FILED 2/6/2025 DOCUMENT NO. 00789-2025 FPSC - COMMISSION CLERK

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.

Country Walk Utilities, Inc. Staff Second Data Request

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.

© LABORATORY FEPURITING PURMA!

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| 3100 Westlinks Terrace, Unit 10, Fort Myers, FL 33913 • 239-674-8130 • Fax 239-674-8128 • E84492





Lab Receipt Date & Time: _

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DIME AN	dress: 29 Lakeside Drive				City, State, Zip: Lake Placid 33852								
DWG or	PWS Owner's Phone #: 727-848-8	3292			E-Maii:	vcautero@	uswatercor	net					
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Indicate Distribt Distribt Lab cor address Please c Comple up to ar	the sample type for each sample collected. Sample tition (nontine compliance), C = Repeat/Check, R = Rittion, P = Plant Tap, S = Special (clearance, etc.). Iffication number for the listed method is included at included at title appropriate execution. In Florida Administrative Code Rute 62-160, Table its for companity & non-transient non-commanity sy disording 4,900. Do not include raw or plant sample about the force of the companity of the companies of the companity of the companies of the companity of the companies of the com	top with the tabora 1. Stems serving popular in the memor.	x to dory ulations	Red	Date: _ Date: _ elved By: _ Date: _ ceived By: _	7/10		Time: 950	,				
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Lab Receipt Date & Time: 7/12/24 13 40 7-12-24 15:00 Analysis Date & Time: Analysis Date & Time:

Sample Acceptance Criteria:

Sample Preservation: For the Not On ice 14.2 c

Disinfectant Check: Not Detected 17

This Sample does not meet the following NELAC requirements: Sub-Contract Lab ID: Report Number: Limited Use System ____ Analysis Requested: (check one) ■ Total Coliform/E. coli □ Total Coliform/Fecal □ Enterococci □ Coliphage □ HPC □ Other: _PWS 1.D.:<u>628-4114</u> Public Water System (PWS) Name: Country Walk City, State, Zlp: Lake Placid 33852 PWS Address: 29 Lakeside Drive E-Mail: vcautero@uswatercorp.net PWS or PWS Owner's Phone #: 727-848-8292 Collector's Phone #: 239-460-0884 Collector: Vincent Cautero US Water Type of Supply: (check only one) Transient Non-community Water System Community Water System Non-Translent Non-community Water System

Limited Use System Bottled Water Private Well Swimming Pool Other: Distribution Routine Distribution Repeat Raw (triggered or assessment) Raw (triggered or assessment) additional Well Survey Replacement (also check type of sample being replaced) Boil Water Notice Effective 01/95, Printable Revision 4/11/17 DCN#: AD-D045 Sample Collection Date: 7/12/2024 To be completed by lab To be completed by collector of sample SM9223B Analysis Method(s) pH Sample Disin-Lab Fecal E. coll Sample Point (Location or Specific Address) Total Non-Sample fectant Qualitier* Sample Collection ple Enter Collionn Calliarm Residual Type Time (24 Coliphage (mg/L) br clock) 6 1 Well 55 Quail Roost Road 8,2 49 Quail Roost Road 3 (20 Quail Roost Road 4 Average of disinfectant residuals for distribution routine & repeat samples. Tree 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: Date and time PWS notified by lab of positive results: Date and time DEP/DOH notified by tab of positive results: Person performing disinfectant analysis is (Check one of below):

III A certified operator (# _____) Lab Signature/ Title: ☐ Supervised by certified operator (# ___ 7/13/24 Date & Time Report Issued: Employed by a certified lab Employed by DEP or DOH ☑Authorized representative of supplier of water DEP/DOH USE ONLY ☐ Satisfactory ☐ Incomplete Collection Information Client Part: ☐ Repeat Samples Required Project _ ☐ Replacement Samples Required Send to DEP/DOH? (Init): Yes _____ No__ Date Reviewed by DEP/DOH: __ How:_ DEP/DOH Review AmL__ Indicate the sample type for each sample collected. Sample type codes are: D = D istribution (noutine compliance), C = Repeat/Check, R = Raw, N = Entry Point to Distribution, <math>P = Plant Tap, S = Special (clearance, etc.). Lab certification number for the listed method is included at top with the laboratory Relinguish By: __Time: _ Date: Received By: 3. Please circle appropriate selection.
4. Defined in Florida Administrative Code Rule 62-160, Table 1. address. Date: 4. Defined in Florida Administrative Code Rule 62-100, Table 1.
5. Complete for community & non-transfent non-commanity systems serving populations up to and including 6,900, Do not include raw or plant samples in the average, up to and including 6,900, Do not include raw or plant samples in the average.
4. Coliforms are absent; P = Coliforms are present; C = confluent growth; TNTC = too numerous to count (62-550,730 Reporting Format. Received By: .

Date:

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Lab Receipt Date & Time: 7-15-24 14:20 7-15-24 15:32 Analysis Date & Time: Advanced Analysis Date & Time:
Sample Acceptance Criteria:
Sample Preservation: A On Ice Not On Ice A 4.2 C
Disinfectant Check: A Not Detected
This Sample does not meet the following NELAC requirements: Environmental Laboratories, Inc. Report Number: Sub-Contract Lab ID: _ Analysis Requested: (check one) ■ Total Colliorm/E, coli □ Total Colliform/Fecal □ Enterococci □ Colliphage □ 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's Phone #: 239-460-0884 Collector:Vincent Cautero US Water Type of Supply: (check only one) Community Water System Non-Transient Non-community Water System Transier I Private Well Swimming Pool Other: ■ Transient Non-community Water System 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 Effective 01/95, Printable Revision 4/11/17 DONA: AD-DOMS To be completed by lab - c. To be completed by collector of sample Analysis Mathod(s) Fecal, E. coli, Enterococci, or Disin-Sample Point Samole Sam Data 77 (Location or Specific Address) Collection Total Lab ple Qualifier* Sample Type Coliform 7ime (24 Residual Coliform Coliphage³ is clock) (mg/L) 43 Quail Roost Road OB. 8 55 Quail Roost Road 48 Quail Roost Road Average of disinfectant residuals for distribution routine & repeat samples. ☐ Free chlorine or 棚 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: Date and time PWS notified by lab of positive results: Date and time DEP/DOH rightled by lab of positive results: Person performing disinfactant analysis is (Check one of below):

② A certified operator (#_____) Lab Signature: ☐ Supervised by certified operator (# __ Tille: AMOLUST Employed by a certified lab Employed by DEP or DOH Date & Time Report Issued: Authorized representative of supplier of water DEP/DOH USE ONLY □ Satisfactory Client ☐ Incomplete Collection information Part: ☐ Repeat Samples Required Replacement Samples Required Send to DEP/DOH? (Init): Yes _____ No__ Date Reviewed by DEP/DOH: Paid ____ Amt___ How:_ DEP/DOH Reviewing Official Indicate the sample type for each sample collected. Sample type codes are: D =
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🖸 13100 Westlinks Terrace. Unit 10, Fort Myers, FL 33913 • 239-674-8130 • Fax 239-674-8128 • E84492 Lab Receipt Date & Time: 7-18-24 14:15 Analysis Date & Time: 7-8-24 5.5
Sample Acceptance Criteria:
Sample Preservation: Non Ice I Not On Ice 33.3 c
Disinfectant Check: Not Detected I Advanced Environmental Laboratories, Inc. This Sample does not meet the following NELAC requirements: _ Sub-Contract Lab ID: _ Report Number: 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 City, State, Zip: Lake Placid, Fl 33852 PWS Address: 29 Lakeside Dr. E-Mail: Zupdike@uswatercorp.net PWS or PWS Owner's Phone #: 727-84 8-29 2 Collector's Phone #: 904-889-3926 Collector:Zachary Updike/US Water 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 ☐ Reptacement (also check type of sample being replaced) ☐ Boil Water Notice. ☐ Other: Sample Collection Date: 7-17-24 DCN#: AD-D045 Effective 01/95, Printable Revision 4/11/17 To be completed by lab To be completed by collector of sample SM9223B Analysis Method(s)
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2. Lab certification number for the listed method is included at top with the laboratory Date: 7-18-24-Received By: _ 1. Please circle appropriate selection. Date: Time; (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 = Colifornis are absent; P = Colifornis are present; C = confluent growth; Received By: Time:

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₩13100	Westlinks Terrace, Unit 10, Fort Myers, FL 3391;	3• 239-674-8130	• Fax 239	9-674-8128 - E 8	4492			7-18-20	1 14:15	-	
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Sample #	Sample Point (Location or Specific Address)	Sample Collection	Sam	Disin- fectant	pН	Non-	Total	Analysis Method(s)	SM9223E Data	3 Lab	
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8	48 Quail Roost Road	9-1000	0	1.38	8.0		A	A		008	
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Send to DEP/DOH ? (Init): YesNo						☐ Replacement Samples Required					
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address.	cle appropriate selection.			Rec	eived By: _			100-			
4. Defined i	n Florida Administrative Code Rule 62-160, Table 1. for community & non-transient non-community systems		intione		Date:	7-18	-24	Time: 1035			
ບຸກ ເບ ສກປ	including 4,900. Do not include raw or plant samples	in the average.		Rec	eived By: _	1/1	1				
	A = Coliforms are absent; P = Coliforms are present: numerous to count (62-550.730 Reporting Format,	; C = confident gr	owin;		Date	7-18-	24 /	Time: 14;	5		

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 leg	ibly)	
System Name: Country Walk		PWS I.D. #: 628-	4114
System Type (check one): Community Address: 29 Lakeside Trail	□Nontransient Noncommunity	☐Translent Noncommunity	
city: Lake Placid	ZIP Code:	33852	
Phone # 727-848-8292 Fax#: 727-84			
SAMPLE INFORMATION (to be completed by sample	er)		
Sample Number: <u>F 240187700 \</u>	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 to	r trihalomethanes and haloacetic acids): $\frac{2.3}{}$ mg	yL Field pH: 7.8	
Sample Type (Check Only One)	Reason(s) for Sar	mple (Check all that apply)	
Distribution	⊠Routine Compliance with 62-550	Replacement (of Invalidated Sample)	
Entry Point (to Distribution)	Confirmation of MCL Exceedance*	Special (not for compliance with 62-55	io)
Plant Tap (not for compliance with 62-550)	Composite of Multiple Sites**	☐Clearance (permitting)	,
Raw (at well or intake)	Other:		
Max Residence Time	Sampling Procedure Used or Other Com	ments:	
☐Ave Residence Time			
Near First Customer	Primarys/ Secondaris	LVCCS/SOCS	
	*See 62-550,500(6) for requirements and rest And 62-550.512(3) for nitrate or nitrite exceed	rictions. **See 62-550 550(4) for requiremen	its and
	SAMPLER CERTIFICATIO	N	
Christopher Berish	Lead Operator		
(Print Name)	(Prin	t Title)	CERTIFY
hat the above public water system and sample collection		······································	
Signature:	Date	. 3-28-24	
Certified Operator # B28149 Phone # 863-9	01_1828		
Sampler's E-mail: Cjberish@uswaterco		pler's Fax #:	
sampiers E-mail: Ojborio i i i i i i i i i i i i i i i i i i	hiler		

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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

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

Page: 26 of 30

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