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

August 7, 2023

Commission Clerk Florida Public Service Commission 2540 Shumard Oak Blvd. Tallahassee, FL. 32399 DZ3 AUG 10 PM 2: 00

Re: Docket No. 20230071-WU - Application for staff-assisted rate case in Polk County by Pinecrest Utilities, LLC.

Dear Commission Clerk:

Enclosed Please find the company response to Staff's First data request for the above docket file.

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1. <u>Purchased Water</u>: 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.

Company Response- Not Applicable. Wells only.

 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.

<u>Company Response</u>- Information provided on the enclosed thumb drive.

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

<u>Company Response</u>- Information provided on the enclosed thumb drive.

4. <u>Contractual Services - Testing</u>: A list of tests along with costs paid to outside laboratories for testing the water during the test year.

Company response- Information provided on enclosed thumb drive.

5. <u>Contractual Services - Other</u>: 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.

<u>Company response</u>- Information provided on the enclosed thumb drive.

6. <u>Transportation Expenses</u>: 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.

<u>Company Response</u>- Information provided on the enclosed thumb drive.

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

#### Company Response- Enclosed

8. Copies of monthly operation reports for water from January 1, 2022 to December 31, 2022, (test year) in Microsoft Excel format, if available, which includes:

FOR WATER - Total water purchased or pumped, total wash water, total of each chemical in points, chemical dosages rates (average).

#### Company response- Enclosed

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

### Company Response-Enclosed

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

### Company Response- Enclosed.

11. 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.

### Company Response- None

12. 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.

### Company Response- Enclosed

13. A listing of all water assets owned by the utility, including distribution piping, pumping stations, fire hydrants, etc.

### Company Response- Enclosed

- 14. Number of customers classified as to meter size and class (commercial or residential) for the following points in time:
  - a) A minimum of 4 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.

#### Company Response- Enclosed

15. Please provide a copy of the utility's engineering maps for water showing location and size of water mains throughout the service area and customer location and classification. On each map, please identify vacant customer lots, customer meter sizes, flush points, fire hydrants, and pumping stations.

Company Response. Information on enclosed thumb drive.

- 16. Please fill out the spreadsheet attached concerning any pro forma items the utility is requesting. Please include any bid proposals or estimates for the pro forma items. If less than three bid proposals were requested for each pro forma item, please explain why.
  - a. For the identified meter replacement program pro forma project, please also explain why the meters need to be replaced, provide the total number of meters being replaced, and describe the process the utility intends to use to replace said meters.

Company Response- See Enclosed.

On behalf of the utility,

Michael Smallridge

# Company response #7

#### DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT Write Project # or Place Project Label Here ☐ 6681 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • E82574 □ 688 Southorin Frkwy. - Jacksonville, Fl 32/16 \* 904.363.950 \* Fax 904.363.9504 \* E82001 □ 10200 USA Today Way \* Miramar, FL 33025 \* 954.889.2288 \* Fax 954.889.2281 \* E82535 □ 9610 Princess Palm Ave. \* Tampa, FL 33619 \* 813.630.9616 \* Fax 813.630.4327 \* E84589 □ 380 Northlake Blvd., Suite 1048 \* Altamonte Springs, FL 32701 \* 407.937.1594 \* Fax 407.937.1597 \* E53076 □ 2639 N. Monroe St., Suite D \* Tallahassee, FL 32301 \* 850.219.6274 \* Fax 850.219.6275 \* E811095 □ 13100 Westlinks Terrace, Suite 10 \* Fort Myers, FL 33913 \* 239.674.8130 \* Fax 239.674.8128 \* E84492 4965 SW 41st Blvd • Gainesville, FI 32608 • 352.377.2349 • Fax 352.395.6639 • E82001 Lab Receipt Date & Time: Analysis Date & Time: Advanced Sample Acceptance Criteria: Sample Preservation: On Ice Not On Ice Environmental Laboratories, Inc. 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: Pinecrest Ranches PWS I.D.:6535079 City: Bartow PWS Address:6115 Hwy 60 W PWS or PWS Owner's Phone #:863-965-2599 Fax # Collector's Phone #: 863-965-2599 enniky 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: Effective 01/95, Electronic WEB Revision 02/27/2019 Sample Collection Date: 01-24-20 To be completed by lab To be completed by ector of sample Disin-Analysis Method(s)? . " W14122 Sample Sample Point Sample Sam Fecal, E. coli, Tota Lab (Location or Specific Address) Collection fectant Nonole Enterococci, or Qualifier Sample Time (24 Type Residual Coliform Coliform Coliphage<sup>3</sup> hr clock) (mg/L)Well 1 R 1/3 0 0 2/3 Well 2 7.8 D 3/3 6041 Citrus Highland Average of disinfectant residuals for distribution routine & repeat samples.<sup>5</sup> ⊠Free chlorine or ☐Total chlorine (check one) Unless otherwise noted, all tests are preformed in accordance with NELAC standards, and the results relate only to the samples. Disinfectant Residual Analysis Method: ☑DPD Colorimetric ☐Other: Date and time PWS notified by lab of positive results: Date and time DEP/DOH notified by b of positive results: Person performing disinfectant analysis is (Check one of below): Date Report Issued: A certified operator (# \_\_\_\_ ☐ Supervised by certified operator (# \_\_\_\_ Lab Signature: ☐ Employed by a certified lab ☐ Employed by DEP or DOH Title: ☐ Authorized representative of supplier of water JINSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT! DEP/DOH USE ONLY □ Satisfactory Consta Flow Inc. ☐ Incomplete Collection Information 5574 Commercial Blvd ☐ Repeat Samples Required Winter Haven, FL 33880 ☐ Replacement Samples Required 863-965-2599 Date Reviewed by DEP/DOH: Jennifer@constaflow.com DEP/DOH Reviewing Official: 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 Relinquish By:

Date:

Date:

Received By

Time

1/25/22

1250

Time

Tap, S = Special (clearance, etc.)

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

Please circle appropriate selection
Defined in Florida Administrative Code Rule 62-160, Table 1

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

Results Key A = Coliforms are absent, P = Coliforms are present; C = confluent growth, TNTC

too numerous to count (62-550 730 Reporting Format

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PWS Addre	ss: <u>6115 Hwy 60 W</u>					City: Bartow				
PWS or PV	/\$ Owner's Rhone #:863-965-2599				Fax #:					
Collector:	Karpir Alexag	2			Collecto	r's Phone #: <u>86</u>	3-965-2599			
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and inclu	ding 4,900. Do not include raw or plant samples in the	e average		Re	eceived E	у.	700	nd Dis	•	W
	A = Coliforms are absent, P = Coliforms are present us to count (62-550 730 Reporting Format	TNTC		Date: 2/4/78 Time: 04/45						

## 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

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Indicate the frontine of Tap, S = 5     Lab certif     Please cir.     Defined in S Complete and include and include the second se	the sample type for each sample collected. Sample type ompliance it. C = Repeat Check, R - Raw, N = Entry F Special (clearance, etc.) reation number for the listed method is included at tog clea appropriate selection. In Florida Administrative Code Rule 62-160, Table 1 for community & anon-transient non-community systeding 4,900, Do not include raw or plant samples in the A = Coliforms are absent: P = Coliforms are possent:	owith the laboratory as mrs serving population average.	- Plant ddress as up to		Dan	le:ime	W	7 Per	2	š.	

#### DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT ☐ 6681 Southpoint Pkwy. • Jacksonville, Fl. 32216 • 904.363.9350 • Fax 904.363.9354 • E82574 ☐ 4965 SW 41st Blvd • Gainesville, Fl. 32608 • 352.377.2349 • Fax 352.395.6639 • E82001 ☐ 10200 USA Today Way • Miramar, Fl. 33025 • 954.889.2288 • Fax 954.889.2281 • E82535 ☑ 9610 Princess Palm Ave. • Tampa, Fl. 33619 • 813.630.9616 • Fax 813.630.4327 • E84589 ☐ 380 Northlake Blvd., Suite 1048 • Altamonte Springs, Fl. 32701 • 407.937.1594 • Fax 407.937.1597 • E53076 Write Project # or Place Project Label Here 2639 N. Monroe St., Suite D • Tallahassee, FL 32301 • 850.219.6274 • Fax 850.219.6275 • E811095 13100 Westlinks Terrace. Suite 10 • Fort Myers, FL 33913 • 239.674.8130 • Fax 239.674.8128 • E84492 Lab Receipt Date & Tige: APR 2022 Analysis Date & Time: Advanced Sample Acceptance Criteria: Sample Preservation: On Ice Not On Ice Disinfectant Check: Not Detected Environmental Laboratories, Inc. This Sample does not meet the following NELAC requirements: Report Number: Sub-Contract Lab ID: Analysis Requested: (check all that apply) ☑ Total Colliform/E, coli ☐ Total Colliform/Fecal ☐ Enterococci ☐ Colliphage ☐ HPC ☐ Other: Public Water System (PWS) Name: Pinecrest Ranches PWS I.D.:6535079 PWS Address: 6115 Hwy 60 W City: Bartow PWS or PWS Owner's Phone #:863-965-2599 Fax # Rant Alexan Collector: Collector's Phone #: 863-965-2599 Type of Supply: (check only one) ☑ Community Water System ☐ Non-Transient Non-community Water System ☐ Transient Non-community Water System ☐ Limited Use System ☐ Bottled Water ☐ Private Well ☐ Swimming Pool Other: Reason for Sampling: (check all that apply) ☑ Distribution Routine ☐ Distribution Repeat ☐ Raw (triggered or assessment) ☐ Raw (triggered or assessment) additional ☐ Well Survey ☐ Clearance ☐ Replacement (also check type of sample being replaced) ☐ Boil Water Notice ☐ Other: Sample Collection Date: 14-13-2602 DCN#: AD-D045 Effective 01/95, Electronic WEB Revision 02/27/2019 To be completed by collector of s To be completed by lab Sample Sample Point Sample Sam Fecal, E col Data Enterococci, or Qualifier Disin-(Location or Specific Address) Collection ple fectant Non-Total Time (24 Type Residual Coliform Coliform Sample hr clock (mg/L) Collphage<sup>3</sup> 1/3 Well 1 R 0 2/3 Well 2 R 0 3/3 340 Citrus Highland West Average of disinfectant residuals for distribution routine & repeat samples.<sup>5</sup> ☑Free chlorine or ☐Total chlorine (check one). Unless otherwise noted, all tests are preformed in accordance with NELAC standards, and the results relate only to the samples. Disinfectant Residual Analysis Method: ☑DPD Colorimetric ☐Other: Date and time PWS notified by lab of positive results: Person performing disinfectant analysis is (Check one of below): Date and time DEP/DOH notifie by lab of positive results: ☐ A certified operator (#\_ Date Report Issued: ☐ Supervised by certified operator (#\_ ☐ Employed by a certified lab ☐ Employed by DEP or DOH Lab Signature: Authorized representative of supplier of water Title: [INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT] ☐ Satisfactory DEP/DOH USE ONLY Consta Flow Inc ☐ Incomplete Collection Information 5574 Commercial Blvd ☐ Repeat Samples Required Winter Haven, FL 33880 ☐ Replacement Samples Required 863-965-2599 Date Reviewed by DEP/DOH: Jennifer@constaflow.com DEP/DOH Reviewing Official: 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.). Lab certification number for the listed method is included at top with the laboratory address. Relinquish By: Please circle appropriate selection. Defined in Florida Administrative Code Rule 62-160, Table 1. Date: Vime: 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 Received By: too numerous to count (62-550.730 Reporting Format. Date: Time:

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORT FORMAT 6681 Southpoint Pkwy. • Jacksonville, FL 32216 • 90 9350 • Fax 904.361.9354 • F825 10200 USA Today Way • Miramar, FL 33025 • 954.880 2288 • Fax 954.880 2281 • F82535 9350 - Fax 904 363 9354 - F82574 9610 Princess Palm Ave. + Tampa, FL 33619 + 813.630.9616 - Fax 813.630.4377 + E84889 T2208736 № 9610 Frince
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 380 Northlake Blvd. Suite 10 • Tallahassee. FL 32301 • 850 219 6274 • Fax 850 219 6275 • E811698
 13100 Westlinks Terrace. Suite 10 • Fort Myers. FL 33913 • 239 674 8130 • Fax 239 674 8128 • E84492 380 Northlake Bivd., Suite 1048 • Altamonte Springs, Fl. 32701 • 407 937 1594 • Fax 407 937 1597 • E53678
2639 N. Monroe St., Suite D • Tallahassee, Fl. 32301 • 850 219 6274 • Fax 850 219 6275 • E511695 Advanced Analysis Date & Time: Environmental Laboratories, Inc. Sample Acceptance Criteria

Sample Preservatory Conice I Not On the District Check of Not Check o Report Number: This Sample does not meet the following NELAC in Sub-Contract Lab ID: Analysis Requested: (check all that apply) ☑ Total Coliform/E. col/ ☐ Total Coliform/Fecal ☐ Enterococci ☐ Coliphage ☐ HPC ☐ Other Public Water System (PWS) Name: Pinecrest Ranches PWS Address: 6115 Hwy 60 W PWS I.D.:6535079 PWS or PWS Owner/s Phone #:863-965-2599 City: Bartow Collector: PAN. E/AUXan Der Fax # Type of Sapply: (check only one) Collector's Phone #: 863-965-2599 ☐ Community Water System ☐ Non-Transient Non-community Water System ☐ Iransient Non-community Water System ☐ Limited Use System ☐ Bottled Water ☐ Private Well ☐ Swimming Pool ☐ Other ☐ Other ☐ Distribution Routine ☐ Distribution Repeat ☐ Raw (triggered or assessment) ☐ Raw (triggered or assessment) ☐ Raw (triggered or assessment) ☐ Well Survey ☐ Clearance ☐ Replacement (also check type of sample being replaced) ☐ Boil Water Notice ☐ Other 95.05-2007 DCN# AD-D045 Effective 01/95, Electronic WEB Revision 02/97/2019 To be co Sample Point Sample Sam (Location or Specific Address) Disin pH Collection fectant ime (24 Type Residual Caliform Coliform (bs.clock) Qualifier Sample (mg/L) 1/3 Well 1 Coliphage<sup>1</sup> R 0 2/3 018 Well 2 0 019 3/3 5609 Jessie Drive D 020 Average of disinfectant residuals for distribution routine & repeat samples.<sup>5</sup> ⊠Free chlorine or □Total chlorine (check one). Unless otherwise noted, all tests are preformed in accordance with NELAC standards, and the results relate only to the samples. Disinfectant Residual Analysis Method:

⊠DPD Colorimetric ☐Other: \_\_\_\_\_ Date and time PWS notified by lab of positive results: Date and time DEP/DOHJ Person performing disinfectant analysis is (Check one of below): Date Report Issued: A certified operator (# \_\_\_\_) ☐ Supervised by certified operator (#\_ Lab Signature: ☐ Employed by a certified lab ☐ Employed by DEP or DOH Title: Authorized representative of supplier of water DERIDOH USE CHLY [INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT] □ Satisfactory Consta Flow Inc ☐ Incomplete Collection Information D Repeat Samples Required 5574 Commercial Blvd ☐ Replacement Samples Required Winter Haven, FL 33880 Date Reviewed by QEPIDON. 863-965-2599 **DEP/DON Reviews** Jennifer@constaflow.com Indicate the sample type for each sample collected. Sample type codes are: D = Distribution (routine compliance), C = Reposit Chock, R = Raw, N = Entry Point to Distribution, P = Flam Tap, S = Special (clearance, etc.)

Lab certification number for the listed method is included at top with the laboratory address. Please circle appropriate selection

Defined in Florida Administrative Code Rule 62-166, Table 1.

Complete for community & non-transient non-cammunity systems serving populations up to and including 4,900. Do not include raw or plant aamples in the average sufficient are absent, P = Coliforms are present, C = confluent growth, TNTC on numerous to count (62-550-730 Reporting Furna) Relinquish By Date Received By Date

#### 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 322608 • 352.377.2349 • Fax 352.395.6639 • E82001 | | 10200 USA Today Way • Miramar, FL 33025 • 954.889.2288 • Fax 954.889.2281 • E82535 | | 9610 Princes Palm Ave. • Tampa, Fl, 33619 • 813.630.9616 • Fax 813.630.4327 • E84589 | | 380 Northlake Blvd. Suite 1048 • Altamonte Springs, Fl 32701 • 407.937.1594 • Fax 407.937.1597 • E53076 | | 2630 N. Monroe St. Snire D. • Tallabasera El 33301 • 80.210.4274 • En 26.210.4275 • F811095 | WTte 2020 AD 210 OP TUR abel Hore 2639 N. Monroe St., Suite D • Tallahassee, FL 32301 • 850,219,6274 • Fax 850,219,6275 • E811095 13100 Westlinks Terrace, Suite 10 • Fort Myers, FL 33913 • 239,674,8130 • Fax 239,674,8128 • E84492 16 JUN 2022 Lab Receipt Date & Time: Analysis Date & Time: Advanced Sample Acceptance Criteria: Sample Preservation: □.On Ice □ Not On Ice Environmental Laboratories, Inc. 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) Public Water System (PWS) Name: Pinecrest Ranches PWS I.D.:6535079 PWS Address:6115 Hwy 60 W City: Bartow PWS or PWS/Owner's, Phone #;863-965-2599 Fax #: Collector: Canity Collector's Phone #: 863-965-2599 Type of Supply: (check only one) ☐ 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: DCN#: AD-D045 Effective 01/95, Electronic WEB Revision 02/27/2019 To be completed by collector of sample Sample To be completed by lab Sample Point Sample Sam Disin-(Location or Specific Address) Analysis Method(s) Collection ple fectant Non-Tota Feqal, E. coli, ) Data Lab Time (24 Type Residual Coliform Coliform Enterococci, or Qualifier Sample hr clock (mg/L) 1/3 Coliphage<sup>3</sup> Well 1 R 0 2/3 Well 2 0 3/3 330 Hankin Road Average of disinfectant residuals for distribution routine & repeat samples.<sup>5</sup> ☑Free chlorine or ☐Total chlorine (check one). Unless otherwise noted, all tests are preformed in accordance with NELAC standards, and the results relate only to the samples. Disinfectant Residual Analysis Method: ☑DPD Colorimetric ☐Other: Date and time PWS notified by lab of positive results: Person performing disinfectant analysis is (Check one of below): Date and time DEP/DOH righted by lab of positive results: A certified operator (#\_\_\_\_) Date Report Issued: ☐ Supervised by certified operator (# \_ ☐ Employed by a certified lab ☐ Employed by DEP or DOH Lab Signature: Authorized representative of supplier of water Title: PASTRI NAME AND MARKED ADDRESS OF PERSON TO RECEIVE REPORT Consta Flow Inc ☐ Satisfactory DEP/DOH USE ONLY ☐ Incomplete Collection Information 5574 Commercial Blvd ☐ Repeat Samples Required Winter Haven, FL 33880 ☐ Replacement Samples Required 863-965-2599 Date Reviewed by DEP/DOH: Jennifer@constaflow.com DEP/DOH Reviewing Official 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.) Relinquish By: Lab certification number for the listed method is included at top with the laboratory address Please circle appropriate selection Date: Time: Defined in Florida Administrative Code Rule 62-160, Table 1 Defined in Florida Administrative Code Rule 62-100. Table 1. Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average. Results Key: A = Coliforms are absent. P = Coliforms are present: C = confluent growth. TNTC = too numerous to count (62-550,730 Reporting Format Received By:

Date:

6-165/22

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□ 9610 Princess Palm Ave. • Tampa. FL 33619 • 813.630.9616 • Fax 813.630.4327 • E84589
□ 380 Northlake Blvd. Suite 1048 • Altamonte Springs, FL 32701• 407.937.1594 • Fax 407.937.1597 • E53076

Write Project # or Place Project Label Here
7 2 2 1 4 5 6 7

teport Numb Analysis Red Total Colif Public Water PWS Address PWS or PWS Collector: Type of Sup Communication Reason for S	Author System (PWS) Name: Pinecrest (Check only one): Session (PWS) Name: Pinecrest (PWS	ntract Lab ID: _ cal	occi [	Coliphage  For System aming Pool  or assessmen	HPC  Fax #: Collector's  Other	Other:PWS I.D.:655 City: Bartow s Phone #: 865 sient Non-com	Time: ance Crijeria: alion: Joy lo ck: Not De sonot meet the sonot	e Not On Ice Steeted Se following NELAC re	1.3.3. Cequirements:	0
	Replacement (also check type ection Date: 7-21-3		ng repla	aced) [] Bo		OCN#: AD-D045		01/95, Electronic WEB	Revision 02/27/2	2019
		by collector of sa	mole	action to the	CEAR	William 1 - 3 (7 (7 (5))	To	be completed by lab	1 00	
Sample	Sample Point	Sample	Sam	Disin-	рН			Analysis Method(s)2	34141	177
#	(Location or Specific Address)	Collection Time (24 hr clock)	ple Type	fectant Residual (mg/L)		Non- Coliform	Total Coliform	Fecal, E. coli, Enterceped, or Coliphage <sup>3</sup>	Data Qualifier <sup>4</sup>	Sample #
1/3	Well 1	0921	R	0	7.7		A	A		017
2/3	Well 2	10035	- R	0	77		A	A		018
3/3	401 Highlands Way	0934	D	. 88	28		A	· <del>1</del>		019
Average of	disinfectant residuals for distribution	n routine & repea		18						
Disinfecta ⊠DPD C  Person pt □ A cert □ Supet □ Autho □ Autho □ STRLN: Consta F 5574 Cot	Mark Residual Analysis Method: Colorimetric □Other: □ colorimetric	DEP or DOH		1 .03	Date and Date Rel Lab Si Title: Satis Incom	IELAC standa d time PWS not d time DEP/DO port Issued: gnature:	in information	sts are preformed results relate only positive results:	y to the samp	oles.
863-965-					100000000000000000000000000000000000000	eviewed by DEF	Delica de Constantino	,		
Jennifer(	@constaflow.com				DEP/DO	OH Reviewing	Hicial:	/		
(routine co Tap. S = S 2. Lab certifit 3. Please circ 4. Defined in 5. Complete and include	e sample type for each sample collected. Sample ty impliance), C = Repeat Check, R = Raw, N = Entry pecial (clearance, etc.) cation number for the listed method is included at it it appropriate selection. Florida Administrative Code Rule 62-160, Table I for community & non-transient non-community sy- ing 4,900. Do not include raw or plant samples in t A = Coliforns are absent: P = Coliforns are preser	Point to Distribution, op with the laboratory stems serving population he average.	P = Plant address		elinquish ( Dat eceived B Dat	y:	71/11	7'02.	40	,

6681 South ☐ 4965 SW 4 ☐ 10200 USA ☑ 9610 Prince ☐ 380 North ☐ 2639 N. M.	IG WATER MICROBIAL SAM & LABORATORY REPORTIN ppoint Pkwy Jacksonwille, FL 32216 - 904.36 I.Ist Blvd - Gainesville, FI 32608 - 352.377.234 A Today Way - Miramar, FL 33025 - 954.889.3 ess Palm Ave Tampa, FL 33619 - 813.630.9 ake Blvd Suite 1048 - Altamonte Springs, FL ontoe St., Suite D - Tallahassee, Fl. 32301 - 85 stlinks Terrace, Suite 10 - Fort Myers, Fl. 3391	G FORMAT 3.9350 • Fax 904 9 • Fax 352.395.60 2288 • Fax 954.889 616 • Fax 813.630. 32701 • 407.937.1. 0.219.6274 • Fax 8		Lab R	-		5 3 6 3 2 AUG 202		UQ		
G	Advanced Environmental Lab	oratories, Ind	2.			Analy: Samp Samp Disinfe	sis Date & le Accept le Preservi ectant Che	Time: Sance Criteria: ation: D'on lo	e   Not On Ice	>5 1(0 °c	
Report Nun	mber: Sub-Cor	ntract Lab ID: _									
Analysis R	Requested: (check all that apply)  oliform/E. coli	al Enterod	occi [	Coliphage	□нр	c [	Other:				
Public Wat	ter System (PWS) Name: Pinecrest F	Ranches					S I.D.:65	35079			
	ess: <u>6115 Hwy 60 W</u>				F	City:	Bartow				
	VS Owner's Phone #:863-965-2599		Fax #: Collector	'e Dh	nne #- 86	3-965-2599					
Collector:	upply: (check only one)	611			Collector	3 - 110	JIIC #. <u>00</u>	3-300-2333			
□ Commu	unity Water System Non-Transier Use System Bottled Water	☐ Tran		Non-com	munity Wate	er System					
□ Distribu     □ Clearan	or Sampling: (check all that apply) stion Routine Distribution Repeated Replacement (also check type	e of sample be	agered o	or assessme	nt) R	aw (tr Notic	iggered o	r assessme	nt) additional	Well Survey	
Sample Co	ollection Date: 08-01-	23				DCN#:	AD-D045	Effective	01/95, Electronic WEB	Revision 02/27/	2019
7.1	To be completed	by collector of sa	and the same of th						be completed by lab Analysis Method(s)	MA	Pr
Sample #	Sample Point (Location or Specific Address)	Sample Collection	Sam	Disin- fectant Residual	pH		Non- Coliform	Total Coliform	Fecal, E. coli,	Data Qualifier	Lab Sample
,#;		Time (24 hr clock)	Type	(mg/L)			Comonin	Comoni	Coliphage <sup>3</sup>	52052013	#
1/3	Well 1		R		78		Comoni	A			004
	Well 1		1	(mg/L)	7.8		Combin	A			004
1/3			R	(mg/L)	7.8		Combin				004
1/3	Well 2		R	(mg/L)	7.8 7.8		COMBIN	A			004
1/3	Well 2		R	(mg/L)	7.8 7.8 7.8		COMO	A			004
1/3	Well 2		R	(mg/L)	7.8 7.8 7.8		COMOTIN	A			004
1/3	Well 2		R	(mg/L)	7.8 7.8 1.8			A			004
1/3 2/3 3/3	Well 2 6041 Citrus Highland	1235 1240 1241	R	(mg/L)	7.8 7.8 1.8		Comon				004
1/3 2/3 3/3 Average of samples.	Well 2 6041 Citrus Highland of disinfectant residuals for distribution  S ☑ Free chlorine or ☐ Total chlorine (chem	hr clock)  1290  1240  1240  routine & repea	R	(mg/L)	7.8	esso	otherwise	noted, all ter		in accordance to the samp	004 005 000
1/3 2/3 3/3 Average samples.	Well 2 6041 Citrus Highland of disinfectant residuals for distribution	hr clock)  1290  1240  1240  routine & repea	R	(mg/L)	Vnl	less o	otherwise C standa	noted, all teards, and the	Coliphage <sup>3</sup>	to the samp	004 005 004
1/3 2/3 3/3  Average of samples.  Disinfect ⊠OPD	Well 2 6041 Citrus Highland of disinfectant residuals for distribution Sorree chlorine or Total chlorine (chertant Residual Analysis Method: O Colorimetric Other:	hr clock)  1240  241  routine & repeats one).	R	(mg/L)	Uni	ess of NELA	otherwise C standa	noted, all teards, and the	Coliphage <sup>3</sup> A A assts are preformed results relate only	to the samp	004 005 004
Average of samples.  Disinfect ⊠OPD  Person □ A co	Well 2  6041 Citrus Highland  of disinfectant residuals for distribution  Solare chlorine or Total chlorine (chertant Residual Analysis Method: Colorimetric Other:  performing disinfectant analysis is (Chertified operator (#)	hr clock)  1240  241  routine & repeats one).	R	(mg/L)	Uni	NELA time	otherwise C standa e PWS noti	noted, all teards, and the	Coliphage <sup>3</sup> A  A  Sits are preformed results relate only positive results:	to the samp	004 005 004
Average of samples.  Disinfed DPD  Person A co	Well 2  6041 Citrus Highland  of disinfectant residuals for distribution  Solare chlorine orTotal chlorine (checotant Residual Analysis Method: ColorimetricOther:  performing disinfectant analysis is (Checotified operator (#)  pervised by certified operator (#)	routine & repeats one).	R	(mg/L)	Unil Date ar Date ar	ess of NELA dime	otherwise C standa e PWS noti e DEP/DQ1 ssued:	noted, all teards, and the	Coliphage <sup>3</sup> A  A  Sits are preformed results relate only positive results:	to the samp	004 005 004
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DEP/DOH Reviewing Official

Time:

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| 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.).
| Lab certification number for the listed method is included at top with the laboratory address.
| Please circle appropriate selection.
| Defined in Florida Administrative Code Rule 62-160, Table |
| 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 = Coliforns are absent: P = Coliforns are present, C = confluent growth. INTC = top numerous to count (62-550-730 Reporting Format).

Jennifer@constaflow.com

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Lab Receipt Date & Time: 0 7 SEP 2022 -

Analysis Date & Time:

G	Environmental Lab	oratories, Inc.				Samp	e Preserv	eck E Not De	ce Not On Ice I	12 Th		
Report Num	ber: Sub-Con	tract Lab ID:			,							
nalysis Re	equested: (check all that apply)  liform/E, coli	al Enteroco	cci I	☐ Coliphage	□н	c 🗆	Other:					
ublic Wate	er System (PWS) Name: Pinecrest R	anches				PW	8 I.D.: <u>65</u>	35079				
WS Addre	ss: <u>6115 Hwy 60 W</u>					City:	Bartow					
WS or PW	Sowner's Phone #:863-965-2599	^		F	Fax #:							
Commun	pply: (cifedx only one)  ity Water System  Non-Transien Use System  Bottled Water  F	t Non-communit	tv Wat	ter System	Collector's Phone #: 863-965-2599  Transient Non-community Water System Other:							
☑ Distribut	Sampling: (check all that apply) ion Routine	Raw (trigg	ered o	or assessmen aced) 🔲 Bo	nt) ☐ F	taw (tri	ggered o	or assessme ther:	nt) additional	Well Survey	Ĺ	
Sample Co	llection Date: 09 -06	-2002				DCN#:	AD-D045	Effective	01/95, Electronic WEB	Revision 02/27/2	2019	
Sale age	To be completed b	y collector of same	ple	THE PARTY OF THE	1000	EN		to	be completed by lab		799	
Sample #	Sample Point (Location or Specific Address)	Collection	Sam ple Type	Disin- fectant Residual (mg/L)	pН		Non- Coliform	Total Coliform	Fecal, E coli Enterococci, or Coliphage <sup>3</sup>	Data Qualifier	Sample #	
1/3	Well 1	1452	R	0	7.7			A	1		006	
2/3	Well 2	1457	R	0	7.8			À	A		007	
3/3	6060 Citrus Highland	1512	D	1.2	7-9			A	*		008	
Average of samples.	f disinfectant residuals for distribution r ⊠Free chlorine or □Total chlorine (checi	routine & repeat		1.2	Un	less of	herwise	noted, all te	sts are preformed	in accordance	ce with	
Person p  A ce	tant Residual Analysis Method: Colorimetric Other:  performing disinfectant analysis is (Chertified operator (#)) ervised by certified operator (#) doyed by a certified lab		<b>.</b>		Date a Date a Date R	nd time	PWS noti DEP/DOI	fied by lab of	results relate only positive results: pl of positive results:		_	
Consta F		N TO RECEIVE R	EPORT	r]	☐ Satisfactory DEP/DOH USE ONLY ☐ Incomplete Collection Information							
	mmercial Blvd Haven, FL 33880 -2599				☐ Repeat Samples Required ☐ Replacement Samples Required Date Reviewed by DEP/DOH:							
	@constaflow.com						viewing O					
(routine of Tap, S = 5  Lab certif  Please cir  Defined in  Complete and include Results Key:	he sample type for each sample collected. Sample type ompliance), C = Repeat/Check, R = Raw, N = Entry Pospecial (clearance, etc.). it is clearance, etc.). it is clearance, etc.). It is clearance, etc.) is provided at top cle appropriate selection. In Florida Administrative Code Rule 62-160, Table 1. for community & non-transient non-community system (sing 4,900. Do not include raw or plant samples in the A = Coliforms are absent; P = Coliforms are present; us to count (62-550.730 Reporting Format.	with the laboratory add as serving populations	Plant fress. up to		ceived E	te:	Time 9	17/22	7 OLX Time: 12	12	1	

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10200 USA Today Way • Miramar Fl. 33075 • 054 280 2380 • Ex. 354.207 10200 USA Today Way - Miramar, FL 33025 - 954.889.2288 - Fax 954.889.2281 - E82535

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☐ 380 Northla ☐ 2639 N. Me	ses Patin Ave. • Pampa, P. L. 33619 • 813.630.9 ake Blyd., Suite 1048 • Altamonte St., Suite D • Tallahassee, FL 32301 • 85 allinks Terrace, Suite 10 • Fort Myers, FL 3391  Advanced Environmental Lal	Sample Accept Sample Preserv Disinfectant Che	Time: ance Criteria ation: O On le	ce Not On Ice	26°C	0				
Report Num	nber: Sub-Co									
☑ Total Co	equested: (check all that apply)		occi	☐ Coliphage	e DHP					
	er System (PWS) Name: Pinecrest I	PWS I.D.:65	35079							
PWS Address: 6115 Hwy 60 W  City: Bartow  PWS or PWS Owner's Phone #:863-965-2599  Fax #:										
Collector:_ Type of Sa				ter System	Collecto	r's Phone #: <u>86</u> nsient Non-com er:	VC - 578970155	er System		
☐ Clearan	r Sampling: (check all that apply) tion Routine Distribution Repeated Replacement (also check type) tilection Date: 10-20	e of sample bei					her:	nt) additional  01/95, Electronic WEB		
	To be completed		nole	Division (C.)	AS PAUL		To	be completed by lab		CATA
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time (24 hr clock)	Sam ple Type	Disin- fectant Residual (mg/L)	рН	Non- Coliform		Analysis Method(s) <sup>2</sup> Feca, E. colo Enterbeect, or Collphage <sup>3</sup>	Data Qualifier <sup>4</sup>	Lab Sample #
1/3	Well 1	1740	R	0	7.9	20	1	A		003
2/3	Well 2	0744	R	0	8.0	8	A	A		004
3/3	282 Citrus Highland East	07.52	D	1.2	8.0		A	À		005

2/3 Well 2 0 3/3 282 Citrus Highland East Average of disinfectant residuals for distribution routine & repeat samples.<sup>5</sup> ☑Free chlorine or ☐Total chlorine (check one) Unless otherwise noted, all tests are preformed in accordance with NELAC standards, and the results relate only to the samples. Disinfectant Residual Analysis Method: ☑DPD Colorimetric ☐Other: Date and time PWS notified by lab of positive results: Date and time DEP/DOH positive results: Person performing disinfectant analysis is (Check one of below): Date Report Issued: A certified operator (#\_\_\_ ☐ Supervised by certified operator (# \_\_\_\_\_) Lab Signature: ☐ Employed by a certified lab ☐ Employed by DEP or DOH Authorized representative of supplier of water Title: [INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT] DEP/DOH USE ONLY ☐ Satisfactory Consta Flow Inc ☐ Incomplete Collection Information 5574 Commercial Blvd ☐ Repeat Samples Required Winter Haven, FL 33880 Replacement Samples Required 863-965-2599 Date Reviewed by DEP/DOH: Jennifer@constaflow.com DEP/DOH Reviewing Office Indicate the sample type for each sample collected. Sample type codes are: D = Distribution Relinquish By

(routine compliance), C = Repeat/Check, R = Raw, N = Entry Point to Distribution, P = Plant Tap, S = Special (clearance, etc.).

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

Please circle appropriate selection.

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

Detuned in Florida Administrative Code Rule 02-100, 1 abit 1.
 Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.
 Results Key: A = Coliforns are absent; P = Coliforns are present; C = confluent growth; TNTC = too numerous to count (62-50.730 Reporting Format.

Received By:

Time: Date

10/20/22 Date

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Write Project # or Place Project Label Here 12222211

ysis Date & Time: 11/2/22 (500
ple Acceptance Criteria:
ple Preservation: Son ice Not On ice S 2 °C rectant Check: Not Detected
Sample does not meet the following NELAC requirements.

Report Nur	nber: Sub-Cor	ntract Lab ID: _										
	Requested: (check all that apply)	cat	cocci	☐ Coliphag	e HPC	Other:						
	ter System (PWS) Name:Pinecrest F					PWS I.D.:65						
	ess:6115 Hwy 60 W				(	City: Bartow						
	14 0 HASS DOE 2500	)			Fax #:	- J. Paris						
	CANTER Alle of	ler			ACCUPATION OF THE OWN	Phone #: 86	3-965-2599					
Type of Su	ipply: (check only one) nity Water System  Non-Transier		nity Wa	ter System	☐ Transi	ent Non-com	nmunity Wat	er System				
Limited	Use System  Bottled Water	Private Well	Swin	nming Pool	Other:							
□ Distribu	r Sampling: (check all that apply) tion Routine    Distribution Repea	at Raw (trig	gered o	or assessme	nt) Rav	v (triggered o	or assessme ther:	nt) additional	Well Surve	ť		
	ollection Date:					CN#: AD-D045		01/95, Electronic WEB	Revision 02/27/	2019		
MACHE L	To be completed i		nple	TO THE REAL PROPERTY.	AL THE	3000	To	be completed by lat-	1100	2800		
Sample #	Sample Point	Sample	Sam	Disin-	pH	Non	Tatal	be completed by leb Analysis Method(s)	<b>Zalds</b>	CIC		
"	(Location or Specific Address)	Collection Time (24 hr clock)	Type	fectant Residual (mg/L)		Non- Coliform	Total Coliform	Feoal, E. coll, Enterococci, or Collphage <sup>3</sup>	Data Qualifier <sup>4</sup>	Lab Sample #		
1/3	Well 1	1545	R	0	7-9		A	+		016		
2/3	Well 2	1552	R	0	7.8		4	A		017		
3/3	330 Hankin Road	1559	D	1.1	78		7	A		018		
		11001		12.1								
					- 8							
			-							_		
					8	0						
	f disinfectant residuals for distribution			77	Unles	es athenuica	noted all tes	te are proformed	n accordance	no with		
	tant Residual Analysis Method:				Unless otherwise noted, all tests are preformed in accordance with NELAC standards, and the results relate only to the samples.							
	Colorimetric Other:				Date and time PWS notified by lab of positive results:							
Person p	performing disinfectant analysis is (Che	ck one of below	):		Date and time DEP/DOH notified by lab of positive results:							
	rtified operator (#)				Date Report Issued:							
	arvised by certified operator (#)				Lat Simon OW							
	loyed by a certified lab	DEP or DOH			Lab Signature:							
(INSERT N	AME AND MAILING ADDRESS OF PERSO	ON TO RECEIVE I	REPORT	1			-	1				
Consta I				55	☐ Satisfa		Jack Lation	86	EP/DOH USE	ONLY		
5574 Co	mmercial Blvd				☐ Incomplete Collection Information ☐ Repeat Samples Required							
Winter I	Haven, FL 33880				☐ Replacement Samples Required							
863-965	-2599				Date Revi	ewed by DEP	DØH:					
Jennifer	@constaflow.com				DEP/DOH	Reviewing Of	ricial;					
(routine or Tap, S = S  2. Lab certifi  3. Please circ  4. Defined in S  Complete and include	the sample type for each sample collected. Sample type impliance), C = Repeat*Check, R = Raw, N = Entry Pepecial (clearance, etc.). Location number for the listed method is included at top cle appropriate selection. Florida Administrative Code Rule 62-160, Table 1. for community & non-transient non-community system in the community of the commu	nint to Distribution, P with the laboratory ad ms serving populations average.	= Plant dress		Date:	Time		2:0et				

#### DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTIN ☐ 6681 Southpoint Pkwy. • Jacksonville, FL 32216 • 904 363 9350 • Fax 904 363 9354 • E82574 ☐ 4965 SW 41st Blvd • Gainesville, FI 32608 • 352 377.2349 • Fax 352 395 6639 • E82001 ☐ 10200 USA Today Way • Miramar, FL 33025 • 934 889 3208 DRMAT Project # or Place Project Label Here 10200 USA Today Way • Miramar, FL 33025 • 954 889 2288 • Fax 954 889 2281 • E82535 □ 10200 USA Today Way • Miramar, F.L. 3304.2 • 534.889.2288 • Fax 934.889.2281 • £82535 □ 9610 Princess Palm Ave. • Tampa, FL. 33619 • 813.630.9616 • Fax 813.630.4327 • £84589 □ 380 Northlake Blvd., Suite 1048 • Altamonte Springs, FL 32701 • 407.937.1594 • Fax 407.937.1597 • £53 □ 2639 N. Monroe St., Suite D • Tallahassee, FL 32301 • 850.219.6274 • Fax 850.219.6275 • £811095 □ 13100 Westlinks Terrace, Suite 10 • Fort Myers, FL 33913 • 239.674.8130 • Fax 239.674.8128 • £84492 380 Northlake Blvd., Suite 1048 • Altamonte Springs, FL 32701 • 407 937 1594 • Fax 407 937 1597 • E53076 2224947 Lab Receipt Date & Time: 2027 Analysis Date & Time: 12 7 2 Z Sample Acceptance Criteria: Sample Preservation On Ice Not On Ice Disinfectant Check: A Not Detected Advanced Environmental Laboratories, Inc. This Sample does not meet the following NELAC requirements Report Number: Sub-Contract Lab ID: Analysis Requested: (check all that apply) M Total Coliform/E, coli ☐ Total Coliform/Fecal ☐ Enterococci ☐ Coliphage ☐ HPC ☐ Other Public Water System (PWS) Name: Pinecrest Ranches PWS I.D.:6535079 PWS Address:6115 Hwy 60 W City: Bartow PWS or PWS Owner's Phone #:863-965-2599 Collector: Paritor Collector's Phone #: 863-965-2599 Type of Supply: (check only one) Community Water System Non-Transient Non-community Water System ☐ Transient Non-community Water System ☐ Limited Use System ☐ Bottled Water ☐ Private Well ☐ Swimming Pool Other: Reason for Sampling: (check all that apply) ☐ Distribution Routine ☐ Distribution Repeat ☐ Raw (triggered or assessment) ☐ Raw (triggered or assessment) additional ☐ Well Survey ☐ Clearance ☐ Replacement (also check type of sample being replaced) ☐ Boil Water Notice ☐ Other: Sample Collection Date: 1206202 DCN# AD-D045 Effective 01/95, Electronic WEB Revision 02/27/2019 To be completed by lab llector of sample To be completed by co Sample Sample Point Sample Disin pH (Location or Specific Address) Collection fectant Total Fecal (E. coli) Non-Qualifier Time (24 Residual Coliform Coliform Enterococci, or Sample Type hr clock) (mg/L) Coliphage<sup>3</sup> 1/3 Well 1 R 0 R 2/3 Well 2 0 D 5609 Jessie Drive 3/3 00/0 Average of disinfectant residuals for distribution routine & repeat samples.⁵ ⊠Free chlorine or □Total chlorine (check one). Unless otherwise noted, all tests are preformed in accordance with NELAC standards, and the results relate only to the samples. Disinfectant Residual Analysis Method: ⊠DPD Colorimetric □Other: □ Date and time PWS notified by lab of positive results: Date and time DEP/DOH notified by lab of positive results: Person performing disinfectant analysis is (Check one of below): Date Report Issued: A certified operator (#\_\_\_\_) Supervised by certified operator (# Lab Signature: ☐ Employed by a certified lab ☐ Employed by DEP or DOH Title: ☐ Authorized representative of supplier of water DEPIDOH USE ONLY JINSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT] ☐ Satisfactory ☐ Incomplete Collection Information Consta Flow Inc ☐ Repeat Samples Required ☐ Replacement Samples Required 5574 Commercial Blvd Date Reviewed by DEP/DOH: Winter Haven, FL 33880 DEP/DOH Reviewing Official 863-965-2599 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.). Lab certification number for the listed method is included at top with the laboratory address. Please circle appropriate selection. Defined in Florida Administrative Code Rule 62-160, Table 1. Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average. sults Key: A = Coliforms are absent; P = Coliforms are present; C = confluent growth; TNTC to summore sto count (62-550,730 Reporting Format.) Jennifer@constaflow.com Relinquish By: Date: Received By 12 7/22 Time: Date

PUBLIC WATER SYSTEM INFORMATION (to be comp	oleted by sampler – Please type or print legibly)
	che S PWS I.D.#: (0535079)
System Type (check one): Community Non	transient Noncommunity Transient Noncommunity
Address: 6115 Huy 60	
city: Ratow	ZIP Code:
Phone #: Fax #:	E-Mail Address:
SAMPLE INFORMATION (to be completed by sampler)	
Sample Number: T2112753001	Sample Date: 07/14/2021 Sample Time: 10:26 AM PM (circle one)
Sample Location (be specific): L-1 6061 Citrus Highland	S Location Code (if known):
Disinfectant Residual (Required when reporting results for triha	
Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)
Distribution	Routine Compliance with 62-550 Replacement (of Invalidated Sample)
Entry Point (to Distribution)	Confirmation of MCL Exceedance " Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	Composite of Multiple Sites ** Clearance (permitting)
Raw (at well or intake)	Other:
Max Residence Time	Sampling Procedure Used or Other Comments:
Ave Residence Time	2021 Disintection Bullingers
Near First Customer "See And	62-550.500(6) for requirements and restrictions.  "See 62-550.550(4) for requirements and attach a results page for each site.
1, Emitr Alexady	SAMPLER CERTIFICATION  , do HEREBY CERTIFY  (Print Title)
, , , , , , , , , , , , , , , , , , , ,	e collection information is complete and correct. / /
Signature:	Date: 7/29/2021
Certified Operator #: C21471	Phone #: 863965 2599 Sampler's Fax #:
Sampler's E-Mail:	
Reporting Format 62-550.730 Effective January 1995, Revised February 2010	Page 1 of 3 Janiy R. 8/2/2021 11:17:54

ABORATORY CERTIFICATION INFORMATION (to be completed by lab – Please type or print legibly)
b Name: Advanced Environmental Laboratories, Inc Florida DOH Certification #: E84589 Certification Expiration Date: 06/30/2022
ATTACH CURRENT DOH ANALYTE "
idress: 9610 Princess Palm Ave Tampa, FL 33619 Payments: P.O. Box Phone #: (813)630-9616
ere any analyses subcontracted? Yes X No If yes, please provide DOH certification numbers:
ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED .
NALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 07/14/2021
WS ID (From Page 1): 153 5079 Sample Number (From Page 1): T2112753001 Lab Assigned Report # or Job T2112753
roup(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):
Synthetic Organics   Synthetic Organics   Synthetic Organics   Disinfection Byproducts   Radionuclides   Secondaries     All Except Asbestos   All 30   All 21   X Trihalomethanes   Single Sample   All 14     Partial   Partial   Partial   Chlorite     Nitrate   Dioxin Only   Bromate     Asbestos Only   Radionuclides   Secondaries     Single Sample   All 14     All Except Dioxin   Partial   Chlorite     Bromate   Bromate     All Social Partial     Bromate   Bromate     Brom
LAB CERTIFICATION
Sue Bell Sr. Project Manager , do HEREBY CERTIFY
(Print Name) (Print Title)
at all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference ignature:  Date: 07.28.2021
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.)
OMPLIANCE DETERMINATION (to be completed by DEP or DOH – attach notes as necessary)
ample Collection & Analysis Satisfactory: Yes No Replacement Sample of Report Requested: Yes No (circle or highlight group(s) above)
erson Notified: Date Notified: DEP/DOH Reviewing Official:

**DISINFECTION BYPRODUCTS** 62-550.310(3)

Report Number / Job ID:	T2112753001
Disinfectant Residual (mg/L)_	
PWS ID (From Page 1):	

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochioroacetic Acid	N/A	ug/L	0.98	U	EPA 552.2	0.98	2	07/26/2021	10:31	E84589
2451	Dichloroacetic Acid	N/A	ug/L	1.79		EPA 552.2	0.42	1	07/26/2021	10:31	E84589
2452	Trichloroacetic Acid	N/A	ug/L	0.94	U	EPA 552.2	0.94	1	07/26/2021	10:31	E84589
2453	Bromoacetic Acid	N/A	ug/L	0.41	υ	EPA 552.2	0.41	1	07/26/2021	10:31	E84589
2454	Dibromoacetic Acid	N/A	ug/L	0.74	U	EPA 552.2	0.74	1	07/26/2021	10:31	E84589
2456	Total Haloacetic Acids (HAA5)	60	ug/L	(1.79		EPA 552.2	0.98	<b>—</b>	07/26/2021	10:31	E84589

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	1.75		EPA 524.2	0.32	1	07/19/2021	21:18	E84589
2942	Bromoform	N/A	ug/L	0.44	U	EPA 524.2	0.44	1	07/19/2021	21:18	E84589
2943	Bromodichloromethane	N/A	ug/L	0.42	u	EPA 524.2	0.42	1	07/19/2021	21:18	E84589
2944	Dibromochloromethane	N/A	ug/L	0.37	U	EPA 524.2	0.37	1	07/19/2021	21:18	E84589
2950	Total Trihalomethanes	80	ug/L	(1.75)		EPA 524.2	0.44	T -	07/19/2021	21:18	E84589

Laboratories are required to adhere to the minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv).

NOTE: Do not round values. Report results to the accuracy, precision, and sensitivity of the analytical method used.

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

Page 3 of 3

Applicable to monitoring as prescribed in 40 CFR 141.132.(b)(2)(i)(B) and (b)(2)(ii).

Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 µg/L MRL for bromate.

<sup>\*</sup>Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ?, \*, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

(I	Advance Environ	d nental Laborato	ories, Inc.	Fort I	Nyers: 13	160 Westinks To 5681 Southpoint	rthiske Blvd., Ste errace, Ste. 10, F Pkwy., FL 32216 ce St., Suite D, F	L 33913 • 239.6 I • 904.363.9350	74.8130 • Lab II • Lab ID: E825	D: E64492 74	276			Miraman	10200 USA	Today Way	FL 33025 • 9	1 152,377,2349 954,889,2288 113,630,9414	 1 -Listo ID: E82 • Listo ID: E82	2535	Ē
Client Name:	Consta Flow, Inc.			Project Nar	ne:	PINECE	REST RA	NCHES		SIZE PE			190	111 <b>5 S</b> 11 <b>3</b> (15	MS FIRMS 1187	E 115K 19881	EHER IN 18	BI .			
Address:	5574 Commercia	Blvd		Project Nur	nber.					BOTTLE SIZE & TYPE				T 2	1 1	2 7	5 3	El e			
	Winter Haven, FL	33880		PO Numbe	r.									1 4	11.						œ
Phone:	863-965-259	9		FDEP Faci	ity No.	653507	9			ANALYSIS REQUIRED			1		f i						NUMBER
FAX:				FDEP Fee	žity Addr.					Ing											2
Contact:	Jennifer Alex	ander								IS RE											0
Sampled By:	Jennifer Alex	ander		Special In:	structions.	2021				TYS											RY
Turn Around Tim	e: Standard	X Rush								ANA	MHLL	HAA5									AT0
AEL Profile	*			ADaPT		EQuIS		Other			<u>_</u> F_	¥							_		OR/
SAMPLE	ID SAM	PLE DESCR	IPTION		Grab Comp	DATE	PLING	MATRIX	NO. COUNT	Preservation Field-		-					-	-	_		LABORATORY I.D.
1	1-1 6061	CITRUS HI	GHI AND	ns	Grab	71.1	1,	DW	-	Filtered?	X	X			_			1/ \	-1	-4	
	21000	OTTROOTING	OHEAN	-	Comp	11414	1026	DVV	-			^					-	11.0	cl	001	-17
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Matrix Code: Received on k	www = wastewater SV	v = surface water			_		Where r						d (observe		6-	_		received		odium Th	*C
	1web Form last revise	-			omp ato		used for m														
	Relinquished by:	Date	Time		Rec	eived by:		Date	Time				NKING								
1	ull		1241		2	·1/C	1	7/14/21	1241		.0		ation not ot	herwise s	upplied) P	WS ID:					
3	2.60	7/14/21			W	Uli		7/114	150	<u> </u>	(2500, N) 710	of Water:									
4	7											-Address:									8



PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly) System Name: Pinecrest Ranches(06.16.22) 6535079 Community System Type (check one): Nontransient Noncommunity Transient Noncommunity Address: ZIP Code: Phone #: E-Mail Address: SAMPLE INFORMATION (to be completed by sampler) Sample Number: T2212052001 Sample Date: 06/15/2022 Sample Time: (Circle One) Sample Location (be specific): POE Location Code: 863-965-2599 Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids mg/L Field pH: Sample Type (Check Only One) Reason(s) for Sample (Check all that apply) Distribution Routine Compliance with 62-550 Replacement (of Invalidated Sample) Entry Point (to Distribution) Confirmation of MCL Exceedance\* Special (not for compliance with 62-550) Plant Tap (not for compliance with 62-550 Composite of Multiple Sites\* Clearance (permitting) Raw (at well or intake) Other: Max Residence Time Sampling Procedure Used or Other Comments: Ave Residence Time Near First Customer See 62-550,550(4) for requirements and And 62-550.512(3) for nitrate or nitrite exceedances. attach a results page for each site. SAMPLER CERTIFICATION do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct. Signature: Certified Operator # Sampler's E-mail: Reporting Format 62-550.730 Page: 1 of 4 Effective January 1995, Revised December 2012

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

Lab Name:Advanced Env	rironmental Laboratories, Inc.	Florida DOH Certific	eation #:E84589	Certification Expiration Date	e: 06/30/2022
			ATTACH CURREN	T DOH ANALYTE SHEET*	
Address: 9610 Princess	Palm Avenue. Tampa, FL 336	19	Phone #: 813-6	30-9616	
Were any analyses subco	entracted Yes Vo	If yes, please provi	de DOH certification r	number(s):	
			ATTACH DOH ANA	ALYTE SHEET FOR EACH SUBC	ONTRACTED LAB
ANALYSIS INFORMATIO	N (to be completed by lab) Da	te Sample(s) Received	i: 06/16/2022		
PWS ID: (From Page 1): _	6535079 Sa	mple Number (From Pag	ge 1): T2212052001	Lab Assigned Report # Or Jo	b ID: T2212052
Group(s) Analyzed & Res	ults attached for compliance wi	th Chapter 62-550, F.A	A, C, (Check all that apply):		6 <del>0</del> - 10 11 11 12 12 12 12 12 12 12 12 12 12 12
Inorganics	Synthetic Organics V	olatile Organics	Disinfection Byproducts	Radionuclides	Secondaries
All except Asbesto	All 30	All 21	Trihalomethanes	Single Sample	All 14
Partial	All Except Dioxin	Partial	Haloacetic Acids	☐ Qtrly Composite*	Partial
X Nitrate	Partial		Chlorite		
X Nitrite	Dioxin Only		Bromate		
Asbestos		LAB CERTIF	ICATION		
		LAB CERTIF	ICATION		
l,	Sue Bell		Sr Project M	anager ,	do HEREBY CERTIFY
W-1-W-14-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	(Print Name		(Print Title	,	
that all attached analytical da	ta are correct and unless noted m	eet all requirements of the	e National Environmenta	al Laboratory Accreditation Conferen	ence (NELAC).
Signature:	Sudsey		Date:	6/21/22	
possible enlorcement aga	and current Florida DOH lab certifi inst the public water system for fai al sample dates & locations for each	ilure to sample, and may	rent Analyte Sheet for the result in notification of the	e attached analysis results will resulte DOH Bureau of Laboratory Serv	ult in rejection of the report, ices.
	CONFIRMATION & NOTIFICATION I				
NON-DETECTS	ARE TO BE REPORTED AS THE M	DL WITH "U" QUALIFIER.	(Non-detects reported as	"BDL" or with a "<" are not acceptable	.)
COMPLIANCE DETERMI	NATION(to be completed by DEP	or DOH attach notes a	as necessary)		
Sample Collection & Analy	sis Satisfactory: Yes	No	Replacement Sample	or Report Requested (circle or hig	ghlight group(s) above)
Person Notified:		Date Notified:	74/ L DE	P/DOH Reviewing Official:	6
Reporting Format 62-550.730 Effective January 1995, Revised	December 2012	Pa	age: 2 of 4	-	

# INORGANIC CONTAMINANTS 62-550.310(1)

Report Number / Job ID:

T2212052001

PWS ID (From Page 1):

6535079

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	0.0920	U	SM 4500NO3-F	0.0920	06/16/2022	17:21	E84589
1041	Nitrite (as N)	1	mg/L	0.0810	U	SM 4500NO3-F	0.0810	06/16/2022	17:21	E84589



G.	Rdvanced Environmental Labor	atories, Inc. 📭	t Myera; 1 kaonyille:	rings: 380 N 3100 Westinks 1 6681 Southpoin 2639 North Mon	errace, Sie. 10, Povy., FL 322	FL 33913 • 239 16 • 904 363 935	.674.8130 • Lai 60 • Laib ID: EB	b ID: E14492 2574	3076		Olicama	C 10200 U	ISA Today V	ny, FL 33025	• 362.377.234 • 364.500.228	Of 9 *Lab (D: E82 6 * Lab (D: E84 6 * Lab (D: E84	2535	_
Client Name: (	Consta Flow, Inc.	Project ?	Yame:	PINECE	REST RA	NCHES		E 50E			T	T	T		1			T
Address: E	5574 Commercial Blvd	Project I	Vumber:					BOTTLE SZE 8 TYPE	1		1							
١	Winter Haven, FL 33880	PO Num	ber:							_		1	+-	+	+			1 ~
Phona:	863-965-2599	FOEP F	sollity No:	653507	9			ŒD			1	1	l	1	1		E	BE
FAX:		FOEP	ecility Addr	6115 St	ate Road	60 W		ANALYSIS REQUIRED	NITRATE / NITRITE									NON
Contact:	Jennifer Alexander			Bartow,	FL			S	Ē			111	HIII					o.
Sampled By:	Jennifer Alexander	Special	Instructions					LYSI	Ę l						0 5 2			3
Turn Around Time:	Standard X Rush							A A	P.A.		1	í	ŧ	1	ì	1 1		10
AEL Profile #:		ADaP	r	EQuiS		Other		2	불									\$
SAMPLE II	D SAMPLE DESC	RIPTION	Grab Comp	DATE	PLING	MATRIX	NO. COUNT	Feith Feitherst*			-	-	-	-				LABORATORY I.D. NUMBER
1	POE		Grab Comp	Gisho	1307	DW		Hard'	X	-	-	-	+-	+-	+		_	001
Matrix Code: W	W = wastewater SW = surface wate									ervation Co		ce H=(H						
	Dyes No Temp taken	trom sample	Temp from			required, ph			emp, when reco er (circle IR tem			CIT	erocoon today			(corrected)		•0
7	Relinguished by: Date	1230	Reco	elved by:	2 ]	Date  (116/22  (1/16/22	7230	0		RINKING ormation not t	WAT	ER U	SE:	1:104	A: 3A	W: 3A S	: 10	r: 1A
3						-100	,,,,,,,		Supplier of Wat	er:								

Reporting Format 62-550.730

Effective January 1995, Revised December 2012

Page: 4 of 4

\*Results must be reported with appropriate qualifers in accordance with Florida Administration Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ?, \*, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

#### Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Ron DeSantis Governor

Joseph A. Ladapo, MD, PhD State Surgeon General

Vision: To be the Healthiest State in the Nation

November 2, 2022

Pinecrest Utilities, LLC 5911 Trouble Creek Road New Port Richey, FL 34652

RE:

Pinecrest Utilities Public Water System

PWS ID No. 6535079

### 2023 Small Community DRINKING WATER MONITORING REQUIREMENTS

Monitoring & Reports	Due	Comments
Microbiological ("Bacte")	Monthly	Disinfectant residuals must be reported individually and averaged on bacte reports. Compliance for maximum disinfectant residual level is based on a running annual average.
Monthly Operation Reports (MORs)	Monthly	Include information about maintenance and/or abnormal occurences & CT calcs. If required.
Radiologicals (Ra 226/228)	2024	Sample at each POE
Nitrate and Nitrite	2023	Sample at each POE every year.
Primary Inorganics	2024	Sample at each POE every three years.
Asbestos Contaminant Id. 1094	2028	Certification of results due every 9 years.
Volatile Organic Contaminants (VOCs)	2024	Sample at each POE every three years
Synthetic Organic Contaminants	2024	Sample at each POE every three years.
Secondary Contaminants	2024	Sample at each POE every three years.
Stage 2 Disinfection Byproducts (DBPs) [Total Trihalomethanes/ Haloacetic Acids (5)]	2024 Triennially 7th Month	Sample at locational site L1 (6061 Citrus Highland). **,***
Lead and Copper (Tap Sampling)	June – September 2024	Test in accordance with the most recently approved sampling plan. System required to follow SMF – Standard Monitoring Framework.
Consumer Confidence Report (CCR) & CCR Certification of Delivery	July 1, 2023 & August 10, 2023	Data for CCR can be obtained at <a href="http://www.dep.state.fl.us/water/drinkingwater/chemdat-a.htm">http://www.dep.state.fl.us/water/drinkingwater/chemdat-a.htm</a>
Tank – 5 year Inspection(s)	09/2027	

POE = Point of entry to the distribution system. Sample at each POE that is representative of each source of water.

Florida Department of Health in Polk County

ENVIRONMENTAL HEALTH DIVISION 2090 East Clower Street • Bartow, FL 33830-6741 PHONE: (863) 519-8330 • FAX: (863) 534-0245 http://polk.floridahealth.gov/



www.FloridaHealth.gov

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FACEBOOK:FLDepartmentofHealth
YOUTUBE: fldoh
FLICKR: HealthyFla
PINTEREST: HealthyFla

<sup>\*\*</sup> Ensure to report locations as L1, L2, L3 etc. This should be anotated on the lab sheet "Location Code".

<sup>\*\*\*</sup> Ensure to anotate the location address/site identifier in the "Sample Location".

PUBLIC WATER SYSTEM INFORMATION (to be com	pleted by sampler - Please type or print legibly)
System Name: Pine Crest Ranc	thes PWS I.D.#: (0535079
System Type (check one): Community Non	stransient Noncommunity Transient Noncommunity
Address: 10115 they 10	
city: Bartow	ZIP Code: 33830
Phone #: Fax #:	E-Mail Address:
SAMPLE INFORMATION (to be completed by sampler)	
Sample Number: T2110745001	Sample Date: 06/14/2021 Sample Time: 09:50 AM PM (circle one)
Sample Location (be specific): POE	Location Code (if known):
Disinfectant Residual (Required when reporting results for tribs	alomethanes and haloacetic acids): 2 mg/L Field pH: 6.7 79
Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)
Distribution	Routine Compliance with 62-550 Replacement (of Invalidated Sample)
Entry Point (to Distribution)	Confirmation of MCL Exceedance * Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	Composite of Multiple Sites ** Clearance (permitting)
Raw (at well or intake)	Other:
Max Residence Time	Sampling Procedure Used or Other Comments:
Ave Residence Time	2021 Trennia landes
	62-550.500(6) for requirements and restrictions.  **See 62-550.550(4) for requirements and 62-550.512(3) for nitrate or nitrite exceedances.  attach a results page for each site.
	SAMPLER CERTIFICATION
1, Printer Alexander	. Smaler do HEREBY CERTIFY
(Print Name)	(Print Title)
that the above public water system and samp	le collection information is complete and correct.
Signature: Les Aley Co	Date: 7/12/202/
Certified Operator #: C21471	Phone #: 863 965 059 Sampler's Fax #:
Sampler's E-Mail:	ENTAIXE
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	MAN

LABORATORY CERTIFICATION INFORMATION (to be com	npleted by lab - Please type or	print legibly)	
Lab Name: Advanced Environmental Laboratories, Inc Flo	orida DOH Certification #:	E84589	Certification Expiration Date: 06/30/2022
		ATTACH CURRENT	T DOH ANALYTE *
Address: 9610 Princess Palm Ave Tampa, FL 33619	Payments: P.O. Box	Phone #: _(813)6	30-9616
Were any analyses subcontracted? Yes X No If yes,	please provide DOH certific	cation numbers:	
	ATT	TACH DOH ANALYT	E SHEET FOR EACH SUBCONTRACTED .
ANALYSIS INFORMATION (to be completed by lab)	Date Sample(s) Received:	06/14/2021	
PWS ID (From Page 1): 653 5079 Sample	Number (From Page 1): T211	0745001	Lab Assigned Report # or Job T2110745
Group(s) Analyzed & Results attached for compliance with Ch	hapter 62-550, F.A.C. (Che	ck all that apply):	
Inorganics     Synthetic Organics     Volatile       ☐ All Except Asbestos     ☐ All 30     ☐ All 30       ☐ Partial     ☐ All Except Dioxin     ☐ Partial       ☒ Nitrate     ☐ Partial       ☒ Nitrite     ☐ Dioxin Only       ☐ Asbestos Only		thanes	Radionuclides Secondaries All 14 Qtrly Composite** Partial
	LAB CERTIFICA	TION	
I, Sue Bell	, Sr. Project M	lanager	, do HEREBY CERTIFY
(Print Name)		(Print Title)	
that all attached analytical data are correct and unless noted	meet all requirements of the	National Environn	nental Laboratory Accreditation Conference
Signature:	Date:	07.08.2021	
<ul> <li>Failure to provide a valid and current Florida DOH lab certification report, possible enforcement against the public water system for for Please provide radiological sample dates &amp; locations for each quantum CONFIRMATION &amp; NOTIFICATION IS NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH</li> </ul>	failure to sample, and may resu arter. S REQUIRED WITHIN 24 HRS	of the state of th	e DOH Bureau of Laboratory Services.
	OH - attach notes as necessary)		
Sample Collection & Analysis Satisfactory: Yes No	Replacement Sample or Re	port Requested: [	Yes No (circle or highlight group(s) above)
Person Notified: Dat	te Notified: 2/19/2	DEP/DOF	Reviewing Official:

# INORGANIC CONTAMINANTS 62-550.310(1)

Report Number / Job ID: T2110745001

PWS ID (From Page 1):

			PWS ID (From Page 1):											
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	0.35		SM 4500NO3-F	0.092	06/15/2021	13:56	E84589				
1041	Nitrite (as N)	1	mg/L	0.081	(U)	SM 4500NO3-F	0.081	06/15/2021	13:56	E84589				
1005	Arsenic	0.010	mg/L	0.0012		EPA 200.8	0.00025	06/28/2021	22:20	E82574				
1010	Barlum	2	mg/L	0.0051	1	EPA 200.7	0.0030	06/17/2021	11:51	E84589				
1015	Cadmium	0.005	mg/L	0.00025	(U)	EPA 200.8	0.00025	06/28/2021	22:20	E82574				
1020	Chromium	0.1	ug/L	0.50	U	EPA 200.8	0.50	06/28/2021	22:20	E82574				
1024	Cyanide	0.2	mg/L	0.0040	U	SM 4500-CN-E	0.0040	06/21/2021	10:37	E84589				
1025	Fluoride	4.0	mg/L	0.40	U	EPA 300.0	0.40	06/22/2021	12:01	E84589				
1030	Lead	0.015	mg/L	0.00050	U	EPA 200.8	0.00050	06/28/2021	22:20	E82574				
1035	Mercury	0.002	mg/L	0.000011	U	EPA 245.1	0.000011	06/22/2021	10:37	E84589				
1036	Nickel	0.1	mg/L	0.0024	1	EPA 200.8	0.0012	06/28/2021	22:20	E82574				
1045	Selenium	0.05	mg/L	0.0012	(U)	EPA 200.8	0.0012	07/01/2021	21:45	E82574				
1052	Sodium	160	mg/L	9.8		EPA 200.7	0.80	06/17/2021	11:51	E84589				
1074	Antimony	0.006	mg/L	0.0010	U	EPA 200.8	0.0010	07/01/2021	21:45	E82574				
1075	Beryllium	0.004	mg/L.	0.0020	U	EPA 200.7	0.0020	06/17/2021	11:51	E84589				
1085	Thallium	0.002	rng/L	0.00025	U	EPA 200.8	0.00025	06/28/2021	22:20	E82574				

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<sup>\*</sup>Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ?, \*, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

### VOLATILE ORGANICS 62-550.310(4)(a)

Report Number / Job ID:	T2110745001
PWS ID (From Page 1):	

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	0.44	/ u	EPA 524.2	0.44	0.5	06/15/2021	21:49	E84589
2380	cis-1,2-Dichloroethylene	70	ug/L	0.27	U	EPA 524.2	0.27	0.5	06/15/2021	21:49	E84589
2955	Xylenes (total)	10,000	ug/L	0.44	U	EPA 524.2	0.44	0.5	06/15/2021	21:49	E84589
2964	Dichloromethane	5	ug/L	0.44	U	EPA 524.2	0.44	0.5	06/15/2021	21:49	E84589
2968	o-Dichlorobenzene	600	ug/L	0.39	U	EPA 524.2	0.39	0.5	06/15/2021	21:49	E84589
2969	para-Dichlorobenzene	75	ug/L	0.33	U	EPA 524.2	0.33	0.5	06/15/2021	21:49	E84589
2976	Vinyi Chloride	1	ug/L	0.29	U	EPA 524.2	0.29	0.5	06/15/2021	21:49	E84589
2977	1,1-Dichloroethylene	7	ug/L	0.22	U	EPA 524.2	0.22	0.5	06/15/2021	21:49	E84589
2979	trans-1,2-Dichloroethylene	100	ug/L	0.21	U	EPA 524.2	0.21	0.5	06/15/2021	21:49	E84589
2980	1,2-Dichloroethane	3	ug/L	0.24	U	EPA 524.2	0.24	0.5	06/15/2021	21:49	E84589
2981	1,1,1-Trichloroethane	200	ug/L	0.29	υ	EPA 524.2	0.29	0.5	06/15/2021	21:49	E84589
2982	Carbon tetrachloride	3	ug/L	0.25	U	EPA 524.2	0.25	0.5	06/15/2021	21:49	E84589
2983	1,2-Dichloropropane	5	ug/L	0.26	u	EPA 524.2	0.26	0.5	06/15/2021	21:49	E84589
2984	Trichloroethylene	3	ug/L	0.14	U	EPA 524.2	0.14	0.5	06/15/2021	21:49	E84589
2985	1,1,2-Trichloroethane	5	ug/L	0.27	U	EPA 524.2	0.27	0.5	06/15/2021	21:49	E84589
2987	Tetrachloroethylene	3	ug/L	0.42	U	EPA 524.2	0.42	0.5	06/15/2021	21:49	E84589
2989	Chlorobenzane	100	ug/L	0.36	U	EPA 524.2	0.36	0.5	06/15/2021	21:49	E84589
2990	Benzene	1	ug/L	0.26	U	EPA 524.2	0.26	0.5	06/15/2021	21:49	E84589
2991	Toluene	1,000	ug/L	0.33	U	EPA 524.2	0.33	0.5	06/15/2021	21:49	E84589
2992	Ethylbenzene	700	ug/L	0.31	U	EPA 524.2	0.31	0.5	06/15/2021	21:49	E84589
2996	Styrene	100	ug/L	0.25	U	EPA 524.2	0.25	0.5	06/15/2021	21:49	E84589

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

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<sup>\*</sup>Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ?, \*, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.



### SECONDARY CONTAMINANTS 62-550.320

Report Number / Job ID:	T2110745001
PWS ID (From Page 1):	

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	0.021	( u )	EPA 200.7	0.021	06/17/2021	11:51	E84589
1017	Chloride	250	mg/L	22		EPA 300.0	2.0	06/22/2021	12:01	E84589
1022	Copper	1	mg/L	0.0010	(U)	EPA 200.8	0.0010	06/28/2021	22:20	E82574
1025	Fluoride	2.0	mg/L	0.40	U	EPA 300.0	0.40	08/22/2021	12:01	E84589
1028	Iron	0.3	mg/L	0.58		EPA 200.7	0.0067	06/17/2021	11:51	E84589
1032	Manganese	0.05	mg/L	0.014		EPA 200.8	0.0010	06/28/2021	22:20	E82574
1050	Silver	0.1	mg/L	0.00050	(0)	EPA 200.8	0.00050	06/28/2021	22:20	E82574
1055	Sulfate	250	mg/L	60		EPA 300.0	2.0	06/22/2021	12:01	E84589
1095	Zinc	5	mg/L	0.050	(U)	EPA 200.7	0.050	06/17/2021	11:51	E84589
1905	Color	15	PCU	10		SM 2120 B	4.3	06/15/2021	15:30	E84589
1920	Odor	3	TON @ 40°C	1.0	(U)	SM 2150 B	1.0	06/14/2021	15:45	E84589
1925	рН	6.5 - 8.5	SU	6.7	Q	SM 4500H+B	0.1	06/22/2021	11:00	E84589
1930	Total Dissolved Solids	500	rng/L	320		SM 2540 C	10	06/16/2021	15:00	E84589
2905	Foaming Agents	0.5	mg/L.	0.040	(U)	SM 5540 C	0.040	06/15/2021	10:45	E82001

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<sup>\*</sup>Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ?, \*, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

# SYNTHETIC ORGANICS 62-550.310(4)(b)

Report Number / Job ID: T2110745001

PWS ID (From Page 1):

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	0.0073	U	EPA 508	0.0073	0.01	06/16/2021	07/06/2021	16:13	E82574
2010	gamma-BHC (Lindane)	0.2	ug/L	0.0075	U	EPA 508	0.0075	0.02	06/16/2021	07/06/2021	16:13	E82574
2015	Methoxychior	40	ug/L	0.0072	U	EPA 508	0.0072	0.1	08/16/2021	07/06/2021	16:13	E82574
2020	Toxaphene	3	ug/L	0.13	U	EPA 508	0.13	1	06/16/2021	07/06/2021	16:13	E82574
2031	Dalapon	200	ug/L	0.90	U	EPA 515.3	0.90	1	06/23/2021	06/25/2021	02:22	E82574
2032	Diquat	20	ug/L	0.38	U	EPA 549.2	0.38	0.4	06/16/2021	06/29/2021	21:44	E82574
2033	Endothall	100	ug/L	6.0	U	EPA 548.1	6.0	9	08/15/2021	06/16/2021	15:01	E82574
2034	Glyphosate	700	ug/L	5.9	U	EPA 547	5.9	6	06/15/2021	06/15/2021	20:34	E82574
2035	Di(2-ethythexyl) adipate	400	ug/L	0.50	U	EPA 525.2	0.50	0.6	06/23/2021	06/25/2021	20:56	E82574
2036	Oxamyl	200	ug/L	1.8	U	EPA 531.1	1.8	2	06/24/2021	06/24/2021	11:19	E82574
2037	Simazine	4	ug/L	0.060	U	EPA 525.2	0.060	0.07	06/23/2021	06/25/2021	20:56	E82574
2039	Di(2-Ethylhexyl)phthalate	6	ug/L	0.50	U	EPA 525.2	0.50	0.6	06/23/2021	06/25/2021	20:56	E82574
2040	Pidoram	500	ug/L	0.090	U	EPA 515.3	0.090	0.1	08/23/2021	06/25/2021	02:22	E82574
2041	Dinoseb	7	ug/L	0.18	U	EPA 515.3	0.18	0.2	06/23/2021	06/25/2021	02:22	E82574
2042	Hexachlorocyclopentadiene	50	ug/L	0.020	U	EPA 508	0.020	0.1	06/16/2021	07/06/2021	16:13	E82574
2046	Carbofuran	40	ug/L	0.51	U	EPA 531.1	0.51	0.9	06/24/2021	06/24/2021	11:19	E82574
2050	Atrazine	3	ug/L	0.090	U	EPA 525.2	0.090	0.1	08/23/2021	06/25/2021	20:56	E82574
2051	Alachlor	2	ug/L	0.15	U	EPA 525.2	0.15	0.2	06/23/2021	06/25/2021	20:56	E82574
2065	Heptachlor	0.4	ug/L	0.0063	U	EPA 508	0.0063	0.04	06/16/2021	07/06/2021	16:13	E82574
2067	Heptachlor Epoxide	0.2	ug/L	0.0055	U	EPA 508	0.0055	0.02	06/16/2021	07/08/2021	16:13	E82574
2105	2,4-D	70	ug/L	0.095	U	EPA 515.3	0.095	0,1	06/23/2021	06/25/2021	02:22	E82574
2110	Silvex (2,4,5-TP)	50	ug/L	0.090	U	EPA 515.3	0.090	0.2	06/23/2021	06/25/2021	02:22	E82574
2274	Hexachlorobenzene	1	ug/L	0.0066	U	EPA 508	0.0066	0.1	06/16/2021	07/06/2021	16:13	E82574
2308	Benzo[a]pyrene	0.2	ug/L	0.015	U	EPA 525.2	0.015	0.02	08/23/2021	06/25/2021	20:58	E82574
2326	Pentachlorophenol	1	ug/L	0.038	U	EPA 515.3	0.038	0.04	08/23/2021	06/25/2021	02:22	E82574
2383	PCBs	0.5	ug/L	0.098	U	EPA 508	0.098	0.1	06/16/2021	07/06/2021	16:13	E82574
2931	1,2-Dibromo-3-Chloropropane	0.2	ug/L	0.017	U	EPA 504.1	0.017	0.02	06/24/2021	06/24/2021	21:28	E84589
2948	Ethylene Dibromide (EDB)	0.02	ug/L	0.011	U	EPA 504.1	0.011	0.01	06/24/2021	06/24/2021	21:28	E84589
2959	Chlordane (technical)	2	ug/L	0.056	U	EPA 508	0.056	0.2	06/16/2021	07/06/2021	16:13	E82574

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

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ab Name: KNL Environ	nmental Testing	Florida DOH Certifi	cation #: E84025	_Certification Expiration	Date: June Renewal
			ATTACH CURRENT D	OH ANALYTE SHEET*	7
Address: 3202 N. Flori	da Ave. Tampa, FL 33	3603	Phone #: 813-229-287	79	
Were any analyses subco	ontracted? Yes No	If yes, please provide	e DOH certification number(s	s):	
				SHEET FOR EACH SUE	
MAI VSIS INFORMATI	ON (to be completed by lab	) Date Sample(s) Re	eceived: Lo-15	-21	
	_	či –			210127
PWS ID (From Pg 1):	550 17 Sample #	(From Pg 1): 12110	145001	ab Assigned Report # o	or Job IDal. 912
Broup(s) Analyzed & Res	sults attached for complia	ance with Chapter 62-5	550, F.A.C. (Check all that apply)		- 7
norganics  ☐All Except Asbestos ☐Partial ☐Nitrate ☐Nitrite ☐Asbestos	Synthetic Organics  All 30  All Except Dioxin  Partial  Dioxin Only	Volatile Organics ☐All 21 ☐Partial	Disinfection Byproducts ☐Trihalomethanes ☐Haloacetic Acids ☐Chlorite ☐Bromate	Radionuclides Single Sample Otrly Composite**	Secondaries □All 14 □Partial
		LAB	CERTIFICATION		
Thomas Weel	ks		Laboratory Director		, do HEREBY CERTIFY
10-	(Print Name)		(Print Title)		do nenebroenni
hat all attached analytical of	data are correct and unless	noted meet all requireme	ents of the National Environment	al Laboratory Accreditation	n Conference (NELAC).
Signature:	N.	5	Date:	-24-21	
possible enforcement aga	and current Florida DOH la ainst the public water system al sample dates & locations	n for failure to sample, a	d a current Analyte Sheet for the nd may result in notification of the	e attached analysis results ne DOH Bureau of Laborat	will result in rejection of the re- ory Services.
NON-DE		전문하면 하다 시간에 발표를 맞았다면 얼마를 하지 않는 것 같아요?	WITHIN 24 HRS FOR NITRATE O A "U" QUALIFIER. (Non-detects of	The contract have a second that the second s	1.44 A. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14
COMPLIANCE DETERM	INATION (to be complete	d by DEP or DOH atta	ch notes as necessary) %		
Sample Collection & Ana	alysis Satisfactory: Yes	□No	Replacement Sample	or Report Requested (	circle or highlight group(s) above)
Person Notified:		Date Notified:	9 ZDEP/DOH Review	ving Official:	
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KNL Environmental Testing 3202 N. Florida Ave. Tampa, FL 33603 Ph: (813) 229-2879 Fax: (813) 229-0002

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

RADIONUCLIDES 62-550.310(6) KNL Report Number/Job ID: 21.9127 PWS ID(From Page 1):

Client ID: Advanced Environmental Laboratories, Inc. / T2110745001 // Pinecrest Ranches POE

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier *	Analytical Method	Lab MDL	RDL	Analysis Error	Analysis Date	Analysis Time	DOH Lab Certification #
4002	Gross Alpha (incl Uranium)	15 ***	pCi/L	1.8	I	EPA 900.0	0.9	3	0.7	6-18-21	1627	E84025
4020	Radium-226	5	pCi/L	2.3		EPA 903.0	0.5	1	0.5	6-18-21	1244	E84025
4030	Radium-228	1	pCi/L	0.6	( U )	EPA Ra-05	0.6	1	0.5	6-22-21	1609	E84025

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

Qualifier Codes: U = indicates that the compound was analyzed for but not detected.

I = the reported value is between the laboratory detection limit and the laboratory practical quantitation limit.

\*\* If the result exceeds 5 pCi/L, a measurement for radium-226 is required. Uranium is reported separately under Contam ID 4006.

If the results exceed 5 pCi/L, a measurement for radium-226 is required. If the results exceed 15 pCi/L, a measurement for Combined Uranium must be reported separately. The DEP/DOH will subtract the U value from the Gross Alpha (ID 4002) to determine compliance with MCL for Gross Alpha (Excl.U) of 15 pCi/L. If the result for ID 4002 Gross Alpha (incl.Uranium) does not exceed 15 pCi/L, Combined Uranium need not be measured nor reported.

\*\*\*\* If using Uranium testing methods ASTM D5174 or EPA 200.8 only, then Analysis Error need not be reported.

\*\*\*\*\* 75% carrier recovery

Page of

Test results meet all requirements of the 2016 TNI standards. Statement of estimated uncertainty available upon request. Test results refer only to sample(s) listed. Contact person: Thomas Weeks (813) 229-2879.

Approved by:

Thomas J. Weeks Laboratory Director

	Advanced Environmental Laboratories, Inc.	D Fort	MANUEL 1216	00 Weetkin Te 581 Boulipoint	tibito Bird., Sia. 1720a, Sia. 19. Fl Picoy., Fl. 12216 20 St., Suito D. Fl.	. 23913 - 239.EF	*L8130 - Lab I * Lab ID: 6825	D: E84692 174	GPB			Miremac	10200 USA	Today Way	Page R 3000 - 2 R 3003 - 61	SA.889.2238 •	Lab ID: E823 Lab ID: E825	101 124	
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## **Chain of Custody**



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Manager Tampa ed Environmental Laboratories, Inc. 2742 North Florida Avenue Tampa, FL 33602 Phone Fax T—PO— [3173]  No. 551580 Phone Fax T—PO— [3173]  Sample ID Collect Date/Time Lab ID Matrix  Pinecrest Ranches POE 8/14/2021 09:50 T2110745001 Drinking Water 3 Preserved Contains  Report Electroric Data Deliverables  Standard (Results only) Standard with Batch QC SEDD Stage 2A  Standard with Batch QC SEDD Stage 3  Other Other Transfers Released By  Transfers Released By  Transfers Released By  Transfers Released By  Transfers Released By	Manager Tampa ed Environmental Laboratories, Inc. rincess Palm Ave FL 33619 nbs: rx 551580 rnvitle, FL 32255-1580 (813)630-9616  Collect Date/Time Pinecrest Ranches POE 6/14/2021 09:50  Report Report Flandard (Results only) Standard with Batch QC CLP Other  Other  Transfers Rolessed By  Transfers Rolessed By	Manager Tamps ed Environmental Laboratories, Inc. incess Palm Ave FL 33619 Rs 551580 privite, FL 32255-1580 (813)630-9616  Collect Date/Time Lab ID Matrix Pinecrest Ranches POE Art4/2021 09:50  Report Electronic Data Deliverables Standard (Rosults only) Standard with Batch QC CLP Other  Other  Transfers Released By Inc. 2742 North Florida Avenus Tamps, FL 33602 Phone Fax  T-PO-131+3  Report Standard (Rosults only) SEDD Stage 2A  SEDD Stage 2A  SEDD Stage 3  Other  Transfers Released By Inc. 2742 North Florida Avenus Tamps, FL 33602 Phone Fax  T-PO-131+3  Report Standard (Rosults only) SEDD Stage 2A  SEDD Stage 3  Other  Transfers Released By Inc. 2742 North Florida Avenus Tamps, FL 33602 Phone Fax  T-PO-131+3  Report Standard Water SEDD Stage 2A  SEDD Stage 3  Other  Transfers Released By Inc. 2742 North Florida Avenus Tamps, FL 33602  Phone Fax  Transfers Released By Inc. 2742 North Florida Avenus Tamps, FL 33602  Fax  Transfers Released By Inc. 2742 North Florida Avenus Tamps, FL 33602  Transfers Released By Inc. 2742 North Florida Avenus Tamps, FL 33602  Report SEDD Stage 3  Other  Transfers Released By Inc. 2742 North Florida Avenus Tamps, FL 33602  Report SEDD Stage 3  Transfers Released By Inc. 2742 North Florida Avenus Tamps, FL 33602  Report SEDD Stage 3  Transfers Released By Inc. 2742 North Florida Avenus Tamps, FL 33602  Report SEDD Stage 3  Transfers Released By Inc. 2742 North Florida Avenus Tamps, FL 33602  Report SEDD Stage 3  Transfers Released By Inc. 2742 North Florida Avenus Tamps, FL 33602  Report SEDD Stage 3  Transfers Released By Inc. 2742 North Florida Avenus Tamps, FL 33602  Report SEDD Stage 3  Transfers Report SEDD Stage 3  Transfers Released By Inc. 2742 North Florida Avenus Tamps, FL 33602  Report SEDD Stage 3  Transfers Report SEDD Stage	Manager Tampa ed Environmental Laboratories, Inc. incess Paria Ave FL 33619 Ns. 551580 shits.	Manager Tampa ed Environmental Laboratories, Inc. incess Pelm Ave FL 33819 Frax Fax Fl 33602 Phone Fax	Manager Tempe ed Environmental Laboratories, Inc. incess Path Ave FL 33619 flamps, FL 33602 Phone sx 551580 mvitle, FL 32255-1580 (813)630-9616  Sample ID Collect Date/Time Lab ID Matrix Pincorest Ranches POE 8/14/2021 09:50 T2110745001 Drinking Water 3  Report Standard (Rosults only) Standard with Batch QC CLP Other  Other  Transfers Released By Deta/Time  Transfers Released By Deta/Time	Manager Tampa ed Environmental Laboratories, Inc.  Inc	Manager Tampe ed Environmental Laboratories, Inc. (NIL Laboratory Services, Inc. (2742 North Florida Avenue) Tampe, FL 33602 Phone Inc. 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## Lead and Copper Tap Sample Analysis And Result Ranking Report

Reporting Format 62-550.730(4)(a)

System Name:

Pinecrest Ranches

PWS-ID:

6535079

Laboratory Name:

Advanced Environmental Laboratories, Inc.

Laboratory Contact:

Project Manager Tampa

Lab Phone Number:

(813)630-9616

Date Submitted to Lab:

of Demindred for

06/15/2021 14:06 June 24, 2021

Report Date:

Lead or Copper:

Lead

90th Percentile Value:

0.001

A	RANK	LOC	CATION		CLIENT SAMPLE		DATE SITE	LEAD	QUAL.	MDL (mg/L)	METHOD	ANALYSIS	LAB ID
-	TOTAL T	NO	TIER	ID	SITE	LAB SAMPLE ID		(mg/L)				DATE	
	1			353	353 Citrus Highland Drive	T2110872001	06/08/2021	0.0010	U	0.0010	SM 3113B	06/17/2021	E84589
	2			415	415 Citrus Highland	T2110872002	06/08/2021	0.0010	U	0.0010	SM 3113B	06/17/2021	E84589
4	3			6031	6031 Citrus Highland	T2110872003	06/08/2021	0.0010	U	0.0010	SM 3113B	06/17/2021	E84589
	4			5615	5615 Jessie Drive	T2110872005	06/08/2021	0.0010	U	0.0010	SM 3113B	06/17/2021	E84589
	5			320	320 Citrus Highland	T2110872004	06/08/2021	0.0010	l u	0.0010	SM 3113B	06/17/2021	E84589

CERTIFICATION. The tap samples used for lead and copper analyses were submitted by the above PWS. Each sample container had one liter of solution (+/- 100mL). All samples were taken properly by the above system and analyzed in accordance with the requirements in Chapter 10D-41,F.A.C. The sampling dates were reported for each sample received. I hereby

SIGNATURE OF AUTHORIZED LABORATORY REPRESENTATIVE:

NAME:

Sue Bell

TITLE and DATE:

6/24/2021

## Lead and Copper Tap Sample Analysis And Result Ranking Report

Reporting Format 62-550.730(4)(a)

System Name:

Pinecrest Ranches

PWS-ID:

6535079

Laboratory Name:

Advanced Environmental Laboratories, Inc.

**Laboratory Contact:** 

Project Manager Tampa

Lab Phone Number:

(813)630-9616

Date Submitted to Lab:

Report Date:

06/15/2021 14:06 June 24, 2021

Lead or Copper:

Copper

90th Percentile Value:

0.02

A	RANK	LOC	CATION		CLIENT SAMPLE		DATE SITE		QUAL.	MDL (mg/L)	METHOD	ANALYSIS	LAB ID	
	- CANA	NO	TIER	ID	SITE	LAB SAMPLE ID		(mg/L)				DATE		
	1			6031	6031 Citrus Highland	T2110872003	06/08/2021	0.0050	U	0.0050	SM 3113B	06/18/2021	E84589	
	2			353	353 Citrus Highland Drive	T2110872001	06/08/2021	0.0050	U	0.0050	SM 3113B	06/18/2021	E84589	
	3			5615	5615 Jessie Drive	T2110872005	06/08/2021	0.0091	1	0.0050	SM 3113B	06/18/2021	E84589	
	4			320	320 Citrus Highland	T2110872004	06/08/2021	0.018		0.0050	SM 3113B	06/18/2021	E84589	
	5			415	415 Citrus Highland	T2110872002	06/08/2021	0.022	+ +	0.0050	SM 3113B	06/18/2021	E84589	

CERTIFICATION. The tap samples used for lead and copper analyses were submitted by the above PWS. Each sample container had one liter of solution (+/- 100mL). All samples were taken properly by the above system and analyzed in accordance with the requirements in Chapter 10D-41,F.A.C. The sampling dates were reported for each sample received. I hereby certify that all data submitted are correct.

SIGNATURE OF AUTHORIZED LABORATORY REPRESENTATIVE:

NAME:

Sue Bell

TITLE and DATE:

6/24/2021

Client Name: C		LI Tall			t Plawy., FL 32216 roe St., Suite D. F		19.6274 • Lab I					Gainesville: Miramar: 10 Tampa: 9610	200 USA Today			8 • Lab ID: E8	2535	
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Altamonte Springs: 386 Northiake Blvd., Sta. 1048, FL 32701 • 407,937,1594 • Lab ID: E53076

Page 1 of 1

System Name: Pinecrest Ranches (07.11.23) PWS I.D. #: 6535079  System Type (check one): Community	PUBLIC WATER SYSTEM INFORMATION (	to be completed by sampler - please type or print	legibly)	
System Type (check one): Community   Transient Noncommunity   Transient Noncommunity   Address:   Colly   City:   ZIP Code:   33530   City:   ZIP Code:   33530   City:   City:   ZIP Code:   City:   ZIP Code:   City:				6525070
Address:	System Type (check one): Community	Nontransient Noncommunity		
Phone #: Fax #: E-Mail Address:  SAMPLE INFORMATION (to be completed by sampler)  Sample Number: T2313506001 Sample Date: 07/11/2023 Sample Time: 14:46 AM PM (Circle One)  Sample Location (be specific): POE Location Code: (863) 965-2599  Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids mg/L Field pH:  Sample Type (Check Only One) Reason(s) for Sample (Check all that apply)  Distribution Routine Compliance with 62-550 Replacement (of Invalidated Sample)  Plant Tap (not for compliance with 62-550 Composite of Multiple Sites* Clearance (permitting)  Max Residence Time Sampling Procedure Used or Other Comments: Sample Procedure Used or Other Comments: See 62-550.550(4) for requirements and attach a results page for each site.  SAMPLER CERTIFICATION  Phone # Max 9455 2599 Sampler's Fax #:  Sampler's E-mail:	Address: 645 Hun 1001.	D _		<i>(</i>
Sample Number: T2313506001 Sample Date: 07/11/2023 Sample Time: 14:46 AM PM (Circle One. Sample Number: T2313506001 Sample Date: 07/11/2023 Sample Time: 14:46 AM PM (Circle One. Sample Location (be specific): POE Location Code: (863) 965-2599  Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids mg/L Field pH:  Sample Type (Check Only One) Reason(s) for Sample (Check all that apply)  Distribution Routine Compliance with 62-550 Replacement (of Invalidated Sample)  Entry Point (to Distribution) Confirmation of MCL Exceedance* Special (not for compliance with 62-550)  Raw (at well or Intake) Other:  Max Residence Time Sampling Procedure Used or Other Comments: Clearance (permitting)  Near First Customer Sampling Procedure Used or Other Comments: See 62-5505,550(4) for requirements and attach a results page for each site.  SAMPLER CERTIFICATION  (Print Name (Print Title) that the above public water system and sample collection information is complete and correct.  Signature Date: 7-20-2023  Sampler's Fax #:	City: Bery tow	ZIP Code	33830	
Sample Number: T2313506001 Sample Date: 07/11/2023 Sample Time: 14:46 AM PM (Circle One)  Sample Location (be specific): POE Location Code: (863) 965-2599  Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids mg/L Field pH:  Sample Type (Check Only One) Reason(s) for Sample (Check all that apply)  Distribution Routine Compliance with 62-550 Replacement (of Invalidated Sample)  Plant Tap (not for compliance with 62-550 Composite of Multiple Sites* Clearance (permitting)  Max Residence Time Sampling Procedure Used or Other Comments: Sampling Procedure Used or Other Comments: See 62-550.5512(3) for requirements and restrictions. And 62-550.512(3) for requirements and restrictions. And 62-550.512(3) for rilitate or nitrite exceedances.  SAMPLER CERTIFICATION  Date: 7-20-2023  Sample Time: 14:46 AM PM (Circle One)  Location Code: (863) 965-2599  Replacement (of Invalidated Sample)  Reason(s) for Sample (Check all that apply)  Replacement (of Invalidated Sample)  Reason(s) for Sample (Check all that apply)  Replacement (of Invalidated Sample)  Reason(s) for Sample (Check all that apply)  Replacement (of Invalidated Sample)  Reason(s) for Sample (Check all that apply)  Replacement (of Invalidated Sample)  Reason(s) for Sample (Check all that apply)  Replacement (of Invalidated Sample)  Reason(s) for Sample (Check all that apply)  Replacement (of Invalidated Sample)  Reason(s) for Sample (Check all that apply)  Replacement (of Invalidated Sample)  Reason(s) for Sample (Check all that apply)  Replacement (of Invalidated Sample)  Reason(s) for Sample (Check all that apply)  Replacement (of Invalidated Sample)  Rea	Phone #: Fax #:	E-Mail Address:		
Sample Location (be specific): POE	SAMPLE INFORMATION (to be completed by s	ampler)		
Sample Location (be specific): POE  Location Code: (863) 965-2599  Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids mg/L Field pH:  Sample Type (Check Only One)  Reason(s) for Sample (Check all that apply)  Distribution  Routine Compliance with 62-550  Replacement (of Invalidated Sample)  Confirmation of MCL Exceedance* Special (not for compliance with 62-550)  Raw (at well or intake)  Other:  Max Residence Time  Ave Residence Time  Near First Customer  Sampling Procedure Used or Other Comments:  'See 62-550.512(3) for nitrate or nitrite exceedances.  And 62-550.512(3) for nitrate or nitrite exceedances.  SAMPLER CERTIFICATION  Sampler's E-mail:  Date:  Other:  Sampler's Fax #:  Sampler's Fax #:	Sample Number: T2313506001 S	Sample Date: 07/11/2023	Sample Time: 14:46	AM PM (Circle One
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids mg/L Field pH:  Sample Type (Check Only One)    Reason(s) for Sample (Check all that apply)   Distribution   Routine Compliance with 62-550   Replacement (of Invalidated Sample)   Entry Point (to Distribution)   Confirmation of MCL Exceedance*   Special (not for compliance with 62-550)   Raw (at well or intake)   Other:   Max Residence Time   Sampling Procedure Used or Other Comments:   And 62-550.512(3) for intrate or nitrite exceedances.   See 62-550.50(4) for requirements and attach a results page for each site.     I Print Name   Print Name   Print Title   Print Title     Certified Operator # August   Phone # Max 3 965 259 Sampler's Fax #:   Sampler's Fax #:	Sample Location (be specific): POE		Location Code:	
Reason(s) for Sample (Check all that apply)   Distribution   Reuson(s) for Sample (Check all that apply)   Distribution   Replacement (of Invalidated Sample)   Replacement (of Invalidated Sample)   Plant Tap (not for compliance with 62-550   Composite of Multiple Sites*   Clearance (permitting)   Clearance (permitting)   Clearance (permitting)   Max Residence Time   Ave Residence Time   Ave Residence Time   Near First Customer   Sampling Procedure Used or Other Comments:	Disinfectant Residual (Required when reporting results	for trihalomethanes and haloacetic acids	2549 CHAILE ST	(003) 303-2399
Page: 1 of 5	Distribution Entry Point (to Distribution) Plant Tap (not for compliance with 62-550 Raw (at well or intake) Max Residence Time Ave Residence Time Near First Customer  I Print Name that the above public water system and sample collect Signature Certified Operator # Phone Sampler's E-mail: Reporting Format 62-550.730	Routine Compliance with 62-550 Confirmation of MCL Exceedance* Composite of Multiple Sites* Other:  Sampling Procedure Used or Other Commes See 62-550(6) for requirements and restrictions. And 62-550.512(3) for nitrate or nitrite exceedance  SAMPLER CERTIFICATION (Print Title)  tion information is complete and correct.  Date  # \$10.3 965 2599 Sam	Replacement (of Invalidate Special (not for compliance Clearance (permitting)  ents:  *See 62-550.550(4) for require attach a results page for each do HE	ements and site.

# LABORATORY CERTIFICATION INFORMATION to be completed by lab - please type or print legibly)

Lab Name:Advanced Environmental Laboratorie	es, Inc. Florida DOH Certific	ation #: E84589	Certification Expiration	Date: 06/30/2024
		ATTACH CURRENT	DOH ANALYTE SHEET*	
Address: 9610 Princess Palm Ave, Tampa, FL	33619	Phone #: (813) 63		
Were any analyses subcontracted Yes	No If yes, please provide	de DOH certification nu		
		ATTACH DOH ANAL	YTE SHEET FOR EACH SU	JBCONTRACTED LAB
ANALYSIS INFORMATION (to be completed by le	ab) Date Sample(s) Received			
PWS ID: (From Page 1): 6535079	Sample Number (From Pag		Lab Assigned Report # O	r Job ID: T2313506
Group(s) Analyzed & Results attached for compl	iance with Chapter 62-550, F.A	.C. (Check all that apply):		
Inorganics  ☐ All except Asbestos ☐ All 30 ☐ Partial ☐ All Except Dioxin ☐ Nitrate ☐ Partial ☐ Dioxin Only ☐ Asbestos	Volatile Organics All 21 Partial	Disinfection Byproducts Trihalomethanes Haloacetic Acids Chlorite Bromate	Radionuclides Single Sample Qtrly Composite*	Secondaries All 14 Partial
Aspestos	LAB CERTIF	ICATION		
I, Sue Bell		Se Decises Ma		
(Print Name		Sr Project Mana (Print Title)		, do HEREBY CERTIFY
that all attached analytical data are correct and unless	noted meet all requirements of the	National Environmental L	aboratory Accreditation Con	ference (NELAC)
Signature: Suchkly		Date:	07/19/2023	ioronos (NELAO).
Failure to provide a valid and current Florida DOH is possible enforcement against the public water system Please provide radiological sample dates & location CONFIRMATION & NOTIFICE	ns for each quarter.	ent Analyte Sheet for the a esult in notification of the I	ttached analysis results will in DOH Bureau of Laboratory S	result in rejection of the reportervices.
NON-DETECTS ARE TO BE REPORTED A	CATION IS REQUIRED WITHIN 24 HR	S FOR NITRATE OR NITRIT	TE MCL EXCEEDANCES	
NON-DETECTS ARE TO BE REPORTED A			DL" or with a "<" are not accepta	ible.)
COMPLIANCE DETERMINATION(to be completed		s necessary)		
Sample Collection & Analysis Satisfactory: Yes	s	Replacement Sample or	Report Requested (circle or	r highlight group(s) above)
Person Notified:	Date Notified:		DOH Reviewing Official:	reactions and company of the State Company of Country + 2011 perceived in a 101 of 1871.
Reporting Format 62-550.730 Effective January 1995, Revised December 2012	Pag	e: 2 of 5		

## INORGANIC CONTAMINANTS 62-550.310(1)

Report Number / Job ID: T2313506001

PWS ID (From Page 1):

6535079

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis	DOH Lab
1040	Nitrate (as N)	10	mg/L	0.092	11			Date	Time	Certification #
1041	· ' /			977999	U	SM 4500NO3-F	0.0920	07/12/2023	16:36	E84589
1041	Nitrite (as N)	1	mg/L	0.081	U	SM 4500NO3-F	0.0810	07/12/2023	16.26	
						151011051	0.0010	07/12/2023	16:36	E84589

## OTHER CONTAMINANTS

Report Number / Job ID:

T2313506001

PWS ID (From Page 1):

6535079

Contam					T			37.1		0333073
ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis	DOH Lab
_	Nitrate + Nitrite	N/A	ma/l	0.10			HIDL	Date	Time	Certification #
	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	IVA	mg/L	0.12	L U	SM 4500NO3-F	0.12	07/12/2023	16:36	E84589

Reporting Format 62-550.730 Effective January 1995, Revised December 2012

Chitamportie Springs: 380 Novembre 6841, See 1046 FL 32701 - 487 507 1594 - Leb 10: ES3076 Page 1 of 1 Fort Myery 10100 Washing Tanaca Sa. 10, P. 33913 - 202,674 \$100 - Lee D. 554420 Environmental Laboratories, Inc. [Linch sorry | Ter; 5551 Southwest Plany, FL 39216 - 904 363 9050 - Lab 93 362574 [[[#]|#h05506; 2850 North Montros St., Suite D. P., 22303 - 850 219 8274 - Loo D. First to BOTTLE SATE & TYPE Consta Flow, Inc. PINECREST RANCHES 5574 Commercial Blvd Project Number Winter Haven, FL 33880 PO Number LABORATORY I.D. NUMBER 863-965-2599 ANALYSIS REQUIRED FDEP Fecility No. 6535079 NITRATE / NITRITE FDEP FROITY Near: 6115 State Road 60 W Jennifer Alexander Bartow, FL Jennifer Alexander Standard X Turn Around Time Rush AEL Profile 2 74275 ADaPT **EQuis** Other Grab SAMPLING SAMPLE ID NO. SAMPLE DESCRIPTION MATRIX DATE TIME Grab POE X DW B01 \*T2313506\* Form last revise Temp from blank a .0 DCN: AD-D051web incle IR temp puri used) J. SA G: LT-1 LT-2 T: 104 A:34 M:34 S: 1V F:1A Date Time Received by: FOR DRINKING WATER USE: 1200 243 7/12/13 1200 (When PWS Inform 7/12/23 13/15 11114 345 Contact Person lor of Water

Safe Drinking Water Program Laboratory Reporting Format

Florida Department of Environmental Protection

Page: 5 of 5

2

\*Results must be reported with appropraite qualifers in accordance with Florida Administration Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ?, \*, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

Re: Docket No. 20230071-WU- Application for staff-assisted rate case in Polk County by Pinecrest Utilities, LLC

#8 For Water: Total Water Pumped January 1st 2022- December 31st 2022

## **Total Water Pumped 2022**

Jan. 2022	1,065,000
Feb. 2022	1,051,000
Mar. 2022	1,301,000
Apr. 2022	1,469,000
May 2022	1,164,000
Jun. 2022	1,380,000
Jul. 2022	1,273,000
Aug. 2022	119,000
Sept. 2022	966,000
Oct. 2022	1,097,000
Nov. 2022	742,333
Dec. 2022	866,000
Total	12,493,333

DE	CE	N/E	n		
basti	erdo-ri	veraj	2/15/20	22 93	19:38 A

Gene	ral Information for the Monti	VYear of:	Monite	oring Period From: 1/01/2	22 To: 1/31/22	W			
	Public Water System (	PWS) Information		3					
	PWS Name:	PINECREST				PWS Identification	Number		6535079
	PWS Type:	Community	Non-Transient Non-	Community		Transient Non-Con		Co	nsecutive
	Number of Service Co	nnections at End of Mo	onth:	126-active	Total Popula	ition Served at End		341	Sociare
	PWS Owner:	Mike Smallridge					o. monen	041	
	Contact Person :	Mike Smallridge			Contact Per	son's Title:	PRESIDENT		
	Contact Person's Maili	ng Address:	P.O. BOX1798	City: Eaton Park			The second secon	FL	Zip Code: 33840
	Contact Person's Teler		352-302-7406		Contact Per	son's Fax Number:	Totato.		Elp Code. 55640
	Contact Person's E-Ma	ail Address:	utilityconsultant@	vahoo.com	1	our ox rumedi.			
i.	Water Treatment Plant	Information							
	Plant Name:	Pinecrest Utilities			Plant Telent	one Number:		363-647-1581	
	Plant Address:	Citrus Highlands Dr	ive off Hankin Rd.	City: Bartow	I want relapi	ione ramber.		FL	Zip Code: 33830
	Type of Water Treated	by Plant:		Raw Ground Water	X		- International Contract Contr	nished Water	Zip Code: 33830
	Permitted Maximum D	ay Operating capacity	of Plant, gallons per day:			150,000	ruiciaseu r	ilistieu water	
	Plant Category ( per su	bsection 62-699.310(4	), F.A.C.): V		Plant Class:	150,000			
	Licensed Operators		Name	THE STATE OF THE STATE OF	I lank Olass.	License Class	License Num	hor I	Day(s)/Shift(s) Worked
	Lead/Chief Operator:		GAINES ALEXANDI	ER		C	C-5472	Der	Day(s)/Snin(s) worked
	Other Operators:	COLE SEE SA	DANNY ALEXANDE	R		C	C-12379		
			JENNIFER ALEXAN	No.		C	C-21471		
	Letter -	The state of the s	CHRIS NICHOLS			C	C-20287		- 12
							C-20201		13
							_		
Certif	ication by Lead/Chief Opera	tor	THE STATE OF THE				_		
	I the undersigned water	r treatment plant open	ator licenses in Florida, am	the lead/shief annual of the					

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

2/09/22

Signature and Date

DEP Form 62-555.900(3) Effective August 28, 2003

**CHRIS NICHOLS** 

Printed or Typed Name

C-20287

License Number

**Entered Oracle** 

III. Daily Data for the Month/Year of: Monitoring Period From: 1/01/22 To: 1/31/22 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(Cloramines) Chlorine Dioxide CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, If Applicable\* Ct Calculations UV Dose Lowest Lowest CT Residual Disinfectant Provided Lowest Days Net Disinfectant Contact Time Before or at Residual Quality of Plant concentration (T) at C First Minimu Minimum Disinfectant Emergency or Abnormal Finished Staffed Hours Before or at Measurement Customer pH of m CT. Lowest UV Dose | concentration at | Operating Conditions; Repair or Day of or Visited Plant in Water Peak flow First Customer Point During During Peak Temp of Water, if Require Operating UV required. Remote Point in Maintenance Work that Involves the by Operatio Produced. rate . During Peak Peak Flow. Dose, mW-Flow, mg-Water, Applicabl d mgmW-Distribution Taking Water System month Operator gal Flow, mg/L Sec.cm2 n gpd. minutes min/L C . min/L sec/cm2 System, mg/L Components Out of Operation 24 40333 24 2 40333 24 3 X 40333 0.3 2.3 4 24 35500 5 X 24 35500 0.2 2.0 6 24 37500 7 Х 24 37500 0.5 2.1 24 8 37667 9 24 37667 10 X 24 37667 0.3 1.9 11 24 29500 12 X 24 29500 0.2 2.0 13 24 31500

**PINECREST** 

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\*Refer to the instructions for this report to determine which plants must provide this information. DEP Form 62-555.900(3)

6535079

Effective August 28, 2003

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Average

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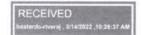
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PWS: Identification Number:



I. Gene	ral Information for the Monti	h/Year of:	Monito	oring Period From: 2/01/2	22 To: 2/28/2:	2				
A.	Public Water System (	PWS) Information			AND DESCRIPTION OF THE PARTY OF					
	PWS Name:	PINECREST				PWS Identification	Number:		6535079	
	PWS Type:	Community	Non-Transient Non-	Community		Transient Non-Con		Consec		
	Number of Service Co	nnections at End of Mo	onth:	126-active	Total Popu	lation Served at End		341		
	PWS Owner:	Mike Smallridge			1					
	Contact Person :	Mike Smallridge			Contact Pe	rson's Title:	PRESIDENT			
	Contact Person's Maili		P.O. BOX1798	City: Eaton Park			State: FL		Zip Code: 33840	
	Contact Person's Tele	phone Number:	352-302-7406		Contact Pe	rson's Fax Number:			1=2	
	Contact Person's E-Ma	ail Address:	utilityconsultant@	vahoo.com						
3.	Water Treatment Plant	Information	William William Tolking Company Company	Colonia and Confederation (Colonia)						
	Plant Name:	Pinecrest Utilities			Plant Telep	hone Number:	863-64	47-1581		
	Plant Address:	Citrus Highlands Dr	ive off Hankin Rd.	City: Bartow	11-11-11-11-11-11-11-11-11-11-11-11-11-		State: FL	7-1001	Zip Code: 33830	
	Type of Water Treated			Raw Ground Water	X		Purchased Finished	Water	ZIP 0006. 55050	
	Permitted Maximum D	ay Operating capacity	of Plant, gallons per day:			150,000	T GI GI GI GI TI III GI GI			
	Plant Category ( per su				Plant Class					
	Licensed Operators		Name		THE RESERVE	License Class	License Number	THE RESERVE	Day(s)/Shift(s) Worked	
	Lead/Chief Operator:		GAINES ALEXAND	ER		C	C-5472		Day(s) Sim(s) WORKO	
	Other Operators:		DANNY ALEXANDE	R		Č	C-12379			
			JENNIFER ALEXAN	NDER		C	C-21471			
			CHRIS NICHOLS			C	C-20287		12	
	775 20 30 50 50	of the latest of					0.20207		12	
	No. of Lot, House, St.	The State of the S							_	
	The second second	to the state of								
. Certif	ication by Lead/Chief Opera	itor								
	I the undersigned water	er treatment plant appe	starliannas in Florida	the leadlables accorded to			2-11-2			

I, the undersigned water treatment plant operator license in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. Acceptify 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 62-555.70(3), F.A.C. I also perfyr that the following additional operations records for this plant were prepared each day that a licensed operator staffed for visited, this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) is applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS so the PWS owner can refair them, together with copies of this report, at a convenient location for at least ten years.

03/08/22

Signature and Date DEP Form 62-555 (00(3)) Effective August 28, 2003 CHRIS NICHOLS

Printed or Typed Name

C-20287

License Number

Entered Oracle

PWS: Identification Number: 6535079 Plant Name: PINECREST

	Data for t					Monitoring Per			28/22					
Means o	f Achieving	Four-Log	Virus Inac				Free Chlorine			Chlorine	Dioxide		Ozone	Combined Chlorine(Chloramine
		Ultraviole	t Radiation		Other: (Describe	e):								
ype of	Disinfectan	t Residua	Maintained	d in Distribu	ition System:			Free Chl	orine		Combined Chlor	ine(Clorami	nes)	Chlorine Dioxide
	THE COM			CT Calcul	ations, or UV Do	se, to Demonst	rate Four-Log \	/irus Inaci	vation, If	Applicable				
	1/5-3					Ct Calculations				BEI	UV Dose			
Day of the month	Days Plant Staffed or Visited by Operator	Operatio n	Produced, gal	Peak flow rate, gpd.	Lowest Residual Disinfectant concentration Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg- min/L		pH of Water, if Applicabl e		Lowest Operating UV Dose, mW- Sec.cm2	Minimum UV Dose required, mW- sec/cm2	Lowest Residual Disinfectant concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair o Maintenance Work that Involve Taking Water System Components Out of Operation
1		24	35000											
2	Х	24	35000		0.3								2	
3		24	41500											
4	X	24	41500		0.7								2.1	
6	-	24	32000											
7	X	24	32000											
8	_ X	24	32000		0.9								3.2	
9	X	24 24	30500 30500											
10	^	24	28500		0.8								2.8	
11	X	24	28500	-	0.4									
12	_^	24	35333		0.4								2.0	
13		24	35333					_		_				
14	X	24	35333		0.3			-	_				0.7	
15	- "	24	29500		0.5			_		_			2.7	
16	X	24	29500		0.2								1.3	
17		24	34000		0.2								1.3	
18	Х	24	34000		0.2								1.4	
19		24	41000										1.4	
20		24	41000											
21	Х	24	41000		0.8								3.1	
22		24	54000										0.1	
23	Х	24	54000		0.8								1.4	
24		24	42500										1.5	
25	Х	24	42500		0.3								1.7	
26		24	45000										1.1	
27		24	45000											
28	Х	24	45000		1.1								2.2	
otal		S POIN	1051000											

Average Maximum 54000 \*Refer to the instructions for this report to determine which plants must provide this information. DEP Form 62-555.900(3)

37536

Effective August 28, 2003



. Gener	ral Information for the Monti	h/Year of:	Monito	oring Period From: 3/01/2	22 To: 3/31/22				
1.	Public Water System (	PWS) information							
	PWS Name:	PINECREST				PWS Identification	Number:		6535079
	PWS Type:	Community	Non-Transient Non-	Community		Transient Non-Con	nmunity	Conse	cutive
-30	Number of Service Co	nnections at End of Mo	onth:	126-active	Total Popula	ition Served at End	of Month:	341	
	PWS Owner:	Mike Smallridge	50000000	***************************************			Santa da La Caracteria de la Caracteria		
	Contact Person :	Mike Smallridge			Contact Per	son's Title:	PRESIDENT		
	Contact Person's Mail	ing Address:	P.O. BOX1798	City: Eaton Park			State: FL		Zip Code: 33840
	Contact Person's Tele	phone Number:	352-302-7406		Contact Per	son's Fax Number:			4, 1, 2, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3,
	Contact Person's E-Ma	ail Address:	utilityconsultant@	yahoo.com	-				
В	Water Treatment Plan	t Information		Section of the sectio					
	Plant Name:	Pinecrest Utilities			Plant Teleph	one Number:	863-	647-1581	
	Plant Address:	Citrus Highlands Dr	ive off Hankin Rd.	City: Bartow	The state of the s		State: FL		Zip Code: 33830
	Type of Water Treated	by Plant:		Raw Ground Water	X		Purchased Finish	ed Water	
	Permitted Maximum D	ay Operating capacity	of Plant, gallons per day:			150,000			
		ubsection 62-699.310(4			Plant Class:				
	Licensed Operators		Name			License Class	License Number		Day(s)/Shift(s) Worked
	Lead/Chief Operator:		GAINES ALEXANDI	ER		С	C-5472		
	Other Operators:		DANNY ALEXANDE	R		C	C-12379		
		2011/19	JENNIFER ALEXAN	IDER		С	C-21471		
			CHRIS NICHOLS			С	C-20287		
	143 453		ROBERT GRAVES			В	B-0015216		13
	THE PERSON NAMED IN COLUMN								-
. Certif	ication by Lead/Chief Open	ator	The state of the s						
-	The same of the sa	of office and the same of the	ator licones in Florida, em	the lead/shief appretes of the	ha	ant plant identified t	- Dead Laf		

I, the undersigned water treatment plant operator license in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment, chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-655.320(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 sisted this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) is applicable appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

DEP Form 62-555.900(3) Effective August 28, 2003 ROBERT GRAVES

Printed or Typed Name

B-0015216

License Number

**Entered Oracle** 

PWS: Identification Number: 6535079 Plant Name: PINECREST

	Data for t					Monitoring Per	iod From: 3/01.	/22 To: 3/3	31/22					
Means o	f Achieving		Virus Inac		emoval: *		Free Chlorine			Chlorine	Dioxide		Ozone	Combined Chlorine(Chloramine
		Ultraviole	t Radiation		Other: (Describ	9):								
Type of	Disinfectan	t Residua	Maintained	in Distribu	ition System:			Free Chl	orine		Combined Chlor	rine(Clorami	nes)	Chlorine Dioxide
	3 - 12 13			CT Calcul	ations, or UV Do	se, to Demonst	rate Four-Log	Virus Inac	tivation, If	Applicable	e'			Several services
	1000	K111218				Ct Calculations	3			100	UV Dose	100		
Day of the month	Days Plant Staffed or Visited by Operator	Operatio n	Produced, gal	Peak flow rate,	Lowest Residual Disinfectant concentration Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg- min/L		pH of Water, if Applicable		Lowest Operating UV Dose, mW- Sec.cm2	Minimum UV Dose required, mW- sec/cm2	Lowest Residual Disinfectant concentration at Remote Point in Distribution System, mg/L	
1		24	41500											
2	X	24	41500		0.4								2.7	
3		24	91000											
4	X	24	91000		0.8								2.2	
5		24	15333											
6		24	15333											
7	X	24	15333		8.0								2.2	
8		24	32000										AA.	
9	X	24	32000		0.4								2.6	
10		24	45500										2.0	
11	X	24	45500		0.4								2.4	
12		24	42333										2.7	
13		24	42333									<del>                                     </del>		
14	X	24	42333		1.5								2.2	
15		24	46000									-	2.2	
16	X	24	46000		0.3								2.5	
17		24	33000									-	2.0	
18	X	24	33000		0.6							_	3.5	
19		24	57000		0.0								3.5	
20		24	57000											
21	X	24	57000		0.6								2.7	
22		24	16500		0.0								2.1	
23	Х	24	16500		0.4								3.4	
24		24	35500										3.4	
25	X	24	35500		0.5								1.9	
26		24	35000		0.0								1.9	
27		24	35000											
28	X	24	35000		0.4								1.8	
29		24	58500		0.1								1.0	
30	X	24	58500		0.5								1.9	
31		24	53000		0.0								1.9	
Total			1301000											
Average	2000		41968											
Aaximun	1		91000											
	the ineters	100			and the second									

<sup>\*</sup>Refer to the instructions for this report to determine which plants must provide this information. DEP Form 62-555.900(3)

Effective August 28, 2003

RECEIVED riveraj , 5/12/2022 ,4:32:38 P

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

	Information for the Monti		Monitor	ing Period From: 4/01/2	22 To: 4/30/22				
	Public Water System	The state of the s							
	PWS Name:	PINECREST				PWS Identification			6535079
	PWS Type:	Community	Non-Transient Non-(	Community		Transient Non-Con	nmunity	Conse	cutive
	Number of Service Co.	nnections at End of Mont	h:	126-active	Total Popul	ation Served at End	of Month:	341	
	PWS Owner:	Mike Smallridge							
	Contact Person :	Mike Smallridge		00	Contact Pe	rson's Title:	PRESIDENT		
	Contact Person's Maili	ng Address:	P.O. BOX1798	City: Eaton Park			State: FL		Zip Code: 33840
	Contact Person's Tele	phone Number:	352-302-7406		Contact Pe	rson's Fax Number.			
	Contact Person's E-Ma	ail Address:	utilityconsultant@y	ahoo com					
	Water Treatment Plan	t Information	and the second s	min man at at their					
	Plant Name:	Pinecrest Utilities			Plant Telep	hone Number:	86	3-647-1581	
	Plant Address:	Citrus Highlands Drive	off Hankin Rd.	City: Bartow	T. Harri Yorop	nono iraniaron	State: FL		Zip Code: 33830
	Type of Water Treated			Raw Ground Water	X		Purchased Fini	CONTRACTOR OF THE PARTY OF THE	Terp codd: codd
		ay Operating capacity of	Plant gallons per day:			150.000	T GIGINGOG T III	ones Trate	
		ubsection 62-699.310(4).			Plant Class				
	Licensed Operators		Name	The second second	1 10111 0 1010	License Class	License Number	er le	Day(s)/Shift(s) Worker
	Lead/Chief Operator.		GAINES ALEXANDE	R		C	C-5472		
	Other Operators:		DANNY ALEXANDE	3		C	C-12379		
		Control of the last of the las	JENNIFER ALEXAN	DER		C	C-21471		
			CHRIS NICHOLS			C	C-20287		
		Section 1	ROBERT GRAVES			В	B-0015216		13
		OLIVETICAL PROPERTY.					D CO TOLIO		10
entifica	ation by Lead/Chief Opera	ator			Lancation Co.				

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

Signature and Date DEP Form 62-555.900(3) Effective August 28, 2003

Printed or Typed Name

**Entered Oracle** 

B-0015216 License Number

	Data for t			- 10	- STORY	Monitoring Peri	iod From: 4/01/	22 To: 4/	30/22					
deans o	f Achieving	Four-Log	Virus Inact	tivation / Re			Free Chlorine	•		Chlorine	Dioxide		Ozone	Combined Chlorine(Chloramine
		Ultraviole	t Radiation		Other: (Describe	e):								
yp€ of	Disinfectan	t Residua	Maintained		tion System:	7-2		Free Chi			Combined Chlor	ine(Cloram	nes)	Chlorine Dioxide
		1 1 1 1 1 1		CT Calcula	ations, or UV Do			Virus Inac	tivation, If	Applicable				
	1500	1000	1000000			Ct Calculations		-			UV Dose			
Day of the month	Days Plant Staffed or Visited by Operator		Net Quality of Finished Water Produced, gal	Peak flow rate,	Lowest Residual Disinfectant concentration Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg- min/L		pH of Water, if Applicabl e		Lowest Operating UV Dose, mW- Sec.cm2	Minimum UV Dose required, mW- sec/cm2	Lowest Residual Disinfectant concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair of Maintenance Work that Involve Taking Water System Components Out of Operation
1	X	24	56000	AP.	0.6	THE TOTAL OF	3111176	- 4		Limb's	Obe. Gill2	300/01112	2.1	Components Out of Operation
2		24	32667										2.1	
3		24	32667											
4	Х	24	32667		0.6								2.4	
5		24	42500											
6	X	24	42500		0.5								2.3	
7	X	24	84000		0.4								1.3	
8		24	33500											
9		24	33500											
10		24	33500											
11	X	24	33500		0.9								3.1	
12	-	24	52500											
13	X	24	52500		0.2								1.0	
15	X	24	50500											
16	-^-	24	50500 47667		1.1			_					2.3	
17	_	24	47667	-				_						
18	X	24	47667		1.2									
19	_^_	24	54500		1.2			_				_	2.6	
20	X	24	54500		0.6			_	_				1.7	
21		24	57500		0.0								1.7	
22	X	24	57500		1.0								3.1	
23		24	52667		1.0								3.1	
24		24	52667											
25	Х	24	52667		0.4								1.9	
26		24	81000										1.0	
27	X	24	81000		0.7								2.3	
28	X	24	108000		1.1								3.5	
29		24	5500			L			4					
30		24	5500											
-1-1			4400055											
otal			1469000											
verage			48967											

Maximum 108000

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

DEP Form 62-555.900(3)

Effective August 28, 2003

Information for the Mont	h/Year of:	Monito	oring Period From: 5/01/22	2 To: 5/31/22			
Public Water System (	PWS) Information		AND SERVICE MANAGEMENT		MAYOR REL		
PWS Name:	PINECREST				PWS Identification N		6535079
PWS Type:	Community	Non-Transient Non	-Community		ransient Non-Comm		onsecutive
Number of Service Co.	nnections at End of Mo	nth:	126-active	Total Populat	ion Served at End of	Month: 341	
PWS Owner:	Mike Smallridge						
Contact Person :	Mike Smallridge			Contact Pers	on's Title:	PRESIDENT	
Contact Person's Mailin	ng Address:	P.O. BOX1798	City: Eaton Park		Barrier Control	State: FL	Zip Code: 33840
Contact Person's Telep	phone Number.	352-302-7406		Contact Pers	on's Fax Number:		
Contact Person's E-Ma	il Address:	utilityconsultant@	yahoo.com				
Water Treatment Plant						000 047 450	
Plant Name:	Pinecrest Utilities			Plant Teleph	one Number:	863-647-158	
Plant Address:	Citrus Highlands Driv	ve off Hankin Rd.	City: Bartow			State: FL	Zip Code: 33830
Type of Water Treated	by Plant:		Raw Ground Water	X		Purchased Finished Water	er .
Permitted Maximum Da	y Operating capacity of	of Plant, gallons per day	C		150,000		
Plant Category ( per su	bsection 62-699.310(4	), F.A.C.): V		Plant Class:	C	IV.	Day(s)/Shift(s) Wor
Licensed Operators	PARTICIPATION IN COLUMN	Name		Contract Contract	License Class	License Number	Day(SySmids) Wort
Lead/Chief Operator:		GAINES ALEXAND	DER		С	C-5472	
Other Operators:		DANNY ALEXAND	ER		С	C-12379	
Other Operators.	STATE OF THE PARTY	JENNIFER ALEXA	NDER		C	C-21471	
	CONTRACTOR OF THE PARTY OF THE	CHRIS NICHOLS			С	C-20287	13
		ROBERT GRAVES			В	B-0015216	13
		LANCE VEHICLE SERVE					
						AND SOME THE REST OF THE PARTY OF	
ion by Lead/Chief Operat	tor			Jan Land	MARK MALLEY	Dealer State of the State of th	
		star license in Florida	am the lead/chief operator of	of the water treat	iment plant identine	ulliraitio	

I, the undersigned water treatment plant operator license in Florida, am the lead/chief operator of the water treatment plant operator license in Florida, am the lead/chief operator of the water treatment plant operator license in Florida, am the lead/chief operator of the water treatment plant operation provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking 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 (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 (52-555-320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator (52-555-320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator (52-555-320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator (52-555-320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator (52-555-320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator (52-555-320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator (52-555-320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day tha

applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additioanl operations records to the PWS so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

06/08/22

Printed or Typed Name

Signature and Date DEP Fum 62-555-900(3) Effective August 28, 2003 B-0015216 License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER PWS: Identification Number: Plant Name: PINECREST III. Daily Data for the Month/Year of: Monitoring Period From: 5/01/22 To: 5/31/22 Means of Achieving Four-Log Virus Inactivation / Removal: Free Chlorine Ultraviolet Radiation Chlorine Dioxide Other: (Describe): Type of Disinfectant Residual Maintained in Distribution System. Ozone [Combined Chlorine(Chloramines)] CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, If Applicable\* Free Chlorine Combined Chlorine(Cloramines) Chlorine Dioxide Ct Calculations UV Dose Lowest Lowest CT Residual Disinfectant Provided Days Net Disinfectant Contact Time Lowest Before or at Plant Quality of concentration Residual (T) at C First Staffed Minimu Hours Finished Minimum Before or at Disinfectant Measurement Customer Emergency or Abnormal Day of or Visited Plant in pH of Peak flow First Customer m CT. Water Lowest UV Dose concentration at Operating Conditions: Repair or Point During **During Peak** Temp of Water, if the Require Operating UV Remote Point in Maintenance Work that Involves Operatio Produced. rate . required. During Peak Peak Flow, Flow, mg-Water, Applicabl month Operator d mg-Dose, mWgal apd. Flow, mg/L mW-Distribution Taking Water System minutes min/L C min/L Sec.cm2 35500 24 sec/cm2 System, mg/L Components Out of Operation 2 X 24 35500 0.8 24 47500 1.8 4 X 24 47500 0.7 5 24 45500 1.0 6 X 24 45500 0.8 24 50333 0.9 8 24 50333 9 X 24 50333 3.7 10 24 41500 2.1 11 X 24 41500 3.1 12 24 1.5 34000 13 X 24 34000 0.9 2.8 14 24 34667 15 24 34667 16 X 24 34667 0.7 2.7 17 24 41500 18 X 24 41500 0.9 3.3 19 24 31000 20 X 24 31000 0.6 2.7 21 24 30667 22 24 30667 23 X 24 30667 1.5 2.1 24 24 34000 25 X 24 34000 1.2 2.8 26 24 37500

2.7

2.7

 Total
 1164000

 Average
 37548

 Maximum
 50333

24

24

24

24

24

37500

33333

33333

33333

21000

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

1.4

0.9

DEP Form 62-555.900(3) Effective August 28, 2003

X

X

27

28

29

30

31

PLANT NAME:

Pinecrest WTP
(WATER REPORT)

Monitoring Period From: 5/01/22 To: 5/31/22

DAY	METER 4	METER		I m	T				
PREV	METER 1 96991	METER 2	TRC	PH	TRC	PH	MULT.	1000	TOTAL
1	90991								
2	97062		0.0		10	. 83 8 8	35500		35500
3	97002		0.8		1.8		35500		35500
4	97157		0.7		10		47500		47500
5	9/10/		0.7	7	1.0	= 12.7%	47500		47500
6	97248		0.0			Party.	45500		45500
7	91240		0.8		0.9	124	45500		45500
							50333		50333
8	07200			377			50333		50333
9	97399	and the latest	3.7		2.1	(Carpel	50333		50333
10	07100					100	41500		41500
11	97482		3.1	0016	1.5		41500		41500
12							34000		34000
13	97550		0.9		2.8		34000		34000
14							34667		34667
15							34667		34667
16	97654		0.7		2.7		34667		34667
17		A STURBLE			- transcer		41500		41500
18	97737		0.9	1961	3.3	SPARE	41500		41500
19							31000		31000
20	97799		0.6		2.7	5 Jins	31000	0	31000
21							3066	7	30667
22							3066	7	30667
23	97891		1.5	160	2.1	- BUSHAG	3066	7	30667
24			31		1 3 1 1 1 1 1 1		3400	0	34000
25	97959		1.2	WE S	2.8	El la	3400	0	34000
26		The Paris		7			3750	0	37500
27	98034	-5016.00	1.4	4 63	2.7	THE STATE OF THE S	3750	0	37500
28				1 78			3333	3	33333
29					1 - E 20 20 20 20 20 20 20 20 20 20 20 20 20		3333		33333
30	98134	7	0.9	N. S.	2.7		3333		33333
31	98155		0.0	- 100			2100		21000
0,	00.00			2 6 6	I SECTION	7/4 2 2	N SUR LOS SE	TO DESCRIPTION OF THE PERSON O	AT BALL DAY
Total Flow							116400	0	1164000
		The same of the same of					3754	THE RESERVE OF THE PERSON NAMED IN	37548
ADF			2.7		2.2		5033		50333
MAX		100-20	3.7		3.3				21000
MIN	Service of the last	THE PERSON NAMED IN	0.6		0.9		2100	10	21000



I. General Inform	nation for the Month/	Year of:	Monitor	ring Period From: 6/01/2	22 To: 6/30/22				
A. Pul	blic Water System (P	WS) Information		1					
PW	/S Name:	PINECREST				PWS Identification	Number:		6535079
	/S Type:	Community	Non-Transient Non-C	Community		Transient Non-Com	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NA	Conse	
Nui		nections at End of Mont	h:	126-active	Total Popu	lation Served at End	of Month:	341	
and the second	S Owner:	Mike Smallridge							
Cor	ntact Person :	Mike Smallridge			Contact Pe	rson's Title:	PRESIDENT		
	ntact Person's Mailing		P.O. BOX1798	City: Eaton Park			State: F		Zip Code: 33840
Cor	ntact Person's Teleph	none Number:	352-302-7406		Contact Pe	rson's Fax Number:			1-1-
	ntact Person's E-Mail		utilityconsultant@y	ahoo.com					
B. Wa	ter Treatment Plant I	nformation		Canada Santa Salah, .					
Pla	nt Name:	Pinecrest Utilities			Plant Telep	hone Number:	- Bi	63-647-1581	
Pla	nt Address:	Citrus Highlands Drive	off Hankin Rd.	City: Bartow			State: F		Zip Code: 33830
Тур	e of Water Treated b	y Plant:		Raw Ground Water	X		Purchased Fir		Lip Godo. Godoo
Per	mitted Maximum Day	Operating capacity of	Plant, gallons per day:			150,000	1 516115555111	nonod Trator	
Pla	nt Category ( per sub	section 62-699.310(4),	F.A.C.): V		Plant Class				
Lice	ensed Operators		Name	DEPENDENT LAND		License Class	License Numb	er	Day(s)/Shift(s) Worked
	d/Chief Operator:		GAINES ALEXANDE	R		C	C-5472		and the same of the same of
Oth	er Operators:	The same of the sa	DANNY ALEXANDER	R		C	C-12379		
			JENNIFER ALEXANI	DER		C	C-21471		
100			CHRIS NICHOLS			C	C-20287		
			ROBERT GRAVES			В	B-0015216		13
		A STATE OF THE STA					L COTOLIO		10
. Certification b	y Lead/Chief Operate	or		AL INCHES					

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

O7/07/22

ROBERT GRAVES

Signature and Date DEP Form 62-555.900(3)

Effective August 28, 2003

ROBERT GRAVES
Printed or Typed Name

B-0015216 License Number

**Entered Oracle** 

PWS: Identification Number: 6535079 Plant Name: PINECREST

III. Dally Data for the Month/Year of: Monitoring Period From: 6/01/22 To: 6/30/22

	f Achieving		Virus Inac	tivation / R	emoval: *	Monitoring Per	Free Chlorine		OU, EE	Chlorine	Diavida		Ozone	Combined Oblesias/Oblescopies
			t Radiation		Other: (Describ		Free Cilionine	,		Chionne	Dioxide		Ozone	Combined Chlorine(Chloramine
vne of					ution System:	θ).		F 051			0 11 1011			
Jpc o	Cibiriocian	residua	Iviantiante	CT Calcul	ations, or UV Do	co to Domenst	ente Faux I an I	Free Chl	orine	ANeekl	Combined Chlor	ine Clorami	nes)	Chlorine Dioxide
	1000			CT Calcul	alloris, or ov Do	Ct Calculations	rate Four-Log	virus inac	iivation, ii	Applicable			24 TO B	
	The same	E 5	300		Lawast	Ct Calculations		-			UV Dose			
the month	Operator	Operatio n	Produced, gal		Lowest Residual Disinfectant concentration Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg- min/L		pH of Water, if Applicabl e	Minimu m CT, Require d mg- min/L	Lowest Operating UV Dose, mW- Sec.cm2	Minimum UV Dose required, mW- sec/cm2	Lowest Residual Disinfectant concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair of Maintenance Work that Involve Taking Water System Components Out of Operation
1	X	24	96000		1.4								2.9	
2		24	33000											
3	X	24	33000		1.4								2.5	
4		24	36333											
5		24	36333											
6	X	24	36333		0.3								1.5	
7		24	41500											
8	X	24	41500		0.9								1.8	
9		24	39500										,,,,,	
10	X	24	39500		0.3								1.2	
11		24	38333										1.2	
12		24	38333											
13	X	24	38333		4.1								3.4	
14		24	47500										0.4	
15	X	24	47500		1.2								0.9	
16		24	60500										0.3	
17	X	24	60500		1.1								0.7	
18		24	43667										0.7	
19		24	43667											
20	X	24	43667		1.1								1.3	
21		24	51000										1.3	
22	X	24	51000		3.2								2.4	
23		24	44000		0.2								2.4	
24	X	24	44000		2.6								2.2	
25		24	50333		2.0					-			2.2	
26		24	50333											
27	X	24	50333		0.4								1.3	
28		24	49500		0.4								1.3	
29	X	24	49500		0.6									
30		24	45000		0.0								1.2	

<sup>\*</sup>Refer to the instructions for this report to determine which plants must provide this information. DEP Form 62-555.900(3)

46000

96000

Effective August 28, 2003

Average

Maximum

Effective August 28, 2003

	al Information for the Mont		Monit	toring Period From: 7/01/2	22 To: 7/31/22				
A.	Public Water System		F 294	_					
	PWS Name:	PINECREST	11			VS Identification	and the same of th		6535079
	PWS Type:	Community	Non-Transient Nor	n-Community	Tr	ansient Non-Cor	nmunity	Consec	utive
	Number of Service Co		Month:	126-active	Total Population	n Served at End	of Month:	341	
	PWS Owner:	Mike Smallridge							
	Contact Person :	Mike Smallridge			Contact Person	's Title:	PRESIDENT		
	Contact Person's Mail		P.O. BOX1798	City: Eaton Park			State: FL		Zip Code: 33840
	Contact Person's Tele		352-302-7406		Contact Person	's Fax Number:			
	Contact Person's E-M	all Address:	utilityconsultant@	vahoo.com					
В.	Water Treatment Plan	t Information							
	Plant Name:	Pinecrest Utilities			Plant Telephon	e Number:	863-64	7-1581	
	Plant Address:		Prive off Hankin Rd.	City: Bartow			State: FL		Zip Code: 33830
	Type of Water Treated			Raw Ground Water	X		Purchased Finished	Water	
	Permitted Maximum D	ay Operating capacit	y of Plant, gallons per day	y:		50,000			
	Plant Category ( per s	ubsection 62-699.310	)(4), F.A.C.): V		Plant Class:	(			
	Licensed Operators		Name		Lic	ense Class	License Number		Day(s)/Shift(s) Worked
	Lead/Chief Operator:		GAINES ALEXANI	DER		C	C-5472		
	Other Operators:		DANNY ALEXAND	DER		C	C-12379		
			JENNIFER ALEXA	NDER		С	C-21471		
		The state of the s	CHRIS NICHOLS			С	C-20287		
			ROBERT GRAVES	S		В	B-0015216		13
		F 10 10 10 10 10 10 10 10 10 10 10 10 10							
I. Certifi	cation by Lead/Chief Oper		A SHAPE OF THE PERSON OF THE P						
	I, the undersigned wat	er treatment plant op	erator license in Florida,	am the lead/chief operator of	the water treatme	nt plant identifie	d in Part I of		
	this report. I certify that	t the information prov	rided in this report is true	and accurate to the best of n	ny knowledge and	belief. I certify the	nat all drinking		
	water treatment, chem	icals used at this plan	nt conform to NSF Interna	ational Standard 60 or other	applicable standar	ds referenced in	subsection		
	62-555.320(3), F.A.C.	I also certify that the	following additional opera	ations records for this plant w	vere prepared each	day that a licen	sed operator		
	staffed or visited this	ant during the mont	h indicated above: (1) rec	cords of amounts of chemica	Is used and chemi	cal feed rates: a	nd (2) is		
	applicable appropriate	Teatment process p	erformance records. Furt	thermore, I agree to provide	these additioanl or	erations records	to the PWS		
	so the PWS owner day	n remin them, togethe	er with copies of this repo	rt, at a convenient location for	or at least ten vear				
	4	R	08/09/22	ROBERT GRAVES	or at rought torr your			B-00152	216
	Signature and Date	7	VVIVVILL	Printed or Typed Nam	ne				Number

PINECREST PWS: Identification Number: 6535079 Plant Name:

	Data for ti					Monitoring Per								
teans o				tivation / Re			Free Chlorine	9		Chlorine	Dioxide		Ozone	Combined Chlorine(Chloramine:
			t Radiation		Other: (Describe	9):								
ype of	Disinfectant	t Residual	Maintaine		ition System:			Free Chl			Combined Chlor	ine(Clorami	nes)	Chlorine Dioxide
				CT Calcula	ations, or UV Do			Virus Inacl	tivation, If	Applicable				
	10000		SHIP			Ct Calculations					UV Dose			
Day of the month	Operator	Operatio n	Net Quality of Finished Water Produced, gal	Peak flow rate, gpd.	Lowest Residual Disinfectant concentration Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg- min/L		pH of Water, if Applicabl e		Lowest Operating UV Dose, mW- Sec.cm2	Minimum UV Dose required, mW- sec/cm2	Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair o Maintenance Work that Involve Taking Water System Components Out of Operation
1	X	24	49000		2.8					1			3.6	
2		24	38333											L
3		24	38333											
4	X	24	38333		1.1								1.3	
5		24	46500											
6	X	24	46500		1.2								2.0	
7		24	41500											
8	X	24	41500		2.0								2.5	
9		24	43000											
10		24	43000											
11	X	24	43000		0.7								1.3	
12		24	37500											
13	X	24			0.9								1.8	
14		24	38000											
15	X	24	38000		0.6								1.5	
16		24	38333											
17		24	38333											
18	X	24	38333		1.9								3.4	
19		24	53500											
20	X	24	53500		0.7								2.2	
21		24	40500											
22	X	24	40500		1.0								1.6	
23		24	40333											
24		24	40333											
25	X	24	40333		1.1								1.3	
26		24	32500											
27	X	24	32500		2.2								2.5	
28		24	38500											
29	X	24	38500		2.3								2.6	
30		24	43500										1	
31		24	43500											
otal	12027		1273000					1				-		
-			44005											

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

41065 53500

DEP Form 62-555.900(3)

Effective August 28, 2003

PLANT NAME:

Pinecrest WTP
(WATER REPORT)

Monitoring Period From: 7/01/22 To: 7/31/22

eral Information for the Monti	Year of:	Monit	aring Period From: 8/01/2	22 To: 8/31/22		
Public Water System (					***	
PWS Name:	PINECREST			PWS Identification	Number:	6535079
PWS Type:	Community	Non-Transient Non	-Community	Transient Non-Con	nmunity	Consecutive
Number of Service Co	nnections at End of M	onth:	126-active	Total Population Served at End	of Month: 341	
PWS Owner:	Mike Smallridge	X-10-11-11-11-11-11-11-11-11-11-11-11-11-				
Contact Person :	Mike Smallridge			Contact Person's Title:	PRESIDENT	
Contact Person's Maili		P.O. BOX1798	City: Eaton Park		State: FL	Zip Code: 33840
Contact Person's Tele		352-302-7406		Contact Person's Fax Number:		X (-13.5)
Contact Person's E-Ma		utilityconsultant@	gyahoo.com			
Water Treatment Plan	Information		3-12-0-0-0-1-0-0-0-0-0-0-0-0-0-0-0-0-0-0-			
Plant Name:	Pinecrest Utilities			Plant Telephone Number:	863-647-15	581
Plant Address:	Citrus Highlands Di	rive off Hankin Rd.	City: Bartow		State: FL	Zip Code: 33830
Type of Water Treated			Raw Ground Water	X	Purchased Finished Wa	ater
		of Plant, gallons per day	T.	150,000		
Plant Category ( per si	ubsection 62-699.310			Plant Class:		
Licensed Operators		Name		License Class	License Number	Day(s)/Shift(s) W
Lead/Chief Operator		GAINES ALEXAND		C	C-5472	14/11.
Other Operators:		DANNY ALEXAND		С	C-12379	
	POST MESTER	JENNIFER ALEXA	NDER	C	C-21471	
		CHRIS NICHOLS		C	C-20287	
	CONTRACTOR OF	ROBERT GRAVES		В	B-0015216	14
	ALC: UNITED STATE	1150-251100-511110-1511				
tification by Lead/Chief Open	ator.					
				f the water treatment plant identifie		
		along the distance of the distance of			A	
water treatment, chem 62-555 320(3), F.A.C. staffed or visited this p applicable, appropriate so the PWS owner can	icals used at this plan I also certify that the fi lant during the month treatment process pe	t conform to NSF Interna ollowing additional opera i indicated above: (1) rec erformance records. Furt	tional Standard 60 or other tions records for this plant is ords of amounts of chemics hermore, I agree to provide tt, at a convenient location f ROBERT GRAVES	e energy en de annu	subsection sed operator nd (2) is	B-0015216
water treatment, chem 62-555.320(3), F.A.C. staffed or visited this p applicable, appropriate sq the PWS owner car	icals used at this plan I also certify that the fi lant during the month treatment process pay retain them, together	t conform to NSF International operation indicated above: (1) records. Furtire with copies of this report	tional Standard 60 or other tions records for this plant v ords of amounts of chemica hermore, I agree to provide rt, at a convenient location f	applicable standards referenced in were prepared each day that a licen als used and chemical feed rates; a these additioanl operations records or at least ten years.	subsection sed operator nd (2) is	B-0015216 License Number

Plant Name:

Monitoring Period From: 8/01/22 To: 8/31/22 III. Daily Data for the Month/Year of: Combined Chlorine(Chloramines) Chlorine Dioxide Ozone Means of Achieving Four-Log Virus Inactivation / Removal: \* Free Chlorine Ultraviolet Radiation Other: (Describe) Chlorine Dioxide Free Chlorine Combined Chlorine(Cloramines) Type of Disinfectant Residual Maintained in Distribution System: CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, If Applicable\* UV Dose Ct Calculations Lowest CT Lowest Lowest Disinfectant Provided Residual Residual Before or at Days Net Disinfectant Contact Time Minimum Disinfectant Emergency or Abnormal Plant Quality of concentration (T) at C First Minimu UV Dose concentration at Operating Conditions; Repair or Staffed Hours Finished Before or at Measurement Customer pH of m CT. Lowest required. Remote Point in Maintenance Work that Involves Operating UV or Visited Plant in Water Peak flow First Customer Point During During Peak Temp of Water, if Require Day of mW-Distribution Taking Water System Dose mW-Operatio Produced. rate During Peak Peak Flow. Flow, mg-Water, Applicabl d mgthe by Components Out of Operation System, mg/L min/L min/L Sec.cm2 sec/cm2 month Operator gal gpd. Flow, mg/L minutes 2.6 X 24 43000 24 24 36500 1.7 24 36500 3.2 X 24 1500 4 2.2 24 1500 1.7 X 24 24 1.7

PINECREST

1.0

1.0

1.3

0.5

0.7

2.0

2.9

2.7

3.4

0.5

29 X 24 2.7 30 24 2.9 31 X 24 119000 Total 3839 Average 43000 Maximum \*Refer to the instructions for this report to determine which plants must provide this information. DEP Form 62-555.900(3)

1.3

1.1

3.2

0.2

1.0

1.0

0.7

2.6

1.9

6535079

PWS: Identification Number:

24

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Effective August 28, 2003

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PLANT NAME:

Pinecrest WTP
(WATER REPORT)

Monitoring Period From: 8/01/22 To: 8/31/22

IMETER 1 IMETER 2 ITRC PH TRC PH MULT. 1000 TOTAL DAY 100808 PREV 100851 2.4 2.6 43000 43000 1 36500 36500 2 100924 3.2 1.7 36500 36500 3 1500 1500 4 5 100927 1.7 2.2 1500 1500 6 7 8 100927 1.3 1.7 9 10 100927 1.0 1.1 11 12 3.2 100927 1.0 13 14 15 100927 0.2 1.3 16 100927 1.0 17 0.5 18 19 100927 1.0 0.7 20 21 22 100927 0.7 2.0 23 24 100927 2.6 2.9 25 26 100927 1.9 2.7 27 28 100927 3.4 29 2.7 30 31 100927 2.9 0.5 119000 119000 Total Flow 3839 3839 ADF 43000 43000 MAX 3.2 3.4 0.2 0.5 MIN

General	Information for the Mont	h/Year of:	Monit	oring Period From: 9/01/	22 To: 9/30/22			
Α.,	Public Water System (	PWS) Information			EL 10. OFOGEL			
	PWS Name:	PINECREST			PWS Identification	Number		0525070
	PWS Type:	Community	Non-Transient Non	-Community	Transient Non-Con		Consec	6535079
	Number of Service Co.	nnections at End of Mor	nth:	126-active	Total Population Served at End		341	outive
	PWS Owner:	Mike Smallridge		120 40070	Trotair opulation served at End	OI MOTUL.	341	
	Contact Person :	Mike Smallridge			Contact Person's Title:	PRESIDENT		
	Contact Person's Maili		P.O. BOX1798	City: Eaton Park	Toomact reisons mue.	State: FL		7:- 0-4 20040
	Contact Person's Tele	hone Number:	352-302-7406		Contact Person's Fax Number:	Joiate. FL		Zip Code: 33840
	Contact Person's E-Ma	iil Address:	utilityconsultant@	vahoo.com	Comact Ferson's Fax Number.			
3.	Water Treatment Plant	Information	COLUMN ACTION AND ADDRESS OF THE PARTY OF TH					
	Plant Name:	Pinecrest Utilities			Plant Telephone Number:	000.0	47 4804	
	Plant Address:	Citrus Highlands Driv	e off Hankin Rd.	City: Bartow	I lant relephone Number.		47-1581	12 0 1 1111
	Type of Water Treated	by Plant:		Raw Ground Water	X	State: FL Purchased Finish		Zip Code: 33830
	Permitted Maximum Di	ay Operating capacity o	f Plant, gallons per day	THE CITATION TOLO	150.000	Purchased Finish	ed vvater	
	Plant Category ( per su	bsection 62-699.310(4)	FAC): V		Plant Class: C			
	Licensed Operators		Name	ATTENDED	License Class			
	Lead/Chief Operator:		GAINES ALEXAND	FR	C	C-5472		Day(s)/Shift(s) Worked
	Other Operators:		DANNY ALEXAND		Č	C-12379		
			JENNIFER ALEXA		Č	C-12379 C-21471		
			CHRIS NICHOLS	NO EN	Č	The state of the s		
			ROBERT GRAVES		В	C-20287		
		490450			В	B-0015216		13
		Mark Company				_		
Certifica	tion by Lead/Chief Opera							
	I, the undersigned water	r treatment plant opera	tor license in Florida, a	m the lead/chief operator of	f the water treatment plant identified	in Book Lad		
	una report, receitify that	the information provide	d in this report is true a	and accurate to the best of	my knowledge and helled I seekle the			
	water deadners, chemi	cais used at this plant o	onform to NSF internal	tional Standard 60 or other	applicable standards referenced in	u shaaattaa		
	02-000.020(0), F.M.C. I	also certify that the folio	owing additional operat	tons records for this plant u	upro propored each dow that a linear			
	Started of Visited this bi	ant during the month in	dicated above: (1) recr	ards of amounts of chamics	ole used and showing food set	4 (0) 1-		
	applicable, appropriate	treatment process perfe	ormance records. Furth	ermore   agree to provide	these additioanl operations records	d (2) is		
	so the PWS owner carr	retain them, together w	ith copies of this report	, at a convenient location for	nese auditioani operations records	to the PWS		

Signature and Date 10/10/22 ROBERT GRAVES
Printed or Typed Name

DEP Form 62-555.900(3) Effective August 28, 2003

B-0015216 License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER
6535079 Plant Name: PINECREST PWS: Identification Number:

	Data for t			STATE AND		Monitoring Per	iod From: 9/01	/22 To: 9/	30/22					
eans o	f Achieving		Virus Inac		emoval: * Other: (Describ	a).	Free Chlorine	1		Chlorine	Dioxide		Ozone	Combined Chlorine(Chloramines)
ype of	Disinfectan	Residua	Maintaine	in Distrib	ution System:			Free Chi	orine		Combined Chlor	ine(Clorami	ines)	Chlorine Dioxide
				CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, If Applicable*									CHISTORY DIDNIGO	
Day of the month	P 11.8	- 10-11		Ct Calculations UV Dose							0.71			
	Days Plant Staffed or Visited by Operator	п	Net Quality of Finished Water Produced, gal	Peak flow rate, gpd.	Lowest Residual Disinfectant concentration Before or at First Customer During Peak Elow. 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		pH of Water, if Applicable	Minimu m CT, Require d mg- min/L	Lowest Operating UV Dose, mW- Sec.cm2	Minimum UV Dose required, mW- sec/cm2	Lowest Residual Disinfectant concentration at Remote Point in Distribution System mg/L	The state of the s
1		24										DESCRIPTION OF THE PARTY OF THE		FLOW METER NOT WORKG
2	X	24			3.2									FLOW METER NOT WORKG
3		24												FLOW METER NOT WORKG
4		24												FLOW METER NOT WORKG
5	X	24			3.0								2.6	FLOW METER NOT WORKG
7	-	24												FLOW METER NOT WORKG
8	X	24			2.8									FLOW METER NOT WORKG
9	×	24												FLOW METER NOT WORKG
10	_ ^	24			1.5								2.8	FLOW METER NOT WORKG
11		24												FLOW METER NOT WORKG
12	X	24												FLOW METER NOT WORKG
13	_ ^	24	_		1.7								2.6	FLOW METER NOT WORKG
14	X	24		_										FLOW METER NOT WORKG
15	_^	24		_	0.7								2.5	FLOW METER NOT WORKG
16	X	24		_										FLOW METER NOT WORKG
17	^	24	186667		2.4								2.8	FLOW METER NOT WORKG
18		24	186667	_										
19	Х	24	186667											
20	^	24	46000		3.0								2.7	
21	х	24	46000		2.0									
22	^	24	43500		2.6								0.8	
23	х	24	43500		0.8									
24		24	44333		0.8								0.5	
25		24	44333						_	_				
26	X	24	44333		2.4									
27	_ ^	24	34000		2.4				-	_			1.9	
28	X	24	34000		2.6									
29	^	24	13000		2.6								2.0	
30	X	24	13000		0.0									power outage/using generator-barely running, no pa
-	_^	24	13000		0.2								0.6	power outage/using generator-barely running, no ps
otal			966000											

Average 31161

Maximum 186667

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

DEP Form 62-555.900(3)

Effective August 28, 2003

PLANT NAME:

Pinecrest WTP (WATER REPORT)

Monitoring Period From: 9/01/22 To: 9/30/22

		(AAVIEV L		1					
DAY		METER 2	TRC	PH	TRC	PH	MULT.	1000	TOTAL
PREV	100927								
1									
2	100927		3.2		2.9				
3									
4									
5	100927		3.0		2.6				
6					1				
7	100927		2.8		3.0				
8					1 0.0				
9	100927		1.5		2.8				
10									
11									
12	100927		1.7		2.6			_	
13					1			_	
14	100927		0.7		2.5			_	
15			0.,		1 2.0			_	
16	100927		2.4		2.8			_	
17							186667	_	186667
18							186667		186667
19	101487		3.0		2.7		186667		186667
20							46000		46000
21	101579		2.6		0.8		46000		46000
22							43500		43500
23	101666		0.8		0.5		43500		43500
24							44333		44333
25							44333		44333
26	101799		2.4		1.9		44333		44333
27							34000		34000
28	101867		2.6		2.0		34000		34000
29	101000						13000		13000
30	101893		0.2		0.6		13000		13000
Total Flow							066000		000000
ADF					<b>—</b>		966000		966000
MAX	-		3.2		20		31161		31161
/IN			0.2		3.0		186667		186667
VIIIV			0.2		0.5				

Flow meter not working Flow meter not working

power outage/using generator-barely running, no psi power outage/using generator-barely running, no psi

DEP Form 62-555.900(3) Effective August 28, 2003

General	Information for the Month/Year o		Monitor	ing Period From: 10/01	22 To: 10/31/22								
Constan	Public Water System (PWS) In		Monitor	mg r chod r form. Toro i	22 10. 10/3/122								
7		CREST		6535079									
		nunity	Non-Transient Non-C	Community	PWS Identification Transient Non-Co		Consecutive						
	Number of Service Connection			126-active	Total Population Served at En		1.45 - 2.75 - 2.4						
	PWS Owner: Mike	Smallridge		160 00010	Total Control of the City	o or moral.							
		Smallridge			Contact Person's Title:	PRESIDENT							
	Contact Person's Mailing Addre	ess:	P.O. BOX1798	City: Eaton Park	100000000000000000000000000000000000000	State: FL	Zip Code: 33840						
	Contact Person's Telephone N	umber:	352-302-7406		Contact Person's Fax Number								
	Contact Person's E-Mail Addre	58:	utilityconsultant@y	ahoo.com									
	Water Treatment Plant Information												
	Plant Name: Pinec	rest Utilities			Plant Telephone Number:	863-647-1	581						
	Plant Address: Citrus	Highlands Drive	off Hankin Rd.	City Bartow		State: FL	Zip Code: 33830						
	Type of Water Treated by Plan	t		Raw Ground Water	X	Purchased Finished W							
	Permitted Maximum Day Operating capacity of Plant, gallons per day: 150,000												
	Plant Category ( per subsection				Plant Class: C								
	Licensed Operators		Name		License Class	License Number	Day(s)/Shift(s) Worke						
	Lead/Chief Operator.		GAINES ALEXANDE	R	C	C-5472							
	Other Operators:		DANNY ALEXANDE	R	C	C-12379							
		100	JENNIFER ALEXAN	DER	С	C-21471							
		F 1/	CHRIS NICHOLS		C	C-20287							
		17.7	ROBERT GRAVES		В	B-0015216	13						
		757											
Certifica	ation by Lead/Chief Operator				A DESCRIPTION OF THE PARTY OF T	THE RESERVE OF THE PARTY OF							
	I, the undersigned water treatm	nent plant operato	license in Florida, am	the lead/chief operator o	the water treatment plant identifie	ed in Part I of							
	this report. I certify that the info	rmation provided	in this report is true an	d accurate to the best of	ny knowledge and belief. I certify:	that all drinking							
	water treatment, chemicals use	ed at this plant cor	form to NSF Internation	onal Standard 60 or other	applicable standards referenced in	n subsection							
	62-555.320(3), F.A.C. I also ce	rtify that the follow	ring additional operation	ons records for this plant v	ere prepared each day that a lice	nsed operator							
	staffed or visited this plant dur	ing the month ind	cated above: (1) recor	ds of amounts of chemica	Is used and chemical feed rates;	and (2) is							
	applicable, appropriate treatme	ent process perfor	mance records. Further	ermore, I agree to provide	these additioanl operations record	Is to the PWS							
	so the PWS owner can retain t	hem, together with	copies of this report,	at a convenient location for	or at least ten years.								
	man and the state of the state	aues	11/09/22	ROBERT GRAVES	57		B-0015216						
	Signature and Date			Printed or Typed Nan	e		License Number						

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER 6535079 Plant Name: PINECREST PWS: Identification Number:

	Data for t				1	Monitoring Per	iod From: 10/0	1/22 To: 1						
leans o	f Achieving		Virus Inac t Radiation		emoval: * Other: (Describ		Free Chlorine	,		Chlorine	Dioxide		Ozone	Combined Chlorine(Chloramines)
ype of i	Disinfectan	t Residual	Maintained	in Distrib	ution System:			Free Chi	orine		Combined Chlor	ine(Cloram	nes)	Chlorine Dioxide
				CT Calcul	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, If Applicable*								The state of the s	
	19100	China Control			Ct Calculations UV Dose									
Day of the month	Days Plant Staffed or Visited by Operator	n	Net Quality of Finished Water Produced, gal 19333	Peak flow rate, gpd.	Lowest Residual Disinfectant concentration Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg- min/L		pH of Water, if Applicable		Lowest Operating UV Dose, mW- Sec.cm2	Minimum UV Dose required, mW- sec/cm2	Lowesi Residual Disinfectant concentration at Remote Point in Distribution System, mg/L	
2		24 24	19333					-						
3	X	24	19333		0.4						-			
4		24	49500		0.4								0.5	
5	X	24	49500		3.1					_			0.4	
6		24	44000										0.4	
7	X	24	44000		0.4								0,6	
8		24	45667										7.0	
9		24	45667											
10	X	24	45667		0.1								1.9	
11	X	24 24	43000 43000											
13	_^	24	40500		3.4								1.7	
14	X	24	40500		0.1							_		
15	- ^	24	46667		0.1					_			1.9	
16		24	46667											
17	Х	24	46667		2.2								2.1	
18		24	56500										2.1	
19	X	24	56500		2.8								1.6	
20	-	24	14000											
21	X	24	14000		0.3								0.4	
23	-	24 24	28667 28667											
24	X	24	28667		3.3									
25	_^	24	29500		3.3								2.5	
26	X	24	29500		0.4									
27		24	25000		0.4								1.3	
28	X	24	25000		2.0								1.8	
29		24	24000		0.3							-	1.8	
30		24	24000											
31	X	24	24000		1.7								1.9	
tal	518 B		1097000											

Average 35387

Maximum 56500

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

DEP Form 62-555, 900(3)

Figurity Average 28, 2003

PLANT NAME:

Pinecrest WTP

Monitoring Period From: 10/01/22 To: 10/31/22

	Public Water System (PWS) Information										
17	PWS Name:	PINECREST	PWS Identification Nu						6535079		
11	PWS Type:	Community	Non-Transient Non-Cor	nmunity		Transient Non-Com	munity	Con	secutive		
Ī	Number of Service Conn	nections at End of Month		126-active Total Population Served at End of			of Month:	341			
	PWS Owner:	Mike Smallridge									
	Contact Person : Mike Smallridge				Contact Pe	Contact Person's Title:		NT			
			P.O. BOX1798	City: Eaton Park				FL	Zip Code: 33840		
	Contact Person's Telephone Number: 352-302-7406				Contact Person's Fax Number:						
	Contact Person's E-Mail	Address:	utilityconsultant@yah	100.com							
1	Water Treatment Plant Information										
	Plant Name:	Pinecrest Utilities			Plant Telep	phone Number:		863-647-1581			
1	Plant Address:	Citrus Highlands Drive	off Hankin Rd.	City: Bartow			State:	FL	Zip Code: 33830		
	Type of Water Treated b			Raw Ground Water	er X			d Finished Water	18.72		
		y Operating capacity of P				150,000					
		section 62-699.310(4), F	F.A.C.): V		Plant Class						
	Licensed Operators		Name	THE REAL PROPERTY.		License Class	License N	Number	Day(s)/Shift(s) Worke		
	Lead/Chief Operator:		GAINES ALEXANDER			С	C-5472				
	Other Operators:	THE PERSON NAMED IN	DANNY ALEXANDER			С	C-12379				
- 1		187 E . 1	JENNIFER ALEXANDE	R		C	C-21471				
- 1			CHRIS NICHOLS			С	C-20287				
- 1		120000	ROBERT GRAVES			В	B-001521	16	12		
- 1											
Cartification	on by Lead/Chief Operati	or									

Signature and Date DEP Form 62-555.900(3) Effective August 28, 2003

ROBERT GRAVES
Printed or Typed Name

B-0015216 License Number

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

PWS: Identification Number: 6535079 Plant Name: PINECREST

leans o			Virus Inacl				Free Chlorine			Chlorine	Dioxide		Ozone	Combined Chlorine(Chloramines)
			t Radiation		Other. (Describ	e)								A11.
ype of t	Disintectan	t Residua	Maintained	In Distribu	ution System: ations, or UV Do	es to Demonstr	esta Cara Lau I	Free Chl	orine	AMERICAN I	Combined Chlor	ine(Cloram	nes)	Chlorine Dioxide
				CT CAICIN	ations, or UV Do	Ct Calculations	rate Four-Log	VIIIus Inac	uvation, if	Applicabil	UV Dose		SECTION .	
	1	100	0.70			Ci Calculations					DA DOSG			
Day of the month	Days Plant Staffed or Visited by Operator	n	Produced, gal		Lowest Residual Disinfectant concentration Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg- min/L		pH of Water, if Applicable	Minimu m CT. Require d mg- min/L	Lowest Operating UV Dose, mW- Sec.cm2	Minimum UV Dose required, mW- sec/cm2	Lowest Residual Disinfectant concentration at Remote Point in Distribution System, mg/L	
2	X	24	29000		3.3								0.8	
3		24	15667		0.0								0.0	
4		24	15667											
5		24	15667											
6		24	15667											
7	X	24	15667		2.6								2.0	
8		24	47000											
9	X	24	47000		2.0								1.4	
10	- v	24	26500											
11	X	24	26500 22000	_	2.7			_					1.2	
13		24	22000											
14	X	24	22000		0.4							-	1.8	
15	_^	24	26500		0.4			_					1.0	
16	X	24	26500		1.8								1.5	
17		24	19000										1.0	
18	X	24	19000		1.5								2.2	
19		24	26333											
20		24	26333							-				
21	X	24	26333		0.3								2.0	
22	X	24	24500 24500		2.0			-				_	-	
24		24	24500	-	3.0								2.4	
25	X	24	24500		3.2			-					4.0	
26		24	24000		3.2								1.8	
27		24	24000											
28	X	24	24000		0.3								3.2	
29		24	26500		0.0								5.2	
30	X	24	26500		2.8								2.0	

Average 24744

Maximum 47000

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

DEP Form 62-555.900(3)

Effective August 28, 2003

PLANT NAME:

Pinecrest WTP
(WATER REPORT)

Monitoring Period From: 11/01/22 To: 11/30/22

METER 1 METER 2 ITRC DAY PH TRC PH MULT. 1000 TOTAL PREV 0.8 3.3 2.6 2.0 2.0 1.4 2.7 1.2 0.4 1.8 1.8 1.5 1.5 2.2 0.3 2.0 3.0 2.4 3.2 1.8 3.2 0.3 2.8 2.0 Total Flow ADF 3.3 3.2 MAX 0.3 MIN 0.8

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

Information for the Month?	Year of	Monitor	ing Period From: 12/01/	22 To: 12/31/	22					
Public Water System (P) PWS Name	WS) Information PINECREST				PWS Identification Transient Non-Com	Number		Consecut	5535079 Sve	
PWS Type: Community Non-Transient Non-Community  Number of Service Connections at End of Month: 126-active					Total Population Served at End of Month: 341					
PWS Owner: Contact Person	Mike Smallridge Mike Smallridge	P.O. BOX1798	City: Eaton Park	Contact Per		PRESIDE!	FL FL		Zip Code: 33840	
Contact Person's Mailing Contact Person's Teleph Contact Person's E-Mail	ione Number	352-302-7406 utilityconsultant@y		Contact Per	rson's Fax Number:					
Water Treatment Plant In	nformation	off Hankin Rd.	City: Bartow		hone Number:	State:	863-647 FL d Finished		Zip Code; 33830	
Type of Water Treated by	Plant Operating capacity of	Plant, gallons per day.	Raw Ground Water	X Plant Class	150,000	In Paris Cont.	d rimshed	770101		
Plant Category [per subs Licensed Operators Lead/Chief Operator; Other Operators:	section 62-699.310(4),	GAINES ALEXANDE	R		C C C	C-5472 C-12379 C-21471			Day(s)/Shift(s) Woo	
		JENNIFER ALEXANI CHRIS NICHOLS ROBERT GRAVES	DER	C B		C-20287 B-0015216			13	
but and/Ohiof Operator				ar live to a particular	E MANUAL PROPERTY.	CONTRACTOR OF THE PARTY OF THE	(B.56.865)			

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

1/09/2023

Signature and Date DEP Form 62-555 900(3) Effective August 28, 2003 ROBERT GRAVES

Printed or Typed Name

B-0015216

License Number

## ISS TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

1,104			BECINITED											
			MONTHE	6535079						-	ASED FINISHED			(Olderwings)
PWS: Id	entification	n Number		0000010		Monitoring Peri	ad From: 12/01	/22 To: 1	2/31/22			(	Ozone C	combined Chlorine(Chloramines)
		To discuss	Near of	Mark Mark	A CHANGE	Monitoring Pen	Free Chlorine		(	Chlorine D	ioxide			
III. Daily	Data for	the Monti	y Virus Inac	tivation / R	emoval *						Combined Chloris	ne(Cloramin	es) (	Chlorine Dioxide
Means o	f Achievin	g Four-Los	t Radiation		Other (Describ	e):		Free Chlo	rine		ombined Chilori	10,000		
	Disinfe etc.	+ Decidus	Maintaine	d in Distrib	ution System: ations, or UV Do	te Demonsti	rate Four-Log V	/irus Inact	ivation, If	Applicable	UV Dose			
Type of	Disinfectar	I Kesidoo		CT Calcul	ations, or UV Do	Ct Calculations	ato i est				UV DOSC	THE RESERVE	Bullion Bio	
						Ct Calculations			1 3 1		CHE-PROPERTY.	HE ST	Lauret	
Day of	Days Plant Staffed or Visited	Hours Plant in	Net Quality of Finished Water Produced,	Peak flow rate	Lowest Residual Disinfectant concentration Before or at First Customer During Peak	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow.	Lowest CT Provided Before or at First Customer During Peak Flow, mg-	Water,	pH of Water, if Applicable	Minimu m CT, Require d mg- min/L	Lowest Operating UV Dose, mW- Sec.cm2	Minimum UV Dose required, mW- sec/cm2	Lowest Residual Disinfectant concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance W that Involves Taking Water System Components Out of Operation
the	by	Operatio	gal	gpd.	Flow, mg/L	minutes	min/L	C		11more				
month	Operator	n 24	22500	HIV		TENTE		-					1.1	
1	v	24	22500		2.9									
2	X	24	32000		FIVE BELL			-					2.	7
3	-	24	32000					-					6.	
5	X	24	32000		3,4			-					1.	2
6	^	24	25500	77						diam'r.			1.	2
7	X	24	25500		3.3									
8		24	23500								TO DO THE SE		1	,5
9	X	24	23500		3.1			-						
10		24	28667						10000					
11		24	28667						THE REAL PROPERTY.		The state of the s		1	.5
12	X	24	28667	1000	3.5									1.6
13		24	27500		2.4									1.6
14	X	24	27500	1019	3.4		0.00						-	2.7
15		24	31000	- F7 - 112 B	2.7									2.7
16	X	24	31000		2.1									
17		24	31667			100					A DECEMBER OF THE PARTY OF THE	- NO.		70
18		24	31667		3.6				100	Z LESTE				1.1
19	X	24	31667		3.0								Res Resident	
20	-	24	27500		1.2		BEAUTIFE SE	I I I I I I I						3.2
21	X	24	27500		1,2									
22		24	26500		3.6		DESCRIPTION OF			RES.				2.4
23	X	24	26500		3.0		ACCES TO THE		-	N PRINCIPAL PRIN		E LEGG		
24		24	31333				-		II DON'T HE			The state of		Por les de la
25		24	31333		0.2				N III THE			RES DESIGNATION	CA CALLERY	1.5
26	X	24	31333		0.3							100		THE STATE OF THE PARTY OF THE PARTY.
27		24	27000								SE SECRETARION	REAL PROPERTY.		2.0
28	X	24	27000		4.2						ES PERSONAL PROPERTY.	and the same		
29		24	24000	MI ST				-				THE RESERVE	STATE OF THE PERSON NAMED IN	3.4
30	X	24	24000		0.5							THE REAL PROPERTY.	SECTION AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS	COLUMN THE PROPERTY OF THE PARTY OF THE PART
31	-	24	25000					100			the second second			THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.
_														
al	S TITLE	120.23	866000 27935	4.5										

Average 27935

Maximum 32000

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

DEP Form 62-555.900(3) Effective August 28, 2003

PLANT NAME:

Pinecrest WTP
(WATER REPORT)

Monitoring Period From: 12/01/22 To: 12/31/22

DAY	IMETER 1	METER 2		PH	TRC	PH	MULT.	1000	TOTAL
PREV	103748						00500		22500
1	Land to the						22500		22500
2	103793	THE WAY	2.9		1.1		22500 32000		32000
3							32000		32000
4							32000		32000
5	103889	-34	3.4		2.7	10.00	25500		25500
6	101111111111111111111111111111111111111			3	10		25500		25500
7	103940		3.3		1.2		23500		23500
8	SEA STATE			1000	15		23500		23500
9	103987		3.1		1.5		28667		28667
10							28667		28667
11				-	4.5		28667		28667
12	104073		3.5		1.5		27500		27500
13					10		27500		27500
14	104128	-	3.4		1.6		31000		31000
15					0.7		31000		31000
16	104190		2.7		2.7		3166		31667
17		The same of					3166		31667
18		Marie Trial	2.0		1.1		3166		31667
19	104285		3.6	1	1.1		2750		27500
20	101010		10		3.2		2750		27500
21	104340		1.2		5.2		2650		26500
22	101000		26		2.4		2650		26500
23	104393		3.6		2.4		3133		31333
24	SCA MARKET						3133		31333
25	101107		0.0		1.5		3133		31333
26	104487		0.3	-	1.5		2700		27000
27	101511		40		2.0		2700		27000
28	104541		4.2		2.0		2400		24000
29				1 1 1	2.4		2400	-	24000
30	104589	S. Carrier	0.5		3.4				25000
31	104614	The state of the s					2500	00	23000
otal Flow							8660	00	866000
DF		783.818			1	7 2 2 2	279	35	27935
IAX			4.2	200	3.4	60000	320		32000
IIN			0.3		1.1		225	-	22500

Re: Docket No. 20230071-WU – Application for staff-assisted rate case in Polk County by Pinecrest Utilities, LLC.

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

462,040 Gallons
359,850 Gallons
422,870 Gallons
442,130 Gallons
527,960 Gallons
373,280 Gallons
494,427 Gallons
369,753 Gallons
410,100 Gallons
429,190 Gallons
452,146 Gallons
366,856 Gallons

## Company response #10

Systems	County	FL PWS
College Manor Utilities (CMU)	Columbia	2120224
Lance Water (LAN)	Columbia	2124409
Suwannee Valley Utilities ( SVU)	Columbia	2121366
Suwannee Valley - Brandon B. ( SVU)	Columbia	2124372
Suwannee Valley - Woodgate ( SVU)	Columbia	2124284
Suwannee Valley - Country Dale ( SVU)	Columbia	2124287
Charlie Creek Utilities ( CCU)	Hardee	6250278
Lake Yale Utilities (LYU)	Lake	3354688
Lake Yale- Sandpiper	Lake	3351115
Lake Yale Wastewater	Lake	FLA 010547
Heather Hills Utilities (HHU)	Manatee	6412533
Sunny Shores Utilities (SSU)	Manatee	6412418
East Marion Utilities (EMU)	Marion	3424789
East Marion - Wastewater	Marion	FLA 010709
Leighton Estates Utilities (LEU)	Marion	3425108
Crestridge Utilities (CRU)	Pasco	6510403
Holiday Gardens Utilities (HGU)	Pasco	6510807
Orange Land Utilities (OLU)	Pasco	6511307
Alturas Water (ALT)	Polk	6530057
Pinecrest Utilities(PCU)	Polk	6535079
Sunrise Water (SUN)	Polk	6531739
McLeod Gardens Utilities (MGU)	Polk	6535393
West Lakeland Wastewater (WLW)	Polk	FLA 013009

## Company response #12

1. CUSTOMER NAME: CIM MCJOWEI
2. SERVICE ADDRESS: 330 HANKIN FO. S.
3. CUSTOMER PHONE NUMBER: 803-537-2017  4. DATE OF COMPLAINT: 9-20-2022 BY PHONE OR EMAIL. IF BY EMAIL ATTCH EMAIL  5. DESCRIBE REASON OF COMPLAINT: CUSTOMER 4504 + hut She 5
to happen in her neighborhood.
6. HOW WAS COMPLAINT RESOLVED? DATE RESOLVED 9 70 2012. CUSTOMER
Service Rup explained Why WHER MUS currently off.  NUTER WAGE due to LANK inspection: OFFICE MURAGER
All wstrmers incre notified by text + prime call.

1. CUSTOMER NAME: Annie Delling
2. SERVICE ADDRESS: 6075 CITUS Highlands DR. N.
3. CUSTOMER PHONE NUMBER: 863 - 205 - 7215
4. DATE OF COMPLAINT: 12 21 701 BY PHONE OR EMAIL. IF BY EMAIL ATTCH EMAIL
5. DESCRIBE REASON OF COMPLAINT: CUSTOMER 15 Upset She Was
Charged a late fee on her 12/21/2021 Invoice.
SAYS her bank sent payment to us an time.
6. HOW WAS COMPLAINT RESOLVED? DATE RESOLVED EXPlaned to CUSTOMUR
We cannot Walve late Fee. The customers payment.
0+ \$ 40.28 was due 12/12/2021. The payment
Was received 12/14/2021 Suggested austomes.
Send payment through bank earlier in the munth
to Avoid Issue.

1. CUSTOMER NAME: Wilson Rivera
2. SERVICE ADDRESS: 360 Hankin Rd.
3. CUSTOMER PHONE NUMBER: 347-353-6198  4. DATE OF COMPLAINT: 4330 BY PHONE OR EMAIL. IF BY EMAIL ATTCH EMAIL
5. DESCRIBE REASON OF COMPLAINT: Angle billi
6. HOW WAS COMPLAINT RESOLVED? DATE RESOLVED Called Socie reread
Jackie got reread 658010, Meder was overread
Jackie got reread 658010, Meder was overread and too bill was fixed. Called Customer and
he paid on phone

1. CUSTOMER NAME: Phett Strafton.
2. SERVICE ADDRESS: 402 Gt Highland Dr.
3. CUSTOMER PHONE NUMBER: 863-640-3053
4. DATE OF COMPLAINT: 11/24 BY PHONE OR EMAIL. IF BY EMAIL ATTCH EMAIL
5. DESCRIBE REASON OF COMPLAINT: High bill - get reread
6. HOW WAS COMPLAINT RESOLVED? DATE RESOLVED Called for reread to Jackie
Mober was spinning, Cust was told he.
Mober was spinning, Cust was told he had leak by Tackie He called plumber,
Reading on 11/24 690410 over 120,000 gals higher.

Malas a Marile of Calla Diversity
1. CUSTOMER NAME: VICTORIA CALDRON (CURTER CURT AJAMS)
2. SERVICE ADDRESS: 350 HANKIN Rd.
3. CUSTOMER PHONE NUMBER: 863-657-1614  4. DATE OF COMPLAINT: 7/19/200 BY PHONE OR EMAIL. IF BY EMAIL ATTCH EMAIL
5. DESCRIBE REASON OF COMPLAINT: WHERE LEWLING FROM METER
Sunday to super beal.
6. HOW WAS COMPLAINT RESOLVED? DATE RESOLVED SALL WHA
technician on Thopiano leak fixed later that day

1. CUSTOMER NAME: ELOISA MARTINEZ
2. SERVICE ADDRESS: 392 CITUS Hyllands Dr. E
3. CUSTOMER PHONE NUMBER: 843-585-7519
4. DATE OF COMPLAINT: 3/16/2020 BY PHONE OR EMAIL. IF BY EMAIL ATTCH EMAIL
5. DESCRIBE REASON OF COMPLAINT: WStrmer called in to
SM since she moved into her home the
water coming out of faucet looks like "mille"
· 1
5. HOW WAS COMPLAINT RESOLVED? DATE RESOLVED 3/10 horo- Technician
Zieno checked the water outside of the customers
iome NO issues With Water I explained results
to customer and advised to check her water Filters

1. CUSTOMER NAME: Brenda AVS+
2. SERVICE ADDRESS: 432 CITUS Highlands 02 E
3. CUSTOMER PHONE NUMBER: \$\\\2012 8-537-5/15
4. DATE OF COMPLAINT: $\frac{5}{5}$ BY PHONE OR EMAIL. IF BY EMAIL ATTCH EMAIL
5. DESCRIBE REASON OF COMPLAINT: CUSTUMER SAYS METER IS STILL
leaking tech was not using lung enough pic Pipes
Slow reak)
2
6. HOW WAS COMPLAINT RESOLVED? DATE RESOLVED Leak Fixed 5/6/pc
LI ANTONIO.

1. CUSTOMER NAME: Francisco Hernandez
2. SERVICE ADDRESS: 394 Highlunds way
3. CUSTOMER PHONE NUMBER: 863-514-9405
4. DATE OF COMPLAINT: 5/4/20 BY PHONE OR EMAIL. IF BY EMAIL ATTCH EMAIL
5. DESCRIBE REASON OF COMPLAINT: Worms 15 ipset try didn+
be shot off.
6. HOW WAS COMPLAINT RESOLVED? DATE RESOLVED EXPLAINED TO CUSTOMER
this Was an emergency lepair. The utility did
not know in advance that the water would be
Shut off customer inderstands.

1. CUSTOMER NAME: KALINS
2. SERVICE ADDRESS: 363 CITYS Highlands OR. E
3. CUSTOMER PHONE NUMBER: 803-662-8121
4. DATE OF COMPLAINT: 5/0/20 BY PHONE OR EMAIL. IF BY EMAIL ATTCH EMAIL
5. DESCRIBE REASON OF COMPLAINT: USET SLE WASN'T NOTIFIED WE
were guing to shut off the water.
× × × × × × × × × × × × × × × × × × ×
6. HOW WAS COMPLAINT RESOLVED? DATE RESOLVED EXPLAINED to custom
this was an emergent Repair The Unity did
not know in advance the writer hourd be
Shut at.

1. CUSTOMER NAME: Tevest mobiley
2. SERVICE ADDRESS: 606 GB 415 CITYS Highlands DZ. U
3. CUSTOMER PHONE NUMBER:
4. DATE OF COMPLAINT: 5/0/10 BY PHONE OR EMAIL. IF BY EMAIL ATTCH EMAIL
5. DESCRIBE REASON OF COMPLAINT: USL+ She didn+ veceive
a call before the water was shot off in Pincorest
SAYS Ste has a bound new wuster Ste was using
and we will be responsible if it breaks.
6. HOW WAS COMPLAINT RESOLVED? DATE RESOLVED EXPLAINED to
whomer this was an emergency Repair.
The Utily did not know in advance the where.
Would need to be shut off.

,
1. CUSTOMER NAME: Rachel Watson
2. SERVICE ADDRESS: 6056 Citrus Highlands DR. S.
3. CUSTOMER PHONE NUMBER: 843-440-3859
4. DATE OF COMPLAINT: 5/6/20 BY PHONE OR EMAIL. IF BY EMAIL ATTCH EMAIL
5. DESCRIBE REASON OF COMPLAINT: Uset that She did not
receive a call before where was shut off in
Pine Crest.
•
ž v
6. HOW WAS COMPLAINT RESOLVED? DATE RESOLVED Explained to
customer that this was an emergency
Repair and the Utility did not know in
advance the winter would be shut off.

1. CUSTOMER NAME: Brenda AUST
2. SERVICE ADDRESS: 432 CITYUS Highlands Dr. E
3. CUSTOMER PHONE NUMBER: 803-537-515  4. DATE OF COMPLAINT: 5/4/20 BY PHONE OR EMAIL. IF BY EMAIL ATTCH EMAIL  5. DESCRIBE REASON OF COMPLAINT: METER REAKING. Alot of  WHERE Comp we.
6. HOW WAS COMPLAINT RESOLVED? DATE RESOLVED GENO Shut System

1. CUSTOMER NAME: JESSICA ESTRAGG
2. SERVICE ADDRESS: 261 Highlands way
3. CUSTOMER PHONE NUMBER: $\frac{503-582-6291}{20}$ 4. DATE OF COMPLAINT: $\frac{32/20}{20}$ By PHONE OR EMAIL. IF BY EMAIL ATTCH EMAIL
5. DESCRIBE REASON OF COMPLAINT: CUSTOMER SAJS her meter
was over read current reading on accept is
310100 customer took a picture of
bill for astimet over the phine. I corrected
6. HOW WAS COMPLAINT RESOLVED? DATE RESOLVED CONTROL SIL
Fur austimus over the phone.

1. CUSTOMER NAME: GENEWA Altman
2. SERVICE ADDRESS: 348 CITYS HAMIANDS DE W.
863-537-2096
2. SERVICE ADDRESS: 348 (1 hvs Hynlands DR W. 843 - 5:37 - 2096) 3. CUSTOMER PHONE NUMBER: 843 - 286 - 9578
4. DATE OF COMPLAINT: $2/24/20$ by Phone or Email. If by Email attch Email
5. DESCRIBE REASON OF COMPLAINT: SAYS USage on bill MS
to be incurrent because it is too high.
Current read 624 170. Requesting re read
6. HOW WAS COMPLAINT RESOLVED? DATE RESOLVED (Went Rad)
When customer called in 624170 reading geno
took on 2/26/20 15 624900, spoke to
customer she understands but does not agree
with charges says she will Pay the bill

1. CUSTOMER NAME: Teresa Mobley
2. SERVICE ADDRESS: 415 Citrus Highlands D. W.
3. CUSTOMER PHONE NUMBER: 863-512-6638
4. DATE OF COMPLAINT: 19/26 BY PHONE OR EMAIL. IF BY EMAIL ATTCH EMAIL
5. DESCRIBE REASON OF COMPLAINT: People coming in with trailers to
ride their 4 wheelers on our pump lot. The police have been
out & sent them home, but it's getting wirse daily. All kids are middle
School or younger including our employee's daughter. This goes on clails
6. HOW WAS COMPLAINT RESOLVED? DATE RESOLVED Spoke of miles
11 15 anne. Thanked eisterner Fix 1150, 10/20/2020

· · · · · · · · · · · · · · · · · · ·
1. CUSTOMER NAME: Arianna Faisel S. hweil-east name
2. SERVICE ADDRESS: 365 Citrus Highlands Dr. W.
3. CUSTOMER PHONE NUMBER: 863-210-3554 - Arianna
4. DATE OF COMPLAINT: 11/3/90 BY PHONE OR EMAIL. IF BY EMAIL ATTCH EMAIL
5. DESCRIBE REASON OF COMPLAINT: Kids on pumphiuse lot until
3am riding 4 wheelers & 2 wheelers. austomer lives
3am riding 4 wheelers & 2 wheelers. Customer lives across the street and cannot sleep. Police have been
called due to fights:
6. HOW WAS COMPLAINT RESOLVED? DATE RESOLVED WHE called enstones 11/2/202
£

1. CUSTOMER NAME: Katy Nelms
2. SERVICE ADDRESS: 363 CITUS Highlands PRE
3. CUSTOMER PHONE NUMBER: 803-662-8121  4. DATE OF COMPLAINT: 3/2/20 BY PHONE OR EMAIL. IF BY EMAIL ATTCH EMAIL
5. DESCRIBE REASON OF COMPLAINT: WU ter MS Strong
Odor of chloring
6. HOW WAS COMPLAINT RESOLVED? DATE RESOLVED NOTIFIED S IONE
ON 3/2/20 3:15

1. CUSTOMER NAME: JESSICA ESTRADA.
2. SERVICE ADDRESS: 2101 (tightands way
3. CUSTOMER PHONE NUMBER: $32-582-6291$ 4. DATE OF COMPLAINT: $3/2/20$ BY PHONE OR EMAIL. IF BY EMAIL ATTCH EMAI
5. DESCRIBE REASON OF COMPLAINT: WATER Smell 5 /16
Chloring Very Strong.
6. HOW WAS COMPLAINT RESOLVED? DATE RESOLVED Not field \$ 100000000000000000000000000000000000

1. CUSTOMER NAME: GENEVA LE 110
2. SERVICE ADDRESS: 311 highlands way
3. CUSTOMER PHONE NUMBER: 8 94-879-1671  4. DATE OF COMPLAINT: 3/4/20 BY PHONE OR EMAIL. IF BY EMAIL ATTCH EMAIL
5. DESCRIBE REASON OF COMPLAINT: WHER WS a strong
Smell of chluring
6. HOW WAS COMPLAINT RESOLVED? DATE RESOLVED SPUK W/ Ge NO ON
3/4/20 he will go check it today 9.30 AM.

1. CUSTOMER NAME: DANG DMAR SOLAZOR.
2. SERVICE ADDRESS: 60031 CityUs thighlands Diz S
3. CUSTOMER PHONE NUMBER: 943-205-2446  4. DATE OF COMPLAINT: 340 by PHONE OR EMAIL. IF BY EMAIL ATTCH EMAIL
chluine mas been going on for days issue wresoived
6. HOW WAS COMPLAINT RESOLVED? DATE RESOLVED NUTLEY WAS FESTED  SIGNO OF 10:30 AM CHUNG LEVEL IS WHERE IT'S SUPPOSED  to be. Not High

1. CUSTOMER NAME: MUHHEN JUNES. CG/LER - Mrs. JUNES
2. SERVICE ADDRESS: 403 CITYS Highlands DR E
3. CUSTOMER PHONE NUMBER: 863-614-2855
4. DATE OF COMPLAINT: $\frac{7/17/20}{}$ BY PHONE OR EMAIL. IF BY EMAIL ATTCH EMAIL
5. DESCRIBE REASON OF COMPLAINT: 189K NEAR METER 10W
water pressure.
6. HOW WAS COMPLAINT RESOLVED? DATE RESOLVED This is a new
METER THAT WAS JUST SET. MY be louise. Called
Thre on 7/17/20 be will check it.
*

## Company response #13

#### WATER UTILITY PLANT ACCOUNTS

Acct. No. (a)	Account Name (b)	Previous Year (c)	Additions (d)	Retirements (e)	Current Year (f)
301	Organization	\$	\$		\$
302	Franchises				
303	Land and Land Rights	6,500			6,500
304 305	Structures and Improvements Collecting and Impounding Reservoirs	5,753			5,753
306	Lake, River and Other Intakes				
307	Wells and Springs	24,869	2,256		27,125
308	Infiltration Galleries and Tunnels				
309	Supply Mains	3,165			3,165
310	Power Generation Equipment		/		
311	Pumping Equipment (Electric)	18,821	V-0-1-3		18,821
311	Pumping Equipment (Sub Pump)				
320	Water Treatment Equipment	8,130		V(	8,130
330	Distribution Reservoirs and Standpipes	28,690			28,690
331	Transmission and Distribution				VI STEP CITY EXPERTS
333	Lines	100,736	2	3	100,736_
334	Services Meters and Meter	15,363			15,363_
334		24.450			04.450
335	Installations	24,456 8,444	(	1	24,456
336	Backflow Prevention Devices	0,444	3 <del>-31-31-31-3</del> 8 (		8,444
339	Other Plant and	<del></del>		( <del>)</del>	·
000	Miscellaneous Equipment			1	
340	Office Furniture and			-	
30000000	Equipment	76	1		76
341	Transportation Equipment	1,363			1,363
342	Stores Equipment				
343	Tools, Shop and Garage Equipment	7		\$	7
344	Laboratory Equipment	-			5 <del></del>
345	Power Operated Equipment	7,271			7,271
346	Communication Equipment				
348	Other Tangible Plant			W-1200	
400	Allocated Plant	6,144	1,801	-	7,945
	Total Water Plant	\$ 259,788_	\$4,058	\$	\$263,846_*

<sup>\*</sup> This amount should tie to sheet F-5.

#### ANALYSIS OF ACCUMULATED DEPRECIATION BY PRIMARY ACCOUNT - WATER

Acct. No. (a)	Account (b)	Average Service Life in Years (c)	Average Salvage in Percent (d)	Depr. Rate Applied (e)	Accumulated Depreciation Balance Previous Year (f)	Debits (g)	Credits (h)	Accum. Depr. Balance End of Year (f-g+h=i) (i)
301	Organization (Original Certificate)	0	%	%	\$	s	s	
304	Structures and Improvements	27	%	3.70 %	5,753		3 —	\$
305	Collecting and Impounding Reservoirs	40	%	%		· · · · · · · · · · · · · · · · · · ·		5,753
306	Lake, River and Other Intakes	40	%		2 <del>-12020-11-11-11-1</del>			
307	Wells and Springs	27	%	3.70 %	17,836			
308	Infiltration Galleries & Tunnels	40			17,636		963	18,798
309	Supply Mains	32	%	%			<u> </u>	<u> </u>
310	Power Generating Equipment	17		3.13 %	3,050		99	3,148
311	Pumping Equipment (Electric)	17	%	%	100 mm			<u> </u>
311	Pumping Equipment (Sub Pump)			5.88 %	15,299		1,107	16,406
320	Water Treatment Equipment	17		%				
330	Distribution Reservoirs &			5.88_%	5,785		478	6,264
331	Standpipes	33	%	3.03 %	4,251		869	5,121
	Trans. & Dist. Mains	38	%	2.63 %	76,607		2,651	79,258
333	Services	35	%	2.86 %	14,283		439	14,722
334	Meter & Meter Installations	17	%	5.88 %	23,428	<u> </u>	1,027	24,456
335	Hydrants	40	%	%	5,498		211	5,709
336	Backflow Prevention Devices	10	%	%				
339	Other Plant and Miscellaneous Equipment	20	%	%				S
340	Office Furniture and Equipment	15	%	6.67 %	46	-	5	
341	Transportation Equipment	6	%	16.67 %	1,363			51
342	Stores Equipment	18	%	%	1,000		( <del></del> )	1,363
343	Tools, Shop and Garage Equipment	15	%	6.67 %	7			-
344	Laboratory Equipment	15	%	<del></del>				7
345	Power Operated Equipment	10		10.00 %	7,271	: <del></del> :		7.074
346	Communication Equipment	10		10.00 %	1,2/1			7,271
348	Other Tangible Plant	15						S
400	Allocated Plant	10	%	%	2,808	23	1,171	3,955
	Totals			100 V 10	\$ 183,285	\$23	\$ 9,021	\$ 192,282

<sup>\*</sup> This amount should tie to Sheet F-5.

#### PUMPING AND PURCHASED WATER STATISTICS

(a)	Water Purchased For Resale (Omit 000's) (b)	Finished Water From Wells (Omit 000's)	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)
January		1,065 1,051 1,301 1,469 1,164 1,380 1,273 119 966 1,097 742 866	603 691 878 1,027 636 1,007 779 (251) 556 668 290 499		462 360 423 442 528 373 494 370 410 429 452 367
Total for Year		12,493 following:	7,382	Section (Accommodate and Accommodate and Accom	5,111
	n/a n/a water utilities for redi	stribution, list name	es of such utilities be	elow:	

#### MAINS (FEET)

Kind of Pipe (PVC, Cast Iron, Coated Steel, etc.)	Diameter of Pipe	First of Year	Added	Removed or Abandoned	End of Year
				1	6
PVC	2"	500	-		500
PVC	3"	6,300	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		6300
PVC	4"	3210	-		3210
PVC	6"	5025			5025
Galvanized	4"	20			20
Fire Hydrants		9			9
		2			

#### WELLS AND WELL PUMPS

(a)	(b)	(c)	(d)	(e)	(f)
Year Constructed Types of Well Construction	1986	1989			
and Casing	Steel	Steel			
	Grouted	Grouted	(1-car-10-car-car-car-car-		
	BT & C Steel	BT & C Steel			
Depth of Wells	190'	405'			
Diameters of Wells	4	6			
Pump - GPM	75	350			
Motor - HP	5	25			
Motor Type *	Submersible	Submersible			
rields of Wells in GPD	180,000	504,000			
Auxiliary Power	on-site	on-site			
Submersible, centrifugal, etc.			1		

#### RESERVOIRS

(a)	(b)	(c)	(d)	(e)	(f)
Description (steel, concrete)	Steel	n/a	n/a	n/a	
Capacity of Tank	6,000	V Committee of the comm			
Ground or Elevated	Ground				

#### HIGH SERVICE PUMPING

(a)	(b)	(c)	(d)	(e)	(f)
Motors  Manufacturer	n/a	n/a	n/a	n/a	
Pumps  Manufacturer	n/a	n/a	n/a	n/a	-

## Company response #14

Re: Docket No. 20230071-WU- Application for staff-assisted rate case in Polk County by Pinecrest Utilities, LLC – STAFF'S FIRST DATA REQUEST VIA EMAIL

- 14. Number of customers classified as to meter size and class (Commercial or Residential) for the following points in time:
  - A. A minimum of 4 years prior to the beginning of the test (or calendar last) year. January 2018 128 Residential active accounts & 14 Vacant residential accounts
  - B. The beginning of the last calendar year. –
     January 2022 138 Residential active accounts & 5 Vacant Residential accounts.
  - C. The end of the last calendar year. –
     December 2022- 138 Residential active accounts & 5 Vacant Residential accounts
  - D. Present. –
     July 2023 139 Residential active accounts & 5 Vacant Residential accounts
     All Meter sizes are 5/8 <sup>3</sup>/<sub>4</sub>

#### Company response #16

I have enclosed a copy of the Commission Approved final order # PSC-2022-0435-PAA-WU in Docket # 20220026 for Leighton Estates. The meter replacement program described on page 5-7 is the same for Pinecrest Utilities as we will be using the same software and meters.

In this docket, Pinecrest requests to replace 82 meters and retrofit 62 meters. All  $5/8 \times 3/4$ 

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#### 4. Average Test Year Rate Base

The appropriate components of the Utility's rate base include utility plant in service (UPIS), land, accumulated depreciation, contributions-in-aid-of-construction (CIAC), accumulated amortization of CIAC, net acquisition adjustment, and working capital. The Utility's rate base was established as part of its transfer proceeding, in Docket No. 20210043-WU.<sup>3</sup> We selected the test year ended December 31, 2021, for the instant rate case. Our audit staff determined that the Utility's books and records are in compliance with the National Association of Regulatory Utility Commissioners' Uniform System of Accounts (NARUC USOA). A summary of each component and our approved adjustments are discussed below.

#### A. Utility Plant In Service (UPIS)

The Utility recorded a UPIS balance of \$366,405. We decreased UPIS by \$2,064 to reflect an averaging adjustment. Additionally, as shown below in Table 1, we increased UPIS by \$9,871 to reflect pro forma additions, offset by a decrease of \$6,193 to reflect pro forma retirement.

#### Pro Forma Plant Additions

As shown in Table 2, the Utility requested three pro forma items be included in rate base: 1) replacement of a failed pump; 2) purchase of two 2021 Ford F150 trucks; and 3) a meter replacement program. In June of 2022, the WTP experienced a well pump failure. This was an emergency repair that needed to occur expeditiously. The purchase and replacement of the new well pump occurred on June 27, 2022, and a paid invoice was provided totaling \$4,941. The installation cost consisted of new piping and wiring for the pump and motor, plus labor charges. The purchase and installation cost appear justified and reasonable.

Florida Utility Services 1 (FUS1) purchased two 2021 Ford F-150 trucks for its service fleet and requested the cost of the vehicles be commonly allocated across all the systems it operates. The Utility indicated that the addition of the trucks allows for each of FUS1's three maintenance technicians, maintenance foreman, and officer to provide efficient and timely responses to the 17 utility systems operated by FUS1. The two additional vehicles allow for efficient service to the 17 utilities and a faster response to emergencies. The utilities served by FUS1 are located in six different counties. One truck was purchased in August 2021, and the other purchased a year later in August 2022. The utility provided a copy of the vehicles' bill of sales.<sup>4</sup> We agree with the stated purpose and the cost of the vehicles.

The Utility requested to transition all of its existing standard 5/8 x 3/4" meters to Advanced Meter Infrastructure (AMI) meters. The Utility indicated that switching to AMI meters would allow the Utility to electronically obtain meter readings, provide real-time data accessibility, reduce customer service-related calls and associated work order trips. Customers

<sup>&</sup>lt;sup>3</sup> Order No. PSC-2021-0408-PAA-WU, issued November 1, 2021, in Docket No. 20210043-WU, *In re: Application to transfer facilities and water Certificate No. 652-W in Marion County from Arma Water Service, LLC to Leighton Estates Utilities, LLC.* 

<sup>&</sup>lt;sup>4</sup> See Document No. 06031-2022 filed September 6, 2022.

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would gain the ability to monitor water usage, set leak detection alarms, and receive utility communications through a system Application, which would benefit customers.

The program consists of upgrading the Utility's existing 80 meters, plus two additional meters, to AMI, remote read, meters and the purchase/installation of The Beacon, Advanced Metering system software (Beacon). The Utility indicated that it intends to utilize the Beacon software across its other FUS1 systems, which would result in approximately \$186.30 of Beacon's \$8,208 total cost allocated to Leighton. Once purchased, there are no reoccurring or monthly fees to utilize the software. We inquired whether the Utility explored obtaining additional bids or looked into alternative manufacturers for AMI. In response, the Utility stated the Beacon product is the only software that is compatible with its existing billing system.

Of the 82 meters, the utility intends to retrofit 42 meters and replace 40 meters with AMI technology. In response to our second data request, the Utility indicated the cost to retrofit each meter is \$521.94 and the cost to replace a meter is \$577.94. However, we do not believe it is appropriate for the Utility to recover mileage and labor costs as part of this program since this program would be implemented by full-time employees of FUS1 already accounted for through FUS1's payroll. The proposal included \$138.84 (\$47 + \$91.84) for a technician to travel round trip to install two meters. There was an additional \$6.00 charge for the customer service manager to call and inform each customer about the new meters. We do not favor the \$6.00 charge. Therefore, we find that the installation cost be reduced by \$144.84 resulting in a cost of \$377.10 and \$433.10 to retrofit or replace, respectively, a meter, as shown in Table 1. The Utility stated its decision to retrofit roughly half of its meters rather than replace all 82 is based on the remaining life of the existing meters.

Based on the information provided above, we recognize that upgrading the meters to AMI will benefit Leighton's customers. We recognize that the ability to monitor for leakage, water theft, and pay bills online is a benefit to the customers. Therefore, we find the proposed AMI meter program is warranted.

<sup>&</sup>lt;sup>5</sup> See Document No. 04830-2022 filed July 19, 2022.

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Table 1

	Meter Replacement Pro	gram: Mete	er Costs		
	Retrofit Meter		New Meter		
Equipment	Retrofit Meter	\$302.00	New Meter	\$358.00	
	Meter Box	\$24.56	Meter Box	\$24.56	
	Meter Box Lid	\$15.50	Meter Box lid	\$15.50	
	Locking Curb Stop	\$35.04	Locking Curb Stop	\$35.04	
Mileage	Roundtrip from FUS1 to service territory	\$91.84	Roundtrip from FUS1 to service territory	\$91.84	
Labor-Tech	Driving/Installation time	\$47.00	Driving/Installation time	\$47.00	
Labor-Customer Service	Customer service call with customer and charging billing account	\$6.00	Customer service call with customer and charging billing account	\$6.00	
Utility Requested Total:		\$521.94		\$577.94	
Commission Approved Total:		\$377.10		\$433.10	
Total.		(\$521.94 - \$144.84)		(\$521.94 - \$144.84)	

Source: Document No. 04830-2022

Table 2
Pro Forma Plant Additions

	Acct.		Amount
Project	No.	Description	
Well Pump Replacement	311	Replace failed well pump	\$4,941.00
		Associated Retirement	
Vehicle Purchase	341	2021 Ford F150 vehicle purchase	\$46,030
Vehicle Purchase	341	2021 Ford F150 vehicle purchase	\$34,558
Meter Replacement Program	334	Replace or retrofit existing standard meters with AMI meters	\$33,349
		Associated Retirement	
Net Adjustment			

Source: Document Nos. 04830-2022, 06031-2022, and 04830-2022

Table 3 Pro Forma Plant Items

1 to 1 of the 1 tents		
Project	Additions	Retirements
Acct. 311 – Replace failed pump.	\$4,941	(\$3,706)
Acct. 334 – Meter replacement amortized 10 years.	3,316	(2,487)
Acct. 341 – 2021 F-150 Truck 2.00 percent allocation.	921	0
Acct. 341 – 2021 F-150 Truck 2.00 percent allocation.	<u>693</u>	<u>0</u>
Total Pro Forma	\$9,871	(\$6,193)

Based on the above, we find an average UPIS balance of \$368,019 (\$366,405 - \$2,064 + \$9,871 - \$6,193).