

COUNTRY WALK UTILITIES, INC.

February 6, 2025

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

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

Dear Commission Clerk,

Please find attached Country Walk Utilities, Inc.'s response to Staff's Second Data Request in the above referenced docket.

1. Purchased Power: Please explain the high usages and high bills in November 2023, December 2023, January 2024, and April 2024.

Response: These months had higher water pumped, treated, and billed. The customers are seasonal and are typically in residence during from November through April. The amount of water produced and sold are higher in those months; therefore, the KWHs usage increases due to pumping and treatment.

2. Contractual Services – Testing: Why was there an extra Total Coliform test performed in July 2024?

Response: A new operator pulled the samples and had ecoli present in the samples. This resulted in the requirement of pulling more samples upstream and downstream of the distribution sample and resampling the well. The operator made the error of pulling the distribution sample at an incorrect tap. The tap was located after a home filter located at the opposite side of the home from the entry tap. The filter was not being used and was full of biogrowth, the operator had to open the valve to get a sample and did not realize it was going through the filter. After a 2nd set of failures management went to the site and determined the issue and the operator was given additional training in sampling.

3. Primary and Secondary Water Quality Test Results: Please explain how the Utility is remedying the pH of 8.87, which exceeds the Department of Environmental Protections MCL of 6.5 to 8.5.

Response: In review of the results, on page 26 the laboratory report states that the “field pH on page one” is used in the report, the field pH on page one is 7.8 units which is well within the limits, the Utility believes this is a laboratory error. The operators record pH daily with equipment that is calibrated daily with the results submitted to FDEP.

4. Unaccounted for Water: Please explain how the Utility used more water than it pumped in December 2023, February 2024, April 2024, June 2024, July 2024, and October 2024.

Response: The dates that the meters are read and the dates that the used for the monthly gallons pumped do not match up perfectly. The water plant meters are read at the beginning and end of the month for the MORs. The customers’ water meters are read during the month. It is normally a minimal amount and reconciles in the annual totals. The meter has been calibrated and found to be in accordance with the +/- requirements of 98.5% - 101.5%

5. Retirement: Please provide the retirement date of the well referenced in the 2023 Annual Report.

Response: It is unknown when this well was taken out of service. The well was out of service when the utility was acquired. See FPSC Order No. PSC-14-0495-PAA-WU, issued September 17, 2014 – Pages 2 & 3. It appears from this Order, the new well was installed in 2012 or 2013.

6. Maps:

- a. Please verify that the system map from Docket No. 20180021-WU shows 90 lots.
- b. Please verify that there are 20 vacant lots.
- c. Where are the vacant lots located in the neighborhood?

Response: Revised updated map will be sent to Clerk’s office. The water plant, storage, and distribution system were all found to be 100% used and useful in Order No. PSC-2018-0553-PAA-WU, issued November 19, 2018. Due to the seasonality of the customer base, some customers may elect to disconnect service while out of state. There are 16 lots that are currently not being billed throughout the neighborhood, with one being a double lot next to an existing customer.

Respectfully Submitted,



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

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

- 6681 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • E82574
- 4965 SW 41st Blvd • Gainesville, FL 32608 • 352.377.2349 • Fax 352.395.6639 • E82001
- 10200 USA Today Way • Miramar, FL 33025 • 954.889.2288 • Fax 954.889.2381 • E82535
- 9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 • E84589
- 380 Northlake Blvd., Suite 104B • Altamonte Springs, FL 32701 • 407.937.1594 • E53076
- 2639 N. Monroe St., Suite D, Tallahassee, FL 32303 • 850.219.6274 • Fax 850.219.6275 • E811095
- 13160 Westlinks Terrace, Unit 10, Fort Myers, FL 33913 • 239-674-8130 • Fax 239-674-8128 • E84492



Advanced Environmental Laboratories, Inc.

Lab Receipt Date & Time: 7-10-24 14:40
 Analysis Date & Time: 7-10-24 17:00
 Sample Acceptance Criteria:
 Sample Preservation: On Ice Not On Ice 4.2 °C
 Disinfectant Check: Not Detected
 This Sample does not meet the following NELAC requirements:

Report Number: _____ Sub-Contract Lab ID: _____

Analysis Requested: (check one)
 Total Coliform/E. coli Total Coliform/Fecal Enterococci Coliphage HPC Other: _____ Limited Use System _____

Public Water System (PWS) Name: Country Walk PWS I.D.: 628-4114

PWS Address: 29 Lakeside Drive City, State, Zip: Lake Placid 33852

PWS or PWS Owner's Phone #: 727-848-8292 E-Mail: vcautero@uswatercorp.net

Collector: Vincent Caution US Water Collector's Phone #: 239-460-0884

Type of Supply: (check only one)
 Community Water System Non-Transient Non-community Water System Transient Non-community Water System
 Limited Use System Bottled Water Private Well Swimming Pool Other: _____

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

Sample Collection Date: 7/10/2024

DCNs: AD-0045

Effective 01/85, Printable Revision 4/11/17

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time (24 hr clock)	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s) ¹			SM9223B Data Qualifier ⁴	Lab Sample #
						Non-Coliform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage ³		
1	Well	9:00	R	-	7.5		P	A		001
2	55 Quail Roost Road	9:20	D	1.32	8.1		P	A		002
Average of disinfectant residuals for distribution routine & repeat samples. ¹ <input checked="" type="checkbox"/> Free chlorine or <input type="checkbox"/> Total chlorine (check one).						Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples. Date and time PWS notified by lab of positive results: <u>7-11-24 12:06</u> Date and time DEP/DOH notified by lab of positive results: _____ Lab Signature: <u>[Signature]</u> Title: <u>Analyst</u> Date & Time Report Issued: <u>7-11-24 12:04</u>				
Disinfectant Residual Analysis Method: <input checked="" type="checkbox"/> DPD Colorimetric <input type="checkbox"/> Other: _____										
Person performing disinfectant analysis is (Check one of the following): <input checked="" type="checkbox"/> A certified operator (# <u>C30027</u>) <input type="checkbox"/> Supervised by certified operator (# _____) <input type="checkbox"/> Employed by a certified lab <input type="checkbox"/> Employed by DEP or DOH <input type="checkbox"/> Authorized representative of supplier of water						DEP/DOH USE ONLY <input type="checkbox"/> Satisfactory <input type="checkbox"/> Incomplete Collection Information <input type="checkbox"/> Repeat Samples Required <input type="checkbox"/> Replacement Samples Required Date Reviewed by DEP/DOH: _____ DEP/DOH Reviewing Official: _____				
Client _____ Part: _____										
Send to DEP/DOH? (Init): Yes _____ No _____ Paid _____ Amt _____ How: _____										

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

Relinquish By: [Signature]
 Date: 7/10/24 Time: 9:50
 Received By: [Signature]
 Date: 7/10/24 Time: 9:50
 Received By: [Signature]
 Date: 7/10/24 Time: 14:40

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

- 6681 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • E82574
- 4965 SW 41st Blvd • Gainesville, FL 32608 • 352.377.2349 • Fax 352.395.6639 • E82081
- 10200 USA Today Way • Miramar, FL 33025 • 954.889.2288 • Fax 954.889.2281 • E82535
- 9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 • E84589
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- 2639 N. Monroe St., Suite D, Tallahassee, FL 32303 • 850.219.6274 • Fax 850.219.6275 • E811095
- 13100 Westlinks Terrace, Unit 10, Fort Myers, FL 33913 • 239-674-8130 • Fax 239-674-8128 • E84492



Advanced Environmental Laboratories, Inc.



* F 2 4 0 4 4 5 4 *

Lab Receipt Date & Time: 7/12/24 13:40
 Analysis Date & Time: 7-12-24 15:00
 Sample Acceptance Criteria:
 Sample Preservation: On Ice Not On Ice 4.2°C
 Disinfectant Check: Not Detected
 This Sample does not meet the following NELAC requirements:

Report Number: _____ Sub-Contract Lab ID: _____

Analysis Requested: (check one)
 Total Coliform/E. coli Total Coliform/Fecal Enterococci Coliphage HPC Other: _____ Limited Use System _____

Public Water System (PWS) Name: Country Walk PWS I.D.: 628-4114
 City, State, Zip: Lake Placid 33852

PWS Address: 29 Lakeside Drive
 PWS or PWS Owner's Phone #: 727-848-8292 E-Mail: vcautero@uswatercorp.net

Collector: Vincent Cautero US Water Collector's Phone #: 239-460-0884

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: RESAMPLE

Sample Collection Date: 7/12/2024

DCN#: AD-D045 Effective 01/95, Printable Revision 4/11/17

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time (24 hr clock)	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s) ^a			Data Qualifier ^a	Lab Sample #
						Non-Coliform	Total Coliform	Fecal E. coli Enterococci, or Coliphage ^b		
1	Well	8:25	R	-	7.6	A	A	A		001
2	55 Quail Roost Road	8:45	D	1.52	8.2	A	A	A		002
3	48 Quail Roost Road	8:55	D	1.84	8.2	A	A	A		003
4	43 Quail Roost Road	9:10	D	1.71	8.3	P	A	A		004
Average of disinfectant residuals for distribution routine & repeat samples. <input type="checkbox"/> Free chlorine or <input checked="" type="checkbox"/> Total chlorine (check one).				1.69	Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.					
Disinfectant Residual Analysis Method: <input checked="" type="checkbox"/> DPD Colorimetric <input type="checkbox"/> Other: _____				Date and time PWS notified by lab of positive results: <u>7/13/24 1300</u>						
Person performing disinfectant analysis is (Check one of below): <input checked="" type="checkbox"/> A certified operator (# <u>C30027</u>) <input type="checkbox"/> Supervised by certified operator (# _____) <input type="checkbox"/> Employed by a certified lab <input type="checkbox"/> Employed by DEP or DOH <input type="checkbox"/> Authorized representative of supplier of water				Date and time DEP/DOH notified by lab of positive results: _____						
Client _____ Part: _____				Lab Signature: <u>[Signature]</u>						
Project _____				Title: <u>Analyst</u>						
Send to DEP/DOH? (Init): Yes _____ No _____				Date & Time Report Issued: <u>7/13/24 1300</u>						
Paid _____ Amt _____ How: _____				<input type="checkbox"/> Satisfactory <input type="checkbox"/> Incomplete Collection Information <input type="checkbox"/> Repeat Samples Required <input type="checkbox"/> Replacement Samples Required DEP/DOH USE ONLY						
				Date Reviewed by DEP/DOH: _____						
				DEP/DOH Reviewing Official: <u>[Signature]</u>						

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

Retain By: [Signature]
 Date: 7/12/24 Time: 9:25
 Received By: [Signature]
 Date: 7/12/24 Time: 9:25
 Received By: [Signature]
 Date: 7-12-24 Time: 1340

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

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- 13100 Westlinks Terrace, Unit 10, Fort Myers, FL 33913 • 239-674-8130 • Fax 239-674-8128 • E84492



Advanced Environmental Laboratories, Inc.

Lab Receipt Date & Time: 7-15-24 14:20
 Analysis Date & Time: 7-15-24 15:32
 Sample Acceptance Criteria:
 Sample Preservation: On Ice Not On Ice 4.2°C
 Disinfectant Check: Not Detected
 This Sample does not meet the following NELAC requirements:

Report Number: _____ Sub-Contract Lab ID: _____

Analysis Requested: (check one)
 Total Coliform/E. coli Total Coliform/Fecal Enterococci Coliphage HPC Other: _____ Limited Use System _____

Public Water System (PWS) Name: Country Walk PWS I.D.: 628-4114

PWS Address: 29 Lakeside Drive City, State, Zip: Lake Placid 33852

PWS or PWS Owner's Phone #: 727-848-8292 E-Mail: vcautero@uswatercorp.net

Collector: Vincent Cautero US Water Collector's Phone #: 239-460-0884

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: RESAMPLE

Sample Collection Date: 7/15/24 DCM: AD-0045 Effective 01/05, Printable Revision 4/11/17

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time (24 hr clock)	Sample Type	Disinfectant Residual (mg/L)	pH	To be completed by lab				
						Non-Coliform	Total Coliform	Fecal E. coli, Enterococci, or Coliphage ¹	Data Qualifier ²	Lab Sample #
1	43 Quail Roost Road	8:00	D	1.86	8.1		P	P		001
2	55 Quail Roost Road	8:20	D	1.70	8.1		A	A		002
3	48 Quail Roost Road	8:40	D	1.62	8.1		A	A		003
Average of disinfectant residuals for distribution routine & repeat samples: <input type="checkbox"/> Free chlorine or <input checked="" type="checkbox"/> Total chlorine (check one). <u>1.73</u>						Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.				
Disinfectant Residual Analysis Method: <input checked="" type="checkbox"/> DPD Colorimetric <input type="checkbox"/> Other: _____						Date and time PWS notified by lab of positive results: _____				
Person performing disinfectant analysis is (Check one of below): <input checked="" type="checkbox"/> A certified operator (# <u>C50027</u>) <input type="checkbox"/> Supervised by certified operator (# _____) <input type="checkbox"/> Employed by a certified lab <input type="checkbox"/> Employed by DEP or DOH <input type="checkbox"/> Authorized representative of supplier of water						Date and time DEP/DOH notified by lab of positive results: _____				
Client _____ Part: _____						Lab Signature: <u>[Signature]</u>				
Send to DEP/DOH? (Init): Yes _____ No _____						Title: <u>Analyst</u>				
Paid _____ Amt _____ How: _____						Date & Time Report Issued: <u>7-16-24 14:35</u> <u>7-17-24 14:35</u>				
						<input type="checkbox"/> Satisfactory <input type="checkbox"/> Incomplete Collection Information <input type="checkbox"/> Repeat Samples Required <input type="checkbox"/> Replacement Samples Required DEP/DOH USE ONLY				
DEP/DOH Reviewing Official: _____						Date Reviewed by DEP/DOH: _____				

1. Indicate the sample type for each sample collected. Sample type codes are: D = Distribution (mainline compliance), C = Repeat/Check, R = Raw, N = Entry Point in Distribution, P = Plant Tap, S = Special (clearance, etc.).
 2. Lab certification number for the listed method is included at top with the laboratory address.
 3. Please circle appropriate selection.
 4. Defined in Florida Administrative Code Rule 62-160, Table 1.
 5. Complete for community & non-transient non-community systems serving populations up to and including 4,000. Do not include raw or plant samples in the average.
 Results Key: A = Coliforms are absent; P = Coliforms are present; C = confluent growth; TNTC = too numerous to count (62-550.730 Reporting Format).


Relinquish By: [Signature]
 Date: 7/15/24 Time: 855
 Received By: [Signature]
 Date: 7/15/24 Time: 855
 Received By: [Signature]
 Date: 7/15/24 Time: 14:20

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

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- 13100 Westlinks Terrace, Unit 10, Fort Myers, FL 33913 • 239.674-8130 • Fax 239-674-8128 • E84492



Advanced Environmental Laboratories, Inc.



* F 2 4 0 4 6 1 5 *

Lab Receipt Date & Time: 7-18-24 14:15

Analysis Date & Time: 7-18-24 15:50

Sample Acceptance Criteria:

Sample Preservation: On Ice Not On Ice 3-3c

Disinfectant Check: Not Detected

This Sample does not meet the following NELAC requirements:

Report Number: _____ Sub-Contract Lab ID: _____

Analysis Requested: (check one)

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

Public Water System (PWS) Name: Country Walk PWS I.D.: 6284114

PWS Address: 29 Lakeside Dr. City, State, Zip: Lake Placid, FL 33852

PWS or PWS Owner's Phone #: 727-84 8-29 2 E-Mail: Zupdike@uswatercorp.net

Collector: Zachary Updike/US Water Collector's Phone #: 904-889-3926

Type of Supply: (check only one)

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

Reason for Sampling: (check all that apply)

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

Sample Collection Date: 7-17-24

DCNR: AD-D045 Effective 01/95, Printable Revision 4/11/17

Sample #	Sample Point (Location or Specific Address)	To be completed by collector of sample				pH	To be completed by lab			
		Sample Collection Time (24 hr clock)	Sample Type	Disinfectant Residual (mg/L)			Non-Coliform	Total Coliform	Analysis Methods ¹ Fecal, E. coli, Enterococci, or Coliphage ²	SM9223B Data Qualifier ⁴
1	Well @ WTP	6:00pm	R	-	7.4		A	A		001
2	43 Quail Roost Road	6:10pm	D	1.28	7.9		A	A		002
3	55 Quail Roost Road	6:20am	D	1.33	8.0		A	A		003
4	48 Quail Roost Road	6:30pm	D	1.42	8.0		A	A		004

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

Disinfectant Residual Analysis Method:
 DPD Colorimetric Other: _____

Person performing disinfectant analysis is (Check one of below):
 A certified operator (22466)
 Supervised by certified operator (# _____)
 Employed by a certified lab Employed by DEP or DOH
 Authorized representative of supplier of water

Client _____ Part: _____
 Project _____

Send to DEP/DOH? (Init): Yes _____ No _____
 Paid _____ Amt _____ How: _____

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

Date and time PWS notified by lab of positive results: _____
 Date and time DEP/DOH notified by lab of positive results: _____
 Lab Signature: [Signature]
 Title: Analyst
 Date & Time Report Issued: 7-19-24 9:59

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

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

Relinquish By: Zachary Updike/US Water
 Date: 7-18-24 Time: 1035

Received By: [Signature]
 Date: 7-18-24 Time: 1035

Received By: [Signature]
 Date: 7-18-24 Time: 14:15

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

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- 13100 Westlinks Terrace, Unit 10, Fort Myers, FL 33913 • 239-674-8130 • Fax 239-674-8128 • E84492



Advanced Environmental Laboratories, Inc.

Write Project # or Place Project Label Here
F2404615

Lab Receipt Date & Time: 7-18-24 14:15
 Analysis Date & Time: 7-18-24 14:50
 Sample Acceptance Criteria: RV 1/18/24
 Sample Preservation: On Ice Not On Ice 3.3 °C
 Disinfectant Check: Not Detected
 This Sample does not meet the following NELAC requirements:

Report Number: _____ Sub-Contract Lab ID: _____

Analysis Requested: (check one)

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

Public Water System (PWS) Name: Country Walk PWS I.D.: 6284114

PWS Address: 29 Lakeside Dr. City, State, Zip: Lake Placid, FL 33852

PWS or PWS Owner's Phone #: 727-848-8292 E-Mail: Zupdike@uswatercorp.net

Collector: Zachary Updike/US Water Collector's Phone #: 904-889-3926

Type of Supply: (check only one)

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

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

Reason for Sampling: (check all that apply)

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

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

Sample Collection Date: 7-18-24

DCNR: AD-D045 Effective 01/95, Printable Revision 4/11/17

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time (24 hr clock)	Sample Type	Disinfectant Residual (mg/L)	pH	To be completed by lab			
						Non-Coliform	Total Coliform	Analysis Method(s) ¹ Fecal, E. coli, Enterococci, or Coliphage ³	SM9223B Data Qualifier ⁴
5	Well @ WTP	8:30am	R	—	7.9		A	A	005
6	43 Quail Roost Road	8:50am	D	1.31	8.0		A	A	006
7	55 Quail Roost Road	9:00am	D	1.29	8.0		A	A	007
8	48 Quail Roost Road	9:10am	D	1.38	8.0		A	A	008

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

Disinfectant Residual Analysis Method:

DPD Colorimetric Other: _____

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

- A certified operator (# 2466)
- Supervised by certified operator (# _____)
- Employed by a certified lab Employed by DEP or DOH
- Authorized representative of supplier of water

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

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

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

Lab Signature: [Signature]

Title: Analyst

Date & Time Report Issued: 7-19-24 9:59

Client _____ Part: _____
 Project _____

Send to DEP/DOH? (Init): Yes _____ No _____

Paid _____ Amt _____ How: _____

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

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

Relinquish By: Zachary Updike/US Water
 Date: 7-18-24 Time: 1035
 Received By: [Signature]
 Date: 7-18-24 Time: 1035
 Received By: [Signature]
 Date: 7-18-24 Time: 14:15

DRINKING WATER PROBLEM CORRECTED

Customers of **Country Walk water system** were notified on **July 18, 2024**, of a problem with our drinking water. We are pleased to report that the problem has been corrected and that **it is no longer necessary to Boil Water**. We apologize for any inconvenience and thank you for your patience.

The Country Walk water system was re-tested for coliform bacteria and all test results were negative for Total coliform and E. coli.

As always, you may contact US Water Services at 866-753-8292 or 4939 Cross Bayou Boulevard, New Port Richey, FL 34652 with any comments or questions.

Please share this information with all the other people who drink this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools, and businesses). You can do this by posting this notice in a public place or distributing copies by hand or mail.

This notice is being sent to you by Country Walk Utilities
State Water System ID#: 628-4114

Date distributed: July 19, 2024

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

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

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

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

Address: 29 Lakeside Trail

City: Lake Placid ZIP Code: 33852

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

SAMPLE INFORMATION (to be completed by sampler)

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

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

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

Sample Type (Check Only One)

- Distribution
- Entry Point (to Distribution)
- Plant Tap (not for compliance with 62-550)
- Raw (at well or intake)
- Max Residence Time
- Ave Residence Time
- Near First Customer

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

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

Sampling Procedure Used or Other Comments:

Primarys/Secondarys/VOCs/SOCs

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

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

SAMPLER CERTIFICATION

I, Christopher Berish Lead Operator, do HEREBY CERTIFY

(Print Name) (Print Title)

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

Signature: _____ Date: 3-28-24

Certified Operator #: B28149 Phone #: 863-991-1828 Sampler's Fax #: _____

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

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

SECONDARY CONTAMINANTS

62-550.320

Report Number / Job ID: F2401872001

PWS ID (From Page 1): 6284114

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1002	Aluminum	0.2	mg/L	0.021	U	EPA 200.7	0.021	04/11/2024	09:14	E84589
1017	Chloride	250	mg/L	13		EPA 300.0	0.12	03/28/2024	15:54	E84492
1022	Copper	1	mg/L	0.0010	U	EPA 200.8	0.0010	04/02/2024	15:28	E82574
1025	Fluoride	2	mg/L	0.036	U	EPA 300.0	0.036	03/28/2024	15:54	E84492
1028	Iron	0.3	mg/L	0.0067	U	EPA 200.7	0.0067	04/11/2024	09:14	E84589
1032	Manganese	0.05	mg/L	0.0016	I	EPA 200.8	0.0010	04/02/2024	15:28	E82574
1050	Silver	0.1	mg/L	0.00050	U	EPA 200.8	0.00050	04/02/2024	15:28	E82574
1055	Sulfate	250	mg/L	120		EPA 300.0	0.076	03/28/2024	15:54	E84492
1095	Zinc	5	mg/L	0.0060	U	EPA 200.8	0.0060	04/02/2024	15:28	E82574
1905	Color	15	CU	5.5		SM 2120 B	5.0	03/28/2024	12:55	E84492
1920	Odor	3	TON	1.0	U	SM 2150 B	1.0	03/28/2024	12:42	E84492
1925	pH (field pH from page 1)	6.5 - 8.5		8.87	Q	SM 4500H+B		03/28/2024	12:09	E84492
1930	Total Dissolved Solids	500	mg/L	380		SM 2540 C	10	04/03/2024	12:37	E84492
2905	Foaming Agents	0.5	mg/L	0.090	I	SM 5540 C	0.040	03/29/2024	08:50	E82001