROBLEM & A TECH WILL BE SENT OUT;NFAN	02/28/2020 03:23 PM	BRENDENWOOD
54795865	F 5.1 Pressure Issue	OPjaczarnik 02/28/2020: STEPHANIE CI REGARDING LOSS OF WATER PRESSURE; ADV TECH IS GOING OUT TO	02/28/2020 03:08 PM	BRENDENWOOD
54797720	F 5.1 Pressure Issue	OPmrodgers 02/28/2020: CASEY CALLED LOW PRESSURE/AIR IN LINES. ADV S/O FOR 3/2 IF IT CLEARS OVER	02/28/2020 03:01 PM	BRENDENWOOD
54795898	F 5.1 Pressure Issue	OPcbrann 01/16/2020: SPK TO JACQUELINE MCLENDON @352-357-2222;SHE ADV HER WATER PRESSURE IS	01/16/2020 03:28 PM	BRENDENWOOD
54797720	F 5.1 Pressure Issue	OPjaczarnik 12/26/2019: CASEY CI REGARDING LOW PRESSURE; CONTACTED AFTER HOUR TECH; TECH WILL	12/26/2019 05:09 PM	BRENDENWOOD
54795889	F 5.1 Pressure Issue	OPvweinberger 12/18/2017: BRIAN ALLEN CALLED ABOUT VERY LOW PRESSURE; ADV TECHS ARE ON THEIR	12/18/2017 03:42 PM	BRENDENWOOD
54795890	F 5.1 Pressure Issue	OPrking 12/18/2017: DOUG BICKFORD CALLED TO REPORT LOW/NO WATER PRESSURE, AND IT JUST STARTED TODAY. ADV. HIM THAT I WOULD NOTIFY THE TECHS. NOTIFIED SUPERVISOR WHO CONTACTED TECHS.	12/18/2017 03:28 PM	BRENDENWOOD
54795881	H 7.0 Meter Reading Issue	OPidrost 04/13/2021: DUSTIN CALLED IN TO FIND OUT NEW BAL. METER READ WAS INCORRECT, TECH CONF. NO ADJ MADE YET. REACING OUT TO MMONN FOR UPDATE AND WILL CALL DUSTIN BACK W/ ANSWER.	04/13/2021 03:08 PM	BRENDENWOOD
54795890	H 7.0 Meter Reading Issue	OPdjohnson 10/18/2019: JULIA CI. LAST READ SHOW ZERO CONSUMPTION. STATES SHE HAS BEEN REGULARLY USING WATER. I ADV WOULD SUBMIT SO FOR MONDAY TO HAVE METER LOOKED AT. NFAN	10/18/2019 11:39 AM	BRENDENWOOD
54795862	H 7.0 Meter Reading Issue	OPpschramm 07/10/2019: KAREN CALLED STATED METER IS SPINNING, NEEDS NEW METER. S/O APPLIED.	07/10/2019 09:17 AM	BRENDENWOOD
54799952	H 7.0 Meter Reading Issue	OPvwinkler 01/26/2018: KATHLEEN CALLED IN DUE TO HIGH USAGE. CREATED S.O. FOR REREAD	01/26/2018 10:04 AM	BRENDENWOOD
54795891	H 7.0 Meter Reading Issue	OPjvandelanotte 09/07/2016: RETURNED CALL TO MARYANN COLLINS 352-589-2577 RE: HIGH USAGE; SHE WENT FROM 3 TG LAST STATEMENT TO 10 TG CURRENT STATEMENT AND SHE HAS CHECKED FOR A LEAK AND	09/07/2016 09:14 AM	BRENDENWOOD
54795867	H 7.0 Meter Reading Issue	OPhwhaley 06/21/2016: Jack Smith called HE IS BEING BILLED FOR 28TGAL. HE SAID THERE ARE NO KNOWN LEAKS AND THAT HIS WIFE WAS IN THE HOSPITAL LAST MONTH SO THEY WERE HOME VERY LITTLE. CREATED	06/21/2016 10:03 AM	BRENDENWOOD
54795864	H 7.0 Meter Reading Issue	OPrking 04/27/2016: CHUCK CALLED TO INQUIRE ABOUT HIS PREV. READS. ADV. HIM OF LAST READ ON 4/11 OF 3060. AND HE READ THE NUMBER CURRENTLY AS 3079. ADV. HIM THAT WAS IN LINE WITH HIS PREV.	04/27/2016 04:14 PM	BRENDENWOOD

54795887	H 7.2 Condition of Meter	OPvknight 10/17/2016: KRISTINE CALLED FOR TRANSACTION HISTORY; MAILED TO HER HOME; SHE WANTED TO KNOW IF SHE NEEDS TO CALL TO HAVE WATER TURNED BACK ON AFTER REPAIR IS MADE; ADV TO CALL	10/17/2016 10:30 AM	BRENDENWOOD
54797718	H 7.2 Condition of Meter	OPaatchison 07/29/2016: LAURA DELEHANTY CALLED BACK AND STATED THAT HER METER IS NOT IN THE METER BOX. SHE CAN SEE HER NEIGHBORS METER BUT CANT SEE HER METER. ADV WILL DO A S.O TO GET A	08/01/2016 07:23 AM	BRENDENWOOD
54795903	H 7.2 Condition of Meter	OPjvandelanotte 06/20/2016: VERNON KESSLER CALLED 352-589-5510 RE: HIGH USAGE, ADV & TALKED ABOUT POOL, IRRIGATION, GUESTS?; VERNON STATED HAS HAD HIP SURGERY SO DOESN'T UNDERSTAND INCREASE	06/21/2016 03:32 PM	BRENDENWOOD
54798134	I 8.0 Leak at Meter	OPmrodgers 02/10/2021: CINDY CALLED XFINITY BUSTED WATER LINE/WATER GUSHING AT METER/S.O	02/10/2021 02:39 PM	BRENDENWOOD
54795867	I 8.0 Leak at Meter	OPmrodgers 02/05/2021: JACK CALLED LEAK BETWEEN METER AND STREET S.O COMPLETE	02/05/2021 09:15 AM	BRENDENWOOD
54795898	I 8.0 Leak at Meter	OPmrodgers 10/21/2020: JACQUELINE CALLED STATED LEAK AT METER... S/O FORM COMPLETE	10/21/2020 10:12 AM	BRENDENWOOD
54821256	I 8.0 Leak at Meter	OPrstanton 12/17/2019: ILENE ROBINSON CALLED TO ADV LEAK AT THE METER CREATED S/O	12/17/2019 03:03 PM	BRENDENWOOD
54795880	I 8.0 Leak at Meter	OPvweinberger 02/08/2019: BERNICE DAVIDSON CALLED ADV SHE BROKE THE SPIGOT IN THE YARD AND CAN'T	02/08/2019 04:33 PM	BRENDENWOOD
54795904	I 8.0 Leak at Meter	OPmrodgers 02/05/2019: HELEN CALLED METER BOX FULL OF WATER / POSSIBLE LEAK	02/05/2019 07:37 AM	BRENDENWOOD
54799016	I 8.0 Leak at Meter	OPlmjohnson 09/19/2018: EMAILED ELIJAH TO SEE WHEN MAINTENANCE CAN GET TO THE PROPERTY.	09/19/2018 08:18 AM	BRENDENWOOD
54799016	I 8.0 Leak at Meter	OPvweinberger 09/12/2018: DIANA TRIANA CALLED AND SAID METER BOX IS FULL OF WATER; CREATED S/O	09/12/2018 05:42 PM	BRENDENWOOD
54795889	I 8.0 Leak at Meter	OPmrodgers 08/07/2018: MR. ALLEN CALLED FLOODING IN FRONT LAWN. RETURNED CALL HE HAS ALREADY SPOKEN WITH DIANE AND SHE ADV SOMEONE WILL BE OUT TO LOOK AT THE ISSUE. ... NFAN	08/07/2018 01:31 PM	BRENDENWOOD
54797718	I 8.0 Leak at Meter	OPmrodgers 03/05/2018: LAURA CALLED WATER IN METER FORM FILLED OUT FOR S/O; OPvwinkler	03/05/2018 08:30 AM	BRENDENWOOD
54795862	I 8.0 Leak at Meter	OPvweinberger 12/22/2017: CALLED AND SPOKE TO ON CALL TECH; HE WILL CALL CUSTOMER, GAVE PH# &	12/22/2017 04:43 PM	BRENDENWOOD
54795889	I 8.0 Leak at Meter	OPmwilliams 08/03/2017: REC'D CALL FROM DIANA, USW, CUSTOMER, BRIAN ALLEN REPORTS WATER GUSHING FROM HIS METER.; OPmwilliams 08/03/2017: BILLING MGR WILL DISPATCH IMMEDIATELY	08/03/2017 12:17 PM	BRENDENWOOD
54821256	I 8.05 Leak - Customer Side	OPrstanton 03/11/2019: MR ROBINSON CALLED TO HAVE TECH COME OUT TO FIX WATER VALVE ON OUR SIDE SO HE CAN GET THE WATER TURNED OFF SO HE CAN FIX LEAK ON HIS SIDE OF THE PROPERTY, CREATED S/O	03/11/2019 09:40 AM	BRENDENWOOD
54821256	I 8.05 Leak - Customer Side	OPlmjohnson 07/24/2018: CUSTOMER CALLED. LEAK AT THE REFRIGERATOR. NEEDS WATER SHUT OFF SO THEY	07/24/2018 07:31 AM	BRENDENWOOD
54798134	I 8.05 Leak - Customer Side	OPjvandelanotte 04/12/2016: RETURNED CALL TO CINDY TURNER 352-636-3929 RE: LEAK; STATED MAIN WATER PIPE BROKE AND ATTEMPTED TO SHUT OFF GATEWAY VALVE AND BROKE; ADV TECH WILL BE OUT	04/12/2016 08:52 AM	BRENDENWOOD
54795867	I 8.2 Main Break	OPmrodgers 01/03/2020: JACK CALLED ADV BROKEN PIPE FROM ROAD TO METER S/O COMPLETE	01/03/2020 01:10 PM	BRENDENWOOD
54795909	I 8.2 Main Break	OPlmjohnson 10/31/2017: JANE CALLED TO REPORT WATER GUSHING UP BY THE ROAD. CREATED S.O.	10/31/2017 02:54 PM	BRENDENWOOD
54795866	J 9.0 Water Quality	OPmrodgers 10/09/2020: PATRICK CALLED WATER VERY MILKY S/O COMPLETE	10/09/2020 11:27 AM	BRENDENWOOD
54795867	J 9.0 Water Quality	OPldrost 03/02/2020: MARLIS SMITH, WIFE OF JACK, CALLED IN. HAS BEEN CALLING ALL WKND REGARDING	03/02/2020 08:45 AM	BRENDENWOOD
54795890	J 9.0 Water Quality	OPldrost 12/27/2019: JULIA CALLED IN TO RE-CONFIRM SOMEONE WOULD BE OUT TODAY TO CHK WATER. ADV THAT S/O SAYS CONFIRMED FOR TODAY AND I HEARD THE DISCUSSION W/ THE HEAD TECH. SHOULD BE	12/27/2019 02:36 PM	BRENDENWOOD
54795890	J 9.0 Water Quality	OPdjohnson 12/27/2019: JULIA CI. WATER IS FIZZY AND LEAVES WHITE RESIDUE SINCE 12/25/19. I ADV WOULD SUBMIT SO FOR INSPECTIONS AND REREAD AS READ WAS 0 USAGE AND CUST IS USING WATER. CONTACTED	12/27/2019 12:27 PM	BRENDENWOOD
54799016	J 9.0 Water Quality	OPlanderson 12/18/2017: DIANA TRIANA CALLED TO REPORT THAT THEIR WATER PRESSURE HAS GOTTEN	12/18/2017 03:07 PM	BRENDENWOOD

BRENDENWOOD WATERWORKS, INC.

September 9, 2016

Rey Castillo
Florida Public Service Commission
2540 Shumard Oak Blvd
Tallahassee, FL 32399-850

RE: Request No 122136W – Mr. Mark Sexton – Account # 54795882

Dear Mr. Castillo,

Resolution: I spoke with Mr. Sexton today – September 9, 2016. He apologized for his behavior and accepted my proposed resolution.

His account will reflect an adjustment to split the consumption in half and bill at the lowest tiered rate. His account will receive a credit by 21 gallons for a total credit of \$126.28 and also include removing the late payment charge of \$5 for a total credit of \$131.28

This issue has been resolved.

If you have any questions or concerns please contact me at (727) 848-8292 ext. 245. Thank you

Sincerely,

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

Troy Rendell
Manager of Regulated Utilities
/// For Brendenwood Waterworks, Inc.

BRENDENWOOD WATERWORKS, INC.

September 1, 2016

Rey Castillo
Florida Public Service Commission
2540 Shumard Oak Blvd
Tallahassee, FL 32399-850

RE: Request No 122136W – Mr. Mark Sexton – Account # 54795882

Dear Mr. Castillo,

Request: Mr. Sexton was contesting his July 2016 statement concerning the June consumption of 43,000 gallons. Mr. Sexton disputed the amount of \$146.95 and wanted a credit for said amount.

Response: The date of the statement was July 20, 2016 in the amount of \$185.85 with a \$5.00 late fee, for a total of \$190.85. The billed consumption for that month was 43,000 gallons.

Mr. Sexton first contacted the utility in March 2016 indicating that his water usage had been zero for several months. The billing history indicates that the customer had been billed for zero consumption from October 2015 through March 2016. As a result of the utility's inspection of the water meter, the water meter was replaced in March 2016. At that time the new meter had a factory reading of zero (0). Below is a schedule of the water consumption from the date the meter was replaced:

<u>Date</u>	<u>Meter Reading</u>	<u>Consumption</u>
March 12, 2016	0	0
April 11, 2016	3	3
May 11, 2016	6	3
June 11, 2016	10	4
July 10, 2016	53	43
August 12, 2016	62	9
August 25, 2016	70	8 (13 days – technician obtained reading)

Mr. Sexton called the utility's Customer Service Representative (CSR) on July 25, 2016 concerning his high bill. He was informed how to check for a leak at his property. Customer stated he would call back. Mr. Sexton called back and stated he conducted the leak test. He stated that with the water turned off, the meter was still running. He provided a reading of 61(900). He was advised to contact a plumber or attempt to locate the leak due to the leak detector still recording water flow. He became upset but stated he would contact a plumber.

Mr. Sexton called the CSR back on August 2, 2016 concerning his account. It was noted that the customer had indicated that there may have been a leak. A service order was created to conduct a field bucket test in order to confirm the meter readings.

Page 2 of 2

Mr. Sexton – Account 54795882

PSC - 09/01/16

On August 25, 2016, the service technician conducted a bucket test and looked for leaks. No leaks were detected and the meter passed the bucket test. The technician obtained a meter reading of 70(38). A door tag was left at the residence. The CSR called Mr. Sexton to discuss the meter test and left a message to call back.

On August 26, 2016, the CSR contacted Mr. Sexton to discuss the meter test. He was informed that the meter was accurate and passed the bucket test. Mr. Sexton stated that he began taking daily meter readings. Mr. Sexton took the following readings: August 12 & 13 – reading 66; August 14th – reading of 67.

On August 30, 2016, Mr. Troy Rendell contacted Mr. Sexton concerning his FPSC complaint. I discussed with him the meter replacement, the meter readings, and the field bucket test. Mr. Sexton stated that he does not have a leak and wants a credit for the consumption in the amount of \$146.95.

I first offered Mr. Sexton an adjustment to his account to bill the registered consumption at the lowest gallonage tier of \$2.03. This would credit his account by \$83.65. I also offered to remove the late payment fee of \$5.00 – for a total credit of \$88.65. Mr. Sexton declined this offer.

I then offered to make an adjustment to split the consumption in half and bill at the lowest tiered rate. This would credit the account by 21 gallons for a total credit of \$126.28 and also include removing the late payment charge of \$5 for a total credit of \$131.28. I also offered him a bench test, but he refused. We discussed that this was a new meter installed in March and since that time 70,000 gallons had been registered through his meter in the past 5 months. He indicated that he does not irrigate and could not have used this much water.

Mr. Sexton refused the offer and stated he sent in a payment of \$80 for two months since he believes he should only be billed for \$40 a month. He stated that he would refer to Mr. Castillo on this since he does not believe he should be billed for the consumption registered on the meter.

Since the customer refused the offer of settlement, I do not believe this issue has been resolved.

If you have any questions or concerns please contact me at (727) 848-8292 ext. 245. Thank you

Sincerely,

A handwritten signature in black ink, appearing to read "Troy Rendell". The signature is fluid and cursive, with a large initial "T" and "R".

Troy Rendell
Manager of Regulated Utilities
/// For Brendenwood Waterworks, Inc.

Brendenwood

USW Utility Billing Center

P.O. Box 151245
Cape Coral, FL 33915

If you have any questions please contact our customer
service number: 1-888-228-2134

Account Number 54795882
Bill Date 07/20/2016
Due Date 08/09/2016
Total Amount Due \$187.85

For Service To:
36244 Brendenshire Ct

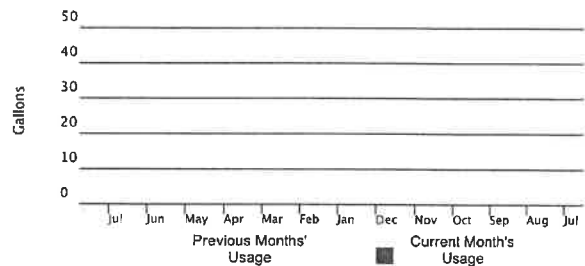
Usage Data	Billing Period	Days	Meter Readings	Usage	Units
	06/11/2016	29	10 Actual	10	TGAL
	07/10/2016		53 Actual	53	
Total Days:		29	Total Usage:		43 TGAL

\$ Billing Detail

Amount Owed From Last Bill \$23.03
Adjustments \$0.00
Total Payments Received \$26.03
Prior Balance \$3.00

New Charges
Base Charge..... \$14.91
Water 5 @ 2.030000..... \$10.15
Water 5 @ 2.260000..... \$11.30
Water 33 @ 4.530000..... \$149.49
Total Water 43 TGAL Charges \$185.85
BWU - Late Fee Adj..... \$5.00
Total Other Charges and Services \$5.00
Total Current Charges \$190.85
Total Amount Due 08/09/2016..... \$187.85

Water Use History



Message Center

- View the Brendenwood 2015 Water Quality Report at: mywaterservice.com/brendenwood2015 The report contains important information about the source and quality of your drinking water. We detected 12 contaminants, none above EPA acceptable level for drinking water. If you prefer a copy mailed to you please call 866 753 8292 or check the box on the back of your payment stub.
- Bills are due when rendered, and delinquent if not paid within 20 days. Please remit by the due date to avoid a \$3.00 late charge.
- Pay your bill online. Visit www.mywaterservice.com to pay by credit card. A \$2.60 service fee will be added to your next bill.

Please detach along perforation and return this portion with your payment. Keep top portion for your records.

054795882 0018785

Make Checks Payable To:

Brendenwood
Billing & Payment Processing Center
P.O. Box 151245
Cape Coral, FL 33915-1245

Check this box for address
correction or message. Please
print on reverse side.
Acct#: 54795882 36244 Brendenshire
Ct

Mark Sexton
36244 Brendenshire Ct
Grand Island FL 32735

Amount Due by 08/09/2016 **\$187.85**

Amount Enclosed: \$

Brendenwood
C/O US WATER
P.O. BOX 151245
CAPE CORAL, FL 33915-1245





Meter Read Select

Meter No: 68836120, Acct Number: 54795882, Property: 3263828, 36244 Brendenshire Ct

System Functions

Starts With Filter Clear

View: All Go

showing 1 - 8 of 8

showing 1 - 8 of 8

Add Refresh

Report (html) Go

Meter Readings Test Activity Log Service Orders

Meter Number	Read Date	Reading	Register	Sequence	Register Status	Prev. Read Date	Prev. Reading	Reader#	Name	User	Account	Post Code	Read Code	Utility	Estimated	Consumption	# of Days	Billed	Read Error
68836120	08/25/2016	70.000	TGAL	1	Active	08/12/2016	62.000		OPvknight		54795882	Service Order	Normal	Water					
68836120	08/12/2016	62.000	TGAL	1	Active	07/10/2016	53.000		OPmhmann		54795882	Manual	Normal	Water		9.000000	33	✓	View Statement
68836120	07/10/2016	53.000	TGAL	1	Active	06/11/2016	10.000		OPmhmann		54795882	Manual	Normal	Water		43.000000	29	✓	View Statement
68836120	06/11/2016	10.000	TGAL	1	Active	05/11/2016	6.000		OPmhmann		54795882	Manual	Normal	Water		4.000000	31	✓	View Statement
68836120	05/11/2016	6.000	TGAL	1	Active	04/11/2016	3.000		OPmhmann		54795882	Manual	Normal	Water		3.000000	30	✓	View Statement
68836120	04/11/2016	3.000	TGAL	1	Active	03/12/2016	0.000		OPmhmann		54795882	Manual	Normal	Water	✓	3.000000	30	✓	View Statement
68836120	03/12/2016	0.000	TGAL	1	Active	03/07/2016	0.000		OPmhmann		54795882	Manual	Normal	Water		0.000000	5	✓	View Statement
68836120	03/07/2016	0.000	TGAL	1	Active				OPvknight		54795882	Service Order	Set	Water		0.000000	29	✓	View Statement

Add Refresh

showing 1 - 8 of 8

Report (html) Go

showing 1 - 8 of 8

Move To Top Of The Page

Go To eSupport

User: Troy Rendell

Last Login: 08/26/2016 12:00 PM

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Service Order Input

Service Order Number: 16789

System Functions

21

Jump To...

Return

Closed

Service Order Type **BWU - Meter Read**
Selected
Service Center

Dispatch Date 08/25/2016

Dispatch Locations Available

Requested By

Requested Code

Close Automatically

Default Schedule Date 08/25/2016

Priority 1

Call Back Number

Call before close

Information

Service Location Information

Physical Address **36244 Brendenshire Ct**
Grand Island FL 32735
Route **283**

Customer Information

Name **Sexton, Mark**
Mailing Address **36244 Brendenshire Ct**
Grand Island FL 32735

Update Address to Service Location's

Account Information

Account Number **54795882**
Mailing Address **36244 Brendenshire Ct**
Grand Island FL 32735

Services

Current Acc.	Services	Service Seq #	Charge Type	Meter No.	Service Date
<u>54795882</u>	<u>Water</u>	0	Metered	68836120	08/25/2016

Fees

Selected Available

Canned Comments

Choose Comments

Comments
please check for leaks and bucket test; customer concerned about high reads. TECH NOTE Meter is accurate
No leak
Read is 007038.x

Billing History Report

Name Mark Sexton
 Account# 54795882
 Service Type Water at Service Location 36244 Brendenshire Ct
 From: 08/01/2014
 To: 08/30/2016

Bill Date	Bill Days	Consumption	Total Charges
08/08/2014	43	15.0000	58.21
09/09/2014	17	10.0000	35.86
10/09/2014	32	1.0000	16.71
11/10/2014	30	3.0000	20.71
12/10/2014	40	9.0000	33.63
01/08/2015	31	8.0000	31.40
02/06/2015	31	3.0000	20.71
03/10/2015	31	8.0000	31.40
04/13/2015	32	4.0000	22.71
05/12/2015	31	0.0000	14.91
06/12/2015	32	29.0000	120.79
06/19/2015	0	14.0000	39.03
06/19/2015	0	-29.0000	-106.08
06/19/2015	0	15.0000	43.50
07/15/2015	18	6.0000	21.40
07/15/2015	14	4.0000	15.44
08/18/2015	31	8.0000	31.84
09/15/2015	31	7.0000	29.58
10/16/2015	32	6.0000	27.32
11/19/2015	32	0.0000	14.91
12/23/2015	32	0.0000	14.91
01/20/2016	30	0.0000	14.91
02/17/2016	29	0.0000	14.91
03/21/2016	29	0.0000	14.91
04/20/2016	30	3.0000	21.00
05/16/2016	30	3.0000	21.00
06/21/2016	31	4.0000	23.03
07/20/2016	29	43.0000	185.85
08/23/2016	33	9.0000	34.10
Totals	781	183.0000	868.40
Averages		7.0385	33.40

Request No. 1221376W

Name SEXTON ,MARK MR.

Business Name

Consumer Information Name: MARK SEXTON Business Name: Svc Address: 36244 BRENDSHIRE COURT County: Lake Phone: (352)-357-4667 City/Zip: Grand Island / 32735- Account Number: 54795882 Caller's Name: MARK SEXTON Mailing Address: 36244 BRENDSHIRE COURT City/Zip: GRAND ISLAND ,FL 32735- Can Be Reached: E-Tracking Number:	Florida Public Service Commission - Consumer Request 2540 Shumard Oak Boulevard Tallahassee, Florida 32399 850-413-6480	PSC Information Assigned To: REY CASTILLO Entered By: RJC Date: 08/29/2016 Time: 16:47 Via: PHONE Prelim Type: IMPROPER BILLS PO: Disputed Amt: 146.95
	Utility Information Company: BRENDENWOOD WATERWORKS, INC. Attn. Ron Derossett1221376W Response Needed From Company? Y Date Due: 09/20/2016	Disputed Amt: 146.95 Supmntl Rpt Req'd: / / Certified Letter Sent: / / Certified Letter Rec'd: / /
	Interim Report Received: / / Reply Received: / / Reply Received Timely/Late: Informal Conf.: N	Closed by: Date: / / Closeout Type: Apparent Rule Violation: N

Preclose Type - Improper Bills

What is the amount of the bill in dispute?

Customer stated that they are disputing \$146.95 from the total billing amount of \$226.95 .

What is the date of the bill?

Customer stated that the bill date is 08/23/2016 and it is due on 09/12/2016 .

Why do you believe you have been billed improperly?

Request No. 1221376W

Name SEXTON ,MARK MR.

Business Name

PAGE NO: 1

To: Ron Derossett1221376W

From: REY CASTILLO

8-29-16 5:15pm p. 2 of 3

Customer stated that their average water bill is around \$40.00 per month. Customer stated that they do not understand how they could have used over 43,000 gallons in one monthly billing cycle from 06/11/2016 - 07/10/2016 when the average usage is around maybe 9,000 gallons per month.

Other Comments: Customer requests assistance from the PSC to resolve this dispute.

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 Blvd.
Tallahassee, Florida 32399-0850

Case taken by R.Castillo

Request No. 1221376W Name SEXTON ,MARK MR. Business Name _____

PAGE NO: 2

Fax

FACSIMILE

Date: 8/29/2016

To: Ron Derossett1221376W
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."

—

Mark Sexton

5	2.03	10.15
5	2.26	11.3
33	4.53	149.49
43		170.94

87.29 -83.65
 -5
 -88.65

22

43

922 2.03 Credit - \$80.00
 43.64 149.49
 \$127.30 146.85

Credit

12 x \$2.03

21

3.
 170.94
 -146.95
 \$23.99

12

UTILITY NAME: BRENDENWOOD WATERWORKS, INC.

YEAR OF REPORT DECEMBER 31, 2020

SYSTEM NAME: BRENDENWOOD

PUMPING AND PURCHASED WATER STATISTICS

(a)	Water Purchased For Resale (Omit 000's) (b)	Finished Water From Wells (Omit 000's) (c)	Recorded Accounted For Loss Through Line Flushing Etc. (Omit 000's) (d)	Total Water Pumped And Purchased (Omit 000's) [(b)+(c)-(d)] (e)	Water Sold To Customers (Omit 000's) (f)
January		512	73	439	430
February		505	15	489	445
March		834	25	809	779
April		726	22	705	653
May		858	26	832	695
June		677	20	657	634
July		645	83	562	494
August		596	18	578	432
September		577	17	559	417
October		576	17	559	479
November		550	17	534	425
December		560	20	540	475
Total for Year	-	7,616	353	7,264	6,358

If water is purchased for resale, indicate the following:

Vendor _____
Point of delivery _____

If water is sold to other water utilities for redistribution, list names of such utilities below:

N/A

MAINS (FEET)

Kind of Pipe (PVC, Cast Iron, Coated Steel, etc.)	Diameter of Pipe	First of Year	Added	Removed or Abandoned	End of Year
PVC	4"	3,350 lf	-		3,350 lf
PVC	2"	3,550 lf	-		3,550 lf

susceptibility ranking



DEP Home About DEP Programs Contact Site Map Search

SWAPP
Homepage
Search By
County
Search by
PWS Name
or Number
How to
Help?

Results for: 2013

BRENDENWOOD UTILITIES, LLC
13711 DEVENSHIRE CT
GRAND ISLAND, FL 32735

Public Water System ID: 3354043

Previously Known As:
BRENDENWOOD WATER SYSTEM

County: LAKE
DEP Regulatory Office: DEP Central District
3319 Maguire Blvd
Orlando, FL 32803
407-894-7555

Public Water System Type : COMMUNITY
Public Water System Source : GROUND
Primary Use: SUBDIVISION

Population Served: 130

Size of Assessment Area:

GROUND: For this system, a 1000-foot radius circle around each well was used to define the assessment area.

Number of Wells: 1

Well ID	Owner ID	Status	Well Depth(ft)	Aquifer
5040	6" WELL 15HP 150GPM	ACTIVE	141	Floridan Aquifer

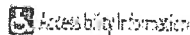
Results:

GROUND WATER:

Number of Unique Potential Contaminant Sources: 1

Facility Type	Facility Class	Status	Name	Affected Well	Susceptibility Score	Concern Level
<u>DELINEATED AREAS</u>	N/A	ACTIVE	Zone ID: 35263111	5040	<u>33.33</u>	<u>MODERATE</u>

Last updated: February 13, 2014



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3900 Commonwealth
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Tallahassee, Florida
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Definitions

- Aquifers
- Public Water Systems
- Assessment Potential
- Contaminants
- Susceptibility Prevention

Contact Us

- Email
- Mailing Address
- Source Water Protection Workshop

EPA Source Water Protection website





St. Johns River Water Management District

Kirby B. Green III, Director • David W. Fisk, Assistant Executive Director

4049 Reid Street • P.O. Box 1429 • Palatka, FL 32178-1429 • (386) 329-4500
On the Internet at floridaswater.com.

September 19, 2011

Brendenwood Utilities LLC
PO Box 350065
Grand Island, FL 32725

SUBJECT: Consumptive Use Permit Number 2575
Brendenwood Water System

Dear Sir/Madam:

Enclosed is your permit as authorized by the Executive Director of St. Johns River Water Management District on September 19, 2011.

The District has received a copy of the Warranty Deed naming Brendenwood Utilities LLC as the owner of the parcel of property formerly owned by Brendenwood Water System, Inc.

The above referenced permit is hereby transferred to Brendenwood Utilities LLC. As the new permit holder, you are required to comply with all the conditions as noted in the permit. If you have any questions concerning the conditions of your permit, please contact Shannon Joyce, Compliance Manager, 407-659-4848.

Permit issuance does not relieve you from the responsibility of obtaining permits from any federal, state and/or local agencies asserting concurrent jurisdiction over this work.

The enclosed permit is a legal document and should be kept with your other important records. Please read the permit and conditions carefully since the referenced conditions may require submittal of additional information. All information submitted as compliance with permit conditions must be submitted to the nearest District Service Center and should include the above referenced permit number.

Sincerely,

Victor Castro, Division Director
Division of Regulatory Support

Enclosures: Permit, Conditions for Issuance, Compliance Forms, Map, Well Tags

cc: District Permit File

GOVERNING BOARD

W. Leonard Wood, CHAIRMAN
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VERO BEACH

Lad Daniels
JACKSONVILLE

Chuck Drake
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Richard G. Hamann
GAINESVILLE

PERMIT NO. 2575

ORIGINAL PERMIT ISSUED: January 10, 2005
TRANSFER PROCESS DATE: September 19, 2011

PROJECT NAME: Brendenwood Water System

A PERMIT AUTHORIZING:

The District authorizes, as limited by the attached permit conditions, the use of 12.1 million gallons per year (mgy) (0.033 million gallons per day (mgd) average) of groundwater from the Floridan aquifer for public supply type use.

LOCATION:

Site: Brendenwood Water System
Lake County

Section(s): 32 Township(s): 18S Range(s): 26E

ISSUED TO:

Brendenwood Utilities LLC
PO Box 350065
Grand Island, FL 32725

Permittee agrees to hold and save the St. Johns River Water Management District and its successors harmless from any and all damages, claims, or liabilities which may arise from permit issuance. Said application, including all maps and specifications attached thereto, is by reference made a part hereof.


This permit does not convey to permittee any property rights nor any rights or privileges other than those specified herein, nor relieve the permittee from complying with any law, regulation or requirement affecting the rights of other bodies or agencies. All structures and works installed by permittee hereunder shall remain the property of the permittee.

This permit may be revoked, modified or transferred at any time pursuant to the appropriate provisions of Chapter 373, Florida Statutes and 40C-1, Florida Administrative Code.

PERMIT IS CONDITIONED UPON:

See conditions on attached "Exhibit A", dated September 19, 2011

AUTHORIZED BY: St. Johns River Water Management District
Department of Resource Management

By: 

Catherine Walker
Division Director

"EXHIBIT A"
CONDITIONS FOR ISSUANCE OF PERMIT NUMBER 2575
Brendenwood Utilities LLC
DATED JANUARY 10, 2005

1. District authorized staff, upon proper identification, will have permission to enter, inspect, and observe permitted and related facilities in order to determine compliance with the approved plans, specifications, and conditions of this permit.
2. Nothing in this permit should be construed to limit the authority of the St. Johns River Water Management District to declare a water shortage and issue orders pursuant to Section 373.175, Florida Statutes, or to formulate a plan for implementation during periods of water shortage, pursuant to Section 373.246, Florida Statutes. In the event a water shortage is declared by the District Governing Board, the permittee must adhere to the water shortage restrictions as specified by the District, even though the specified water shortage restrictions may be inconsistent with the terms and conditions of this permit.
3. Prior to the construction, modification, or abandonment of a well, the permittee must obtain a Water Well Construction Permit from the St. Johns River Water Management District, or the appropriate local government pursuant to Chapter 40C-3, Florida Administrative Code. Construction, modification, or abandonment of a well will require modification of the consumptive use permit when such construction, modification, or abandonment is other than that specified and described on the consumptive use permit application form.
4. Leaking or inoperative well casings, valves, or controls must be repaired or replaced as required to eliminate the leak or make the system fully operational.
5. Legal uses of water existing at the time of permit application may not be significantly adversely impacted by the consumptive use. If unanticipated significant adverse impacts occur, the District shall revoke the permit in whole or in part to curtail or abate the adverse impacts, unless the impacts can be mitigated by the permittee.
6. Off-site land uses existing at the time of permit application may not be significantly adversely impacted as a result of the consumptive use. If unanticipated significant adverse impacts occur, the District shall revoke the permit in whole or in part to curtail or abate the adverse impacts, unless the impacts can be mitigated by the permittee.
7. The District must be notified, in writing, within 30 days of any sale, conveyance, or other transfer of a well or facility from which the permitted consumptive use is made or within 30 days of any transfer of ownership or control of the real property at which the permitted consumptive use is located. All transfers of ownership or transfers of permits are subject to the provisions of section 40C-1.612.
8. A District issued identification tag shall be prominently displayed at each withdrawal site by permanently affixing such tag to the pump, headgate, valve, or other withdrawal facility as provided by Section 40C-2.401, Florida Administrative Code. Permittee shall notify the District in the event that a replacement tag is needed.
9. Landscape irrigation is prohibited between the hours of 10:00a.m. and 4:00p.m., except as follows:
 - (a) Irrigation using a micro-irrigation system is allowed anytime.
 - (b) The use of reclaimed water for irrigation is allowed anytime, provided appropriate signs are placed on the property to inform the general public and District enforcement personnel of such use. Such signs must be in accordance with local restrictions.

(c) Irrigation of, or in preparation for planting new landscape is allowed any time of day for one 30 day period provided irrigation is limited to the amount necessary for plant establishment.

(d) Watering in of chemicals, including insecticides, pesticides, fertilizers, fungicides, and herbicides when required by law, the manufacturer, or best management practices is allowed anytime within 24 hours of the application.

(e) Irrigation systems may be operated anytime for maintenance and repair purposes not to exceed ten minutes per hour per zone.

10. All submittals made to demonstrate compliance with this permit must include the CUP number 2575 plainly labeled.

11. This permit will expire January 10, 2025.

12. Maximum annual ground water withdrawals from the Floridan aquifer for household, and utility losses must not exceed:

12.1 million gallons (0.033 million gallons per day average) in 2004 through 2024.

If the permittee has not complied with all the conditions of this permit, the maximum annual groundwater withdrawals for household and common area landscape irrigation, essential and unaccounted uses must not exceed the allocation for the year during which the violation first took place until the permittee is in compliance with all the conditions of this permit.

13. The permittee must have all flow meters checked for accuracy at least once every 3 years within 30 days of the anniversary date of permit issuance, and recalibrated if the difference between the actual flow and the meter reading is greater than 5%. District Form No. EN-51 must be submitted to the District within 10 days of the inspection/calibration.

14. Total withdrawal from existing well No.'s A (Station # 9501) must be recorded continuously, totaled monthly, and reported to the District at least every six months for the duration of this permit using District Form No. EN-50. The reporting dates each year will be as follows:

Reporting Period	Report Due Date
January - June	July 31
July - December	January 31

15. The permittee must maintain all flowmeters. In case of failure or breakdown of any meter, the District must be notified in writing within 5 days of its discovery. A defective meter must be repaired or replaced within 30 days of its discovery.

16. The permittee must continue to implement the Water Conservation Plans submitted to the District on October 12, 2004, in accordance with the schedules contained therein.

17. The lowest quality water source, such as reclaimed water or surface/storm water, must be used as irrigation water when deemed feasible pursuant to District rules and applicable state law.



**St. Johns River Water Management District
Annual Statement of Continuing Use**



PERMIT INFORMATION

CONSUMPTIVE USE PERMIT NUMBER: 2575-7 COMPLIANCE ITEM: 1303272

PERMITTEE NAME: Brendenwood Waterworks, Inc.

PROJECT NAME: Brendenwood Water System (Transfer)

AUTHORIZATION STATEMENT:

The District authorizes, as limited by the attached permit conditions, the use of 12.1 million gallons per year (mgy) (0.033 million gallons per day (mgd) average) of groundwater from the Floridan aquifer for public supply type use.

CONTINUING USE

Do you still own, lease, or control the property on which the permitted withdrawal point(s) is located?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Did you use water for the purposes identified in the authorization statement above during the past calendar year?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered No to either of these questions, please explain below: _____		

SUBMITTER INFORMATION

NAME (Please Print): Diane Kibitlewski DATE: 01/19/2017
 EMAIL ADDRESS: dkibitlewski@uswatercorp.net PHONE NUMBER: (866)753-8292

I certify that to the best of my knowledge and belief all of the information on this form is correct. I understand that making any material false statement on this form or in any attachments to it may result in revocation, in whole or in part, of the permit.

Please submit online at www.sjrwmd.com/permitting or mail form to St. Johns River Water Management District, PO Box 1429, Palatka, FL 32178-1429

UTILITY NAME: BRENDENWOOD WATERWORKS, INC.

YEAR OF REPORT DECEMBER 31, 2020

SYSTEM NAME: BRENDENWOOD

WELLS AND WELL PUMPS N/A

(a)	(b)	(c)	(d)	(e)
Year Constructed_____	<u>1980</u>	_____	_____	_____
Types of Well Construction and Casing_____	<u>Black Steel</u>	_____	_____	_____
_____	_____	_____	_____	_____
Depth of Wells_____	<u>141</u>	_____	_____	_____
Diameters of Wells_____	<u>6"</u>	_____	_____	_____
Pump - GPM_____	<u>150</u>	_____	_____	_____
Motor - HP_____	<u>15</u>	_____	_____	_____
Motor Type *_____	<u>Submersible</u>	_____	_____	_____
Yields of Wells in GPD_____	<u>216,000</u>	_____	_____	_____
Auxiliary Power_____	<u>Yes</u>	_____	_____	_____
* Submersible, centrifugal, etc.				

RESERVOIRS N/A

(a)	(b)	(c)	(d)	(e)
Description (steel, concrete)	<u>Steel</u>	_____	_____	_____
Capacity of Tank_____	<u>10,000</u>	_____	_____	_____
Ground or Elevated_____	<u>Ground</u>	_____	_____	_____

HIGH SERVICE PUMPING N/A

(a)	(b)	(c)	(d)	(e)
<u>Motors</u>				
Manufacturer_____	<u>N/A</u>	_____	_____	_____
Type_____	_____	_____	_____	_____
Rated Horsepower_____	_____	_____	_____	_____
<u>Pumps</u>				
Manufacturer_____	_____	_____	_____	_____
Type_____	_____	_____	_____	_____
Capacity in GPM_____	_____	_____	_____	_____
Average Number of Hours Operated Per Day_____	_____	_____	_____	_____
Auxiliary Power_____	_____	_____	_____	_____

UTILITY NAME: BRENDENWOOD WATERWORKS, INC.

YEAR OF REPORT DECEMBER 31, 2020

SOURCE OF SUPPLY

List for each source of supply (Ground, Surface, Purchased Water etc.)			
Permitted Gals. per day_ _ _	<u>108,000</u>	<u> </u>	<u> </u>
Type of Source_ _ _ _ _	<u>Ground</u>	<u> </u>	<u> </u>

WATER TREATMENT FACILITIES N/A

List for each Water Treatment Facility:			
Type_ _ _ _ _	<u> </u>	<u> </u>	<u> </u>
Make_ _ _ _ _	<u> </u>	<u> </u>	<u> </u>
Permitted Capacity (GPD)_ _ _	<u>108,000</u>	<u> </u>	<u> </u>
High service pumping Gallons per minute_ _ _ _	<u> </u>	<u> </u>	<u> </u>
Reverse Osmosis_ _ _ _ _	<u> </u>	<u> </u>	<u> </u>
Lime Treatment Unit Rating_ _ _ _ _	<u> </u>	<u> </u>	<u> </u>
Filtration Pressure Sq. Ft._ _ _ _ _	<u> </u>	<u> </u>	<u> </u>
Gravity GPD/Sq.Ft._ _ _ _ _	<u> </u>	<u> </u>	<u> </u>
Disinfection Chlorinator_ _ _ _ _	<u>Sodium Hypochlorite</u>	<u> </u>	<u> </u>
Ozone_ _ _ _ _	<u> </u>	<u> </u>	<u> </u>
Other_ _ _ _ _	<u> </u>	<u> </u>	<u> </u>
Auxiliary Power_ _ _ _ _	<u>30 Kw</u>	<u> </u>	<u> </u>

UTILITY NAME: BRENDENWOOD WATERWORKS, INC.

YEAR OF REPORT DECEMBER 31, 2020

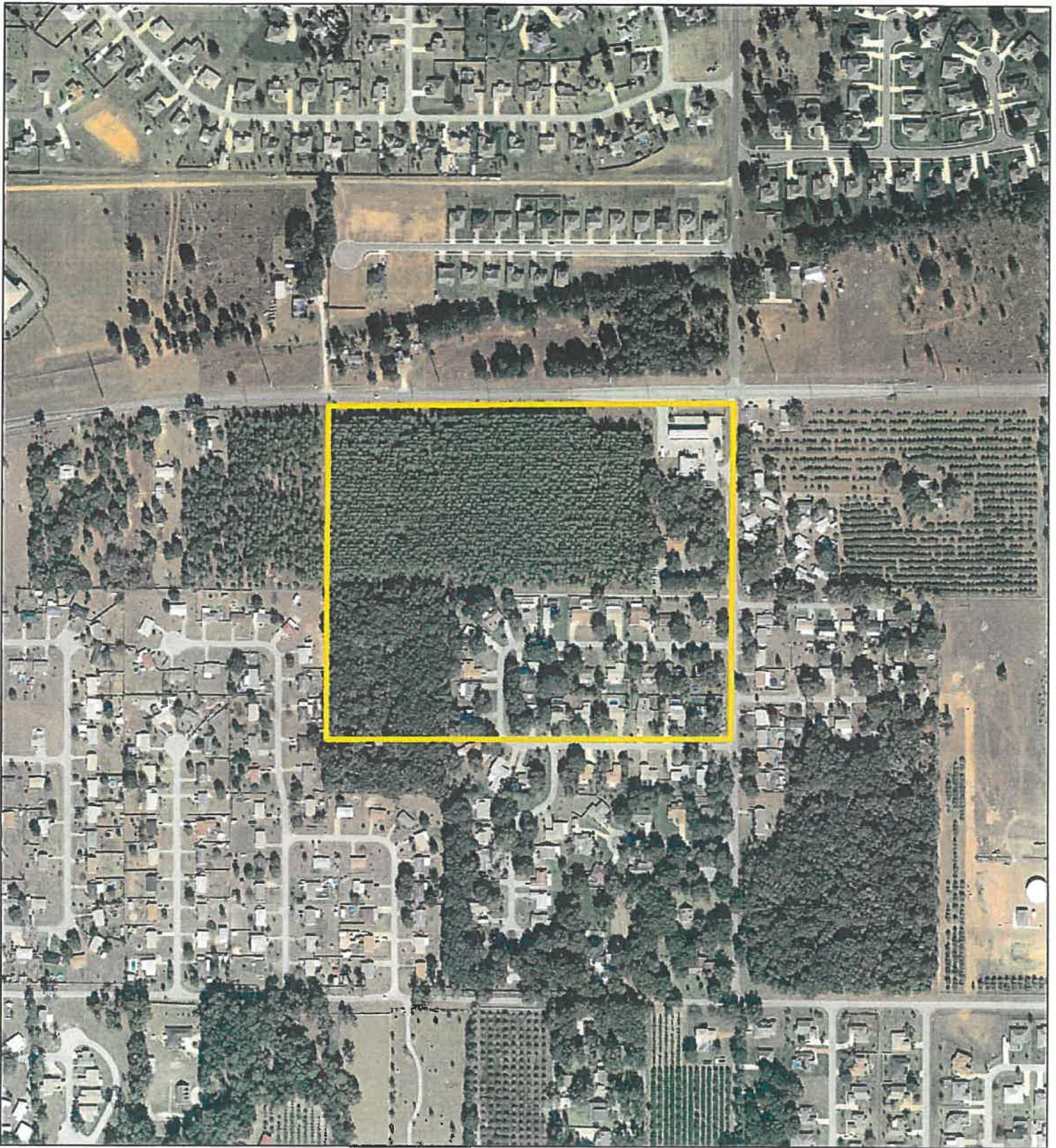
WATER OPERATION AND MAINTENANCE EXPENSE

Acct. No.	Account Name	Amount
601	Salaries and Wages - Employees_____	\$ _____
603	Salaries and Wages - Officers, Directors, and Majority Stockholders_____	2,650
604	Employee Pensions and Benefits_____	_____
610	Purchased Water_____	_____
615	Purchased Power_____	1,878
616	Fuel for Power Production_____	_____
618	Chemicals_____	182
620	Materials and Supplies_____	_____
630	Contractual Services:	
	Testing_____	31
636	Professional_____	19,965
633	Legal_____	300
632	Accounting_____	400
640	Rents_____	_____
650	Transportation Expense_____	_____
655	Insurance Expense_____	1,184
665	Regulatory Commission Expenses_____	_____
667	Regulatory Expense - Other_____	_____
670	Bad Debt Expense_____	89
675	Miscellaneous Expenses_____	692
	Total Water Operation And Maintenance Expense_____	\$ 27,370 *

* This amount should tie to Sheet F-3.

WATER CUSTOMERS

Description (a)	Type of Meter ** (b)	Equivalent Factor (c)	Number of Active Customers		Total Number of Meter Equivalents (c x e) (f)
			Start of Year (d)	End of Year (e)	
Residential Service					
5/8"	D	1.0	56	56	56
3/4"	D	1.5	0	0	0
1"	D	2.5	0	0	0
1 1/2"	D,T	5.0	0	0	0
General Service					
5/8"	D	1.0	1	1	1
3/4"	D	1.5	0	0	0
1"	D	2.5	0	0	0
1 1/2"	D,T	5.0	0	0	0
2"	D,C,T	8.0	0	0	0
3"	D	15.0	0	0	0
3"	C	16.0	0	0	0
3"	T	17.5	0	0	0
Unmetered Customers	_____	_____	0	0	0
Other (Specify)	_____	_____	_____	_____	0
** D = Displacement C = Compound T = Turbine			Total	57	57



0 250 500 Feet

Brendenwood Water System Lake County

2009 Digital Ortho Quadrangle

The St. Johns River Water Management District prepares and uses this information for its own purposes and this information may not be suitable for other purposes. This information is provided as is. Further documentation of this data can be obtained by contacting: St. Johns River Water Management District, Geographic Information Systems Program Management, P.O. Box 1429, 4049 Reid Street Palatka, Florida 32178-1429
Tel: (386) 329-4207
Tel: (386) 329-4566
Tel: (386) 329-4251

Created: September 21, 2011
Nicole Price

SERVICE TERRITORY LIMITS

BRENDENWOOD WTP

Devenshire Ct

4-Inch

Berkshire Ct

Brendenshire Ct

Bristol Ct

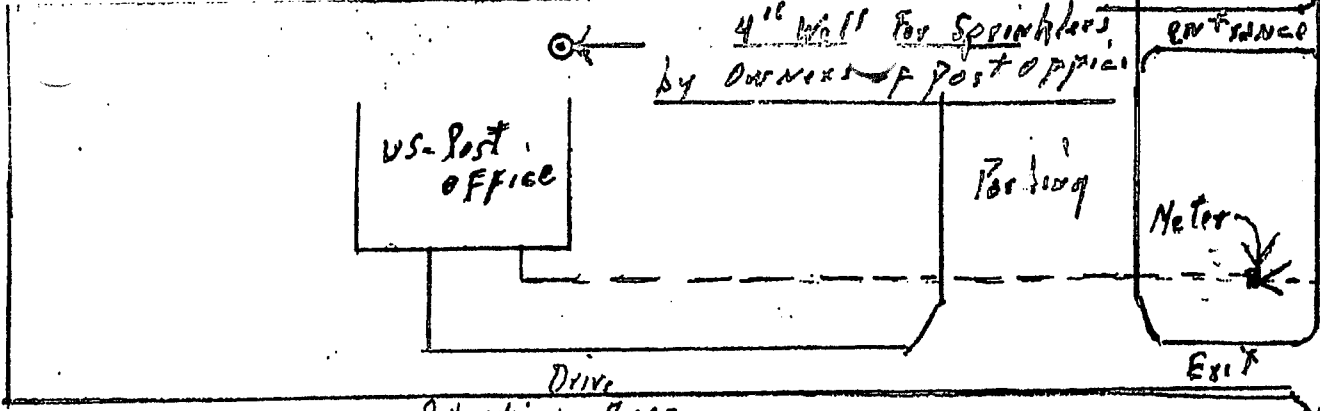


4939 CROSS BAYOU BOULEVARD
NEW PORT RICHEY, FL 34652
(727) 848-8292 (727) 848-7701
FL. CDA NO. 9754 & FL. REG. NO. 45129

BRENDENWOOD WATERWORKS, INC.
SERVICE TERRITORY MAP
LAKE COUNTY, FLORIDA

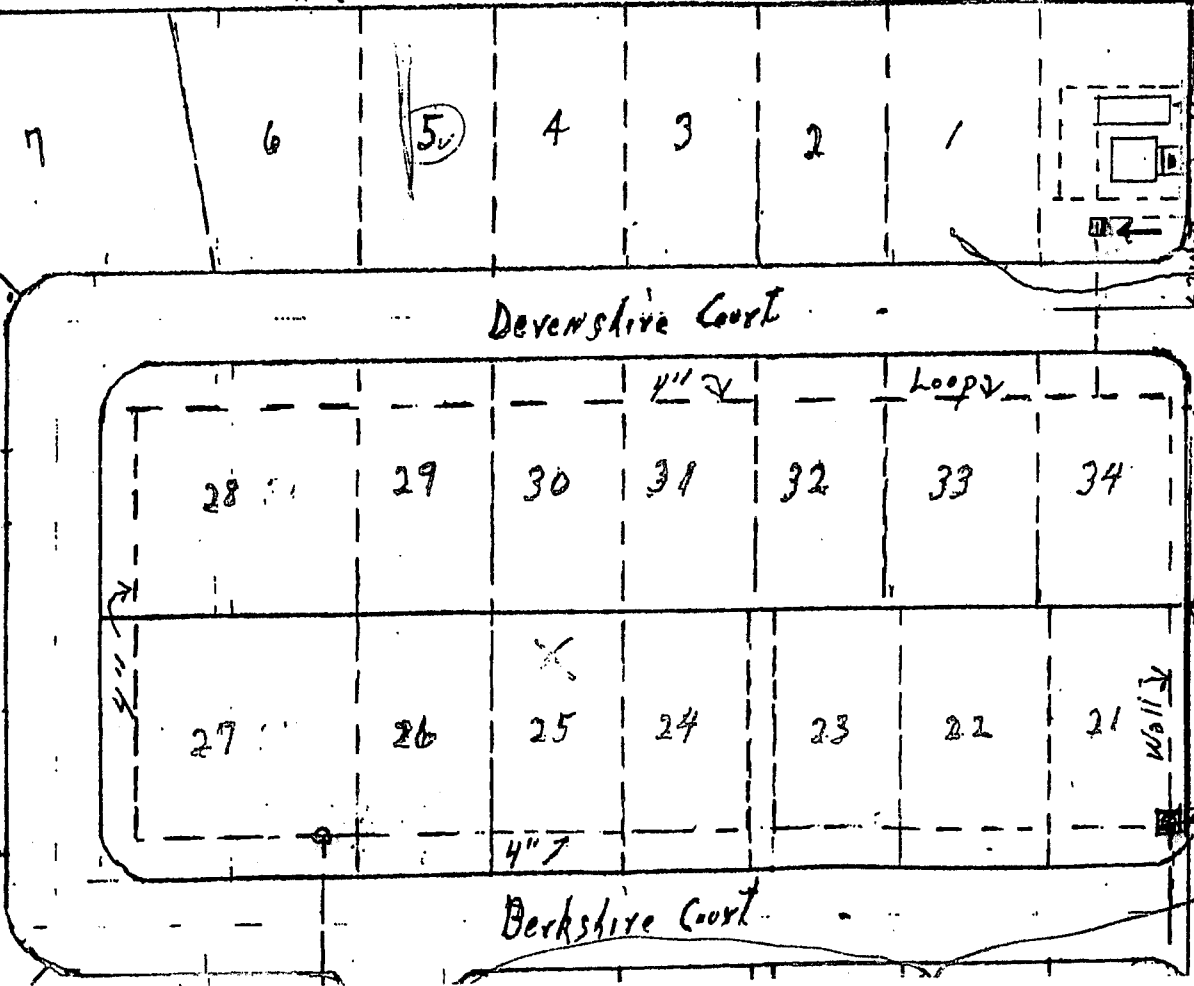
ENGINEERING	
Designer: JH	Date: 8/4/94
Drawn By: JH	Scale: N.E.S.
Checked By: JH	

Sheet No. 1



3" Line

Drive
Retention Area



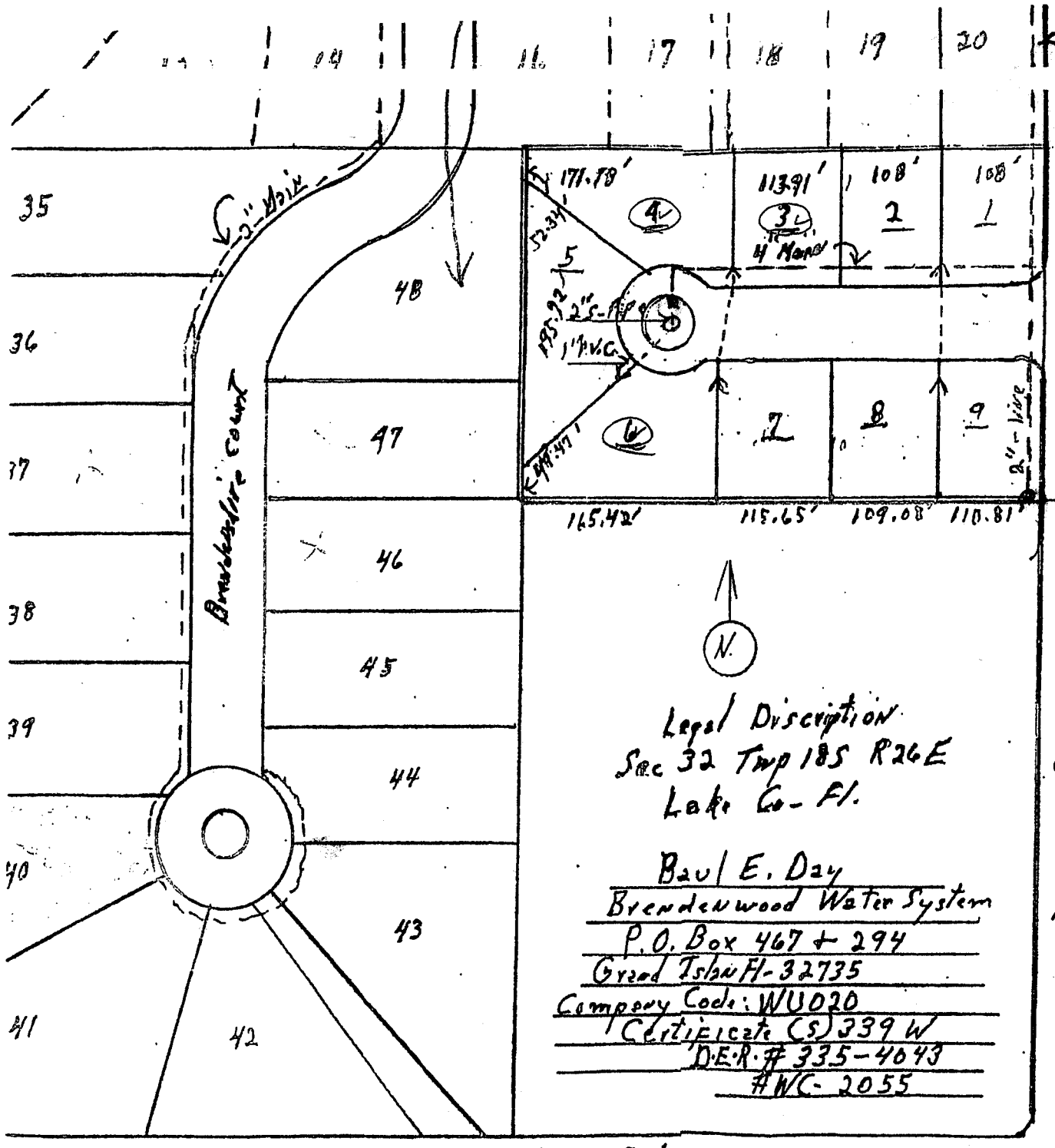
Well, Well House, Tank
4" shot off
From Center St

Fish Camp Rd.

Broadenwood Sub

4" shot off
Water on Front next to Wa

4" Main



JEREMY Estates Sub
New Addition to Water Sys?
Vacant Lots
Owner (Granger Const-
2" shot off + Stand Pipe

Sites Lead & Copper Test
Monthly Tests
well + 2 sites

Fish Camp Rd.