

COUNTRY WALK UTILITIES, INC.

January 23, 2025

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

*Re: Docket No. 20240168 – WU - Application for Staff Assisted Rate - Staff First
Data Request Response*

Dear Commission Clerk,

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

Response: Not applicable – there is no purchased water.

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

Response: Power bills attached.

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

Response: Chemical bills for test year attached. Dosage rates depends on water flow to maintain proper disinfection and proper Ph level for sulfide removal.

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

Response: Normal operational testing is included in the Operations and Maintenance contract with US Water Services Corporation (USWSC). Abnormal testing for leak repairs, etc. invoiced separately. See attached invoice. The table below is the testing included in the USWSC contract.

	Samples	Frequency	Cost/sample
	Req'd		Unit price each

Country Walk Utilities, Inc.
Staff First Data Request

Total Coliform	2	Monthly	10.00
TTHM	1	Annually	209.00
HAA5	1	Annually	
Nitrate	1	Annually	30.50
Nitrite	1	Annually	30.50
L & C	5	Annually	22.00
Tri-Annuals (Primary Inorg, Rads, Secondary Stds, SOC, VOC, Radiologicals)	1	1 / 3 yrs	2045.00
Dalapon	1	Annually	250.00

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

Response: Invoices for USWSC attached for test period. Country Walk does not have employees. All work identified by Staff are included in the contract. See Order No. PSC-2018-0553-PAA-WU, issued November 19, 2018.

3. 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.

Response: Not applicable. Country Walk does not own or lease any vehicles. There is no amount recorded in Account 341.

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

Response: Attached.

5. Copies of monthly operation reports for water from November 1, 2023, to October 31, 2024, (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).

Response: Attached. These are not in an Excel format as the MORs are sent electronically to FDEP.

Country Walk Utilities, Inc.
Staff First Data Request

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

Response: See attached Unaccounted for Water Report for the test year.

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

Response: See attached FDEP permits. Country Walk does not have a consumptive use permit from the WMD.

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

Response: Yes. Since the last SARC, the investment in the treatment plant was to address exceedances in TTHM. FDEP issued a construction permit for the chloramine conversion on November 1, 2019. (attached)

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

Response: Attached. Excel spreadsheet also e-mailed to discovery-gcl@psc.state.fl.us.

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

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

Response: See Schedules No. W-4, W-5, and W-6 in the 2023 Annual Report on file with the Florida Public Service Commission.

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

- a) Each of the 4 years prior to the beginning of the test year.
- b) Test year.
- c) Present.

Response: See Schedule W-3 in the Annual Reports on file with the FPSC. For the test year, there were 69 Residential customers with 5/8 x 3/4" meters and one Commercial Customer with 5/8 x 3/4" meter.

12. 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.

Country Walk Utilities, Inc.
Staff First Data Request

Response: These have previously been supplied in Docket No. 20180021-WU, and Docket No. 20130294-WU.

13. 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.

Response: Country Walk is requesting recovery of the costs to comply with the recent U.S. Environmental Protection Agency (EPA) requirement for Lead Service Line Inventory. On January 15, 2021, the EPA issued the Lead and Copper Rule Revision (LCRR) that went into effect on December 16, 2021. The LCRR amended the Lead and Copper Rule (40 CFR sections 141.80-.91). The LCRR requires all community and non-transient non-community public water systems to create an inventory of all service lines. Initial lead service line inventories were required to be submitted to the state DEP Regulatory District Office no later than October 16, 2024.

Country Walk submitted its LCRR inventory on October 15, 2024. This was a labor intensive endeavor to inventory each water mains and services. This EPA project was outside the normal operations contract. LPWW received the attached invoice for this required project at the end of October 2024 in the amount of \$4,257.29. This expense was not included in the O&M expenses, as filed in this SARC.

Respectfully Submitted,



Troy Rendell
Vice President
Investor Owned Utilities
//For Country Walk Utilities, Inc.



duke-energy.com
877.372.8477

Your usage snapshot - Continued

Current electric usage for meter number 3933822	
Actual reading on Nov 21	33688
Previous reading on Oct 25	- 33177
<hr/>	
Energy Used	511 kWh
Billed kWh	511.000 kWh

Billing details - Electric

Billing Period - Oct 25 24 to Nov 21 24	
Meter - 3933822	
Customer Charge	\$16.02
Energy Charge	
511.000 kWh @ 9.419c	48.12
Fuel Charge	
511.000 kWh @ 4.670c	23.86
Asset Securitization Charge	
511.000 kWh @ 0.197c	1.01
<hr/>	
Total Current Charges	\$89.01

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

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

Billing details - Taxes

State And Other Taxes	\$6.34
Regulatory Assessment Fee	0.08
Gross Receipts Tax	2.28
County Optional Tax	1.37
<hr/>	
Total Taxes	\$10.07

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877.372.8477

Account number **9100 8657 4668**

Your usage snapshot - Continued

Current electric usage for meter number 3933822	
Actual reading on Oct 24	33177
Previous reading on Sep 24	- 32763
<hr/>	
Energy Used	414 kWh
Billed kWh	414.000 kWh

Billing details - Electric

Billing Period - Sep 24 24 to Oct 24 24	
Meter - 3933822	
Customer Charge	\$16.02
Energy Charge	
414.000 kWh @ 9.419c	38.99
Fuel Charge	
414.000 kWh @ 4.670c	19.33
Asset Securitization Charge	
414.000 kWh @ 0.197c	0.82
<hr/>	
Total Current Charges	\$75.16

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

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

Billing details - Taxes

State And Other Taxes	\$5.36
Regulatory Assessment Fee	0.07
Gross Receipts Tax	1.93
County Optional Tax	1.16
<hr/>	
Total Taxes	\$8.52

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Page 3 of 3
Account number 9100 8657 4668

Your usage snapshot - Continued

Current electric usage for meter number 3933822	
Actual reading on Sep 23	32763
Previous reading on Aug 24	- 32382
Energy Used	381 kWh
Billed kWh	381.000 kWh

Billing details - Electric

Billing Period - Aug 24 24 to Sep 23 24	
Meter - 3933822	
Customer Charge	\$16.02
Energy Charge	
381.000 kWh @ 9.419c	35.88
Fuel Charge	
381.000 kWh @ 4.670c	17.79
Asset Securitization Charge	
381.000 kWh @ 0.197c	0.75
Total Current Charges	\$70.44

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

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

Billing details - Taxes

State And Other Taxes	\$5.03
Regulatory Assessment Fee	0.06
Gross Receipts Tax	1.81
County Optional Tax	1.09
Total Taxes	\$7.99

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Account number 9100 8657 4668

Your usage snapshot - Continued

Current electric usage for meter number 3933822	
Actual reading on Aug 23	32382
Previous reading on Jul 25	- 32000
Energy Used	382 kWh
Billed kWh	382.000 kWh

Billing details - Electric

Billing Period - Jul 25 24 to Aug 23 24	
Meter - 3933822	
Customer Charge	\$16.02
Energy Charge	
382.000 kWh @ 9.419c	35.99
Fuel Charge	
382.000 kWh @ 4.670c	17.84
Asset Securitization Charge	
382.000 kWh @ 0.204c	0.78
Total Current Charges	\$70.63

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

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

Billing details - Taxes

State And Other Taxes	\$5.04
Regulatory Assessment Fee	0.06
Gross Receipts Tax	1.81
County Optional Tax	1.09
Total Taxes	\$8.00

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Your usage snapshot - Continued

Current electric usage for meter number 3933822	
Actual reading on Jul 24	32000
Previous reading on Jun 22	- 31567
Energy Used	433 kWh
Billed kWh	433.000 kWh

Billing details - Electric

Billing Period - Jun 22 24 to Jul 24 24	
Meter - 3933822	
Customer Charge	\$16.02
Energy Charge	
433.000 kWh @ 9.419c	40.79
Fuel Charge	
433.000 kWh @ 4.670c	20.22
Asset Securitization Charge	
433.000 kWh @ 0.204c	0.88
Total Current Charges	\$77.91

Your current rate is General Service Non-Demand Sec (GS-1).
For a complete listing of all Florida rates and riders, visit duke-energy.com/rates

Billing details - Taxes

State And Other Taxes	\$5.56
Regulatory Assessment Fee	0.07
Gross Receipts Tax	2.00
County Optional Tax	1.20
Total Taxes	\$8.83

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Account number **9100 8657 4668**

Your usage snapshot - Continued

Current electric usage for meter number 3933822	
Actual reading on Jun 21	31567
Previous reading on May 24	- 31155
<hr/>	
Energy Used	412 kWh
Billed kWh	412.000 kWh

Billing details - Electric

Billing Period - May 24 24 to Jun 21 24	
Meter - 3933822	
Customer Charge	\$16.02
Energy Charge	
412.000 kWh @ 9.419c	38.81
Fuel Charge	
412.000 kWh @ 4.670c	19.24
Asset Securitization Charge	
412.000 kWh @ 0.204c	0.84
Total Current Charges	\$74.91

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

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

Billing details - Taxes

State And Other Taxes	\$5.35
Regulatory Assessment Fee	0.07
Gross Receipts Tax	1.92
County Optional Tax	1.14
Total Taxes	\$8.48

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Account number **9100 8657 4668**

Your usage snapshot - Continued

Current electric usage for meter number 3933822	
Actual reading on May 23	31155
Previous reading on Apr 24	- 30721
Energy Used	434 kWh
Billed kWh	434.000 kWh

Billing details - Electric

Billing Period - Apr 24 24 to May 23 24	
Meter - 3933822	
Customer Charge	\$16.02
Energy Charge	
434.000 kWh @ 9.419c	40.87
Fuel Charge	
434.000 kWh @ 5.247c	22.77
Asset Securitization Charge	
434.000 kWh @ 0.204c	0.89
Total Current Charges	\$80.55

Your current rate is General Service Non-Demand Sec (GS-1).
For a complete listing of all Florida rates and riders, visit duke-energy.com/rates

Billing details - Taxes

State And Other Taxes	\$5.75
Regulatory Assessment Fee	0.07
Gross Receipts Tax	2.07
County Optional Tax	1.24
Total Taxes	\$9.13

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Account number 9100 8657 4668

Your usage snapshot - Continued

Current electric usage for meter number 3933822	
Actual reading on Apr 23	30721
Previous reading on Mar 23	- 30186
<hr/>	
Energy Used	535 kWh
Billed kWh	535.000 kWh

Billing details - Electric

Billing Period - Mar 23 24 to Apr 23 24	
Meter - 3933822	
Customer Charge	\$16.02
Energy Charge	
535.000 kWh @ 9.419c	50.40
Fuel Charge	
535.000 kWh @ 5.247c	28.07
Asset Securitization Charge	
535.000 kWh @ 0.204c	1.09
<hr/>	
Total Current Charges	\$95.58

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

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

Billing details - Taxes

State And Other Taxes	\$6.82
Regulatory Assessment Fee	0.08
Gross Receipts Tax	2.45
County Optional Tax	1.48
<hr/>	
Total Taxes	\$10.83

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Your usage snapshot - Continued

Current electric usage for meter number 3933822	
Actual reading on Mar 22	30186
Previous reading on Feb 23	- 29695
<hr/>	
Energy Used	491 kWh
Billed kWh	491.000 kWh

Billing details - Electric

Billing Period - Feb 23 24 to Mar 22 24	
Meter - 3933822	
Customer Charge	\$16.02
Energy Charge	
491.000 kWh @ 9.419c	46.25
Fuel Charge	
491.000 kWh @ 5.247c	25.76
Asset Securitization Charge	
491.000 kWh @ 0.204c	1.00
<hr/>	
Total Current Charges	\$89.04

Your current rate is General Service Non-Demand Sec (GS-1).
For a complete listing of all Florida rates and riders, visit duke-energy.com/rates

Billing details - Taxes

State And Other Taxes	\$6.34
Regulatory Assessment Fee	0.07
Gross Receipts Tax	2.28
County Optional Tax	1.38
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Total Taxes	\$10.07

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Your usage snapshot - Continued

Current electric usage for meter number 3933822	
Actual reading on Feb 22	29695
Previous reading on Jan 25	- 29277
<hr/>	
Energy Used	418 kWh
Billed kWh	418.000 kWh

Billing details - Electric

Billing Period - Jan 25 24 to Feb 22 24	
Meter - 3933822	
Customer Charge	\$16.02
Energy Charge	
418.000 kWh @ 9.419c	39.36
Fuel Charge	
418.000 kWh @ 5.247c	21.93
Asset Securitization Charge	
418.000 kWh @ 0.210c	0.88
Total Current Charges	\$78.19

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

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

Billing details - Taxes

State And Other Taxes	\$5.59
Regulatory Assessment Fee	0.06
Gross Receipts Tax	2.01
County Optional Tax	1.20
Total Taxes	\$8.86





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Your usage snapshot - Continued

Current electric usage for meter number 3933822	
Actual reading on Jan 24	29277
Previous reading on Dec 22	- 28668
Energy Used	609 kWh
Billed kWh	609.000 kWh

Billing details - Electric

Billing Period - Dec 22 23 to Jan 24 24	
Meter - 3933822	
Customer Charge	\$16.02
Energy Charge	
609.000 kWh @ 9.419c	57.37
Fuel Charge	
609.000 kWh @ 5.247c	31.95
Asset Securitization Charge	
609.000 kWh @ 0.210c	1.28
Total Current Charges	\$106.62

Your current rate is General Service Non-Demand Sec (GS-1).
For a complete listing of all Florida rates and riders, visit duke-energy.com/rates

Billing details - Taxes

State And Other Taxes	\$7.59
Regulatory Assessment Fee	0.08
Gross Receipts Tax	2.74
County Optional Tax	1.65
Total Taxes	\$12.06





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Your usage snapshot - Continued

Current electric usage for meter number 3933822	
Actual reading on Dec 21	28668
Previous reading on Nov 23	- 28049
<hr/>	
Energy Used	619 kWh
Billed kWh	619.000 kWh

Billing details - Electric

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

Billing Period - Nov 23 23 to Dec 21 23	
Meter - 3933822	
Customer Charge	\$15.55
Energy Charge	
619.000 kWh @ 10.278c	63.61
Fuel Charge	
619.000 kWh @ 5.630c	34.85
Asset Securitization Charge	
619.000 kWh @ 0.210c	1.30
Total Current Charges	\$115.31

Billing details - Taxes

State And Other Taxes	\$8.23
Regulatory Assessment Fee	0.09
Gross Receipts Tax	2.96
County Optional Tax	1.77
Total Taxes	\$13.05

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duke-energy.com
877.372.8477

Your Energy Bill

Service address
COUNTRY WALK UTILITIES, INC.
0 WILDFLOWER ST
WATER TREATMT PLANT

Bill date Nov 28, 2023
For service Oct 25 - Nov 22
29 days

Account number 9100 8657 4668

Billing summary

Previous Amount Due	\$148.28
Payment Received Nov 16	-8.73
Current Electric Charges	131.93
Deposit	-141.55
Taxes	14.93
Total Amount Due Dec 19	\$146.86

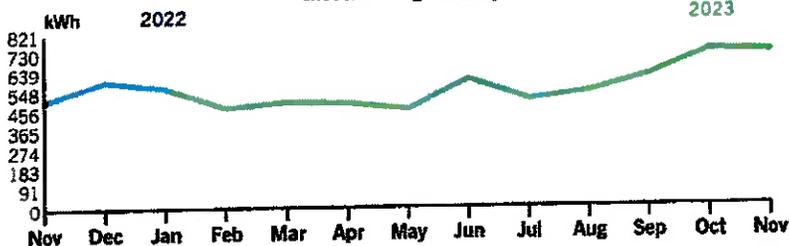


Thank you for your payment.

Thank you for establishing a good payment record by paying your energy bills promptly. We are pleased to return your deposit and any accrued interest. As long as you continue to maintain an acceptable credit risk, a deposit will no longer be required for this account.

Your usage snapshot

Electric usage history



Average temperature in degrees

71° 64° 67° 68° 69° 70° 70° 70° 81° 81° 79° 78° 71°

	Current Month	Nov 2022	12-Month Usage	Avg Monthly Usage
Electric (kWh)	722	504	6,780	565
Avg. Daily (kWh)	25	17	19	

12-month usage based on most recent history

Entered: NV
COA Code: 615
Approved: [Signature]
Paid: EFT 12/20/23
Date: 12/20/23

Mail your payment at least 7 days before the due date or pay instantly at duke-energy.com/billing. Late payments are subject to a \$5.00 or 1.5%, late charge, whichever is greater.

Please return this portion with your payment. Thank you for your business.



Duke Energy Return Mail
PO Box 1090
Charlotte, NC 28201-1090

Account number
9100 8657 4668

Amount of automatic draft

\$146.86
by Dec 19

Your payment is scheduled to be made by monthly automatic draft on Dec 19

\$ _____ \$ _____
Add here, to help others with a contribution to Share the Light **Amount enclosed**



Duke Energy Payment Processing
PO Box 1094
Charlotte, NC 28201-1094

024633 000005282
COUNTRY WALK UTILITIES, INC.
4939 CROSS BAYOU BLVD
NEW PRT RCHY FL 34652-3434

889100865746680006600001415500000053100000146869



duke-energy.com
877.372.8477

Your usage snapshot - Continued

Current electric usage for meter number 3933822	
Actual reading on Nov 22	28049
Previous reading on Oct 25	- 27327
<hr/>	
Energy Used	722 kWh
Billed kWh	722.000 kWh

Billing details - Electric

Billing Period - Oct 25 23 to Nov 22 23	
Meter - 3933822	
Customer Charge	\$15.55
Energy Charge	
722.000 kWh @ 10.278c	74.21
Fuel Charge	
722.000 kWh @ 5.630c	40.65
Asset Securitization Charge	
722.000 kWh @ 0.210c	1.52
<hr/>	
Total Current Charges	\$131.93

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

Billing details - Deposit

Deposit Interest	\$-1.55
Deposit Released	-140.00
<hr/>	
Total	\$-141.55

Billing details - Taxes

State And Other Taxes	\$9.42
Regulatory Assessment Fee	0.10
Gross Receipts Tax	3.39
County Optional Tax	2.02
<hr/>	
Total Taxes	\$14.93

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Original



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

INVOICE

Total Invoice	\$76.50
Invoice Number	6870185
Invoice Date	9/20/24
Sales Order Number/Type	4628960 SL
Branch Plant	75
Shipment Number	5518309

Sold To: 503832
ACCOUNTS PAYABLE
USWS - US WATER SERVICES - JOE GABAY
4939 Cross Bayou Blvd
New Port Richey FL 34652-3434

Ship To: 293577
USWS - COUNTRY WALK UTILITIES
129 Lakeside Trail
Country Walk Utilities Inc.
Lake Placid FL 33852

Net Due Date	Terms	FOB Description	Ship Via	Customer P.O.#	P.O. Release	Sales Agent #			
10/20/24	Net 30	PPD Origin	HWTG			390			
Line #	Item Number	Item Name/Description	Tax	Qty Shipped	Trans UOM	Unit Price	Price UOM	Weight Net/Gross	Extended Price
1.000	41930	Azone - EPA Reg. No. 7870-1	N	30.0000	GA	\$2.5500	GA	290.1 LB	\$76.50
		1 LB BLK (Mini-Bulk)		30.0000	GA			290.1 GW	

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

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

Entered: 

COA Code: 

Approved: 

Paid: _____

Date: _____

Page 1 of 1

Tax Rate 0 %
Sales Tax \$0.00

Invoice Total \$76.50

IMPORTANT: All products are sold without warranty of any kind and purchasers will, by their own best, determine suitability of such products for their own use. Seller warrants that all goods covered by this invoice were produced in compliance with the requirements of the Fair Labor Standards Act of 1938, as amended. Seller specifically disclaims and excludes any warranty of merchantability and any warranty of fitness for a particular purpose.
NO CLAIMS FOR LOSS, DAMAGE OR LEAKAGE ALLOWED AFTER DELIVERY IS MADE IN GOOD CONDITION.

CHECK REMITTANCE:
Hawkins, Inc.
P.O. Box 860263
Minneapolis, MN 55486-0263

WIRING CONTACT INFORMATION:
Email: Credit.Dept@HawkinsInc.com
Phone Number: (612) 331-6910
Fax Number: (612) 225-6702

FINANCIAL INSTITUTION:
US Bank
800 Nicollet Mall
Minneapolis, MN 55402

Account Name: Hawkins, Inc.
Account #: 
ABA/Routing #: 
Swift Code: 
Type of Account: Corporate Checking

ACH PAYMENTS:
CTX (Corporate Trade Exchange) is our preferred method. Please remember to include in the addendum the document numbers pertaining to the payment.
For other than CTX, the remit to information may be emailed to Credit.Dept@HawkinsInc.com

CASH IN ADVANCE/EFT PAYMENTS:
Please list the Hawkins, Inc. sales order number or your purchase order number if the invoice has not been processed yet.

This contractor and subcontractor shall abide by the requirements of 41 CFR §§101-11.6(a), 101-11.6(b), and 101-11.6(c). These regulations prohibit discrimination against qualified individuals based on their status as protected veterans or individuals with disabilities, and prohibit discrimination against all individuals based on their race, color, religion, sex, or national origin. Moreover, these regulations require that covered prime contractors and subcontractors take affirmative action to employ and advance in employment individuals without regard to race, color, religion, sex, national origin, protected veteran status or disability.

www.hawkinsinc.com

Job# 297800

Original



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

INVOICE

Total Invoice	\$75.00
Invoice Number	6792813
Invoice Date	6/25/24
Sales Order Number/Type	4558967 8L
Branch Plant	75
Shipment Number	5425478

Sold To: 503832
ACCOUNTS PAYABLE
USWS - US WATER SERVICES
4939 Cross Bayou Blvd
New Port Richey FL 34652-3434

Ship To: 293577
USWS - COUNTRY WALK UTILITIES
129 Lakeside Trail
Country Walk Utilities Inc.
Lake Placid FL 33852

Net Due Date	Terms	FOB Description	Ship Via	Customer P.O.#	P.O. Release	Sales Agent #			
7/25/24	Net 30	PPD Origin	HWTG			390			
Line #	Item Number	Item Name/ Description	Tax	Qty Shipped	Trans UOM	Unit Price	Price UOM	Weight Net/Gross	Extended Price
1.000	41930	Azone - EPA Reg. No. 7870-1 1 LB BLK (Mini-Bulk)	N	30.0000 30.0000	GA GA	\$2.5000	GA	290.1 LB 290.1 GW	\$75.00

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

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

Entered: *Ji*
COA Code: *618*
Approved: *JP*
Paid: _____
Date: _____

Page 1 of 1

Tax Rate 0 %
Sales Tax \$0.00

Invoice Total \$75.00

NO DISCOUNTS ON FREIGHT
IMPORTANT: All products are sold without warranty of any kind and purchasers will, by their own use, determine suitability of such products for their own use. Seller warrants that all goods covered by this invoice were produced in compliance with the requirements of the Fair Labor Standards Act of 1938, as amended. Seller specifically disclaims and excludes any warranty of merchantability and any warranty of fitness for a particular purpose.
NO CLAIMS FOR LOSS, DAMAGE OR LEAKAGE ALLOWED AFTER DELIVERY IS MADE IN GOOD CONDITION.

CHECK REMITTANCE:
Hawkins, Inc.
P.O. Box 860263
Minneapolis, MN 55486-0263

WIRING CONTACT INFORMATION:
Email: CreditDept@HawkinsInc.com
Phone Number: (612) 617-8581
Fax Number: (612) 225-6702

FINANCIAL INSTITUTION:
US Bank
800 Nicollet Mall
Minneapolis, MN 55402

Account Name: Hawkins, Inc.
Account #: _____
ABA/Routing #: _____
Swift Code#: _____
Type of Account: Corporate Checking

ACH PAYMENTS:
CTX (Corporate Trade Exchange) is our preferred method. Please remember to include in the addendum the document numbers pertaining to the payment.
For other than CTX, the remit to information may be emailed to CreditDept@HawkinsInc.com

CASH IN ADVANCE/EFT PAYMENTS:
Please list the Hawkins, Inc. sales order number or your purchase order number if the invoice has not been processed yet.

This contractor and subcontractor shall abide by the requirements of 41 CFR §§80-1.4(a), 80-80.2(a) and 80-741.2(a). These regulations prohibit discrimination against qualified individuals based on their status as protected veterans or individuals with disabilities, and prohibit discrimination against all individuals based on their race, color, religion, sex, or national origin. Moreover, these regulations require that covered prime contractors and subcontractors take affirmative action to employ and advance in employment individuals without regard to race, color, religion, sex, national origin, protected veteran status or disability.

www.hawkinsinc.com

Job# 4687076

Original



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

INVOICE

Total Invoice	\$346.50
Invoice Number	6755441
Invoice Date	5/14/24
Sales Order Number/Type	4524347 SL
Branch Plant	75
Shipment Number	5379653

Sold To: 503832
ACCOUNTS PAYABLE
USWS - US WATER SERVICES
4939 Cross Bayou Blvd
New Port Richey FL 34652-3434

Ship To: 293577
USWS - COUNTRY WALK UTILITIES
129 Lakeside Trail
Country Walk Utilities Inc.
Lake Placid FL 33852

Net Due Date	Terms	FOB Description	Ship Via	Customer P.O.#	P.O. Release	Sales Agent #			
6/13/24	Net 30	PPD Origin	HWTG			390			
Line #	Item Number	Item Name/ Description	Tax	Qty Shipped	Trans UOM	Unit Price	Price UOM	Weight Net/Gross	Extended Price
1.000	43944	Sulfuric Acid 50%	N	110.0000	GA	\$3.1500	GA	1,284.8 LB	\$346.50
		1 GA BLK (Mini-Bulk)		110.0000	GA			1,284.8 GW	

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

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

Entered: 

COA Code: 4618

Approved: 

Paid: _____

Date: _____

Page 1 of 1

Tax Rate 0 %
Sales Tax \$0.00

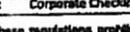
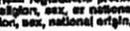
Invoice Total \$346.50

No Discounts on Freight
IMPORTANT: All products are sold without warranty of any kind and purchasers will, by their own best, determine suitability of such products for their own use. Seller warrants that all goods covered by this invoice were produced in compliance with the requirements of the Fair Labor Standards Act of 1938, as amended. Seller specifically disclaims and excludes any warranty of merchantability and any warranty of fitness for a particular purpose.
NO CLAIMS FOR LOSS, DAMAGE OR LEAKAGE ALLOWED AFTER DELIVERY IS MADE IN GOOD CONDITION.

CHECK REMITTANCE:
 Hawkins, Inc.
 P.O. Box 860263
 Minneapolis, MN 55486-0263

WIRING CONTACT INFORMATION:
 Email: Credit.Dept@Hawkinsinc.com
 Phone Number: (612) 617-8581
 Fax Number: (612) 225-6702

FINANCIAL INSTITUTION:
 US Bank
 800 Nicolet Mall
 Minneapolis, MN 55402

Account Name: Hawkins, Inc.
 Account #: 
 ABA/Routing #: 
 Swift Code: 
 Type of Account: Corporate Checking

ACH PAYMENTS:
 CTX (Corporate Trade Exchange) is our preferred method. Please remember to include in the addendum the document numbers pertaining to the payment.
 For other than CTX, the remit to information may be emailed to Credit.Dept@Hawkinsinc.com

CASH IN ADVANCE/EFT PAYMENTS:
 Please list the Hawkins, Inc. sales order number or your purchase order number if the invoice has not been processed yet.

This contractor and subcontractor shall abide by the requirements of 41 CFR §101-11.6(a), §101-11.6(b) and §101-11.6(c). These regulations prohibit discrimination against qualified individuals based on their status as protected veterans or individuals with disabilities, and prohibit discrimination against all individuals based on their race, color, religion, sex, or national origin. Moreover, these regulations require that covered prime contractors and subcontractors take affirmative action to employ and advance in employment individuals without regard to race, color, religion, sex, national origin, protected veteran status or disability.

www.hawkinsinc.com

Job# 4516788

Original



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

INVOICE

Total Invoice	\$988.35
Invoice Number	6748208
Invoice Date	5/2/24
Sales Order Number/Type	4516626 SL
Branch Plant	75
Shipment Number	5369528

Sold To: 503832
ACCOUNTS PAYABLE
USWS - US WATER SERVICES
 4939 Cross Bayou Blvd
 New Port Richey FL 34652-3434

Ship To: 293577
USWS - COUNTRY WALK UTILITIES
 129 Lakeside Trail
 Country Walk Utilities Inc.
 Lake Placid FL 33852

Net Due Date	Terms	FOB Description	Ship Via	Customer P.O.#	P.O. Release	Sales Agent #			
6/1/24	Net 30	PPD Origin	HWTG			390			
Line #	Item Number	Item Name/Description	Tax	Qty Shipped	Trans UOM	Unit Price	Price UOM	Weight Net/Gross	Extended Price
1.000	41858	Sodium Hydroxide 50% Membrans	N	185.0000	GA	\$5.9900	GA	2,098.8 LB	\$988.35
		1 LB BLK (Mini-Bulk)		185.0000	GA			2,098.8 GW	

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

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

Entered: *JJ*
 COA Code: *618*
 Approved: *[Signature]*
 Paid: _____
 Date: _____

Page 1 of 1

Tax Rate Sales Tax
 0 % \$0.00

Invoice Total **\$988.35**

IMPORTANT: No Discounts on Freight
 All products are sold without warranty of any kind and purchasers will be their own best determine suitability of such products for their own use. Seller warrants that all goods covered by this invoice were produced in compliance with the requirements of the Fair Labor Standards Act of 1938, as amended. Seller specifically disclaims and excludes any warranty of merchantability and any warranty of fitness for a particular purpose.
NO CLAIMS FOR LOSS, DAMAGE OR LEAKAGE ALLOWED AFTER DELIVERY IS MADE IN GOOD CONDITION.

CHECK REMITTANCE:
 Hawkins, Inc.
 P.O. Box 860263
 Minneapolis, MN 55486-0263

WIRING CONTACT INFORMATION:
 Email: Credit.Dept@Hawkinsinc.com

Phone Number: (612) 617-8381
 Fax Number: (612) 225-6702

FINANCIAL INSTITUTION:
 US Bank
 800 Nicollet Mall
 Minneapolis, MN 55402

Account Name: Hawkins, Inc.
 Account #: _____
 ABA/Routing #: _____
 Swift Code#: _____
 Type of Account: Corporate Checking

ACH PAYMENTS:
 CTX (Corporate Trade Exchange) is our preferred method. Please remember to include in the addendum the document numbers pertaining to the payment.
 For other than CTX, the remit to information may be emailed to Credit.Dept@Hawkinsinc.com

CASH IN ADVANCE/ETX PAYMENTS:
 Please list the Hawkins, Inc. sales order number or your purchase order number if the invoice has not been processed yet.

This contractor and subcontractor shall abide by the requirements of 41 CFR 101-11.6(a), 101-11.6(b) and 101-11.6(c). These regulations prohibit discrimination against qualified individuals based on their status as protected veterans or individuals with disabilities, and prohibit discrimination against all individuals based on their race, color, religion, sex, or national origin. Moreover, these regulations require that covered prime contractors and subcontractors take affirmative action to employ and advance in employment individuals without regard to race, color, religion, sex, national origin, protected veteran status or disability.

www.hawkinsinc.com

Job# 4480241



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

Original

INVOICE

Total Invoice **\$843.00**
Invoice Number **6668823**
Invoice Date **1/17/24**
Sales Order Number/Type **4440203 SL**
Branch Plant **75**
Shipment Number **5287053**

Sold To: **503832**
ACCOUNTS PAYABLE
USWS - US WATER SERVICES -JOSIAH
GAL-B75
4939 Cross Bayou Blvd
New Port Richey FL 34652-3434

Ship To: **293577**
USWS - COUNTRY WALK UTILITIES-JOSIAH
G
129 Lakeside Trail
Country Walk Utilities Inc.
Lake Placid FL 33852

Net Due Date	Terms	FOB Description	Ship Via	Customer P.O.#	P.O. Release	Sales Agent #			
2/16/24	Net 30	PPD Origin	HWTG			390			
Line #	Item Number	Item Name/Description	Tax	Qty Shipped	Trans UOM	Unit Price	Price UOM	Weight Net/Gross	Extended Price
1.000	41930	Azone - EPA Reg. No. 7870-1 1 LB BLK (Mini-Bulk)	N	60.0000 60.0000	GA GA	\$2.5000	GA	580.2 LB 580.2 GW	\$150.00
2.000	43944	Sulfuric Acid 50% 1 GA BLK (Mini-Bulk)	N	220.0000 220.0000	GA GA	\$3.1500	GA	2,569.6 LB 2,569.6 GW	\$693.00

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

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

Entered:
COA Code:
Approved:
Paid:
Date:

Page 1 of 1

Tax Rate **0 %**
Sales Tax **\$0.00**

Invoice Total

\$843.00

No Discounts on Freight
IMPORTANT: All products are sold without warranty of any kind and purchasers will, by their own lease, determine suitability of such products for their own use. Seller warrants that all goods covered by this invoice were produced in compliance with the requirements of the Fair Labor Standards Act of 1938, as amended. Seller specifically disclaims and excludes any warranty of merchantability and any warranty of fitness for a particular purpose.
NO CLAIMS FOR LOSS, DAMAGE OR LEAKAGE ALLOWED AFTER DELIVERY IS MADE IN GOOD CONDITION.

CHECK REMITTANCE:
Hawkins, Inc.
P.O. Box 860263
Minneapolis, MN 55486-0263
WIRING CONTACT INFORMATION:
Email: Credit.Dept@HawkinsInc.com
Phone Number: (612) 617-8581
Fax Number: (612) 225-6702

FINANCIAL INSTITUTION:
US Bank
800 Nicollet Mall
Minneapolis, MN 55402
ACCOUNT Name: Hawkins, Inc.
Account #:
ABA/Routing #:
Swift Code#:
Type of Account: Corporate Checking

ACH PAYMENTS:
CTX (Corporate Trade Exchange) is our preferred method. Please remember to include in the addendum the document numbers pertaining to the payment.
For other than CTX, the remit to information may be emailed to Credit.Dept@HawkinsInc.com

CASH IN ADVANCE/EFT PAYMENTS:
Please list the Hawkins, Inc. sales order number or your purchase order number if the invoice has not been processed yet.

This contractor and subcontractor shall abide by the requirements of 41 CFR (500-1.4(a), 60-300.5) and 60-741.8(s). These regulations prohibit discrimination against qualified individuals based on their status as protected veterans or individuals with disabilities, and prohibit discrimination against all individuals based on their race, color, religion, sex, or national origin. Moreover, these regulations require that covered prime contractors and subcontractors take affirmative action to employ and advance in employment individuals without regard to race, color, religion, sex, national origin, protected veteran status or disability.

www.hawkinsinc.com

Job# 4114043

U.S. Water Services Corporation

4939 CROSS BAYOU BOULEVARD
NEW PORT RICHEY, FL 34652

INVOICE

Page: 1

Invoice Number: S1100807
Invoice Date: 7/31/2024
Due Date: 9/10/2024

Bill To: Country Walk Utilities, Inc.
4939 Cross Bayou Boulevard
Attn: Joe Gabay
New Port Richey, FL 34652

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

Job Number: J01529
Job Description: Country Walk Utilities, Inc.

Customer ID: C00940
P.O. Number:
WA:

Date	Item/Description	Task Number	Qty.	Unit	Unit Price	Total Price
7/18/2024	USW Certified Operator – Sample Collection & Courier	1002	5	Hour	76.31	381.55
7/18/2024	Total Coliform: Clearance @ Well@WTP 43 Quail Roost Rd.; 55 Quail Roost Rd; 48 Quail Roost Rd	1002	8	Each	57.73	461.84
7/18/2024	Admin - Issuance of Precautionary Boil Water Notice, Analysis, Reporting, BWN Recision	1002	1	Hour	61.99	61.99

Entered: [Signature]
COA Code: 635
Approved: [Signature]
Paid: ck # 2167
Date: 8/20/24

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

Subtotal: 905.38
Total Sales Tax: 0.00

Total USD: 905.38
Adjustments: 0.00

Amount Due: 905.38

U.S. Water[®]

Services Corporation

4939 CROSS BAYOU BOULEVARD
NEW PORT RICHEY, FL 34652

INVOICE

Page: 1

Invoice Number: SI104232
Invoice Date: 10/1/2024
Due Date: 10/31/2024

Bill To: Country Walk Utilities, Inc.
4939 Cross Bayou Boulevard
Attn: Joe Gabay
New Port Richey, FL 34652

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

Job Number: J01529
Job Description: Country Walk Utilities, Inc.

Customer ID: C00940
P.O. Number:
WA:

Date	Item/Description	Task Number	Qty.	Unit	Unit Price	Total Price
10/1/2024	Monthly Service Rate Annual Contract Value \$27,543.12, Monthly Contract Value \$2,295.26	1005	1	Each	2,295.26	2,295.26
10/1/2024	Fuel Surcharge	1005	1	Each	76.13	76.13

Entered: _____
COA Code: 6310
Approved: _____
Paid: _____
Date: _____

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

Subtotal: 2,371.39
Total Sales Tax: 0.00
Total USD: 2,371.39
Adjustments: 0.00
Amount Due: 2,371.39

U.S. Water Services Corporation

4939 CROSS BAYOU BOULEVARD
NEW PORT RICHEY, FL 34652

INVOICE

Page: 1

Invoice Number: SI102214
Invoice Date: 9/1/2024
Due Date: 10/1/2024

Bill To: Country Walk Utilities, Inc.
4939 Cross Bayou Boulevard
Attr: Joe Gabay
New Port Richey, FL 34652

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

Job Number: J01529
Job Description: Country Walk Utilities, Inc.

Customer ID: C00940
P.O. Number:
WA:

Date	Item/Description	Task Number	Qty.	Unit	Unit Price	Total Price
9/1/2024	Monthly Service Rate Annual Contract Value \$27,543.12, Monthly Contract Value \$2,295.26	1005	1	Each	2,295.26	2,295.26
9/1/2024	Fuel Surcharge	1005	1	Each	76.13	76.13

Entered: [Signature]
COA Code: 40310
Approved: [Signature]
Paid: _____
Date: _____

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

Subtotal: 2,371.39
Total Sales Tax: 0.00
Total USD: 2,371.39
Adjustments: 0.00
Amount Due: 2,371.39

U.S. Water Services Corporation

4939 CROSS BAYOU BOULEVARD
NEW PORT RICHEY, FL 34652

INVOICE

Page: 1

Invoice Number: S199793
Invoice Date: 8/1/2024
Due Date: 8/31/2024

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

Bill To: Country Walk Utilities, Inc.
4939 Cross Bayou Boulevard
Attn: Joe Gabay
New Port Richey, FL 34652

Job Number: J01529
Job Description: Country Walk Utilities, Inc.

Customer ID: C00940
P.O. Number:
WA:

Date	Item/Description	Task Number	Qty. Unit	Unit Price	Total Price
8/1/2024	Monthly Service Rate Annual Contract Value \$27,543.12, Monthly Contract Value \$2,295.26	1005	1 Each	2,295.26	2,295.26
8/1/2024	Fuel Surcharge	1005	1 Each	76.13	76.13

Entered: 
COA Code: 636
Approved: 
Paid:
Date:

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

Subtotal: 2,371.39
Total Sales Tax: 0.00
Total USD: 2,371.39
Adjustments: 0.00
Amount Due: 2,371.39

U.S. Water[®]

Services Corporation

4939 CROSS BAYOU BOULEVARD
NEW PORT RICHEY, FL 34652

INVOICE

Page: 1

Invoice Number: S1100807
Invoice Date: 7/31/2024
Due Date: 9/10/2024

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

Bill To: Country Walk Utilities, Inc.
4939 Cross Bayou Boulevard
Attn: Joe Gabay
New Port Richey, FL 34652

Customer ID C00940
P.O. Number
WA:

Job Number: J01529
Job Description: Country Walk Utilities, Inc.

Date	Item/Description	Task Number	Qty. Unit	Unit Price	Total Price
7/18/2024	USW Certified Operator – Sample Collection & Courier	1002	5 Hour	76.31	381.55
7/18/2024	Total Coliform: Clearance @ Well@WTP 43 Quail Roost Rd.; 55 Quail Roost Rd; 48 Quail Roost Rd	1002	8 Each	57.73	461.84
7/18/2024	Admin - Issuance of Precautionary Boil Water Notice, Analysis, Reporting, BWN Recision	1002	1 Hour	61.99	61.99

Entered: [Signature]
COA Code: 635
Approved: [Signature]
Paid: ck # 2167
Date: 8/20/24

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

Subtotal: 905.38
Total Sales Tax: 0.00
Total USD: 905.38
Adjustments: 0.00
Amount Due: 905.38

U.S. Water Services Corporation

4939 CROSS BAYOU BOULEVARD
NEW PORT RICHEY, FL 34652

INVOICE

Page: 1

Invoice Number: S198266
Invoice Date: 7/1/2024
Due Date: 7/31/2024

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

Bill To: Country Walk Utilities, Inc.
4939 Cross Bayou Boulevard
Attn: Joe Gabay
New Port Richey, FL 34652

Job Number: J01529
Job Description: Country Walk Utilities, Inc.

Customer ID: C00940
P.O. Number: WA:

Date	Item/Description	Task Number	Qty. Unit	Unit Price	Total Price
7/1/2024	Monthly Service Rate Annual Contract Value \$27,543.12, Monthly Contract Value \$2,295.26	1005	1 Each	2,295.26	2,295.26
7/1/2024	Fuel Surcharge	1005	1 Each	76.13	76.13

Entered: 
COA Code: 636
Approved: 
Paid: _____
Date: _____

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

Subtotal: 2,371.39
Total Sales Tax: 0.00
Total USD: 2,371.39
Adjustments: 0.00
Amount Due: 2,371.39

U.S. Water Services Corporation

4939 CROSS BAYOU BOULEVARD
NEW PORT RICHEY, FL 34652

INVOICE

Page: 1

Invoice Number: S196444
Invoice Date: 6/1/2024
Due Date: 7/1/2024

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

Bill To: Country Walk Utilities, Inc.
4939 Cross Bayou Boulevard
Attn: Joe Gabay
New Port Richey, FL 34652

Job Number: J01529
Job Description: Country Walk Utilities, Inc.

Customer ID: C00940
P.O. Number
WA:

Date	Item/Description	Task Number	Qty. Unit	Unit Price	Total Price
6/1/2024	Monthly Service Rate Annual Contract Value \$27,543.12, Monthly Contract Value \$2,295.26	1005	1 Each	2,295.26	2,295.26
6/1/2024	Fuel Surcharge	1005	1 Each	76.13	76.13

Entered: _____
COA Code: 6036 _____
Approved: _____
Paid: _____
Date: _____

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

Subtotal: 2,371.39
Total Sales Tax: 0.00
Total USD: 2,371.39
Adjustments: 0.00
Amount Due: 2,371.39

S.S. Water

Services Corporation

4939 CROSS BAYOU BOULEVARD
NEW PORT RICHEY, FL 34652

4/26/2024
Discount
2,371.39
2,371.39
Check Amount
Due Date

INVOICE

Invoice Number: S192321
Invoice Date: 4/1/2024
Due Date: 5/1/2024

Page: 1

Bill To: Country Walk Utilities, Inc.
4939 Cross Bayou Boulevard
Attn: Joe Gabay
New Port Richey, FL 34652

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

Job Number: J01529
Job Description: Country Walk Utilities, Inc.

Customer ID: C00940
P.O. Number
WA:

Date	Item/Description	Task Number	Qty.	Unit	Unit Price	Total Price
4/1/2024	Monthly Service Rate Annual Contract Value \$27,543.12	1005	1	Each	2,295.26	2,295.26
1/1/2024	Monthly Contract Value \$2,295.26 Fuel Surcharge	1005	1	Each	76.13	76.13

Entered: *JG*
COA Code: *636*
Approved: *WSP*
Paid:
Date:

48-8292 Ext. 219
3-8292 Ext. 219
stercorp.net

Subtotal: 2,371.39
Total Sales Tax: 0.00
Total USD: 2,371.39
Adjustments: 0.00
Amount Due:

U.S. Water Services Corporation

4939 CROSS BAYOU BOULEVARD
NEW PORT RICHEY, FL 34652

INVOICE

Page: 1

Invoice Number: SI90912
Invoice Date: 3/1/2024
Due Date: 3/31/2024

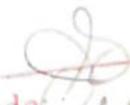
All pricing anticipates payment by check or ACH. Due to additional cost incurred, services paid by credit card will require an additional 5% processing fee.

Bill To: Country Walk Utilities, Inc.
4939 Cross Bayou Boulevard
Attn: Joe Gabay
New Port Richey, FL 34652

Customer ID C00940
P.O. Number
WA:

Job Number: J01529
Job Description: Country Walk Utilities, Inc.

Date	Item/Description	Task Number	Qty.	Unit	Unit Price	Total Price
3/1/2024	Monthly Service Rate Annual Contract Value \$26,678.76, Monthly Contract Value \$2,223.23	1005	1	Each	2,223.23	2,223.23
3/1/2024	Fuel Surcharge	1005	1	Each	76.13	76.13

Entered: 
COA Code: 6636
Approved: 
Paid: _____
Date: _____

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

Subtotal: 2,299.36
Total Sales Tax: 0.00

Total USD: 2,299.36
Adjustments: 0.00

Amount Due: 2,299.36

U.S. Water[®]

Services Corporation

4939 CROSS BAYOU BOULEVARD
NEW PORT RICHEY, FL 34652

INVOICE

Page: 1

Invoice Number: SI89229
Invoice Date: 2/1/2024
Due Date: 3/2/2024

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

Bill To: Country Walk Utilities, Inc.
4939 Cross Bayou Boulevard
Attn: Joe Gabay
New Port Richey, FL 34652

Job Number: J01529
Job Description: Country Walk Utilities, Inc.

Customer ID: C00940
P.O. Number:
WA:

Date	Item/Description	Task Number	Qty.	Unit	Unit Price	Total Price
2/1/2024	Monthly Service Rate Annual Contract Value \$26,678.76, Monthly Contract Value \$2,223.23	1005	1	Each	2,223.23	2,223.23
2/1/2024	Fuel Surcharge	1005	1	Each	76.13	76.13

Entered: NR
COA Code: 636
Approved: PC
Paid: _____
Date: _____

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

Subtotal: 2,299.36
Total Sales Tax: 0.00

Total USD: 2,299.36
Adjustments: 0.00

Amount Due: 2,299.36

U.S. Water[®]

Services Corporation

4939 CROSS BAYOU BOULEVARD
NEW PORT RICHEY, FL 34652

INVOICE

Page: 1

Invoice Number: SI87214
Invoice Date: 1/3/2024
Due Date: 2/2/2024

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

Bill To: Country Walk Utilities, Inc.
4939 Cross Bayou Boulevard
Attn: Joe Gabay
New Port Richey, FL 34652

Job Number: J01529
Job Description: Country Walk Utilities, Inc.

Customer ID: C00940
P.O. Number:
WA:

Date	Item/Description	Task Number	Qty. Unit	Unit Price	Total Price
1/1/2024	Monthly Service Rate Annual Contract Value \$26,678.76, Monthly Contract Value \$2,223.23	1005	1 Each	2,223.23	2,223.23
1/1/2024	Fuel Surcharge	1005	1 Each	76.13	76.13

Entered: MV
COA Code: L234
Approved: JP
Paid:
Date:

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

Subtotal: 2,299.36
Total Sales Tax: 0.00

Total USD: 2,299.36
Adjustments: 0.00

Amount Due: 2,299.36

U.S. Water[®]

Services Corporation

4939 CROSS BAYOU BOULEVARD
NEW PORT RICHEY, FL 34652

INVOICE

Page: 1

Invoice Number: SI85366
Invoice Date: 12/1/2023
Due Date: 12/31/2023

Bill To: Country Walk Utilities, Inc.
4939 Cross Bayou Boulevard
Attn: Joe Gabay
New Port Richey, FL 34652

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

Job Number: J01529
Job Description: Country Walk Utilities, Inc.

Customer ID: C00940
P.O. Number:
WA:

Date	Item/Description	Task Number	Qty. Unit	Unit Price	Total Price
12/1/2023	Monthly Service Rate Annual Contract Value \$26,678.76, Monthly Contract Value \$2,223.23	1005	1 Each	2,223.23	2,223.23
12/1/2023	Fuel Surcharge	1005	1 Each	76.13	76.13

Entered: HW
COA Code: 636
Approved: JPG
Paid: _____
Date: _____

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

Subtotal: 2,299.36
Total Sales Tax: 0.00

Total USD: 2,299.36
Adjustments: 0.00

Amount Due: 2,299.36

U.S. Water[®]

Services Corporation

4939 CROSS BAYOU BOULEVARD
NEW PORT RICHEY, FL 34652

INVOICE

Page: 1

Invoice Number: S183357
Invoice Date: 11/1/2023
Due Date: 12/1/2023

Bill To: Country Walk Utilities, Inc.
4939 Cross Bayou Boulevard
Attn: Joe Gabay
New Port Richey, FL 34652

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

Job Number: J01529
Job Description: Country Walk Utilities, Inc.

Customer ID: C00940
P.O. Number
WA:

Date	Item/Description	Task Number	Qty.	Unit	Unit Price	Total Price
11/1/2023	Monthly Service Rate Annual Contract Value \$26,678.76, Monthly Contract Value \$2,223.23	1005	1	Each	2,223.23	2,223.23
11/1/2023	Fuel Surcharge	1005	1	Each	76.13	76.13

Entered: IK
COA Code: 634
Approved: JG
Paid: _____
Date: _____

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

Subtotal: 2,299.36
Total Sales Tax: 0.00

Total USD: 2,299.36
Adjustments: 0.00

Amount Due: 2,299.36

COUNTRY WALK UTILITIES

USAGE AND BILLING REPORT

	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24		
Read Period	9/25-10/26	10/26-11/24	11/24-12/25	12/25-1/23	1/23-2/22	2/22-3/25	3/25-4/26	4/24-5/24	5/24-6/25	6/25-7/24	7/24-8/23	8/23-9/23		
Billed	11/10	12/8	1/9	2/9	3/8	4/9	5/9	6/10	7/10	8/9	9/10	10/10	Annual Totals	Annual Averages
Total Well Withdrawal Per Calendar Month	339,300	231,600	191,800	165,700	230,300	171,500	162,100	164,900	150,000	145,600	139,900	164,300	2,257,000	2,257,000
Purchased Water			0											-
Total Gross Source	339,300	231,600	191,800	165,700	230,300	171,500	162,100	164,900	150,000	145,600	139,900	164,300	2,257,000	2,257,000
Monthly Water Revenue	\$6,809	\$6,117	\$4,747	\$4,949	\$4,054	\$6,611	\$4,173	\$5,467	\$5,226	\$4,564	\$4,268	\$4,264	61,249	61,249
Water Gallons Used/Billed	226,000	208,000	177,000	159,000	110,000	225,000	142,000	182,000	166,000	133,000	123,000	126,000	1,977,000	1,977,000
Water Gallons Flushing/Maint	47,600	14,600	14,600	10,600	7,000	7,000	8,000	1,200	12,000	12,000	12,000	48,000	194,600	194,600
Estimated Use - Water Breaks	50000	21600	0	0	85000	0	0	0	0	0	0	0	156,600	156,600
Total Use	323,600	244,200	191,600	169,600	202,000	232,000	150,000	183,200	178,000	145,000	135,000	174,000	2,328,200	2,328,200
Percentage Unaccounted For	4.63%	-5.44%	0.10%	-2.35%	12.29%	-35.28%	7.46%	-11.10%	-18.67%	0.41%	3.50%	-5.90%	-3.15%	(0)
Water Gallons Unaccounted	15,700	(12,600)	200	(3,900)	28,300	(60,500)	12,100	(18,300)	(28,000)	600	4,900	(9,700)	(71,200)	(71,200)
														-
Monthly Sewer Revenue														
Sewer Gallons Used/Billed														
Days	31	29	31	29	30	32	30	30	32	29	30	31		
35595263														
Number of Bills	73	72	73	71	71	71	75	72	69	70	71	68		
Water Accrued Revenue	\$7,717	\$6,906	\$5,666	\$6,144	\$4,839	\$7,933	\$4,711	\$6,743	\$6,069	\$5,595	\$5,406	\$5,364		

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

REVIEWED

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

System Name: Country Walk PWS I.D. #: 628-4114

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

Address: 29 Lakeside Trail

City: Lake Placid ZIP Code: 33852

Phone # 727-848-8292 Fax #: 727-849-4219 E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: F2401872001 Sample Date: 3-28-24 Sample Time: 11:00 AM PM (Circle One)

Sample Location (be specific): Poe @ WTP Location Code: _____

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 2.3 mg/L Field pH: 7.8

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:

Primary/Secondary/VOCs/SOCs

*See 62-550.500(8) 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, Christopher Berish, _____, do HEREBY CERTIFY
(Print Name) (Print Title)

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

Signature: _____

Date: 3-28-24

Certified Operator #: B28149 Phone #: 863-991-1828

Sampler's Fax #: _____

Sampler's E-mail: Cjberish@uswatercorp.net

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 #: E84492 Certification Expiration Date: 06/30/2024

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 13100 Westlinks Terrace, Unit 10, Ft. Myers, FL 33913 Phone #: (239) 674-8130

Were any analyses subcontracted Yes No If yes, please provide DOH certification number(s): E84589,E82001,E82574

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 03/28/2024

PWS ID: (From Page 1): 6284114 Sample Number (From Page 1): F2401872001 Lab Assigned Report # Or Job ID: F2401872

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

- | Inorganics | Synthetic Organics | Volatile Organics | Disinfection Byproducts | Radionuclides | Secondaries |
|---|---|--|---|---|--|
| <input checked="" type="checkbox"/> All except Asbestos | <input type="checkbox"/> All 30 | <input checked="" type="checkbox"/> All 21 | <input type="checkbox"/> Trihalomethanes | <input type="checkbox"/> Single Sample | <input checked="" type="checkbox"/> All 14 |
| <input type="checkbox"/> Partial | <input 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 checked="" 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, Jennifer Mazen, 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: *Jennifer Mazen* Date: 04/29/2024

* 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: F2401872001

PWS ID (From Page 1): 6284114

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	0.13	I	EPA 300.0	0.023	03/28/2024	15:54	E84492
1041	Nitrite (as N)	1	mg/L	0.018	U	EPA 300.0	0.018	03/28/2024	15:54	E84492
1005	Arsenic	0.01	mg/L	0.00025	U	EPA 200.8	0.00025	04/02/2024	15:28	E82574
1010	Barium	2	mg/L	0.068		EPA 200.8	0.00050	04/02/2024	15:28	E82574
1015	Cadmium	0.005	mg/L	0.00025	U	EPA 200.8	0.00025	04/02/2024	15:28	E82574
1020	Chromium	0.1	mg/L	0.0050	U	EPA 200.7	0.0050	04/11/2024	09:14	E84589
1024	Cyanide	0.2	mg/L	0.0040	U	SM 4500-CN-E	0.0040	04/07/2024	14:38	E84589
1025	Fluoride	4	mg/L	0.036	U	EPA 300.0	0.036	03/28/2024	15:54	E84492
1030	Lead	0.015	mg/L	0.00050	U	EPA 200.8	0.00050	04/02/2024	15:28	E82574
1035	Mercury	0.002	mg/L	0.000011	U	EPA 245.1	0.000011	04/04/2024	16:26	E84589
1036	Nickel	0.1	mg/L	0.0080	U	EPA 200.7	0.0080	04/11/2024	09:14	E84589
1045	Selenium	0.05	mg/L	0.0012	U	EPA 200.8	0.0012	04/02/2024	15:28	E82574
1052	Sodium	160	mg/L	19		EPA 200.7	0.80	04/11/2024	09:14	E84589
1074	Antimony	0.006	mg/L	0.0010	U	EPA 200.8	0.0010	04/02/2024	15:28	E82574
1075	Beryllium	0.004	mg/L	0.0020	U	EPA 200.7	0.0020	04/11/2024	09:14	E84589
1085	Thallium	0.002	mg/L	0.00025	U	EPA 200.8	0.00025	04/02/2024	15:28	E82574

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

SECONDARY CONTAMINANTS
62-550.320

Report Number / Job ID: F2401872001

PWS ID (From Page 1): 6284114

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	04/11/2024	09:14	E84589
1017	Chloride	250	mg/L	13		EPA 300.0	0.12	03/28/2024	15:54	E84492
1022	Copper	1	mg/L	0.0010	U	EPA 200.8	0.0010	04/02/2024	15:28	E82574
1025	Fluoride	2	mg/L	0.036	U	EPA 300.0	0.036	03/28/2024	15:54	E84492
1028	Iron	0.3	mg/L	0.0067	U	EPA 200.7	0.0067	04/11/2024	09:14	E84589
1032	Manganese	0.05	mg/L	0.0016	I	EPA 200.8	0.0010	04/02/2024	15:28	E82574
1050	Silver	0.1	mg/L	0.00050	U	EPA 200.8	0.00050	04/02/2024	15:28	E82574
1055	Sulfate	250	mg/L	120		EPA 300.0	0.076	03/28/2024	15:54	E84492
1095	Zinc	5	mg/L	0.0060	U	EPA 200.8	0.0060	04/02/2024	15:28	E82574
1905	Color	15	CU	5.5		SM 2120 B	5.0	03/28/2024	12:55	E84492
1920	Odor	3	TON	1.0	U	SM 2150 B	1.0	03/28/2024	12:42	E84492
1925	pH (field pH from page 1)	6.5 - 8.5		8.87	Q	SM 4500H+B		03/28/2024	12:09	E84492
1930	Total Dissolved Solids	500	mg/L	380		SM 2540 C	10	04/03/2024	12:37	E84492
2905	Foaming Agents	0.5	mg/L	0.090	I	SM 5540 C	0.040	03/29/2024	08:50	E82001

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

VOLATILE ORGANICS
62-550.310(4)(a)

Report Number / Job ID: F2401872001

PWS ID (From Page 1): 6284114

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	04/09/2024	08:23	E84589
2380	cis-1,2-Dichloroethylene	70	ug/L	0.27	U	EPA 524.2	0.27	0.5	04/09/2024	08:23	E84589
2955	Xylenes (total)	10000	ug/L	0.44	U	EPA 524.2	0.44	0.5	04/09/2024	08:23	E84589
2964	Dichloromethane	5	ug/L	0.44	U	EPA 524.2	0.44	0.5	04/09/2024	08:23	E84589
2968	o-Dichlorobenzene	600	ug/L	0.39	U	EPA 524.2	0.39	0.5	04/09/2024	08:23	E84589
2969	para-Dichlorobenzene	75	ug/L	0.33	U	EPA 524.2	0.33	0.5	04/09/2024	08:23	E84589
2976	Vinyl Chloride	1	ug/L	0.29	U	EPA 524.2	0.29	0.5	04/09/2024	08:23	E84589
2977	1,1-Dichloroethylene	7	ug/L	0.22	U	EPA 524.2	0.22	0.5	04/09/2024	08:23	E84589
2979	trans-1,2-Dichloroethylene	100	ug/L	0.21	U	EPA 524.2	0.21	0.5	04/09/2024	08:23	E84589
2980	1,2-Dichloroethane	3	ug/L	0.24	U	EPA 524.2	0.24	0.5	04/09/2024	08:23	E84589
2981	1,1,1-Trichloroethane	200	ug/L	0.29	U	EPA 524.2	0.29	0.5	04/09/2024	08:23	E84589
2982	Carbon tetrachloride	3	ug/L	0.25	U	EPA 524.2	0.25	0.5	04/09/2024	08:23	E84589
2983	1,2-Dichloropropane	5	ug/L	0.26	U	EPA 524.2	0.26	0.5	04/09/2024	08:23	E84589
2984	Trichloroethylene	3	ug/L	0.14	U	EPA 524.2	0.14	0.5	04/09/2024	08:23	E84589
2985	1,1,2-Trichloroethane	5	ug/L	0.27	U	EPA 524.2	0.27	0.5	04/09/2024	08:23	E84589
2987	Tetrachloroethylene	3	ug/L	0.42	U	EPA 524.2	0.42	0.5	04/09/2024	08:23	E84589
2989	Monochlorobenzene	100	ug/L	0.36	U	EPA 524.2	0.36	0.5	04/09/2024	08:23	E84589
2990	Benzene	1	ug/L	0.26	U	EPA 524.2	0.26	0.5	04/09/2024	08:23	E84589
2991	Toluene	1000	ug/L	0.33	U	EPA 524.2	0.33	0.5	04/09/2024	08:23	E84589
2992	Ethylbenzene	700	ug/L	0.31	U	EPA 524.2	0.31	0.5	04/09/2024	08:23	E84589
2996	Styrene	100	ug/L	0.25	U	EPA 524.2	0.25	0.5	04/09/2024	08:23	E84589

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

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

SYNTHETIC ORGANICS
62-550.310(4)(b)

Report Number / Job ID: F2401872001 PWS ID (From Page 1): 6284114

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	0.0074	U	EPA 508	0.0074	0.01	04/04/2024	04/06/2024	04:08	E82574
2010	Lindane	0.2	ug/L	0.0076	U	EPA 508	0.0076	0.02	04/04/2024	04/06/2024	04:08	E82574
2015	Methoxychlor	40	ug/L	0.0073	U	EPA 508	0.0073	0.1	04/04/2024	04/06/2024	04:08	E82574
2020	Toxaphene	3	ug/L	0.13	U	EPA 508	0.13	1	04/04/2024	04/06/2024	04:08	E82574
2032	Diquat	20	ug/L	0.37	U	EPA 549.2	0.37	0.4	04/02/2024	04/09/2024	00:52	E82574
2033	Endothall	100	ug/L	6.0	U	EPA 548.1	6.0	9	04/02/2024	04/04/2024	21:20	E82574
2034	Glyphosate	700	ug/L	5.9	U	EPA 547	5.9	6		04/11/2024	16:17	E82574
2035	Di(2-ethylhexyl)adipate	400	ug/L	0.50	U	EPA 525.2	0.50	0.6	04/03/2024	04/09/2024	00:20	E82574
2036	Oxamyl (Vydate)	200	ug/L	1.8	U	EPA 531.1	1.8	2		04/18/2024	22:19	E82574
2037	Simazine	4	ug/L	0.060	U	EPA 525.2	0.060	0.07	04/03/2024	04/09/2024	00:20	E82574
2039	Di(2-ethylhexyl)phthalate	6	ug/L	0.50	U	EPA 525.2	0.50	0.6	04/03/2024	04/09/2024	00:20	E82574
2042	Hexachlorocyclopentadinene	50	ug/L	0.020	U	EPA 508	0.020	0.1	04/04/2024	04/06/2024	04:08	E82574
2046	Carbofuran	40	ug/L	0.67	U	EPA 531.1	0.67	0.9		04/18/2024	22:19	E82574
2050	Atrazine	3	ug/L	0.090	U	EPA 525.2	0.090	0.1	04/03/2024	04/09/2024	00:20	E82574
2051	Alachlor	2	ug/L	0.15	U	EPA 525.2	0.15	0.2	04/03/2024	04/09/2024	00:20	E82574
2065	Heptachlor	0.4	ug/L	0.0065	U	EPA 508	0.0065	0.04	04/04/2024	04/06/2024	04:08	E82574
2067	Heptachlor Epoxide	0.2	ug/L	0.0056	U	EPA 508	0.0056	0.02	04/04/2024	04/06/2024	04:08	E82574
2274	Hexachlorobenzene	1	ug/L	0.0068	U	EPA 508	0.0068	0.1	04/04/2024	04/06/2024	04:08	E82574
2306	Benzo(a)pyrene	0.2	ug/L	0.015	U	EPA 525.2	0.015	0.02	04/03/2024	04/09/2024	00:20	E82574
2383	Polychlorinated biphenyls (PCBs)	0.5	ug/L	0.10	U	EPA 508	0.10	0.1	04/04/2024	04/06/2024	04:08	E82574
2931	Dibromochloropropane	0.2	ug/L	0.0061	U	EPA 504.1	0.0061	0.02	04/04/2024	04/05/2024	08:25	E82574
2946	Ethylene Dibromide (EDB)	0.02	ug/L	0.0090	U	EPA 504.1	0.0090	0.01	04/04/2024	04/05/2024	08:25	E82574
2959	Chlordane	2	ug/L	0.057	U	EPA 508	0.057	0.2	04/04/2024	04/06/2024	04:08	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 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

COPY

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

System Name: Country Walk PWS I.D. #: 628-4114
 System Type (check one): Community Nontransient Noncommunity Transient Noncommunity
 Address: 29 Lakeside Trail
 City: Lake Placid ZIP Code: 33852
 Phone # 727-848-8292 Fax # 727-849-4219 E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: L2401454001 Sample Date: 11/19/2024 Sample Time: 10:25 AM PM (Circle One)
 Sample Location (be specific): POE Location Code: _____

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 4.0 mg/L Field pH: 8.0

Sample Type (Check Only One) Reason(s) for Sample (Check all that apply)
 Distribution Routine Compliance with 62-550 Replacement (of Invalidated Sample)
 Entry Point (to Distribution) Confirmation of MCL Exceedance* Special (not for compliance with 62-550)
 Plant Tap (not for compliance with 62-550) Composite of Multiple Sites** Clearance (permitting)
 Raw (at well or intake) Other: _____
 Max Residence Time
 Ave Residence Time
 Near First Customer
 Sampling Procedure Used or Other Comments:
SOC's (515.3)

*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, Vincent Cautero, Operator, do HEREBY CERTIFY
 (Print Name) (Print Title)

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

Signature: V C Date: 11/19/24

Certified Operator #: C30027 Phone #: 239-460-0884 Sampler's Fax #: _____
 Sampler's E-mail: vcautero@usewatercorp.net

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 #: E851195 Certification Expiration Date: 06/30/2025

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 125 Tower St., Lake Placid, FL 33852

Phone #: (863) 655-4022

Were any analyses subcontracted Yes No If yes, please provide DOH certification number(s): E82574

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 11/19/2024

PWS ID: (From Page 1): 6284114 Sample Number (From Page 1): L2401454001 Lab Assigned Report # Or Job ID: L2401454

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

- | Inorganics | Synthetic Organics | Volatile Organics | Disinfection Byproducts | Radionuclides | Secondaries |
|--|---|----------------------------------|---|--|----------------------------------|
| <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"/> Qtry Composite* | <input type="checkbox"/> Partial |
| <input type="checkbox"/> Nitrate | <input checked="" type="checkbox"/> Partial | | <input type="checkbox"/> Chlorite | | |
| <input type="checkbox"/> Nitrite | <input type="checkbox"/> Dioxin Only | | <input type="checkbox"/> Bromate | | |
| <input type="checkbox"/> Asbestos | | | | | |

LAB CERTIFICATION

I, Jennifer Mazen, 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: *Jennifer Mazen* Date: 12/13/2024

* 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

SYNTHETIC ORGANICS
62-550.310(4)(b)

Report Number / Job ID: L2401454001 PWS ID (From Page 1): 6284114

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Extraction Date	Analysis Date	Analysis Time	DOH Lab Certification #
2031	Dalapon	200	ug/L	0.90	U	EPA 515.3	0.90	1	12/02/2024	12/06/2024	21:09	E82574
2040	Picloram	500	ug/L	0.090	U	EPA 515.3	0.090	0.1	12/02/2024	12/06/2024	21:09	E82574
2041	Dinoseb	7	ug/L	0.18	U	EPA 515.3	0.18	0.2	12/02/2024	12/06/2024	21:09	E82574
2105	2,4-D	70	ug/L	0.095	U	EPA 515.3	0.095	0.1	12/02/2024	12/06/2024	21:09	E82574
2110	2,4,5-TP (Silvex)	50	ug/L	0.090	U	EPA 515.3	0.090	0.2	12/02/2024	12/06/2024	21:09	E82574
2326	Pentachlorophenol	1	ug/L	0.038	U	EPA 515.3	0.038	0.04	12/02/2024	12/06/2024	21:09	E82574

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



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FINAL

Workorder: Country Walk 62-550 (F2401872)

April 29, 2024

Melisa Rotteveel
US Water Services
4939 Cross Bayou Blvd.
New Port Richey, FL 34652

RE: Workorder: F2401872 Country Walk 62-550

Dear Melisa Rotteveel:

Enclosed are the analytical results for sample(s) received by the laboratory between Thursday March 28, 2024 and Thursday April 4, 2024. Results reported herein conform to the most current NELAC standards, where applicable, unless otherwise narrated in the body of the report. The analytical results for the samples contained in this report were submitted for analysis as outlined by the Chain of Custody and results pertain only to these samples.

If you have any questions concerning this report, please feel free to contact me.

Sincerely,

Jennifer Mazen, Project Manager
JMazen@aellab.com





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Workorder: Country Walk 62-550 (F2401872)

Sample Summary

Lab ID	Sample ID	Matrix	Method	Date Collected	Date Received	Analytes Reported	Basis
F2401872001	POE	DW	EPA 200.7	03/28/2024 11:00	03/28/2024 12:05	6	NA
F2401872001	POE	DW	EPA 200.8	03/28/2024 11:00	03/28/2024 12:05	11	NA
F2401872001	POE	DW	EPA 245.1	03/28/2024 11:00	03/28/2024 12:05	1	NA
F2401872001	POE	DW	EPA 300.0	03/28/2024 11:00	03/28/2024 12:05	5	NA
F2401872001	POE	DW	EPA 504.1	03/28/2024 11:00	03/28/2024 12:05	2	NA
F2401872001	POE	DW	EPA 508	03/28/2024 11:00	03/28/2024 12:05	10	NA
F2401872001	POE	DW	EPA 524.2	03/28/2024 11:00	03/28/2024 12:05	21	NA
F2401872001	POE	DW	EPA 525.2	03/28/2024 11:00	03/28/2024 12:05	6	NA
F2401872001	POE	DW	EPA 531.1	03/28/2024 11:00	03/28/2024 12:05	2	NA
F2401872001	POE	DW	EPA 547	03/28/2024 11:00	03/28/2024 12:05	1	NA
F2401872001	POE	DW	EPA 548.1	03/28/2024 11:00	03/28/2024 12:05	1	NA
F2401872001	POE	DW	EPA 549.2	03/28/2024 11:00	03/28/2024 12:05	1	NA
F2401872001	POE	DW	SM 2120 B	03/28/2024 11:00	03/28/2024 12:05	1	NA
F2401872001	POE	DW	SM 2150 B	03/28/2024 11:00	03/28/2024 12:05	1	NA
F2401872001	POE	DW	SM 2540 C	03/28/2024 11:00	03/28/2024 12:05	1	NA
F2401872001	POE	DW	SM 4500-CN-E	03/28/2024 11:00	03/28/2024 12:05	1	NA
F2401872001	POE	DW	SM 4500H+B	03/28/2024 11:00	03/28/2024 12:05	1	NA
F2401872001	POE	DW	SM 5540 C	03/28/2024 11:00	03/28/2024 12:05	1	NA
F2401872002	POE	DW		04/04/2024 14:00	04/04/2024 14:04	0	NA





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FINAL

Workorder: Country Walk 62-550 (F2401872)

Workorder Summary

Method Comments

COLR-SM-W

Batch Comments

GCSJ/6219 - E504.1 Analysis,Water

The spike recovery of 1,2-Dibromo-3-Chloropropane for the Laboratory Control Sample (5242995LCS, 136%REC) and in the Laboratory Control Sample Duplicate (5242996LCSD, 156%REC) was outside the upper control criterion (control limit 70-130%). The analyte in question was not detected in the associated client samples. The error associated with elevated recovery equates to a high bias. The sample data is not significantly affected. No further corrective action was required.

The upper control criterion was exceeded for target analyte 1,2-Dibromo-3-Chloropropan in Continuing Calibration Verification (CCV) standards for analytical batch GCSJ: 6219, indicating increased sensitivity. The client samples reported in this batch did not contain the analytes in question. Since the apparent problem equates to a potential high bias, the data quality is not affected. No further corrective action was required.

GCSJ/6224 - E508 Analysis,Water

The upper control criterion was exceeded for several target analytes in Continuing Calibration Verification (CCV) standards for analytical batch GCSJ: 6224, indicating increased sensitivity. The client samples reported in this batch did not contain the analytes in question. Since the apparent problem equates to a potential high bias, the data quality is not affected. No further corrective action was required.

HPLJ/2592 - E547 Analysis,Water

J2404609001, J2404609002, F2401775001, F2401787001, T2407224002, T2407224006, G2403177001, T2407079001, G2403180001, G2403179001, F2401849001, G2403200001, F2401887001, F2401887002, F2401872001, G2403228001, G2403228002, G2403228003, G2403228004, and G2403228005 were frozen to extend the hold time per EPA method 547.

The matrix spike (MS) recoveries of Glyphosate for J2404609001 (at 39%) were outside control criteria (Limits 70-130%). Recoveries in the Laboratory Control Sample (LCS) and Laboratory Control Sample Duplicate (LCSD) were acceptable, which indicates the analytical batch was in control. The matrix spike outlier suggests a potential low bias in this matrix. The affected sample is qualified to indicate matrix interference.

MSSJ/3867 - E548.1 Analysis,Water

All samples associated with this analysis batch were extracted on 04/02/2024 at 15:00.

MSSJ/3873 - E525.2 Analysis,Water

All samples associated with this analysis batch were extracted on 04/03/2024 at 12:50.

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FINAL

Workorder: Country Walk 62-550 (F2401872)

QC Results Qualifiers

Parameter Qualifiers

- U The compound was analyzed for but not detected.
- I The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.
- Q Missed Hold Time

Lab Qualifiers

- F DOH Certification #E84492 (FL NELAC) AEL-Ft. Myers
- G DOH Certification #E82001 (FL NELAC) AEL-Gainesville
- J DOH Certification #E82574 (FL NELAC) AEL-Jacksonville
DOD-ELAP Certification #L23-514 (ISO/IEC 17025:2017) AEL-Jacksonville
- T DOH Certification #E84589 (FL NELAC) AEL-Tampa

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FINAL

Workorder: Country Walk 62-550 (F2401872)

QC Results

QC Batch: CVA1/2196
Preparation Method: EPA 245.1
Associated Lab IDs: F2401872001

Analysis Method: EPA 245.1

Method Blank(5237724)

Parameter	Results	Units	PQL	MDL	Lab
Mercury	0.000011 U	mg/L	0.00010	0.000011	T





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FINAL

Workorder: Country Walk 62-550 (F2401872)

QC Results

QC Batch: GCSJ/6219
Preparation Method: EPA 504.1
Associated Lab IDs: F2401872001

Analysis Method: EPA 504.1

Method Blank(5242994)

Parameter	Results	Units	PQL	MDL	Lab
Ethylene Dibromide (EDB)	0.0092 U	ug/L	0.020	0.0092	J ^A
1,2-Dibromo-3-Chloropropane	0.0062 U	ug/L	0.020	0.0062	J ^A

Surrogates

Parameter	Units	Spiked Amount	Spike Result	Spike Recovery	Control Limits	Lab
Tetrachloro-m-xylene (S)	ug/L	1	1.20	116	64 - 150	J





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FINAL

Workorder: Country Walk 62-550 (F2401872)

QC Results

QC Batch: GCSj6224
 Preparation Method: EPA 508
 Associated Lab IDs: F2401872001

Analysis Method: EPA 508

Method Blank(5243831)

Parameter	Results	Units	PQL	MDL	Lab
Hexachlorocyclopentadiene	0.019 U	ug/L	0.020	0.019	J
Hexachlorobenzene	0.0063 U	ug/L	0.020	0.0063	J
gamma-BHC (Lindane)	0.0071 U	ug/L	0.020	0.0071	J
Heptachlor	0.0060 U	ug/L	0.020	0.0060	J
Heptachlor Epoxide	0.0052 U	ug/L	0.020	0.0052	J
Endrin	0.0069 U	ug/L	0.020	0.0069	J
Methoxychlor	0.0068 U	ug/L	0.020	0.0068	J
PCBs	0.093 U	ug/L	0.20	0.093	J
Chlordane (technical)	0.053 U	ug/L	0.20	0.053	J
Toxaphene	0.12 U	ug/L	0.20	0.12	J

Surrogates

Parameter	Units	Spiked Amount	Spike Result	Spike Recovery	Control Limits	Lab
Decachlorobiphenyl (S)	mg/L	0.0005	0.000540	109	70 - 130	J





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FINAL

Workorder: Country Walk 62-550 (F2401872)

QC Results

QC Batch: HPLj/2580
Preparation Method: EPA 549.2
Associated Lab IDs: F2401872001

Analysis Method: EPA 549.2

Method Blank(5237193)

Parameter	Results	Units	PQL	MDL	Lab
Diquat	0.37 U	ug/L	5.0	0.37	J

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FINAL

Workorder: Country Walk 62-550 (F2401872)

QC Results

QC Batch: HPLj/2592
Preparation Method: EPA 547
Associated Lab IDs: F2401872001

Analysis Method: EPA 547

Method Blank(5253165)

Parameter	Results	Units	PQL	MDL	Lab
Glyphosate	5.9 U	ug/L	50	5.9	J

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FINAL

Workorder: Country Walk 62-550 (F2401872)

QC Results

QC Batch: HPLJ/2611
 Preparation Method: EPA 531.1
 Associated Lab IDs: F2401872001

Analysis Method: EPA 531.1

Method Blank(5261514)

Parameter	Results	Units	PQL	MDL	Lab
Oxamyl	1.8 U	ug/L	2.5	1.8	J
Carbofuran	0.67 U	ug/L	2.5	0.67	J

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FINAL

Workorder: Country Walk 62-550 (F2401872)

QC Results

QC Batch: ICMj/4180
Preparation Method: EPA 200.8
Associated Lab IDs: F2401872001

Analysis Method: EPA 200.8

Method Blank(5236777)

Parameter	Results	Units	PQL	MDL	Lab
Manganese	0.0010 U	mg/L	0.0040	0.0010	J
Copper	0.0010 U	mg/L	0.0040	0.0010	J
Zinc	0.0060 U	mg/L	0.024	0.0060	J
Arsenic	0.00025 U	mg/L	0.0010	0.00025	J
Selenium	0.0012 U	mg/L	0.0050	0.0012	J
Silver	0.00050 U	mg/L	0.0020	0.00050	J
Cadmium	0.00025 U	mg/L	0.0010	0.00025	J
Antimony	0.0010 U	mg/L	0.0040	0.0010	J
Barium	0.00050 U	mg/L	0.0020	0.00050	J
Thallium	0.00025 U	mg/L	0.0010	0.00025	J
Lead	0.00050 U	mg/L	0.0020	0.00050	J





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FINAL

Workorder: Country Walk 62-550 (F2401872)

QC Results

QC Batch: MSSJ/3867
 Preparation Method: EPA 548.1
 Associated Lab IDs: F2401872001

Analysis Method: EPA 548.1

Method Blank(5242591)

Parameter	Results	Units	PQL	MDL	Lab
Endothall	6.0 U	ug/L	8.0	6.0	J

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FINAL

Workorder: Country Walk 62-550 (F2401872)

QC Results

QC Batch: MSSJ/3873
Preparation Method: EPA 525.2
Associated Lab IDs: F2401872001

Analysis Method: EPA 525.2

Method Blank(5244017)

Parameter	Results	Units	PQL	MDL	Lab
Simazine	0.060 U	ug/L	0.50	0.060	J
Atrazine	0.090 U	ug/L	0.50	0.090	J
Alachlor	0.15 U	ug/L	0.50	0.15	J
Di(2-ethylhexyl) adlpate	0.50 U	ug/L	1.0	0.50	J
bis(2-Ethylhexyl) phthalate	0.50 U	ug/L	2.0	0.50	J
Benzo[a]pyrene	0.015 U	ug/L	0.50	0.015	J

Surrogates

Parameter	Units	Spiked Amount	Spike Result	Spike Recovery	Control Limits	Lab
p-Terphenyl-d14 (S)	mg/L	0.0050	0.0055	109	70 - 130	J

Monday, April 29, 2024 11:43:55 AM
 Dates and times are displayed using (-04:00)
 Page 14 of 30

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FINAL

Workorder: Country Walk 62-550 (F2401872)

QC Results

QC Batch: MSVW8989
Preparation Method: EPA 524.2
Associated Lab IDs: F2401872001

Analysis Method: EPA 524.2

Method Blank(5250313)

Parameter	Results	Units	PQL	MDL	Lab
Vinyl Chloride	0.29 U	ug/L	1.0	0.29	T^
1,1-Dichloroethylene	0.22 U	ug/L	1.0	0.22	T^
Methylene Chloride	0.44 U	ug/L	1.0	0.44	T^
trans-1,2-Dichloroethylene	0.21 U	ug/L	1.0	0.21	T^
cis-1,2-Dichloroethylene	0.27 U	ug/L	1.0	0.27	T^
1,2-Dichloroethane	0.24 U	ug/L	1.0	0.24	T^
1,1,1-Trichloroethane	0.29 U	ug/L	1.0	0.29	T^
Carbon Tetrachloride	0.25 U	ug/L	1.0	0.25	T^
Benzene	0.26 U	ug/L	1.0	0.26	T^
1,2-Dichloropropane	0.26 U	ug/L	1.0	0.26	T^
Trichloroethene	0.14 U	ug/L	1.0	0.14	T^
1,1,2-Trichloroethane	0.27 U	ug/L	1.0	0.27	T^
Toluene	0.33 U	ug/L	1.0	0.33	T^
Tetrachloroethylene (PCE)	0.42 U	ug/L	1.0	0.42	T^
Chlorobenzene	0.36 U	ug/L	1.0	0.36	T^
Ethylbenzene	0.31 U	ug/L	1.0	0.31	T^
Styrene	0.25 U	ug/L	1.0	0.25	T^
1,4-Dichlorobenzene	0.33 U	ug/L	1.0	0.33	T^
1,2-Dichlorobenzene	0.39 U	ug/L	1.0	0.39	T^
1,2,4-Trichlorobenzene	0.44 U	ug/L	1.0	0.44	T^
Xylene (Total)	0.44 U	ug/L	3.0	0.44	T^

Surrogates

Parameter	Units	Spiked Amount	Spike Result	Spike Recovery	Control Limits	Lab
1,2-Dichloroethane-d4 (S)	ug/L	50	52	104	70 - 130	T
Bromofluorobenzene (S)	ug/L	50	49	98	70 - 130	T
Toluene-d8 (S)	ug/L	50	54	108	70 - 130	T





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Workorder: Country Walk 62-550 (F2401872)

QC Results

QC Batch: WCAf/4795
 Preparation Method: EPA 300.0
 Associated Lab IDs: F2401872001

Analysis Method: EPA 300.0

Method Blank(5234710)

Parameter	Results	Units	PQL	MDL	Lab
Fluoride	0.036 U	mg/L	0.50	0.036	F
Chloride	0.12 U	mg/L	5.0	0.12	F
Nitrite (as N)	0.018 U	mg/L	0.50	0.018	F
Nitrate (as N)	0.023 U	mg/L	0.50	0.023	F
Sulfate	0.076 U	mg/L	5.0	0.076	F

Method Blank(5234715)

Parameter	Results	Units	PQL	MDL	Lab
Fluoride	0.036 U	mg/L	0.50	0.036	F
Chloride	0.12 U	mg/L	5.0	0.12	F
Nitrite (as N)	0.018 U	mg/L	0.50	0.018	F
Nitrate (as N)	0.023 U	mg/L	0.50	0.023	F
Sulfate	0.076 U	mg/L	5.0	0.076	F





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 Phone: (239) 674-8130
 Fax: (239) 674-8128

FINAL

Workorder: Country Walk 62-550 (F2401872)

QC Results

QC Batch: WCA#4806
 Preparation Method: SM 2120 B
 Associated Lab IDs: F2401872001

Analysis Method: SM 2120 B

Method Blank(5236992)

Parameter	Results	Units	PQL	MDL	Lab
Color	5.0 U	PCU	5.0	5.0	FA

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FINAL

Workorder: Country Walk 62-550 (F2401872)

QC Results

QC Batch: WCA#4820
Preparation Method: SM 2540 C
Associated Lab IDs: F2401872001

Analysis Method: SM 2540 C

Method Blank(5238813)

Parameter	Results	Units	PQL	MDL	Lab
Total Dissolved Solids	10 U	mg/L	10	10	F

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FINAL

Workorder: Country Walk 62-550 (F2401872)

QC Results

QC Batch: WCAg/15606
 Preparation Method: SM 5540 C
 Associated Lab IDs: F2401872001

Analysis Method: SM 5540 C

Method Blank(5234566)

Parameter	Results	Units	PQL	MDL	Lab
MBAS,as LAS,mol.wt.348	0.040 U	mg/L	0.20	0.040	G





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FINAL

Workorder: Country Walk 62-550 (F2401872)

QC Results

QC Batch: WCAV28998
 Preparation Method: SM 4500-CN-E
 Associated Lab IDs: F2401872001

Analysis Method: SM 4500-CN-E

Method Blank(5252627)

Parameter	Results	Units	PQL	MDL	Lab
Cyanide	0.0040 U	mg/L	0.010	0.0040	T





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Fax: (239) 674-8128

FINAL

Workorder: Country Walk 62-550 (F2401872)

QC Cross Reference

Lab ID	Sample ID	Prep Batch	Prep Method
CVAV/2196 - EPA 245.1 F2401872001	POE	DGM/7540	EPA 245.1
GCSj/6219 - EPA 504.1 F2401872001	POE	EXTj/8755	EPA 504.1
GCSj/6224 - EPA 508 F2401872001	POE	EXTj/8760	EPA 508
HPLj/2580 - EPA 549.2 F2401872001	POE	EXTj/8733	EPA 549.2
HPLj/2592 - EPA 547 F2401872001	POE		
HPLj/2611 - EPA 531.1 F2401872001	POE		
ICMj/4180 - EPA 200.8 F2401872001	POE		
ICPV/4660 - EPA 200.7 F2401872001	POE		
MSSj/3867 - EPA 548.1 F2401872001	POE	EXTj/8753	EPA 548.1
MSSj/3873 - EPA 525.2 F2401872001	POE	EXTj/8761	EPA 525.2
MSVU/8989 - EPA 524.2 F2401872001	POE		
WCAf/4795 - EPA 300.0 F2401872001	POE		
WCAf/4803 - SM 2150 B F2401872001	POE		
WCAf/4806 - SM 2120 B F2401872001	POE		
WCAf/4811 - SM 4500H+B F2401872001	POE		

Monday, April 29, 2024 11:43:55 AM
Dates and times are displayed using (-04:00)
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 Phone: (239) 674-8130
 Fax: (239) 674-8128

FINAL

Workorder: Country Walk 62-550 (F2401872)

QC Cross Reference

Lab ID	Sample ID	Prep Batch	Prep Method
WCA/14820 - SM 2540 C			
F2401872001	POE		
WCAg/15606 - SM 5540 C			
F2401872001	POE		
WCA/28998 - SM 4500-CN-E			
F2401872001	POE		

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125 Tower ST. Lake Placid, FL 33852
Payments: P.O. Box 551580 Jacksonville, FL 32255-1580
Phone: (863) 655-4022

FINAL

Workorder: Country Walk 515.3 (L2401454)

December 13, 2024

Melisa Rotteveel
US Water Services
4939 Cross Bayou Blvd.
New Port Richey, FL 34652

RE: Workorder: L2401454 Country Walk 515.3

Dear Melisa Rotteveel:

Enclosed are the analytical results for sample(s) received by the laboratory on Tuesday November 19, 2024. Results reported herein conform to the most current NELAC standards, where applicable, unless otherwise narrated in the body of the report. The analytical results for the samples contained in this report were submitted for analysis as outlined by the Chain of Custody and results pertain only to these samples.

If you have any questions concerning this report, please feel free to contact me.

Sincerely,

Jennifer Mazon, Project Manager
JMazon@aellab.com

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 126 Tower ST. Lake Placid, FL 33852
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 Phone: (863) 655-4022

FINAL

Workorder: Country Walk 515.3 (L2401454)

Sample Summary

Lab ID	Sample ID	Matrix	Method	Date Collected	Date Received	Analytes Reported	Basis
L2401454001	POE	DW	EPA 515.3	11/19/2024 10:20	11/19/2024 11:05	6	NA

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Phone: (863) 655-4022

FINAL

Workorder: Country Walk 515.3 (L2401454)

QC Results Qualifiers

Parameter Qualifiers

- U The compound was analyzed for but not detected.
- I The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

Lab Qualifiers

- J DOH Certification #E82574 (FL NELAC) AEL-Jacksonville
DOD-ELAP Certification #L23-514 (ISO/IEC 17025:2017) AEL-Jacksonville





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 Phone: (863) 655-4022

FINAL

Workorder: Country Walk 515.3 (L2401454)

QC Results

QC Batch: GCSj/7290
 Preparation Method: EPA 515.3
 Associated Lab IDs: L2401454001

Analysis Method: EPA 515.3

Method Blank(5600598)

Parameter	Results	Units	PQL	MDL	Lab
Dalapon	0.90 U	ug/L	5.0	0.90	J
2,4-D	0.095 U	ug/L	5.0	0.095	J
Pentachlorophenol	0.038 U	ug/L	0.50	0.038	J
Silvex (2,4,5-TP)	0.090 U	ug/L	1.0	0.090	J
Picloram	0.090 U	ug/L	0.50	0.090	J
Dinoseb	0.18 U	ug/L	2.5	0.18	J

Surrogates

Parameter	Units	Spiked Amount	Spike Result	Spike Recovery	Control Limits	Lab
2,4-Dichlorophenylacetic acid (S)	ug/L	25	29	115	70 - 130	J

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FINAL

Workorder: Country Walk 515.3 (L2401454)

QC Cross Reference

Lab ID	Sample ID	Prep Batch	Prep Method
GCSj7290 - EPA 515.3			
L2401454001	POE	GCSj7283	EPA 515.3

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HORIZON





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

See Page 4 for instructions

I. General Information for the Month/Year of: **November 2023**

A. Public Water System (PWS) Information

PWS Name: Country Walk	PWS Identification Number: 628-4114
PWS Type: Community <input checked="" type="checkbox"/> NonTransient <input type="checkbox"/>	NonCommunity <input type="checkbox"/> Consecutive
Number of Service Connections at End of Month: 67	Total Population Served at End of Month: 95
PWS Owner: Country Walk Utilities, Inc.	Contact Person's Title: US Water Services
Contact Person: Sharon Purviance	City: New Port Richey State: FL Zip Code: 34652
Contact Person's Mailing Address: 4939 Cross Bayou Boulevard	Contact Person's Fax Number: 727-849-4219
Contact Person's Telephone Number: 866-753-8292	Contact Person's Email Address: spurviance@uswatercorp.net

B. Water Treatment Plant Information

Plant Name: WTP	Plant Telephone Number:
Plant Address:	City: State: FL Zip Code:
Type of water treated by Plant: <input checked="" type="checkbox"/> Raw Ground <input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 100600	Plant Class (per subsection 62-699.310(4), F.A.C.): V
Plant Category (per subsection 62-699.310(4), F.A.C.): D	
Licensed Operators: Name:	License Class License Number Day(s)/Shift(s) Worked
Lead/Chief Operators: Christopher Berish	C 28149
Other Operators: Dennis Coates	C 26770
Dustin Williams	A 22520

II. Certification by Lead/Chief Operator

I the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standard 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 rate, and (2) if applicable, appropriate treatment process performance records. Further more, I agree to provide these additional operations records to the PWS owner so that the PWS owner can retain them, together with copies of this report, at a convenient location for the last ten years.

Christopher Berish
Signature and Date

12/8/2023

Updated

Christopher Berish

Printed or Typed Name

C 28149

License Number

PWS Identification Number: 628-4114

Country Walk WTP

III. Daily Data for the Month Year of: November 2023

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: X Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of the Month	Days Plant Staffed or visited by operator Place "X"	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations				UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²			Minimum UV Dose Required, mW-sec/cm ²
1	X	24	8,000		3.70								1.90	
2	X	24	9,700		3.50								1.78	
3	X	24	8,300		2.90								1.53	
4	X	24	10,500		3.90								2.07	
5		24	10,500											
6	X	24	8,900		3.90								2.05	
7	X	24	10,000		3.80								2.00	
8	X	24	8,300		3.90								2.04	
9	X	24	10,100		3.70								1.88	
10	X	24	6,400		3.50								1.75	
11	X	24	9,600		3.00								1.51	
12		24	9,600											
13	X	24	13,200		1.63								1.08	
14	X	24	11,600		2.07								1.48	
15	X	24	18,400		1.61								1.05	
16	X	24	12,200		1.58								1.29	
17	X	24	7,400		1.47								1.04	
18	X	24	9,500		1.26								0.90	
19		24	9,500											
20	X	24	8,700		1.38								1.03	
21	X	24	9,400		1.26								0.93	
22	X	24	38,400		3.60								1.79	
23	X	24	30,750		4.80								1.80	
24	X	24	30,750		1.58								1.70	
25	X	24	2,800		1.62								1.60	
26		24	2,800											
27	X	24	8,100		1.35								1.42	
28	X	24	5,300		1.48								1.32	
29	X	24	6,200		1.52								1.41	
30	X	24	5,100		1.48								1.27	
31														
Total			340,000											
Average			11,333											
Maximum			38,400											



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

See Page 4 for instructions

I. General Information for the Month/Year of: December 2023

A. Public Water System (PWS) Information

PWS Name: Country Walk PWS Identification Number: 628-4114
PWS Type: Community [X] NonTransient [] NonCommunity [] Consecutive
Number of Service Connections at End of Month: 67 Total Population Served at End of Month: 95
PWS Owner: Country Walk Utilities, Inc.
Contact Person: Sharon Purviance Contact Person's Title: US Water Services
Contact Person's Mailing Address: 4939 Cross Bayou Boulevard City: New Port Richey State: FL Zip Code: 34652
Contact Person's Telephone Number: 866-753-8292 Contact Person's Fax Number: 727-849-4219
Contact Person's Email Address: spurviance@uswatercorp.net

B. Water Treatment Plant Information

Plant Name: WTP Plant Telephone Number:
Plant Address: City: State: FL Zip Code:
Type of water treated by Plant: [X] Raw Ground [] Purchased Finished Water
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 100600
Plant Category (per subsection 62-699.310(4), F.A.C.): D Plant Class (per subsection 62-699.310(4), F.A.C.): V
Licensed Operators: Name: License Class License Number Day(s)/Shift(s) Worked
Lead/Chief Operators: Christopher Berish C 28149
Other Operators: Dennis Coates C 26770
Dustin Williams A 22520

II. Certification by Lead Chief Operator

I the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part 1 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 standard 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 rate, and (2) if applicable, appropriate treatment process performance records. Further more, I agree to provide these additional operations records to the PWS owner so that the PWS owner can retain them, together with copies of this report, at a convenient location for the last ten years.

Christopher Berish 1/3/2024 Christopher Berish C 28149
Signature and Date Printed or Typed Name License Number

PWS Identification Number: 628-4114

Plant Name: Country Walk

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

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

Polymer Dose, ppm =

Acrylamide Level, %†

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

Polymer Dose, ppm =

Epichlorohydrin Level, %† =

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

Type of Sequestrant (polyphosphate or sodium silicate):

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

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

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

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

III. Daily Data for the Month/Year of: December 2023

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

UltraViolet Radiation Other (Describe) X Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of the Month	Days Plant Staffed or visited by operator Place "X"	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose							
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²				
1	X	24	11,300		2.60										1.37	
2	X	24	6,700		2.60										1.36	
3		24	6,700													
4	X	24	6,300		2.40										1.21	
5	X	24	6,400		3.20										1.58	
6	X	24	5,000		3.70										1.81	
7	X	24	6,000		3.90										1.97	
8	X	24	5,000		4.00										2.06	
9	X	24	6,100		3.50										1.68	
10		24	6,100													
11	X	24	6,600		4.00										2.03	
12	X	24	6,800		4.00										2.01	
13	X	24	5,300		3.10										1.41	
14	X	24	5,200		3.60										1.70	
15	X	24	1,000		3.90										1.87	
16	X	24	9,900		3.50										1.66	
17		24	9,900													
18	X	24	4,200		3.80										1.80	
19	X	24	8,400		3.50										1.61	
20	X	24	5,700		3.70										1.82	
21	X	24	8,000		3.50										1.61	
22	X	24	6,900		3.70										1.80	
23	X	24	9,200		3.40										1.60	
24		24	9,200													
25	X	24	16,100		3.50										1.58	
26	X	24	20,000		3.80										1.82	
27	X	24	6,800		3.50										1.56	
28	X	24	6,200		3.30										1.61	
29	X	24	6,400		3.90										1.88	
30	X	24	7,100		3.60										1.72	
31		24	7,100													

Total	231,600
Average	7,471
Maximum	20,000



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

See Page 4 for instructions

I. General Information for the Month/Year of: January 2024

A. Public Water System (PWS) Information

PWS Name: Country Walk	PWS Identification Number: 628-4114
PWS Type: Community <input checked="" type="checkbox"/> NonTransient <input type="checkbox"/>	NonCommunity <input type="checkbox"/> Consecutive
Number of Service Connections at End of Month: 67	Total Population Served at End of Month: 95
PWS Owner: Country Walk Utilities, Inc.	
Contact Person: Sharon Purviance	Contact Person's Title: US Water Services
Contact Person's Mailing Address: 4939 Cross Bayou Boulevard	City: New Port Richey State: FL Zip Code: 34652
Contact Person's Telephone Number: 866-753-8292	Contact Person's Fax Number: 727-849-4219
Contact Person's Email Address: spurviance@uswatercorp.net	

B. Water Treatment Plant Information

Plant Name: WTP	Plant Telephone Number:
Plant Address:	City: State: FL Zip Code:
Type of water treated by Plant: <input checked="" type="checkbox"/> Raw Ground <input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 100600	
Plant Category (per subsection 62-699.310(4), F.A.C.): D	Plant Class (per subsection 62-699.310(4), F.A.C.): V
Licensed Operators: Name:	License Class License Number Day(s)/Shift(s) Worked
Lead/Chief Operators: Christopher Berish	C 28149
Other Operators: Dennis Coates	C 26770

II. Certification by Lead/Chief Operator

I the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standard 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 rate, and (2) if applicable, appropriate treatment process performance records. Further more, I agree to provide these additional operations records to the PWS owner so that the PWS owner can retain them, together with copies of this report, at a convenient location for the last ten years.

Christopher Berish
Signature and Date

2/8/2024

Christopher Berish
Printed or Typed Name

C 28149
License Number

PWS Identification Number: 628-4114

Country Walk WTP

III. Daily Data for the Month/Year of: January 2024

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: X Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of the Month	Days Plant Staffed or visited by operator Place "X"	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose							
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²				
1	X	24	7,800		2.90										1.41	
2	X	24	7,200		3.20										1.57	
3	X	24	6,200		3.00										1.41	
4	X	24	7,000		2.40										1.26	
5	X	24	6,600		2.80										1.38	
6	X	24	5,900		2.60										1.24	
7		24	5,900													
8	X	24	5,300		3.70										1.73	
9	X	24	10,500		3.60										1.65	
10	X	24	4,100		3.40										1.58	
11	X	24	8,000		3.10										1.49	
12	X	24	9,900		3.30										1.58	
13	X	24	5,500		3.50										1.63	
14		24	5,500													
15	X	24	4,400		1.88										1.26	
16	X	24	5,800		2.90										1.44	
17	X	24	5,300		4.00										1.96	
18	X	24	5,100		2.40										1.24	
19	X	24	4,400		2.90										1.45	
20	X	24	6,300		3.10										1.48	
21		24	6,300													
22	X	24	6,300		4.00										2.07	
23	X	24	5,300		3.60										1.61	
24	X	24	5,800		3.80										1.79	
25	X	24	4,700		4.00										2.05	
26	X	24	6,300		4.00										2.00	
27	X	24	6,400		3.50										1.61	
28		24	6,400													
29	X	24	5,000		4.00										2.03	
30	X	24	6,600		4.00										2.06	
31	X	24	6,000		4.00										2.04	
Total			191,800													
Average			6,187													
Maximum			10,500													



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

See Page 4 for instructions

I. General Information for the Month/Year of: February 2024

A. Public Water System (PWS) Information

PWS Name: Country Walk PWS Identification Number: 628-4114
PWS Type: Community [X] NonTransient [] NonCommunity [] Consecutive
Number of Service Connections at End of Month: 67 Total Population Served at End of Month: 95
PWS Owner: Country Walk Utilities, Inc.
Contact Person: Sharon Purviance Contact Person's Title: US Water Services
Contact Person's Mailing Address: 4939 Cross Bayou Boulevard City: New Port Richey State: FL Zip Code: 34652
Contact Person's Telephone Number: 866-753-8292 Contact Person's Fax Number: 727-849-4219
Contact Person's Email Address: spurviance@uswatercorp.net

B. Water Treatment Plant Information

Plant Name: WTP Plant Telephone Number:
Plant Address: City: State: FL Zip Code:
Type of water treated by Plant: [X] Raw Ground [] Purchased Finished Water
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 100600
Plant Category (per subsection 62-699.310(4), F.A.C.): D Plant Class (per subsection 62-699.310(4), F.A.C.): V
Licensed Operators: Name: License Class License Number Day(s)/Shift(s) Worked
Lead/Chief Operators: Christopher Berish C 28149
Other Operators: Dennis Coates C 26770

II. Certification by Lead/Chief Operator

I the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part 1 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 standard 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 rate, and (2) if applicable, appropriate treatment process performance records. Further more, I agree to provide these additional operations records to the PWS owner so that the PWS owner can retain them, together with copies of this report, at a convenient location for the last ten years.

Christopher Berish 3/4/2024 Christopher Berish C 28149
Signature and Date Printed or Typed Name License Number

PWS Identification Number: 628-4114

Country Walk WTP

III. Daily Data for the Month/Year of: February 2024

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

UltraViolet Radiation Other (Discribe)

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

Day of the Month	Days Plant Staffed or visited by operator Place "X"	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Condition: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose							
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²				
1	X	24	5,200		4.00										2.07	
2	X	24	4,000		4.00										2.04	
3	X	24	6,300		3.80										1.90	
4		24	6,300													
5	X	24	5,100		4.00										2.02	
6	X	24	6,600		4.00										1.92	
7	X	24	4,800		3.20										1.84	
8	X	24	6,600		3.40										1.91	
9	X	24	5,700		3.00										1.75	
10	X	24	5,500		3.50										2.01	
11		24	5,500													
12	X	24	5,500		4.00										2.09	
13	X	24	9,600		4.00										2.04	
14	X	24	3,700		3.60										1.90	
15	X	24	6,700		3.80										1.93	
16	X	24	2,400		4.00										2.00	
17	X	24	7,500		3.70										1.88	
18		24	7,500													
19	X	24	3,000		3.70										1.85	
20	X	24	6,900		4.00										2.01	
21	X	24	5,300		3.80										1.90	
22	X	24	2,500		3.50										1.75	
23	X	24	5,400		3.10										1.59	
24	X	24	5,400		3.10										1.57	
25		21	5,400													
26	X	24	11,700		3.10										1.48	
27	X	24	4,200		3.70										1.53	
28	X	24	6,100		3.10										1.50	
29	X	24	5,300		4.00										1.61	
30																
31																
Total			165,700													
Average			5,714													
Maximum			11,700													



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

See Page 4 for instructions

I. General Information for the Month/Year of: March 2024

A. Public Water System (PWS) Information

PWS Name: Country Walk PWS Identification Number: 6284114
PWS Type: Community [X] NonTransient [] NonCommunity [] Consecutive
Number of Service Connections at End of Month: 67 Total Population Served at End of Month: 95
PWS Owner: Country Walk Utilities, Inc.
Contact Person: Sharon Purviance Contact Person's Title: US Water Services
Contact Person's Mailing Address: 4939 Cross Bayou Boulevard City: New Port Richey State: FL Zip Code: 34652
Contact Person's Telephone Number: 866-753-8292 Contact Person's Fax Number: 727-849-4219
Contact Person's Email Address: spurviance@uswatercorp.net

B. Water Treatment Plant Information

Plant Name: WTP Plant Telephone Number:
Plant Address: City: State: FL Zip Code:
Type of water treated by Plant: [X] Raw Ground [] Purchased Finished Water
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 100600
Plant Category (per subsection 62-699.310(4), F.A.C.): D Plant Class (per subsection 62-699.310(4), F.A.C.): V
Licensed Operators: Name: License Class License Number Day(s)/Shift(s) Worked
Lead/Chief Operators: Christopher Berish C 28149
Other Operators: Dennis Coates C 26770

II. Certification by Lead/Chief Operator

I the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standard 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 rate, and (2) if applicable, appropriate treatment process performance records. Further more, I agree to provide these additional operations records to the PWS owner so that the PWS owner can retain them, together with copies of this report, at a convenient location for the last ten years.

Christopher Berish
Signature and Date

4/2/2024

Christopher Berish
Printed or Typed Name

C 28149
License Number

PWS Identification Number: 6284114

Country Walk WTP

III. Daily Data for the Month/Year of: March 2024

Means of Achieving Four-Log Virus Inactivation/Removal *

Free Chlorine

Chlorine Dioxide

Ozone

Combined Chlorine (Chloramines)

UltraViolet Radiation Other (Discribe)

Type of Disinfectant Residual Maintained in Distribution System:

X Free Chlorine

Combined Chlorine (Chloramines)

Chlorine Dioxide

Day of the Month	Days Plant Staffed or visited by operator Place "X"	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation		
				CT Calculations					UV Dose								
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²					
1	X	24	6,500		3.70											1.86	
2	X	24	6,100		3.40											1.61	
3		24	6,100														1.88
4	X	24	4,900		3.70											1.86	
5	X	24	7,000		3.70											1.95	
6	X	24	6,400		4.00											1.94	
7	X	24	7,900		3.80											1.80	
8	X	24	9,000		3.60											1.65	
9	X	24	5,300		3.40												1.95
10		24	5,300														1.91
11	X	24	7,600		3.80											1.93	
12	X	24	8,100		4.00											1.95	
13	X	24	7,000		4.00											1.97	
14	X	24	4,900		4.00											1.93	
15	X	24	9,500		4.00												1.54
16	X	24	7,700		4.00											1.91	
17		24	7,700													1.94	
18	X	24	7,400		3.20											1.90	
19	X	24	8,600		4.00											1.93	
20	X	24	7,300		4.00											1.92	
21	X	24	5,800		3.80											1.96	
22	X	24	6,400		4.00											1.92	
23	X	24	8,000		3.80											1.91	
24		24	8,000													1.95	
25	X	24	5,900		1.00											1.92	
26	X	24	10,200		3.90											1.73	
27	X	24	9,100		4.00											1.88	
28	X	24	12,000		4.00												
29	X	24	8,000		3.50												
30	X	24	8,300		3.70												
31		24	8,300														
Total			230,300														
Average			7,429														
Maximum			12,000														



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

See Page 4 for instructions

I. General Information for the Month/Year of: April 2024

A. Public Water System (PWS) Information

PWS Name: Country Walk PWS Identification Number: 6284114
PWS Type: Community [X] NonTransient [] NonCommunity [] Consecutive
Number of Service Connections at End of Month: 67 Total Population Served at End of Month: 95
PWS Owner: Country Walk Utilities, Inc.
Contact Person: Sharon Purviance Contact Person's Title: US Water Services
Contact Person's Mailing Address: 4939 Cross Bayou Boulevard City: New Port Richey State: FL Zip Code: 34652
Contact Person's Telephone Number: 866-753-8292 Contact Person's Fax Number: 727-849-4219
Contact Person's Email Address: spurviance@uswatercorp.net

B. Water Treatment Plant Information

Plant Name: WTP Plant Telephone Number:
Plant Address: City: State: FL Zip Code:
Type of water treated by Plant: [X] Raw Ground [] Purchased Finished Water
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 100600
Plant Category (per subsection 62-699.310(4), F.A.C.): D Plant Class (per subsection 62-699.310(4), F.A.C.): V
Licensed Operators: Name: License Class License Number Day(s)/Shift(s) Worked
Lead/Chief Operators: Christopher Berish C 28149
Other Operators: Dennis Coates C 26770

II. Certification by Lead/Chief Operator

I the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part 1 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 standard 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 rate, and (2) if applicable, appropriate treatment process performance records. Further more, I agree to provide these additional operations records to the PWS owner so that the PWS owner can retain them, together with copies of this report, at a convenient location for the last ten years.

Christopher Berish 5/2/2024 Christopher Berish C 28149
Signature and Date Printed or Typed Name License Number

PWS Identification Number: 6284114

Country Walk WTP

III. Daily Data for the Month/Year of: April 2024

Means of Achieving Four-Log Virus Inactivation/Removal *

UltraViolet Radiation Other (Describe)

Type of Disinfectant Residual Maintained in Distribution System:

Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)

X Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of the Month	Days Plant Staffed or visited by operator Place "X"	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose							
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²				
1	X	24	7,800		4.00										1.91	
2	X	24	5,900		3.70										1.82	
3	X	24	8,600		3.70										1.80	
4	X	24	6,500		3.50										1.74	
5	X	24	5,800		3.70										1.80	
6	X	24	5,200		3.50										1.71	
7		24	5,200													
8	X	24	5,000		3.90										1.85	
9	X	24	5,000		3.60										1.78	
10	X	24	5,100		3.80										1.84	
11	X	24	5,300		2.60										1.31	
12	X	24	6,800		1.10										0.98	
13	X	24	5,200		1.70										1.21	
14		24	5,200													
15	X	24	5,600		2.90										1.47	
16	X	24	6,400		2.90										1.45	
17	X	24	5,300		4.00										1.79	
18	X	24	3,900		3.60										1.51	
19	X	24	5,300		3.70										1.63	
20	X	24	5,900		3.60										1.57	
21		24	5,900													
22	X	24	4,900		3.30										1.65	
23	X	24	4,600		3.40										1.66	
24	X	24	5,600		3.60										1.74	
25	X	24	7,000		3.10										1.58	
26	X	24	6,000		3.40										1.48	
27	X	24	6,500		3.40										1.41	
28		24	6,500													
29	X	24	5,300		3.60										1.52	
30	X	24	4,200		3.30										1.57	
31																
Total			171,500													
Average			5,717													
Maximum			8,600													



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

See Page 4 for instructions

I. General Information for the Month/Year of: **May 2024**

A. Public Water System (PWS) Information

PWS Name: Country Walk	PWS Identification Number: 6284114
PWS Type: Community <input checked="" type="checkbox"/> NonTransient <input type="checkbox"/>	NonCommunity <input type="checkbox"/> Consecutive
Number of Service Connections at End of Month: 67	Total Population Served at End of Month: 95
PWS Owner: Country Walk Utilities, Inc.	
Contact Person: Sharon Purviance	Contact Person's Title: US Water Services
Contact Person's Mailing Address: 4939 Cross Bayou Boulevard	City: New Port Richey State: FL Zip Code: 34652
Contact Person's Telephone Number: 866-753-8292	Contact Person's Fax Number: 727-849-4219
Contact Person's Email Address: spurviance@uswatercorp.net	

B. Water Treatment Plant Information

Plant Name: WTP	Plant Telephone Number:
Plant Address:	City: State: FL Zip Code:
Type of water treated by Plant: <input checked="" type="checkbox"/> Raw Ground <input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 100600	
Plant Category (per subsection 62-699.310(4), F.A.C.): D	Plant Class (per subsection 62-699.310(4), F.A.C.): V
Licensed Operators:	Name: License Class License Number Day(s)/Shift(s) Worked
Lead/Chief Operators:	Vincent Caetero C 30027
Other Operators:	Christopher Berish C 28149

II. Certification by Lead/Chief Operator

I the undersigned water treatment plant operator licensed in Florida, am the lead chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standard 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 rate, and (2) if applicable, appropriate treatment process performance records. Further more, I agree to provide these additional operations records to the PWS owner so that the PWS owner can retain them, together with copies of this report, at a convenient location for the last ten years.

Vincent Caetero
Signature and Date

6/6/2024

Vincent Caetero

Printed or Typed Name

C 30027

License Number

PWS Identification Number: 6284114

Country Walk WTP

III. Daily Data for the Month/Year of: May 2024

Means of Achieving Four-Log Virus Inactivation/Removal *

UltraViolet Radiation Other (Describe)

Type of Disinfectant Residual Maintained in Distribution System:

Free Chlorine

Chlorine Dioxide

Ozone

Combined Chlorine (Chloramines)

X Free Chlorine

Combined Chlorine (Chloramines)

Chlorine Dioxide

Day of the Month	Days Plant Staffed or visited by operator Place "X"	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations						UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Maximum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²				
1	X	24	5,800		3.50										1.51	
2	X	24	3,000		3.90										1.60	
3	X	24	5,600		3.80										1.49	
4	X	24	5,700		3.90										1.54	
5		24	5,700													
6	X	24	7,900		3.90										1.46	
7	X	24	5,400		3.90										1.51	
8	X	24	5,000		3.80										1.42	
9	X	24	5,100		3.80										1.37	
10	X	24	5,200		3.50										1.24	
11	X	24	5,800		3.30										1.38	
12		24	5,800													
13	X	24	7,200		3.70										1.41	
14	X	24	5,700		3.30										1.80	
15	X	24	3,200		3.80										1.32	
16	X	24	4,900		3.90										1.41	
17	X	24	4,400		3.70										1.29	
18	X	24	4,900		3.30										1.19	
19		24	4,900													
20	X	24	5,200		3.60										1.21	
21	X	24	4,200		2.80										1.09	
22	X	24	4,400		2.40										1.00	
23	X	24	5,600		1.90										0.91	
24	X	24	5,100		1.90										0.93	
25	X	24	1,800		1.80										0.90	
26		24	1,800													
27	X	24	9,800		2.60										1.10	
28	X	24	2,900		2.40										1.31	
29	X	24	7,100		1.40										0.94	
30	X	24	3,000		3.00										1.24	
31	X	24	4,000		3.00										1.08	
Total			162,100													
Average			5,229													
Maximum			9,800													



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

See Page 4 for instructions

I. General Information for the Month/Year of: June 2024

A. Public Water System (PWS) Information

PWS Name: Country Walk	PWS Identification Number: 6284114
PWS Type: Community <input checked="" type="checkbox"/> NonTransient <input type="checkbox"/>	NonCommunity <input type="checkbox"/> Consecutive
Number of Service Connections at End of Month: 67	Total Population Served at End of Month: 95
PWS Owner: Country Walk Utilities, Inc.	
Contact Person: Sharon Purviance	Contact Person's Title: US Water Services
Contact Person's Mailing Address: 4939 Cross Bayou Boulevard	City: New Port Richey State: FL Zip Code: 34652
Contact Person's Telephone Number: 866-753-8292	Contact Person's Fax Number: 727-849-4219
Contact Person's Email Address: spurviance@uswatercorp.net	

B. Water Treatment Plant Information

Plant Name: WTP	Plant Telephone Number:
Plant Address:	City: State: FL Zip Code:
Type of water treated by Plant: <input checked="" type="checkbox"/> Raw Ground <input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 100600	
Plant Category (per subsection 62-699.310(4), F.A.C.): D	Plant Class (per subsection 62-699.310(4), F.A.C.): V
Licensed Operators:	Name: License Class License Number Day(s)/Shift(s) Worked
Lead/Chief Operators:	Vincent Cautero C 30027
Other Operators:	Christopher Berish C 28149

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/Chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standard 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 rate, and (2) if applicable, appropriate treatment process performance records. Further more, I agree to provide these additional operations records to the PWS owner so that the PWS owner can retain them, together with copies of this report, at a convenient location for the last ten years.

<u>Vincent Cautero</u>	<u>7/2/2024</u>	<u>Vincent Cautero</u>	<u>C 30027</u>
Signature and Date		Printed or Typed Name	License Number

PWS Identification Number: 6284114

Country Walk WTP

III. Daily Data for the Month/Year of: June 2024

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: X Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by operator Place "X"	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose							
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²				
1	X	24	7,500		2.60										1.07	
2		24	7,500													
3	X	24	4,100		3.00										1.65	
4	X	24	7,300		2.50										1.06	
5	X	24	5,500		2.00										0.94	
6	X	24	5,500		1.30										0.81	
7	X	24	5,500		3.00										1.43	
8	X	24	6,300		1.80										0.91	
9		24	6,300													
10	X	24	5,900		3.20										1.64	
11	X	24	5,300		3.00										1.54	
12	X	24	5,200		2.70										1.41	
13	X	24	4,300		1.80										1.10	
14	X	24	5,900		1.90										1.24	
15	X	24	5,500		2.30										1.42	
16		24	5,500													
17	X	24	3,700		2.50										1.30	
18	X	24	6,000		2.50										1.24	
19	X	24	4,200		1.80										1.10	
20	X	24	5,700		1.90										1.16	
21	X	24	4,000		2.10										1.20	
22	X	24	5,900		1.80										1.07	
23		24	5,900													
24	X	24	4,900		1.90										1.10	
25	X	24	5,200		1.50										0.81	
26	X	24	5,000		3.50										1.61	
27	X	24	5,700		3.00										1.10	
28	X	24	5,300		1.80										0.94	
29	X	24	5,200		1.40										0.80	
30		24	5,100													
31																
Total			164,900													
Average			5,197													
Maximum			7,500													



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

See Page 4 for instructions

I. General Information for the Month/Year of: July 2024

A. Public Water System (PWS) Information

PWS Name: Country Walk PWS Identification Number: 6284114
PWS Type: Community [X] NonTransient [] NonCommunity [] Consecutive
Number of Service Connections at End of Month: 67 Total Population Served at End of Month: 95
PWS Owner: Country Walk Utilities, Inc.
Contact Person: Sharon Purviance Contact Person's Title: US Water Services
Contact Person's Mailing Address: 4939 Cross Bayou Boulevard City: New Port Richey State: FL Zip Code: 34652
Contact Person's Telephone Number: 866-753-8292 Contact Person's Fax Number: 727-849-4219
Contact Person's Email Address: spurviance@uswatercorp.net

B. Water Treatment Plant Information

Plant Name: WTP Plant Telephone Number:
Plant Address: City: State: FL Zip Code:
Type of water treated by Plant: [X] Raw Ground [] Purchased Finished Water
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 100600
Plant Category (per subsection 62-699.310(4), F.A.C.): D Plant Class (per subsection 62-699.310(4), F.A.C.): V
Licensed Operators: Name: License Class License Number Day(s)/Shift(s) Worked
Lead/Chief Operators: Vincent Cautero C 30027
Other Operators: Christopher Berish C 28149

II. Certification by Lead/Chief Operator

I the undersigned water treatment plant operator licensed in Florida, am the lead/ chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standard 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 rate, and (2) if applicable, appropriate treatment process performance records. Further more, I agree to provide these additional operations records to the PWS owner so that the PWS owner can retain them, together with copies of this report, at a convenient location for the last ten years.

Vincent Cautero
Signature and Date

8/6/2024

Vincent Cautero

Printed or Typed Name

C 30027

License Number



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

See Page 4 for instructions

I. General Information for the Month/Year of: August 2024

A. Public Water System (PWS) Information

PWS Name: Country Walk PWS Identification Number: 6284114
PWS Type: Community [X] NonTransient [] NonCommunity [] Consecutive
Number of Service Connections at End of Month: 67 Total Population Served at End of Month: 95
PWS Owner: Country Walk Utilities, Inc.
Contact Person: Sharon Purviance Contact Person's Title: US Water Services
Contact Person's Mailing Address: 4939 Cross Bayou Boulevard City: New Port Richey State: FL Zip Code: 34652
Contact Person's Telephone Number: 866-753-8292 Contact Person's Fax Number: 727-849-4219
Contact Person's Email Address: spurviance@uswatercorp.net

B. Water Treatment Plant Information

Plant Name: WTP Plant Telephone Number:
Plant Address: City: State: FL Zip Code:
Type of water treated by Plant: [X] Raw Ground [] Purchased Finished Water
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 100600
Plant Category (per subsection 62-699.310(4), F.A.C.): D Plant Class (per subsection 62-699.310(4), F.A.C.): V
Licensed Operators: Name: License Class License Number Day(s)/Shift(s) Worked
Lead/Chief Operators: Vincent Cautero C 30027
Other Operators: Christopher Berish C 28149

II. Certification by Lead Chief Operator

I the undersigned water treatment plant operator licensed in Florida, am the lead chief operator of the water treatment plant identified in Part 1 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 standard 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 rate, and (2) if applicable, appropriate treatment process performance records. Further more, I agree to provide these additional operations records to the PWS owner so that the PWS owner can retain them, together with copies of this report, at a convenient location for the last ten years.

Vincent Cautero 9/3/2024 Vincent Cautero C 30027
Signature and Date Printed or Typed Name License Number



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

See Page 4 for instructions

I. General Information for the Month/Year of: September 2024

A. Public Water System (PWS) Information

PWS Name: Country Walk PWS Identification Number: 6284114
PWS Type: Community [X] NonTransient [] NonCommunity [] Consecutive
Number of Service Connections at End of Month: 67 Total Population Served at End of Month: 95
PWS Owner: Country Walk Utilities, Inc.
Contact Person: Sharon Purviance Contact Person's Title: US Water Services
Contact Person's Mailing Address: 4939 Cross Bayou Boulevard City: New Port Richey State: FL Zip Code: 34652
Contact Person's Telephone Number: 866-753-8292 Contact Person's Fax Number: 727-849-4219
Contact Person's Email Address: spurviance@uswatercorp.net

B. Water Treatment Plant Information

Plant Name: WTP Plant Telephone Number:
Plant Address: City: State: FL Zip Code:
Type of water treated by Plant: [X] Raw Ground [] Purchased Finished Water
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 100600
Plant Category (per subsection 62-699.310(4), F.A.C.): D Plant Class (per subsection 62-699.310(4), F.A.C.): V
Licensed Operators: Name: License Class License Number Day(s)/Shift(s) Worked
Lead/Chief Operators: Vincent Cautero C 30027
Other Operators: Christopher Berish C 28149

II. Certification by Lead Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standard 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 rate, and (2) if applicable, appropriate treatment process performance records. Further more, I agree to provide these additional operations records to the PWS owner so that the PWS owner can retain them, together with copies of this report, at a convenient location for the last ten years.

Vincent Cautero 10/2/2024 Vincent Cautero C 30027
Signature and Date Printed or Typed Name License Number



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

See Page 4 for instructions

I. General Information for the Month/Year of: October 2024

A. Public Water System (PWS) Information

PWS Name: Country Walk PWS Identification Number: 6284114
PWS Type: Community [X] NonTransient [] NonCommunity [] Consecutive
Number of Service Connections at End of Month: 67 Total Population Served at End of Month: 95
PWS Owner: Country Walk Utilities, Inc.
Contact Person: Sharon Purviance Contact Person's Title: US Water Services
Contact Person's Mailing Address: 4939 Cross Bayou Boulevard City: New Port Richey State: FL Zip Code: 34652
Contact Person's Telephone Number: 866-753-8292 Contact Person's Fax Number: 727-849-4219
Contact Person's Email Address: spurviance@uswatercorp.net

B. Water Treatment Plant Information

Plant Name: WTP Plant Telephone Number:
Plant Address: City: State: FL Zip Code:
Type of water treated by Plant: [X] Raw Ground [] Purchased Finished Water
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 100600
Plant Category (per subsection 62-699.310(4), F.A.C.): D Plant Class (per subsection 62-699.310(4), F.A.C.): V
Licensed Operators: Name: License Class License Number Day(s)/Shift(s) Worked
Lead/Chief Operators: Vincent Cautero C 30027
Other Operators: Christopher Berish C 28149

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standard 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 rate, and (2) if applicable, appropriate treatment process performance records. Further more, I agree to provide these additional operations records to the PWS owner so that the PWS owner can retain them, together with copies of this report, at a convenient location for the last ten years.

Vincent Cautero
Signature and Date

11/4/2024

Vincent Cautero

Printed or Typed Name

C 30027

License Number



FLORIDA DEPARTMENT OF Environmental Protection

South District
PO Box 2549
Fort Myers FL 33902-2549
SouthDistrict@FloridaDEP.gov

Ron DeSantis
Governor

Jeanette Nuñez
Lt. Governor

Noah Valenstein
Secretary

In the matter of an
Application for Permit by:

Country Walk Utilities, Inc.
Gary Deremer, President
4939 Cross Bayou Blvd.
New Port Richey, FL 34652
Emailed to: gderemer@uswatercorp.net

DEP File No: 200706-002-WC
County: Highlands
Project Name: Country Walk WTP –
Chloramine Conversion System
PWS ID: 6284114

NOTICE OF PERMIT ISSUANCE

Enclosed is Permit Number 200706-002-WC for addition of ammonia for conversion to chloramination to the existing water treatment plant, issued pursuant to Section 403.861(9), Florida Statutes.

NOTICE OF RIGHTS

This action is final and effective on the date filed with the Clerk of the Department unless a petition for an administrative hearing is timely filed under Sections 120.569 and 120.57, F.S., before the deadline for filing a petition. On the filing of a timely and sufficient petition, this action will not be final and effective until a subsequent order of the Department. Because the administrative hearing process is designed to formulate final agency action, the subsequent order may modify or take a different position than this action.

Petition for Administrative Hearing

A person whose substantial interests are affected by the Department's action may petition for an administrative proceeding (hearing) under Sections 120.569 and 120.57, F.S. Pursuant to Rules 28-106.201 and 28-106.301, F.A.C., a petition for an administrative hearing must contain the following information:

- (a) The name and address of each agency affected and each agency's file or identification number, if known;
- (b) The name, address, any e-mail address, any facsimile number, and telephone number of the petitioner, if the petitioner is not represented by an attorney or a qualified representative; the name, address, and telephone number of the petitioner's representative, if any, which shall be the address for service purposes during the course of the proceeding; and an explanation of how the petitioner's substantial interests will be affected by the agency determination;
- (c) A statement of when and how the petitioner received notice of the agency decision;
- (d) A statement of all disputed issues of material fact. If there are none, the petition must so indicate;
- (e) A concise statement of the ultimate facts alleged, including the specific facts that the petitioner contends warrant reversal or modification of the agency's proposed action;
- (f) A statement of the specific rules or statutes that the petitioner contends require reversal or modification of the agency's proposed action, including an explanation of how the alleged facts relate to the specific rules or statutes; and
- (g) A statement of the relief sought by the petitioner, stating precisely the action that the petitioner wishes the agency to take with respect to the agency's proposed action.

The petition must be filed (received by the Clerk) in the Office of General Counsel of the Department at 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida 32399-3000, or via electronic correspondence at Agency_Clerk@dep.state.fl.us. Also, a copy of the petition shall be mailed to the applicant at the address indicated above at the time of filing.

Time Period for Filing a Petition

In accordance with Rule 62-110.106(3), F.A.C., petitions for an administrative hearing by the applicant and persons entitled to written notice under Section 120.60(3), F.S., must be filed within 14 days of receipt of this written notice. Petitions filed by any persons other than the applicant, and other than those entitled to written notice under Section 120.60(3), F.S., must be filed within 14 days of publication of the notice or within 14 days of receipt of the written notice, whichever occurs first. You cannot justifiably rely on the finality of this decision unless notice of this decision and the right of substantially affected persons to challenge this decision has been duly published or otherwise provided to all persons substantially affected by the decision. While you are not required to publish notice of this action, you may elect to do so pursuant Rule 62-110.106(10)(a).

The failure to file a petition within the appropriate time period shall constitute a waiver of that person's right to request an administrative determination (hearing) under Sections 120.569 and 120.57, F.S., or to intervene in this proceeding and participate as a party to it. Any subsequent intervention (in a proceeding initiated by another party) will be only at the discretion of the presiding officer upon the filing of a motion in compliance with Rule 28-106.205, F.A.C. If you do not publish notice of this action, this waiver may not apply to persons who have not received a clear point of entry.

Extension of Time

Under Rule 62-110.106(4), F.A.C., a person whose substantial interests are affected by the Department's action may also request an extension of time to file a petition for an administrative hearing. The Department may, for good cause shown, grant the request for an extension of time. Requests for extension of time must be filed with the Office of General Counsel of the Department at 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida 32399-3000, or via electronic correspondence at Agency_Clerk@dep.state.fl.us, before the deadline for filing a petition for an administrative hearing. A timely request for extension of time shall toll the running of the time period for filing a petition until the request is acted upon.

Mediation

Mediation is not available in this proceeding.

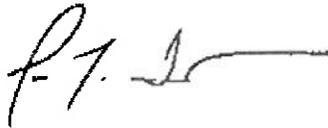
Judicial Review

Once this decision becomes final, any party to this action has the right to seek judicial review pursuant to Section 120.68, F.S., by filing a Notice of Appeal pursuant to Florida Rules of Appellate Procedure 9.110 and 9.190 with the Clerk of the Department in the Office of General Counsel (Station #35, 3900 Commonwealth Boulevard, Tallahassee, Florida 32399-3000) and by filing a copy of the Notice of Appeal accompanied by the applicable filing fees with the appropriate district court of appeal. The notice must be filed within 30 days from the date this action is filed with the Clerk of the Department.

EXECUTION AND CLERKING

Executed in Fort Myers, Florida.

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION



Jon M. Iglehart
Director of District Management

Attachment:

Permit # 200706-002-WC

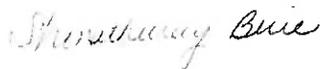
CERTIFICATE OF SERVICE

The undersigned duly designated deputy clerk hereby certifies that this document and all attachments were sent on the filing date below to the following listed persons:

Mohammed Y. Kader, P.E. mkader@uswatercorp.net

FILING AND ACKNOWLEDGMENT

FILED, on this date, pursuant to Section 120.52, F. S., with the designated Department Clerk, receipt of which is hereby acknowledged.



Clerk

November 1, 2019

Date



Florida Department of Environmental Protection

South District
Post Office Box 2549
Fort Myers, Florida 33902-2549
SouthDistrict@dep.state.fl.us

Rick Scott
Governor

Carlos Lopez-Cantera
Lt. Governor

Noah Valenstein
Secretary

POTABLE WATER CLEARANCE - FINAL

August 23, 2017

Country Walk Utilities, Inc.
Gary Deremer, President
4939 Cross Bayou Blvd.
New Port Richey, FL 34652
mkader@uswatercorp.net

Clearance Type: Final
Highlands County
Permit Number: 345713-001-WC
PWS Name: Country Walk Utilities, Inc.
PWS ID: 6284114
Project Name: Country Walk WTP -- Hydrogen Sulfide Removal System

Dear Mr. Deremer:

This letter acknowledges receipt of the certification, dated August 7, 2017, for the subject water treatment plant modification. The submitted information demonstrates the system expansion has been constructed in accordance with the FDEP Permit Number above and related plans and materials and that satisfactory bacteriological tests were conducted in accordance with the AWWA standards. Based on the certification and satisfactory bacteriological results, the Department is clearing the system for service.

If you have any questions or comments regarding this partial clearance, please contact Andrew Price by telephone at 239-344-5621 or by e-mail at Andrew.Price@dep.state.fl.us.

Sincerely,

A handwritten signature in black ink, appearing to read "O. James Oni".

O. James Oni
Professional Engineer
Water Facilities
Florida Department of Environmental Protection

cc: Keith Keegan, P.E. kkeegan@uswatercorp.net



FLORIDA DEPARTMENT OF Environmental Protection

South District
PO Box 2549
Fort Myers FL 33902-2549
SouthDistrict@FloridaDEP.gov

Ron DeSantis
Governor

Jeanette Nuñez
Lt. Governor

Noah Valenstein
Secretary

Permittee:
Country Walk Utilities, Inc.
Gary Deremer, President
4939 Cross Bayou Blvd.
New Port Richey, FL 34652
Emailed to: gderemer@uswatercorp.net

PWS ID: 6284114
Permit Number: 200706-002-WC
Issue Date: November 1, 2019
Expiration Date: October 31, 2024
County: Highlands
Project Name: Country Walk WTP – Chloramine Conversion System
Water Supplier: Country Walk Utilities WTP

This permit is issued under the provisions of Chapter 403, Florida Statutes (F.S.), and Florida Administrative Code (F.A.C.) Chapters 62-4, 62-550, 62-555, and 62-699. The above named permittee is hereby authorized to perform the work or operate the facility shown on the application and approved drawings, plans, and other documents attached hereto or on file with the Department and made a part hereof and specifically described as follows:

TO CONSTRUCT: Modification of the water treatment plant by the addition of ammonia for conversion to chloramination.

PROPOSED CONSTRUCTION INCLUDES:

1. Installation of two Stenner Series 45MHP2 (with #1 tubing) chemical metering pumps.
2. Installation of a 55-gallon drum of 40% ammonium sulfate solution.
3. One new 40% ammonium sulfate injection point.
4. One sample tap for measurement of free chlorine concentration before the injection of ammonia.
5. One sample tap for measurement of monochloramine of the finished water after the injection of ammonia.

IN ACCORDANCE WITH: U.S. Water Services Corporation design drawings, drawing numbers 1 thru 5 of 5, dated September 10, 2019. The design drawings were submitted in support of the construction application and received September 11, 2019. The application was dated September 10, 2019 along with related documents including design report, design calculations and technical specifications and received September 11, 2019.

LOCATION: The project is located at 29 Lakeside Trail in Lake Placid, Highlands County, Florida.

Work must be conducted in accordance with the General and Specific Conditions, attached hereto.

GENERAL CONDITIONS:

The following General Conditions are referenced in Florida Administrative Code Rule 62-4.160.

1. The terms, conditions, requirements, limitations and restrictions set forth in this permit, are "permit conditions" and are binding and enforceable pursuant to Sections 403.141, 403.727, or 403.859 through 403.861, F.S. The permittee is placed on notice that the Department will review this permit periodically and may initiate enforcement action for any violation of these conditions.
2. This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviation from the approved drawings, exhibits, specifications, or conditions of this permit may constitute grounds for revocation and enforcement action by the Department.
3. As provided in subsections 403.087(6) and 403.722(5), F.S., the issuance of this permit does not convey any vested rights or any exclusive privileges. Neither does it authorize any injury to public or private property or any invasion of personal rights, nor any infringement of federal, state, or local laws or regulations. This permit is not a waiver of or approval of any other Department permit that may be required for other aspects of the total project which are not addressed in this permit.
4. This permit conveys no title to land or water, does not constitute State recognition or acknowledgment of title, and does not constitute authority for the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the State. Only the Trustees of the Internal Improvement Trust Fund may express State opinion as to title.
5. This permit does not relieve the permittee from liability for harm or injury to human health or welfare, animal, or plant life, or property caused by the construction or operation of this permitted source, or from penalties therefore; nor does it allow the permittee to cause pollution in contravention of Florida Statutes and Department rules, unless specifically authorized by an order from the Department.
6. The permittee shall properly operate and maintain the facility and systems of treatment and control (and related appurtenances) that are installed and used by the permittee to achieve compliance with the conditions of this permit, are required by Department rules. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to achieve compliance with the conditions of the permit and when required by Department rules.
7. The permittee, by accepting this permit, specifically agrees to allow authorized Department personnel, upon presentation of credentials or other documents as may be required by law and at reasonable times, access to the premises where the permitted activity is located or conducted to:
 - a. Have access to and copy any records that must be kept under conditions of the permit;
 - b. Inspect the facility, equipment, practices, or operations regulated or required under this permit; and
 - c. Sample or monitor any substances or parameters at any location reasonable necessary to assure compliance with this permit or Department rules. Reasonable time may depend on the nature of the concern being investigated.
8. If, for any reason, the permittee does not comply with or will be unable to comply with any condition or limitation specified in this permit, the permittee shall immediately provide the Department with the following information:
 - a. A description of and cause of noncompliance; and
 - b. The period of noncompliance, including dates and times; or, if not corrected, the anticipated time the noncompliance is expected to continue, and steps being taken to reduce, eliminate, and prevent recurrence of the noncompliance. The permittee shall be responsible for any and all

damages, which may result and may be subject to enforcement action by the Department for penalties or for revocation of this permit.

9. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data and other information relating to the construction or operation of this permitted source which are submitted to the Department may be used by the Department as evidence in any enforcement case involving the permitted source arising under the Florida Statutes or Department rules, except where such use is prescribed by Section 403.111 and 403.73, F.S. Such evidence shall only be used to the extent it is consistent with the Florida Rules of Civil Procedure and appropriate evidentiary rules.
10. The permittee agrees to comply with changes in Department rules and Florida Statutes after a reasonable time for compliance; provided, however, the permittee does not waive any other rights granted by Florida Statutes or Department rules. A reasonable time for compliance with a new or amended surface water quality standard, other than those standards addressed in Rule 62-302.500, shall include a reasonable time to obtain or be denied a mixing zone for the new or amended standard.
11. This permit is transferable only upon Department approval in accordance with Rule 62-4.120 and 62-730.300 F.A.C., as applicable. The permittee shall be liable for any noncompliance of the permitted activity until the transfer is approved by the Department.
12. This permit or a copy thereof shall be kept at the work site of the permitted activity.
13. This permit also constitutes:
 - a. Determination of Best Available Control Technology (BACT)
 - b. Determination of Prevention of Significant Deterioration (PSD)
 - c. Certification of compliance with state Water Quality Standards (Section 401, PL 92-500)
 - d. Compliance with New Source Performance Standards
14. The permittee shall comply with the following:
 - a. Upon request, the permittee shall furnish all records and plans required under Department rules. During enforcement actions, the retention period for all records will be extended automatically unless otherwise stipulated by the Department.
 - b. The permittee shall hold at the facility or other location designated by this permit records of all monitoring information (including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation) required by the permit, copies of all reports required by this permit, and records of all data used to complete the application for this permit. These materials shall be retained at least three years from the date of the sample, measurement, report, or application unless otherwise specified by Department rule.
 - c. Records of monitoring information shall include:
 1. the date, exact place, and time of sampling or measurements;
 2. the person responsible for performing the sampling or measurements;
 3. the dates analyses were performed;
 4. the person responsible for performing the analyses;
 5. the analytical techniques or methods used;
 6. the results of such analyses.
15. When requested by the Department, the permittee shall within a reasonable time furnish any information required by law, which is needed to determine compliance with the permit. If the permittee becomes

aware the relevant facts were not submitted or were incorrect in the permit application or in any report to the Department, such facts or information shall be corrected promptly.

SPECIFIC CONDITIONS:

1. The Permittee shall retain service a Florida-licensed professional engineer in accordance with subsection **62-555.530(3), F.A.C.**, to take responsible charge of inspecting construction of the project for the purpose of determining in general if the construction proceeds in compliance with the permit, including the approved preliminary design report or drawings and specifications for the project.
2. The Permittee shall have complete record drawings produced for the project in accordance with subsection **62-555.530(4), F.A.C.**
3. The Permittee shall provide an operation and maintenance manual for all new or altered facilities to fulfill the requirements under subsection **62-555.350(13), F.A.C.**
4. The Permittee shall submit a certification of construction completion to the Department and obtain approval or clearance, from the Department per **Rule 62-555.345, F.A.C.**, before placing any public water system components constructed or altered under this permit in operation for any purpose other than disinfection, testing for leaks, or testing equipment operation. This does not prohibit the Permittee from cutting into existing water mains, and returning the water mains to operation in accordance with subsection **62-555.340(5), F.A.C.**, without the Department's approval.
5. Chemicals that are contained in coatings that are applied to a surface in contact with drinking water, or are otherwise on equipment surfaces that come into contact with the water, and additives and chemicals used to treat water shall conform to American National Standards Institute (ANSI)/NSF International Standard 60-1988. Water system components whose surfaces come into contact with drinking water shall conform to ANSI/NSF Standard 61-1991. The authorized representative of the public water system shall certify in writing that each item conforms to the appropriate standard prior to release for operation. [**Rules 62-555.320(3) (a), 62-555.320(3)(b) and 62-555.320(3)(d), F.A.C.**]
6. The installation or repair of any public water system, or any plumbing in residential or nonresidential facility providing water for human consumption, which is connected to a public water system, shall be lead free. [**Rule 62-555.322(1), F.A.C.**]
7. The permittee must instruct the engineer of record to request system clearance from the Department within sixty (60) days of completion of construction, testing and disinfecting the system. Bacteriological test results shall be considered unacceptable if the test were completed more than 60 days before the Department received the results. [**Rule 62-555.340(2) (c) F.A.C.**]

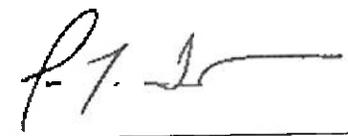
Permitted construction or alteration of a public water system may not be placed into service until a letter of clearance has been issued by this Department. [**Rule 62-555.345, F.A.C.**]
8. Prior to placing this project into service, Permittee shall submit, at a minimum, all of the following to the Department for evaluation and approval for operation, as provided in **Rules 62-555.340 and 62-555.345, F.A.C.:**
 - a. The Certification of Construction Completion and Request for Clearance to Place Permitted PWS Components Into Operation {DEP Form 62-555.900(9)}
 - b. Certified record drawings, if there are any changes noted for the permitted project.
 - c. Copy of a satisfactory pressure test of the process piping performed in accordance with AWWA Standards. [**Rule 62-555.320(21) (a) (1), F.A.C.**]

- d. Two consecutive days of satisfactory distribution bacteriological analytical results.

In order to facilitate the issuance of a letter of clearance, the Department requests that all of the above information be submitted as one package.

9. The water treatment plant shall maintain throughout the distribution system a minimum combined chlorine residual of 0.6 mg/l or its equivalent. A minimum system pressure of 20 psi must be maintained throughout the system. Also, safety equipment shall be provided and located outside of chlorine room.
10. The permittee shall submit a monthly operations report (MOR) DEP Form 62-555.900(2), to the Department no later than the tenth of each succeeding month.
11. Permittee shall follow the guidelines of Chapters 62-550, 62-555, and 62-560, F.A.C., regarding public drinking water system standards, monitoring, reporting, permitting, construction, and operation.
12. This facility is a Community Water System as defined in F.A.C. Rule 62-550.200(16) and shall comply with the applicable chemical, radiological, lead and copper, and bacteriological monitoring requirements of F.A.C. Chapter 62-550. Such requirements shall be initiated within the quarter that the modification of the water treatment facility is implemented and the results submitted to the Department.
13. The facility has been classified as a Category IV, Class C water treatment plant. Accordingly, the lead or chief operator must be Class C or higher. Proof of staffing by a Class C or higher operator: 5 visits/week and one visit each weekend for a total of 1.2 hours/week.
14. The permittee shall provide an operation and maintenance manual for the new or altered treatment facilities to fulfill the requirements under subsection 62-555.350(13), F.A.C. The manual shall contain operation and control procedures, and preventative maintenance and repair procedures, for all plant equipment and shall be made available for reference at the plant or at a convenient location near the plant. Bound and indexed equipment manufacturer manuals shall be considered sufficient to meet the requirements of the subsection.
15. The permittee or suppliers of water shall telephone the State Warning Point (SWP), at 1-800-320-0519 immediately (i.e. within two hours) after discovery of any actual or suspected sabotage or security breach, or any suspicious incident, involving a public water system in accordance with the F.A.C. Rule 62-555.350(10).

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL PROTECTION



Jon M. Iglehart
Director of
District Management



Florida Department of Environmental Regulation

Southwest District • 4520 Oak Fair Boulevard • Tampa, Florida 33610-7347 • 813-623-5561

Bob Martinez, Governor

Dale Twachtmann, Secretary

John Shearer, Assistant Secretary

Dr. Richard Garrity, Deputy Assistant Secretary

PERMITTEE
Country Walk Homeowners
Association, Inc.
15 Tall Oaks Trail
Lake Placid, Florida 33852

Permit/Certification
ID. Number: 528 4114
Permit Number WC28-170876
Date of Issue: 6/13/90
Expiration Date: 6/13/91
County: Highlands
Lat/Long: 27°23'00"N/
81°25'00"W
Sect/Town/Rge:
Project: Country Walk Water
Supply and Treatment

This permit is issued under the provisions of Chapter 403, Florida Statutes, and Florida Administrative Code Rule(s) 17-555. The above named permittee is hereby authorized to perform the work or operate the facility shown on the application and approved drawing(s), plans, and other documents, attached hereto or on file with department and made a part hereof and specifically described as follows:

Construction of a community drinking water system. The new construction is to provide a raw water supply and water treatment plant with permitted capacity of 0.14 MGD in accordance with the plans and specifications prepared by ABS and Associates, Inc. The facilities included are as follows:

One 4-inch, 1000 feet deep supply well equipped with a 5 Hp, 68 gpm submersible pump;

5,000 gallon hydropneumatic tank;

Gas Chlorination system with loss of chlorination capability alarm; and

Yard piping.

This permit does not include the water distribution system constructed without a valid permit.

Location: Blue Bird Avenue and Wildflower, Leisure Lakes, Florida.

PERMITTEE:

Country Walk Homeowners
Association, Inc.
Country Walk Water Supply
and Treatment

Permit No. WC28-170876

Specific Conditions

1. Within ninety (90) days from the date of issuance of this permit, the permittee must submit a written cross-connection control program. The program must identify each connection as to the degree of hazard (high, moderate, or low) and the type of backflow prevention device required. The cross-connection control program must be developed utilizing acceptable practices of the American Water Works Association guidelines as set forth in AWWA Manuals M14 "Backflow Prevention and Cross-Connection Control", and "Cross-Connection and Backflow Prevention", Second Edition.
2. The permittee shall ensure that protective paints and coating to be used on this project which will come into contact with potable water conform to the requirements of Chapter 17-555.320(3), F.A.C.
3. The Department shall be notified in writing and prior approval obtained for any changes or revisions made during construction.
4. The permittee shall use necessary erosion control measures during and after construction.
5. The permittee must instruct the contractor to remove all surplus material and completely restore to good condition, all surfaces disturbed, destroyed or removed by the contractor, or his agent, on account of construction. Before requesting a clearance inspection from this Department, all surfaces disturbed on account of this construction must be leveled up and all surplus material and rubbish incident to construction must be removed and disposed of.
6. The permittee shall instruct the engineer of record to request system clearance from the Department within thirty (30) days of completion of construction, testing and disinfection of the system covered by this permit.
7. The system may be placed in service once a letter of clearance from this Department is received (Chapter 17-555.345, F.A.C.).

PERMITTEE:

Country Walk Homeowners
Association, Inc.
Country Walk Water Supply
and Treatment

Permit No. WC28-170876

8. A letter of clearance may be issued by this Department upon receipt of the following items:
- a. 'Request for a Letter of Release to Place Water Supply System into Service', DER Form 17-555.910(9);
 - b. Bacteriological survey of the raw well water completed pursuant to Chapter 17-555.315(3)(c), F.A.C.;
 - c. Copy of satisfactory pressure test of the transmission line ; and
 - d. Copies of satisfactory bacteriological analysis of the water taken from hydropneumatic tank and point of connection with water transmission line and distribution system on two consecutive days.
9. Your facility has been classified as a Category V Class D water treatment plant. You must provide staffing by a Class D higher operator 3 nonconsecutive visits a week. The lead or chief operator must be Class D or higher.
10. Monthly operation reports must be submitted by your certified operator.
11. Compliance Monitoring:
- a. The drinking water must be analyzed for primary and secondary contaminants listed in Chapter 17-550.310 and 17-550.320, F.A.C., to the degree and frequency required by Chapter 17-550.510 and 17-550.520, F.A.C.
 - b. The drinking water must be analyzed for coliform bacteria every month. The minimum number of samples required depending on population is outlined in Chapter 17-550, F.A.C.; however, at no time may you submit less than one (1) raw sample from each supply well and two (2) distribution samples.
 - c. The drinking water must be analyzed for unregulated organic contaminants listed in Chapter 17-550.410, F.A.C., to the degree and frequency outlined in Chapter 17-550.510, F.A.C.
 - d. All water quality analysis must be performed by a laboratory certified by the Department of Health and Rehabilitative Services (DHRS) and the results forwarded to the district office.
12. Sewage disposal facilities shall not be installed within 200' of any water supply well (Chapter 17-555.312, F.A.C.).

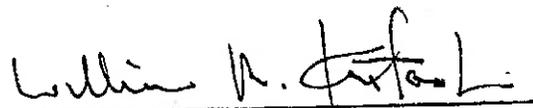
PERMITTEE:

Country Walk Homeowners
Association, Inc.
Country Walk Water Supply
and Treatment

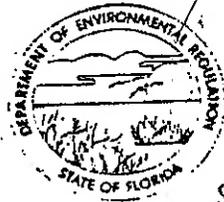
Permit No. WC28-170876

13. Reclaimed water land application areas may not be located within 500' of any water supply well. (Chapter 17-555.312, F.A.C.).
14. Other sanitary hazards may not be located within 100' of any water supply well.
15. Permitted construction or alteration of public drinking water systems must be supervised during construction by a professional engineer registered in the State of Florida.
16. If historical or archaeological artifacts, such as Indian canoes, are discovered at any time within the project site the permittee shall immediately notify the district office and the Bureau of Historic Preservation, Division of Archives, History and Records Management, R.A. Gray Building, Tallahassee, Florida 32301, Telephone number (904) 487-2073.
17. The permittee shall operate and maintain this facility in accordance with Chapter 17-555.350, F.A.C.
18. The permittee shall be aware of and operate under the attached "General Conditions". General conditions are binding upon the permittee and enforceable pursuant to Chapter 403, Florida Statutes.

STATE OF FLORIDA DEPARTMENT OF
ENVIRONMENTAL REGULATION


Richard D. Garrity, Ph.D.
Deputy Assistant Secretary

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION



D. E. R.

FEB 28 1990

SOUTHWEST DISTRICT

7401 HIGHWAY 301 NORTH
TAMPA, FLORIDA 33610-9544

BOB GRAHAM
GOVERNOR
VICTORIA J. TSCHINKEL
SECRETARY
RICHARD D. GARRITY, PH.D.
DISTRICT MANAGER

SOUTHWEST DISTRICT
TAMPA

APPLICATION TO CONSTRUCT A PUBLIC DRINKING WATER SYSTEM

INSTRUCTIONS: All of the application forms, including engineering plans and specifications, must be completed and submitted. For construction of facilities consisting solely of pumping and disinfection, Parts A, B, C, D, and E 1 and 2, (d) through (f), as well as engineering plans and specifications, must be completed and submitted. When using this form for distribution systems alone, only Part B and applicable sections of Part A need to be completed. Submission of any false statement or representation in this application is a violation of the law. Attach additional sheets as necessary.

System Name: COUNTRY WALK HOMEOWNERS ASSOCIATION, INC. County: HIGHLANDS
System Address: Street LAKE SIDE TRAIL City: UNINCORPORATED SECTION OF HIGHLAND COUNTY
Applicant's Name and Title: MITCH HARVEY - PRESIDENT
Applicant's Address: 15 TALL OAKS TRAIL - LAKE PLACID, FL. 33852
Utility Supplying Water: Name: COUNTRY WALK HOMEOWNERS ASSOCIATION, INC.
Utility Address: c/o MITCH HARVEY, 15 TALL OAKS TRAIL - LAKE PLACID, FL 33852
Owner/Operator After Construction, if different: SAME AS APPLICANT
Owner/Operator Address: _____
Type of Proposed Facility: WATER TREATMENT PLANT / PHASE I To Serve: 62 LOTS
(Subdivision, trailer park, school, etc.)
Latitude 27° 23' 00" N Longitude 81° 25' 00" W

A. Applicant:

I, the owner/authorized representative* of COUNTRY WALK HOMEOWNERS ASSOCIATION, INC am fully aware that the statements made in this application for a permit to construct a WATER TREATMENT PLANT are true, correct and complete to the best of my knowledge and belief. Further, the undersigned agrees to maintain and operate the facility in such a manner as to comply with the provisions of Chapter 403, Florida Statutes, and all the rules of the department. The undersigned also understands that a permit, if granted by the department, will be non-transferable and will promptly notify the department upon sale or legal transfer of the permitted facility. The undersigned also accepts responsibility for retaining the project engineer as indicated on this application to observe that construction of the project is in accordance with engineering plans as submitted.

*Attach letter of authorization.

Signed: R. Majeed
Owner/Authorized Representative

RAJI MAJEED
Name and Title (Please type)

Date: 2/27/90 Telephone No. (813)-627-3151

B. Owner/Authorized Representative of Utility Supplying Water (if applicable)

The undersigned, owner/authorized representative* of _____ hereby certifies that the above reference utility has adequate reserve capacity to supply water to this project and will provide the necessary treatment as required by Chapter 403, Florida Statutes, and all rules of the department. Further, the undersigned verifies that his treatment plant was constructed under a valid permit, Number _____ dated _____ issued by the department, and the connection of the proposed project will not be in violation of any condition of said permit.

*Attach letter of authorization

Signed: _____

Name and Title (Please Type)

Date: _____ Phone No.: _____

C. Owner/Operator* After Construction (if different from applicant)

I, the undersigned, do certify that I will become the owner/operator of the proposed facility after construction. Further, I certify that I am fully aware that the statements made in this application are true, correct and complete to the best of my knowledge. Also, I agree to operate and maintain the facilities in such a manner as to comply with the provisions of Chapter 403, Florida Statutes, and all rules of the department. I understand the permit is non-transferable and will promptly notify the department upon sale or legal transfer of the permitted establishment.

*Attach letter of authorization

Signed: _____

Name and Title (Please Type)

Date: _____ Phone No. _____

D. Professional Engineer Registered in Florida

This is to certify that the engineering features of this public drinking water system have been designed/examined by me and found to be in conformity with modern engineering principles, applicable to the treatment and distribution of drinking water characterized in this application. There is reasonable assurance in my professional judgment that the facility, when constructed as planned and properly maintained and operated, will comply with all applicable statutes of the State of Florida and the rules of the department.

Signed: Maury F. Denmeler

MAURY F. DENNELER

Name (Please Type)

ABS & ASSOCIATES, INC.

Company Name (Please Type)

3871 TAMTAMA TRAIL, P. O., FL 33949

Mailing Address (Please Type)

Florida Registration No. 34,511

Date: 2/27/90 Phone No. (813) 627-3151

Maury F. Denmeler
2/27/90
(Affix Seal)

5. Describe cross-connection control program N/A
6. Describe corrosion control program as necessary N/A
7. Water demand for additional connections (MGD) N/A
8. Number of each type of additional connections (residential, commercial, agricultural, industrial) to be served @ BUILDOUT 93 LOTS

PART C - WELL SUPPLY

Existing Wells

Well Identification								
Size of Casing								
Depth of Casing								
Depth of Well								
Pump (type)								
Pump Capacity (GPM)								

Proposed Wells

Well Identification								
Size of Casing	4"							
Depth of Casing	483'							
Depth of Well	1000'							
Pump (type)	GOULDS 5 HP, 1	SUBMERSIBLE PUMP						
Pump Capacity (GPM)	68	PHASE						

Type of well construction DEEP WELL FOR PUBLIC SUPPLY

Casing material CEMENT GROUTING Aquifer FLORIDIAN

Give all geological data, including log of test wells or wells in vicinity.

Describe possible sources of contamination (particularly those within 100' of well). N/A

PART D - SURFACE SUPPLIES

1. Name of stream, lake, or pond N/A
2. Show by attached map watershed, towns or communities above intake, industrial plants, and in immediate vicinity, farm house, picnic ground, abattoirs and other sources of pollution, with distance from intake. Locate intake on map.

PART A - GENERAL

1. Estimated total cost of project \$17,500+ Describe all water treatment WATER IS BEING TREATED USING GAS CHLORINATOR.
2. Existing plant capacity (MGD) N/A Plant capacity increase (MGD) N/A
3. Previous DER permit number(s), if any N/A
4. Present population of area served NONE Per capita consumption _____
5. Design population (additional served by this project) 217
6. Total ERC's* served 62 Total ERC's approved _____
Additional ERC's _____ [ERC (Equivalent Residential Connection) = 3.5 persons]
7. Give any industrial users of abnormal demands N/A
8. Current system water demand, in MGD (from plant operation report)
Average day N/A Maximum day N/A Maximum hour (GPM) N/A
Additional water demand, MGD: A.g. day 0.03255 Max. day 0.04883 Max. Hr. (GPM) 68
9. Is plant designed for 24-hour operation or what portion? 16 HOUR
10. Give characteristics of raw water (attach chemical analysis) CHEMICAL ANALYSIS IS PROVIDED.
11. Give source proposed water (deep well, shallow well, spring, surface) DEEP WELL
12. Sewage disposal ON SITE SEWAGE DISPOSAL SYSTEM (INDIVIDUAL SEPTIC TANK AND DRAINFIELD)
(Name and Address of sewerage utility)
13. Finished water storage: Elevated N/A Ground YES
Existing Capacity N/A Capacity Increase N/A
14. Existing service pump capacity (MGD) N/A Additional service pump cap. (MGD) N/A
15. Static head in relation to pumping plant 20'
16. Well permit from water management district? Yes Permit No. 483518-20
No Explain _____

PART B - DISTRIBUTION SYSTEM

1. Interconnection with other system NO
2. Minimum size pipe 2" Maximum size pipe 4" Minimum system pressure 35 PSI
Maximum system pressure 65 PSI
3. Is fire control provided in design? NO
4. Describe dead-end conditions and necessity for flushing including number of such conditions and flushing schedule SEMI-ANNUAL FLUSHING, 4 DEAD ENDS

Size of watershed in square miles _____

Est. Min. dry-weather flow intake _____

4. Basis of min. dry-weather flow estimate _____

5.	Existing Raw Water Pumps			Proposed Raw Water Pumps		
	Type	Capacity	Suction Head	Type	Capacity	Suction Head

PART E - TREATMENT PLANT

- Type of treatment: GAS
a) Pumping and disinfection CHLORINATOR b) Conventional floc and settling N/A
c) Upflow N/A d) Demineralization (type) N/A e) Other N/A
- Design details:
a) Emergency intake N/A bypass of raw water N/A
b) Aeration: type N/A max. design rate N/A detention N/A
orifices N/A number of trays _____ loss of head N/A
c) Service pumps: existing (no. & cap.) N/A
proposed (no. & cap.) 1 GOULD SUBMERSIBLE PUMP, 5HP, 1PHASE-2-STA-RITE JHHG
d) Disinfection: type disinfectant BOOSTER PUMP. REGAL 210 GAS CHLORINATOR WITH
type, make, capacity and number of feeders 1#/DAY CHLORINE DEMAND.
e) Auxiliary power N/A
f) Metering device and location 2" WATER METER AT TOP OF WELL
g) Mixing chamber (conventional): type _____
dimensions _____ capacity _____ detention _____
velocity (at maximum design rate) _____ Allowable head: total _____
per baffle _____ Mechanical agitator: size blade _____
motor _____ peripheral speed _____ bypass _____
drainage _____
h) Coagulating basins (conventional): _____

capacity _____ detention time at maximum plant capacity _____

velocity _____ capacity of each compartment _____

Distribution flow: inlet devices _____ outlet devices _____

i) Suspended solids contact units (upflow) _____

Process	Diameter	Capacity	Upflow rate	Detention period	Overflow Rate
Softening					
Clarification					

Remarks: _____

j) Chemical dosing devices (other type disinfecting):

Number of machines and type feeding: Alum _____ Lime _____

coagulant aid (Name) _____ Activated Carbon _____

recarbonation _____

number and size of solution tanks _____

points of application _____

size and kind of piping _____

k) Filter units:

type, material, number units _____

areas, dimensions, capacity of each unit and for total plant _____

wash troughs, number and shape _____

dimensions and distance above sand (top trough and top sand) _____

spacing (center to center) _____

max. travel suspended particles _____

filtering material: gravel (depth & size) _____

sand or other media (specify) _____

depth of bed _____ mean effective size (in mm.) _____

uniformity coefficient _____

filter bottom: type _____

ratio total area of perforations to sand area _____

laterals: size and spacing on manifold _____

perforations: size and spacing on laterals _____

on manifold _____

ratio: total area perforations to total cross-sectional area of laterals _____

manifold size and cross-sectional area _____

backwash pump(s): type and design rate _____

depth water on sand: maximum _____ minimum _____ average _____

wash tank capacity _____

Appurtenances: loss of head gauges _____ rate of flow gauges _____

rate controllers _____

Clear well: location _____ capacity _____ dimensions _____

l) Laboratory: room and bench space (areas) _____

scope of tests provided for _____

m) Bypass to plant _____ emergency intake _____

n) List type and capacities of emergency well and service pumping units _____

o) Attach schematic diagram, plans and specifications showing pump(s), pipe sizes, valves, etc.

POPULATION AND WATER DEMAND
CALCULATION FOR PHASE I

RAM 2/90

1/2

1) POPULATION FOR PHASE I

62 LOTS PHASE I

ASSUME 3.5 PEOPLE / LOT

$$\text{TOTAL POPULATION} = 62 \text{ LOTS} \times 3.5 \text{ PEOPLE / LOT} = 217 \text{ PEOPLE}$$

$$\therefore \text{TOTAL POPULATION} = 217 \text{ PEOPLE}$$

2) WATER DEMAND

62 LOTS PHASE I

ASSUME 3.5 PEOPLE / LOT

ASSUME 100 G.P.D / PERSON

ASSUME PEAK RATE FACTOR (SAFETY FACTOR) = 2

$$\text{AVERAGE 16 HRS/DAY DEMAND} = 62 \text{ LOTS} \times \frac{3.5 \text{ PEOPLE}}{\text{LOT}} \times \frac{100 \text{ G.P.D}}{\text{PERSON}} \times 1.5 = 32550 \text{ G.P.D}$$

$$\text{MAXIMUM 16 HRS/DAY DEMAND} = \text{AVERAGE 16 HRS/DAY DEMAND} \times 1.5 = 32550 \text{ G.P.D} \times 1.5 = 48825 \text{ G.P.D}$$

$$\begin{aligned} \text{PEAK 16 HRS/DAY DEMAND (MAXIMUM HOURLY DEMAND)} &= \text{MAXIMUM 16 HRS/DAY DEMAND} \times \text{PEAK RATE FACTOR} \\ &= 48825 \text{ G.P.D} \times 2 = 97650 \text{ G.P.D} \end{aligned}$$

$$\text{MAXIMUM HOURLY DEMAND} = 97650 \frac{\text{GALLON}}{\text{DAY}} \times \frac{\text{DAY}}{24 \text{ HRS}} \times \frac{\text{HR}}{60 \text{ MIN}} = 67.8 \text{ G.P.M}$$

$$\therefore \text{USE MAXIMUM HOURLY DEMAND} = 68 \text{ G.P.M}$$

Account	Label	Comment	Date	Resolution
25195250	F 5.0 No Water Service Interruption	12/16/2024: LORRAINE C/ THAT SHE AND HER NEIGHBORS HAVE NO WATER/LITTLE PRESSURE. S/O SUBMTD - TECH CBARISH CALLED CUST WHEN THIS CSR WAS ON PH W/CUST.	12/16/2024 10:19 AM	TECH STATED WORKING ON EQUALIZING PRESSURE BUT SHOULDN'T FALL BELOW 20PSI
54820997	F 5.0 No Water Service Interruption	04/03/2024: RETURNED CALL TO NANCY. NANCY SAID SHE HAD WATER UP UNTIL TODAY. NOTED SO TO VERIFY WATER OFF AND USE. CUST SPOKE TO SUPERVISOR AND INFORMED HER THAT IF SHE LEAVES TOWN WE CAN TURN OFF	04/03/2024 01:48 PM	Water was off due to a leak repair in November. Water was turned back on.
54823591	F 5.0 No Water Service Interruption	11/29/2023: DENNIS CI BECAUSE HIS WATER WAS SHUT OFF. HE SAID HE TRIED PAYING BILL ONLINE AND PAYMENT DID NOT GO THROUGH. INFORMED CUST ONCE WATER IS SHUT OFF FULL BAL IS DUE TO GET WATER	11/29/2023 12:28 PM	Water was disconnected due to non-payment.
54829740	F 5.0 No Water Service Interruption	11/15/2023: DAVID CI BECAUSE TENANT SAID THERE WAS NO WATER. ADV TECHS ARE WORKING TO RE-ESTABLISH SERVICE AND TO PLAN ON A BWN. PROVIDED WEBSITE THAT THEY CAN CHECK FOR UPDATES.	11/15/2023 02:37 PM	There was an issue at the water plant. Service restored and BWN issues.
44395274	F 5.0 No Water Service Interruption	11/15/2023: PEGGY PIXLEY CI TO SEE WHEN SHE WILL HAVE WATER. INFORMED HER WE HAVE NOT RECEIVED INFORMATION AS WHEN WATER WILL BE RESTORED. INFORMED HER THERE WILL BE A BWN FOR HER AREA	11/15/2023 10:49 AM	There was an issue at the water plant. Service restored and BWN issues.
54824373	F 5.0 No Water Service Interruption	11/15/2023: JANICE CI ABOUT NO WATER. I ADV WORKING AT PLANT. BWN BEING ISSUED. SHOULD BE BACK ON BY 12.	11/15/2023 10:34 AM	There was an issue at the water plant. Service restored and BWN issues.
54828893	F 5.0 No Water Service Interruption	11/15/2023: THOMAS C/I THAT HE HAD NO WATER. ADV SOMETHING HAPPENED AT THE PLANT BUT SHOULD BE RUNNING BY 12PM. THERE WILL BE A BWN.	11/15/2023 10:27 AM	There was an issue at the water plant. Service restored and BWN issues.
54823977	F 5.0 No Water Service Interruption	11/15/2023: DEBBIE CI ABOUT LOSS OF WATER AND LMOM. RETURNED CALL AND INFORMED TECHS ARE WORKING ON THE ISSUE AND TO PLAN FOR BWN. INFORMED HER SHE CAN KEEP UP TO DATE AT USW WEBSITE.	11/15/2023 09:45 AM	There was an issue at the water plant. Service restored and BWN issues.
54825224	F 5.0 No Water Service Interruption	11/15/2023: DONALD CI BECAUSE HE HAS NO WATER. ADV WE ARE AWARE AND TECHS ARE WORKING ON THE ISSUE.	11/15/2023 09:42 AM	There was an issue at the water plant. Service restored and BWN issues.
54799036	F 5.0 No Water Service Interruption	03/15/2022: VICKI CALLED IN, I,M, NO WATER. CALLED BACK, LMOM, ADV OF ISSUE AT PLANT AND TO LOOK FOR ANY DOOR TAGS, ETC.	03/15/2022 09:49 AM	There was an issue at the water plant. Service restored and BWN issues.
54825224	F 5.0 No Water Service Interruption	03/15/2022: DONALD C/I THAT THERE IS NO H2O SINCE 8AM. CALLED CHRIS B. PROBLEM AT PLANT. WILL BE BWN FOR AWHILE. S/O SUBMITTED.	03/15/2022 09:40 AM	There was an issue at the water plant. Service restored and BWN issues.
54828810	F 5.0 No Water Service Interruption	03/15/2022: OWNER/LL CHARLES TOTTON REPORTS METER SPINNING BUT NO WATER. CALLED CHRIS B. PROBLEM AT PLANT. WILL BE BWN FOR AWHILE. S/O SUBMITTED.	03/15/2022 09:37 AM	There was an issue at the water plant. Service restored and BWN issues.
44395274	F 5.0 No Water Service Interruption	12/24/2020: MARGARET CALLED IN TO REPORT NO WATER. ADV CBERISH ON HIS WAY TO CHK NEIGHBORHOOD OUT.	12/24/2020 12:30 PM	TECH STATED WORKING ON EQUALIZING PRESSURE BUT SHOULDN'T FALL BELOW 20PSI
25195250	F 5.0 No Water Service Interruption	12/24/2020: MRS KNOX CALLED IN - NO WATER. ADV CBERISH IS ON HIS WAY TO CHK OUT COUNTRY WALK.	12/24/2020 12:27 PM	TECH STATED WORKING ON EQUALIZING PRESSURE BUT SHOULDN'T FALL BELOW 20PSI
54801027	F 5.0 No Water Service Interruption	06/16/2020: BOBBIE CALLED IN TO ASK HOW LONG THEY WILL NEED TO BOIL WATER. ADV FIRST SAMPLE WILL BE TAKEN TODAY. IF ALL GOES WELL, SHOULD BE THURS, BUT WAIT FOR DOOR TAG/RESCIND.	06/16/2020 01:46 PM	Main break - repaired and restored service.
35595263	F 5.0 No Water Service Interruption	06/16/2020: LINDA CALLED IN TO REPORT SVC INTERRUPTON. ADV OF MAIN BREAK AND BWN.	06/16/2020 11:55 AM	Main break - repaired and restored service.
54823977	F 5.1 Pressure Issue	08/12/2024: DEBBIE CI AND LMOM ABOUT LOW PRESSURE IN HER KITCHEN SINK. I RT HER CALL AND LMOM ADV HER IF IT IS A PROBLEM ON OUR END IT WOULD BE THRU OUT THE WHOLE HOUSE AND NOT JUST THE KITCHEN SINK. I ADV HER TO CK THE SCREEN IN THE SINK.	08/12/2024 08:48 AM	N/A - no action required
54825224	F 5.1 Pressure Issue	11/24/2023: DONALD CI AND LMOM THAT THEY HAD A LOSS OF PRESSURE AT 6:52 AM. RETURNED CALL AND CUST SAID THAT THE PRESSURE HAD RETURNED. INFORMED HIM THAT NOONE ELSE HAD CALL IN TO C/O I.	11/24/2023 07:29 AM	N/A - no action required
54824373	F 5.1 Pressure Issue	06/19/2023: JANICE C/I TO REPORT LOW PRESSURE FOR SEVERAL DAYS. S/O SUBMTD. EMAILED TECH CBARISH PUTTING IN S/O.	06/19/2023 08:30 AM	dug up main unclogged 1 inch service line pressure is good now customer was there chris b
54829955	F 5.1 Pressure Issue	06/12/2023: RICARDO C/I LMOM OF LOSS OF PRESSURE AND WOULD LIKE WATER QUALITY REPORT MAILED TO HIM. C/B THAT S/O SUBMTD AND WATER QUALITY REPORT CAN BE VIEWED ONLINE AND USW WILL MAIL REPORT	06/12/2023 10:01 AM	dug up main unclogged 1 inch service line pressure is good now customer was there chris b
54828893	F 5.1 Pressure Issue	05/13/2022: THOMAS CALLED; HE ADV THEY HAVE EXPERIENCED LOW PRESSURE IN THE HOME SINCE THEY MOVED IN; ADV WOULD SUBMIT S/O TO INSPECT; HE ALSO QUESTIONED THE RATES AND USAGE; ADV AVG USAGE	05/13/2022 10:51 AM	checked pressure at house had 45 psi pulled meter to check pressure at curb stop has low pressure need to dig up main and unclog corp stop talked to customer chris b
44395274	F 5.1 Pressure Issue	03/15/2022: MARGARET CALLED IN TO REPORT LOW PRESSURE ON QUAIL ROOST ROAD - WHOLE STREET. ADV BWN IS OUT FOR CW. ANY WORK BEING DONE MAY BE AFFECTING PRESSURE. ADV TO WAIT 1 HR AND CALL BACK	03/15/2022 08:52 AM	There was an issue at the water plant. Service restored and BWN issues.
54823977	F 5.1 Pressure Issue	03/25/2021: DEBBI CALLED REGARDING LOW PRESSURE FOR THE LAST 24 HOURS; ADV WOULD SUBMIT S/O FOR PRESSURE INSPECT; ADV WOULD HAVE THE TECH ATTEMPT TO CONTACT HER WHEN THEY ARE FINISHED;	03/25/2021 04:47 PM	Called customer not home found hose running on house turned it off told customer that filter is clogged...Chris Berish
54799036	F 5.1 Pressure Issue	12/24/2020: VICKI CI. LOSS OF PRESSURE FOR ABOUT AN HOUR. 36 LAKESIDE ALSO EXPERIENCING PRESSURE LOSS. I ADV CONTACTED TECH TO INSPECT. SUBMITTED SO.	12/24/2020 12:21 PM	pressure loss was due to transfer pump had tripped out at overload. system was reset and put back online within 1hr of the initial call from the answering service
54825224	F 5.1 Pressure Issue	12/24/2020: DONALD CALLED IN - LOW PRESSURE. ATTEMPTED TO CALL CBERISH FOR MORE INFO. WILL EMAIL TEAM TO CHK IT OUT. #16 LAKESIDE ALSO CALLED IN.	12/24/2020 12:11 PM	pressure loss was due to transfer pump had tripped out at overload. system was reset and put back online within 1hr of the initial call from the answering service
54801027	F 5.1 Pressure Issue	04/01/2020: BOBBIE CI. PRESSURE ISSUES. CONFIRMED TECH WOULD INSPECT 04/01/20. SUBMITTED SO.	04/01/2020 02:24 PM	Found a problem with a float pressure is good...Chris Berish
54829955	J 9.0 Water Quality	09/27/2024: RICARDO CI BC HIS WATER SMELLS LIKE SULFER(ABOUT A WEEK NOW). SUBMITTED SO.	09/27/2024 11:36 AM	flushed home and auto flush valves all good chris b
54828766	J 9.0 Water Quality	06/29/2023: NEW OWNER CI BECAUSE HE NOTICED THAT WATER IN THE NEW HOUSE THAT IS DOWN THE ROAD FROM HIS HOUSE HAS YELLOW COLORED WATER AND BAD ODOR "LIKE DIRTY WATER". HE WANTED TO HAVE SO	06/29/2023 02:51 PM	Customers are seasonal residence and water has been sitting in pipes for some time now. Operator CJ went to home and flushed out all the old water in lines to customers home and to main line for that street. Issue is resolved. S/O done by CJ Berish
54829955	J 9.0 Water Quality	05/02/2023: RICHARDO CI TO FIND OUT WHY HIS WATER IS BROWN AND HAS A SULFER SMELL TO IT. I FILLED OUT A S/O FOR WATER QUALITY.	05/02/2023 08:56 AM	flushed home and auto flush valves all good chris b
17195240	J 9.0 Water Quality	09/03/2020: PATRICIA CALLED; SHE REPORTS THAT HER WATER STINKS LIKE DIRTY SOCKS; ADV WOULD SUBMIT S/O TO HAVE WATER QUALITY CHKED;	09/03/2020 01:16 PM	Dustin and cj responded checked residual all good no answer left door hanger explained issues with c12 pump issues have been resolved...Dustin Williams
43595273	J 9.0 Water Quality	01/13/2020: ROBERT CALLED IN AGAIN. WATER HAS GOTTEN INCREASINGLY WORSE AGAIN. THE WATER HAS RETURNED TO SMELLING OF SULFUR. SUBMITTED S/O TO HAVE TECH COME OUT AND FLUSH AGAIN.	01/13/2020 08:23 AM	continued to flush, raised chlorine residual...Andrew Borremans



4939 CROSS BAYOU BOULEVARD
NEW PORT RICHEY, FL 34652

INVOICE

Page: 1

Invoice Number: SI106285
Invoice Date: 10/31/2024
Due Date: 11/30/2024

Bill To: Country Walk Utilities, Inc.
4939 Cross Bayou Boulevard
Attn: Joe Gabay
New Port Richey, FL 34652

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

Job Number: J01529
Job Description: Country Walk Utilities, Inc.

Customer ID: C00940
P.O. Number:
WA:

Date	Item/Description	Task Number	Qty. Unit	Unit Price	Total Price
8/2/2024	Maintenance Technician	2030	1 Hour (s)	92.58	92.58
8/5/2024	Maintenance Technician	2030	1.5 Hour (s)	92.58	138.87
8/7/2024	Maintenance Technician	2030	4 Hour (s)	92.58	370.32
8/8/2024	Maintenance Technician	2030	7 Hour (s)	92.58	648.06
8/12/2024	Maintenance Technician	2030	3 Hour (s)	92.58	277.74
8/12/2024	Maintenance Technician	2030	3 Hour (s)	92.58	277.74
8/13/2024	Maintenance Technician	2030	8 Hour (s)	92.58	740.64
8/13/2024	Maintenance Technician	2030	4 Hour (s)	92.58	370.32
8/14/2024	Maintenance Technician	2030	6.5 Hour (s)	92.58	601.77
8/14/2024	Maintenance Technician	2030	6.5 Hour (s)	92.58	601.77
10/14/2024	Admin	2030	2 EA	68.74	137.48

EPA Lead Inventory



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



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[Click Here to Pay](#)

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

Subtotal:	4,257.29
Total Sales Tax:	0.00
Total USD:	4,257.29
Adjustments:	0.00
Amount Due:	4,257.29