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

January 27, 2025

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

Re: Docket No. 20240119-WU - Application for staff-assisted rate case in Polk County, by Alturas Water, LLC.

Dear Commission Clerk:

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

Company Response: Alturas is supplied by a well. No purchase water.

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

Company Response: Please see Exhibit #1

3. Copies of monthly operation reports for water from July 1, 2023, to June 30, 2024, (test year) in Microsoft Excel format, if available, which includes:

Company Response: See enclosed exhibit # 2

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

Company Response: See enclosed.

AFD \_\_\_\_ Com
AFD \_\_\_ APA \_\_\_ ECO \_\_\_ USB Drives
GCL \_\_\_ IDM \_\_\_

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

Company Response: PWS ID # 6530057

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

Company Response: None

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

Company Response: See attached Exhibit #3

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

Company Response: Map on enclosed flash drive.

8. Please fill out the attached spreadsheet 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.

Company Response: Tank Replacement previously submitted.

In addition, please also provide a response to the following new question.

9. Please refer to the Utility's 2023 Annual Report. In the table below, provide the information present on the "Pumping and Purchased Water Statistics" table on page W-4 of the Utility's Annual Report for water from July 1, 2023, to June 30, 2024, (test year) in Microsoft Excel format. As a part of this response, detail the methodology the Utility used to determine the Utility's water usage.

**Company Response:** The company uses a flow meter at the well to determine the utility's water usage. Please note. June 2024, flow meter at water plant was not operating properly due to debris in the meter from the well. The meter was removed and cleaned and serviced. Excel spreadsheet on enclosed flash drive.

On behalf of the utility,

Mike Smallridge

## PUMPING AND PURCHASED WATER STATISTICS SARC Test Year (July 2023 to June 2024)

(a)	Water Purchased For Resale (Omit 000's) (b)	Finished Water From Wells (Omit 000's) (c)	Recorded Accounted For Loss Through Line Flushing Etc. (Omit 000's) (d)	Total Water Pumped And Purchased (Omit 000's) [ (b)+(c)-(d) ] (e)	Water Sold To Customers (Omit 000's) (f)
Jul 2023 Aug 2023 Sep 2023 Oct 2023 Nov 2023 Dec 2023 Jan 2024 Feb 2024 Mar 2024 Apr 2024 Jun 2024 Test Year		417 520 404 340 408 419 439 342 424 500 418 70	12 12 12 12 23 12 15 12 12 12 12 15	405 507 391 328 385 407 424 330 411 488 406 55	182 288 282 156 273 214 206 186 207 233 195 330

#### **ALTURAS WATER**

SARC ProForma

Date	Invoice	Vendor	Description	Amount
TANK				
10/21/2024		Modern Welding	tank and installation	34,206.18
1/8/2025	card	Pasco Pipe Supply	pipe	4,278.47
11/26/2024		Sims Crane & Equipment		781.40
8/21/2024		ConstaFlow	clearance samples	382.00
PUMP				
6/3/2024		Dunham Well		13,192.50
10/30/2024	card	Lowes		521.18
				53,361.73

\$ 15,000 pord \$ - 1, -24

1801 Atlanta Ave.

Modern Welding Co. of Florida, Inc.

P.O. Box 568678 (32856)

Orlando, FL 32806 **United States** 

4 19.206.18 part 10-23-14 Phone: 407-843-1270
Fax: 407-423-8187
Finance of by Loan 1187 Date: 10/21/24

Invoice #: 74135B

Invoice

Page: Entred By:

1 of 1 gcaton

Invoice #: 74135B

Sold To Customer No.: 0663027406

Florida Utility Services, LLC 5911 Trouble Creek Rd. New Port Richey FL 34652

United States

Phone: 352-302-7406

Fax:

Ship To:

Mike Smallridge, cell# 352-302-7406

**FGUA** 

Lakeland FL **United States** 

Phone:

Fax:

Order Date: 8/6/2024

Need By:

TBD

PO Number:

Ship Via: Ex Works

FOB: N/A

Terms: Due Immediately

Payment Terms: 50% deposit due prior to material ordering & fabrication.

Balance due at completion of fabrication in the form of a cashier's check.

Line Part Number/Description Weight **UOM** Order Qty **Unit Price** Ext. Price 1 3,000 Gallon Non/Code Hydropneumatic Tank 1.00 EA 31,303.00 / 1 31,303.00

Horizontal - aboveground - non/code hydropneumatic tank -

Fabrication in accordance to ASME Section VIII, Div. 1 Standards

NOT stamped - 100 PSI design pressure -

MWCF Dwg.# T-6-621 -

(2) Plate saddles welded to the tank

Line (1)		Line Miscellaneou	is Charges	S.:	
Quantit	Y	<b>Unit Price</b>	Freq	<u>Description</u>	Ext. Price
1.) 1	!	975.00	(L)	Freight Sales	975.00
					975.00

31,303.00 Line Total:

1,928.18 Line Tax Charges:

Line Miscellaneous Charges:

975.00

Order Miscellaneous Charges:

0.00 34,206.18

Credit for deposit paid via wire, recv'd. 08/6/24...< 15,000.00 >

**BALANCE:** \$19,206.18

Note, deposit amount does not include a percentage of the taxes or freight costs.

**Customer Signature** 

This transaction is governed by Seller's Terms and Conditions of Sale attached hereto and/or located at the website indicated below. ANY ADDITIONAL AND/OR DIFFERENT TERMS PROPOSED BY BUYER ARE DEEMED MATERIAL ALTERATIONS AND ARE HEREBY EXPRESSLY REJECTED.

Seller's website: https://www.modweldco.com/terms-and-conditions-of-sale



PO Box 11825 Tampa, FL 33680-1825 Ph. (813) 626-8102 Fax (813) 626-6255

ALTURAS WATER 5911 TROUBLE CREEK RD NEW PORT RICHEY, FL 34652 USA

Invoice

246896

Invoice Date:

Tuesday, November 26, 2024

Customer:

41311

Job No:

MBOR-195732

Salesperson:

George Carr

Ordered By:

MIKE SMALLRIDGE

ALTURAS WATER TANK
2535 3RD STREET
BARTOW, FL 33830

MW TANK Sett.

Terms: Net 30

Customer P.O. No:

Customer Phone:

(352) 302-7406

Work Performed:	UNLOAD 12,000LB TANK									
Date	Description	Unit No	Qty Unit Meas	Qty Unit Meas Rate						
11/22/2024	30 Ton Hydraulic Truck Crane Operated Rental Hourly	TC182	4.00 Hour	\$170.00	\$680.00					
	Permit Charge		1.00 Each	\$30.00	\$30.00					
	Compliance, Fuel, and Parts Fee			10.50%	\$71.40					

Total Invoice:

\$781.40

PLEASE REMIT PAYMENTS ONLY TO:

Dept #9890

Sims Crane & Equipment Co.

PO Box 850001

Orlando, FL 32885-9890

if you currently pay via ACH, no changes are required. (Please contact us if you would like to set up ACH payments)

AccountsReceivable@SlmsCrans.com

Efective 8/1/2022, a 3% Convenience Fee will be assessed for all payments made by credit card

Due to escalating costs it has become necessary for Sims Crane to attach a Regulatory compliance Surcharge on all Rentals.

WE SEND NOTICE TO OWNER ON ALL INVOICES.



PO Box 11825 Tampa, FL 33680-1825 Ph. (813) 626-8102 Fax (813) 626-6255

ALTURAS WATER
5911 TROUBLE CREEK RD
NEW PORT RICHEY, FL 34652

Invoice

246896

Invoice Date:

Tuesday, November 26, 2024

Customer:

41311

Job No:

MBOR-195732

Salesperson:

George Carr

Ordered By:

MIKE SMALLRIDGE

Job Site:

ALTURAS WATER TANK 2535 3RD STREET BARTOW, FL 33830

Terms: Net 30

Tampa-orlando-mulberky-vero beach-hiami-pt, myerb-lackbonyillb-ocala West palm Beach-spacecoast-tallahasseb-broward-lake city-atlanta-panawa city

#### PASCO PIPE SUPPLY, INC 14700 US 19 HUDSON, FL 34667 (727)863-4339

#### SALES ORDER INVOICE 2024029

1 of 2 1/08/25 9:37:25

#### SALE

Store: 0001 Term: 0003 MID: 4247 REF#: 00000004 Batch #: 904 RRN: 500814332517

09:06:31 01/08/25 AVS: ZIP WATCH CVC: M

Trans ID: 585008507915484 PO#: 2024029

**AMOUNT** 

APPR CODE: 701605 Manual CNP **VISA** \*\*\*\*\*\*\*\*\*\*1959

\$4,278.47

\*\*/\*\*

NAME

**WAREHOUSE:** 001

PASCO PIPE SUPPLY 14700 US HWY 19 HUDSON, FL 34667

Phone #727 863 4339

**PAYMENT:** CASH

Customer Copy

SHIP TO:

COD-CONTRACTOR 14700 US HWY 19 HUDSON, FL 34667 SPECIAL INSTRUCTIONS:

Promised Date: 01/07/25

ORDERED BY: ANTONIO

**APPROVED** 

JOB#

SLS CSR ORDER DATE SHIPPING METHOD

HSE JJK 1/07/25 PICKUP

THANK YOU! **UOM ORDER SHIPPED** B/O **UNIT PRICE** DISCOUNT NET PRICE -NAME-ON-CARD:-----ON CUSTOMER COPY VISA 4278.74 MIKE 001 DS3-1-350 3X1 DS SERV SADDLE (3.25-3.50) EA 2 2 0 44.66000 89.32 R4 S2 B3 002 P10G QUART GRAY HEAVY BODY PVC CEM EA 1 1 0 36.29000 36.29 R7 S1 B10 003 SGK12-58 1/2X5/8 SIGHT GLASS VALVE KIT EA 1 1 0 77.92000 77.92 R9 S0 В1 PRV2HD 2 BRASS-LF PRESS RLF VALVE 75# EΑ 1 1 340,00000 340.00 R9 S4 В8 005 PS40-60 40/60 STD PRESSURE SWITCH ΕA 1 1 0 13.68000 13.68 R9 S5 B3 006 PV4-4L80 4 SCH80 PVC 45° SXS 5 ĒΑ 5 0 98.58000 492.90 R22 S1 B3 007 PV4-9L80 4 SCH80 PVC 90° SXS EΑ 2 2 0 36.31000 72.62 R22 S1 B7 008 PV4T80 4 SCH80 PVC TEE SXSXS 2 EA 2 0 50.88000 101.76 R22 S3 B9 009 PV4VS80 4 SCH80 PVC V/S FLANGE SLIP EA 3 3 0 50.07000 150.21 R22 S4 B6

### SALES ORDER INVOICE

2024029



**REMIT TO:** 

PASCO PIPE SUPPLY 14700 US HWY 19 HUDSON, FL 34667 WAREHOUSE: 001

PASCO PIPE SUPPLY 14700 US HWY 19 HUDSON, FL 34667

Phone #727 863 4339

**CASH** PAYMENT:

Customer Copy

SOLD TO: 200236

COD-CONTRACTOR 14700 us highway 19 Hudson, FL 34667 SHIP TO:

COD-CONTRACTOR 14700 US HWY 19 HUDSON, FL 34667 **SPECIAL INSTRUCTIONS:** 

Bid #: 1013019

Promised Date: 01/07/25

ORDERED BY: ANTONIO

**CUSTOMER PO JOB NAME** JOB# SLS CSR ORDER DATE SHIPPING METHOD COD TICKET HSE JJK 1/07/25 PICKUP DISCOUNT NET PRICE LINE ITEM / DESCRIPTION **UOM ORDER SHIPPED** B/O **UNIT PRICE** 010 P38-58CLEAR 20.22 3/8X5/80D ACRYLIC CLEAR PIPE6 LF 6 6 0 3.37000 R35 S10 011 GV4FL-HW 4 KNDY C515 NRS GV FLGD W/ HW 748.20000 2244.60 EΑ 3 3 0 R36 S0 B9 012 GK4FF 4 X 1/8 FF RR FLANGE GASKET 10 3.56000 35.60 10 0 R53 S4 B5 013 FAK4ZINC-C 4 ZINC FLG BOLT & NUT KIT EA 8 0 10.12000 80.96 8 R53 S6 B2 014 V2BV-FPLF 2 BRASS-LF BV FULL-PORT 600# 121.37000 242.74 EA 2 2 0 R55 S2 B8

NO. CTNS W	EIGHT SHIPPED VIA	SHIP DATE	PICKED BY	CHECKED BY	Subtotal:	3,998.82
		1/07/2	5		Tax:	279.92
DATE RECEIVED	RECEIVED BY (NAME)	RECEI	VED BY (SIGNA	TURE)	Freight:	.00
					Other:	
	BE RETURNED WITHOUT PRIOR AUTHOR	-			Total Due:	4 278 74

### Invoice

#### **Consta Flow Inc**

5574 Commercial Boulevard Winter Haven, FL 33880 (863) 965-2599 Jennifer@constaflow.com

DATE	08/21/2024	
INVOICE#	5582	
TERMS	NET 30	
DUE DATE	09/20/2024	

#### **BILL TO**

Alturas Utility Alturas Water LLC 5911 Trouble Creek Rd New Port Richey FL 34652 (863) 904-5574

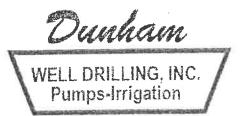
#### SERVICE LOCATION

Alturas Utility Alturas Water LLC 5911 Trouble Creek Rd New Port Richey FL 34652 (863) 904-5574

JOB#	DATE PO/REF#		DESCRIPTION								
1018678022	018678022 08/01/2024		Collect Bacti clearance samples 8/01, 8/02 due to System off t weld patch on tank at water treatment plant.								
, r	, r			lotes:							
Job Charges	de sylvingender vijet in yn yn menndendeld de	100 Face (*facet*) van de ** ** ** *** *** *** *** *** *** ***	No. 1 to 2 18 To Bulleton - Species and State	Qty	Rate	Total	Paragraphic No. 1946				
Clearance sam Clearance Sam		and remain and curries and a fire flyingure to	gan hai magari sharada atau mg	4.00	\$48.00	\$192.00	rear en yen seregigsabageger gi				
Collection/Prod Job Subtotal	cessing Fee			2.00	\$95.00	\$190.00 <b>\$382.0</b>					
FL Tax  Job Total					7.00%	\$0.00 <b>\$382.0</b>	O				
	PRE-WORK SIGN	NATURE			POST-WORK SIGI	NATURE					
Signed By:		1.00	Signed I	Зу;		Abbreals with the second	and the second s				
	CUSTOMER MESSAGE		Invoice	\$382.00							
			Deposit	s (-):			\$0.00				
17774 100			Paymer	nts (-):			\$0.00				
			Total D	ue:			\$382.00				

# PAID \$ 6192.50 ON 7-1-24





1341 42nd Suse 12 W Winter Haven, Florida 3033\* TELEPHONE: (883) \$30-258 ( FAM 683-985-1081

Florida Utilities Service 5911 Trouble Creek Rd. New Port Richie, Fla. 34652

June 3, 2024

Phone: Mike 352-302-7406

E-mail: Mike and a standard

Attention:

Mike Smallridge

Project:

Altrus Water Utilities

Packing House Rd.

Altrus, Fla.

Pump replacement.

Quote to replace the pump at the above location. The stater was all burned up from cycling and it got the pump also. We repaired the starter, but the pump was shorted out from the cycling. Here is a list of the material that will be needed to get it up and running.

The starter contact set was repaired and rewired.

Labor to clean the starter up and replace the contacts.

Well seal 6" x 2"

7 1/2 H.P. 230-volt 3 phase motor

7 1/2 H.P. pump end

Submersible wire heavy duty flat 175'

Miscellaneous material

Crane time 8 hrs.

2 men with hoist truck and tools 8 hrs.

1 extra man to help 8 hrs.

Total tax included

\$11,940,00

Labor to pull the pump and check the starter out.

Service call to see what was wrong 1 1/2 hrs.

Crane time 3 hrs.

2 extra men 3 hrs.

Total to pull the pump and check the starter \$1,252.50

Total estimated cost with tax

\$13,192.50

Down payment (\$7,000.00) balance upon completion.

Mike, you need to find a place to replace this well. It is going to fail one of these days.

This well is in BAD shape.

George W. Dunham

Authorization: MLL

Date: 6/5/2-7.

#### **Compliance**

From: Sent:

To: Subject: Lowe's Home Improvement <do-not-reply@receipt.lowes.com>

Wednesday, October 30, 2024 9:18 AM

COMPLIANCE@FUS1LLC.COM

Your Lowe's Purchase Receipt

10-31-24



Your Lowe's Receipt

Thanks for shopping at Lowe's. Use this just like you would a paper receipt for proof of purchase, record keeping, returns and more.

LOWE'S HOME CENTERS, LLC 23227 Us Highway 27 Lake Wales , FL 33859 (863) 734-5000

Transaction #: 942431111

Order #: 202410302240942431111 Order Date: 10/30/24 09:17:41

×

Item

**Price** 

SAKRETE 80-LB CONCRETE MI

\$ 451.08

Item #: 132022

5.97 Discount Ea -0.60

84 @ 5.37

PALLET CHRG OLDCASTLE/TXI

\$ 36.00

Item #: 270120

2@18.00

Invoice 71174 Subtotal

\$ 487.08

Invoice 71174 Subtotal

\$ 487.08

Subtotal	\$ 487.08
POLK - COUNTY TAX	\$ 4.87
FL - STATE TAX	\$ 29.23
Total Tax	\$ 34.10
Total	\$ 521.18

Total Savings This Trip: \$ 50.40

### **Total # of items purchased: 86**Excludes fees, services and special order items

Payment: DEBITVISA ending in 4569	\$ 521.18
AuthTime	10/30/24 09:17:24
AuthCD	877526
REFID	224001174892
Customer Code	no
Order Date	10/30/24 09:17:41
Store #	2240
Terminal #	1

Tell us how we did! Enter for a chance to win!

#### START SURVEY

Thank you for shopping at Lowe's.

To see our return policy, visit <u>Lowes.com/returns</u>

LOWE'S PRICE PROMISE FOR MORE DETAILS, VISIT LOWES.COM/PRICEPROMISE

My Account | Contact Us | Find a Store | Privacy Statement | Billing Policy

Lowe's App | Return & Refund Policy

### Exhibit 1

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

Lab Name: Advanced Env	ironmental Laboratories, Inc. F	lorida DOH Certification	n#: E84589	Certification Expiration [	Date: 06/30/2025
			ATTACH CURRENT	DOH ANALYTE SHEET*	
Address: 9610 Princess	Palm Ave, Tampa, FL 33619		Phone #: _(813) 63		
Were any analyses subco	ntracted Yes V No	If yes, please provide D	OH certification nu	mber(s):	
ANALYSIS INFORMATIO	N (to be completed by lab) Date S		ATTACH DOH ANAL 10/04/2024	YTE SHEET FOR EACH SU	BCONTRACTED LAB
PWS ID: (From Page 1):	6530057 Sample	e Number (From Page 1):	T2423741001	Lab Assigned Report # Or	Job ID: T2423741
Group(s) Analyzed & Resi	ults attached for compliance with C			Last Hongrice Hoports Of	12423741
Inorganics  All except Asbestos  Partial  Nitrate  Nitrite  Asbestos		lle Organics Disi	nfection Byproducts Trihalomethanes Haloacetic Acids Chlorite Bromate	Radionuclides Single Sample Otrly Composite*	Secondaries All 14 Partial
Maneatos		LAB CERTIFICA	TION		
L,	Sue Bell		Sr Project Man	ager	, do HEREBY CERTIFY
	(Print Name		(Print Title)	-	e <sup>c</sup>
that all attached analytical dal	a are correct and unless noted meet a	all requirements of the Nat	ional Environmental L	aboratory Accreditation Con-	ference (NELAC).
Signature:	Suebly		Date:	10/16/2024	
	nd current Florida DOH lab certification nst the public water system for failure to I sample dates & locations for each qu		nalyte Sheet for the a t in notification of the	attached analysis results will r DOH Bureau of Laboratory S	esult in rejection of the repor ervices.
	CONFIRMATION & NOTIFICATION IS RE	QUIRED WITHIN 24 HRS FO	OR NITRATE OR NITRI	TE MCL EXCEEDANCES	
NON-DETECTS	ARE TO BE REPORTED AS THE MOLW	TTH "U" QUALIFIER. (No	n-detects reported as "B	DL" or with a "<" are not accepta	ble.)
	IATION(to be completed by DEP or D				
Sample Collection & Analys				r Report Requested (circle or	· highlight group(s) above)
Person Notified:	Da	ate Notified:	. 1	DOH Reviewing Official:	
Reporting Format 62-550,730 Effective January 1995, Revised D	December 2012	Page: 7	7		/

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

RECEIVED

DEC 5 2024

PUBLIC WATER SYSTEM INFORMATION (to be co	mpleted by sampler - please type or print legibly	)	Environmental realm
System Name: Aturas Still	1	PWS I.D. #:6530	FDOH - Bartow 057
System Type (check one): Community	Nontransient Noncommunity	Transient Noncommunity	
Address: 5605 Packing Nouse	rl		
City: Berton	ZIP Code:	<u>33</u> 830	
Phone #: Fax #:	E-Mail Address:		
SAMPLE INFORMATION (to be completed by sampler	ı		
Sample Number: T2423741001 Sample	Date: 10/03/2024 Sam	ple Time: 14:05 Al	M PM (Circle One)
Sample Location (be specific): POE		Location Code:	
Disinfectant Residual (Required when reporting results for triha	formethanes and haloacetic acids mg/L	Field pH:	
Sample Type (Check Only One)	Reason(s) for Sample (C	heck all that apply)	ENTEREC
Distribution	Routine Compliance with 62-550	Replacement (of Invalidated Sample	DEC 10 2074
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:		
	Sampling Procedure Used or Other Comments:	TI 11 11 1 1 1	1 1 5
Ave Residence Time	400 2024 Carloon	letrachlorde (Voc)	10/4 Q
	*See 52-550(5) for requirements and restrictions. And 62-550 512(3) for nitrate or nitrite exceedances.	*See 62-550.550(4) for requirement and attach a results page for each site.	0
lenuity Alexander (Print Name	SAMPLER CERTIFICATION (Print Title)	, do HEREBY CE	ERTIFY
that-the-above public water system and sample collection in			
Signature: Q LC C	Date:	10-22-2024	
Certified Operator # COLUTI Phone #	139652599 Sampler	s Fax #:	
Sampler's E-meil:			
Reporting Format 62-550,730 Effective January 1995, Revised December 2012	Page: 6 of 9	9	

\*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.

ters Heinir: Cor	ista Flow, Inc.	Project He	Project Nerce. Alturas Utility				32.87								Г	
istrus: 557	4 Commercial Blvd	Project Nu	Project Number:				BOTTLE SIZE	1 1		1						
Win	ter Haven, FL 33880	PO Numbe	r,		-			-		+-+-			1		-	١,
NOPE:	863-965-2599	FOEP Fad	Sity Mac	653005	7			GE C	8							LABORATORY I D. NI IMBER
X.		FOEP Fac	olity Addr.	5805 Pi	scking Ho	ouse Ros	d	ANALYSIS REQUIRED						1		2
arslect;	Jennifer Alexander			Aituras				RE	2982 CARBON TETRACHLORIDE		_					2
implied By:	Caleb Cobb	Special In:	Sowce tresuctions 4th Q 2024 Carbon Tetrachloride 1 of 4			YSIS	8 3							>		
ITI Around Time:	Standard X Rush	_				NAI.	28							1 8		
AEL Profile #;		ADaPT		EQuis		Other		4	1ET			4				A
SAMPLE ID SAMPLE DESCRIPTION		ON	Grab	SAM	PLING	MATRIX	NO.	Promotor								8
			Comp	DATE	TIME	Total value	COUNT	Field- Filtered?								
1	POE		Comp	11-3-24	1485	DW			X	+++	-	-				£0
										* 1.2 4 2 3 7 4 1 *		<b>1</b>				
													_	-		
ceived on los E :N: AD-D051web	wastewater SW = surface water GW  as No Pamp taken from s  Form last revised 08/07/2019	emple 🗀 T	amp from	n blank [2 Device	Where n	equired, pH	checked	7	lemp, when receiv	rvstion Code: 1 = los vad (observed) gunused) J: 9A (	A.C T	errie when	monived	(corrected	n	
Tall (	Sylshadoy: Dete Ten		Rece	project have		Date	Time			RINKING WATE						
	U- 107 T/U- 111 U		The			Vel Wise	1020	<ul><li>1</li></ul>	(When PWS linto	emetion not altherwise supp	Buch PSWS ID:					

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

Report Number / Job ID:

T2423741001

PWS ID (From Page 1):

6530057

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Analysis Date	Analysis Time	DOH Lab Certification #
2982	Carbon tetrachloride	3	ug/L	0.25	/ u	EPA 524.2	0.25	0.5	10/15/2024	00:43	E84589

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

LABORATORY CERTIFIC	CATION INFORMATION to	pe completed by lab - please	type or print legibly)		
Lab Name: Advanced Envi	ronmental Laboratories, Inc	E. Florida DOH Certifica	ation #: E84589	Certification Expiration Dat	e: 06/30/2025
			ATTACH CURRENT	T DOH ANALYTE SHEET*	
Address: 9610 Princess	Palm Ave, Tampa, FL 3361	9	Phone #: _(813) 6	30-9616	
Were any analyses subcor	ntracted Ves N	lo If yes, please provid	le DOH certification n	umber(s): E82574	
			ATTACH DOH ANA	LYTE SHEET FOR EACH SUBC	ONTRACTED LAB
ANALYSIS INFORMATIO	N (to be completed by lab)	Date Sample(s) Received:	10/04/2024		
PWS ID: (From Page 1):	6530057	Sample Number (From Page	= 1): T2423742001	Lab Assigned Report # Or Jo	ob ID: T2423742
Group(s) Analyzed & Resu	ults attached for compliance	with Chapter 62-550, F.A	.C. (Check all that apply):		
Inorganics  All except Asbestos  Partial  Nitrate  Nitrite  Asbestos	Synthetic Organics All 30 All Except Dioxin Partial Dioxin Only	All 21	Disinfection Byproducts Trihalomethanes Haloacetic Acids Chlorite Bromate	Radionuclides Single Sample Otrly Composite*	Secondaries All 14 Partial
Manager 1		LAB CERTIF	ICATION		
I,	Sue Bell		Sr Project Ma	anager ,	do HEREBY CERTIFY
	(Print Name		(Print Title)		
that all attached analytical dat		d meet all requirements of the	National Environmenta	Laboratory Accreditation Confer	ence (NELAC).
Signature:	Subbly		Date:	10/17/2024	
possible enforcement agai ** Please provide radiologica	inst the public water system fo al sample dates & locations for CONFIRMATION & NOTIFICATION	r failure to sample, and may r each quarter. ON IS REQUIRED WITHIN 24 HF	esult in notification of the	e attached analysis results will result an analysis results will result by a more and analysis results will result by a more and acceptable "BDL" or with a "<" are not acceptable	vices.
COMPLIANCE DETERMIN	NATION(to be completed by I	DEP or DOH – attach notes a	s necessary)		
Sample Collection & Analy	sis Satisfactory: Yes	] No	Replacement Sample	or Report Requested (circle or hi	ghlight group(s) above)
Person Notified:		Date Notified:	1/2 DE	P/DOH Reviewing Official:	
Reporting Format 62-550.730 Effective January 1995, Revised I	December 2012	Pa	ge: 7 of 9		

<sup>\*</sup>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.

DEC 5 2024

Environmental Health

PUBLIC WATER STS EM INFORMATION (to be completed by sampler -	• please type or print legiony)
System Name: 4/1/11/16 / Hilly	PWS I.D. #: 6530057
System Type (check one): Community Nontransient No	oncommunity Transient Noncommunity
Address: 51,05 Padinghouse PM	
city: Barton	ZIP Code: 33880
Phone #: Fax #: E-Mail /	Address:
SAMPLE INFORMATION (to be completed by sampler)	
Sample Number: T2423742001 Sample Date: 10/0	03/2024 Sample Time: 14:00 AM PM (Circle One)
Sample Location (be specific): POE	Location Code:
Disinfectant Residual (Required when reporting results for trihalomethanes and haloace	etic acids mg/L Field pH:
	Reason(s) for Sample (Check all that apply)
☐ Distribution ☐ Routine Complian	nce with 62-550 Replacement (of Invalidated Sample)
Entry Point (to Distribution) Confirmation of M	#CL Exceedance* Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550 Composite of Mul	Itiple Sites* Clearance (permitting)
Raw (at well or intake) Other:	
The state of the s	Unada a Othar One and a
Ave Residence Time	Used or Other Comments:
	SOC Denzo(A) Dyrene 104 W
	irements and restrictions.  'See-62-580.550 4) for requirements and litrate or nitrite exceedances.  'See-62-580.550 4) for requirements and litrate or nitrite exceedances.
SAMPLER CERTIF	FICATION
1 Pourse April andrew	, do HEREBY CERTIFY
(Print Name	(Print Title)
that the above public water system and sample collection information is complete	
Signature: Signature:	Date: 10-22-2024
Certified Operator # CDLU71 Phone # 863 9165	Sampler's Fax #:
Sampler's E-mail:	
Reporting Fermat 62-550,730	Page: 6 of 9

Effective January 1995, Revised December 2012

<sup>\*</sup>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.

	Advanced	Altamont							075		-					- 1	-	1_	-
CLL	Environmental Laboratories, Inc	Fort Myer  Jacksony	8; 131 [[e: 8	00 Westinks To 881 Southpoint	rraca, Sta. 10, I Phwy., FL 3221	FL 33913 • 239.5 6 • 804.383.8350	74,8139 • Lab • Lab 10; E82!	D; E84492 674				***************************************				352 377. <b>2</b> 348 854.889. <b>22</b> 88			
100		Tallahasa						D: E311095				Tampa:	9610 Princes	a Pahn Ava.	, FL 33619 • 6	113.630,9616	Lab 10: E84	589	
Ctient Name; Go	nsta Flow, Inc.	Project Name:		Alturas	Utility			BOTTLE SIZE & TYPE											
Address: 55	74 Commercial Blvd	Project Number						E											
Wii	nter Haven, FL 33880	PO Number:							m										1 K
Phone:	863-965-2599	FDEP Facility N	o;	653005	7			RED	E E										MBE
FAX		FDEP Fecity	Addr	5605 Pa	cking Ho	ouse Roa	d	ing:	λď										3
Contact:	Jennifer Alexander			Alturas				SRE	00										G.
Sampled By:	(aleb Cibb	Special Instruc	tions:	4th Q 20	024 SOC	Benzo(A	)Pyrene	ANALYSIS REQUIRED	BENZO(A)PYRENE										LABORATORY I.D. NUMBER
Turn Around Time:	Standard X Rush	1 of 4						ANA	525.2 E										ATO
AEL Profile #:		ADaPT		EQuiS		Other			52										- B
SAMPLE ID	SAMPLE DESCRIPTION		dine		PLING	MATRIX	NO.	Preservation Field-		-	_			-	-	-	-	├	AB
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	* wastewater BW = surface water GW = gr											1							Thiosulfate
	Gree No Gremp taken from samp	ple 🔲 Terr	ioi qi			required, ph neasuring T					vesdo) be thesu nun		-	- 1	1	received A: 3A			
	Form text revised 08/07/2019  Unquished by: Date Time		Rec	eived by:	a mond tot t	Date	Tim			-	INKING	-1.6	and the second s	and the second s	No.	-			2017-W-02-348-2
4-1-1	Out 19/4/0 1020		1			Juku	100	u	(Wher	PWS Info	metion not e	othanwise s	uppsad)	PWS ID:					_
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4						1	1		-		handaring out of the second		Hammiel	Print, Page 1910 1911 1911 1911	4.74	- interes		THE CONTRACTOR	Para National Nationa

SYNTHETIC ORGANICS

Report Number / Job ID: T2423742001

PWS ID (From Page 1):

6530057

62-	5	5	0	.3	1	0	(4	4)	(b	

Contam ID	Contam Name	MCL	Units	Analysis Result	qualifier*	Analytical Method	Lab MDL	RDL	Extraction Date	Analysis Date	Analysis Time	DOH Lab Certification #
2306	Benzo(a)pyrene	0.2	ug/L	0.015	/ U	EPA 525.2	0.015	0.02	10/14/2024	10/16/2024	23:25	E82574

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

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

### Exhibit 2

PLANT NAME:

Monitoring Period From: 7/01/23 To: 7/31/23

Alturas Utility M
(WATER REPORT)

		(AAN LEV.	VILL OIL						
DAY	Well	Irrigation	TRC	PH	TRC	PH	MULT.	1000	TOTAL
PREV	13870								
1							18667		18667
2							18667		18667
3	13926		3.9		3.9		18667		18667
4							13500		13500
5	13953		2.3		0.3		13500		13500
6							12000		12000
7	13977		2.8		2.8		12000		12000
8							12000		12000
9							12000		12000
10	14013		2.4		1.8		12000		12000
11							12000		12000
12	14037		2.2		1.5		12000		12000
13							14000		14000
14	14065		2.2		1.2		14000		14000
15							12333		12333
16							12333		12333
17	14102		1.8		1.0		12333		12333
18							13000		13000
19							13000		13000
20							13000		13000
21	14154		2.7		2.7		13000		13000
22							11667		11667
23							11667		11667
24	14189		2.7		1.7		11667		11667
25							13500		13500
26	14216		2.6		1.5		13500		13500
27							14667		14667
28							14667		14667
29	14260		2.4		1.2		14667		14667
30							13500		13500
31	14287		2.5		2.5		13500		13500
Total Flow							417000		417000
ADF							13452		13452
MAX			3.9		3.9		18667		18667
MIN			1.8		0.3		11667		11667

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

I. General Information for the Month/Year of	f: Monitoring Period From: 7	/01/23 To: 7/31/23		
A. Public Water System (PWS) Information				
PWS Name: ALTURAS UTILI		PWS Identification	Number:	6530057
PWS Type: 🔀 d	Non-Transient Non-Community	Transient Non-Com		secutive
Number of Service Connections at End		Total Population Served		
PWS Owner:	Q			
Contact Person: MIKE SMALLRIE	OGE	Contact Person's Title:	PRESIDENT	
Contact Person's Mailing Address:	3336 GRAND BLVD	City: HOLIDAY	State: FL	Zip Code: 33890
Contact Person's Telephone Number:	352-302-7406	Contact Person's Fax Nu	mber: 863-229-	
Contact Person's E-Mail Address:	mike@fus1llc.com			
B. Water Treatment Plant Information				
Plant Name: ALTURAS UTILI		Plant Telephone Number	: 863-904-	5574
Plant Address: 100 PACKING H	OUSE ROAD City:	ALTURAS	State: FL	Zip Code: 33820
Type of Water Treated by Plant:	X Raw Ground	Water	Purchased Finish	ed Water
Permitted Maximum Day Operating ca		108,000		
Plant Category ( per subsection 62-69	9.310(4), F.A.C.): V	Plant Class: D		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	GAINES ALEXANDER	С	C-5472	12
Other Operators:	DANNY ALEXANDER	С	C-12379	
	JENNIFER ALEXANDER	C	C-21471	
	ROBERT GRAVES	В	B-0015216	
	CINDY ALEXANDER	С	C-23261	
	CHRIS NICHOLS	С	C-20287	
II. Certification by Lead/Chief Operator				
	nt operator license in Florida, am the lead/c	hinf appearance of the contract	**************************************	iii a dia Dadi at
this report. I certify that the information	provided in this report is true and accurate	to the best of my knowled	reatment plant iden	lilled in Part I of
water treatment, chemicals used at this	s plant conform to NSF International Standa	ard 60 or other applicable of	ge and belier. I certi tondordo reference:	ry that all drinking
62-555 320(3) F A C. Lalso certify that	t the following additional operations records	for this plant were proper	d and doubted	u III Subsection
staffed or visited this plant, during the	month indicated above: (1) records of amou	inte of chamicals used and	chomical food sets:	or and (2) is
applicable appropriate treatment process	ess performance records. Furthermore, I ag	anto oi chomicaio uoeu anu aree, to provide thees addit	ional operations rea	o, and (2) is
owner so the PWS owner can retain th	em, together with copies of this report, at a	gree to provide triese addit	ionai uperations rec Aget tan vagre	iords to trie PVVS
James alwondar				

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

C-5472

Printed or Typed Name

License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER PWS: Identification Number: 6530057 Plant Name: ALTURAS UTILITY III. Daily Data for the Month/Year of: Monitoring Period From: 7/01/23 To: 7/31/23 Means of Achieving Four-Log Virus Inactivation / Removal: \* Free Chlorine Chlorine Dloxide Ozone Combined Chlorine(Chloramines) Ultraviolet Radiation Other: (Describe): Type of Disinfectant Residual Maintained in Distribution System: Combined Chlorine(Cloramines) Free Chlorine Chlorine Dioxide CT Calculations, or UV Dose to Demonstrate Four-Log Virus Inactivation, If Applicable\*
Ct Calculations UV Dase Lowest CT Provided Lowest Residual Before or at Lowest Residual Disinfectant Disinfectant Sirst Lowest Minimum Disinfectant concentration Contact Time (T) Customer Minimum Operating UV Dose concentration at Day of Net Quality of Before or at First | at C Measurement During Peak CT. UV Dose, required, Remote Point in Emergency or Abnormal Operating Conditions, Repair the Hours Plant | Finished Water | Peak flow rate | Customer During | Point During | Peak | Flow, mg-Temp of pH of Water, if Required mg mWmW-Distribution or Meintenance Work that Involves Taking Water month in Operation | Produced, gal gpd Peak Flow mg/L Flow, minutes mln/L Water C Applicable mtn/L Sec.cm2 sec/cm2 System, mg/l System Components Out of Operation 24 2 24 18667 3 Х 24 18667 3.9 3.9 4 24 13500 5 X 24 13500 2.3 0.3 6 24 12000 7 Х 24 12000 2.8 2.8 8 24 12000 9 24 12000 10 Х 24 12000 2.4 1.8 11 24 12000 12 Χ 24 12000 2.2 1.5 13 24 14000 14 X 24 14000 2.2 1.2 15 24 12333 16 24 12333 17 24 12333 1.B 1.0 24 13000 24 13000 24 13000 21 Х 24 13000 2.7 2.7 22 24 11667 23 24 11667 24 24 Х 11667 2.7 1.7 25 24 13500 26 X 24 13500 2.6 1.5 27 24 14667

1.2

2.5

13452 18667 \*Refer to the instructions for this report to determine which plents must provide this information.

14667

14667

13500

13500

417000

2.4

2.5

DEP Form 62-655,900(3)

28

29

30

31

Average Maximum

Total

X

Х

24

24

24

24

Effective August 28, 2003

#### & LABORATORY REPORTIN ORMAT e Project # or Place Project Label Here ☐ 6681 Southpoint Pkwy. • Jacksonville, Ft. 32216 • 904.365 → 250 • Fax 904.363.9354 • E82574 4965 SW 41st Blvd • Gainesville, FI 32608 • 352.377.2349 • Fax 352,395.6639 • E82601 10200 USA Today Way • Miramar, FL 33025 • 954.889.2288 • Fax 954.889.2281 • E82535 9610 Princess Palm Ave. \* Tampa, F1. 33619 \* 813.630.9616 \* Fax 813.630.4327 \* £84589 380 Nonthlake Blvd. Suite 1048 \* Altsmonte Springs, F1. 32701 \* 407.937.1594 \* Fax 407.937.1597 \* £53076 2639 N. Monroe St., Suite D • Tallahassee, F1. 32301 • 850.219.6274 • Fax 850.219.6275 • E811095 13100 Westlinks Terrace, Suite 10 - Fon Myers, FL 33913 - 239.674.8130 - Fax 239.674.8128 - E84492 Lab Receipt Date & Time: Analysis Date & Time: Hovanced Sample Acceptance Criteria: Sample Preservation: Pronice Not On ice Environmental Laboratories, Inc. Disinfectant Check: Not Detected This Sample does not meet the following NELAC requirements: Report Number: Sub-Contract Lab ID: Analysis Requested: (check all that apply) ☑ Total Coliform/E. coll ☐ Total Coliform/Fecal ☐ Enterococci ☐ Coliphage ☐ HPC ☐ Other: Public Water System (PWS) Name: Alturas Utility PWS I.D.:6530057 PWS Address: 5605 Packing House Road City: Alturas PWS or PW\$ Owner's Phone #1863-985-259 Fax #: Collector:\_ Type of Supply: (check only one) Collector's Phone #: 863-965-2599 Community Water System Non-Translent Non-community Water System ▼ Transient Non-community Water System ☐ Limited Use System ☐ Bottled Water ☐ Private Well ☐ Swimming Pool Other: Reason for Sampling: (check all that apply) ☑ Distribution Routine ☐ Distribution Reneat ☐ Raw (triogered or assessment) ☐ Raw (triogered or assessment) additional ☐ Well Survey ☐ Clearance ☐ Replacement (also check type of sample being replaced) ☐ Boil Water Notice ☐ Other: Sample Collection Date: DCN#: AD-D045 Effective 01/95, Electronic WEB Revision 02/27/2019 collessor o service To be completed by lat Sample Sample Point Sample Sam DisinρН 2281145 Analysis Method(s) (Location or Specific Address) Collection ple fectant Non-Total FOCALLE CONT Date Lab Time (24 Type Residual Coliform Coliform Enterocecci, or Qualifier Sample hr clock! (mg/L) Coliphage3 1/2 Well 0 (D) 2/2 Firehouse 2535 3rd St $\mathcal{L}\mathcal{D}$ Average of disinfectant residuals for distribution routine & repeat samples.5 AFree chlorine or Total chlorine (check one). Unless otherwise noted, all tests are preformed in accordance with NELAC standards, and the results relate only to the samples. Disinfectant Residual Analysis Method: DPD Colorimetric Other: Date and time PWS notified by lab of positive results; Date and time DEP/DOH notified by tab of Person performing disinfectant analysis is (Check one of below);positive results: Date Report Issued: A certified operator (#\_\_\_\_ Supervised by certified operator (# C21471) Lab Signature: \_ Authorized representative of supplier of water Title: \_\_ [INSERT NAME AND MAILING ADDRESS OF PERSON TO RECTIVE REPORT] □ SetIsfactory DEP/DOH USE ONLY Consta Flow Inc. ☐ Incomplete Collection Information 5574 Commercial Blvd Repeat Samples Required Winter Haven, FL 33880 Replacement Samples Required 863-965-2599 Date Reviewed by DEP/DOH: Jennifer@constaflow.com DEP/DOr) Serving Official: Indicate the sample type for each sample collected. Sample type codes are: D. Distribution (routine compliance). C. Repeat Check, R. Raw, N. Entry Point to Distribution, P. Plant Relinquish By: ap.S = Special (clearance, etc.) Lab certification number for the hated method is included at top with the laboratory address Please circle appropriate aelection Date: Time Defined its Florida Administrative Code Rule 62-160, Table 1 5 Complete for community & non-transient non-community systems acroins populations up to and including 4,900. Do not include raw or plant amples in the average Results Key: A = Coliforns are absent: P = Coliforns are present; C = confluent growth; TNTC = too numerous to count (62-550 730 Repairing Format). Received By:

Date:

URINKING WATER MICROBIAL SAMPLE COLLECTION

PLANT NAME:

Monitoring Period From: 8/01/23 To: 8/31/23

Alturas Utility M
(WATER REPORT)

		(WATER I		-					
DAY	Well	Irrigation	TRC	PH	TRC	PH	MULT.	1000	TOTAL
PREV	14287								
1							11500		1150
2	14310		1.8		1.4		11500		1150
3							14500		1450
4	14339		2.2		1.7		14500		1450
5							15667		1566
6							15667		1566
7	14386		2.5		1.6		15667		1566
8							23500		23500
9	14433		2.7		2.0		23500		23500
10							21000		21000
11	14475		2.6		1.8		21000		21000
12							22000		22000
13							22000		22000
14	14541		2.2		1.3		22000		22000
15							17000		17000
16							17000		17000
17	14592		1.2		0.8		17000		17000
18							14000		14000
19	14620		1.5		1.0		14000		14000
20							13000		13000
21	14646		1.8		1.2		13000		13000
22							14000		14000
23	14674		1.5		0.8		14000		14000
24							24000		24000
25	14722		1.4		0.9		24000		24000
26							17000		17000
27							17000		17000
28	14773		1.4		1.1		17000		17000
29							11167		11167
30							11167		11167
31	14807						11167		11167
otal Flow							519500		519500
DF							16758		16758
1AX			2.7		2.0		24000		24000
IIN			1.2		0.8		11167		11167

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

General Information for the Month/Yea Public Water System (PWS) Inform PWS Name: ALTURAS U	at Ul. Monitoring Period Fro.			
PWS Name: ALTURAGUE	mation mation	m: 8/01/23 To: 8/31/23		
	mation:			
PWS Type: X C		PWS Identification	on Number	6530057
Number of Service Connections at	Non-Transient Non-Community	Transient Non-Co		rsecutive
PWS Owner:	End of Month: 63	Total Population Serve	ed at End of Month	isecutive
Contact Person : MIKE SMALL	Dipos		a at and of Morian.	
Contact Person's Mailing Address:		Contact Person's Title:	PRESIDENT	
Contact Person's Telephone Numb		City: HOLIDAY	State: FL	Zin Cada: 22222
Contact Person's Telephone Numb		Contact Person's Fax N	Number: 863-229	Zip Code: 33890
Contact Person's E-Mail Address:	mike@fus1lfc.com		1003-228	7-0991
Water Treatment Plant Information Plant Name: ALTURAS LIT				
1121310001	ILITY	Plant Telephone Numb	000 00	
Plant Address: 100 PACKING	G HOUSE ROAD City:	ALTURAS		
Type of Water Treated by Plant:	D 0	ind Water	State: FL	Zip Code: 33820
Permitted Maximum Day Operating	Capacity of Plant, collogs nor days	108,000	Purchased Finis	hed Water
riant Category ( per subsection 62.	-699.310(4), F.A.C.); V	The same of the sa		
Licensed Operators	Name			
Lead/Chief Operator:	GAINES ALEXANDER	License Class	License Number	Day(s)/Shift(s) Worked
Other Operators:	DANNY ALEXANDER	C	C-5472	12
	JENNIFER ALEXANDER	С	C-12379	
	ROBERT GRAVES	С	C-21471	
	CINDY ALEXANDER	В	B-0015216	
	CHRIS NICHOLS	C	C-23261	
	OTATIO MONOES	C	C-20287	
rtification by Lead/Chief Operator				
, the undersigned water treatment of	lant operator license in Classica			
his report. I certify that the informati	plant operator license in Florida, am the lea ion provided in this report is true and accur this plant conform to NSF International Sta	d/chief operator of the water	treatment plant iden	tified in Part Lof
vater treatment, chemicals used at t	this plant conform to NSF International Star hat the following additional operations reco	ate to the best of my knowled	ge and belief. I certi	ify that all drinking
22-555.320(3) F A C. Lalso certify the	hat the following a time	ndard 60 or other applicable	standards reference	d in subsection
staffed or visited this plant, during th	hat the following additional operations recorded month indicated above: (1) records of an	ords for this plant were prepar	red each day that a li	icensed operator
ipplicable appropriate treatment pro	the following additional operations recorded in the month indicated above: (1) records of an ocess performance records. Furthermore, I	nounts of chemicals used and	d chemical feed rate	s. and (2) is
sharened abbrohitate destilled bit	ocess performance records. Furthermore, I them, together with copies of this report a	agree to provide these addi	tional operations rec	eorde to the DWS
wher so the PWS owner our	them, together with copies of this report a	t a convenient location for at	least ten vears	orda to tile LM2
owner so the PWS owner can retain	i i i i i i i i i i i i i i i i i i i			
Maures Olleyon	09/07/23 GAINES AL	LEXANDER	, , , , , , , , , , , , , , , , , , , ,	0.5470
owner so the PWS owner can retain  Classification of the PWS owner can retain owner can reta	GAINES AL	LEXANDER Typed Name		C-5472 se Number

ILM2:	oentinçat	on Number:		653005	7	REATING RAW GRO								
III Den	u Data 1				- MILL	· · · · · · · · · · · · · · · · · · ·	Plant Name	ALTUR	AS UTILITY					- Washington and the second se
III. Dasi	y Data to	r the Month/Ye	ar of:		DR y Xame	1	Monitorina F	Poring Fra	m; 8/01/23 To: (			0		The state of the s
weans	of Achiev	ing Four-Log Vi	rus Inactivation /	Removal: *			Free Chlori		m; 6/01/23 To: 1					
		Ultraviolet Radio			Other: (Describe):	.1	1 105 CHION	THES		Chlorine Dic	xide		Ozone	Combined Chlorine(Chloramines)
Type of	Disinfect	ant Residual Ma	aintained in Distrit	bution System:										and an additional miles)
	1					-		Free Ch	lorine		Combined C	hlarine(Clora	mines1	Chief Division
	1			C1 Calculation	is, or UV Dose, to D	Ct Calculations	Virus Inactiv	etion, If A	policable*				The state of the s	Chlorine Dloxide
	1					Ct Calculations		-			UV Doge			
									The second			T		
Day of the month		Hours Plant in Operation	Net Quality of Finished Water Produced, gal	Peak flow rate	Lowest Residual Distrifectant concentration Before or at First Customer During Peak Flow, ring/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Flow, mg-	Temp of	pH of Water, if			Minimum UV Dose required, mW-	Lowest Residual Disinfectant concentration at Remote Point in Distribution	Emergency or Abnormel Operating Conditions; Repa
1		24	11500			igre, mindred	THEFT	Water, C	Applicable	min/L	Sec.cm2	seccm2	System man	or Maintenance Work that Involves Taking Water System Components Qu' of Operation
2	X	24	11500										The second second	Asimo Comerculants On, or Obecapou
3		24	14500		1.8									-21-4
4	X	24	14500										1.4	***************************************
5		24	15667	-	2.2									
6		24	15667										1.7	- Carrier Carr
7	X	24	15667										white	
8		24	23500		2.5									
9	X	24	23500		2.7								1.6	
10		24	21000		2.1	-							2.0	
11	X	24	21000		2.6								2.0	Manual Control of the
12	*****	24	22000					_			-		1.8	The second secon
13	X	24	22000				-							
15	_ ^	24	22000		2.2									
16		24	17000				-	-		-			1,3	The state of the s
17	х	24	17000					_				-		
18	_^_	24	17000		1.2									
	X	24	14000						- 20,000				0.8	
1	_^_	24	14000		1.5			-						
1	X	24	13000										1.0	
22		24	14000		1.8							-		
23	X	24	14000									-	1.2	
24		24	24000	-	1.5							-	0.0	Anthropological Company Company
25	X	24	24000		1,4						-		0.8	The second secon
26		24	17000		- 4								0.9	
27		24	17000										0.0	
28	X	24	17000		1.4				-					The same of the sa
29		24	11167										1.1	The state of the s
30	-	24	11167											And the second s
31 [ N		24	11167		Talling No.									X X 3000
ran:			519500	<b></b>										
draum	7-7-		16758 24000											

DEP Form 62-666,900(3) Effective August 28, 2003

#### MANAGE COLLEGION ------& LABORATORY REPORT' `FORMAT /rite Project # or Place Project Label Here 9350 • Fax 904.363.9354 • E82574 10200 USA Today Way • Miramar, FL 33025 • 954.889.2288 • Fax 954.889.2281 • E82535 9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 • E84589 380 Northlake Blvd., Suite 1048 • Altamonte Springs, FL 32701 • 407.937.1594 • Fax 407.937.1597 • E53076 2639 N. Monroe St., Suite D • Tallabassee, FL 32301 • 850.219.6274 • Fax 850.219.6275 • E811095 13100 Westlinks Terrace, Suite 10 • Fort Myers, FL 33913 • 239.674.8130 • Fax 239.674.8128 • E84492 Lab Receipt Date & Time: Advanced Analysis Date & Time: Sample Acceptance Criteria: Environmental Laboratories, Inc. Sample Preservation: On ice Not On ice © © C Disinfectant Check; O Not Detected © This Sample does not meet the following NELAC requirements: Report Number: Sub-Contract Lab ID: Analysis Requested: (check all that apply) ☑ Total Coliform/E. coli ☐ Total Coliform/Fecal ☐ Enterococci ☐ Coliphage ☐ HPC ☐ Other: Public Water System (PWS) Name: Alturas Utility PWS I.D.:6530057 PWS Address: 5605 Packing House Road City: Alturas PWS or PWS Owner's Phone #:863-965-2599 Fax #: Collector: (Meb Crib) Collector's Phone #: 863-965-2599 Type of Supply: (check only one) Community Water System Non-Transient Non-community Water System ☐ Limited Use System ☐ Bottled Water ☐ Private Well ☐ Swimming Pool ▼ Transient Non-community Water System Other: Reason for Sampling: (check all that apply) ☐ Distribution Repeat ☐ Raw (triggered or assessment) ☐ Raw (triggered or assessment) additional ☐ Well Survey ☐ Clearance ☐ Replacement (also check type of sample being replaced) ☐ Boil Water Notice ☐ Other: Sample Collection Date: 8-4-23 DCN#: AD-D045 Effective 01/95, Electronic WEB Revision 02/27/2019 Sample Sample Point Sample Sam DisinрΗ (Location or Specific Address) Data Collection Analysis Method(s)2 ple fectant Non-Total Fecal, E. coli Enterocced, or Time (24 Type Residual Lab Coliform Coliform hr clock) Qualifier4 (mg/L) Sample 1/2 Well Coliphages R 0:40 O 7.7 2/2 Utility office 2535 3rd St 0:45 1.0 7.6 Average of disinfectant residuals for distribution routine & repeat samples.<sup>6</sup> ☑ Free chlorine or ☐Total chlorine (check one). Unless otherwise noted, all tests are preformed in accordance with NELAC standards, and the results relate only to the samples. Disinfectant Residual Analysis Method: ☑DPD Colorimetric ☐Other: Date and time PWS notified by lab of positive results: Person performing disinfectant analysis is (Check one of below): Date and time DEP/DCH polified by lab of positive results: A certified operator (#\_\_ Date Report Issued: Supervised by certified operator (# C21471 )

Title: [INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT] Consta Flow Inc ☐ Satisfactor DEP/DOH USE ONLY 5574 Commercial Blvd ☐ Incomplete Collection Information Repeat Samples Required Winter Haven, FL 33880 ☐ Replacement Samples Required 863-965-2599 Date Reviewed by DEP/DOH: Jennifer@constaflow.com 1. Indicate the sample type for each sample collected. Sample type codes are: D = Distribution DEP/DOH Reviewing Official (routine compliance), C = Repeat/Check, R = Raw, N = Entry Point to Distribution, P = Plant

Lab Signature:

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

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

Please circle appropriate selection.

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

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

Results Key: A = Coliforms are absent; P = Coliforms are present; C = confluent growth; TNTC = too numerous to count (62-550,730 Reporting Format.

☐ Employed by a certified lab ☐ Employed by DEP or DOH

Authorized representative of supplier of water

Date Reviewed by DEP/DOH:

DEP/DOH Reviewing Official;

Relinquish By:

Date: \_\_\_\_\_ Time: \_\_\_\_

Received By:

Date: \_\_\_\_\_ 7/23 Time; 1133

PLANT NAME:

Monitoring Period From: 9/01/23 To: 9/30/23

Alturas Utility M
(WATER REPORT)

		(WATER							
DAY	Well	Irrigation	TRC	PH	TRC	PH	MULT.	1000	TOTAL
PREV	14807								
1	14817		1.4		0.9		10500		10500
2							13667		13667
3							13667		13667
4	14858		1.0		0.5		13667		13667
5							17000		17000
6	14892		1.0		0.5		17000		17000
7							13000		13000
- 8	14918		2.2		1.3		13000		13000
.9							20667		20667
10							20667		20667
11	14980		2.0		1.4		20667		20667
12							16250		16250
13							16250		16250
14							16250		16250
15	15045		2.2		1.5		16250		16250
16							17000		17000
17	15079		1.5		0.8		17000		17000
18	15094		0.8		0.4		15000		15000
19							11000		11000
20	15116		1.2		0.8		11000		11000
21							9500		9500
22	15135		1.2		0.8		9500		9500
23							13667		13667
24							13667		13667
25	15176		1.8		1.4		13667		13667
26							4500		4500
27	15185		0.9		0.5		4500		4500
28							7500		7500
29	15200		0.5		0.4		7500		7500
30	15210						10300		10300
Total Elem							402000		400000
Total Flow					1		403800	-	403800
ADF			20		A E		13460		13460
MAX			2.2	_	1.5		20667		20667
MIN			0.5		0.4		4500		4500

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

I. General Information for the Month/Year of: Monitoring Period From: 9/01/23 To: 9/30/23						
A.	Public Water System (PWS) Information					
	PWS Name: ALTURAS UTILI	PWS Name: ALTURAS UTILITY PWS Identification Number 6530057				
	PWS Type: X C			Transient Non-Community Consecutive		
		umber of Service Connections at End of Month: 63		Total Population Served at End of Month:		
	PVVS Owner:					
		Contact Person's		e: PRESIDENT		
	Contact Person's Mailing Address:	3336 GRAND BLVD	City: HOLIDAY	State: FL	Zip Code: 33890	
	Contact Person's Telephone Number:	352-302-7406	Contact Person's Fax Number: 863-229-5991			
Contact Person's E-Mail Address: <a href="mike@fus1llc.com">mike@fus1llc.com</a> B. Water Treatment Plant Information					-0001	
Plant Name: ALTURAS UTILITY Plant Telephone Number: 863-904				5574		
	Plant Address: 100 PACKING H	OUSE ROAD City:	ALTURAS	State: FL	Zip Code: 33820	
	Type of Water Treated by Plant:		und Water	Purchased Finish		
	Permitted Maximum Day Operating capacity of Plant, gallons per day: 108,000					
	Plant Category ( per subsection 62-699.310(4), F.A.C.): V		Plant Class: D			
	Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked	
	Lead/Chief Operator:	GAINES ALEXANDER	С	C-5472	13	
	Other Operators:	DANNY ALEXANDER	С	C-12379		
		JENNIFER ALEXANDER	С	C-21471		
		ROBERT GRAVES	В	B-0015216		
		CINDY ALEXANDER	С	C-23261		
		CHRIS NICHOLS	С	C-20287		
II. Certification by Lead/Chief Operator						
	I, the undersigned water treatment plant operator license in Florida, am the lead/chief operator of the water treatment plant identified in Part I of					
	water treatment, chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) is applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.					
	Hainer Wester de	ALEXANDER	0-04/2			
	Signature and Date Printed or Typed Name License Number				se Number	
	DEP Form 62-555.900(3)					

Effective August 28, 2003

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER PWS: Identification Number: Plant Name: ALTURAS UTILITY III. Daily Data for the Month/Year of: Monitoring Period From: 9/01/23 To: 9/30/23 Means of Achieving Four-Log Virus Inactivation / Removal: \* Free Chlorine Chlorine Dloxide Ozone Combined Chlorine(Chloramines) Ultraviolet Radiation Other: (Describe): Type of Disinfectant Residual Maintained In Distribution System: Free Chlorine Combined Chlorine(Cloramines) Chlorine Diaxide CT Calculations, or UV Dosa, to Demonstrate Four-Log Virus Inactivation, if Applicable'
Ct Calculations UV Dose Lowest CT Provided Lowest Residual Before or at Lowest Residuel DisInfectant Disinfectant First Minimum Lowest Disinfectant Contact Time (T) concentration Customer Minimum Operating Day of UV Dosa concentration at Net Quality of Before or at First at C Measurement During Peak UV Dose, required. Emergency or Abnormal Operating Conditions, Repair the Hours Plant | Finished Water | Peak flow rate Remote Point in Customer During | Point During Peak Flow, mg- Temp of pH of Water, if Required mg in Operation Produced, gal mWmWor Maintenance Work that Involves Taking Water month Distribution Peak Flow, mg/L Flow, minutes min/L Water C Accijcable Sec. m2 aac/cm2 Bystem, mg/t. System Components Out of Operation 10500 2 24 13667 3 24 13667 4 Х 24 13667 1.0 5 24 17000 6 24 17000 1.0 24 0.5 13000 8 24 13000 2.2 1.3 9 24 20667 10 24 20667 11 X 24 20667 2.0 12 1.4 24 16250 13 24 16250 14 24 16250 15 24 16250 2.2 1.5 16 24 17000 17 24 17000 1.5 8.0 18 X 24 15000 0.8 0.4 24 11000 24 11000 1.2 0.6 24 9500 22 Х 24 9500 1,2 0.8 23 24 13667 24 24 13667 25 24 13667 1,8 26 1.4 24 4500 27 24 4500 0.9 0.5 28 24 7500 29 24 7500 0.5 0.4 30 24 10300 403800 Average

Maximum

Effective August 28, 2003

<sup>13460</sup> 20667 \*Refer to the instructions for this report to determine which plants must provide this information.

DEP Form 02-655,900(3)

#### TALER MICKOBIAL SAMPLE COLLECTION & LABORATORY REPORT **FORMAT** Irite Project # or Place Project Label Here 2639 N. Monroe St., Suite D • Tallahássee, FL 32301 • 850.219.6274 • Fax 850.219.6275 • E811095 13100 Westlinks Terrace, Suite 10 • Fort Myers, FL 33913 • 239.674.8130 • Fax 239.674.8128 • E84492 Lab Receipt Date & Time: Advanced Analysis Date & Time: Sample Acceptance orderts: Environmental Laboratories, Inc. Disinfectant Check: 2 Not Detected D This Sample does not meet the following NELAC requirements: Report Number: Sub-Contract Lab ID: Analysis Requested: (check all that apply) ☑ Total Coliform/E. coli ☐ Total Coliform/Fecal ☐ Enterococci ☐ Coliphage ☐ HPC ☐ Other: Public Water System (PWS) Name: Alturas Utility PWS I.D.:6530057 PWS Address: 5605 Packing House Road City: Alturas PWS or PWS Owner's Phone #:863-965-2599 Fay # Collector: Calch Crib Collector's Phone #: 863-965-2599 Type of Supply: (check only one) ☑ Transient Non-community Water System ☐ Limited Use System ☐ Bottled Water ☐ Private Well ☐ Swimming Pool Other: Reason for Sampling: (check all that apply) Distribution Routine Distribution Repeat Raw (triggered or assessment) Raw (triggered or assessment) additional Well Survey ☐ Clearance ☐ Replacement (also check type of sample being replaced) ☐ Boll Water Notice ☐ Other. Sample Collection Date: 9-4-23 DCN#: AD-D045 Effective 01/95, Electronic WEB Revision 02/27/2018 Sample Sample Point Sample Sam Disin-(Location or Specific Address) Analysis Method(s)? Collection SM422 ple fectant Non-Total Fecal coll Enterococci, or Time (24 Type Data Residual Lab Collform Coliform hr clock) Qualifier (mg/L) Sample 1/2 Well Collphage<sup>9</sup> R D 18 2/2 Tap Outside Store D 7.7 Average of disinfectant residuals for distribution routine & repeat samples.<sup>5</sup> SFree chlorine or Total chlorine (check one). Unless otherwise noted, all tests are preformed in accordance with Disinfectant Residual Analysis Method: NELAC standards, and the results relate only to the samples. DPD Colorimetric Other: Date and time PWS notified by lab of positive results: Person performing disinfectant analysis is (Check one of below): Date and time DEP/DOR nowe by a of positive results: A certified operator (#\_\_\_\_ Date Report Issued: Supervised by certified operator (# C21471 ) ☐ Employed by a certified lab ☐ Employed by DEP or DOH Lab Signature: Authorized representative of supplier of water Title: [INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT] Consta Flow Inc ☐ Satisfactory DEP/DOH USE ONLY 5574 Commercial Blvd ☐ Incomplete Collection Information Repeat Samples Required Winter Haven, FL 33880 Replacement Samples Required 863-965-2599 Date Reviewed by DEP/DOH: Jennifer@constaflow.com Indicate the sample type for each sample collected. Sample type codes are: D = Distribution (routine compliance), C = Repeat/Check, R = Raw, N = Entry Point to Distribution, P = Plant DEP/DOH Reviewing Official: Tap. S = Special (clearance, etc.), Relinquish By: \_ Lab certification number for the listed method is included at top with the laboratory address. Please circle appropriate selection. Defined in Florida Administrative Code Rule 62-160, Table 1. Date: \_\_\_\_ Time: \_\_\_ Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average. Results Key: A = Coliforns are absent: P = Coliforns are present; C = confluent growth; TNTC too numerous to count (62-550.730 Reporting Forms). Received By: \_\_\_

9/7/23

Time:

1150

Monitoring Period From: 10/01/23 To: 10/31/23

	· -	(WATER I							
DAY	Well	Irrigation	TRC	PH	TRC	PH	MULT.	1000	TOTAL
PREV	15210								
1							9850		9850
2	15230		1.9		1.4		9850		9850
3							12500		12500
4	15255		2.5		1.5		12500		12500
5							8500		8500
6	15272		2.4		1.6		8500		8500
7							12000		12000
8							12000		12000
9	15308		2.0		1.5		12000		12000
10							12000		12000
11	15332		2.0		1.5		12000		12000
12							9500		9500
13	15351		2.0		2.2		9500		9500
14							14000		14000
15							14000		14000
16	15393		2.1		1.8		14000		14000
17							11500		11500
18	15416		2.1		1.6		11500		11500
19							12333		12333
20							12333		12333
21							12333		12333
22							12333		12333
23	15490		2.1		2.1		12333		12333
24							5000		5000
25	15500		1.1		0.8		5000		5000
26							10000		10000
27	15520		1.7		1.0		10000		10000
28							10750		10750
29							10750		10750
30							10750		10750
31	15563		1.5		1.0		10750		10750
Total Flow							340367		340367
ADF							10980		10980
MAX			2.5		2.2		14000		14000
MIN			1.1		0.8		5000		5000

1. G	eneral Information for the Month/Year o	f: Monitoring Period	d Erom: 10/01/	)2 To: 40/24/22					
A.	Public Water System (PWS) Informati	ion	3 1 TOIL TO/O 1/2	23 10. 10/31/23					
	PWS Name: ALTURAS UTILI			DMC Idensification	Marian				
	PWS Type:	Non-Transient Non-Community	, 1	PWS Identification Transient Non-Com		6530057			
	Number of Service Connections at En	d of Month: 63				secutive			
	PWS Owner:	00	1100	al Population Served	at End of Month:				
	Contact Person : MIKE SMALLRIE	DGE	Con	Contact Person's Title: PRESIDENT					
	Contact Person's Mailing Address:	3336 GRAND BLVD		: HOLIDAY	PRESIDENT State: FL	7:- 0 1 00000			
	Contact Person's Telephone Number:	352-302-7406		tact Person's Fax Nu		Zip Code: 33890			
	Contact Person's E-Mail Address:	10011	RACE I CISCII'S PAX INC	ımber: 863-229-	5991				
Į	Water Treatment Plant Information	mike@fus1llc.com							
	Plant Name: ALTURAS UTILI	TY	Plan	nt Telephone Number	000 004				
	Plant Address: 100 PACKING H		Δ1 Τ	URAS					
	Type of Water Treated by Plant:	1 - 17.	Ground Water			Zip Code: 33820			
	Permitted Maximum Day Operating ca	pacity of Plant, gallons per day:	Ciodilo Water	108,000	Purchased Finish	ed water			
	Plant Category (per subsection 62-69	Plan	it Class: D						
	Licensed Operators	Name	T Idi	License Class	Lionno Number	[D-1/2/101/6// \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
	Lead/Chief Operator:	GAINES ALEXANDER		C	License Number C-5472	Day(s)/Shift(s) Worked			
	Other Operators:	DANNY ALEXANDER		C	C-12379	12			
		JENNIFER ALEXANDER		C	C-21471				
		ROBERT GRAVES		В	B-0015216				
		CINDY ALEXANDER		C	C-23261	· ·			
		CHRIS NICHOLS		C	C-20287				
					0 20201				
II. C	ertification by Lead/Chief Operator								
	I, the undersigned water treatment plant this report. I certify that the information	nt operator license in Florida, am th	ne lead/chief or	perator of the water t	reatment plant identi	ified in Part Lof			
	and report recting that the information	Diovided in this fenore is true and :	accurate to the	haet of my knowlad.	vo and balled Leadil				
	water deadliert, chemicals used at this	S plant conform to NSF Internations	al Standard 60.	or other applicable a	tandardafares	I to an all a second			
	vz-555.520(5), F.A.C. Falso certify that	i the following additional operations	s records for th	ie nlant word propor	d 000h double 11.	and and the state of the state			
	stance of visited this plant duting the f	HOURD INDICATED Spoke, (1) tecords	: At amounte of	chemicale used and	Abamiaal faadt				
	abbuganie, abbightiate treatment broce	ess periormance records. Furtherm	tore. Lagree to	nrovide these additi	ional aparations roa	ords to the PWS			
	office so the LAAS OMITEL COLLECTION (II)	em, together with copies of this rep	oort, at a conve	nient location for at I	east ten vears	0140 10 410 1 440			
-	House Silouina		IES ALEXANDI			C-5472			
	Signature and Date	Printe	ed or Typed Na	me	Licens	se Number			

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

1 440. 10	enuncation	on Number:		6530057	7	REATING RAW GRO	Plant Name:							
III. Dalle	Data for	the Month/Ye	nu 46									~		**************************************
Means	f Achieva	na Found on 18	ar of				Manitaring F	eriod Fron	n: 10/01/23 To:	10/31/23				
wanta C			rus Inactivation / F	Removal: *			Free Chloris	ne		Chlorine Dio	vide		_	***************************************
		Jitraviolet Radia		····	Other: (Describe):	1				Olikalija Dja	AIUC		Ozone	Combined Chlorine(Chloramines)
Type of I	Disinfecto	nt Residual Ma	Intelned in Distrib	oution System:				Free Chi	-4-		THE PERSON NAMED IN COLUMN 1			
				CT Calculation	ns. or UV Dose to D	emonstrate Four-Lo		rice Cili	шие		Combined C	hlorine(Clorar	mines)	Chlorine Dioxide
	1					Ct Calculations	ANUR INSCRIA	ation, if A	opticable*	-				
			1 15 25 24					1			UV Dose			
Day of the month		Hours Plant in Operation	Net Quality of Finished Water Produced, gal	Peak flow rate	Lowest Residual Disinfectant concentration concentration at First Customer During Peak Flow, mark	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest C7 Provided Before or at First Customer During Peek Flow, mg- min/L	Temp of Water, C	pH of Water, if	Minimum CT, Required mg min.	Lowest Operating UV Dose, mW- Sec. cm2	Minimum UV Dose required. mW- res/cm2	Lowest Residual Disinfectant concentration at Remote Point in Distribution	of Maintenance Work that Involves Taking Water
1		24	9850							1 111	314 616	465CM5	System mg/l	System Components Out of Operation
2	X	24	9850		1.9			_						
3		24	12500					_					1.4	HIII-
4	X	24	12500		2.5	-								and the same of th
6	X	24	8500										1.5	-
7	_^_	24	8500		2.4									Priori
8		24	12000									-	1.6	
9	Х	24	12000											Engraphic Control of the Control of
10		24	12000		2.0								1.5	
11	Х	24	12000		2.0								110	
12		24	9500		2.0								1.5	
13	X	24	9500		2.0				197					***************************************
14	_	24	14000										2.2	
15	Х	24	14000											
17	^	24	14000		2.1									
18	х	24	11500							-	-		1.8	
19	^	24	11500 12333		2.1								4.0	And the second s
1		24	12333										1.6	
1		24	12333											
22		_24	12333											to a supplication of the s
23	X	24	12333		2.1								Con	. Here was a second of the sec
24	V	24	5000					-					2.1	
25 26	Х	24	5000		1.1									
27	Х	24	10000							-			0.8	enter and a second seco
28	^	24	10000		1.7									
29		24	10750 10750										1.0	The second secon
30		24	10750							//////////				
31	Х	24	10750		1.5			_						Vinding of the state of the sta
n)			340367		1.0								1.0	
etatie			10980											

OEP Form 62-555.900(3)

### & LABORATORY REPORT FORMAT ille Project # or Place Project Label Here 13100 Westlinks Terrace, Suite 10 - Fort Myers, FL 33913 - 239.674.8130 - Fax 239.674.8128 - ER4492 Lab Receipt Date & Time: 110. 4 13 Analysis Date & Time: Advanced Sample Acceptance Criteria: Sample Preservation: Donice Di Not On Ice Co Environmental Laboratories, Inc. Disinfection Check: I Not Detected II This Sample does not meet the following NELAC requirements: Report Number: \_ Sub-Contract Lab ID; \_ Analysis Requested; (check all that apply) ☑ Total Coliform/E. coli ☐ Total Coliform/Fecal ☐ Enterococci ☐ Coliphage ☐ HPC ☐ Other: Public Water System (PWS) Name: Alturas Utility PWS I.D.: 6530057 PWS Address: 5605 Packing House Road City: Alluras PWS or PWS Owner's Phone #:863-965-2599 Collector: Cart Curture Fax #: Collector's Phone #: 863-965-2599 Type of Supply: (check only one) ☐ Community Water System ☐ Non-Translent Non-community Water System Transient Non-community Water System ☐ Limited Use System ☐ Bottled Water ☐ Private Well ☐ Swimming Pool Other: Reason for Sampling: (check all that apply) ☑ Distribution Routine ☐ Distribution Repeat ☐ Raw (triggered or assessment) ☐ Raw (triggered or assessment) additional ☐ Well Survey ☐ Clearance ☐ Replacement (also check type of sample being replaced) ☐ Boil Water Notice ☐ Other: Sample Collection Date: 10-323 DON#: AD-D045 DCN#: AD-D045 Effective 01/95, Electronic WEB Revision 02/27/2019 To be completed by collector of sample To be complained by lab Sample Sample Point Sample Sam Disin-JW17 DH Analysis Method(s) Ħ (Location or Specific Address) Collection ple fectant Total Fecel, R. coli Data Time (24 Турс Residual Coliform Coliform Enterococci, or Qualifier<sup>4</sup> Sample hr clock) (mg/L) Collphage<sup>3</sup> 1/2 Well 0 7.8 2/2 2535 3<sup>rd</sup> St D 1.0 7.7 010 Average of disinfectant residuals for distribution routine & repeat samples.5 Stree chlorine or Total chlorine (check one). Unless otherwise noted, all tests are preformed in accordance with NELAC standards, and the results relate only to the samples. Disinfectant Residual Analysis Method: ☑DPD Colorimetric ☐Other: \_ Date and time PWS notified by lab of positive results: Date and time DEP/DOH notified by lated progitive results: Person performing disinfectant analysis is (Check one of below): ☐ A certified operator (# \_\_\_\_\_) Date Report Issued: \_\_\_ Supervised by certified operator (# C21471 ) ☐ Employed by a certified lab ☐ Employed by DEP or DOH Lab Signature: \_\_\_ DAuthorized representative of supplier of water Title: DINSERT NAME AND MAR INCLADORESS OF PERSON TO RECTIVE REPORTE ☐ Satisfactory Consta Flow Inc. DEP/DOH USE ONLY ☐ Incomplete Collection Information 5574 Commercial Blvd Repeat Samples Required Winter Haven, FL 33880 Replacement Samples Required 863-965-2599 Date Reviewed by DEP/DOH: Jemifer@constaflow.com DEP/DOH Reviewing Official Indicate the sample type for each sample collected. Sample type codes are, D = Distribution (notine compliance), C = Repeat Check, R = Raw, N = Futry Point to Distribution, P = Plant Relinquish By: Calul Tap. S. Special (clearance, etc.) Lab certification number for the listed method is included at top with the laboratory address. Please circle appropriate selection Defined in Florida Administrative Code Role 62-16b, Table 1 5 Complete for community & non-transferot non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average. Results Key: A \* Coliforms are obsent; P \* Coliforms are present; C \* confluent prowth: TN 14\* to a numerous to count (62-550-730 Reporting humans.) Received By: \_\_\_\_

Date: 10

PRINAING WATER MICROBIAL SAMPLE COLLECTION

Monitoring Period From: 11/01/23 To: 11/30/23

		(WAIER I							
DAY	Well	Irrigation	TRC	PH	TRC	PH	MULT.	1000	TOTAL
PREV	15563								
1							9500		9500
2	15582		1.1		0.7		9500		9500
3							11000		11000
4	15604		1.5		1.0		11000		11000
5							15500		15500
6	15635		1.8		1.0		15500		15500
7							16000		16000
8	15667		2.2		1.8		16000		16000
9							16500		16500
10	15700		1.5		1.0		16500		16500
11							15333		15333
12							15333		15333
13	15746		1.9		1.4		15333		15333
14							14000		14000
15	15774		3.4		2.0		14000		14000
16							13000		13000
17	15800		3.0		1.9		13000		13000
18							15333		15333
19							15333		15333
20	15846		2.7		1.5		15333		15333
21							11500		11500
22	15869		2.5		1.7		11500		11500
23							15000		15000
24	15899		3.1		3.0		15000		15000
ੋ5							11333		11333
26							11333		11333
27	15933		3.4		2.5		11333		11333
28							12500		12500
29	15958		3.4		3.1		12500		12500
30	15971						13000		13000
Total Class							400000		400000
Total Flow ADF		-			-		408000		408000
			3.4		3.1		13600		13600
MAX							16500		16500
MIN			1.1		0.7		9500		9500

I. Gen	eral Information for the Month/Year of	: Monitoring	Period From: 11	/01/23 To: 11/30/23			
	Public Water System (PWS) Information						
[	PWS Name: ALTURAS UTILIT	ΓY		PWS Identification	Number:	6530057	
	PWS Type: X C	Non-Transient Non-Com	munity	Transient Non-Com	munity Cons	secutive	
	Number of Service Connections at End	of Month: 6	3	<b>Total Population Served</b>	at End of Month:		
and the second	PWS Owner:						
_	Contact Person: MIKE SMALLRID	GE		Contact Person's Title:	PRESIDENT		
	Contact Person's Mailing Address:	3336 GRAND BLVD		City: HOLIDAY	State: FL	Zip Code: 33890	
	Contact Person's Telephone Number:	352-302-7406		Contact Person's Fax Nu	umber: 863-229-	-5991	
(	Contact Person's E-Mail Address:	mike@fus1llc.com					
B. \	Water Treatment Plant Information						
Œ	Plant Name: ALTURAS UTILIT	ΓY		Plant Telephone Numbe	r: 863-904-	-5574	
[	Plant Address: 100 PACKING Ho	OUSE ROAD	City:	ALTURAS	State: FL	Zip Code: 33820	
	Type of Water Treated by Plant:	×	Raw Ground W	/ater	Purchased Finish	ned Water	
E	Permitted Maximum Day Operating cap	pacity of Plant, gallons per o	day:	108,000			
	Plant Category (per subsection 62-699		Plant Class: D				
Į.	icensed Operators	Name		License Class	License Number	Day(s)/Shift(s) Worked	
	_ead/Chief Operator:	GAINES ALEXANDER		С	C-5472	13	
	Other Operators:	DANNY ALEXANDER		С	C-12379		
- 1		JENNIFER ALEXANDER	3	С	C-21471		
- 1		ROBERT GRAVES		В	B-0015216		
- 1		CINDY ALEXANDER		С	C-23261		
- 1		CHRIS NICHOLS		C	C-20287		
	tification by Lead/Chief Operator						
1	, the undersigned water treatment plar	nt operator license in Florida	a, am the lead/ch	ief operator of the water	treatment plant iden	tified in Part I of	
t	his report. I certify that the information	provided in this report is tru	ue and accurate t	to the best of my knowled	lge and belief. I cert	ify that all drinking	
·V	vater treatment, chemicals used at this	s plant conform to NSF Inter	mational Standar	d 60 or other applicable	standards reference	ed in subsection	
6	32-555.320(3), F.A.C. I also certify that	the following additional ope	erations records	for this plant were prepar	ed each day that a l	licensed operator	
8	staffed or visited this plant during the r	nonth indicated above: (1)	records of amour	nts of chemicals used and	d chemical feed rate	es; and (2) is	
a	applicable, appropriate treatment proce	ess performance records. F	urthermore, I agr	ee to provide these addi	tional operations re-	cords to the PWS	
C	wher so the PWS owner can retain the	em, together with copies of	this report, at a	convenient location for at	least ten years.		
0	Acunes Olleverder	/ 12/08/23	GAINES ALEX	ES ALEXANDER C-5472			
~ ~	Signature and Date	- 1 - Manufaction - William - Willia	Printed or Type	d Name	Licer	ise Number	

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

we to the

Printed or Typed Name

PWS: Ide	WS: Identification Number: 6530057  Delity Data for the Month/Year of:				Plant Name; ALTURAS UTILITY									
III. Daliv	Data for	the Month/Yea	r of:				Monitoring D	arind Grown	: 11/01/23 To:	11/20/22				
		The state of the s	us Inactivation / F	Removal: *			Free Chiorin		11101/20 10.	Chlorine Diox	dala		Ozone	A
		Itraviolet Radia			Other: (Describe):	1	Fiee Cinoriii			Childring Didx	ade		Ozone	Combined Chlorine(Chloramines)
Turns of F					Olici. Describe.		Salar en presidente de la constante de la cons		oy reserve		cather in a servery trade		ABBOTO	
Type or L	isintecta	nt Residual Mai	ntained in Distrib					Free Chlo			Combined C	hiorine(Clorer	nines)	Chlorine Dioxide
				CT Calculation	s, or UV Dose, to Di	emonstrate Four-Log	Virus inactive	ation, If App	rilicable*		-		ALCOHOL: SE	
			Latin A . The Control of the Control		T	Ct Calculations		-		1	UV Dose			
Day of the month		Hours Plant in Operation	Net Quality of Finished Water Produced, gal	Peak flow rate	Lowest Residual Disinfectant concentration concentration at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Frovided Before or at First Customer During Peak Flow, mg- min/L	Temp of Water, C	pH of Water, if	Minimum CT, Required mg	Lowest Operating UV Dose, mW- Sec.cm2	Minimum UV Dose roquired, mW- sec/cm2	Lowest Residuel Disinfectant concentration at Remote Point in Distribution System, right	Emergency or Abnormal Operating Conditions; Repe or Maintenance Work that Involves Taking Water System Components Out of Operation
1		24	9500											A The state of the
2	Х	24	9500		1.1								0.7	Management
3		24	11000		1.1								0.7	
4	Х	24	11000		1.5								1.0	** Constant over the Address Constant
5		24	15500		7.0					t			1.0	
6	Х	24	15500		10								1,0	
7		24	16000										1,0	
8	X	24	16000		2.2		· · · · · · · · · · · · · · · · · · ·						1.8	
9		24	16500		- y									
10	X	24	16500		1.5								1.0	
11		24	15333											
12		24	15333											
13	X	24	15333		1.9								1.4	
14		24	14000											
15	X	24	14000		3.4								2.0	
16	STATES AND AND ADDRESS OF THE PARTY.	24	13000					-						
17	X	24	13000		3.0								1.9	
18		24	15333		*CHINGS									
- )		24	15333											
	Х	24	15333		2.7		***************************************						1,5	
81	х	24	11500		0.4						_			
22	_^_	24	11500 15000		2.5							OF International Street	1.7	
24	Х	24	15000		3.1									
25	_^	24	11333		3.1					-			3.0	-
26		24	11333							( <del>0-10-10-10-10-10-10-10-10-10-10-10-10-10</del>				To read
27	х	24	11333		3.4								2.5	**************************************
28		24	12500		0.4							-	2.5	
29	X	24	12500		3.4								3.1	
30		24	13000								-340		5.1	M
						7,000,000,000,000								

DEP Form 62-665,900(3)

Total 408000
Average 13600
Maximum 16500
\*Refer to the instructions for this report to determine which plants must provide this information.

#### DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTIF ORMAT te Project # or Place Project Label Here 4965 SW 41st Blvd • Gainesville, Fl 32608 • 352.377.2349 • Fax 352.395.6639 • E82001 10200 USA Today Way • Miramar, FL 33025 • 954.889.2288 • Fax 954.889.2281 • E82535 9610 Princess Palm Ave. • Tampa; FL 33619 • 813.630.9616 • Fax 813.630.4327 • E84589 380 Northlake Blvd., Suite 1048 • Altamonte Springs, FL 32701 • 407.937, 1594 • Fax 407.937, 1597 • E53076 2639 N. Monroe St., Suite D • Tallahassee, FL 32301• 850.219.6274 • Fax 850.219.6275• E811095 13100 Westlinks Terrace, Suite 10 • Fort Myers, FL 33913 • 239.674.8130 • Fax 239.674.8128 • E84492 Lab Receipt Date & Time: 1102-13 Analysis Date & Time: Advanced Sample Acceptance Criteria; Sample Preservation: Don Ice Not On Ice O C Disinfectant Check: Not Detected D This Sample does not meet the following NELAC requirements: Environmental Laboratories, Inc. Report Number: Sub-Contract Lab ID: Analysis Requested: (check all that apply) N Total Coliform/E. coli ☐ Total Coliform/Fecal ☐ Enterococci ☐ Coliphage ☐ HPC ☐ Other: Public Water System (PWS) Name: Atturas Utility PWS I.D.:6530057 PWS Address: 5605 Packing House Road City: Alturas PWS or PWS Owner's Phone #: 863-965-2599 Fax #: collector: Caleb Cribb Collector's Phone #: 863-965-2599 Type of Supply: (check only one) ☐ Community Water System ☐ Non-Transient Non-community Water System ☐ Limited Use System ☐ Bottled Water ☐ Private Well ☐ Swimming Pool ▼ Transient Non-community Water System Other: Reason for Sampling: (check all that apply) Distribution Routine Distribution Repeat Raw (triggered or assessment) Raw (triggered or assessment) additional Well Survey Clearance Replacement (also check type of sample being replaced) Boil Water Notice Other: Sample Collection Date: 11-1-23 Effective 01/95, Electronic WEB Revision 02/27/2019 Sample Sample Point Sample Sam Disin-Analysis Method(s)2 SMAAD (Location or Specific Address) Collection ole fectant Non-Total Fecal E coli Data Time (24 Type Residual Coliform Collform Enterococci, or Qualifier Sample hr clock) (mg/L) Coliphage<sup>3</sup> 1/2 Well R 0 7.8 12:10 212 Tap Outside Store D 9 la 10 A 7.6 Average of disinfectant residuals for distribution routine & repeat samples.<sup>5</sup> Free chlorine or Total chlorine (check one). Unless otherwise noted, all tests are preformed in accordance with NELAC standards, and the results relate only to the samples. Disinfectant Residual Analysis Method: DPD Colorimetric Other: Date and time PWS notified by lab of positive results: Person performing disinfectant analysis is (Check one of below): Date and time DEP/DOH notified by lab of positive results: ☐ A certified operator (# \_\_\_\_\_) Date Report Issued: Supervised by certified operator (# C21471) ☐ Employed by a certified lab ☐ Employed by DEP or DOH Lab Signature: Authorized representative of supplier of water Title: \_PM [INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT] ☐ Satisfactory Consta Flow Inc. DEP/DOH USE ONLY ☐ Incomplete Collection Information 5574 Commercial Blvd ☐ Repeat Samples Required Winter Haven, FL 33880 ☐ Replacement Samples Required 863-965-2599 Date Reviewed by DEP/DOH: Jennifer@constaflow.com DEP/DOH Reviewing Official: Indicate the sample type for each sample collected. Sample type codes are: D = Distribution (routine compliance), C = Repeat/Check, R = Raw, N = Entry Point to Distribution, P = Plant Relinquish By: Tap, S = Special (clearance, etc.). Lab certification number for the listed method is included at top with the laboratory address. Please circle appropriate selection Date: \_\_\_\_\_ Time:

Received By:

11/2/23

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

= too numerous to count (62-550.730 Reporting Format

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

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

Monitoring Period From: 12/01/23 To: 12/31/23

DAY	Well	(WATER F	POE		MULT.	1000	TOTAL
PREV	15971	irrigation	FUL	KEWOTE	WICL1.	1000	TOTAL
	15986		3.0	2.0	15000.0		15000.0
2	10900		3.0	2.0	12333.3		12333.3
3			-		12333.3		12333.3
4	16023		3.2	1.9	12333.3		12333.3
	10023		3.2	1.9			14500.0
5	46050		3.1	2.0	14500.0 14500.0		14500.0
6	16052		3.1	2.0			19500.0
7	40004			4.0	19500.0		
8	16091		2.3	1.9	19500.0		19500.0
9					11000.0		11000.0
10					11000.0		11000.0
11	16124		3.0	2.5	11000.0		11000.0
12					11000.0		11000.0
13	16146		2.6	1.9	11000.0		11000.0
14					13000.0		13000.0
15	16172		1.6	1.5			13000.0
16					12333.3		12333.3
17					12333.3		12333.3
18	16209		2.3	1.9	12333.3		12333.3
19					13000.0		13000.0
20	16235		1.9	1.6	13000.0		13000.0
21					14500.0		14500.0
22	16264		2.1	1.4	14500.0		14500.0
23					15333.3		15333.3
24					15333.3		15333.3
25	16310		2.0	1,4			15333.3
26	1.00.10		<del></del>		10500.0		10500.0
27	16331		2.8	2.3			10500.0
28	1000.				13500.0		13500.0
29	16358		3.1	2.6			13500.0
30	10000		1		16000.0		16000.0
31	16390		1		16000.0		16000.0
J1	10390		-		10000.0		100001
Total Flow					419000.0		419000.0
ADF					13516.1		13516.
MAX			3.2	2.6			19500.0
MIN	<del>                                     </del>		1.6				10500.0
IVIII V	1	1	1,0	1.5	.0000.0		

LG	eneral Information for the Month/Year of	Manifestor Davied France 44	NO4100 T 40/04/00								
A.	Public Water System (PWS) Information	Monitoring Period From: 12	2/01/23 10: 12/31/23								
<i>,</i>	PWS Name: ALTURAS UTILIT		PWS Identification I	Marinolo a m	0500057						
	PWS Type:  x d	Non-Transient Non-Community	Transient Non-Comr		6530057						
	Number of Service Connections at End		Transient Non-Community Consecutive Total Population Served at End of Month:								
	PWS Owner:	or world.	Total ropulation Served a	at End of Month:							
	Contact Person: MIKE SMALLRID	OGE	Contact Person's Title:	PRESIDENT							
	Contact Person's Mailing Address:	3336 GRAND BLVD	City: HOLIDAY	State: FL	Zip Code: 33890						
	Contact Person's Telephone Number:	352-302-7406	Contact Person's Fax Nur		<del></del>						
	Contact Person's E-Mail Address:	mike@tus1llc.com	TOURIGET EISONS I AX ING	11Der. 003-229-3	0991						
	Water Treatment Plant Information	mine (cardo filo.com)									
Plant Name: ALTURAS UTILITY Plant Telephone Number: 863-904-5574											
	Plant Address: 100 PACKING Ho		ALTURAS	State: FL	Zip Code: 33820						
	Type of Water Treated by Plant:	X Raw Ground V		Purchased Finishe							
	Permitted Maximum Day Operating car	pacity of Plant, gallons per day:	108,000	3 dichasca i mish	eu watei						
	Plant Category (per subsection 62-699	9,310(4), F.A.C.); V	Plant Class: D								
	Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked						
	Lead/Chief Operator:	GAINES ALEXANDER	С	C-5472	Dayloronialoy Promod						
	Other Operators:	DANNY ALEXANDER	С	C-12379							
		JENNIFER ALEXANDER	С	C-21471							
		ROBERT GRAVES	В	B-0015216	13						
		CINDY ALEXANDER	С	C-23261							
		CHRIS NICHOLS	С	C-20287							
II. C	ertification by Lead/Chief Operator										
	I, the undersigned water treatment plan	nt operator license in Florida, am the lead/ch	nief operator of the water tr	eatment plant ident	ified in Part I of						
	this report. I certify that the information	provided in this report is true and accurate	to the best of my knowledg	je and belief. I certif	y that all drinking						
	water treatment, chemicals used at this	s plant conform to NSF International Standa	rd 60 or other applicable st	tandards referenced	I in subsection						
	62-555.320(3), F.A.C. I also certify that	the following additional operations records	for this plant were prepare	d each day that a lic	censed operator						
	statted or visited this plant, during the n	month indicated above: (1) records of amount	nts of chemicals used and	chemical feed rates	e; and (2) is						
	applicable, appropriate treatment proce	ess performance records. Furthermore, I agi	ree to provide these additi	onal operations rec	ords to the PWS						
	owner so the PWS owner can retain the	owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.									

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

ROBERT GRAVES

1/10/24

Printed or Typed Name

B-0015216

License Number

PWS: Identification Number: 6530057 Plant Name: ALTURAS UTILITY III. Daily Data for the Month/Year of: Monitoring Period Fram: 12/01/23 To: 12/31/23 Means of Achleving Four-Log Virus Inactivation / Removal: \* Free Chlorine Chlorine Dioxide Ozone Combined Chlorine(Chloramines) Ultraviolet Radiation Other: (Describe): Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine(Cloramines) Chlorine Dioxide CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, M Applicable\*
Ct Celculations LIV Dose Lowest CT Provided Lowest Residual Before or at Lowest Residual Disinfectant Disinfectant Minimum Lowast Disinfectant Contact Time (T) concentration Customer Minimum Operating UV Dose concentration at Day of Before or at First | at C Measurement | During Peak Net Quality of UV Dose, required. Remote Point in Emergency or Abnormal Operating Conditions; Repair the Hours Plant Finished Water Peak flow rate Customer During Point During Peak Flow, mg-Temp of pH of Water, if Required mg mWmWor Maintenance Work that Involves Taking Water Distribution in Operation Produced, gal month Peak Flow, mg/L Flow, minutes min/L Water, C Applicable min/i. Sec.em2 sec/cm2 System Components Out of Operation Syrdem, mg/L Х 3.0 2.0 2 24 12333 3 24 12333 4 Х 24 12333 3.2 1.9 5 24 14500 6 Х 24 14500 3.1 2.0 7 24 19500 8 24 19500 2.3 1.9 9 24 11000 10 24 11000 11 Х 24 11000 3.0 2.5 12 11000 24 13 Х 24 11000 2.6 1.9 14 24 13000 15 Х 24 13000 1.6 1.5 16 24 12333 17 24 12333 18 24 12333 2.3 1.9 40 24 13000 Х 24 13000 1.9 1.6 24 14500 22 X 14500 24 2.1 1.4 23 15333 24 24 24 15333 X 25 24 15333 2.0 1.4 26 24 10500 27 Х 24 10500 2.8 2.3 28 24 13500 29 24 Х 13500 3.1 2.6 30 24 16000 31 24 16000 Total 419000

Average

Maximum

<sup>13516</sup> 19500 \*Refer to the instructions for this report to determine which plants must provide this Information.

DEP Form 62-666,900(3)

### DRINKING WATER MICROBIAL SAMPLE COLLECTION ite Project # or Place Project Label Here **FORMAT** & LABORATORY REPORTI' 6681 Southpoint Pkwy. • Jacksonville, FL 32216 • 904. 350 • Fax 904,363,9354 • E82574 4965 SW 41st Blvd • Gainesville, Fl 32608 • 352.377.2349 • Fax 352.395.6639 • E82001 10200 USA Today Way • Miramar, FL 33025 • 954.889.2288 • Fax 954.889.2281 • E82535 9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 • E84589 □ 380 Northlake Blvd., Suite 1048 • Altamonte Springs, FL 32701 • 407.937.1594 • Fax 407.937.1597 • E53076 □ 2639 N. Monroe St., Suite D • Tallabassee, FL 32301 • 850.219.6274 • Fax 850.219.6275• E811095 □ 13100 Westlinks Terrace, Suite 10 • Fort Myers, FL 33913 • 239.674.8130 • Fax 239.674.8128 • E84492 Lab Receipt Date & Time: \_ Analysis Date & Time: Sample Acceptance Criteria: Hdvanced Sample Preservation: On Ice Not On Ice Environmental Laboratories, Inc. Disinfectant Check: Not Detected This Sample does not meet the following NELAC requirements: Sub-Contract Lab ID: Report Number: Analysis Requested: (check all that apply) ▼ Total Coliform/E. coli Total Coliform/Fecal Enterococci Coliphage HPC Other: PWS I.D.:6530057 Public Water System (PWS) Name: Alturas Utility City: Alturas PWS Address:5605 Packing House Road PWS or PWS Owner's Phone #;863-965-2599 Type of Supply: (check only one) Collector's Phone #: 863-965-2599 ▼ Transient Non-community Water System Community Water System Non-Transient Non-community Water System ☐ Limited Use System ☐ Bottled Water ☐ Private Well ☐ Swimming Pool Other: Reason for Sampling: (check all that apply) ☑ Distribution Routine ☐ Distribution Repeat ☐ Raw (triggered or assessment) ☐ Raw (triggered or assessment) ☐ Well Survey Clearance Replacement (also check type of sample being replaced) Boil Water Notice Other: Effective 01/95, Electronic WEB Revision 02/27/2019 DCN#: AD-D045 Sample Collection Date: To be completed by lab To be completed by collector of sample SMG Analysis Method(s) Sample Sam DisinрΗ Láb Sample Point Sample Total Fecal, E. coli. Data fectant Non-Collection pie (Location or Specific Address) Enterococci, or Qualifier Sample Coliform Coliform Residual Time (24 Type Cotiphage<sup>3</sup> (mg/L) hr clock R n Well 1/2 D Firehouse 2535 3rd St 2/2 Average of disinfectant residuals for distribution routine & repeat Unless otherwise noted, all tests are preformed in accordance with samples.<sup>5</sup> ☑Free chlorine or ☐Total chlorine (check one). NELAC standards, and the results relate only to the samples. Disinfectant Residual Analysis Method: ☑DPD Colorimetric ☐Other: \_\_\_\_\_ Date and time PWS notified by 120 of positive results: Date and time DEP/DOH notified by lab of positive results: Person performing disinfectant analysis is (Check one of below): Date Report Issued: A certified operator (# \_\_\_\_\_) Supervised by certified operator (# C21471 ) Lab Signature: ☐ Employed by a certified lab ☐ Employed by DEP or DOH Title: ☐Authorized representative of supplier of water JINSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT] DEP/DOH USE ONLY □ Satisfactory Consta Flow Inc ☐ Incomplete Collection Information ☐ Repeat Samples Required 5574 Commercial Blvd ☐ Replacement Samples Required Winter Haven, FL 33880 Date Reviewed by DEP/DOH: 863-965-2599 DEP/DOH Raviewing Official. Jennifer@constaflow.com Indicate the sample type for each sample collected Sample type codes are: D = Distribution (routine compliance), C = Repeat(Check, R = Raw, N = Entry Point to Distribution, <math>P = PlantRelinquish By: Tap, S = Special (clearance, etc.) Lab certification number for the listed method is included at top with the laboratory address Time: Date: Please circle appropriate selection Defined in Florida Administrative Code Rule 62-160, Table 1 Complete for community & non-transient non-community systems serving populations up to

Received By:

Date:

12/5/23

Results Key: A = Coliforms are absent, P = Coliforms are present; C = confluent growth; TNTC = too numerous to count (62-550 730 Reporting Format

Monitoring Period From: 1/01/24 To: 1/31/24

DAY	Well	Irrigation	POE	REMOTE	MULT.	1000	TOTAL
PREV	16396						
1	16414		3.6	2.9	18000.0		18000.0
2					13500.0		13500.0
3	16441		3.7	3.1	13500.0		13500.0
4					34500.0		34500.0
5	16510		3.5	3.1	34500.0		34500.0
6					14000.0		14000.0
7					14000.0		14000.0
8 9	16552		2.3	1.7	14000.0		14000.0
9					11500.0		11500.0
10	16575		2.1	1.5	11500.0		11500.0
11					11000.0		11000.0
12	16597		2.0	1.4	11000.0		11000.0
13					11333.3		11333.3
14					11333.3		11333.3
15	16631		2.2	1.5	11333.3		11333.3
16					16500.0		16500.0
17	16664		2.7	2.2	16500.0		16500.0
18					13500.0		13500.0
19	16691		2.3	1.4	13500.0		13500.0
20					11000.0		11000.0
21					11000.0		11000.0
22	16724		2.7	2.6	11000.0		11000.0
23					11000.0		11000.0
24	16746		2.0	1.3	11000.0		11000.0
25					13000.0		13000.0
26	16772		2.7	2.6	13000.0		13000.0
27					13666.7		13666.7
28					13666.7		13666.7
29	16813		2.4	1.3	13666.7		13666.7
30					11000.0		11000.0
31	16835		2.4	2.5	11000.0		11000.0
Total Flow					439000.0		439000.0
ADF					14161.3		14161.3
MAX			3.7	3.1	34500.0		34500.0
MIN			2.0	1.3	11000.0		11000.0

1. G	eneral Information for the Month/Year o	f: Monitoring Period From:	1/01/24 To: 1/31/24				
A.	Public Water System (PWS) Informati	on	10.1/24				
	PWS Name: ALTURAS UTILI		PWS Identification	Muraham	0500053		
	PWS Type: X C	Non-Transient Non-Community	Transient Non-Com		6530057		
	Number of Service Connections at En	d of Month: 63	Total Population Comed	munity Cons	secutive		
	PWS Owner:	00	Total Population Served	at End of Month:			
	Contact Person : MIKE SMALLRIE	OGE	Contact Person's Title:	EDEOLO # LE			
	Contact Person's Mailing Address:	3336 GRAND BLVD	City: HOLIDAY	PRESIDENT			
	Contact Person's Telephone Number:	352-302-7406		State: FL	Zip Code: 33890		
	Contact Person's E-Mail Address:	mike@tus1llc.com	Contact Person's Fax Nu	mber: 863-229-	·5991		
B.	Water Treatment Plant Information	THING WINDS THE COUNTY					
	Plant Name: ALTURAS UTILI	TV	IDI. (T. I.)				
	Plant Address: 100 PACKING H		Plant Telephone Number				
	Type of Water Treated by Plant:		ALTURAS	State: FL	Zip Code: 33820		
	Permitted Maximum Day Operating car	Raw Ground		Purchased Finish	ed Water		
	Plant Category ( per subsection 62-699	0 310/4) EAC \ V	108,000				
	Licensed Operators	Name	Plant Class: D				
	Lead/Chief Operator:		License Class	License Number	Day(s)/Shift(s) Worked		
	Other Operators:	GAINES ALEXANDER	C	C-5472			
	one operators.	DANNY ALEXANDER	С	C-12379			
		JENNIFER ALEXANDER	С	C-21471			
		ROBERT GRAVES	В	B-0015216	14		
		CINDY ALEXANDER	С	C-23261			
		CHRIS NICHOLS	C	C-20287			
II C	ertification by Lead/Chief Operator						
<u>II. O</u>	the undersigned water tracter at the						
	this report I sertify that the informer !	nt operator license in Florida, am the lead/o	chief operator of the water to	eatment plant ident	ified in Part I of		
	and report reducing that the information	Divided in this report is thie and accurate	to the best of my knowled.		£ . Al4 11 1 1 1 1 1		
	water treatment, chemicals used at tills	b Diant Contonin to NSE International Stands	ard 60 or other applicable a	landarda rafara	Althor and the control of		
	oz occozo(o), r.A.C. raiso certity trial	l INE IOIIOWING AGGITIONAL ODERATIONS RECORDS	s for this plant were proposed	الملم علقي بمام عام مما			
	stance of visited this plant during the h	HOUR INDICATED ADOVE: (1) records of amou	into of chemicals used and	abamiaai faad			
	abbuganie, abbightigte treatitietit bloce	ess performance records. Furthermore, Lar	Mree to provide these additional aparations records to the plant				
	Profice so the Land dwiter can retail the	em, together with copies of this report, at a	convenient location for at le	east ten vears.			
	MOODS SPLENING	2/08/24 ROBERT GR		,	B-0015216		
	Signature and Date	Printed or Typ		Lione	se Number		
	DEP Form 62-555.900(3)	Timber of Typ		Licens	20 Maidings		

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER PWS; Identification Number. 6530057 Plant Name: ALTURAS UTILITY III. Dally Data for the Month/Year of: Monitoring Period From: 1/01/24 To: 1/31/24 Means of Achieving Four-Log Virus Inactivation / Removal: \* Free Chlorine Chlorine Dioxide Combined Chlorine(Chloramines) Ultraviolet Radiation Other: (Describe): Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine Cloramines) Chlorine Dioxide CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable' Ct Calculations UV Dose Lowest CT Provided Lowest Residual Before or at Lowest Reskiual Disinfectant DisInfectant First Lowest Minimum DisInfectant concentration Contact Time (T) Customer Day of Minimum Operating LIV Dose Net Quality of Before or at First at C Measurement During Peak concentration at CT. the Hours Plant Finished Water Peak flow rate Customer During Point During Peak UV Dose. required. Remote Point in Emergency or Abnormal Operating Conditions; Repair Flow, mg- Temp of pH of Water, if Required mg mWmWmonth In Operation | Produced, gal Distribution or Maintenance Work that Involves Taking Water , gpd. Peak Flow, mg/L Flow, minutes min/t Water C Applicable MINL Sec cm2 System Components Out of Operation sectom2 System mg/L 18000 3.6 2 24 13500 3 Х 24 13500 3,7 4 3.1 24 34500 Х 5 24 34500 3.5 6 3.1 24 14000 7 24 14000 8 24 14000 2.3 9 1.7 24 11500 10 Х 24 11500 2.1 1.5 11 24 11000 12 Х 24 11000 2.0 1.4 13 24 11333 14 24 11333 15 Х 24 11333 2.2 16 1.5 24 16500 17 Х 24 16500 2.7 2.2 24 13500 X 24 13500 2.3 1.4 24 11000 21 24 11000 22 Х 24 11000 2.7 2.6 23 24 11000 Х 24 24 11000 2.0 1.3 25 24 13000 26 Х 24 13000 2.7 27 2.6 24 13667 28 24 13667 29 Х 24 13667 2.4 1.3 30 24 11000

2.5

11000

439000

2.4

DEP Form 62-556.900(3)

31

Average

Maximum

Otal

Effective August 28, 2003

Х

24

<sup>14161</sup> 34500 \*Refer to the instructions for this report to determine which plants must provide this information.

#### DRINKING WATER MICRODIAL SAMPLE CULLECTION & LABORATORY REPORTING ORMAT -Rroject # or Place Project Label Here 6681 Southpoint Plovy. • Jacksonville, FL 32216 • 904.36 J · Fax 904 363 9354 · F82574 4965 SW 41st Blvd • Gainesville, Fl 32608 • 352.377.2349 • Fax 352.395.6639 • E82001 10200 USA Today Way • Miramar, FL 33025 • 954.889.2288 • Fax 954.889.2281 • E82535 ■ 9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 • E84589 ■ 380 Northlake Blvd., Suite 1048 • Altamonte Springs, FL 32701 • 407.937.1594 • Fax 407.937.1597 • E53076 2639 N. Monroe St., Suite D • Tallahassee, FL 32301• 850.219.6274 • Fax 850.219.6275 • E811095 13100 Westlinks Terrace, Suite 10 • Fort Myers, FL 33913 • 239.674.8130 • Fax 239.674.8128 • E84492 Lab Receipt Date & Time: Analysis Date & Time: Advanced Sample Acceptance Citéria: Sample Preservation On Ice Not On Ice Disinfectant Check: Not Detected Environmental Laboratories, Inc. This Sample does not meet the following NELAC requirements: Report Number: Sub-Contract Lab ID: Analysis Requested: (check all that apply) ☑ Total Coliform/E. coli ☐ Total Coliform/Fecal ☐ Enterococci ☐ Coliphage ☐ HPC ☐ Other: Public Water System (PWS) Name: Alturas Utility PWS I.D.:6530057 PWS Address: 5605 Packing House Road City: Alturas PWS or PWS Owner's Phone #:863-965-2599 Fax #: collector: Dules Crists Collector's Phone #: 863-965-2599 Type of Supply: (check only one) Community Water System Non-Transient Non-community Water System ☑ Transient Non-community Water System ☐ Limited Use System ☐ Bottled Water ☐ Private Well ☐ Swimming Pool Other: Reason for Sampling: (check all that apply) ☑ Distribution Routine ☐ Distribution Repeat ☐ Raw (triggered or assessment) ☐ Raw (triggered or assessment) additional ☐ Well Survey ☐ Clearance ☐ Replacement (also check type of sample being replaced) ☐ Boil Water Notice ☐ Other: Sample Collection Date: 1-4-24 DCN#: AD-D045 Effective 01/95, Electronic WEB Revision 02/27/2019 To be completed by collector of sample To be completed by lab Sample Sample Point Sample Sam DisinpH Analysis Method(s) BM921 (Location or Specific Address) Collection ple fectant Non-Total Fecal Con Entercedo, or Data 186 Time (24 Residual Coliform Qualifier4 Type Coliform Sample hr clock) (mg/L)Coliphage3 1/2 Well $\overline{R}$ 0 7.8 2/2 Tap Outside Store u:.00 7.6 Average of disinfectant residuals for distribution routine & repeat 1.7 samples.5 Free chlorine or Total chlorine (check one). Unless otherwise noted, all tests are preformed in accordance with NELAC standards, and the results relate only to the samples. DisInfectant Residual Analysis Method: ☑DPD Colorimetric ☐Other: Date and time PWS notified by lab of positive results: Date and time DEP/DOH notified by lab of positive results: Person performing disinfectant analysis is (Check one of below): Date Report Issued: \_ 10-24 A certified operator (# \_\_\_\_ Supervised by certified operator (# C21471) Lab Signature: //// ☐ Employed by a certified lab ☐ Employed by DEP or DOH Authorized representative of supplier of water Title: PM [INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT] □ Satisfactory DEP/DOH USE ONLY Consta Flow Inc. ☐ Incomplete Collection Information 5574 Commercial Blvd ☐ Repeat Samples Required Winter Haven, FL 33880 ☐ Replacement Samples Required 863-965-2599 Date Reviewed by DEP/DOH: Jennifer@constaflow.com DEP/DOH Reviewing Officia Indicate the sample type for each sample collected. Sample type codes are: D = Distribution (routine compliance), C = Repeat/Check, R = Raw, N = Entry Point to Distribution, P = Plant Relinquish By: Tap, S = Special (clearance, etc.). Leb certification number for the listed method is included at top with the laboratory address. \_ Time: Please circle appropriate selection Date: Defined in Florida Administrative Code Rule 62-160. Table 1 Complete for community & non-transient non-community systems serving populations up to Received By: and including 4,900. Do not include raw or plant samples in the average. Results Key: A = Coliforms are absent; P = Coliforms are present; C = confluent growth; TNTC

1924

Date:

= 100 numerous to count (62-550 730 Reporting Format

60 Tark

Monitoring Period From: 2/01/24 To: 2/29/24

DAY	Well	Irrigation	POE		MULT.	1000	TOTAL
PREV	16835						
1					12500.0		12500.0
2	16860		2.4	2.4	12500.0		12500.0
3					12333.3		12333.3
4					12333.3		12333.3
5	16897		1.8	1.4	12333.3		12333.3
6					11500.0		11500.0
7	16920		0.9	0.5	11500.0		11500.0
8					10000.0		10000.0
9	16940		2.7	2.1	10000.0		10000.0
10					13000.0		13000.0
11					13000.0		13000.0
12	16979		2.1	1.8	13000.0		13000.0
13					11000.0		11000.0
14	17001		1.2	0.4	11000.0		11000.0
15			1		12000.0		12000.0
16	17025		2.1	1.3			12000.0
17					12666.7		12666.7
18					12666.7		12666.7
19	17063		1.5	1.1			12666.7
20					11000.0		11000.0
21	17085		1.2	0.8			11000.0
22					9000.0		9000.0
23	17103		3.5	2.9	9000.0		9000.0
24			1		11500.0		11500.0
25					11500.0		11500.0
26					11500.0		11500.0
27	17149		1.5	1.0	11500.0		11500.0
28					14000.0		14000.0
29	17177		1.9	1.2	14000.0		14000.0
Total Flow					342000.0		342000.
ADF					11793.1		11032.3
MAX			3.5				14000.0
MIN			0.9	0.4	9000.0		9000.0

1. G	eneral Information for the Month/Year of	f: Monitoring Period Fron	n: 2/01/24 To: 2/20/24		*:			
A.	Public Water System (PWS) Informati	on	1, 210 1/24 10, 2/28/24					
	PWS Name: ALTURAS UTILI		PWS Identificati	on Number	0500057			
	PWS Type:	Non-Transient Non-Community			6530057			
	Number of Service Connections at En	d of Month: 63	Transient Non-C		ecutive			
	PWS Owner:	d of Monar.	Total Population Served at End of Month:					
	Contact Person : MIKE SMALLRIE	OGE .	Contact Person's Title: PRESIDENT					
	Contact Person's Mailing Address:	3336 GRAND BLVD	City: HOLIDAY		17: 0 1 20000			
	Contact Person's Telephone Number:			State: FL	Zip Code: 33890			
	Contact Person's E-Mail Address:	mike@fus1llc.com	Contact Person's Fax	Number: 863-229-	5991			
B.	Water Treatment Plant Information	IIIINE(@IDSTIIC.COIII						
	Plant Name: ALTURAS UTILI	TV	Diant Talant					
	Plant Address: 100 PACKING H		Plant Telephone Num					
	Type of Water Treated by Plant:		ALTURAS	State: FL	Zip Code: 33820			
	Permitted Maximum Day Operating ca	Raw Grou		Purchased Finish	ed Water			
	Plant Category ( per subsection 62-69	Q 310(4) E A C \ \ \ \	108,000					
	Licensed Operators	Name	Plant Class:	D				
	Lead/Chief Operator:	GAINES ALEXANDER	License Class	License Number	Day(s)/Shift(s) Worked			
	Other Operators:	DANNY ALEXANDER	C	C-5472	12			
	Stroi Opolatoro.	JENNIFER ALEXANDER	C	C-12379				
		ROBERT GRAVES	С	C-21471				
		CINDY ALEXANDER	B	B-0015216				
		CHRIS NICHOLS	С	C-23261				
		CHRIS NICHOLS	С	C-20287				
II. C	ertification by Lead/Chief Operator							
-		nt operator license in Florida, am the lea	d/abicf apprets of the cont					
	this report I certify that the information	provided in this report is true and accur	into to the best of the water	er treatment plant ident	ified in Part I of			
	water treatment chemicals used at this	s plant conform to NSF International Sta	ate to the best of my knowl	eage and belief. I certif	fy that all drinking			
	62-555 320(3) F A C Lalso certify that	t the following additional operations reco	ndard 60 or other applicable	e standards referenced	in subsection			
	staffed or visited this plant, during the	month indicated chave: (1) records of an	ords for this plant were prep	ared each day that a li	censed operator			
	annicable appropriate treatment process	month indicated above: (1) records of ar ess performance records. Furthermore,	nounts of chemicals used a	ind chemical feed rates	s; and (2) is			
	owner so the PWS owner can retain the	em, together with copies of this report, a	agree to provide these ac	iditional operations rec	ords to the PWS			
	Haines Oldander			at least ten years.	0.545			
	Signature and Date		LEXANDER	<del>-</del>	C-5472			
	DEP Form 62-555.900(3)	Frinted or	Typed Name	Licens	se Number			

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER PWS: Identification Number: 6530057 Plant Name: ALTURAS UTILITY III. Daily Data for the Month/Year of: Monitoring Period From: 2/01/24 To: 2/29/24 Means of Achieving Four-Log Virus Inactivation / Removal: \* Free Chlorine Chlorine Dioxide Оzопе Combined Chlorine(Chloramines) Ultraviolet Radiation Other: (Describe): Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine(Cloramines) Chlorine Dloxide CT Calculations, or UV Dose, to Demonstrate Four-Log Virus inactivation, if Applicable CI Calculations UV Dose Lowest CT Provided Lowest Residual Before or at Lowest Residual Disinfectant Disinfectant First Distritectant Lowest Minimum concentration Contact Time (T) Customer Minimum Operating **UV Dose** Day of concentration at Net Quality of Before or at First at C Measurement **During Peak** CT, UV Dose. required. Remote Point in Emergency or Abnormal Operating Conditions, Repetit the Hours Plant | Finished Water | Peak flow rate Customer During Point During Peak Flow, mg- Temp of pH of Water, If Required mg in Operation Produced, gal mWmW-Distribution or Meintenance Work that Involven Taking Water month gpd Peak Flow mgd Flow minutes Water C Applicable MIN System, mg/L System Components Out of Operation 12500 2 Х 24 12500 2.4 2.4 24 3 12333 4 24 12333 5 Х 24 12333 1.8 1.4 6 24 11500 24 11500 0.9 0.5 8 24 10000 9 24 10000 2.7 2.1 10 24 13000 11 24 13000 12 Х 24 13000 2.1 1.8 13 24 11000 14 24 11000 1.2 0.4 15 24 12000 Х 16 24 12000 2.1 1.3 17 24 12667 24 12667 24 12667 1.5 1.1 20 24 11000 21 X 24 11000 1.2 0.8 22 24 9000 23 Х 24 9000 3.5 2.9 24 24 11500 25 24 11500 26 24 11500

1.0

1.2

11032 14000 \*Refer to the instructions for this report to determine which plants must provide this information. DEP Form 62-666.900(3)

11500

14000

14000

342000

1.5

1.9

Effootive August 28, 2003

27

28

29

Total

Average

Maximum

24

24

24

#### & LABORATORY REPORTING FURMAT Write Project # or Place Project Label Here ☐ 6681 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • E82574 ☐ 4965 SW 41st Blvd • Gainesville, Fl 32608 • 352.377.2349 • Fax 352.395.6639 • E82001 ☐ 10200 USA Today Way • Miramar, FL 33025 • 954.889.2288 • Fax 954.889.2281 • E82535 9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 • E84589 □ 380 Northlake Blvd., Suite 1048 • Altamonte Springs, FL 32701 • 407.937.1594 • Fax 407.937.1597 • E53076 □ 2639 N. Monroe St., Suite D • Tallahassee, FL 32301 • 850.219.6274 • Fax 850.219.6275 • E811095 □ 13100 Westlinks Terrace, Suite 10 • Fort Myers, FL 33913 • 239.674.8130 • Fax 239.674.8128 • E84492 Lab Receipt Date & Time: 11414 1330 Analysis Date & Time: Sample Acceptance Criteria: Advanced Sample Preservation: Q On Ice Not On Ice \( \subseteq \subseteq \subseteq \colon \) CDisinfectant Check: \( \subseteq \text{Not Detected } \subseteq \simeq \subseteq \subseteq \subseteq \subseteq \subseteq \subseteq Environmental Laboratories, Inc. This Sample does not meet the following NELAC requirements: Sub-Contract Lab ID: \_ Report Number: Analysis Requested: (check all that apply) ☑ Total Coliform/E. coli ☐ Total Coliform/Fecal ☐ Enterococci ☐ Coliphage ☐ HPC ☐ Other: \_ PWS I.D.:6530057 Public Water System (PWS) Name: Alturas Utility City: Alturas PWS Address: 5605 Packing House Road PWS or PWS Owner's Phone #:863-965-2599 Fax #: Collector: Prob Cribb Collector's Phone #: 863-965-2599 Type of Supply: (check only one) Community Water System Non-Transient Non-community Water System X Transient Non-community Water System ☐ Limited Use System ☐ Bottled Water ☐ Private Well ☐ Swimming Pool Other: Reason for Sampling: (check all that apply) ☑ Distribution Routine ☐ Distribution Repeat ☐ Raw (triggered or assessment) ☐ Raw (triggered or assessment) additional ☐ Well Survey ☐ Clearance ☐ Replacement (also check type of sample being replaced) ☐ Boil Water Notice ☐ Other. Sample Collection Date: Q-13-24 DCN#: AD-D045 Effective 01/95, Electronic WEB Revision 02/27/2019 To be completed by lab To be completed by collector of sample DisinpН Analysis Method(s) Sample Point Sample Sam Sample Non-Total Fecal, E. con Enterococci, or Lab (Location or Specific Address) Collection fectant Time (24 Residual Coliform Coliform Qualifier Sample Type hr clock) Coliphage<sup>3</sup> (mg/L) R 1/2 Well 0 20 U Firehouse 2535 3rd St 212 Q Average of disinfectant residuals for distribution routine & repeat samples.\* Free chlorine or Total chlorine (check one). Unless otherwise noted, all tests are preformed in accordance with NELAC standards, and the results relate only to the samples. Disinfectant Residual Analysis Method: DPD Colorimetric Other: \_\_ Date and time PWS notified by lab of positive results: \_ Date and time DEP/DOH notified by lab of positive results: \_ Person performing disinfectant analysis is (Check one of below): Date Report Issued: 2-15-24 ☐ A certified operator (# \_\_\_\_\_ Supervised by certified operator (# C21471) Lab Signature: \_\_\_\_\_ ☐ Employed by a certified lab ☐ Employed by DEP or DOH Title: A ■Authorized representative of supplier of water HINSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT] □ Setisfactory **DEP/DOH USE ONLY** Consta Flow Inc ☐ Incomplete Collection Information 5574 Commercial Blvd ☐ Repeat Samples Required Winter Haven, FL 33880 ☐ Replacement Samples Required Date Reviewed by DEP/DOH: 863-965-2599 DEP/DOH Reviewing Official: Jennifer@constaflow.com Indicate the sample type for each sample collected Sample type codes are: D = Distribution (routine compliance), C = Repeat/Check, R = Raw, N = Entry Point to Distribution, P = Plant Relinquish By: Tap, S = Special (clearance, etc.) Lab certification number for the listed method is included at top with the laboratory address Date: \_\_\_\_\_ Time: \_ Please circle appropriate selection. Defined in Florida Administrative Code Rule 62-160, Table 1 Defined in Floring Administrative Close Real O27501, 1806 17 Complete for community & non-transient non-community systems serving populations up to and including 4,900 Do not include raw or plant samples in the average. Results Key. A = Coliforms are absent, P = Coliforms are present; C = confluent growth, TNTC = too numerous to count (62-550 730 Reporting Format Received By: \_\_ 2/14/24

Date:

COLLECTION

DRINKING WATER MICROBIAL SAMA

Monitoring Period From: 3/01/24 To: 3/31/24

DAY	Well	Irrigation	POE		MULT.	1000	TOTAL
PREV	17177	irrigation	FOL	INCIVIOTE	IVIOL1.	1000	TOTAL
1	17177		-		15333.3		15333.3
2			-		15333.3		15333.3
3	17223		1.6	0.8			15333.3
4	17223		1.0	0.0	10000.0		10000.0
5	17243		0.2	0.5			10000.0
6	17243		0.2	0.5	10000.0		10000.0
7	17263		1.6	1.3			10000.0
	17203		1.0	1.3			
8	47005		4.5	0.0	11000.0		11000.0
9	17285		1.5	0.8			11000.0
10	1=000				12000.0		12000.0
11	17309		1.4	0.7			12000.0
12			ļ		11500.0		11500.0
13	17332		1.5	0.8			11500.0
14					16000.0		16000.0
15	17364		2.0	1.5	1 1 1 1 1 1		16000.0
16					19666.7		19666.7
17					19666.7		19666.7
18	17423		1.5	0.6			19666.7
19					14500.0		14500.0
20	17452		1.6	0.8	14500.0		14500.0
21					14000.0		14000.0
22	17480		2.5	2.3	14000.0		14000.0
23					11666.7		11666.7
24					11666.7		11666.7
25	17515		1.1	0.8	11666.7		11666.7
26					12500.0		12500.0
27	17540		1.2	0.6			12500.0
28					11000.0		11000.0
29	17562		1.6	0.8			11000.0
30					19330.0		19330.0
31	17600.66				19330.0		19330.0
Total Flow					423660.0		423660.0
ADF					13666.5		13666.5
MAX			2.5	2.3			19666.7
MIN	1		0.2				10000.0

I. Ge	eneral Information for the Month/Year of	: Monito	ring Period From: 3	/01/24 To: 3/31/24		
A.	Public Water System (PWS) Information		9			
	PWS Name: ALTURAS UTILIT	ΤΥ		PWS Identification	on Number:	6530057
	PWS Type:	Non-Transient Non-C	Community	Transient Non-Co	mmunity Cons	secutive
	Number of Service Connections at End	d of Month:	63	Total Population Serve		
	PWS Owner:					
	Contact Person : Jacqueline Mc Ca	allister		Contact Person's Title:	Compliance Mana	ager
	Contact Person's Mailing Address:	5911 Trouble Creek	Rd	City: New Port Richey	State: FL	Zip Code: 34652
	Contact Person's Telephone Number:	352-340-6032		Contact Person's Fax	Number: N/A	
	Contact Person's E-Mail Address:	compliance@fus1I	lc.com			
B.	Water Treatment Plant Information					
	Plant Name: ALTURAS UTILIT			Plant Telephone Numb	oer: 863-904-	5574
	Plant Address: 100 PACKING H	OUSE ROAD	City:	ALTURAS	State: FL	Zip Code: 33820
	Type of Water Treated by Plant:		Raw Ground		Purchased Finish	ed Water
	Permitted Maximum Day Operating car	pacity of Plant, gallons	per day:	108,000		
	Plant Category ( per subsection 62-699		-		D	
	Licensed Operators	Name		License Class	License Number	Day(s)/Shift(s) Worked
	Lead/Chief Operator:	GAINES ALEXANDE		С	C-5472	13
	Other Operators:	DANNY ALEXANDE		С	C-12379	
		JENNIFER ALEXAN	DER	С	C-21471	
		ROBERT GRAVES		В	B-0015216	
		CINDY ALEXANDER	₹	С	C-23261	
		CHRIS NICHOLS		С	C-20287	
III C	l ertification by Lead/Chief Operator					
III. C		at appretor liaanaa in El	anida anatha landla	hiaf amanatan af the conta		15 1: D 11 5
	I, the undersigned water treatment planthis report. I certify that the information	n operator license in ri	onda, am the lead/c	the best of my knowle	er treatment plant ident	tilled in Part I of
	water treatment, chemicals used at this	provided in this report is plant conform to NSE	International Stands	rid the best of my knowl and 60 or other applicable	euge and bellet. I cent	ny that all drinking
	62-555.320(3), F.A.C. I also certify that	the following additions	I operations records	for this plant were prop	e standards reference	u in subsection
	staffed or visited this plant during the r	month indicated above:	(1) records of amou	inte of chamicale used a	area each aay mat a n	s: and (2) is
	applicable, appropriate treatment process	ess performance record	s Furthermore Lac	iree to provide these ad	Ind Chemical leed rate:	s, and (2) is
	owner so the PWS owner can retain the	em, together with copie	s of this report at a	convenient location for	at least ten vears	olds to the FVYO
	Hounes Olletonde		GAINES ALE		actional torr yours.	C 5472
•	Signature and Date	W 7100124	Printed or Typ		Linon	C-5472 ise Number

DEP Form 62-555,900(3) Effective August 28, 2003

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER PWS: Identification Number: 6530057 Plant Name: ALTURAS UTILITY III. Daily Data for the Month/Year of: Monitoring Period From: 3/01/24 To: 3/31/24 Meens of Achieving Four-Log Virus Inactivation / Removal: \* Frea Chlorine Chlorine Dioxide Combined Chlorine(Chloremines) Ultraviolet Radiation Other: (Describe): Type of Disinfectant Residual Maintained in Distribution System: Combined Chlorine(Cloramines) Free Chlorine Chlorine Dioxide CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable Ct Calculations UV Duse Lowest CT Provided Lowest Residual Before or at Lowest Restauel Disinfectant Disinfectant First Lowest Minimum Distriectant concentration Contact Time (T) Customer Minimum Operating UV Date Day of concentration at Net Quality of Before or at First at C Measurement During Peak Hours Plant Finished Water Peak flow rate Peak flow rate Population Produced, gal gold. Peak Flow, mg/L Flow, minutes mm/L Water it Applicable LIV Dose Remote Point in Emergency or Aunomial Operating Constitute; Repair CT required, the Required mg m\YmW. Distribution or Maintenance Work that involves Taking Water in Operation | Produced, gal month medi Sec. cm2 sec/m2 System, mort System Components Out of Operation 15333 2 24 15333 3 Х 24 15333 1.6 0.8 4 24 10000 5 Х 24 10000 0.2 0.5 6 24 10000 7 Х 24 10000 1.6 1.3 8 24 11000 9 24 11000 1.5 0.8 10 24 12000 11 Х 24 12000 1.4 0.7 12 24 11500 13 Х 24 11500 1.5 8.0 14 24 16000 Х 15 24 16000 2.0 1.5 16 24 19667 17 24 19667 18 Х 24 19667 1.5 0.6 24 14500 24 14500 1.6 8.0 21 24 14000 22 Х 24 14000 2.5 2.3 23 24 11667 24 24 11667 25 Х 24 11667 1.1 8.0 26 24 12500 27 X 24 12500 1,2 0.6 28 24 11000 29 24 11000 1.6 8.0 30 24 19330 31 24 19330 valo: 423660

13666 19667 \*Refer to the instructions for this report to determine which plants must provide this Information.

DEP Form 82-666,900(3)

Average

Maximum

#### & LABORATORY REPORTING FORMAT Write Project # or Place Project Label Here 6681 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363,9350 • Fax 904.363,9354 • E82574 4965 SW 41st Blvd • Gainesville, Fl 32608 • 352.377.2349 • Fax 352.395.6639 • E82001 10200 USA Today Way • Miramar, FL 33025 • 954,889.2288 • Fax 954,889,2281 • E82535 20 9610 Princess Palm Ave. • Tampa, FL 33619 • 813,630.9616 • Fax 813.630.4327 • E84589 380 Northlake Blvd., Suite 1048 • Altamonte Springs, FL 32701 • 407.937.1594 • Fax 407.937.1597 • E53076 2639 N. Monroe St., Suite D • Tallahassee, FL 32301 • 850.219.6274 • Fax 850.219.6275 • E811095 13100 Westlinks Terrace, Suite 10 • Fort Myers, FL 33913 • 239.674.8130 • Fax 239.674.8128 • E84492 Lab Receipt Date & Time: Analysis Date & Time: Hdyanced Sample Acceptance Cofferia: Sample Preservation: On Ice Not On Ice Disinfectant Check: Not Detected Environmental Laboratories, Inc. This Sample does not meet the following NELAC requirements: Report Number: Sub-Contract Lab ID: Analysis Requested: (check all that apply) ☑ Total Coliform/E. coli ☐ Total Coliform/Fecal ☐ Enterococci ☐ Coliphage ☐ HPC ☐ Other: Public Water System (PWS) Name: Alturas Utility PWS I.D.:6530057 PWS Address: 5605 Packing House Road City: Alturas PWS or PWS Owner's Phone #:863-965-2599 Fax #: Collector: Caleb (ribh Collector's Phone #: 863-965-2599 Type of Supply: (check only one) ☑ Community Water System ☐ Non-Transient Non-community Water System ▼ Transient Non-community Water System ☐ Limited Use System ☐ Bottled Water ☐ Private Well ☐ Swimming Pool Other: Reason for Sampling: (check all that apply) ☑ Distribution Routine ☐ Distribution Repeat ☐ Raw (triggered or assessment) ☐ Raw (triggered or assessment) additional ☐ Well Survey ☐ Clearance ☐ Replacement (also check type of sample being replaced) ☐ Boil Water Notice ☐ Other. Sample Collection Date: 3-4-24 DCN#: AD-D045 Effective 01/95, Electronic WEB Revision 02/27/2019 o be completed by lab Sample Sample Point Sample Analysis Methed(s) Sam DisinρH SMILLS (Location or Specific Address) Collection fectant ple Fecal, E. col. Enterococci, or Non-Total Data Lab Time (24 Residual Type Collform Collform Qualifier4 Sample hr clock (mo/L)Coliphage<sup>3</sup> 1/2 Well R O 1:00 7.8 2/2 Tap Outside Store D 7.7 Average of disinfectant residuals for distribution routine & repeat samples.5 Free chlorine or Total chlorine (check one). Unless otherwise noted, all tests are preformed in accordance with NELAC standards, and the results relate only to the samples. Disinfectant Residual Analysis Method: ☑DPD Colorimetric ☐Other: Date and time PWS notified by lab of positive results. Person performing disinfectant analysis is (Check one of below): Date and time DEP/DOH notified by lab of positive results: Date Report Issued: Supervised by certified operator (# C21471 ) ☐ Employed by a certified lab ☐ Employed by DEP or DOH Lab Signature: Authorized representative of supplier of water Title: INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORTE ☐ Satisfactory DEP/DOH USE ONLY Consta Flow Inc ☐ Incomplete Collection Information 5574 Commercial Blvd ☐ Repeat Samples Required Winter Haven, FL 33880 ☐ Replacement Samples Required 863-965-2599 Date Reviewed by DEP/DOH: Jennifer@constaflow.com DEP/DOH Reviewing Official: Indicate the sample type for each sample collected. Sample type codes are: D = Distribution (routine compliance), C = Repeat/Check, R = Raw, N = Entry Point to Distribution, P = Plant Relinquish By: Tap, S = Special (clearance, etc.). Lab certification number for the listed method is included at top with the laboratory address Please circle appropriate selection. Date: Time: Pelised in Florida Administrative Code Rule 62-160, Table 1. Complete for community & non-transient non-community systems serving populations up to Received By: and including 4,900. Do not include raw or plant samples in the average. Results Key: A = Coliforms are absent; P = Coliforms are present; C = confluent growth; TNTC 3/7/24 too numerous to count (62-550.730 Reporting Format

DRINKING WATER MICROBIAL &

PLE COLLECTION

Monitoring Period From: 4/01/24 To: 4/30/24

		(WATER I				,	
DAY	Well	Irrigation	POE	REMOTE	MULT.	1000	TOTAL
PREV	17600.7						
1	17620.0		1.6	1.0			19340.0
2					19000.0		19000.0
3	17658.0		1.2	0.6			19000.0
4					9000.0		9000.0
5	17676.0		1.4	1.2			9000.0
6					19666.7		19666.7
7					19666.7		19666.7
8	17735.0		2.1	1.5	19666.7		19666.7
9					11500.0		11500.0
10	17758.0	7	1.6	1.3	11500.0		11500.0
11					9500.0		9500.0
12	17777.0		1.2	1.0	9500.0		9500.0
13					17666.7		17666.7
14					17666.7		17666.7
15	17830.0		1.5	0.6	17666.7		17666.7
16					15000.0		15000.0
17	17860.0		1.7	0.9	15000.0		15000.0
18					8500.0		8500.0
19	17877.0		1.0	0.5			8500.0
20					22666.7		22666.7
21					22666.7		22666.7
22	17945.0		0.9	0.5			22666.7
23					20500.0		20500.0
24	17986.0		1.3	1.2			20500.0
25					16500.0		16500.0
26	18019.0		0.7	0.4			16500.0
27					21000.0		21000.0
28					21000.0		21000.0
29	18082.0		2.2	1.6			21000.0
30	18101.0				19000.0		19000.0
Total Flow					500340.0		500340.0
ADF			_		16678.0		16678.0
		1	2.2	1.6			22666.7
MAX	-		0.7				8500.0
MIN			U.7	0.4	0,000		0000,(

I. Gene	ral Information for the Month/Year of	f: Monitoring P	eriod From: 4/01/2	24 To: 4/30/24		
	ublic Water System (PWS) Informat					
	WS Name: ALTURAS UTIL			PWS Identification	Number:	6530057
PV	WS Type:	Non-Transient Non-Comm	nunity	Transient Non-Cor	,	ecutive
Nu	umber of Service Connections at En			tal Population Served		
PV	WS Owner:			•		
	ontact Person: Jacqueline Mc C	Callister	Co	ntact Person's Title:	Compliance Mana	ager
	ontact Person's Mailing Address:	5911 Trouble Creek Rd	Ci	y: New Port Richey	State: FL	Zip Code: 34652
ICC	ontact Person's Telephone Number:	352-340-6032	Co	ntact Person's Fax N	umber: N/A	
Co	ontact Person's E-Mail Address:	compliance@fus1llc.com	n			
B. W	ater Treatment Plant Information					
Pla	ant Name: ALTURAS UTIL		Pla	ant Telephone Numbe	er: 863-904-	5574
	ant Address: 100 PACKING F	OUSE ROAD	City: AL	TURAS	State: FL	Zip Code: 33820
	pe of Water Treated by Plant:		Raw Ground Wat	ег	Purchased Finish	ed Water
	ermitted Maximum Day Operating ca		ıy:	108,000		
	ant Category ( per subsection 62-69	9.310(4), F.A.C.): V	Pla	ant Class: [	)	
	censed Operators	Name		License Class	License Number	Day(s)/Shift(s) Worked
Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, where the Owner, which is the Ow	ad/Chief Operator:	GAINES ALEXANDER		C	C-5472	13
Ot	her Operators:	DANNY ALEXANDER		С	C-12379	
		JENNIFER ALEXANDER		С	C-21471	
		ROBERT GRAVES		В	B-0015216	
		CINDY ALEXANDER		С	C-23261	
67		CHRIS NICHOLS		С	C-20287	
11 0 44						
	fication by Lead/Chief Operator					
l il	the undersigned water treatment pla	int operator license in Florida,	am the lead/chief	operator of the water	treatment plant ident	ined in Part I of
1113	s report. I certify that the information	is plant conform to NSE Intern	and accurate to t	ne best of my knowle	age and beliet. I certi	ry that all drinking
62	eter treatment, chemicals used at the	is plant conform to NSF interna-	alional Standard (	this plant ware prome	standards referenced	a in subsection
UZ etc	-555.320(3), F.A.C. I also certify the affed or visited this plant during the	month indicated above: (4) se-	auous records for	uns piant were prepa	reu each day that a li	censed operator
an	unicable appropriate treatment pro-	roce performance records. Fur	thormore Logres	to provide these ada	u chemicai ieeu rate:	s; and (2) is
ah	plicable, appropriate treatment proc oner so the PWS owner can retain the	sees periorifiance records. Fur	vic report at a con	to provide triese 800	ilional operations rec	orus to the PWS
- <del>"</del>	A LO CALO LA A C	rem, rogerner with copies of th			lleast ten years.	
ایک	aines allerando		GAINES ALEXAN	DER		C-5472

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

License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER PWS: Identification Number. 6530057 Plant Name: ALTURAS UTILITY ill. Dally Data for the Month/Year of: Monitoring Perlad From: 4/01/24 To: 4/30/24 Means of Achieving Four-Log Virus Inactivation / Removal: \* Free Chlorine Chlorine Dioxide Combined Chlorine(Chloramines) Ultraviolet Radiation Other: (Describe): Type of Disinfectant Residual Maintained in Distribution System: Combined Chlorine(Cloremines) Free Chlorine Chlorine Dioxide CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inacuvation, if Applicable\*
C1 Calculations UV Dose Lowest CT Provided Lowest Residual Before or at Lowest Residual Disinfectant Disinfectant First Minimum Distribectant Lichwing concentration Contact Time (T) Customer Minerum UV Dose Operating Concentration at Day of Net Quality of at C Measurement During Peak Before or at First CT. UV DUES. FEBRUITE 2 Remote Fixed in Emergiancy of Abautinal Opening Containing Repair Hours Plant Finished Water Peak flow rate Customer During Point During Peak Flow, ritythe Temp of pH of Water, if Required mg mWmWnotribition or Maintenance Work that Involves Yaking Water monin in Operation Produced, gal Peak Flow, myL gpd. Flow, minutes galay! Water C Applicable System might System Components Out of Operation 1 19340 1.6 2 24 19000 3 Х 24 19000 1.2 0.6 4 24 9000 5 X 24 9000 1.4 1.2 6 24 19667 7 24 19667 8 24 19667 2.1 1.5 9 24 11500 10 Х 24 11500 1.6 1.3 11 24 9500 12 Х 24 9500 1.2 1.0 13 24 17667 14 24 17667 15 Х 24 17667 1.5 0.6 16 24 15000 17 <u>X</u> 24 15000 1.7 0.9 24 8500 X 24 8500 1.0 0.5 24 22667 21 24 22667 22 24 22667 0.9 0.5 23 24 20500 24 24 20500 1.3 1.2 25 16500 24 26 X 24 16500 0.7 0.4 27 24 21000 28 24 21000 29 X 24 21000 2.2 1.6 30 24 19000

16678 22667 \*Refer to the instructions for this report to determine which plants must provide this information.

500340

DEP Form 62-665.900(3)

Total

Average

Maximum

6681 Souti 4965 SW 4 10200 US 2 9610 Prine 380 North 2639 N. M	IG WATER MICROBIAL SAM.  LABORATORY REPORTING home by Jacksonville, FL 32216 • 904.363.  11st Blvd • Gainiesville, Fl 32608 • 352.377.2349 A Today Way • Miramar, FL 33025 • 954.889.221  2222 223 224 224 225 225 225 225 225 225 225 225	FORMA1 9350 • Fax 904, • Fax 352.395.6 88 • Fax 954.88 6 • Fax 813.630 2701 • 407.937.1 219.6274 • Fax 1	363.9354 639 • E82 9.2281 • E .4327 • E1 594 •Fax 850.219.6	• E82574 :001 :82535 84589 407.937.1597 • 275• E811095		Lat		rite Project #	f or Place Project	Label Here	
G	Advanced Environmental Labo	ratories, In	C.			Ani Sai Sai Dis	nlysis Dafe 8 mple Accep mple Preserv infectant Ch	Time: 4 tance Cotteria ration: 10 On to	117/24 e 🗆 Not On Ice 🗓		-
Report Nu	mber: Sub-Contr	act Lab ID:				_					
Analysis I	Requested: (check all that apply) oliform/E. coli  Total Coliform/Fecal	☐ Enterod	cocci	☐ Coliphage	<u> □ H</u>	<u>c</u>	Other:				
Public Wa	ter System (PWS) Name: Alturas Utility					P	WS I.D.: <u>65</u>	30057			
PWS Addr	ess: <u>5605 Packing House Road</u>					Ci	ty: <u>Alturas</u>				
PWS or Pi	NS Owner's Phone #:863-965-2599				Fax #: Collecto	r's F	hone #: 86	3-965-2599			
	upply: (check only one)				COHECTO	1,31	110116 #. <u>90</u>	0-300-2000			
X Commi	unity Water System Non-Transient Use System Bottled Water Pr				X Tra ☐ Oth			munity Wate	r System		
Distribu	or Sampling: (check all that apply) tion Routine	Raw (tric	gered o	or assessme	nt) 🔲 E	law	(triggered o	r assessmer	nt) additional	Well Survey	!
	nce Replacement (also check type of collection Date: 1/1/7-2-1	of sample be	ing repla	aced) B	oil Wate						
Sample C						DCN	#: AD-D045	Effective	01/95, Electronic WEB	Revision 02/27/2	2019
Sample	To be completed by Sample Point	Sample	Sam	Disin-	pH	100	A STATE		Analysis Methodis) <sup>2</sup>	7492	2313
#	(Location or Specific Address)	Collection Time (24 hr clock)	ple Type	fectant Residual (mg/L)	pir		Non- Coliform	Total Coliform	Fecal E. coli, Enteroco I., Colinhage	Data Qualifier	Lab Sample
1/2	Well	11:45	R	0	7.8	100		A	A		013
2/2	Firehouse 2535 3 <sup>rd</sup> St	11:53	D	15	7.7			A	A		04
						163					
	of disinfectant residuals for distribution ro		t	1.5	<u> </u>						
		onej.		1= 3					s are preformed i esults relate only		
	Colorimetric Other.				Date a	nd tin	ne PWS notif	ied by lab of p	ositive results:		_
Person	performing disinfectant analysis is (Check	one of below	<i>י</i> ):		Date at	nd tin	ne DEP/DOH	notified by lat	of positive results:		_
□ A c	ertified operator (#)				Date R	eport	Issued:	411816	4		
	pervised by certified operator (# C21471 )				Lab S	iana	tura A	W	r		
	ployed by a certified lab	P or DOH			Title:	_	iture.	P	11.10		
	NAME AND MAILING ADDRESS OF PERSON	TO DECEIVE	DEDADT					-1	ad A		
1 .	Flow Inc	TORECLIVE	KET OKT	1	☐ Sati		•	Information	D	EP/DOH USE	ONLY
5574 C	ommercial Blvd				_		te Collection Samples Req				
	Haven, FL 33880						nent Sample				
863-965					Date R	eviev	red by DEP/I	юн:			_
	:@constaflow.com the sample type for each sample collected Sample type co	des are: D = Distri	bution		DEP/D	OH R	Leviewing Of	icial:		****	
(routine	compliance), C = Repeat/Check, R = Raw, N = Entry Point Special (clearance, etc.).			Rel	inquish !	Зу: _	Culul	WW			
2. Lab certi	fication number for the listed method is included at top wit rele appropriate selection.	h the laboratory ac	ldress.		Dat	e-H-	17.24 img:	13:05			
<ol> <li>Defined</li> <li>Complete</li> </ol>	in Florida Administrative Code Rule 62-160, Table 1. e for community & non-transient non-community systems		s up to	Red	ceived B	_		Vacuer	well		
and inclu Results Key:	ding 4,900. Do not include raw or plant samples in the ave A = Coliforms are absent; P = Coliforms are present; C =	rage.		1,60			1-17-24		172 <	<u> </u>	
= too numer	ous to count (62-550,730 Reporting Format.				Dat	e:	1101		Time: 150 -		

Alturas Utility Monitoring Period From: 5/01/24 To: 5/31/24 (WATER REPORT)

David	344 14	WATER		1			
DAY	Well	Irrigation	POE	REMOTE	MULT.	1000	TOTA
PREV	18101.0						
1					12333.3		12333.
2					12333.3		12333.
3	18138.0		0.4	0.2	12333.3		12333.3
4					18000.0		18000.0
5					18000.0		18000.0
6	18192.0		0.4	0.2	18000.0		18000.0
7					19000.0		19000.0
8	18230.0		0.4	0.2	19000.0		19000.0
9					18666.7		18666.7
10					18666.7		18666.7
11	18286.0		1.3	1.0	18666.7		18666.7
12					21500.0		21500.0
13	18329.0		0.6	0.4	21500.0		21500.0
14					12000.0		12000.0
15	18353.0		0.8	0.3	12000.0		12000.0
16					9000.0		9000.0
17	18371.0		8.0	0.2	9000.0		9000.0
18					15333.3		15333.3
19					15333.3		15333.3
20	18417.0		0.8	0.5	15333.3		15333.3
21					19000.0		19000.0
22	18455.0		0.6	0.4	19000.0		19000.0
23					18000.0		18000.0
24	18491.0		1.2	1.0	18000.0		18000.0
25					7000.0		7000.0
26					7000.0		7000.0
27					7000.0		7000.0
28	18519.0				7000.0		7000.0
29							1000,0
30	18519.0						
31	18519.0						
otal Flow					418000.0		18000.0
DF					13483.9		13483.9
1AX			1.3	1.0	21500.0		21500.0
IIN					21000.0		21300.0

1. G	eneral Information for the Month/Year o	f; Monit	oring Period From: 5	5/04/24 To: 5/24/24		
A.	Public Water System (PWS) Informati	on	oned Form.	70 1124 10. 5/31/24		
	PWS Name: ALTURAS UTILI	ITY		PWS Identification	• Nivert	
	PWS Type:	Non-Transient Non-	-Community	Transient Non-Col		6530057
	Number of Service Connections at En	d of Month:	63			secutive
	PWS Owner:			Total Population Served	at End of Month:	
	Contact Person : Jacqueline Mc C	allister		Contact Person's Title:	0 11	
	Contact Person's Mailing Address:	5911 Trouble Creek	Rd		Compliance Man	
	Contact Person's Telephone Number:	352-340-6032	· · · ·	City: New Port Richey	State: FL	Zip Code: 34652
	Contact Person's E-Mail Address:	compliance@fus1	lla cam	Contact Person's Fax N	umber: N/A	
B.	Water Treatment Plant Information	compilarice (colus i	IIC.COIII			
	Plant Name: ALTURAS UTILI	TV		I-		
	Plant Address: 100 PACKING H		lon	Plant Telephone Number		-5574
	Type of Water Treated by Plant:	OOGE ROAD	City:	ALTURAS	State: FL	Zip Code: 33820
	Permitted Maximum Day Operating ca	nacity of Plant, college	Raw Ground		Purchased Finish	ed Water
	Plant Category ( per subsection 62-699	210/4\ EAC \ V	per day:	108,000		
	Licensed Operators	Name		Plant Class:		116
	Lead/Chief Operator:	GAINES ALEXANDI		License Class	License Number	Day(s)/Shift(s) Worked
	Other Operators:			C	C-5472	10
		DANNY ALEXANDE		С	C-12379	
		JENNIFER ALEXAN	IDER	C	C-21471	
		ROBERT GRAVES		В	B-0015216	
		CINDY ALEXANDER	<del>\</del>	С	C-23261	
		CHRIS NICHOLS		С	C-20287	
C	ertification by Lead/Chief Operator					
	the undersigned water to start to					
	I, the undersigned water treatment plan this report. I certify that the information	it operator license in Flo	orida, am the lead/ch	ief operator of the water tr	eatment plant identific	ed in Part Lof
						ds to the PWS
	The second second second second second	em, together with copies	s of this report, at a c	convenient location for at le	east ten vears.	
O	TOUR WEST LARREST LONG	6/07/24	GAINES ALEX	KANDER		C-5472
	Signature and Date	-	Printed or Typ		Licens	se Number
	DEP Form 62-555.900(3)		**		LICELIS	se Munipel

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER PWS: Identification Number: Plant Name: ALTURAS UTILITY iii. Daily Data for the Month/Year of: Monitoring Period From: 5/01/24 To: 5/31/24 Means of Achieving Four-Log Virus Inactivation / Removal: \* Free Chlorine Chlorine Dioxide Ultraviolet Radiation Ozone Combined Chlorine(Chloremines) Other: (Describe): Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chloring Cloramines CT Calculations, or UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable\* Chlorine Dioxide Ct Calculations UV Does Lowest CT Provided Lowest Residual Before or at Disinfectant Lowest Residue Distrifectant First concentration Lowest Minimum Contact Time (T) Disinfectant Day of Customer Minimum UV Dose Net Quality of Operating Sefore or at First at C Measurement During Peak concentration at the Hours Plant Finished Water Peak flow rate UV Dose, Remote Point in Emergency or Abnormal Operating Conditions; Repetr Customer During | Point During Peak Temp of pH of Water, if Required mg Water C Applicants mmv. required, Flow, mgmonth in Operation Produced and mW-Peak flow min mW-Distribution Flow minutes minul. or Maintenance Work that Involves Taking Water Sec.cm2 System mg/L System Components Out of Operation 12333 2 24 12333 3 Х 24 12333 0.4 4 24 18000 0.2 5 24 18000 6 24 18000 0.4 24 19000 0.2 24 19000 0.4 9 24 18667 10 24 18667 11 24 18667 1.3 12 24 21500 1.0 13 24 21500 0.6 14 24 12000 0.4 15 24 12000 0.8 16 24 9000 0.3 17 24 9000 0.6 24 15333 0.2 24 15333 20 24 15333 0.8 21 24 19000 0.5 22 24 19000 0.6 23 24 18000 0.4 24 24 18000 1.2 25 24 7000 1.0 26 24 7000 27 24 7000 28 24 7000 29 24 Well pump bad, system out of service. 30 24 31 24 Total 418000 Average 13933

Managem 21500
\*\*Refer to the instructions for this report to determine which plants must provide this information.

DEP Form 82-569,500(3)

#### DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT Write Project # or Place Project Label Here G 6681 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • E82574 ☐ 4965 SW 41st Blvd • Gainesville, Fl 32608 • 352.377.2349 • Fax 352.395.6639 • E82001 ☐ 10200 USA Today Way • Miramar, FL 33025 • 954.889.2288 • Fax 954.889.2281 • E82535 ☑ 9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 • E84589 ☐ 380 Northlake Blvd., Suite 104 • Altamonte Springs, FL 32701 • 407.937.1594 • Fax 407.937.1597 • E53076 ☐ 2639 N. Monroe St., Suite D • Tallahassee, FL 32301• 850.219.6274 • Fax 850.219.6275 • E811095 ☐ 13100 Westlinks Terrace, Suite 10 • Fort Myers, FL 33913 • 239.674.8130 • Fax 239.674.8128 • E84492 Lab Receipt Date & Time: Analysis Date & Time: Sample Acceptance Criteria: Sample Preservation: On Ice Not On Ice Disinfectant Check: Not Detected Advanced Environmental Laboratories, Inc. This Sample does not meet the following NELAC requirements: Report Number: Sub-Contract Lab ID: Analysis Requested: (check all that apply) ☑ Total Coliform/E, coli ☐ Total Coliform/Fecal ☐ Enterococci ☐ Coliphage ☐ HPC ☐ Other: Public Water System (PWS) Name: Alturas Utility PWS I.D.:6530057 PWS Address:5605 Packing House Road City: Alturas PWS or PWS Owner's Phone #:863-965-2599 Collector: ( ) ( ) ( ) ( ) Fax #: Collector's Phone #: 863-965-2599 Type of Supply: (check only one) ☐ Community Water System ☐ Non-Transient Non-community Water System ▼ Transient Non-community Water System ☐ Limited Use System ☐ Bottled Water ☐ Private Well ☐ Swimming Pool Other: Reason for Sampling: (check all that apply) Distribution Routine Distribution Repeat Raw (triggered or assessment) Raw (triggered or assessment) additional Well Survey ☐ Clearance ☐ Replacement (also check type of sample being replaced) ☐ Boil Water Notice ☐ Other: Sample Collection Date: 5-8-24 DCM#: AD-D045 Effective 01/95, Electronic WEB Revision 02/27/2019 To be completed by ector of sa o be completed by lab Analysis Method(s) Fecal, E. coli Enterococci, or Sample Point DisinpН Sample Sample Sam Collection fectant Data (Location or Specific Address) Non-Total ple Lab Type Time (24 Residual Coliform Coliform Qualifier<sup>4</sup> Sample Collphage<sup>3</sup> hr clock) (mg/L) Well R 1/2 7.8 10:30 A 2/2 Tap Outside Store D D. 77 10:37 $\Omega_{\mathbf{N}}$ Average of disinfectant residuals for distribution routine & repeat 1.5 samples.5 Free chlorine or Total chlorine (check one). Unless otherwise noted, all tests are preformed in accordance with NELAC standards, and the results relate only to the samples. Disinfectant Residual Analysis Method: ☑DPD Colorimetric ☐Other: Date and time PWS notified by lab of positive results: Date and time DEP/DOH notified the lab of Person performing disinfectant analysis is (Check one of below): Date Report Issued: A certified operator (# \_\_\_\_ ■ Supervised by certified operator (# C21471 ) Lab Signature: ☐ Employed by a certified lab ☐ Employed by DEP or DOH Authorized representative of supplier of water Title: JINSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT) □ Satisfactory DEP/DOH USE ONLY Consta Flow Inc ☐ Incomplete Collection Information 5574 Commercial Blvd Repeat Samples Required Winter Haven, FL 33880 ☐ Replacement Samples Required Date Reviewed by DEP/DOH: 863-965-2599 Jennifer@constaflow.com DEP/DOH Reviewing Officials Indicate the sample type for each sample collected. Sample type codes are: D = Distribution (routine compliance), C = Repeat/Check, R = Raw, N = Entry Point to Distribution, P = Plant Relinquish By: Tap, S = Special (clearance, etc.). Lab certification number for the listed method is included at top with the laboratory address. Date: \_\_\_\_ Time: Please circle appropriate selection Defined in Florida Administrative Code Rule 62-160, Table 1 Denines in Fronta Authinity & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average. Results Key: A = Coliforms are absent; P = Coliforms are present; C = confluent growth, TNTC too numerous to count (62-550,730 Reporting Format Received By: \_ Date:

711 13

Monitoring Period From: 6/01/24 To: 6/30/24

DAY	Well	(WATER			In all times		
PREV	18519.0	Irrigation	POE	REMOTE	MULT.	1000	TOTAL
1	18519.0		-				
2	10019.0		-				
	40540.0		-				
3	18519.0		-				
4	105100		-				
5	18519.0						
6							
7							
8	18519.0						
9							
10	18519.0						
11							
12	18519.0						
13							
14							
15	18519.0						
16							
17	18519.0						
18							
19	18519.0						
20							
21							
22	18519.0						
23	700 10.0				3500.0		3500.0
24	18526.0		1.2	0.9	3500.0	_	3500.0
25	10020.0		1.2	0.9	1500.0		1500.0
26	18529.0		0.2	0.2	1500.0		1500.0
27	10020.0		0.2	0.2	29500.0		29500.0
28	18588.0		0.2	0.2	29500.0		
29	10000.0		0.2	0.2	650.0		29500.0
30	18589.3						650.0
30	10309.3				650.0		650.0
Total Flow					70300.0		70300.0
ADF					2343.3		2343.3
MAX			1.2	0.9	29500.0		29500.0
MIN				3,0			

Company of the Compan					
I. General Information for the Mor	th/Year of: Monitorin	g Period From: 6/0	1/24 To: 6/30/24		
<ul> <li>A. Public Water System (PWS)</li> </ul>	Information				
PWS Name: ALTU	RAS UTILITY		PWS Identification	Number	6520057
PWS Type:	Non-Transient Non-Con	mmunity T	Transient Non-Cor		6530057
Number of Service Connecti	ons at End of Month:		Total Population Served		secutive
PWS Owner:			Total Topolation Served	at End of Month:	
	eline Mc Callister	Te	Contact Person's Title:	Compliance Man	
Contact Person's Mailing Ad-	dress: 5911 Trouble Creek Rd		City: New Port Richey	Compliance Man State: FL	
Contact Person's Telephone	Number: 352-340-6032		Contact Person's Fax N		Zip Code: 34652
Contact Person's E-Mail Add	ress: compliance@fus1llc.d	com	GOTTE T STORY	uniber. IVA	
<ol><li>Water Treatment Plant Information</li></ol>	nation	3011			
Plant Name: ALTUR	RAS UTILITY	Ti	Plant Telephone Numbe	000 004	P.F.7.
Plant Address: 100 PA	ACKING HOUSE ROAD		ALTURAS		1
Type of Water Treated by Pla	ant:	Raw Ground We		State: FL	Zip Code: 33820
Permitted Maximum Day Ope	erating capacity of Plant, gallons per	day.	108,000	Purchased Finish	ed Water
Plant Category ( per subsecti	ion 62-699.310(4), F.A.C.): V		Plant Class:		
Licensed Operators	Name		License Class		
Lead/Chief Operator:	GAINES ALEXANDER		C	License Number	Day(s)/Shift(s) Worked
Other Operators:	DANNY ALEXANDER			C-5472	13
	JENNIFER ALEXANDER	D	C	C-12379	
	ROBERT GRAVES			C-21471	
	CINDY ALEXANDER		В	B-0015216	
	CHRIS NICHOLS		C	C-23261	
	STITIO MONOES		С	C-20287	
. Certification by Lead/Chief Oper	ator			And the second s	
I, the undersigned water treat	ment plant operator license in Florida	on the lead/abias			
this report. I certify that the in	formation provided in this report is tru	a, am une read/chier	operator of the water tr	eatment plant identifi	ed in Part I of
water treatment, chemicals us	sed at this plant conform to NSF Inter	ne and accurate to t	ne best of my knowledg	e and belief. I certify	that all drinking
62-555.320(3), F.A.C. Lalso (	ertify that the following additional on:	rational Standard (	ou or other applicable st	andards referenced i	n subsection
staffed or visited this plant, du	certify that the following additional ope	erations records for	this plant were prepare	d each day that a lice	nsed operator
applicable, appropriate treatm	uring the month indicated above: (1) need process performance records. Fu	ecords of amounts	of chemicals used and	chemical feed rates;	and (2) is
owner so the PWS owner can	nent process performance records. Fu	ininermore, i agree	to provide these addition	onal operations recor	ds to the PWS
Hours ales	retain them, together with copies of			east ten years.	
Signature and Date	1/08/24	GAINES ALEXAI		_	C-5472
		Printed or Typed	Name	Licens	se Number
DEP Form 62-555,900(3)					

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER PWS: (dentification Number: Plant Name: ALTURAS UTILITY Ili. Daily Data for the Month/Year of: Monitoring Period From: 6/01/24 To: 6/30/24 Means of Achieving Four-Log Virus Inactivation / Removal: \* Free Chlorine Chlorine Dlaxide Ultraviolet Radiation Ozone Combined Chlorine(Chloramines) Other: (Describe): Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined ChlorinerCloramines) Chlorine Diaxide CT Calculations or UV Dose, to Demonstrate Four-Log Virus (nactivation, if Applicable) Ct Calculations UV Done Lowest CT Provided Lowest Residuel Before or at Disinfectant Lowest Residue Disinfectant First Minimum Lowest concentration Disinfectant Contact Time (T) Customer Day of Minimum Operating UV Dose Not Quality of at C Measurement | During Peak concentration at Before or at First Hours Plant | Finished Water | Peak flow rate CT, Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that involves Taking Water UV Dose, the required. Remote Point In Customer During | Point During Peak Flow, mg-Temp of pH of Water, if Required mg Water, C Applicable mlo/L month in Operation Produced get gnd mWmW-Distribution Peak Flow mg/L Flow, Institution min/L Sec cm2 sec/sm2 System, mg/L System Components Out of Operation 24 2 24 System out of service, pump bad 3 24 4 24 5 24 6 24 7 24 8 24 9 24 10 24 11 24 Х 12 24 13 24 14 24 15 X 24 16 24 17 24 18 24 45 Х 24 24 24 22 24 23 24 3500 24 Х 24 3500 1.2 25 24 0.9 1500 26 X 24 1500 0.2 27 24 0.2 29500 28 24 29500 0.2 29 0.2 Pump replaced 24 650 30 24 650 Total 70300 Average Maxemum 2268

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

DEP Form 62-555 900(3)

Effective August 28, 2003

130

## DRINKING WATER MICROBIAL \$ PLE COLLECTION

& LABORATORY REPORTING FORMAT

☐ 6681 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • E81574

☐ 4965 SW 41st Blvd • Gainesville, FL 32608 • 352.377.2349 • Fax 352.395.6639 • E82001

☐ 10200 USA Today Way • Miramar, FL 33025 • 954.889.2288 • Fax 954.889.2281 • E82535

☐ 9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.4616 • Fax 813.630.4327 • E84589

☐ 380 Northlake Blvd, Suite 1048 • Altamonte Springs, FL 32701• 407.937.1594 • Fax 407.937.151

☐ 2639 N. Mosuro St. Suite D • Tallabaseae El 32201.850.210.6724 • Fax 80.210.6724 • Fa



☐ 2639 N	Monroe St., Suite D • Tallahassee, FL 32301• Vestlinks Terrace, Suite 10 • Fort Myers, FL 32	850.219.6274 • F	ax 850.21 30 • Fax 2	9.6275• <b>E811</b> 9.6275• <b>E811</b> 39.674.8128 •	597 • E53076 095 E84492	ļ				
	Advanced Environmental L					Disinfectant (	e & Time: ptance Cate ervation: Document	Ing I Not On ten		<u>&gt;</u>
Report No	umber: Sub-C	ontract Lab ID								
Analysis	Requested: (check all that apply									
XI Total (	Coliform/E. coli Total Coliform/Fe	cal   Enter	ососсі	Coliph	age 🗆 Hi	C C Other				
	Append (CAAS) WSIIIB:WITOISS (I	Jility				PWS I.D.:				
DIAKE ALD	ress:5605 Packing House Road					City: Alturas				
Collector	WS Owner's Phone #:863-965-2599	)			Fax #:	-	•			
Type of	En hit / Luland	W			Collector	r's Phone #: 8	63-965-2599	)		
☐ Limited  Reason for  Distribution	unity Water System Non-Transied Use System Bottled Water Dor Sampling: (check all that apply) ution Routine Distribution Repended In Replacement (also check type collection Date:	Private vveii	∐ Swi	mming Poc	ol Othe				7 Well Surve	N/
Sample C	ollection Date:06-30-	2624	eing rep	laced) [	DQII FEELES	Notice CC	mer.	01/95, Electronic WEE		
Sample	Sample Point	Sample	Sam	Diele		No feet and	ET PER	All of the	MARKET STATE	-
#	(Location or Specific Address)	Collection	ple	Disin- fectant	рH	Non-	Total	Analysis Method(s)	-	
1/2	Well	Time (24 hr clock)	Type	Residual (mg/L)	76	Coliform	Coliform	Enterococci, or Coliphage <sup>3</sup>	Data Qualifier <sup>4</sup>	Lab Sample
2/2	Firehouse 2535 3rd St	1600	D	7/	17		A	A		00
	A second program of the program of the second of the secon	1610	-	0/4	79	<u></u>	A	A		000
	( A Spirit Langer)				-					
	The state of the s	+			1					
		+								
	· Annual Comment of the Comment of t									
Average of	disinfering					1				
samples.5	disinfectant residuals for distribution re Free chlorine or  Total chlorine (check	one).			11-1			****	MC APP Sycamore	
DisInfect	ant Roaldust Anabusis Meshad.			Toronan	Unles NE	s otherwise n LAC standard	oted, all test is, and the re	s are preformed ir esults relate only t	accordance	≥ with
i	Colorimetric Other:					ime PWS notific			o trie sample	<i>‡</i> 5.
Person pe	erforming disinfectant analysis is (Checking operator	one of below):	:		Date and t	ime DEP/DOH	potified by lab	of positive results:		_
⊠ Super	vised by certified operator (# C21471)				Date Repo	rt Issued:	12/24			-
LI Emplo	yed by a certified lab	P or DOH			Lab Sign	aturo:	$\mathcal{N}_{\mathcal{U}}$	P.001,1880	~*	
LIAuthor	ized representative of supplier of water				Title:	ature.	- Al			
Consta FI	ME AND MAILING ADDRESS OF PERSON	TO RECEIVE RE	PORT]				1	4_4		_
COMPTE I	ow me mercial Blvd				☐ Satisfac	tory ete Collection Ir		DE	P/DOH USE C	ONLY
Winter Ha	iven, FL 33880				☐ Repeat :	Samples Requir	red			
863-965-2	1599	The second second			☐ Replace	ment Samples	Required	Marie Andreas de Carrestante de La Carre	managed to	1
Jennifer@	constaflow.com			- 1		wed by DEP/DO		The state of the s		
Tap, S = Spec 2 Lab certificat	ample type for each sample collected. Sample type cod bliance), C = Repeat/Check, R = Raw, N = Entry Point i ial (clearance, etc.).	to Distribution, P = P	lanı	Reli	nquish By:	Reviewing Offici	ay		Proceedings of the St.	-
4. Defined in Flo	ion number for the listed method is included at top with appropriate selection.  orida Administrative Code Rule 62-160, Table 1.				Date.	Time:	1			~
and including	4 900 Do not include any non-community systems so	rving populations up	to	Dan	/ -			0-00	d	
Results Kev: A =	Coliforms are absent; P = Coliforms are present; C = c count (62-550.730 Reporting Format	ge. onfluent growth; TN	TC	Kec	eived By: _	/1	1 6	J'll		
	webarong rumit				Deta	7/1	/24 T	me: 1245		

# Exhibit 3

### WELLS AND WELL PUMPS

(a)	(b)	(c)	(d)	(e)	(f)
Year Constructed					
Types of Well Construction					-
and Casing	Steel				
					-
Depth of Wells	550 ft				
Diameters of Wells	6				
Pump - GPM	350				
/lotor - HP	15				
Notor Type *	Sub		37.00		
ields of Wells in GPD					
uxiliary Power					

### RESERVOIRS

(a)	(b)	(c)	(d)	(e)	(f)
Description (steel, concrete) Capacity of Tank	Steel 3,000 Ground	n/a	n/a	n/a	

### HIGH SERVICE PUMPING

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

YEAR OF REPORT: December 31, 2023

### SOURCE OF SUPPLY

List for each source of supply (Ground, So	ırface, Purchased Water	etc.)	
Permitted Gals. per day Type of Source	648,000 Ground		

## WATER TREATMENT FACILITIES

Туре	Chemical Feed		
Make	Stenner		-
Permitted Capacity (GPD)	0.0111101	8-	
High service pumping	*		-
Gallons per minute			***************************************
Reverse Osmosis		I	
ime Treatment			
Unit Rating			1
Filtration			-
Pressure Sq. Ft			
Gravity GPD/Sq.Ft	S		
Disinfection		1	
Chlorinator	17 GPD	1	
Ozone	***************************************		
Other		,———	N <del>e eee</del>
Auxiliary Power	None		