

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

RECEIVED-FPSC
2023 AUG 10 PM 2:00
COMMISSION
CLERK

August 7, 2023

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

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.

COM
AFD
APA
ECO
ENG
GCL
IDM
CLK

Flash Drive

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

Company Response- Not Applicable. Wells only.

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

Company Response- Information provided on the enclosed thumb drive.

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

Company Response- Information provided on the enclosed thumb drive.

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

Company response- Information provided on the enclosed thumb drive.

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

Company Response- 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,

A handwritten signature in blue ink, appearing to read 'MS', is written over the text 'On behalf of the utility,'.

Michael Smallridge

Company response #7

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

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



Advanced Environmental Laboratories, Inc.

Write Project # or Place Project Label Here

12201705

Lab Receipt Date & Time: 1/25/22 1:35
 Analysis Date & Time: 1-25-22 1:36
Sample Acceptance Criteria:
 Sample Preservation: On Ice Not On Ice 04 °C
 Disinfectant Check: Not Detected _____
 This Sample does not meet the following NELAC requirements: _____

Report Number: _____ Sub-Contract Lab ID: _____

Analysis Requested: (check all that apply)

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

Public Water System (PWS) Name: 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: Jennifer Alexander

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: 01-24-22

DCN#: AD-D045

Effective 01/05, Electronic WEB Revision 02/27/2019

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time (24 hr clock)	Sample Type ¹	Disinfectant Residual (mg/L)	pH	To be completed by lab				
						Non-Coliform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage ³	Data Qualifier ⁴	Lab Sample #
1/3	Well 1	1406	R	0	7.7	A	A			023
2/3	Well 2	1409	R	0	7.8	A	A			024
3/3	6041 Citrus Highland	1415	D	.64	7.6	A	A			025

Average of disinfectant residuals for distribution routine & repeat samples.⁶ Free chlorine or Total chlorine (check one). .64

Disinfectant Residual Analysis Method:
 DPD Colorimetric Other: _____

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

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

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

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

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

Date Report Issued: 1/26/22

Lab Signature: Jennifer Alexander

Title: SRM

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

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

Satisfactory DEP/DOH USE ONLY

Incomplete Collection Information

Repeat Samples Required

Replacement Samples Required

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

1 Indicate the sample type for each sample collected. Sample type codes are: D = Distribution (routine compliance), C = Repeat/Check, R = Raw, N = Entry Point to Distribution, P = Plant Tap, S = Special (clearance, etc.)
 2 Lab certification number for the listed method is included at top with the laboratory address
 3 Please circle appropriate selection
 4 Defined in Florida Administrative Code Rule 62-160, Table 1
 5 Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average
 Results Key A = Coliforms are absent, P = Coliforms are present, C = confluent growth, TNTC = too numerous to count (62-550 730 Reporting Format)

Relinquish By: _____

Date: _____ Time: _____

Received By: Jennifer Alexander

Date: 1/25/22 Time: 1250

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

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



Advanced Environmental Laboratories, Inc.

Lab Receipt Date & Time: 2/4/22 1250
 Analysis Date & Time: 2/4/22 1430
 Sample Acceptance Criteria:
 Sample Preservation: On Ice Not On Ice 4°C
 Disinfectant Check: Not Detected
 This Sample does not meet the following NELAC requirements:

Report Number: _____ Sub-Contract Lab ID: _____

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

Public Water System (PWS) Name: 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: Jennifer Alex 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: 02-04-2022 DCN#: AD-D045 Effective 01/95, Electronic WEB Revision 02/27/2019

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time (24 hr clock)	Sample Type	Disinfectant Residual (mg/L)	pH	To be completed by lab				
						Non-Coliform	Total Coliform	Fecal (E. coli), Enterococci, or Coliphage ³	Data Qualifier ⁴	Lab Sample #
1/3	Well 1	0834	R	0	7.7	A	A			601
2/3	Well 2	0836	R	0	7.8	A	A			602
3/3	6060 Citrus Highland	0845	D	.98	7.6	A	A			603

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

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

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

Date and time PWS notified by lab of positive results: _____
 Date and time DEP/DOH notified by lab of positive results: _____
 Date Report Issued: 2/5/22
 Lab Signature: [Signature]
 Title: Analyst

[INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT]
Consta Flow Inc
 5574 Commercial Blvd
 Winter Haven, FL 33880
 863-965-2599
 Jennifer@constaflow.com

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

1 Indicate the sample type for each sample collected. Sample type codes are: D = Distribution (routine compliance), C = Repeat/Check, R = Raw, N = Entry Point to Distribution, P = Plant Tap, S = Special (clearance, etc.)
 2 Lab certification number for the listed method is included at top with the laboratory address
 3 Please circle appropriate selection
 4 Defined in Florida Administrative Code Rule 62-160, Table 1.
 5 Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average
 Results Key: A = Coliforms are absent; P = Coliforms are present; C = confluent growth, TNTC = too numerous to count (62-550 730 Reporting Format)

Relinquish By: [Signature]
 Date: _____ Time: _____
 Received By: [Signature]
 Date: 2/4/22 Time: 0945

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

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

Write Project # or Place Project Label Here

T 2204470



Advanced Environmental Laboratories, Inc.

Lab Receipt Date & Time: 3/3/22 1345
 Analysis Date & Time: 3/3/22 1606
 Sample Acceptance Criteria:
 Sample Preservation: On Ice Not On Ice 4 °C
 Disinfectant Check: Not Detected
 This Sample does not meet the following NELAC requirements:

Report Number: _____ Sub-Contract Lab ID: _____

Analysis Requested: (check all that apply)

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

Public Water System (PWS) Name: 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: Jennifer Alexander

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: 3-02-2022

DCN#: AD-D045

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

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time (24 hr clock)	Sample Type	Disinfectant Residual (mg/L)	pH	To be completed by lab			
						Non-Coliform	Total Coliform	Fecal (E. coli), Enterococci, or Coliphage ²	Data Qualifier ⁴
1/3	Well 1	1500	R	0	7.6	A	A		023
2/3	Well 2	1506	R	0	7.9	A	A		024
3/3	282 Citrus Highland East	1513	D	1.4	7.7	A	A		025

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

Disinfectant Residual Analysis Method:

- DPD Colorimetric Other: _____

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

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

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

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

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

Date Report Issued: 3/4/22

Lab Signature: Jennifer Alexander

Title: PM2

INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT

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

Satisfactory DEP/DOH USE ONLY

Incomplete Collection Information

Repeat Samples Required

Replacement Samples Required

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

1. Indicate the sample type for each sample collected. Sample type codes are: D = Distribution (routine compliance), C = Repeat Check, R = Raw, N = Entry Point to Distribution, P = Plant Tap, S = Special (clearance, etc.)
 2. Lab certification number for the listed method is included at top with the laboratory address
 3. Please circle appropriate selection
 4. Defined in Florida Administrative Code Rule 62-160, Table 1
 5. Complete for community & non-transient non-community systems serving populations up to and including 1,900. Do not include raw or plant samples in the average.
 Results Key: A = Coliforms are absent; P = Coliforms are present; C = confluent growth; INTC = too numerous to count (62-550.730 Reporting Format)

Relinquish By: Jennifer Alexander

Date: _____ Time: _____

Received By: Jennifer Alexander

Date: 3/3/22 Time: 1150

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

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



Advanced Environmental Laboratories, Inc.

Write Project # or Place Project Label Here
12207390

Lab Receipt Date & Time: 13 APR 2022 - 13:45
 Analysis Date & Time: 4-13-22 1521
 Sample Acceptance Criteria:
 Sample Preservation: On Ice Not On Ice 10°C
 Disinfectant Check: Not Detected
 This Sample does not meet the following NELAC requirements:

Report Number: _____ Sub-Contract Lab ID: _____

Analysis Requested: (check all that apply)

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

Public Water System (PWS) Name: 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: Jennifer Alexander

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: 04-13-2022

DCN#: AD-0045

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

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time (24 hr clock)	Sample Type	Disinfectant Residual (mg/L)	pH	To be completed by lab				
						Non-Coliform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage ³	Data Qualifier ⁴	Lab Sample #
1/3	Well 1	0945	R	0	7.7	A	A			045
2/3	Well 2	0949	R	0	7.7	A	A			046
3/3	340 Citrus Highland West	0953	D	1.1	7.7	A	A			047

Average of disinfectant residuals for distribution routine & repeat samples.⁵ Free chlorine or Total chlorine (check one). 1.1

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

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.
 Date and time PWS notified by lab of positive results: _____
 Date and time DEP/DOH notified by lab of positive results: _____
 Date Report Issued: 4/13/22
 Lab Signature: [Signature]
 Title: PM II

[INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT]
Consta Flow Inc
 5574 Commercial Blvd
 Winter Haven, FL 33880
 863-965-2599
 Jennifer@constaflow.com

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

1. Indicate the sample type for each sample collected. Sample type codes are: D = Distribution (routine compliance), C = Repeat/Check, R = Raw, N = Entry Point to Distribution, P = Plant Tap, S = Special (clearance, etc).
 2. Lab certification number for the listed method is included at top with the laboratory address.
 3. Please circle appropriate selection.
 4. Defined in Florida Administrative Code Rule 62-160, Table 1.
 5. Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.
 Results Key: A = Coliforms are absent; P = Coliforms are present; C = confluent growth; TNTC = too numerous to count (62-550.730 Reporting Format).

Relinquish By: [Signature]
 Date: _____ Time: _____
 Received By: [Signature]
 Date: 4/13/22 Time: 1150

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORT FORMAT

- 6681 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.350.9150 • Fax 904.363.9154 • E82574
- 4965 SW 41st Blvd • Gainesville, FL 32608 • 352.377.2349 • Fax 352.305.6639 • 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 • E84580
- 380 Northlake Blvd., Suite 104S • Altamonte Springs, FL 32701 • 407.937.1594 • Fax 407.937.1597 • E83076
- 2639 N. Monroe St., Suite D • Tallahassee, FL 32301 • 850.219.6274 • Fax 850.219.6275 • E811095
- 13100 Westlinks Terrace, Suite 10 • Fort Myers, FL 33913 • 239.674.8130 • Fax 239.674.8128 • E84492



Advanced Environmental Laboratories, Inc.

Printed Production Place Please Label Here
12208736

Lab Receipt Date & Time: **03 MAY 2022 7:13:40**
 Analysis Date & Time: **5/3/22 16:00**
 Sample Acceptance Criteria:
 Sample Preservation: On Ice Not On Ice **16:00**
 Disinfectant Check: Not Detected **16:00**
 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 Address: 6115 Hwy 60 W

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

Collector: Kan. Fr Alexander

Type of Supply: (check only one)

- Community Water System
- Non-Transient Non-community Water System
- Limited Use System
- Bottled Water
- Private Well
- Swimming Pool
- Transient Non-community Water System
- 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: 05-02-2022

DCNR: AD-D045

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

Sample #	Sample Point (Location or Specific Address)	To be completed by collector of sample				To be completed by lab				
		Sample Collection Time (24 hr clock)	Sample Type	Disinfectant Residual (mg/L)	pH	Non-Coliform	Total Coliform	Fecal E. coli, Enterococci, or Coliphage ¹	Data Qualifier ²	Lab Sample #
1/3	Well 1	1210	R	0	77		A	A		018
2/3	Well 2	1212	R	0	78		A	A		019
3/3	5609 Jessie Drive	1216	D	.54	78		A	A		020

Average of disinfectant residuals for distribution routine & repeat samples.³ Free chlorine or Total chlorine (check one). .54

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

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

Date and time PWS notified by lab of positive results: _____
 Date and time DEP/DOH notified by lab of positive results: _____
 Date Report Issued: 5/4/22
 Lab Signature: [Signature]
 Title: _____

(INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT)
Consta Flow Inc
 5574 Commercial Blvd
 Winter Haven, FL 33880
 863-965-2599
 Jennifer@constaflow.com

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

1. Indicate the sample type for each sample collected. Sample type codes are: D = Distribution (routine compliance), C = Repeat Check, R = Raw, N = Entry Point to Distribution, P = Plant Tap, S = Special (clearance, etc.).
 2. Lab certification number for the listed method is included at top with the laboratory address.
 3. Please circle appropriate selection.
 4. Defined in Florida Administrative Code Rule 62-160, Table 1.
 5. Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.
 Results Key: A = Coliforms are absent; P = Coliforms are present; C = confluent growth; TNTC = too numerous to count (62-530.730 Reporting Format)

Relinquish By: [Signature]
 Date: _____ Time: _____
 Received By: [Signature]
 Date: 5/3/22 Time: 11:00

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

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



Advanced Environmental Laboratories, Inc.

Write Product # for Label Product Label Here
12212034

Lab Receipt Date & Time: **16 JUN 2022 1400**

Analysis Date & Time: **6/16/22 1540**

Sample Acceptance Criteria: **6°C**

Sample Preservation: On Ice Not On Ice **6°C**

Disinfectant Check: Not Detected

This Sample does not meet the following NELAC requirements:

Report Number: _____ Sub-Contract Lab ID: _____

Analysis Requested: (check all that apply)

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

Public Water System (PWS) Name: 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: Jennifer Alexander

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: 06-15-2022

DCN#: AD-D045

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

Sample #	Sample Point (Location or Specific Address)	To be completed by collector of sample				To be completed by lab				
		Sample Collection Time (24 hr clock)	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)			Data Qualifier ²	Lab Sample #
						Non-Coliform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage ³		
1/3	Well 1	1259	R	0	7.9		A	A		
2/3	Well 2	1305	R	0	7.8		A	A		025
3/3	330 Hankin Road	1312	D	0.78	7.8		A	A		026 027

Average of disinfectant residuals for distribution routine & repeat samples.⁵ Free chlorine or Total chlorine (check one). 0.78

Disinfectant Residual Analysis Method:
 DPD Colorimetric Other: _____

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

A certified operator (# _____)

Supervised by certified operator (# _____)

Employed by a certified lab Employed by DEP or DOH

Authorized representative of supplier of water

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

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

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

Date Report Issued: 6/17/22

Lab Signature: [Signature]

Title: _____

INSER NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT

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

Satisfactory

Incomplete Collection Information

Repeat Samples Required

Replacement Samples Required

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

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

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

3. Please circle appropriate selection.

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

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

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

Relinquish By: [Signature]

Date: _____ Time: _____

Received By: [Signature]

Date: 6-16-22 Time: 1230

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

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

Write Project # or Place Project Label Here

12214567



Advanced Environmental Laboratories, Inc.

Lab Receipt Date & Time: **21 JUL 2022 1330**

Analysis Date & Time: 7/22/22
 Sample Acceptance Criteria:
 Sample Preservation: On Ice Not On Ice 6°C
 Disinfectant Check: Not Detected _____
 This Sample does not meet the following NELAC requirements:

Report Number: _____ Sub-Contract Lab ID: _____

Analysis Requested: (check all that apply)

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

Public Water System (PWS) Name: 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: Jennifer Alexander

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: 7-21-22

DCN#: AD-D045

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

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time (24 hr clock)	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)				
						Non-Coliform	Total Coliform	Fecal E. coli, Enterococci, or Coliphage ³	Data Qualifier ⁴	Lab Sample #
1/3	Well 1	0921	R	0	7.7		A	A		017
2/3	Well 2	0925	R	0	7.7		A	A		018
3/3	401 Highlands Way	0934	D	.88	7.8		A	A		019
Average of disinfectant residuals for distribution routine & repeat samples. ⁵ <input checked="" type="checkbox"/> Free chlorine or <input type="checkbox"/> Total chlorine (check one).				.88						
Disinfectant Residual Analysis Method: <input checked="" type="checkbox"/> DPD Colorimetric <input type="checkbox"/> Other: _____ Person performing disinfectant analysis is (Check one of below): <input type="checkbox"/> A certified operator (# _____) <input type="checkbox"/> Supervised by certified operator (# _____) <input type="checkbox"/> Employed by a certified lab <input type="checkbox"/> Employed by DEP or DOH <input type="checkbox"/> Authorized representative of supplier of water						Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples. Date and time PWS notified by lab of positive results: _____ Date and time DEP/DOH notified by lab of positive results: _____ Date Report Issued: <u>7/22/22</u> Lab Signature: <u>[Signature]</u> Title: _____				
[INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT] Consta Flow Inc 5574 Commercial Blvd Winter Haven, FL 33880 863-965-2599 Jennifer@constaflow.com						<input type="checkbox"/> Satisfactory DEP/DOH USE ONLY <input type="checkbox"/> Incomplete Collection Information <input type="checkbox"/> Repeat Samples Required <input type="checkbox"/> Replacement Samples Required Date Reviewed by DEP/DOH: _____ DEP/DOH Reviewing Official: _____				

1. Indicate the sample type for each sample collected. Sample type codes are: D = Distribution (routine compliance), C = Repeat Check, R = Raw, N = Entry Point to Distribution, P = Plant Tap, S = Special (clearance, etc.)
 2. Lab certification number for the listed method is included at top with the laboratory address.
 3. Please circle appropriate selection
 4. Defined in Florida Administrative Code Rule 62-160, Table 1.
 5. Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.
 Results Key: A = Coliforms are absent; P = Coliforms are present; C = confluent growth; TNTC = too numerous to count (62-550 730 Reporting Format)

Relinquish By: [Signature]
 Date: _____ Time: _____
 Received By: [Signature]
 Date: 7/21/22 Time: 1140

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

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

Write Project # or Place Project Label Here
12215363



Advanced Environmental Laboratories, Inc.

Lab Receipt Date & Time: **02 AUG 2022 - 1300**
 Analysis Date & Time: **8/2/22 10:55**
 Sample Acceptance Criteria:
 Sample Preservation: On Ice Not On Ice 6 °C
 Disinfectant Check: Not Detected _____
 This Sample does not meet the following NELAC requirements:

Report Number: _____ Sub-Contract Lab ID: _____

Analysis Requested: (check all that apply)

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

Public Water System (PWS) Name: 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: Jennifer Alexander

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: 08-01-22

DCN#: AD-D045

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

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time (24 hr clock)	Sample Type 1	Disinfectant Residual (mg/L)	pH	Analysis Method(s)				
						Non-Coliform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage ³	Data Qualifier ⁴	Lab Sample #
1/3	Well 1	1235	R	0	7.8		A	A		004
2/3	Well 2	1240	R	0	7.8		A	A		005
3/3	6041 Citrus Highland	1241	D	1.2	7.8		A	A		006
Average of disinfectant residuals for distribution routine & repeat samples. ⁵ <input checked="" type="checkbox"/> Free chlorine or <input type="checkbox"/> Total chlorine (check one).				1.2		Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.				
Disinfectant Residual Analysis Method: <input checked="" type="checkbox"/> DPD Colorimetric <input type="checkbox"/> Other: _____ Person performing disinfectant analysis is (Check one of below): <input type="checkbox"/> A certified operator (# _____) <input type="checkbox"/> Supervised by certified operator (# _____) <input type="checkbox"/> Employed by a certified lab <input type="checkbox"/> Employed by DEP or DOH <input type="checkbox"/> Authorized representative of supplier of water						Date and time PWS notified by lab of positive results: _____ Date and time DEP/DOH notified by lab of positive results: _____ Date Report Issued: <u>8/3/22</u> Lab Signature: <u>[Signature]</u> Title: _____				
INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT Consta Flow Inc 5574 Commercial Blvd Winter Haven, FL 33880 863-965-2599 Jennifer@constaflow.com						<input type="checkbox"/> Satisfactory DEP/DOH USE ONLY <input type="checkbox"/> Incomplete Collection Information <input type="checkbox"/> Repeat Samples Required <input type="checkbox"/> Replacement Samples Required Date Reviewed by DEP/DOH: _____ DEP/DOH Reviewing Official: _____				

1. Indicate the sample type for each sample collected. Sample type codes are: D = Distribution (routine compliance), C = Repeat Check, R = Raw, N = Entry Point to Distribution, P = Plant Tap, S = Special (clearance, etc.).
 2. Lab certification number for the listed method is included at top with the laboratory address.
 3. Please circle appropriate selection.
 4. Defined in Florida Administrative Code Rule 62-160, Table 1.
 5. Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.
 Results Key: A = Coliforms are absent; P = Coliforms are present, C = confluent growth; INTC = too numerous to count (62-550.730 Reporting Format)

Relinquish By: _____ Date: _____ Time: _____
 Received By: _____ Date: 8/2/22 Time: _____

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

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



Advanced Environmental Laboratories, Inc.

Write Project # or Place Project Label Here

12217968

Lab Receipt Date & Time: **07 SEP 2022 - 1400**

Analysis Date & Time: **9/7/22 1540**

Sample Acceptance Criteria:

Sample Preservation: On Ice Not On Ice **6°C**

Disinfectant Check: Not Detected

This Sample does not meet the following NELAC requirements:

Report Number: _____ Sub-Contract Lab ID: _____

Analysis Requested: (check all that apply)

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

Public Water System (PWS) Name: 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: Jennifer Alexander

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: 09-06-2022

DCN#: AD-D045

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

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time (24 hr clock)	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method/s				
						Non-Coliform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage ³	Data Qualifier ⁴	Lab Sample #
1/3	Well 1	1452	R	0	7.7	A	A	A		006
2/3	Well 2	1457	R	0	7.8	A	A	A		007
3/3	6060 Citrus Highland	1512	D	1.2	7.9	A	A	A		008

Average of disinfectant residuals for distribution routine & repeat samples.¹ Free chlorine or Total chlorine (check one).

1.2

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

Disinfectant Residual Analysis Method:

DPD Colorimetric Other: _____

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

A certified operator (# _____)

Supervised by certified operator (# _____)

Employed by a certified lab Employed by DEP or DOH

Authorized representative of supplier of water

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

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

Date Report Issued: 9/7/22

Lab Signature: [Signature]

Title: PM II

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

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

Satisfactory DEP/DOH USE ONLY

Incomplete Collection Information

Repeat Samples Required

Replacement Samples Required

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

1. Indicate the sample type for each sample collected. Sample type codes are: D = Distribution (routine compliance), C = Repeat/Check, R = Raw, N = Entry Point to Distribution, P = Plant Tap, S = Special (clearance, etc).
2. Lab certification number for the listed method is included at top with the laboratory address.
3. Please circle appropriate selection.
4. Defined in Florida Administrative Code Rule 62-160, Table 1.
5. Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.
Results Key: A = Coliforms are absent; P = Coliforms are present; C = confluent growth; TNTC = too numerous to count (62-550.730 Reporting Format).

Relinquish By: [Signature]

Date: _____ Time: _____

Received By: [Signature]

Date: 9/7/22 Time: 1212

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

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

Write Project # or Place Project Label Here

T 2 2 2 1 1 8 3



Advanced Environmental Laboratories, Inc.

Lab Receipt Date & Time: **20 OCT 2022 1340**

Analysis Date & Time: **10/20/2022 1455**

Sample Acceptance Criteria:

Sample Preservation: On Ice Not On Ice 6 °C

Disinfectant Check: Not Detected _____

This Sample does not meet the following NELAC requirements:

Report Number: _____ Sub-Contract Lab ID: _____

Analysis Requested: (check all that apply)

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

Public Water System (PWS) Name: 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: Jennifer Alexander

Collector's Phone #: 863-965-2599

Type of Supply: (check only one)

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

Reason for Sampling: (check all that apply)

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

Sample Collection Date: 10-20-22

DCN#: AD-D045

Effective 01/95, Electronic WEB Revision 02/27/2018

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time (24 hr clock)	Sample Type	Disinfectant Residual (mg/L)	pH	To be completed by lab			
						Non-Coliform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage ³	Data Qualifier ⁴
1/3	Well 1	0740	R	0	7.9	A	A		003
2/3	Well 2	0744	R	0	8.0	A	A		004
3/3	282 Citrus Highland East	0752	D	1.2	8.0	A	A		005

Average of disinfectant residuals for distribution routine & repeat samples.⁵ Free chlorine or Total chlorine (check one). 1.2

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

Disinfectant Residual Analysis Method:

DPD Colorimetric Other: _____

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

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

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

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

Date Report Issued: 10/11/22

Lab Signature: [Signature]

Title: _____

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

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

Satisfactory DEP/DOH USE ONLY

Incomplete Collection Information

Repeat Samples Required

Replacement Samples Required

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

Relinquish By: [Signature]

Date: _____ Time: _____

Received By: [Signature]

Date: 10/20/22 Time: 1455

1. Indicate the sample type for each sample collected. Sample type codes are: D = Distribution (routine compliance), C = Repeat/Check, R = Raw, N = Entry Point to Distribution, P = Plant Tap, S = Special (clearance, etc.).
 2. Lab certification number for the listed method is included at top with the laboratory address.
 3. Please circle appropriate selection.
 4. Defined in Florida Administrative Code Rule 62-160, Table 1.
 5. Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.
 Results Key: A = Coliforms are absent; P = Coliforms are present; C = confluent growth; TNTC = too numerous to count (62-550.730 Reporting Format).

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

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



Advanced Environmental Laboratories, Inc.

Write Project # or Place Project Label Here

1222211

Lab Receipt Date & Time: **02 NOV 2022 1400**

Analysis Date & Time: **11/2/22 1500**

Sample Acceptance Criteria:

Sample Preservation: On Ice Not On Ice °C

Disinfectant Check: Not Detected

This Sample does not meet the following NELAC requirements:

Report Number: _____ Sub-Contract Lab ID: _____

Analysis Requested: (check all that apply)

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

Public Water System (PWS) Name: Pinecrest Ranches

PWS I.D.: 6535079

PWS Address: 8115 Hwy 60 W

City: Bartow

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

Fax #:

Collector: Jennifer Alexander

Collector's Phone #: 863-965-2599

Type of Supply: (check only one)

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

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

Reason for Sampling: (check all that apply)

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

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

Sample Collection Date: 11-01-22

DCN#: AD-D045

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

Sample #	Sample Point (Location or Specific Address)	To be completed by collector of sample				pH	To be completed by lab			
		Sample Collection Time (24 hr clock)	Sample Type 1	Disinfectant Residual (mg/L)			Analysis Method(s)	Data Qualifier ⁴	Lab Sample #	
1/3	Well 1	1545	R	0	7.9					016
2/3	Well 2	1552	R	0	7.8					017
3/3	330 Hankin Road	1559	D	1.1	7.8					018

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

Disinfectant Residual Analysis Method:

DPD Colorimetric Other: _____

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

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

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

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

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

Date Report Issued: 11/3/22

Lab Signature: [Signature]

Title: _____

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

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

Satisfactory DEP/DOH USE ONLY

Incomplete Collection Information

Repeat Samples Required

Replacement Samples Required

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

1. Indicate the sample type for each sample collected. Sample type codes are: D = Distribution (routine compliance), C = Repeat/Check, R = Raw, N = Entry Point to Distribution, P = Plant Tap, S = Special (clearance, etc.).
2. Lab certification number for the listed method is included at top with the laboratory address.
3. Please circle appropriate selection.
4. Defined in Florida Administrative Code Rule 62-160, Table 1.
5. Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.
Results Key: A = Coliforms are absent; P = Coliforms are present; C = confluent growth; TNTC = too numerous to count (62-550.730 Reporting Format).

Relinquish By: _____

Date: _____ Time: _____

Received By: [Signature]

Date: 11/2/22 Time: 1215

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

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



Advanced Environmental Laboratories, Inc.

Project # or Place Project Label Here
12224947

Lab Receipt Date & Time: **07 DEC 2022 1400**
 Analysis Date & Time: **12/7/22 1533**
 Sample Acceptance Criteria:
 Sample Preservation: On Ice Not On Ice **06 °C**
 Disinfectant Check: Not Detected **06 °C**
 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

PWS Address: 6115 Hwy 60 W

City: Bartow

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

Fax #: _____

Collector: Jennifer Allyn

Collector's Phone #: 863-965-2599

Type of Supply: (check only one)

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

Reason for Sampling: (check all that apply)

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

Sample Collection Date: 12 06 2022

DCN#: AD-D045

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

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time (24 hr clock)	Sample Type	Disinfectant Residual (mg/L)	pH	To be completed by lab				
						Non-Coliform	Total Coliform	Fecal (E. coli) Enterococci, or Coliphage ²	Data Qualifier ⁴	Lab Sample #
1/3	Well 1	1059	R	0	7.9		A	A		004
2/3	Well 2	1102	R	0	7.9		A	A		005
3/3	5609 Jessie Drive	1108	D	.78	7.9		A	A		006

Average of disinfectant residuals for distribution routine & repeat samples.¹ Free chlorine or Total chlorine (check one). .78

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

Disinfectant Residual Analysis Method:
 DPD Colorimetric Other: _____

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

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

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

Date Report Issued: 12/7/22

Lab Signature: [Signature]

Title: _____

DEP/DOH USE ONLY

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

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

[INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT]
Consta Flow Inc
 5574 Commercial Blvd
 Winter Haven, FL 33880
 863-965-2599
 Jennifer@constaflow.com

Relinquish By: [Signature]
 Date: _____ Time: _____
 Received By: [Signature]
 Date: 12/7/22 Time: 1215

1. Indicate the sample type for each sample collected. Sample type codes are: D = Distribution (routine compliance), C = Repeat Check, R = Raw, N = Entry Point to Distribution, P = Plant Tap, S = Special (clearance, etc.).
 2. Lab certification number for the listed method is included at top with the laboratory address.
 3. Please circle appropriate selection.
 4. Defined in Florida Administrative Code Rule 62-160, Table 1.
 5. Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.
 Results Key: A = Coliforms are absent, P = Coliforms are present, C = confluent growth; TNTC = too numerous to count (62-550.730 Reporting Format).

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

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

System Name: One Crest Ranches PWS I.D.#: 6535079

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

Address: 6115 Hwy 60

City: Portow 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 Highlands Location Code (if known) : _____

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.2 mg/L Field pH: 7.9

Sample Type (Check Only One)

- 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

Reason(s) for Sample (Check all that apply)

- Routine Compliance with 62-550
- Replacement (of invalidated Sample)
- Confirmation of MCL Exceedance *
- Special (not for compliance with 62-550)
- Composite of Multiple Sites **
- Clearance (permitting)
- Other: _____

Sampling Procedure Used or Other Comments:
2021 Disinfection Byproducts

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

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

SAMPLER CERTIFICATION

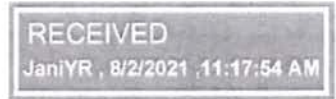
I, Jennifer Alexander, Sampler, do HEREBY CERTIFY
(Print Name) (Print Title)

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

Signature: _____ Date: 7/29/2021

Certified Operator #: 021471 Phone #: 8639652899 Sampler's Fax #: _____

Sampler's E-Mail: _____



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

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

Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification #: E84589 Certification Expiration Date: 06/30/2022

ATTACH CURRENT DOH ANALYTE

Address: 9610 Princess Palm Ave Tampa, FL 33619 Payments: P.O. Box Phone #: (813)630-9616

Were any analyses subcontracted? Yes No If yes, please provide DOH certification numbers: _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED

ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received: 07/14/2021

PWS ID (From Page 1): 6535079 Sample Number (From Page 1): T2112753001 Lab Assigned Report # or Job T2112753

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

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

LAB CERTIFICATION

I, Sue Bell, _____, do HEREBY CERTIFY
(Print Name) (Print Title)

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

Signature: _____ 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.)

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

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

Person Notified: _____ Date Notified: 8/5/2021 DEP/DOH Reviewing Official: _____

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

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 #
-----------	-------------	-----	-------	-----------------	------------	-------------------	---------	------------------	---------------	---------------	-------------------------

2450	Monochloroacetic 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	U	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	—	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	—	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).
- *** 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.

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

*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.



Advanced Environmental Laboratories, Inc.

- Altamonte Springs: 300 Northlake Blvd., Ste. 104B, FL 32701 • 407.937.1504 • Lab ID: E53076
- Fort Myers: 13160 Westlake Terrace, Ste. 10, FL 33913 • 239.674.8130 • Lab ID: E84492
- Jacksonville: 6681 Southpoint Pkwy., FL 32218 • 904.363.8350 • Lab ID: E82574
- Tallahassee: 2639 North Monroe St., Suite D, FL 32303 • 850.219.8274 • Lab ID: E811095

- Gainesville: 4965 SW 41st Blvd., FL 32608 • 352.377.2349 • Lab ID: E82001
- Miramar: 18200 USA Today Way, FL 33025 • 954.889.2288 • Lab ID: E82635
- Tampa: 9610 Princess Palm Ave., FL 33619 • 813.476.9414 • Lab ID: E84589

Client Name: Consta Flow, Inc.		Project Name: PINECREST RANCHES		BOTTLE SIZE & TYPE	ANALYSIS REQUIRED	TTHM	HAA5	LABORATORY I.D. NUMBER
Address: 5574 Commercial Blvd		Project Number:						
Winter Haven, FL 33880		PO Number:						
Phone: 863-965-2599		FDEP Facility No: 6535079						
FAX:		FDEP Facility Addr:						
Contact: Jennifer Alexander		Special Instructions: 2021						
Sampled By: Jennifer Alexander		Turn Around Time: Standard X Rush						
AEL Profile #:		ADaPT EQUIS Other						
SAMPLE ID	SAMPLE DESCRIPTION	Grab Comp	SAMPLING		MATRIX	NO. COUNT	Preservation	
			DATE	TIME			Field-Filtered?	
1	L-1 6061 CITRUS HIGHLANDS	Grab Comp	7/14/21	12:41	DW		X	X



Matrix Code: WW = wastewater SW = surface water GW = ground water DW = drinking water O = oil A = air SO = soil SL = sludge Preservation Code: I = ice H=(HCl) S = (H2SO4) N = (HNO3) T = (Sodium Thiosulfate)

Received on Ice Yes No Temp taken from sample Temp from blank Where required, pH checked Temp. when received (observed) 20 °C Temp. when received (corrected) 20 °C

DCN: AD-D051web Form last revised 08/07/2019 Device used for measuring Temp by unique identifier (circle IR temp gun used) J: 9A G: LT-1 LT-2 F: 10A N: 3A M: 3A S: 1V F: 1A

Relinquished by:	Date	Time	Received by:	Date	Time
<i>[Signature]</i>	7/14/21	12:41	<i>[Signature]</i>	7/14/21	12:41
<i>[Signature]</i>	7/14/21		<i>[Signature]</i>	7/14/21	1:50

FOR DRINKING WATER USE:

(When PWS Information not otherwise supplied) PWS ID: _____

Contact Person: _____

Supplier of Water: _____

Site Address: _____

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

RECEIVED
-06/15/2022 11:02:47 AM

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

System Name: Pinecrest Ranches(06.16.22) PWS I.D. #: 6535079
 System Type (check one): Community Nontransient Noncommunity Transient Noncommunity
 Address: 10115 State Rd 60W
 City: Bartow ZIP Code: _____
 Phone #: _____ Fax #: _____ E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: T2212052001 Sample Date: 06/15/2022 Sample Time: 13:07 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)

- 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

Reason(s) for Sample (Check all that apply)

- Routine Compliance with 62-550
- Confirmation of MCL Exceedance*
- Composite of Multiple Sites*
- Other: _____
- Replacement (of Invalidated Sample)
- Special (not for compliance with 62-550)
- Clearance (permitting)

Sampling Procedure Used or Other Comments:

2022 Nitrate Nitrite

*See 62-550(6) for requirements and restrictions. *See 62-550.550(4) for requirements and attach a results page for each site.
 And 62-550.512(3) for nitrate or nitrite exceedances.

ENTERED

JUN 27 2022

SAMPLER CERTIFICATION

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

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

Signature: [Signature] Date: 6-22-2022
 Certified Operator # 021471 Phone # 563 965 2599 Sampler's Fax #: _____
 Sampler's E-mail: _____

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

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

Lab Name: Advanced Environmental Laboratories, Inc. Florida DOH Certification #: E84589 Certification Expiration Date: 06/30/2022

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 9610 Princess Palm Avenue, Tampa, FL 33619

Phone #: 813-630-9616

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

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 06/16/2022

PWS ID: (From Page 1): 6535079 Sample Number (From Page 1): T2212052001 Lab Assigned Report # Or Job ID: T2212052


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

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

LAB CERTIFICATION

I, Sue Bell, Sr Project Manager, do HEREBY CERTIFY
 (Print Name) (Print Title)

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

Signature:  Date: 6/21/22

- * 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 "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)

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

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

Person Notified: _____ Date Notified: 6/24/22 DEP/DOH Reviewing Official: 

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

INORGANIC CONTAMINANTS
62-550.310(1)

Report Number / Job ID: 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



*Results must be reported with appropriate qualifiers 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.

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



**Advanced
Environmental Laboratories, Inc.**

- Altamonte Springs:** 330 Northlake Blvd., Ste. 104B, FL 32701 • 407.837.1594 • Lab ID: E53078
- Fort Myers:** 13100 Westlake Terrace, Ste. 10, FL 33913 • 239.674.8100 • Lab ID: E84492
- Jacksonville:** 6561 Southpoint Pkwy., FL 32216 • 904.363.8550 • Lab ID: E82574
- Tallahassee:** 2638 North Monroe St., Suite D, FL 32303 • 850.219.8274 • Lab ID: E811005

Page 1 of 1

- Orlando:** 4985 GW 41st Blvd., FL 32806 • 352.377.2349 • Lab ID: E82001
- Palmetto:** 10200 USA Today Way, FL 33025 • 964.888.2288 • Lab ID: E82535
- Spring:** 9610 Princess Palm Ave., FL 33619 • 813.630.9616 • Lab ID: E84580

Client Name: Consta Flow, Inc.		Project Name: PINECREST RANCHES				BOTTLE SIZE & TYPE	ANALYSIS REQUIRED	NITRATE / NITRITE	 * T 2 2 1 2 0 5 2 *	LABORATORY I.D. NUMBER
Address: 5574 Commercial Blvd		Project Number:								
Winter Haven, FL 33880		PO Number:								
Phone: 863-965-2599		FDEP Facility No: 6535079								
FAX:		FDEP Facility Addr: 6115 State Road 60 W								
Contact: Jennifer Alexander		Bartow, FL								
Sampled By: Jennifer Alexander		Special Instructions:								
Turn Around Time: Standard X Rush		Special Instructions:								
AEL Profile #:		<input type="checkbox"/> ADaPT <input type="checkbox"/> EQUIS <input type="checkbox"/> Other				Preservation Code: Field #:	X	(20)		
SAMPLE ID	SAMPLE DESCRIPTION	Grab Comp	SAMPLING		MATRIX				NO. COUNT	
1	POE	Grab Comp	DATE	TIME	DW					

Matrix Code: WW = wastewater SW = surface water GW = ground water DW = drinking water O = oil A = air SO = soil SL = sludge Preservation Code: I = Ice H=(HCl) S=(H2SO4) N=(HNO3) T=(Sodium Thiosulfate)

Received on Ice Yes No Temp taken from sample Temp from blank Where required, pH checked Temp. when received (observed) 7 °C Temp. when received (corrected) 7 °C

DCN: AD-D051web Form last revised 08/07/2019 Device used for measuring Temp by unique identifier (circle IR temp gun used) J: 9A G: LT-1 LT-2 T: 10A A: 3A M: 3A S: 1V F: 1A

Relinquished by:	Date	Time	Received by:	Date	Time
<i>[Signature]</i>	6/16/22	12:30	<i>[Signature]</i>	6/16/22	12:30
<i>[Signature]</i>	6/16/22		<i>[Signature]</i>	6/16/22	1:40

FOR DRINKING WATER USE:

(When PWS information not otherwise supplied) PWS ID: _____

Contact Person: _____

Supplier of Water: _____

Site Address: _____

*Results must be reported with appropriate qualifiers 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 occurrences & 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 http://www.dep.state.fl.us/water/drinkingwater/chemdata.htm
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.

** Ensure to report locations as L1, L2, L3 etc. This should be annotated on the lab sheet "Location Code" .

*** Ensure to annotate the location address/site identifier in the "Sample Location".

**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
TWITTER: HealthyFLA
FACEBOOK: FLDepartmentofHealth
YOUTUBE: fldoh
FLICKR: HealthyFla
PINTEREST: HealthyFla

Florida Health: the first accredited public health system in the U.S.

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

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

System Name: Pinecrest Ranches PWS I.D.#: 6535079

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

Address: 6115 Hwy 160

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 trihalomethanes and haloacetic acids): 1.2 mg/L Field pH: 6.779

Sample Type (Check Only One)

- 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

Reason(s) for Sample (Check all that apply)

- Routine Compliance with 62-550
- Confirmation of MCL Exceedance *
- Composite of Multiple Sites **
- Other: _____
- Replacement (of Invalidated Sample)
- Special (not for compliance with 62-550)
- Clearance (permitting)

Sampling Procedure Used or Other Comments: 2021 Inennial Samples

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

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

SAMPLER CERTIFICATION

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

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

Signature: Jennifer Alexander Date: 7/12/2021

Certified Operator #: C21471 Phone #: 863 965 2599 Sampler's Fax #: _____

Sampler's E-Mail: _____

ENTERED
JUL 16 2021
MW

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

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

Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification #: E84589 Certification Expiration Date: 06/30/2022

ATTACH CURRENT DOH ANALYTE

Address: 9610 Princess Palm Ave Tampa, FL 33619 Payments: P.O. Box Phone #: (813)630-9616

Were any analyses subcontracted? Yes No If yes, please provide DOH certification numbers: _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED

ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received: 06/14/2021

PWS ID (From Page 1): 6535079 Sample Number (From Page 1): T2110745001 Lab Assigned Report # or Job T2110745

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

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

LAB CERTIFICATION

I, Sue Bell, Sr. Project Manager, do HEREBY CERTIFY
(Print Name) (Print Title)

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

Signature: [Signature] Date: 07.08.2021

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES

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

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

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

Person Notified: _____ Date Notified: 7/19/21 DEP/DOH Reviewing Official: [Signature]

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

INORGANIC CONTAMINANTS
62-550.310(1)

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
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	Barium	2	mg/L	0.0051	I	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	I	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	mg/L	0.00025	U	EPA 200.8	0.00025	06/28/2021	22:20	E82574

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

Page 3 of 6

*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.

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

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	800	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	Vinyl 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	U	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	Chlorobenzene	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 ug/L will not be accepted for compliance.

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

*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.

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

6535079

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	06/22/2021	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	U	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	pH	6.5 - 8.5	SU	6.7	Q	SM 4500H+B	0.1	06/22/2021	11:00	E84589
1930	Total Dissolved Solids	500	mg/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

*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.

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

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	Methoxychlor	40	ug/L	0.0072	U	EPA 508	0.0072	0.1	06/16/2021	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	Delapon	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	06/15/2021	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-ethylhexyl) 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	Picloram	500	ug/L	0.090	U	EPA 515.3	0.090	0.1	06/23/2021	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	06/23/2021	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	07/06/2021	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	06/23/2021	06/25/2021	20:56	E82574
2326	Pentachlorophenol	1	ug/L	0.038	U	EPA 515.3	0.038	0.04	06/23/2021	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
2946	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.

*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.

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

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

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

ATTACH CURRENT DOH ANALYTE SHEET*

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

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

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 6-15-21

PWS ID (From Pg 1): 6635079 Sample # (From Pg 1): T2110745001 Lab Assigned Report # or Job ID: 21.9127

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

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

LAB CERTIFICATION

I, Thomas Weeks, Laboratory Director, do HEREBY CERTIFY
(Print Name) (Print Title)

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

Signature: _____ Date: 6-24-21

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

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

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

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

Person Notified: _____ Date Notified: 07/19/21 DEP/DOH Reviewing Official: _____

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 // Pincrest 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		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.

- Altamonte Springs:** 380 Northlake Blvd., Ste. 1040, FL 32701 • 407.537.1564 • Lab ID: E53075
- Fort Myers:** 13100 Woodlake Terrace, Ste. 10, FL 33913 • 239.874.8130 • Lab ID: E84482
- Jacksonville:** 6501 Southpoint Plaza, FL 32216 • 904.363.9350 • Lab ID: E82574
- Tallahassee:** 2839 North Monroe St., Suite D, FL 32303 • 850.210.8274 • Lab ID: E811085

- Gainesville:** 4985 SW 41st Blvd., FL 32608 • 352.377.2343 • Lab ID: E82001
- Miramar:** 10200 USA Today Way, FL 33025 • 954.888.2280 • Lab ID: E82535
- Tempe:** 6810 Pinnacle Pkwy., FL 33019 • 813.830.9818 • Lab ID: E84509

Client Name: Consta Flow, Inc.		Project Name: Pincrest Ranches		BOTTLE SIZE & TYPE	ANALYSIS REQUIRED	Primary Inorganics	Secondary Inorganics	SOC	VOC	Gross Alpha/ RA226/228	LABORATORY I.D. NUMB			
Address: 5574 Commercial Blvd		Project Number:												
Winter Haven, FL 33880		PO Number:												
Phone: 883-885-2599		FDEP Facility No: 6535079												
FAX:		FDEP Facility Addr: 6115 Hwy 60												
Contact: Jennifer Alexander		Bartow												
Sampled By: Jennifer Alexander		Special Instructions: 2021 Triennial												
Turn Around Time: Standard X Rush														
AEL Profile #:		ADePT EQUiS Other												
SAMPLE ID	SAMPLE DESCRIPTION	Grab Comp	SAMPLING		MATRIX	NO. COUNT	Preservation	Filt. Filtered?	Primary Inorganics	Secondary Inorganics	SOC	VOC	Gross Alpha/ RA226/228	LABORATORY I.D. NUMB
			DATE	TIME										
1	POE	Grab Comp	6/14/21	09:50	DW				X	X	X	X	X	97



CL 1.2
pH 7.9

Matrix Code: WW = wastewater SW = surface water GW = ground water DW = drinking water O = oil A = air SO = soil SL = sludge Preservation Code: I = Ice H=(HCl) S = (H2SO4) N = (HNO3) T = (Sodium Thiosulfate)

Received on ice Yes No Temp taken from sample Temp from blank Where required, pH checked Temp. when received (observed) 6 °C Temp. when received (corrected) 6 °C

DCN: AD-D051web Form last revised 08/07/2019 Device used for measuring Temp by unique identifier (circle IR temp gun used) J: BA G: LT-1 LT-2 T: 105 A: 3A M: 3A S: 1V F: 1A

Requisitioned by:	Date	Time	Received by:	Date	Time
<i>[Signature]</i>	6/14/21	1140	<i>[Signature]</i>	6/14/21	1140
<i>[Signature]</i>	6/14/21		16 JUN '21		1330

FOR DRINKING WATER USE:

(When PWS information not otherwise supplied) PWS ID: _____

Contact Person: _____

Supplier of Water: _____

Site Address: _____

Chain of Custody

21.9127

Document 37874 - HBN 30762

Workorder Pinecrest Ranches

Results Requested By 6/26/2021

Report To		Subcontract To				Requested Analysis															
Project Manager Tampa Advanced Environmental Laboratories, Inc 9610 Princess Palm Ave Tampa, FL 33619 Payments: P.O. Box 551580 Jacksonville, FL 32255-1580 Phone (813)630-9616		KNL-FL KNL Laboratory Services, Inc. 2742 North Florida Avenue Tampa, FL 33602 Phone Fax				<div style="text-align: center;"> <p><i>Rush 6-25</i></p> <p>T-PO-13173</p> </div>															
Item	Sample ID	Collect Date/Time	Lab ID	Matrix	HNO3																LAB USE ONLY
1	Pinecrest Ranches POE	6/14/2021 09:50	T2110745001	Drinking Water	3						X	X	X								
2																					
3																					
4																					
5																					
Report			Electronic Data Deliverables							Comments											
<input type="checkbox"/> Standard (Results only) <input type="checkbox"/> Standard with Batch QC <input type="checkbox"/> CLP <input type="checkbox"/> Other _____			<input type="checkbox"/> SEDD Stage 2A <input type="checkbox"/> SEDD Stage 2B <input type="checkbox"/> SEDD Stage 3 <input type="checkbox"/> Other _____																		
Preservative HNO3 = HNO3					Transfers	Released By		Date/Time	Received By		Date/Time										
					1			6-15-21 14:35	KNL OR		6-15-21 15:30										
					2																
					3																
					4																
					5																

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: **06/15/2021 14:06**
 Report Date: **June 24, 2021**
 Lead or Copper: **Lead**
 90th Percentile Value: **0.001**

A	RANK	LOCATION		CLIENT SAMPLE		LAB SAMPLE ID	DATE SITE	LEAD (mg/L)	QUAL.	MDL (mg/L)	METHOD	ANALYSIS DATE	LAB ID
		NO	TIER	ID	SITE								
	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
	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	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 certify that all data submitted are correct.

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: **Pincrest 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: **06/15/2021 14:06**
 Report Date: **June 24, 2021**
 Lead or Copper: **Copper**
 90th Percentile Value: **0.02**

A	RANK	LOCATION		CLIENT SAMPLE		LAB SAMPLE ID	DATE SITE	COPPER (mg/L)	QUAL.	MDL (mg/L)	METHOD	ANALYSIS DATE	LAB ID
		NO	TIER	ID	SITE								
	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	I	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






Advanced Environmental Laboratories, Inc.

- Altamonte Springs: 386 Northlake Blvd., Ste. 1048, FL 32701 • 407.937.1594 • Lab ID: E53078
- Fort Myers: 13100 Westlins Terrace, Ste. 10, FL 33913 • 239.674.8130 • Lab ID: E84492
- Jacksonville: 6881 Southpoint Pkwy., FL 32216 • 904.363.9350 • Lab ID: E82574
- Tallahassee: 2638 North Monroe St., Suite D, FL 32303 • 850.219.6274 • Lab ID: E811095

- Gainesville: 4965 SW 41st Blvd., FL 32608 • 352.377.2349 • Lab ID: E82001
- Miramar: 10200 USA Today Way, FL 33025 • 954.889.2288 • Lab ID: E82535
- Tampa: 9610 Princess Palm Ave., FL 33619 • 813.630.9616 • Lab ID: E84589

Client Name: Consta Flow, Inc.		Project Name: PINECREST RANCHES		BOTTLE SIZE & TYPE	ANALYSIS REQUIRED	PB / CU	 * T 2 1 1 0 8 7 2 *	LABORATORY I.D. NUMBER
Address: 5574 Commercial Blvd		Project Number:						
Winter Haven, FL 33880		PO Number:						
Phone: 863-965-2599		FDEP Facility No: 6535079						
FAX:		FDEP Facility Addr: 6115 HWY 60 W						
Contact: Jennifer Alexander		BARTOW						
Sampled By: Jennifer Alexander		Special Instructions: 2021 LEAD COPPER						
Turn Around Time: Standard X Rush								
AEL Profile #:		ADaPT EQulS Other		Preservation				
Field-Filtered?								

SAMPLE ID	SAMPLE DESCRIPTION	Grab Comp	SAMPLING		MATRIX	NO. COUNT													
			DATE	TIME															
1	353 Citrus Highland Drive ✓	Grab Comp	6/8/21	0530	DW		X												
2	415 Citrus Highland ✓	Grab Comp	6/8/21	0629	DW		X												
3	6031 Citrus Highland ✓	Grab Comp	6/8/21	0800	DW		X												
4	320 Citrus Highland ✓	Grab Comp	6/8/21	0630	DW		X												
5	5615 Jessie Drive	Grab Comp	6/7/21	0536	DW		X												

Matrix Code: WW = wastewater SW = surface water GW = ground water DW = drinking water O = oil A = air SO = soil SL = sludge Preservation Code: I = ice H=(HCl) S = (H2SO4) N = (HNO3) T = (Sodium Thiosulfate)

Received on Ice Yes No Temp taken from sample Temp from blank Where required, pH checked Temp. when received (observed) 6 °C Temp. when received (corrected) 6 °C

DCN: AD-D051web Form last revised 08/07/2019 Device used for measuring Temp by unique identifier (circle IR temp gun used) J: 9A G: LT-1 LT-2 19A A: 3A M: 3A S: 1V F: 1A

Relinquished by:	Date	Time	Received by:	Date	Time
<i>[Signature]</i>	6/15/21	1212	<i>[Signature]</i>	6/15/21	1212
<i>[Signature]</i>	6/15/21		<i>[Signature]</i>	15 JUN 21	1400

FOR DRINKING WATER USE:

(When PWS Information not otherwise supplied) PWS ID: _____

Contact Person: _____

Supplier of Water: _____

Site-Address: _____

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

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

System Name: Pinecrest Ranches (07.11.23) PWS I.D. #: 6535079
 System Type (check one): Community Nontransient Noncommunity Transient Noncommunity
 Address: 6115 Hwy 60W
 City: Bertrand ZIP Code: 33830
 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)

- 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

Reason(s) for Sample (Check all that apply)

- Routine Compliance with 62-550
- Confirmation of MCL Exceedance*
- Composite of Multiple Sites*
- Other: _____
- Replacement (of Invalidated Sample)
- Special (not for compliance with 62-550)
- Clearance (permitting)

Sampling Procedure Used or Other Comments:

2023 Nitrate Nitrite
*See 62-550(6) for requirements and restrictions. And 62-550.512(3) for nitrate or nitrite exceedances. *See 62-550.550(4) for requirements and attach a results page for each site.

SAMPLER CERTIFICATION

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

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

Signature: Jennifer Alexander Date: 07-20-2023
 Certified Operator # 021471 Phone # 863 965 2599 Sampler's Fax #: _____
 Sampler's E-mail: _____

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

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

Lab Name: Advanced Environmental Laboratories, Inc. Florida DOH Certification #: E84589 Certification Expiration Date: 06/30/2024

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 9610 Princess Palm Ave, Tampa, FL 33619

Phone #: (813) 630-9616

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

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 07/12/2023

PWS ID: (From Page 1): 6535079 Sample Number (From Page 1): T2313506001 Lab Assigned Report # Or Job ID: T2313506

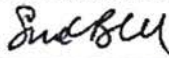
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

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

LAB CERTIFICATION

I, Sue Bell, Sr Project Manager, do HEREBY CERTIFY
(Print Name) (Print Title)

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

Signature:  Date: 07/19/2023

- * 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 "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)

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

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

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

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

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 Time	DOH Lab Certification #
1040	Nitrate (as N)	10	mg/L	0.092	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	16:36	E84589

*Results must be reported with appropriate qualifiers 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.

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

OTHER CONTAMINANTS

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 Time	DOH Lab Certification #
	Nitrate + Nitrite	N/A	mg/L	0.12	U	SM 4500NO3-F	0.12	07/12/2023	16:36	E84589

*Results must be reported with appropriate qualifiers 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.

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



Advanced Environmental Laboratories, Inc.

- Altamonte Springs:** 380 Northline Blvd., Ste. 1048, FL 32709 • 407-327-1594 • Lab ID: 653078
- Fort Myers:** 15100 Woodline Terrace, Ste. 15, FL 33913 • 239-524-8100 • Lab ID: 654482
- Lakeland:** 6541 Southport Pkwy., FL 32919 • 888-363-8050 • Lab ID: 652574
- Tallahassee:** 2558 North Monroe St., Suite D, FL 32303 • 904-219-8274 • Lab ID: 6511308

- Altoona:** 4365 SW 41st Blvd., FL 32008 • 252-377-2543 • Lab ID: 652001
- Clearwater:** 45295 USA Today Way, FL 33825 • 854-636-2798 • Lab ID: 656328
- Orlando:** 8113 Pinecane Palm Ave., FL 32819 • 813-630-9618 • Lab ID: 654056

Client Name: Consta Flow, Inc.		Project Name: PINECREST RANCHES		BOTTLE SIZE & TYPE	ANALYSIS REQUIRED	NITRATE / NITRITE	LABORATORY I.D. NUMBER
Address: 5574 Commercial Blvd Winter Haven, FL 33880		Project Number:					
Phone: 863-965-2599		PO Number:					
FAX:		FDEP Facility No: 6535079					
Contact: Jennifer Alexander		FDEP Facility Addr: 6115 State Road 60 W Bartow, FL					
Sampled By: Jennifer Alexander		Special Instructions:					
Turn Around Time: Standard X Rush		ADePT: EQuIS Other		Preservation Filter Filtered?	Grab Comp	NO. COUNT	
AEL Profile #: 74275		SAMPLING					
SAMPLE ID	SAMPLE DESCRIPTION	DATE	TIME	MATRIX			
1	POE	7/12/13	1446	DW		X	601



Matrix Code: **WW** = wastewater **SW** = surface water **GW** = ground water **DW** = drinking water **O** = oil **A** = air **SO** = soil **SL** = sludge
 Preservation Code: **I** = ice **H(HC)** = H2SO4 **N** = (HNO3) **T** = (Sodium Thiosulfate)

Received on ice Yes No Temp taken from sample Temp from blank Where required, pH checked Temp. when received (observed): 17 °C Temp. when received (corrected): _____ °C

DCN: AD-D051web Form last revised 08/07/2019 Device used for measuring Temp by unique identifier (circle IR lamp gun used) **J BA G-LT-1 LT-2 T 10A A-3A M-3A S-1V P-1A**

Received by:	Date	Time
<i>[Signature]</i>	7/12/13	1200
<i>[Signature]</i>	7/12/13	1345

FOR DRINKING WATER USE:
 (When PWS information not otherwise supplied) PWS ID: _____
 Contact Person: _____
 Supplier of Water: _____
 Site Address: _____

Reporting Format 62-550.730
 Effective January 1995, Revised December 2012
 *Results must be reported with appropriate qualifiers 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 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.
 Page: 5 of 5

Company response #8

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

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

RECEIVED
bastardo-riveraj, 2/15/2022, 9:39:38 AM

I. General Information for the Month/Year of:		Monitoring Period From: 1/01/22 To: 1/31/22	
A. Public Water System (PWS) Information			
PWS Name:	PINECREST	PWS Identification Number:	6535079
PWS Type:	Community	Non-Transient Non-Community	Transient Non-Community
Number of Service Connections at End of Month:	126-active	Total Population Served at End of Month:	341
PWS Owner:	Mike Smalridge	Contact Person's Title:	PRESIDENT
Contact Person:	Mike Smalridge	Contact Person's Mailing Address:	P.O. BOX1798
Contact Person's Telephone Number:	352-302-7406	City:	Eaton Park
Contact Person's E-Mail Address:	utilityconsultant@yahoo.com	State:	FL
		Zip Code:	33840
B. Water Treatment Plant Information			
Plant Name:	Pinecrest Utilities	Plant Telephone Number:	863-647-1581
Plant Address:	Citrus Highlands Drive off Hankin Rd.	City:	Bartow
Type of Water Treated by Plant:	Raw Ground Water	X	Purchased Finished Water
Permitted Maximum Day Operating capacity of Plant, gallons per day:	150,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class:	C
Licensed Operators	Name	License Class	License Number
Lead/Chief Operator:	GAINES ALEXANDER	C	C-5472
Other Operators:	DANNY ALEXANDER	C	C-12379
	JENNIFER ALEXANDER	C	C-21471
	CHRIS NICHOLS	C	C-20287
			13
II. Certification by Lead/Chief Operator			

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

2/09/22

CHRIS NICHOLS
Printed or Typed Name

C-20287
License Number

Entered Oracle

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

PWS: Identification Number: 6535079 Plant Name: PINECREST

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(Chloramines) Chlorine Dioxide

Day of the month	Days Plant Staffed or Visited by Operator	Hours Plant in Operation	Net Quality of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, If Applicable*										Lowest Residual Disinfectant concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak flow rate, gpd.	Lowest Residual Disinfectant concentration Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, C	pH of Water, if Applicable	Minimum CT, Required mg-min/L	Lowest Operating UV Dose, mW-Sec.cm2	Minimum UV Dose required, mW-sec/cm2			
1		24	40333												
2		24	40333												
3	X	24	40333		0.3									2.3	
4		24	35500												
5	X	24	35500		0.2									2.0	
6		24	37500												
7	X	24	37500		0.5									2.1	
8		24	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												
14	X	24	31500		0.3									1.9	
15		24	31000												
16		24	31000												
17	X	24	31000		0.3									2.1	
18		24	31000												
19	X	24	31000		0.5									2.3	
20		24	30000												
21	X	24	30000		0.2									2.0	
22		24	32000												
23		24	32000												
24	X	24	32000		0.3									2.1	
25		24	36000												
26	X	24	36000		0.3									2.1	
27		24	31500												
28	X	24	31500		1.0									1.8	
29		24	39000												
30		24	39000												
31	X	24	39000		0.5									2.2	
Total			1065000												
Average			34355												
Maximum			40333												

*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
 bastardo-rivaraj : 3/14/2022, 10:26:37 AM

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

I. General Information for the Month/Year of:		Monitoring Period From: 2/01/22 To: 2/28/22	
A. Public Water System (PWS) Information			
PWS Name:	PINECREST	PWS Identification Number:	6535079
PWS Type:	Community	Non-Transient Non-Community	Transient Non-Community
Number of Service Connections at End of Month:	126-active	Total Population Served at End of Month:	341
PWS Owner:	Mike Smalridge	Contact Person's Title:	PRESIDENT
Contact Person:	Mike Smalridge	Contact Person's Mailing Address:	P.O. BOX1798
Contact Person's Telephone Number:	352-302-7406	City:	Eaton Park
Contact Person's E-Mail Address:	utilityconsultant@yahoo.com	State:	FL
		Zip Code:	33840
B. Water Treatment Plant Information			
Plant Name:	Pinecrest Utilities	Plant Telephone Number:	863-647-1581
Plant Address:	Citrus Highlands Drive off Hankin Rd.	City:	Bartow
Type of Water Treated by Plant:	Raw Ground Water	X	Purchased Finished Water
Permitted Maximum Day Operating capacity of Plant, gallons per day:	150,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class:	C
Licensed Operators:	Name	License Class	License Number
Lead/Chief Operator:	GAINES ALEXANDER	C	C-5472
Other Operators:	DANNY ALEXANDER	C	C-12379
	JENNIFER ALEXANDER	C	C-21471
	CHRIS NICHOLS	C	C-20287
			12

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator license in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment, chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) is applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS 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: [Signature] 03/08/22 Printed or Typed Name: CHRIS NICHOLS License Number: C-20287

DEP Form 62-555.300(3)
 Effective August 28, 2003

Entered Oracle

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

PWS: Identification Number: 6535079 Plant Name: PINECREST

III. Daily Data for the Month/Year of: Monitoring Period From: 2/01/22 To: 2/28/22

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(Chloramines) Chlorine Dioxide

Day of the month	Days Plant Staffed or Visited by Operator	Hours Plant in Operation	Net Quality of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, If Applicable*										Lowest Residual Disinfectant concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations				UV Dose							
				Peak flow rate, gpd.	Lowest Residual Disinfectant concentration Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, C	pH of Water, if Applicable	Minimum CT, Required mg-min/L	Lowest Operating UV Dose, mW-Sec/cm2	Minimum UV Dose required, mW-sec/cm2			
1		24	35000												
2	X	24	35000		0.3										2
3		24	41500												
4	X	24	41500		0.7										2.1
5		24	32000												
6		24	32000												
7	X	24	32000		0.9										3.2
8		24	30500												
9	X	24	30500		0.8										2.8
10		24	28500												
11	X	24	28500		0.4										2.0
12		24	35333												
13		24	35333												
14	X	24	35333		0.3										2.7
15		24	29500												
16	X	24	29500		0.2										1.3
17		24	34000												
18	X	24	34000		0.2										1.4
19		24	41000												
20		24	41000												
21	X	24	41000		0.8										3.1
22		24	54000												
23	X	24	54000		0.8										1.4
24		24	42500												
25	X	24	42500		0.3										1.7
26		24	45000												
27		24	45000												
28	X	24	45000		1.1										2.2
Total			1051000												
Average			37536												
Maximum			54000												

*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
 bassardo-riveraj , 4/8/2022, 10:02:51 AM

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

I. General Information for the Month/Year of:		Monitoring Period From: 3/01/22 To: 3/31/22	
A. Public Water System (PWS) Information			
PWS Name:	PINECREST	PWS Identification Number:	6535079
PWS Type:	Community	Non-Transient Non-Community	Transient Non-Community
Number of Service Connections at End of Month:	126-active	Total Population Served at End of Month:	341
PWS Owner:	Mike Smalridge		
Contact Person :	Mike Smalridge	Contact Person's Title:	PRESIDENT
Contact Person's Mailing Address:	P.O. BOX1798	City: Eaton Park	State: FL Zip Code: 33840
Contact Person's Telephone Number:	352-302-7406	Contact Person's Fax Number:	
Contact Person's E-Mail Address:	utilityconsultant@yahoo.com		
B. Water Treatment Plant Information			
Plant Name:	Pinecrest Utilities		Plant Telephone Number: 863-647-1581
Plant Address:	Citrus Highlands Drive off Hankin Rd.	City: Bartow	State: FL Zip Code: 33830
Type of Water Treated by Plant:	Raw Ground Water	X	Purchased Finished Water
Permitted Maximum Day Operating capacity of Plant, gallons per day:	150,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class:	C
Licensed Operators	Name	License Class	License Number
Lead/Chief Operator:	GAINES ALEXANDER	C	C-5472
Other Operators:	DANNY ALEXANDER	C	C-12379
	JENNIFER ALEXANDER	C	C-21471
	CHRIS NICHOLS	C	C-20287
	ROBERT GRAVES	B	B-0015216
			13

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator license in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment, chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-655.320(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 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 retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date
 DEP Form 62-655.900(3)
 Effective August 28, 2003

03/08/22

ROBERT GRAVES
 Printed or Typed Name

Entered Oracle

B-0015216
 License Number

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

PWS: Identification Number: 6535079 Plant Name: PINECREST

III. Daily Data for the Month/Year of: Monitoring Period From: 3/01/22 To: 3/31/22

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(Chloramines) Chlorine Dioxide

CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*

Day of the month	Days Plant Staffed or Visited by Operator	Hours Plant in Operation	Net Quality of Finished Water Produced, gal	CT Calculations				UV Dose				Lowest Residual Disinfectant concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Peak flow rate, gpd.	Lowest Residual Disinfectant concentration Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, C	pH of Water, if Applicable	Minimum CT, Required mg-min/L	Lowest Operating UV Dose, mW-Sec/cm2		
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		0.8							2.2	
8		24	32000										
9	X	24	32000		0.4							2.6	
10		24	45500										
11	X	24	45500		0.4							2.4	
12		24	42333										
13		24	42333										
14	X	24	42333		1.5							2.2	
15		24	46000										
16	X	24	46000		0.3							2.5	
17		24	33000										
18	X	24	33000		0.6							3.5	
19		24	57000										
20		24	57000										
21	X	24	57000		0.6							2.7	
22		24	16500										
23	X	24	16500		0.4							3.4	
24		24	35500										
25	X	24	35500		0.5							1.9	
26		24	35000										
27		24	35000										
28	X	24	35000		0.4							1.8	
29		24	58500										
30	X	24	58500		0.5							1.9	
31		24	53000										
Total			1301000										
Average			41968										
Maximum			91000										

*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
 bastardo-rivera | 5/12/2022, 4:32:38 PM

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

I. General Information for the Month/Year of:		Monitoring Period From: 4/01/22 To: 4/30/22	
A. Public Water System (PWS) Information			
PWS Name:	PINECREST	PWS Identification Number:	6535079
PWS Type:	Community	Non-Transient Non-Community	Transient Non-Community
Number of Service Connections at End of Month:	126-active	Total Population Served at End of Month:	341
PWS Owner:	Mike Smallridge		
Contact Person:	Mike Smallridge	Contact Person's Title:	PRESIDENT
Contact Person's Mailing Address:	P.O. BOX1798	City: Eaton Park	State: FL
Contact Person's Telephone Number:	352-302-7406	Contact Person's Fax Number:	
Contact Person's E-Mail Address:	utilityconsultant@yahoo.com		
B. Water Treatment Plant Information			
Plant Name:	Pinecrest Utilities	Plant Telephone Number:	863-647-1581
Plant Address:	Citrus Highlands Drive off Hankin Rd.	City: Bartow	State: FL
Type of Water Treated by Plant:	Raw Ground Water	X	Purchased Finished Water
Permitted Maximum Day Operating capacity of Plant, gallons per day:	150,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class:	C
Licensed Operators	Name	License Class	License Number
Lead/Chief Operator:	GAINES ALEXANDER	C	C-5472
Other Operators:	DANNY ALEXANDER	C	C-12379
	JENNIFER ALEXANDER	C	C-21471
	CHRIS NICHOLS	C	C-20287
	ROBERT GRAVES	B	B-0015216
			13

II. Certification by Lead/Chief Operator

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

Robert Graves 05/10/22

ROBERT GRAVES
 Printed or Typed Name

Entered Oracle

Signature and Date
 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

PWS: Identification Number: 6535079 Plant Name: PINECREST

III. Daily Data for the Month/Year of: Monitoring Period From: 4/01/22 To: 4/30/22

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

Day of the month	Days Plant Staffed or Visited by Operator	Hours Plant in Operation	Net Quality of Finished Water Produced, gal	CT Calculations, or UV Dose to Demonstrate Four-Log Virus Inactivation, If Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						Lowest Residual Disinfectant concentration at Remote Point in Distribution System, mg/L
				Peak flow rate, gpd	Lowest Residual Disinfectant concentration Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, C	pH of Water, if Applicable	Minimum CT, Required mg-min/L	Lowest Operating UV Dose, mW-Sec/cm2	Minimum UV Dose required, mW-sec/cm2			
1	X	24	56000		0.6									2.1	
2		24	32667												
3		24	32667												
4	X	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	
14		24	50500												
15	X	24	50500		1.1									2.3	
16		24	47667												
17		24	47667												
18	X	24	47667		1.2									2.6	
19		24	54500												
20	X	24	54500		0.6									1.7	
21		24	57500												
22	X	24	57500		1.0									3.1	
23		24	52667												
24		24	52667												
25	X	24	52667		0.4									1.9	
26		24	81000												
27	X	24	81000		0.7									2.3	
28	X	24	108000		1.1									3.5	
29		24	5500												
30		24	5500												
Total			1469000												
Average			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

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

General Information for the Month/Year of:		Monitoring Period From: 5/01/22 To: 5/31/22	
Public Water System (PWS) Information			
PWS Name:	PINECREST	PWS Identification Number:	8535079
PWS Type:	Community	Non-Transient Non-Community	Transient Non-Community
Number of Service Connections at End of Month:		126-active	Total Population Served at End of Month:
			341
PWS Owner:		Mike Smallridge	
Contact Person:	Mike Smallridge	Contact Person's Title:	PRESIDENT
Contact Person's Mailing Address:	P.O. BOX1798	City: Eaton Park	State: FL
Contact Person's Telephone Number:	352-302-7406	Contact Person's Fax Number:	Zip Code: 33840
Contact Person's E-Mail Address:	utilityconsultant@yahoo.com		
Water Treatment Plant Information			
Plant Name:	Pinecrest Utilities	Plant Telephone Number:	863-647-1581
Plant Address:	Citrus Highlands Drive off Hankin Rd.	City: Bartow	State: FL
			Zip Code: 33830
Type of Water Treated by Plant:	Raw Ground Water	X	Purchased Finished Water
Permitted Maximum Day Operating capacity of Plant, gallons per day:	150,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		
Plant Class:	C		
Licensed Operators	Name	License Class	License Number
Lead/Chief Operator:	GAINES ALEXANDER	C	C-5472
Other Operators:	DANNY ALEXANDER	C	C-12379
	JENNIFER ALEXANDER	C	C-21471
	CHRIS NICHOLS	C	C-20287
	ROBERT GRAVES	B	B-0015216
			13

certification by Lead/Chief Operator

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

06/08/22

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

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: *
 Ultraviolet Radiation Other: (Describe): **Free Chlorine** Chlorine Dioxide Ozone Combined Chlorine(Chloramines)

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

Day of the month	Days Plant Staffed or Visited by Operator	Hours Plant in Operation	Net Quality of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, If Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak flow rate, gpd.	Lowest Residual Disinfectant concentration Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, C	pH of Water, if Applicable	Minimum CT, Required mg-min/L	Lowest Operating UV Dose, mW-Sec/cm2	Minimum UV Dose required, mW-sec/cm2	Lowest Residual Disinfectant concentration at Remote Point in Distribution System, mg/L		
1		24	35500												
2	X	24	35500		0.8										
3		24	47500											1.8	
4	X	24	47500		0.7									1.0	
5		24	45500												
6	X	24	45500		0.8										
7		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	34000											1.5	
13	X	24	34000		0.9										
14		24	34667											2.8	
15		24	34667												
16	X	24	34667		0.7										
17		24	41500											2.7	
18	X	24	41500		0.9										
19		24	31000											3.3	
20	X	24	31000		0.6										
21		24	30667											2.7	
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												
27	X	24	37500		1.4									2.7	
28		24	33333												
29		24	33333												
30	X	24	33333		0.9									2.7	
31		24	21000												
Total			1164000												
Average			37548												
Maximum			50333												

*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: 5/01/22 To: 5/31/22

DAY	METER 1	METER 2	TRC	PH	TRC	PH	MULT.	1000	TOTAL
PREV	96991								
1							35500		35500
2	97062		0.8		1.8		35500		35500
3							47500		47500
4	97157		0.7		1.0		47500		47500
5							45500		45500
6	97248		0.8		0.9		45500		45500
7							50333		50333
8							50333		50333
9	97399		3.7		2.1		50333		50333
10							41500		41500
11	97482		3.1		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							41500		41500
18	97737		0.9		3.3		41500		41500
19							31000		31000
20	97799		0.6		2.7		31000		31000
21							30667		30667
22							30667		30667
23	97891		1.5		2.1		30667		30667
24							34000		34000
25	97959		1.2		2.8		34000		34000
26							37500		37500
27	98034		1.4		2.7		37500		37500
28							33333		33333
29							33333		33333
30	98134		0.9		2.7		33333		33333
31	98155						21000		21000
Total Flow							1164000		1164000
ADF							37548		37548
MAX			3.7		3.3		50333		50333
MIN			0.6		0.9		21000		21000

RECEIVED
Jose Bastardo-Rivera, 7/16/2022, 10:11:36 AM

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

I. General Information for the Month/Year of:		Monitoring Period From: 6/01/22 To: 6/30/22	
A. Public Water System (PWS) Information			
PWS Name:	PINECREST	PWS Identification Number:	6535079
PWS Type:	Community Non-Transient Non-Community	Transient Non-Community	Consecutive
Number of Service Connections at End of Month:	126-active	Total Population Served at End of Month:	341
PWS Owner:	Mike Smalridge		
Contact Person:	Mike Smalridge		
Contact Person's Mailing Address:	P.O. BOX1798	City: Eaton Park	Contact Person's Title: PRESIDENT
Contact Person's Telephone Number:	352-302-7406	State: FL	Zip Code: 33840
Contact Person's E-Mail Address:	utilityconsultant@yahoo.com		
B. Water Treatment Plant Information			
Plant Name:	Pinecrest Utilities		Plant Telephone Number: 863-647-1581
Plant Address:	Citrus Highlands Drive off Hankin Rd.	City: Bartow	State: FL Zip Code: 33830
Type of Water Treated by Plant:	Raw Ground Water	X	Purchased Finished Water
Permitted Maximum Day Operating capacity of Plant, gallons per day:	150,000		
Plant Category (per subsection 62-899.310(4), F.A.C.):	V		
Plant Class:	C		
Licensed Operators	Name	License Class	License Number
Lead/Chief Operator:	GAINES ALEXANDER	C	C-5472
Other Operators:	DANNY ALEXANDER	C	C-12379
	JENNIFER ALEXANDER	C	C-21471
	CHRIS NICHOLS	C	C-20287
	ROBERT GRAVES	B	B-0015216
			13

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator license in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment, chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) is applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS 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: [Signature] 07/07/22
 Printed or Typed Name: ROBERT GRAVES

Entered Oracle

B-0015216
 License Number

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

PWS: Identification Number: 6535079 Plant Name: PINECREST

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

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

Other: (Describe): Ultraviolet Radiation

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

CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*

Day of the month	Days Plant Staffed or Visited by Operator	Hours Plant in Operation	Net Quality of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Ct Calculations				UV Dose						
				Peak flow rate, gpd.	Lowest Residual Disinfectant concentration Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, C	pH of Water, if Applicable	Minimum CT, Required mg-min/L	Lowest Operating UV Dose, mW-Sec/cm2	Minimum UV Dose required, mW-sec/cm2		
1	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											
12		24	38333											
13	X	24	38333		4.1								3.4	
14		24	47500											
15	X	24	47500		1.2								0.9	
16		24	60500											
17	X	24	60500		1.1								0.7	
18		24	43667											
19		24	43667											
20	X	24	43667		1.1								1.3	
21		24	51000											
22	X	24	51000		3.2								2.4	
23		24	44000											
24	X	24	44000		2.6								2.2	
25		24	50333											
26		24	50333											
27	X	24	50333		0.4								1.3	
28		24	49500											
29	X	24	49500		0.6								1.2	
30		24	45000											

Total	1380000
Average	46000
Maximum	96000

*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

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

I. General Information for the Month/Year of:		Monitoring Period From: 7/01/22 To: 7/31/22	
A. Public Water System (PWS) Information			
PWS Name: PINECREST		PWS Identification Number: 6535079	
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: Mike Smallridge		Contact Person's Title: PRESIDENT	
Contact Person: Mike Smallridge		Contact Person's Title: PRESIDENT	
Contact Person's Mailing Address: P.O. BOX1798		City: Eaton Park	
Contact Person's Telephone Number: 352-302-7406		Contact Person's Fax Number:	
Contact Person's E-Mail Address: utilityconsultant@yahoo.com		State: FL	
		Zip Code: 33840	
B. Water Treatment Plant Information			
Plant Name: Pinecrest Utilities		Plant Telephone Number: 863-647-1581	
Plant Address: Citrus Highlands Drive off Hankin Rd.		City: Bartow	
Type of Water Treated by Plant:		State: FL	
Raw Ground Water <input checked="" type="checkbox"/>		Purchased Finished Water <input type="checkbox"/>	
Permitted Maximum Day Operating capacity of Plant, gallons per day: 150,000		Zip Code: 33830	
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class: C	
Licensed Operators			
Lead/Chief Operator:		Name	
Other Operators:		License Class	
		License Number	
		Day(s)/Shift(s) Worked	
		GAINES ALEXANDER	
		C	
		C-5472	
		DANNY ALEXANDER	
		C	
		C-12379	
		JENNIFER ALEXANDER	
		C	
		C-21471	
		CHRIS NICHOLS	
		C	
		C-20287	
		ROBERT GRAVES	
		B	
		B-0015216	
		13	

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator license in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment, chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) is applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS 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:  08/09/22
 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

III. Daily Data for the Month/Year of: Monitoring Period From: 7/01/22 To: 7/31/22

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(Chloramines) Chlorine Dioxide

Day of the month	Days Plant Staffed or Visited by Operator	Hours Plant in Operation	Net Quality of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, If Applicable*										Lowest Residual Disinfectant concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Ct Calculations				UV Dose							
				Peak flow rate, gpd.	Lowest Residual Disinfectant concentration Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, C	pH of Water, if Applicable	Minimum CT, Required mg-min/L	Lowest Operating UV Dose, mW-Sec/cm2	Minimum UV Dose required, mW-sec/cm2			
1	X	24	49000		2.8									3.6	
2		24	38333												
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	37500		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												
31		24	43500												

Total	1273000
Average	41065
Maximum	53500

*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

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

(WATER REPORT)

DAY	METER 1	METER 2	TRC	PH	TRC	PH	MULT.	1000	TOTAL
PREV	99535								
1	99584		2.8		3.6		49000		49000
2							38333		38333
3							38333		38333
4	99699		1.1		1.3		38333		38333
5							46500		46500
6	99792		1.2		2.0		46500		46500
7							41500		41500
8	99875		2.0		2.5		41500		41500
9							43000		43000
10							43000		43000
11	100004		0.7		1.3		43000		43000
12							37500		37500
13	100079		0.9		1.8		37500		37500
14							38000		38000
15	100155		0.6		1.5		38000		38000
16							38333		38333
17							38333		38333
18	100270		1.9		3.4		38333		38333
19							53500		53500
20	100377		0.7		2.2		53500		53500
21							40500		40500
22	100458		1.0		1.6		40500		40500
23							40333		40333
24							40333		40333
25	100579		1.1		1.3		40333		40333
26							32500		32500
27	100644		2.2		2.5		32500		32500
28							38500		38500
29	100721		2.3		2.6		38500		38500
30							43500		43500
31	100808						43500		43500
Total Flow							1273000		1273000
ADF							41065		41065
MAX			2.8		3.6		53500		53500
MIN			0.6		1.3		32500		32500

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

I. General Information for the Month/Year of:		Monitoring Period From: 8/01/22 To: 8/31/22	
A. Public Water System (PWS) Information			
PWS Name:	PINECREST	PWS Identification Number:	6535079
PWS Type:	Community	Non-Transient Non-Community	Transient Non-Community
Number of Service Connections at End of Month:		126-active	Total Population Served at End of Month: 341
PWS Owner:		Mike Smallridge	
Contact Person:		Mike Smallridge	
Contact Person's Mailing Address:		P.O. BOX1798	City: Eaton Park
Contact Person's Telephone Number:		352-302-7406	Contact Person's Fax Number:
Contact Person's E-Mail Address:		utilityconsultant@yahoo.com	
B. Water Treatment Plant Information			
Plant Name:		Pinecrest Utilities	
Plant Address:		Citrus Highlands Drive off Hankin Rd.	City: Bartow
Type of Water Treated by Plant:		Raw Ground Water	X
Permitted Maximum Day Operating capacity of Plant, gallons per day:		150,000	
Plant Category (per subsection 62-699.310(4), F.A.C.):		V	
Licensed Operators		Plant Class: C	
	Name	License Class	License Number
Lead/Chief Operator:	GAINES ALEXANDER	C	C-5472
Other Operators:	DANNY ALEXANDER	C	C-12379
	JENNIFER ALEXANDER	C	C-21471
	CHRIS NICHOLS	C	C-20287
	ROBERT GRAVES	B	B-0015216
			14

II. Certification by Lead/Chief Operator

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

Robert Graves 09/08/22

ROBERT GRAVES
Printed or Typed Name

B-0015216
License Number

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

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

PWS: Identification Number: 6535079 Plant Name: PINECREST

III. Daily Data for the Month/Year of: Monitoring Period From: 8/01/22 To: 8/31/22

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(Chloramines) Chlorine Dioxide

Day of the month	Days Plant Staffed or Visited by Operator	Hours Plant in Operation	Net Quality of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, If Applicable*										Lowest Residual Disinfectant concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Ct Calculations					UV Dose						
				Peak flow rate, gpd.	Lowest Residual Disinfectant concentration Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, C	pH of Water, if Applicable	Minimum CT, Required mg-min/L	Lowest Operating UV Dose, mW-Sec/cm2	Minimum UV Dose required, mW-sec/cm2			
1	X	24	43000		2.4									2.6	
2		24	36500												
3	X	24	36500		3.2									1.7	
4		24	1500												
5	X	24	1500		1.7									2.2	
6		24													
7		24													
8	X	24			1.3									1.7	
9		24													
10	X	24			1.1									1.0	
11		24													
12	X	24			3.2									1.0	
13		24													
14		24													
15	X	24			0.2									1.3	
16		24													
17	X	24			1.0									0.5	
18		24													
19	X	24			1.0									0.7	
20		24													
21		24													
22	X	24			0.7									2.0	
23		24													
24	X	24			2.6									2.9	
25		24													
26	X	24			1.9									2.7	
27		24													
28		24													
29	X	24			2.7									3.4	
30		24													
31	X	24			2.9									0.5	

Total	119000
Average	3839
Maximum	43000

*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: 8/01/22 To: 8/31/22

DAY	METER 1	METER 2	TRC	PH	TRC	PH	MULT.	1000	TOTAL
PREV	100808								
1	100851		2.4		2.6		43000		43000
2							36500		36500
3	100924		3.2		1.7		36500		36500
4							1500		1500
5	100927		1.7		2.2		1500		1500
6									
7									
8	100927		1.3		1.7				
9									
10	100927		1.1		1.0				
11									
12	100927		3.2		1.0				
13									
14									
15	100927		0.2		1.3				
16									
17	100927		1.0		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									
29	100927		2.7		3.4				
30									
31	100927		2.9		0.5				
Total Flow							119000		119000
ADF							3839		3839
MAX			3.2		3.4		43000		43000
MIN			0.2		0.5				

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

I. General Information for the Month/Year of:		Monitoring Period From: 9/01/22 To: 9/30/22	
A. Public Water System (PWS) Information			
PWS Name:	PINECREST	PWS Identification Number:	6535079
PWS Type:	Community	Non-Transient Non-Community	Transient Non-Community
Number of Service Connections at End of Month:	128-active	Total Population Served at End of Month:	341
PWS Owner:	Mike Smallridge	Contact Person's Title:	PRESIDENT
Contact Person:	Mike Smallridge	Contact Person's Mailing Address:	P.O. BOX1798
Contact Person's Telephone Number:	352-302-7406	City:	Eaton Park
Contact Person's E-Mail Address:	utilityconsultant@yahoo.com	State:	FL
		Contact Person's Fax Number:	Zip Code: 33840
B. Water Treatment Plant Information			
Plant Name:	Pinecrest Utilities	Plant Telephone Number:	863-647-1581
Plant Address:	Citrus Highlands Drive off Hankin Rd.	City:	Bartow
Type of Water Treated by Plant:	Raw Ground Water	X	Purchased Finished Water
Permitted Maximum Day Operating capacity of Plant, gallons per day:	150,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class:	C
Licensed Operators			
Lead/Chief Operator:	Name	License Class	License Number
Other Operators:	GAINES ALEXANDER	C	C-5472
	DANNY ALEXANDER	C	C-12379
	JENNIFER ALEXANDER	C	C-21471
	CHRIS NICHOLS	C	C-20287
	ROBERT GRAVES	B	B-0015216
			Day(s)/Shift(s) Worked
			13

II. Certification by Lead/Chief Operator

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

Robert Graves 10/10/22
 Signature and Date
 DEP Form 62-555.800(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

iii. Daily Data for the Month/Year of: Monitoring Period From: 9/01/22 To: 9/30/22

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

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

Day of the month	Days Plant Staffed or Visited by Operator	Hours Plant in Operation	Net Quality of Finished Water Produced, gal	CT Calculations or UV Dose, to Demonstrate Four-Log Virus Inactivation, If Applicable*										Lowest Residual Disinfectant concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose							
				Peak flow rate, gpd.	Lowest Residual Disinfectant concentration Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, C	pH of Water, if Applicable	Minimum CT, Required mg-min/L	Lowest Operating UV Dose, mW-Sec/cm2	Minimum UV Dose required, mW-sec/cm2				
1		24														
2	X	24				3.2										FLOW METER NOT WORKG
3		24													2.9	FLOW METER NOT WORKG
4		24														FLOW METER NOT WORKG
5	X	24				3.0									2.6	FLOW METER NOT WORKG
6		24														FLOW METER NOT WORKG
7	X	24				2.8									3.0	FLOW METER NOT WORKG
8		24														FLOW METER NOT WORKG
9	X	24				1.5									2.8	FLOW METER NOT WORKG
10		24														FLOW METER NOT WORKG
11		24														FLOW METER NOT WORKG
12	X	24				1.7									2.6	FLOW METER NOT WORKG
13		24														FLOW METER NOT WORKG
14	X	24				0.7									2.5	FLOW METER NOT WORKG
15		24														FLOW METER NOT WORKG
16	X	24				2.4									2.8	FLOW METER NOT WORKG
17		24	186667													
18		24	186667													
19	X	24	186667			3.0									2.7	
20		24	46000													
21	X	24	46000			2.6									0.8	
22		24	43500													
23	X	24	43500			0.8									0.5	
24		24	44333													
25		24	44333													
26	X	24	44333			2.4									1.9	
27		24	34000													
28	X	24	34000			2.6									2.0	
29		24	13000													
30	X	24	13000			0.2									0.6	power outage/fusing generator-barely running, no psi
Total			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

DAY	METER 1	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									
7	100927		2.8		3.0				
8									
9	100927		1.5		2.8				
10									
11									
12	100927		1.7		2.6				
13									
14	100927		0.7		2.5				
15									
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							13000		13000
30	101893		0.2		0.6		13000		13000
Total Flow							966000		966000
ADF							31161		31161
MAX			3.2		3.0		186667		186667
MIN			0.2		0.5				

Flow meter not working
 Flow meter not working
 Flow meter not working
 Flow meter not working
 Flow meter not working
 Flow meter not working
 Flow meter not working
 Flow meter not working
 Flow meter not working
 Flow meter not working
 Flow meter not working
 Flow meter not working
 Flow meter not working
 Flow meter not working
 Flow meter not working
 Flow meter not working

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

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

II. General Information for the Month/Year of:		Monitoring Period From: 10/01/22 To: 10/31/22	
A. Public Water System (PWS) Information			
PWS Name: PINECREST		PWS Identification Number: 6535079	
PWS Type: Community Non-Transient Non-Community		Transient Non-Community Consecutive	
Number of Service Connections at End of Month: 126-active		Total Population Served at End of Month: 341	
PWS Owner: Mike Smallridge			
Contact Person: Mike Smallridge		Contact Person's Title: PRESIDENT	
Contact Person's Mailing Address: P.O. BOX1798 City: Eaton Park		State: FL Zip Code: 33840	
Contact Person's Telephone Number: 352-302-7406		Contact Person's Fax Number:	
Contact Person's E-Mail Address: utilityconsultant@yahoo.com			
B. Water Treatment Plant Information			
Plant Name: Pinecrest Utilities		Plant Telephone Number: 863-647-1581	
Plant Address: Citrus Highlands Drive off Hankin Rd. City: Bartow		State: FL Zip Code: 33830	
Type of Water Treated by Plant: Raw Ground Water X Purchased Finished Water			
Permitted Maximum Day Operating capacity of Plant, gallons per day: 150,000			
Plant Category (per subsection 62-599.310(4), F.A.C.): V		Plant Class: C	
Licensed Operators			
	Name	License Class	License Number
Lead/Chief Operator:	GAINES ALEXANDER	C	C-5472
Other Operators:	DANNY ALEXANDER	C	C-12379
	JENNIFER ALEXANDER	C	C-21471
	CHRIS NICHOLS	C	C-20287
	ROBERT GRAVES	B	B-0015216
			13
II. Certification by Lead/Chief Operator			

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

Robert Graves 11/09/22
 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

III. Daily Data for the Month/Year of: Monitoring Period From: 10/01/22 To: 10/31/22

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(Chloramines) Chlorine Dioxide

Day of the month	Days Plant Staffed or Visited by Operator	Hours Plant in Operation	Net Quality of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak flow rate, gpd.	Lowest Residual Disinfectant concentration Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, C	pH of Water, if Applicable	Minimum CT, Required mg-min/L	Lowest Operating UV Dose, mW-Sec/cm2	Minimum UV Dose required, mW-sec/cm2	Lowest Residual Disinfectant concentration at Remote Point in Distribution System, mg/L		
1		24	19333												
2		24	19333												
3	X	24	19333		0.4									0.5	
4		24	49500												
5	X	24	49500		3.1									0.4	
6		24	44000												
7	X	24	44000		0.4									0.6	
8		24	45667												
9		24	45667												
10	X	24	45667		0.1									1.9	
11		24	43000												
12	X	24	43000		3.4									1.7	
13		24	40500												
14	X	24	40500		0.1									1.9	
15		24	46667												
16		24	46667												
17	X	24	46667		2.2									2.1	
18		24	56500												
19	X	24	56500		2.8									1.6	
20		24	14000												
21	X	24	14000		0.3									0.4	
22		24	28667												
23		24	28667												
24	X	24	28667		3.3									2.5	
25		24	29500												
26	X	24	29500		0.4									1.3	
27		24	25000												
28	X	24	25000		2.0									1.8	
29		24	24000												
30		24	24000												
31	X	24	24000		1.7									1.9	
Total			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)
 Effective August 28, 2003

PLANT NAME: Pinecrest WTP
(WATER REPORT)

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

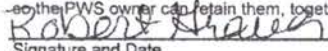
DAY	METER 1	METER 2	TRC	PH	TRC	PH	MULT.	1000	TOTAL
PREV	101893								
1							19333		19333
2							19333		19333
3	101951		0.4		0.5		19333		19333
4							49500		49500
5	102050		3.1		0.4		49500		49500
6							44000		44000
7	102138		0.4		0.6		44000		44000
8							45667		45667
9							45667		45667
10	102275		0.1		1.9		45667		45667
11							43000		43000
12	102361		3.4		1.7		43000		43000
13							40500		40500
14	102442		0.1		1.9		40500		40500
15							46667		46667
16							46667		46667
17	102582		2.2		2.1		46667		46667
18							56500		56500
19	102695		2.8		1.6		56500		56500
20							14000		14000
21	102723		0.3		0.4		14000		14000
22							28667		28667
23							28667		28667
24	102809		3.3		2.5		28667		28667
25							29500		29500
26	102868		0.4		1.3		29500		29500
27							25000		25000
28	102918		2.0		1.8		25000		25000
29							24000		24000
30							24000		24000
31	102990		1.7		1.9		24000		24000
Total Flow							1097000		1097000
ADF							35387		35387
MAX			3.4		2.5		56500		56500
MIN			0.1		0.4		14000		14000

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

i. General Information for the Month/Year of:		Monitoring Period From: 11/01/22 To: 11/30/22	
A. Public Water System (PWS) Information			
PWS Name:	PINECREST	PWS Identification Number:	6535079
PWS Type:	Community Non-Transient Non-Community	Transient Non-Community	Consecutive
Number of Service Connections at End of Month:	126-active	Total Population Served at End of Month:	341
PWS Owner:	Mike Smallridge		
Contact Person:	Mike Smallridge	Contact Person's Title:	PRESIDENT
Contact Person's Mailing Address:	P.O. BOX1798	City: Eaton Park	State: FL Zip Code: 33840
Contact Person's Telephone Number:	352-302-7406	Contact Person's Fax Number:	
Contact Person's E-Mail Address:	utilityconsultant@yahoo.com		
B. Water Treatment Plant Information			
Plant Name:	Pinecrest Utilities	Plant Telephone Number:	863-647-1581
Plant Address:	Citrus Highlands Drive off Hankin Rd.	City: Bartow	State: FL Zip Code: 33830
Type of Water Treated by Plant:	Raw Ground Water	X	Purchased Finished Water
Permitted Maximum Day Operating capacity of Plant, gallons per day:	150,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class:	C
Licensed Operators	Name	License Class	License Number
Lead/Chief Operator:	GAINES ALEXANDER	C	C-5472
Other Operators:	DANNY ALEXANDER	C	C-12379
	JENNIFER ALEXANDER	C	C-21471
	CHRIS NICHOLS	C	C-20287
	ROBERT GRAVES	B	B-0015216
			12

ii. Certification by Lead/Chief Operator

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

 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

III. Daily Data for the Month/Year of: Monitoring Period From: 11/01/22 To: 11/30/22

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(Chloramines) Chlorine Dioxide

Day of the month	Days Plant Staffed or Visited by Operator	Hours Plant in Operation	Net Quality of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak flow rate, gpd.	Lowest Residual Disinfectant concentration Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, C	pH of Water, if Applicable	Minimum CT, Required mg-min/L	Lowest Operating UV Dose, mW-Sec/cm2	Minimum UV Dose required, mW-sec/cm2	Lowest Residual Disinfectant concentration at Remote Point in Distribution System, mg/L		
1		24	29000												
2	X	24	29000			3.3									0.8
3		24	15667												
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		24	26500												
11	X	24	26500			2.7									1.2
12		24	22000												
13		24	22000												
14	X	24	22000			0.4									1.8
15		24	26500												
16	X	24	26500			1.8									1.5
17		24	19000												
18	X	24	19000			1.5									2.2
19		24	26333												
20		24	26333												
21	X	24	26333			0.3									2.0
22		24	24500												
23	X	24	24500			3.0									2.4
24		24	24500												
25	X	24	24500			3.2									1.8
26		24	24000												
27		24	24000												
28	X	24	24000			0.3									3.2
29		24	26500												
30	X	24	26500			2.8									2.0
Total			742333												
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

DAY	METER 1	METER 2	TRC	PH	TRC	PH	MULT.	1000	TOTAL
PREV	102990								
1							29000		29000
2	103048		3.3		0.8		29000		29000
3							15667		15667
4							15667		15667
5							15667		15667
6							15667		15667
7	103142		2.6		2.0		15667		15667
8							47000		47000
9	103236		2.0		1.4		47000		47000
10							26500		26500
11	103289		2.7		1.2		26500		26500
12							22000		22000
13							22000		22000
14	103355		0.4		1.8		22000		22000
15							26500		26500
16	103408		1.8		1.5		26500		26500
17							19000		19000
18	103446		1.5		2.2		19000		19000
19							26333		26333
20							26333		26333
21	103525		0.3		2.0		26333		26333
22							24500		24500
23	103574		3.0		2.4		24500		24500
24							24500		24500
25	103623		3.2		1.8		24500		24500
26							24000		24000
27							24000		24000
28	103695		0.3		3.2		24000		24000
29							26500		26500
30	103748		2.8		2.0		26500		26500
Total Flow							742333		742333
ADF							24744		24744
MAX			3.3		3.2		47000		47000
MIN			0.3		0.8		15667		15667

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

General Information for the Month/Year of:		Monitoring Period From: 12/01/22 To: 12/31/22	
Public Water System (PWS) Information:		PWS Identification Number: 8535079	
PWS Name: PINECREST	PWS Type: Community	Transient Non-Community Consecutive	
Number of Service Connections at End of Month: 126-active		Total Population Served at End of Month: 341	
PWS Owner: Mike Smallridge		Contact Person's Title: PRESIDENT	
Contact Person: Mike Smallridge	City: Eaton Park	State: FL	Zip Code: 33840
Contact Person's Mailing Address: P.O. BOX1798	Contact Person's Fax Number:		
Contact Person's Telephone Number: 352-302-7406			
Contact Person's E-Mail Address: utilityconsultant@yahoo.com			
Water Treatment Plant Information:		Plant Telephone Number: 863-647-1581	
Plant Name: Pinecrest Utilities	City: Bartow	State: FL	Zip Code: 33830
Plant Address: Citrus Highlands Drive off Hankin Rd.	Type of Water Treated by Plant: Raw Ground Water X Purchased Finished Water		
Permitted Maximum Day Operating capacity of Plant, gallons per day: 150,000		Plant Class: C	
Plant Category (per subsection 62-698.310(4), F.A.C.): V			
Licensed Operators	Name	License Class	License Number
Lead/Chief Operator:	GAINES ALEXANDER	C	C-5472
Other Operators:	DANNY ALEXANDER	C	C-12379
	JENNIFER ALEXANDER	C	C-21471
	CHRIS NICHOLS	C	C-20287
	ROBERT GRAVES	B	B-0015216
			13

Statement by Lead/Chief Operator

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

Robert Graves 1/09/2023

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

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

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

CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, If Applicable*

Day of the month	Days Plant Staffed or Visited by Operator	Hours Plant in Operation	Net Quality of Finished Water Produced, gal	CT Calculations				UV Dose				Lowest Residual Disinfectant concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				Peak flow rate, gpd.	Lowest Residual Disinfectant concentration Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, C	pH of Water, if Applicable	Minimum CT, Required mg-min/L	Lowest Operating UV Dose, mW-Sec.cm2			Minimum UV Dose required, mW-sec/cm2
1		24	22500										1.1	
2	X	24	22500		2.9									
3		24	32000										2.7	
4		24	32000											
5	X	24	32000		3.4								1.2	
6		24	25500											
7	X	24	25500		3.3								1.5	
8		24	23500											
9	X	24	23500		3.1								1.5	
10		24	28667											
11		24	28667										1.5	
12	X	24	28667		3.5								1.6	
13		24	27500											
14	X	24	27500		3.4								2.7	
15		24	31000											
16	X	24	31000		2.7									
17		24	31667											
18		24	31667										1.1	
19	X	24	31667		3.6								3.2	
20		24	27500											
21	X	24	27500		1.2								2.4	
22		24	26500											
23	X	24	26500		3.6									
24		24	31333											
25		24	31333										1.5	
26	X	24	31333		0.3								2.0	
27		24	27000											
28	X	24	27000		4.2								3.4	
29		24	24000											
30	X	24	24000		0.5									
31		24	25000											
Total			866000											
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	METER 1	METER 2	TRC	PH	TRC	PH	MULT.	1000	TOTAL
PREV	103748								
1							22500		22500
2	103793		2.9		1.1		22500		22500
3							32000		32000
4							32000		32000
5	103889		3.4		2.7		32000		32000
6							25500		25500
7	103940		3.3		1.2		25500		25500
8							23500		23500
9	103987		3.1		1.5		23500		23500
10							28667		28667
11							28667		28667
12	104073		3.5		1.5		28667		28667
13							27500		27500
14	104128		3.4		1.6		27500		27500
15							31000		31000
16	104190		2.7		2.7		31000		31000
17							31667		31667
18							31667		31667
19	104285		3.6		1.1		31667		31667
20							27500		27500
21	104340		1.2		3.2		27500		27500
22							26500		26500
23	104393		3.6		2.4		26500		26500
24							31333		31333
25							31333		31333
26	104487		0.3		1.5		31333		31333
27							27000		27000
28	104541		4.2		2.0		27000		27000
29							24000		24000
30	104589		0.5		3.4		24000		24000
31	104614						25000		25000
Total Flow							866000		866000
ADF							27935		27935
MAX			4.2		3.4		32000		32000
MIN			0.3		1.1		22500		22500

Company response #9

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.

January 2022	462,040 Gallons
February 2022	359,850 Gallons
March 2022	422,870 Gallons
April 2022	442,130 Gallons
May 2022	527,960 Gallons
June 2022	373,280 Gallons
July 2022	494,427 Gallons
August 2022	369,753 Gallons
September 2022	410,100 Gallons
October 2022	429,190 Gallons
November 2022	452,146 Gallons
December 2022	366,856 Gallons

Company response #10

Company response #12

CUSTOMER COMPLAINT FORM

(CCU, CMU, CRU, EMU, HGU, HHU, LYU, MGU, OLU, PCU, SVU, WLWW)

CIRCLE ONE ABOVE

1. CUSTOMER NAME: Kim McDowell

2. SERVICE ADDRESS: 330 HANKIN Rd 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 upset that she is currently without water upset water outages continue to happen in her neighborhood.

6. HOW WAS COMPLAINT RESOLVED? DATE RESOLVED 9/20/2022. Customer Service Rep explained why water was currently off. water outage due to tank inspection. Office manager explained water outage to customer on 10/4/2022. All customers were notified by text + phone call.

CUSTOMER COMPLAINT FORM

(CCU, CMU, CRU, EMU, HGU, HHU, LYU, MGU, OLU, PCU, SVU, WLWW)

CIRCLE ONE ABOVE

1. CUSTOMER NAME: Annie Delling

2. SERVICE ADDRESS: 6075 Citrus Highlands Dr N.

3. CUSTOMER PHONE NUMBER: 863-205-7215

4. DATE OF COMPLAINT: 12/21/2021 BY PHONE OR EMAIL. IF BY EMAIL ATTCH EMAIL

5. DESCRIBE REASON OF COMPLAINT: Customer is upset she was charged a late fee on her 12/21/2021 invoice.
SAYS her bank sent payment to us on time

6. HOW WAS COMPLAINT RESOLVED? DATE RESOLVED Explained to customer

We cannot waive late fee. The customer's payment of \$ 40.28 was due 12/12/2021. The payment was received 12/14/2021. Suggested customer send payment through bank earlier in the month to avoid issue.

CUSTOMER COMPLAINT FORM

(CCU, CMU, CRU, EMU, HGU, HHU, LYU, MGU, OLU, PCU, SVU, WLWW)

CIRCLE ONE ABOVE

1. CUSTOMER NAME: Wilson Rivera

2. SERVICE ADDRESS: 360 Hankin Rd.

3. CUSTOMER PHONE NUMBER: 347-353-6198

4. DATE OF COMPLAINT: 11/3/20 BY PHONE OR EMAIL. IF BY EMAIL ATTCH EMAIL

5. DESCRIBE REASON OF COMPLAINT: High bill

6. HOW WAS COMPLAINT RESOLVED? DATE RESOLVED Called. Tactie reread.

Tactie got reread 658010. Meter was overread
and ~~the~~ bill was fixed. Called Customer and
he paid on phone.

CUSTOMER COMPLAINT FORM

(CCU, CMU, CRU, EMU, HGU, HHU, LYU, MGU, OLU, PCU, SVU, WLWW)

CIRCLE ONE ABOVE

1. CUSTOMER NAME: Rhett Stratton
2. SERVICE ADDRESS: 402 9th 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 11/24 Called for reread to Jackie.
- Meter was spinning, Cust was told he
had leak by Jackie. He called plumber,
Reading on 11/24 690410 over 120,000 gals higher.
- _____

CUSTOMER COMPLAINT FORM

(CCU, CMU, CRU, EMU, HGU, HHU, LYU, MGU, OLU, PCU, SVU, WLWW)

CIRCLE ONE ABOVE

1. CUSTOMER NAME: Victoria Calderon (called Cory Adams)

2. SERVICE ADDRESS: 350 HANKIN Rd.

3. CUSTOMER PHONE NUMBER: 803-657-1614

4. DATE OF COMPLAINT: 7/19/2020 BY PHONE OR EMAIL. IF BY EMAIL ATTCH EMAIL

5. DESCRIBE REASON OF COMPLAINT: Water leaking from meter
customer says she called answering service on
Sunday to report leak.

6. HOW WAS COMPLAINT RESOLVED? DATE RESOLVED Spoke with
technician on 7/20/2020. leak fixed later that day.

CUSTOMER COMPLAINT FORM

(CCU, CMU, CRU, EMU, HGU, HHU, LYU, MGU, OLU, PCU, SVU, WLWW)

CIRCLE ONE ABOVE

1. CUSTOMER NAME: ELOISA MARTINEZ

2. SERVICE ADDRESS: 392 Citrus Highlands DR. E

3. CUSTOMER PHONE NUMBER: 813-585-7519

4. DATE OF COMPLAINT: 3/16/2020 BY PHONE OR EMAIL. IF BY EMAIL ATTCH EMAIL

5. DESCRIBE REASON OF COMPLAINT: customer called in to
SMU since she moved into her home, the
water coming out of faucet looks like "milk"

6. HOW WAS COMPLAINT RESOLVED? DATE RESOLVED 3/16/2020 TECHNICIAN

Arieno checked the water outside of the customers
home. NO issues with water. I explained Results
to customer and advised to check her water filters

CUSTOMER COMPLAINT FORM

(CCU, CMU, CRU, EMU, HGU, HHU, LYU, MGU, OLU, PCU, SVU, WLWW)

CIRCLE ONE ABOVE

803-537-5115

1. CUSTOMER NAME: Brenda Aist

2. SERVICE ADDRESS: 432 Citrus Highlands DR E

3. CUSTOMER PHONE NUMBER: 803-537-5115

4. DATE OF COMPLAINT: 5/5/20 BY PHONE OR EMAIL. IF BY EMAIL ATTCH EMAIL

5. DESCRIBE REASON OF COMPLAINT: Customer says meter is still leaking. tech was not using long enough PVC pipes (slow leak)

6. HOW WAS COMPLAINT RESOLVED? DATE RESOLVED Leak fixed 5/6/20
by ANTONIO

CUSTOMER COMPLAINT FORM

(CCU, CMU, CRU, EMU, HGU, HHU, LYU, MGU, OLU, PCU, SVU, WLWW)

CIRCLE ONE ABOVE

1. CUSTOMER NAME: Francisco Hernandez

2. SERVICE ADDRESS: 394 Highlands way

3. CUSTOMER PHONE NUMBER: 863-514-9405

4. DATE OF COMPLAINT: 5/6/20 BY PHONE OR EMAIL. IF BY EMAIL ATTCH EMAIL

5. DESCRIBE REASON OF COMPLAINT: customer is upset they didn't
receive a call to notify us that the water would
be shut off.

6. HOW WAS COMPLAINT RESOLVED? DATE RESOLVED Explained to customer

this was an emergency repair. The utility did
not know in advance that the water would be
shut off. customer understands.

CUSTOMER COMPLAINT FORM

(CCU, CMU, CRU, EMU, HGU, HHU, LYU, MGU, OLU, PCU, SVU, WLWW)

CIRCLE ONE ABOVE

1. CUSTOMER NAME: Katy Nelms
 2. SERVICE ADDRESS: 363 Citrus Highlands DR. E
 3. CUSTOMER PHONE NUMBER: 803-662-8121
 4. DATE OF COMPLAINT: 5/6/20 BY PHONE OR EMAIL. IF BY EMAIL ATTCH EMAIL
 5. DESCRIBE REASON OF COMPLAINT: upset she wasn't notified we were going to shut off the water.
-
-

6. HOW WAS COMPLAINT RESOLVED? DATE RESOLVED Explained to customer
this was an emergency repair. The utility did not know in advance the water would be shut off.
-
-

CUSTOMER COMPLAINT FORM

(CCU, CMU, CRU, EMU, HGU, HHU, LYU, MGU, OLU, PCU, SVU, WLWW)

CIRCLE ONE ABOVE

1. CUSTOMER NAME: Teresa Mobley
2. SERVICE ADDRESS: ~~6000~~ ~~400~~ 415 Citrus Highlands DR. W
3. CUSTOMER PHONE NUMBER: 803-512-6638
4. DATE OF COMPLAINT: 5/6/20 BY PHONE OR EMAIL. IF BY EMAIL ATTCH EMAIL
5. DESCRIBE REASON OF COMPLAINT: UPSET she didnt receive a call before the water was shut off in Pincrest SAYS she has a brand new washer she was using and we will be responsible if it breaks.
6. HOW WAS COMPLAINT RESOLVED? DATE RESOLVED Explained to customer this was an emergency repair. The Utility did not know in advance the water would need to be shut off.

CUSTOMER COMPLAINT FORM

(CCU, CMU, CRU, EMU, HGU, HHU, LYU, MGU, OLU, PCU, SVU, WLWW)

CIRCLE ONE ABOVE

1. CUSTOMER NAME: Rachel Watson

2. SERVICE ADDRESS: 6056 Citrus Highlands Dr. S.

3. CUSTOMER PHONE NUMBER: 863-440-3859

4. DATE OF COMPLAINT: 5/6/20 BY PHONE OR EMAIL. IF BY EMAIL ATTCH EMAIL

5. DESCRIBE REASON OF COMPLAINT: Upset that she did not
receive a call before water was shut off in
Pine Crest.

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 water would be shut off.

CUSTOMER COMPLAINT FORM

(CCU, CMU, CRU, EMU, HGU, HHU, LYU, MGU, OLU, PCU, SVU, WLWW)

CIRCLE ONE ABOVE

1. CUSTOMER NAME: Brenda Aust

2. SERVICE ADDRESS: 432 Citrus Highlands DR. E

3. CUSTOMER PHONE NUMBER: 803-537-5115

4. DATE OF COMPLAINT: 5/4/20 BY PHONE OR EMAIL. IF BY EMAIL ATTCH EMAIL

5. DESCRIBE REASON OF COMPLAINT: Meter leaking. A lot of
water coming out.

6. HOW WAS COMPLAINT RESOLVED? DATE RESOLVED fiemo shut system
down and repaired leak 5/4/20

CUSTOMER COMPLAINT FORM

(CCU, CMU, CRU, EMU, HGU, HHU, LYU, MGU, OLU, PCU, SVU, WLWW)

CIRCLE ONE ABOVE

1. CUSTOMER NAME: Jessica Estrada

2. SERVICE ADDRESS: 261 Highlands way

3. CUSTOMER PHONE NUMBER: 803-582-6291

4. DATE OF COMPLAINT: 3/2/20 BY PHONE OR EMAIL. IF BY EMAIL ATTCH EMAIL

5. DESCRIBE REASON OF COMPLAINT: customer says her meter was over read. current reading on account is 310100 customer took a picture of meter yesterday and it reads 302580. I corrected bill for customer over the phone.

6. HOW WAS COMPLAINT RESOLVED? DATE RESOLVED corrected bill
for customer. over the phone.

CUSTOMER COMPLAINT FORM

(CCU, CMU, CRU, EMU, HGU, HHU, LYU, MGU, OLU, PCU, SVU, WLWW)

CIRCLE ONE ABOVE

1. CUSTOMER NAME: Genevra Altman
2. SERVICE ADDRESS: 348 Citrus Highlands Dr W.
863-537-2096
3. CUSTOMER PHONE NUMBER: 863-286-9578
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 HAS
to be incorrect because it is too high.
current read 624170. Requesting re read.
6. HOW WAS COMPLAINT RESOLVED? DATE RESOLVED current read
when customer called in 624170 reading Genevra
took on 2/26/20 is 624900. spoke to
customer she understands but does not agree
with charges. says she will pay the bill.

CUSTOMER COMPLAINT FORM

(CCU, CMU, CRU, EMU, HGU, HHU, LYU, MGU, OLU, PCU, SVU, WLWW)

CIRCLE ONE ABOVE

1. CUSTOMER NAME: Teresa Mobley

2. SERVICE ADDRESS: 415 Citrus Highlands Dr. W.

3. CUSTOMER PHONE NUMBER: 863-512-6638

4. DATE OF COMPLAINT: 12/26 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 worse daily. All kids are middle school or younger including our employee's daughter. This goes on daily for hours after 4pm.

6. HOW WAS COMPLAINT RESOLVED? DATE RESOLVED SPRINKLED

WIS answer. Thanked customer PER INFO. 10/20/2020

CUSTOMER COMPLAINT FORM

(CCU, CMU, CRU, EMU, HGU, HHU, LYU, MGU, OLU, PCU, SVU, WLWW)

CIRCLE ONE ABOVE

1. CUSTOMER NAME: Arianna Faisal Shweil - acct name

2. SERVICE ADDRESS: 365 Citrus Highlands Dr. W.

3. CUSTOMER PHONE NUMBER: 863-210-3554 - Arianna

4. DATE OF COMPLAINT: 11/2/20 BY PHONE OR EMAIL. IF BY EMAIL ATTCH EMAIL

5. DESCRIBE REASON OF COMPLAINT: Kids on pumphouse lot until 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 N/A called customer 11/2/20

CUSTOMER COMPLAINT FORM

(CCU, CMU, CRU, EMU, HGU, HHU, LYU, MGU, OLU, PCU, SVU, WLWW)

CIRCLE ONE ABOVE

1. CUSTOMER NAME: Katy Nelms

2. SERVICE ADDRESS: 363 Citrus Highlands PR E

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: Water has strong
odor of chlorine

6. HOW WAS COMPLAINT RESOLVED? DATE RESOLVED Notified & love
on 3/2/20 3:15

CUSTOMER COMPLAINT FORM

(CCU, CMU, CRU, EMU, HGU, HHU, LYU, MGU, OLU, PCU, SVU, WLWW)

CIRCLE ONE ABOVE

1. CUSTOMER NAME: Jessica Estrada.

2. SERVICE ADDRESS: 2101 Highlands Way

3. CUSTOMER PHONE NUMBER: 803-582-6291

4. DATE OF COMPLAINT: 3/2/20 BY PHONE OR EMAIL. IF BY EMAIL ATTCH EMAIL

5. DESCRIBE REASON OF COMPLAINT: Water smells like
Chlorine. Very strong.

6. HOW WAS COMPLAINT RESOLVED? DATE RESOLVED Notified J love
on 3/2/20. 3:15

CUSTOMER COMPLAINT FORM

(CCU, CMU, CRU, EMU, HGU, HHU, LYU, MGU, OLU, PCU, SVU, WLWW)

CIRCLE ONE ABOVE

1. CUSTOMER NAME: Geneva Killo

2. SERVICE ADDRESS: 311 Highlands Way

3. CUSTOMER PHONE NUMBER: 8 941-879-1671

4. DATE OF COMPLAINT: 3/4/20 BY PHONE OR EMAIL. IF BY EMAIL ATTCH EMAIL

5. DESCRIBE REASON OF COMPLAINT: Water has a strong
Smell of chlorine

6. HOW WAS COMPLAINT RESOLVED? DATE RESOLVED Spoke w/ Gene on
3/4/20 he will go check it today 9:30 AM.

CUSTOMER COMPLAINT FORM

(CCU, CMU, CRU, EMU, HGU, HHU, LYU, MGU, OLU, PCU, SVU, WLWW)

CIRCLE ONE ABOVE

1. CUSTOMER NAME: Donna / Omar Salazar

2. SERVICE ADDRESS: 6031 Citrus Highlands DR S

3. CUSTOMER PHONE NUMBER: 813-205-2446

4. DATE OF COMPLAINT: 3/9/20 BY PHONE OR EMAIL. IF BY EMAIL ATTCH EMAIL

5. DESCRIBE REASON OF COMPLAINT: Water smells like
chlorine / HAS been going on for days issue unresolved

6. HOW WAS COMPLAINT RESOLVED? DATE RESOLVED Water was tested
3/9/20 at 10:30AM chlorine level is where it's supposed
to be. NOT High

CUSTOMER COMPLAINT FORM

(CCU, CMU, CRU, EMU, HGU, HHU, LYU, MGU, OLU, PCU, SVU, WLWW)

CIRCLE ONE ABOVE

1. CUSTOMER NAME: Matthew Jones. Caller - Mrs. ^{Sister} Jones

2. SERVICE ADDRESS: 403 Citrus Highlands DR E

3. CUSTOMER PHONE NUMBER: 863-614-2855

4. DATE OF COMPLAINT: 7/17/20 BY PHONE OR EMAIL. IF BY EMAIL ATTCH EMAIL

5. DESCRIBE REASON OF COMPLAINT: leak near meter low
water pressure.

6. HOW WAS COMPLAINT RESOLVED? DATE RESOLVED This is a new
meter that was just set. may be loose. called
Jlwe on 7/17/20 he 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	Structures and Improvements.....	5,753	_____	_____	5,753
305	Collecting and Impounding Reservoirs.....	_____	_____	_____	_____
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	_____	_____	18,821
311	Pumping Equipment (Sub Pump).....	_____	_____	_____	_____
320	Water Treatment Equipment.....	8,130	_____	_____	8,130
330	Distribution Reservoirs and Standpipes.....	28,690	_____	_____	28,690
331	Transmission and Distribution Lines.....	100,736	_____	_____	100,736
333	Services.....	15,363	_____	_____	15,363
334	Meters and Meter Installations.....	24,456	_____	_____	24,456
335	Hydrants.....	8,444	_____	_____	8,444
336	Backflow Prevention Devices.....	_____	_____	_____	_____
339	Other Plant and Miscellaneous Equipment.....	_____	_____	_____	_____
340	Office Furniture and Equipment.....	76	_____	_____	76
341	Transportation Equipment.....	1,363	_____	_____	1,363
342	Stores Equipment.....	_____	_____	_____	_____
343	Tools, Shop and Garage Equipment.....	7	_____	_____	7
344	Laboratory Equipment.....	_____	_____	_____	_____
345	Power Operated Equipment.....	7,271	_____	_____	7,271
346	Communication Equipment.....	_____	_____	_____	_____
348	Other Tangible Plant.....	_____	_____	_____	_____
400	Allocated Plant.....	6,144	1,801	_____	7,945
	Total Water Plant.....	\$ 259,788	\$ 4,058	\$ -	\$ 263,846 *

* 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	%	%	\$	\$	\$	\$
304	Structures and Improvements.....	27	%	3.70 %	5,753			5,753
305	Collecting and Impounding Reservoirs.....	40	%	%				
306	Lake, River and Other Intakes.....	40	%	%				
307	Wells and Springs.....	27	%	3.70 %	17,836		963	18,798
308	Infiltration Galleries & Tunnels.....	40	%	%				
309	Supply Mains.....	32	%	3.13 %	3,050		99	3,148
310	Power Generating Equipment.....	17	%	%				
311	Pumping Equipment (Electric).....	17	%	5.88 %	15,299		1,107	16,406
311	Pumping Equipment (Sub Pump).....			%				
320	Water Treatment Equipment.....	17	%	5.88 %	5,785		478	6,264
330	Distribution Reservoirs & Standpipes.....	33	%	3.03 %	4,251		869	5,121
331	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		1,027	24,456
335	Hydrants.....	40	%	%	5,498		211	5,709
336	Backflow Prevention Devices.....	10	%	%				
339	Other Plant and Miscellaneous Equipment.....	20	%	%				
340	Office Furniture and Equipment.....	15	%	6.67 %	46		5	51
341	Transportation Equipment.....	6	%	16.67 %	1,363			1,363
342	Stores Equipment.....	18	%	%				
343	Tools, Shop and Garage Equipment.....	15	%	6.67 %	7			7
344	Laboratory Equipment.....	15	%	%				
345	Power Operated Equipment.....	10	%	10.00 %	7,271			7,271
346	Communication Equipment.....	10	%	%				
348	Other Tangible Plant.....	15	%	%				
400	Allocated Plant.....	10	%	%	2,808	23	1,171	3,955
	Totals.....				\$ 183,285	\$ 23	\$ 9,021	\$ 192,282 *

* 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) (c)	Recorded Accounted For Loss Through Line Flushing Etc. (Omit 000's) (d)	Total Water Pumped And Purchased (Omit 000's) [(b)+(c)-(d)] (e)	Water Sold To Customers (Omit 000's) (f)
January.....	_____	1,065	603	_____	462
February.....	_____	1,051	691	_____	360
March.....	_____	1,301	878	_____	423
April.....	_____	1,469	1,027	_____	442
May.....	_____	1,164	636	_____	528
June.....	_____	1,380	1,007	_____	373
July.....	_____	1,273	779	_____	494
August.....	_____	119	(251)	_____	370
September.....	_____	966	556	_____	410
October.....	_____	1,097	668	_____	429
November.....	_____	742	290	_____	452
December.....	_____	866	499	_____	367
Total for Year.....	_____	12,493	7,382	_____	5,111

If water is purchased for resale, indicate the following:

Vendor n/a
 Point of delivery n/a

If water is sold to other water utilities for redistribution, list names of such utilities below:

MAINS (FEET)

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

WELLS AND WELL PUMPS

(a)	(b)	(c)	(d)	(e)	(f)
Year Constructed.....	1986	1989			
Types of Well Construction and Casing.....	Steel	Steel			
	Grouted	Grouted			
	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			
Yields of Wells in GPD.....	180,000	504,000			
Auxiliary Power.....	on-site	on-site			

* Submersible, centrifugal, etc.

RESERVOIRS

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

HIGH SERVICE PUMPING

(a)	(b)	(c)	(d)	(e)	(f)
Motors					
Manufacturer.....	n/a	n/a	n/a	n/a	
Type.....					
Rated Horsepower.....					
Pumps					
Manufacturer.....	n/a	n/a	n/a	n/a	
Type.....					
Capacity in GPM.....					
Average Number of Hours Operated Per Day.....					
Auxiliary Power.....					

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 ¾

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 x 3/4

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.³ 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.⁴ 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

³ 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.*

⁴ See Document No. 06031-2022 filed September 6, 2022.

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.⁵ 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.

⁵ See Document No. 04830-2022 filed July 19, 2022.

Table 1
Meter Replacement Program: Meter 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
		(\$521.94 - \$144.84)		(\$521.94 - \$144.84)

Source: Document No. 04830-2022

Table 2
Pro Forma Plant Additions

Project	Acct. No.	Description	Amount
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

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	<u>\$9,871</u>	<u>(\$6,193)</u>

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