

COUNTRY WALK UTILITIES, INC.

February 26, 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 Third
Data Request Response*

Dear Commission Clerk,

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

1. Please provide a copy of Country Walk's most current Disinfection Byproducts chemical analysis from the Department of Environmental Protection (DEP).

Response: Analysis attached.

2. Please provide a copy of Country Walk's most current Sanitary Survey from the DEP. If any non-compliance issues were noted on the Survey, please provide the reason of the non-compliance and when the non-compliance was corrected or is anticipated to be corrected.

Response: See attached. Utility was returned to in compliance on February 25, 2025.

Respectfully Submitted,



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

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: 62400256001 Sample Date: 8-19-24 Sample Time: 9:30 AM PM (Circle One)
 Sample Location (be specific): Rec Hall / Clubhouse Location Code: _____

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.8 mg/L Field pH: 8.2

Sample Type (Check Only One)

at

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

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

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

Sampling Procedure Used or Other Comments:

DBPs

*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: Christopher Berish U.S. Water Date: 8-19-24
 Certified Operator #: B28149 Phone #: 863-991-1828 Sampler's Fax #: _____
 Sampler's E-mail: Cjberish@uswatercorp.net

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

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

Lab Name: Advanced Environmental Laboratories, Inc. Florida DOH Certification #: E851195 Certification Expiration Date: 06/30/2025

ATTACH CURRENT DOH ANALYTE SHEET*

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

Phone #: (863) 655-4022

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

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 08/19/2024

PWS ID: (From Page 1): 628-4114 Sample Number (From Page 1): L2400256001 Lab Assigned Report # Or Job ID: L2400256

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

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

LAB CERTIFICATION

I, Jennifer Mazen, Project Manager, do HEREBY CERTIFY
 (Print Name) (Print Title)

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

Signature: *Jennifer Mazen* Date: 09/04/2024

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

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

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

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

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

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

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

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

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: L2400256001

Disinfectant Residual (mg/L): 1.8

PWS ID (From Page 1): 628-4114

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	3.88		EPA 552.2	0.89	2	08/31/2024	19:24	E82574
2451	Dichloroacetic Acid	N/A	ug/L	13.23		EPA 552.2	0.89	1	08/31/2024	19:24	E82574
2452	Trichloroacetic Acid	N/A	ug/L	12.52		EPA 552.2	0.67	1	08/31/2024	19:24	E82574
2453	Monobromoacetic Acid	N/A	ug/L	0.71	I	EPA 552.2	0.52	1	08/31/2024	19:24	E82574
2454	Dibromoacetic Acid	N/A	ug/L	0.73	U	EPA 552.2	0.73	1	08/31/2024	19:24	E82574
2456	Total Haloacetic Acids (HAA5)	60	ug/L	30.34		EPA 552.2	0.89	---	08/31/2024	19:24	E82574

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	4.91		EPA 524.2	0.32	1	08/28/2024	07:54	E84589
2942	Bromoform	N/A	ug/L	0.45	U	EPA 524.2	0.45	1	08/28/2024	07:54	E84589
2943	Bromodichloromethane	N/A	ug/L	0.42	U	EPA 524.2	0.42	1	08/28/2024	07:54	E84589
2944	Dibromochloromethane	N/A	ug/L	0.37	U	EPA 524.2	0.37	1	08/28/2024	07:54	E84589
2950	Total Trihalomethanes (TTHM)	80	ug/L	4.91		EPA 524.2	0.45	---	08/28/2024	07:54	E84589

** Laboratories are required to adhere to the minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv).

*** Applicable to monitoring as prescribed in 40 CFR 141.132.(b)(2)(i)(B) and (b)(2)(ii).

**** Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 µg/L MRL for bromate.

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



Advanced Environmental Laboratories, Inc.

Altamonte Springs: 380 Northlake Blvd., Ste. 1048, FL 32701 • 407.937.1594 • Lab ID: E53078

Fort Myers: 13100 Westlinks Terrace, Ste. 10, FL 33913 • 239.674.8130 • Lab ID: E24492

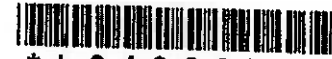
Jacksonville: 6681 Southpoint Pkwy., FL 32216 • 904.363.9350 • Lab ID: E82574

Tallahassee: 2639 North Monroe St., Suite D, FL 32303 • 850.219.6274 • Lab ID: E811095

Gainesville: 46

Miramar: 10200

Tampa: 9810 Pr



* L 2 4 0 0 2 5 6 *

Client Name: US Water		Project Name: Country Walk		BOTTLE SIZE & TYPE													
Address: 4838 Cross Bayou		Project Number: Disinfection By-Products		3x40mICG lot3 159-002		3x40mIAG lot 3-015-9001											
City: New Port Richey, FL		PO Number:		ANALYSIS REQUIRED													
Phone: 727-848-8292		FDEP Facility No: PWS ID 628-414				THM		HAA									
Fax: 727-849-4219		FDEP Facility Addr: 29 Lakeside Trl. 1															
Contact: Tonya Luning		Special Instructions:															
Sampled By: Gj Bersh		NATHG 2M40026, NH4Cl 1K00915															
Turn Around Time: Standard x Rush		ADAPT		EQUIS		Other											
AEL Profile #:		Grab Comp		SAMPLING		MATRIX		NO. COUNT									
SAMPLE ID		SAMPLE DESCRIPTION		DATE		TIME											
THM1HAA5		REL Hall / Limbouse		8-19		9:30		DW		6							

Matrix Code: WW=wastewater SW=surface water GW=ground water DW=drinking water O=oil A=air SO=soil SL=sledge Preservation Code: I=ice H=HCl S=H2SO4 N=HNO3 T=Sodium Thiosulfate AH=Ascorbic/HCl AN=Ascorbic/NaOH
 Received on Ice Yes No Temp taken from sample Temp from blank Where required, pH checked Temp. when received (observed) **3.1** °C Temp. when received (corrected) **3.1** °C

JCN: AD-D051web Form last revised 07/26/2022 Device used for measuring Temp by unique identifier (circle IR temp gun used) J: 9A G: LT-1 LT-2 T: 10A A: 3A M: 3A S: 1V F: 1A

Relinquished by:		Date	Time	Received by:		Date	Time
1	Christobal Carr U.S. Water	8-19	1025			8/19/24	1025
2							
3							
4							

FOR DRINKING WATER USE:
 (When PWS Information not otherwise supplied) PWS ID: 5364150
 Contact Person: _____
 Supplier of Water: _____
 Site Address: _____



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

FINAL

Workorder: Country Walk DBP (L2400256)

September 04, 2024

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

RE: Workorder: L2400256 Country Walk DBP

Dear Melisa Rotteveel:

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

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

Sincerely,

Jennifer Mazen, Project Manager
JMazen@aellab.com





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

FINAL

Workorder: Country Walk DBP (L2400256)

Sample Summary

Lab ID	Sample ID	Matrix	Method	Date Collected	Date Received	Analytes Reported	Basis
L2400256001	Rec Hall/ Clubhouse	DW	EPA 524.2	08/19/2024 09:30	08/19/2024 10:25	5	NA
L2400256001	Rec Hall/ Clubhouse	DW	EPA 552.2	08/19/2024 09:30	08/19/2024 10:25	6	NA





Advanced Environmental Laboratories, Inc
125 Tower ST. Lake Placid, FL 33852
Payments: P.O. Box 551580 Jacksonville, FL 32255-1580
Phone: (863) 855-4022

FINAL

Workorder: Country Walk DBP (L2400256)

Workorder Summary

Task Comments

L2400256001 (Rec Hall/ Clubhouse) - GCSj/6854 - E552.2 Analysis, Water, HAA

The lower control criterion was exceeded for the following surrogate in sample L2400256001(59% REC) due to suspected matrix interference: 2,3-Dibromopropionic acid (control limit 70-130%). The data were qualified to indicate the QC exceedance. No target analytes above the MCL were detected in the samples. The quality of the sample data is not significantly affected as internal standard area counts met criteria and batch quality control criteria (MB, LCS, and LCS) met the acceptance limits defined by the method; therefore, process control was demonstrated.

Analysis Results Comments

L2400256001 (Rec Hall/ Clubhouse) - 2,3-Dibromopropionic Acid

J4|Estimated Result





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

FINAL

Workorder: Country Walk DBP (L2400256)

QC Results Qualifiers

Parameter Qualifiers

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

Lab Qualifiers

- J DOH Certification #E82574 (FL NELAC) AEL-Jacksonville
DOD-ELAP Certification #L23-514 (ISO/IEC 17025:2017) AEL-Jacksonville
- T DOH Certification #E84589 (FL NELAC) AEL-Tampa





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

FINAL

Workorder: Country Walk DBP (L2400256)

QC Results

Analysis Method: EPA 552.2

QC Batch: GCSJ/6854
Preparation Method: EPA 552.2
Associated Lab IDs: L2400256001

Method Blank(5453504)

Parameter	Results	Units	PQL	MDL	Lab
Chloroacetic Acid	0.89 U	ug/L	1.0	0.89	J
Bromoacetic Acid	0.52 U	ug/L	1.0	0.52	J
Dichloroacetic Acid	0.89 U	ug/L	1.0	0.89	J
Trichloroacetic Acid	0.67 U	ug/L	1.0	0.67	J
Dibromoacetic Acid	0.73 U	ug/L	1.0	0.73	J
Total Haloacetic Acids (HAA5)	0.89 U	ug/L	1.0	0.89	J





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

FINAL

Workorder: Country Walk DBP (L2400256)

QC Results

QC Batch: MSVt/9919
Preparation Method: EPA 524.2
Associated Lab IDs: L2400256001

Analysis Method: EPA 524.2

Method Blank(5455752)

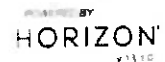
Parameter	Results	Units	PQL	MDL	Lab
Chloroform	0.32 U	ug/L	1.0	0.32	T
Bromodichloromethane	0.42 U	ug/L	1.0	0.42	T
Dibromochloromethane	0.37 U	ug/L	1.0	0.37	T
Bromoform	0.45 U	ug/L	1.0	0.45	T
Total Trihalomethanes	0.45 U	ug/L	1.0	0.45	T

Surrogates

Parameter	Units	Spiked Amount	Spike Result	Spike Recovery	Control Limits	Lab
1,2-Dichloroethane-d4 (S)	ug/L	50	55	110	70 - 130	T
Bromofluorobenzene (S)	ug/L	50	52	105	70 - 130	T
Toluene-d8 (S)	ug/L	50	52	103	70 - 130	T

Certificate of Analysis

This report shall not be reproduced, except in full,
 without the written consent of Advanced Environmental Laboratories, Inc.





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 Phone: (863) 655-4022

FINAL

Workorder: Country Walk DBP (L2400256)

QC Cross Reference

Lab ID	Sample ID	Prep Batch	Prep Method
GCSJ/6854 - EPA 552.2			
L2400256001	Rec Hall/ Clubhouse	GCSJ/6853	EPA 552.2
MSVU/9919 - EPA 524.2			
L2400256001	Rec Hall/ Clubhouse		





FLORIDA DEPARTMENT OF Environmental Protection

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

Ron DeSantis
Governor

Jeanette Nuñez
Lt. Governor

Alexis A. Lambert
Secretary

December 30, 2024

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

Re: Compliance Assistance Offer Letter
Country Walk Utilities, Inc.
Facility ID: 6284114
Highlands County-PW

Dear Mr. Deremer:

A Sanitary Survey Compliance Inspection was conducted at your facility on **December 12, 2024**. During this Inspection, potential non-compliance was noted. The purpose of this letter is to offer compliance assistance as a means of resolving these matters.

Specifically, potential non-compliance with the requirements of Chapters 373 and 403, Florida Statutes and Chapters 62-550 and 62-555, Florida Administrative Code were observed. Please see the attached inspection report for a full account of department observations and recommendations.

We request you review the item(s) of concern noted and respond within **30 days** of receipt of this Compliance Assistance Offer. Your response should include one of the following:

1. Describe what has been done to resolve the non-compliance issue or provide a schedule describing how/when the issue will be addressed.
2. Provide the requested information, or information that mitigates the concerns or demonstrates them to be invalid, or
3. Arrange for the case manager to visit your facility to discuss the item(s) of concern.

Gary Deremer
Compliance Assistance Offer Letter
Country Walk Utilities, Inc.
Facility ID: 6284114
Highlands County-PW
Page 2 of 2

It is the department's desire that you are able to adequately address the aforementioned issues so that this matter can be closed. Your failure to respond promptly may result in the initiation of formal enforcement proceedings.

Please address your response and any questions to **Megan Torres** of the South District Office at **239-344-5670** or via e-mail at **Megan.Torres@FloridaDEP.gov**. We look forward to your cooperation with this matter.

Sincerely,



David Fiess, MPA
Assistant Director of District Management
South District Office
Florida Department of Environmental Protection

Enclosures: Inspection Report

cc: US Water, drinkingwater@uswatercorp.net
Sharon Purviance, spurviance@uswatercorp.net
Vincent Cautero, vcautero@uswatercorp.net
Christopher Berish, cjberish@uswatercorp.net

Florida Department of Environmental Protection

South District Public Water System Sanitary Survey Inspection Report

Water system: Country Walk Utilities, Inc.		System PWS #: 6284114	Survey date: 12/12/2024
Facility type class: Community - (4C)		Source type: Ground	4-Log approved: No
Facility address: 29 Lake Side Trl Lake Placid, FL 33852			
Facility phone(s): 804-540-9765		Facility email/fax:	
Facility contact: Sharon Purviance		Facility contact phone(s): 866-753-8292	
Facility contact email/fax: spurviance@uswatercorp.net			
Owner name: Gary Deremer		Company name: Country Walk Utilities, Inc.	
Owner/Corp address: 4939 Cross Bayou Blvd		City: New Port Richey	State: FL Zip: 34652
Owner/Corp phone(s): 727-848-8292		Owner e-contact(s): gderemer@uswatercorp.net	
Operator name: US Water / Vincent Cautero / CJ Berish		Certification: C-30027 / C-28149	
Operator phone(s): 866-753-8292 / 239-460-0884 / 863-991-1828		Operator email/fax: drinkingwater@uswatercorp.net / vcautero@uswatercorp.net / cjberish@uswatercorp.net	
On-site Rep: Vincent Cautero and Sharon Purviance		Immediate Action Required? Yes	Inspection recap given? Yes

GENERAL INFORMATION

Number of Service Connections 73
 Population Served 167
 Plant Design Capacity 100,600 GPD
 Average Day (from MORs) 5,800 GPD
 Max. Day (from MORs) 35,200 GPD
 Total Storage Capacity 30,000 gallons
 Comments:

OPERATION & MAINTENANCE

Certified Operator: Yes No Not required
 Plant visits conducted by: Operators
 O&M Log: Yes No O&M Manual: Yes No
 Visitation Frequency
 Hrs/day: Required _____ Actual _____
 Hrs/wk: Required 1.2 Actual 2.75
 Days/wk: Required 6 Actual 6
 Non-consecutive Days? Yes No N/A
 MORs submitted regularly? Yes No N/A
 Data missing from MORs? Yes No N/A

CHLORINATION (Disinfection)

Type: Hypo-Chlorination
 Capacity 100 gal Unit Total Each
 Chlorine Feed Rate 2.5%
 Avg. Amount of Cl₂ gas used _____
 Chlorine Residuals: Plant 6.0 Remote 5.8
 Remote tap location clubhouse
 Injection Points into pipe before clearwell
 Booster Pump Info _____
 Comments:

Plant: 12:50 pm
 Remote: 1:10 pm

AERATION (Gases, Fe, & Mn Removal)

Type Forced Draft Capacity 85 GPM
 Aerator Condition Good
 Visible Algae Growth Yes No
 Protective Screen Condition Good
 Comments:

5,000-gal clearwell under degassifier.

RAW WATER SOURCE

GROUND; Number of Wells 1
 SURFACE/UDI; Source _____
 PURCHASED from PWS ID # _____
 Emergency Water Source _____
 Emergency Water Capacity _____

AUXILIARY POWER SOURCE

Yes None Not Required
 Source Generator
 Capacity of Standby (kW) 20
 Switchover: Automatic Manual
 Standby Plan: Yes No
 Hrs Operated Under Load Once per month 15 minutes
 What equipment does it operate?
 Well pumps _____
 High Service Pumps _____
 Treatment Equipment _____

Satisfy 1/2 max-day demand? Yes No Unk
 Comments:

Full time contact in the park who calls US Water if power is out.

DISTRIBUTION SYSTEM

Flow Measuring Device Flow Meter
 Meter Size & Type Neptune 2"
 Meter tested w/ 5 yrs? Yes No Unk N/A
 Backflow Prevention: Yes No
 Cross-connections _____
 Cross-connection Control Program: Yes No N/A
 Coliform Sampling Plan: Yes No
 Stage 2 DBPs Sampling Plan: Yes No N/A
 Lead & Copper Sampling Plan: Yes No N/A
 Comments:

Flow meter tested Oct 2021. No valve exercising plan on site. System flushed 10 minutes per day.

SERVICE AREA CHARACTERISTICS:

Subdivision

Food Service: Yes No N/A

OTHER TASTE/ODOR CONTROL PROCESSES

Explain:

AMMONIATION

Capacity 55 gal (gal) Injection Points into pipe before clearwell

Comments:

40% ammonium sulfate solution 2019 permit

Ratio of chlorine to ammonia: 3:1

CORROSION CONTROL

Capacity _____ (gal) Injection Points _____

Chemicals Used _____

Comments:

N/A

COAGULATION (Turbidity Removal)

Chemicals Used _____

Is settling OK? Yes No

Comments:

N/A

SOFTENING (Ca/Mg Hardness Removal)

Chemical Precipitation Process:

Chemicals Used:

Is settling OK? Yes No

Excessive carry-over? Yes No

Secondary Precipitation Yes No

Recarbonation Type _____

Sludge Recirculation Used Yes No

Comments:

N/A

Ion Exchange Process:

Capacity _____ (gal)

Grade of Salt for Regeneration _____

Backwash Effluent Destination _____

Comments:

N/A

STABILIZATION

Effluent S.I. _____

Is pH control done? Yes No

Chemical Used Sulfuric Acid & Sodium Hydroxide

Injection Point Clearwell

pH Range of Effluent 7.8

SUBPART H/UDI TURBIDITY METERS

Each filter has a turbidity meter Yes No

Combined turbidity meter probe Point(s):

Last time calibrated _____

Comments:

N/A

FILTRATION (Suspended Solids Removal)

Type _____

Size _____ No. of Units _____

Length of Filter Runs _____

Type of Filter Media _____

Is media visible? Yes No

Clean after BW? Yes No

Filter Rate _____ BW Rate _____

Filter Capacity _____

Cracks/Cementation/Channeling Yes No

Effluent Stability _____

Algae Growth Yes No

Turbidity in clearwell? Yes No

Comments:

N/A

REVERSE OSMOSIS (Dissolved Solids Removal)

Pressure _____ (psi)

No. of Modules _____ Permeate Cap. _____

Blend Rate (GPM) _____

Chemicals Used _____

Waste-to-product Ratio _____

Pre-treatment _____

Effluent Quality: TDS (mg/L) _____

Waste Disposal Site _____

IW Permit # & Expir. Date _____

Comments:

N/A

FLUORIDATION

Chemical Used _____ Strength _____

Corrosion Noted Yes No

Plugging Noted Yes No

High Level Ventilation (acid) Yes No

Acid carboys/day tank vented outside Yes No

Designated Electrical Outlet (acid) Yes No

Analytical Testing Equipment Yes No

Anti-siphon Valves Yes No

Residual Range _____

Point of Application _____

Emergency Eyewash Yes No

Comments:

N/A

STORAGE FACILITIES

Tank Type	Hydropneumatic	Clearwell							
Capacity GAL	25,000	5,000							
Material	Steel	Concrete							
By-pass Piping	Yes	Yes							
Gravity Drain	Yes	Yes							
PRV/ARV	PRV	N/A							
Protected Openings	Yes	Yes							
Pressure Gauge	Yes	No							
Sight Glass or Level Indicator	S.G.	N/A							
Fittings for Sight Glass	Yes	N/A							
Access Padlocked	Yes	Yes							
Last Inspection Date (for tanks with access manholes)	02/2023	N/A							
On/Off Pressure	40/60	N/A							
Height to Bottom of Elevated Tank	N/A	N/A							
Height to Max. Water Level	3/4 full	Half full							

Comments:

Clearwell is under degassifier. Annual cleaning in March 2024.

HIGH SERVICE (HSP), BACKWASH (BWP), TRANSFER (TP) and OTHER (OP) PUMPS

Pump Purpose									
Pump Number									
Type									
Capacity (gpm)									
Motor HP									
Date Installed									

Comments:

GROUND WATER SOURCE

Well Name (System Identification)		Well 1			
Florida Well ID		AAO4478			
Year Drilled		2013			
Depth Drilled		480'			
Length (outside casing)		Unk			
Diameter (outside casing)		4"			
Is inundation of well possible?		<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
6' X 6' X 4" Concrete Pad		<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
PUMP	Type	Submersible			
	Rated Capacity (gpm)	85			
	Motor Horsepower	3			
Well casing 12" above grade?		<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Well Casing Sanitary Seal		<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Raw Water Sampling Tap		<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Above Ground Check Valve		<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Fence/Housing		<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Well Vent Protection		<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

COMMENTS:

No sanitary hazards noted within 100ft of well.

TREATMENT PROCESSES IN USE:

Aeration, chlorination, ammonia, caustic soda, sulfuric acid

Is additional treatment needed? Yes No
 If so, for control of what deficiencies?

MONITORING VIOLATIONS	MCL VIOLATIONS
------------------------------	-----------------------

The potable water sample collected on July 15, 2024 indicated an MCL violation for E. coli in the distribution system. Problem was resolved July 17, 2024.

MONITORING COMMENTS:

DEFICIENCIES:

Deficiency	Rule Reference	Corrective Action	Severity	Corrected
Chlorine residual at the POE was 6.0 mg/L and the residual at the remote location (clubhouse) was 5.8 mg/L.	62-550.310(2)(a) F.A.C.	Maintain a continuous minimum free chlorine residual of 0.2 mg/L to maximum of 4.0 mg/L. Submit photos showing the deficiencies have been corrected.	SNC	
No valve exercising plan available on site.	62-555.350(2) F.A.C.	Provide records of isolation valve exercising. Submit photos showing deficiency has been corrected.	Minor	
The bacteriological sampling plan has service connections as 67 and population as 95.	62-550.518(1) F.A.C.	Provide an updated bacteriological sampling plan to the department for review.	Minor	
DBP sampling plan is inaccurate to current sampling requirements.	62-550.821 F.A.C.	System is on annual monitoring. Provide an updated DBP sampling plan to the department for review.	Minor	
Ammonia container is not secured where feed line enters. See photo 4.	62-555.350(2) F.A.C.	Secure ammonia container to prevent contamination from entering. Submit photos showing deficiency has been corrected.	Minor	

Any deficiency marked with an asterisk (*) is a repeat violation.

ADDITIONAL COMMENTS:

Inspector: Megan Torres
Digitally signed by Megan Torres
 Date: 2024.12.27 10:58:25 -05'00'

Approved by: Megan Jarabek
Digitally signed by Megan Jarabek
 Date: 2024.12.30 10:23:17 -05'00'

Country Walk Utilities, Inc.
PWS ID: 6284114

I certify that these photos represent the true on-site conditions observed and have not been altered in any way.

Megan Town



Photo 1: Overview of well.



Photo 2: View of the sulfuric acid.



Photo 3: Sodium hydroxide (caustic soda).



Photo 4: View of ammonia. Not secured.



Photo 5: View of chlorine.



Photo 6: View of hydro-pneumatic tank.



Photo 7: View of degassifier.

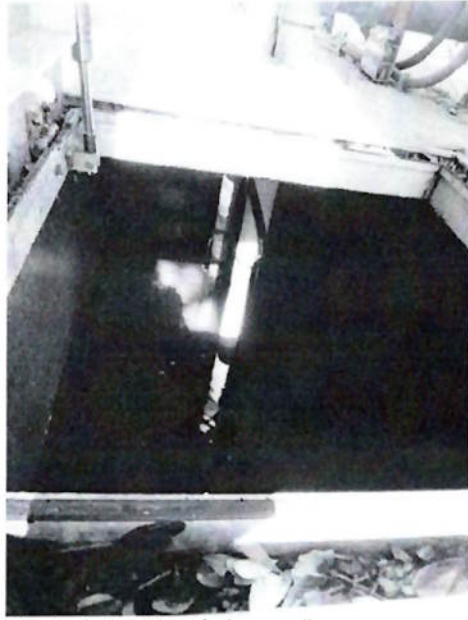


Photo 8: Inside of clearwell.



Photo 9: On site manual generator.



FLORIDA DEPARTMENT OF Environmental Protection

Ron DeSantis
Governor

Alexis A. Lambert
Secretary

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

February 25, 2025

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

Re: Return to Compliance Letter
Country Walk Utilities, Inc.
Facility ID: 6284114
Highlands County-PW

Dear Mr. Deremer:

Department personnel conducted a Sanitary Survey of the above-referenced facility on **December 12, 2024**. Based on the information provided during and following the Sanitary Survey, the facility was determined to be in compliance. Attached is the response from US Water with corrections and the File Review Memo with facility responses and pictures of the corrected actions. Any non-compliance items which may have been identified at the time of the Sanitary Survey have been corrected.

The department appreciates your compliance efforts. Should you have any questions or comments, please contact **Megan Torres** of the South District Office at **239-344-5670** or via e-mail at Megan.Torres@FloridaDEP.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "David Fiess".

David Fiess, MPA
Assistant Director of District Management
South District Office
Florida Department of Environmental Protection

Gary Deremer
Return to Compliance Letter
Country Walk Utilities, Inc.
Facility ID: 6284114
Highlands County-PW
Page 2 of 2

Enclosures: File Review Memo

cc: US Water, drinkingwater@uswatercorp.net
Sharon Purviance, spurviance@uswatercorp.net
Vincent Cautero, vcautero@uswatercorp.net
Christopher Berish, cjberish@uswatercorp.net



FLORIDA DEPARTMENT OF Environmental Protection

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

Ron DeSantis
Governor

Jeanette Nuñez
Lt. Governor

Alexis A. Lambert
Secretary

File Review Memorandum


TO: File
FROM: Megan Torres
SUBJECT: Country Walk Utilities, Inc.
DATE: February 25, 2025

On **December 12, 2024** a Public Water System compliance inspection was conducted at the above-referenced facility. On **December 30, 2024**, the Department sent a Compliance Assistance Offer Letter detailing the inspection findings. The facility was found to be out of compliance, and the inspection report noted the following corrective actions.

On **January 10, 2025**, the Department received a response with photographs from Country Walk Utilities, Inc., that addresses all corrective actions noted in the Department's compliance evaluation inspection. The facility is now in compliance.

CORRECTIVE ACTIONS RESPONSES:

1.

	Remote residual is 3.6 mg/L. Photo sent on January 10, 2025.
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January 8, 2025

To: Megan Torres
Florida Department of Environmental Protection
South District Office
P.O. Box 2549
Fort Myers, FL 33902-2549

Re: Sanitary Survey Letter
Country Walk
PWS – 628-4114
Highlands County

Dear Ms. Torres:

The purpose of this letter is in response to the issues set forth in the compliance assistance letter dated December 30, 2024 summarizing the deficiencies noted during a Sanitary Survey on December 12, 2024. We have reviewed the items of concern and have responded in order that they are listed:

Deficiency – Chlorine residual at the POE was 6.0 mg/l and the residual at the remote location was 5.8 – Operator adjusted the feed rate and flushed, enclosed is a photo of the residual of 3.6 mg/l at the POE and the distribution residual was dropped to 3.4 mg/l although a photo sent was blurry. Operator has been reminded that new chlorine deliveries often require an adjustment to feed rate as the strength of the chlorine tends to lessen with age.

Deficiency – No valve exercising plan available on site – All valves in the system have been identified and an exercising plan has been developed. A copy of the plan is enclosed.

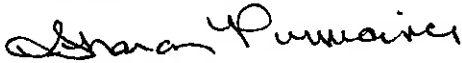
Deficiency – The bacteriological sampling plan has service connections as 67 and population as 95, provide an updated bacteriological sampling plan to the Department for review – enclosed is the sampling plan that was submitted to and approved by Patty Baron in August 2021. There are no changes in connections/population in the system, I believe a copy of an older version may have been in the onsite records.

4939 Cross Bayou Boulevard * New Port Richey * Florida * 34652
Tel: 727-848-8292 Fax: 727-848-7701 Toll Free: 866-753-8292

Deficiency – DBP sampling plan is inaccurate to current sampling requirements. System is on annual monitoring, Provide updated DBP sampling plan to the department for review – enclosed is the sampling plan revised and submitted in December 2023 and approved by George Ugartemendia. It shows annual sampling do be done in August, I believe a copy of older version may have been in the onsite records.

Deficiency – Ammonia container is not secured where feed line enters, secure ammonia container to prevent contamination – enclosed is photo of the ammonia container screened to prevent contamination where the suction line enters the barrel.

Respectfully,



Sharon Purviance
Utility Manager, IOUs
U.S. Water Services Corporation
(866) 753-8292 Ext. 246
spurvian@uswatercorp.net



Country Walk Utilities PWS
PWS 628-4114
ISOLATION VALVE EXERCISING PLAN

Purpose:

The purpose of this program is to insure the reliability of the isolation valves within the potable water distribution system.

Intent:

The intent of this program is to provide minimum guidelines to operations personnel for maintaining the isolation valves in good working order. The isolation valves are designed to minimize the possibility of contamination in the event of a main break or other dilemma.

Exercise plan:

Each isolation valve will be exercised fully at a minimum of annually. In the event a valve should not work properly, that valve will be repaired or replaced. Records shall be maintained of isolation valve exercising either in the operation and maintenance log book or on the form included in this plan.

Date	Isolation Valve Location	Working Properly (Y/N)	If "N" for column 3, Repaired or Replaced
	55 Quail Roost Road - 2"		
	31 Lakeside Trail - 2"		
	31 Quail Roost Road - 2"		
	15 Quail Roost Road - 2"		
	6 Corkwood Avenue - 2"		
	11 Lakeside Trail - 4"		
	Intersection Country Walk Blvd - Quail Roost Rd - 4"		
	Intersection Country Walk Blvd - Lakeside Trail - 4"		

REVIEWED

By patty baron at 2:22 pm, Aug 20, 2021

Revised Total Coliform Rule Monitoring Plan For Water Systems Monitoring MONTHLY

Plan Effective Date: APRIL 1, 2016

- 1.) Please use this template to prepare your Bacteriological sampling plan for the Revised Total Coliform Rule (RTCR) if your water system is monitoring monthly. Please note that routine monitoring for all Community, and Non-Community (NTNC and TNC) water systems that serve populations of more than 1000 people, are required to monitor monthly at the rate of one raw water sample from each well, with the number of distribution samples to be dependent on the population served. However, the RTCR only requires Community water systems that serve less than or equal to 1000 people (on routine monitoring) to collect only one raw water sample from each well and ONE distribution sample per month beginning April 1, 2016.
- 2.) The RTCR requires water systems to not only identify their triggered raw, and routine sample sites and the rotation schedule for the distribution sample sites, but also requires water systems to indicate *where* they will collect their 3 repeat samples in the event of a Total coliform-positive routine distribution sample. The purpose of the RTCR sample plan is to identify all triggered raw and finished water sample sites, as well as the repeat sample sites, and to ensure that the distribution sites that are selected, are sampling locations that are representative of the water in the distribution system.
- 3.) Systems over 6,700 in population are authorized to submit a custom sampling plan identifying routine sampling locations and either specific repeat sample locations or a Standard Operating Procedure (SOP) for collecting repeat samples. For example you could state that your SOP for collecting repeat samples following a Total coliform/E.coli-positive distribution sample will be to collect a set of three repeat samples: one at the original TC+ location, one within 5 service connections upstream of the original TC+ location, and one within 5 service connections downstream of the original TC+ location as well as all sources (wells) that were running at the time the TC+ sample was collected (triggered source water monitoring).
- 4.) Please include a map of your water system that identifies water system facilities (sources, storage, treatment, distribution, and pressure zones) and all raw and treated sample point locations.
- 5.) Please submit this completed sample plan to the Department electronically (preferred) at SouthDistrict.pws@dep.state.fl.us, or by mail to: Patty Baron, Department of Environmental Protection, South District, P.O. Box 2549, Fort Myers Florida, 33902-2549, by no later than April 30, 2016.

System Information

Water System Name Country Walk	County Highlands	PWS I.D. Number 628-4114
Name of Plan Preparer US Water Services	mrotteveel@uswatercorp.net	Daytime Phone # 866-753-8292
System Type:	Community (CWS)	
Number of Service Connections: 67		
Population: 95		
Number of Distribution Sample Sites Required: 1		

Use additional sheets if you sample more than seven distribution sites monthly

Routine Location Address	Repeat Sample Sites	Month(s) Routine Location will be sampled
Routine Location 1: 55 Quail Roost Road	55 Quail Roost Road	January & July
	51 Quail Roost Road	
	56 Quail Roost Road	
Routine Location 1: 26 Corkwood Avenue	26 Corkwood Avenue	February & August
	22 Corkwood Avenue	
	30 Corkwood Avenue	
Routine Location 1: 23 Lakeside Trail	23 Lakeside Trail	March & September
	19 Lakeside Trail	
	27 Lakeside Trail	
Routine Location 1: 27 Fawn Run Road	27 Fawn Run Road	April & October
	23 Fawn Run Road	
	31 Fawn Run Road	
Routine Location 1: 12 Quail Roost Road	12 Quail Roost Road	May & November
	8 Quail Roost Road	
	16 Quail Roost Road	
Routine Location 1: 9 Corkwood Avenue	9 Corkwood Avenue	June & December
	5 Corkwood Avenue	
	13 Corkwood Avenue	

Repeat Sampling: If the system has a Total coliform or E. coli-positive routine compliance sample, the collection of 3 repeat samples is required to be collected for each routine positive sample within 24 hours of notification from the laboratory.

Use additional sheets if you have more than four wells

Ground Water Rule Source Information	
<i>Routine</i> raw water samples should be collected from each well monthly	
In the event of a Total coliform-positive distribution sample, a <i>triggered</i> raw water sample has to be collected (within 24 hours of notification) from each well that was running at the time the Total coliform-positive distribution sample was collected	
Source/well	Well (AAO4478)
Source 1	
Source 2 (if applicable)	
Source 3 (if applicable)	
Source 4 (if applicable)	

Revised 12/07/2023

(back to reduced/annual monitoring - ONE DUAL sample)

Stage 2 D/DBPR Monitoring Plan

APPROVED
By George Ugartemendia at 1:51 pm, Dec 07, 2023

System Name: Country Walk Utility, Inc.	PWSID: 6284114
Contact Name: Melisa Rotteveel	Contact E-Mail: MRotteveel@USWaterCorp.net
	Contact Phone: 866-753-8292

Stage 2 Compliance Monitoring Location ID	Location Type	Justification	Projected Sampling Date(s) (day, week, or month)			
			Calendar Quarter 1 (Jan 1 – Mar 31)	Calendar Quarter 2 (Apr 1 – Jun 30)	Calendar Quarter 3 (Jul 1 – Sep 30)	Calendar Quarter-4 (Oct 1 – Dec 31)
Rec Hall / Clubhouse 3143 Bluebird Ave	<input type="checkbox"/> Highest TTHM <input type="checkbox"/> Highest HAA5 <input checked="" type="checkbox"/> Stage 1 D/DBPR <input type="checkbox"/> Other	Stage 1 Maximum Residence Time site. Furthest from water treatment plant. Remote location.			August	

Instructions: Add rows as necessary to list all Stage 2 compliance monitoring locations. For each location, provide an ID number and/or address. For each location, check the location type and provide justification for selection of the location. For each location, provide the projected sampling date (day, week, or month) within the monitoring period(s) required for your system; e.g., provide one date within Calendar Quarter 3 if your system is required to monitor yearly or provide one date within each of the four calendar quarters if your system is required to monitor quarterly.

Compliance Calculation Procedures

- This system is monitoring yearly or less frequently. Compliance is calculated as follows: If sample result for each monitoring location is \leq the maximum contaminant level (MCL), the system is in compliance. If sample result for any monitoring location is $>$ MCL, system is placed on quarterly monitoring starting with the current quarter.
- This system is monitoring quarterly. Compliance is calculated as follows: for each monitoring location, calculate the locational running annual average (LRAA)—the average of results for samples taken at the monitoring location during the previous four calendar quarters $([Q1+Q2+Q3+Q4]/4)$ —and determine if each LRAA is \leq the MCL.
- This system is monitoring more frequently than quarterly. Compliance is calculated as follows: for each monitoring location, average all samples taken in a quarter at the monitoring location to determine a quarterly average and then calculate the LRAA—the average of quarterly averages at the monitoring location during the previous four calendar quarters $([Q1+Q2+Q3+Q4]/4)$ —and determine if each LRAA is \leq the MCL.

Combined Distribution System Information

- This PWS is part of a combined distribution system.

Revised Total Coliform Rule Monitoring Plan For Water Systems Monitoring MONTHLY

Plan Effective Date: APRIL 1, 2016, Reviewed November 2024

- 1.) Please use this template to prepare your Bacteriological sampling plan for the Revised Total Coliform Rule (RTCR) if your water system is monitoring monthly. Please note that routine monitoring for all Community, and Non-Community (NTNC and TNC) water systems that serve populations of more than 1000 people, are required to monitor monthly at the rate of one raw water sample from each well, with the number of distribution samples to be dependent on the population served. However, the RTCR only requires Community water systems that serve less than or equal to 1000 people (on routine monitoring) to collect only one raw water sample from each well and ONE distribution sample per month beginning April 1, 2016.

- 2.) The RTCR requires water systems to not only identify their triggered raw, and routine sample sites and the rotation schedule for the distribution sample sites, but also requires water systems to indicate *where* they will collect their 3 repeat samples in the event of a Total coliform-positive routine distribution sample. The purpose of the RTCR sample plan is to identify all triggered raw and finished water sample sites, as well as the repeat sample sites, and to ensure that the distribution sites that are selected, are sampling locations that are representative of the water in the distribution system.

- 3.) Systems over 6,700 in population are authorized to submit a custom sampling plan identifying routine sampling locations and either specific repeat sample locations or a Standard Operating Procedure (SOP) for collecting repeat samples. For example you could state that your SOP for collecting repeat samples following a Total coliform/E.coli-positive distribution sample will be to collect a set of three repeat samples: one at the original TC+ location, one within 5 service connections upstream of the original TC+ location, and one within 5 service connections downstream of the original TC+ location as well as all sources (wells) that were running at the time the TC+ sample was collected (triggered source water monitoring).

- 4.) Please include a map of your water system that identifies water system facilities (sources, storage, treatment, distribution, and pressure zones) and all raw and treated sample point locations.

- 5.) Please submit this completed sample plan to the Department electronically (preferred) at SouthDistrict.pws@dep.state.fl.us , or by mail to: Patty Baron, Department of Environmental Protection, South District, P.O. Box 2549, Fort Myers Florida, 33902-2549, by no later than April 30, 2016.

System Information

Water System Name Country Walk	County Highlands	PWS I.D. Number 628-4114
Name of Plan Preparer US Water Services	mrotteveel@uswatercorp.net	Daytime Phone # 866-753-8292
System Type:	Community (CWS)	
Number of Service Connections: 67		
Population: 95		
Number of Distribution Sample Sites Required: 1		

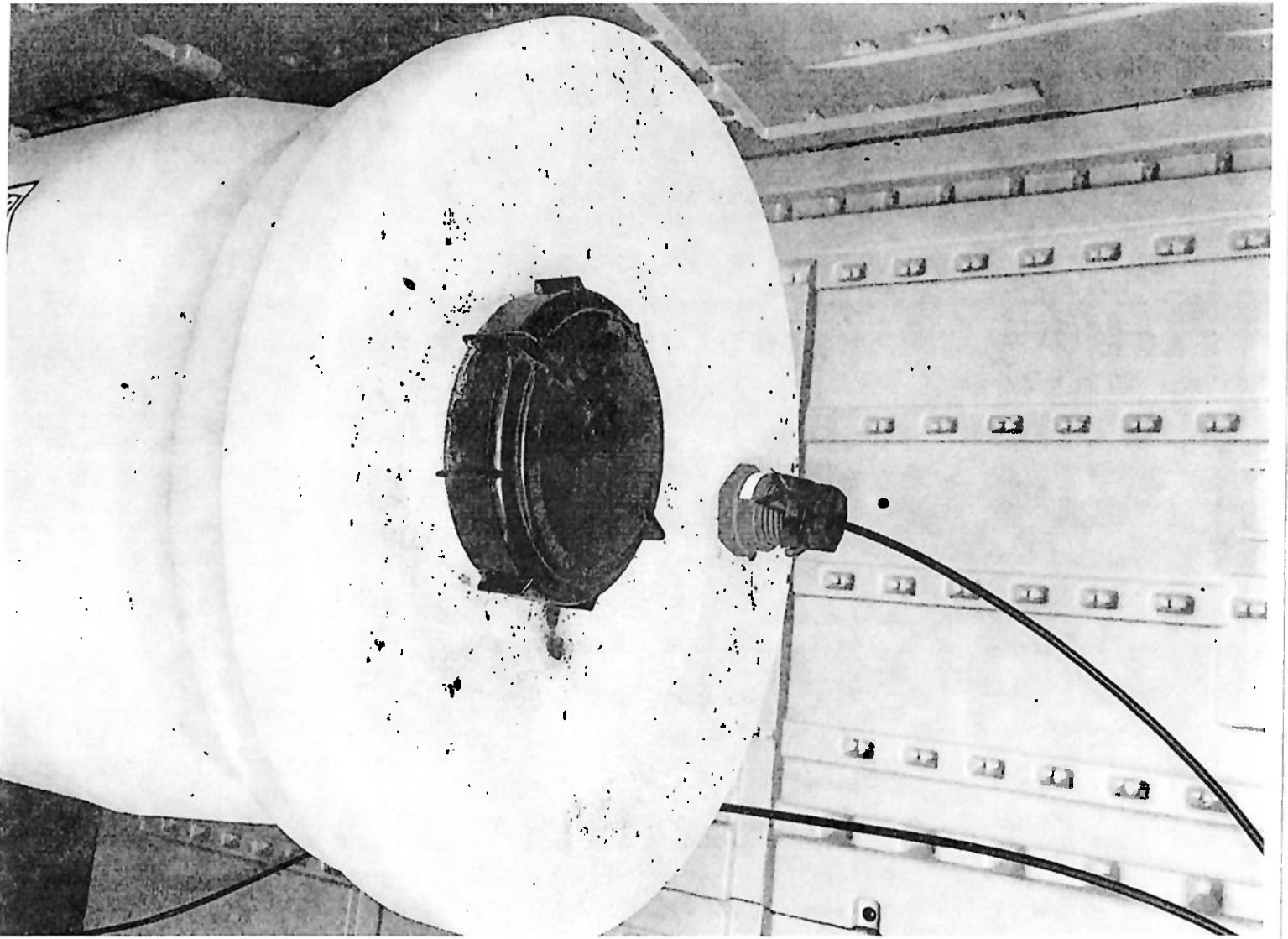
Use additional sheets if you sample more than seven distribution sites monthly

Routine Location Address	Repeat Sample Sites	Month(s) Routine Location will be sampled
Routine Location 1: 55 Quail Roost Road	55 Quail Roost Road 51 Quail Roost Road 56 Quail Roost Road	January & July
Routine Location 1: 26 Corkwood Avenue	26 Corkwood Avenue 22 Corkwood Avenue 30 Corkwood Avenue	February & August
Routine Location 1: 23 Lakeside Trail	23 Lakeside Trail 19 Lakeside Trail 27 Lakeside Trail	March & September
Routine Location 1: 27 Fawn Run Road	27 Fawn Run Road 23 Fawn Run Road 31 Fawn Run Road	April & October
Routine Location 1: 12 Quail Roost Road	12 Quail Roost Road 8 Quail Roost Road 16 Quail Roost Road	May & November
Routine Location 1: 9 Corkwood Avenue	9 Corkwood Avenue 5 Corkwood Avenue 13 Corkwood Avenue	June & December

Repeat Sampling: If the system has a Total coliform or E. coli-positive routine compliance sample, the collection of 3 repeat samples is required to be collected for each routine positive sample within 24 hours of notification from the laboratory.

Use additional sheets if you have more than four wells

Ground Water Rule Source Information	
<i>Routine</i> raw water samples should be collected from each well monthly	
In the event of a Total coliform-positive distribution sample, a <i>triggered</i> raw water sample has to be collected (within 24 hours of notification) from each well that was running at the time the Total coliform-positive distribution sample was collected	
Source/well	Well (AAO4478)
Source 1	
Source 2 (if applicable)	
Source 3 (if applicable)	
Source 4 (if applicable)	





PWS SAMPLING PLAN FOR LEAD AND COPPER TAP SAMPLES AND WATER QUALITY PARAMETERS

See page 6 for instructions.

I. General Information			
Public Water System (PWS) Name: Country Walk			
PWS Identification Number: 6284114	PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community		
PWS Size: <input checked="" type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large	Total Population Served: 95		
Population Interval:* <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input checked="" type="checkbox"/> F <input type="checkbox"/> G			
PWS Owner: Country Walk Utilities			
Contact Person: Sharon Purviance		Contact Person's Title: Utility Manager	
Contact Person's Mailing Address: 4939 Cross Bayou Blvd.			
City: New Port Richey		State: FL	Zip Code: 32652
Contact Person's Telephone Number: 866-753-8292		Contact Person's Fax Number: 561-277-2481	
Contact Person's E-Mail Address: spurviance@uswatercorp.net			

* The minimum number of tap sample sites for lead and copper (LC) and water quality parameter (WQP) distribution system sample sites is based on a system's population interval, which is selected from the table below. For the purposes of this form, the population served is the sum of the number of permanent residents and the number of additional non-transient persons to whom the system is available, such as school children, office and commercial employees, and seasonal residents.

Total Population Served	Population Interval	LC Sites	WQP Sites
greater than 100,000	A	100	25
50,001 to 100,000	B	60	10
10,001 to 50,000	C	60	10
3,301 to 10,000	D	40	3
501 to 3,300	E	20	2
101 to 500	F	10	1
less than 101	G	5	1

II. Records Review

Locate and review existing plans, drawings, and reports of the water system and also those kept by county or municipal building departments or code enforcement offices to identify available sampling sites and the total number of lead service lines in the distribution system.

A. Identification of Interior Plumbing Material Types

Identify single-family and multiple-family residences and buildings that have interior plumbing containing lead pipe, copper pipe with lead solder installed after December 31, 1982, or copper pipe with lead solder installed before January 1, 1983; and identify structures with brass faucets and those with point-of-entry or point-of-use devices.

Required sources of review (check after review):

- Plumbing or building codes.
- Plumbing or building permits.
- Contacts within the building department, municipal clerk's office, or State regulatory agencies for historical documentation of the service area development.
- Review of drinking water sampling results, such as those from lead testing in schools.

Optional sources of review (check those utilized):

- Interviews with building inspectors.
- Survey of service area plumbers about when and where lead solder was used from 1983 to the present.
- Survey of residents in the sections of the service area where lead pipe and/or copper pipe with lead solder is suspected to exist.
- Interview of local contractors and developers.

PWS SAMPLING PLAN FOR LEAD AND COPPER TAP SAMPLES AND WATER QUALITY PARAMETERS

PWS Identification Number: 6284114

B. Identification of Lead Service Lines and Components with Lead Content

Identify the number and location of lead service lines and identify the location of water distribution system components that contain lead.

Required sources of review (check after review):

- Distribution system maps and record drawings.
- Information collected on the presence of lead and copper as required under 40 CFR 141.42, Special Monitoring for Corrosivity Characteristics.
- Capital improvement plans or master plans for distribution system development.
- Current and historical standard operating procedures or operation and maintenance manuals for the type of materials used to install service connections.
- Utility records, including meter installation records, customer complaint investigations, and other historical documents, that indicate or confirm the location of lead service connections.
- Drinking water sampling results that indicate that a structure is susceptible to lead in drinking water.

Optional sources of review (check those utilized):

- Interviews with utility employees familiar with past construction practices.
- Service line sampling where lead service lines are suspected to exist but their presence is not otherwise confirmed.
- Review of permit files.
- A community survey.
- Interview of local pipe suppliers, contractors, and developers.

III. Materials Survey

Fill out the following Materials Survey Summary Table to summarize the results of the records review performed under Part II of this form to identify a sampling pool of lead and copper tap sampling sites.

Materials Survey Summary	Type of Structure Being Served		
	SFRs	MFRs	BLDGs
	Number of Service Connections		
A. Interior Plumbing Material Sites			
Lead Pipe	0	0	0
Copper Pipe With Lead Solder Installed After 1982	0	0	0
Copper Pipe With Lead Solder Installed Before 1983	0	0	0
Brass Faucets	0	0	0
Point-of-Use or Point-of-Entry Treatment Devices	0	0	0
Lead-Lined Water Coolers	0	0	0
Other Lead Plumbing Components	0	0	0
B. Lead Service Line Sites			
Total Initial Number of Lines that Are Entirely Lead and Subject to Replacement	0	0	0
Partial Lead Lines	Goosenecks	0	0
	Pigtails	0	0
C. Lead Distribution System Component Sites			
Service Connections Within 100 feet of Distribution System Components Containing Lead	0	0	0
D. Total No. of Service Connections to Available Sampling Sites	67	0	0
E. Total Number of Service Connections in Distribution System	67	0	0

PWS SAMPLING PLAN FOR LEAD AND COPPER TAP SAMPLES AND WATER QUALITY PARAMETERS

PWS Identification Number: 6284114

IV. Lead and Copper Tap Sampling Plan

After completing the Materials Survey, develop a Lead and Copper Tap Sampling Plan by establishing a pool of potential sampling sites. Each plan must include at least the number of sites as shown in the table in the footnote under Part I of this form. It is recommended that a system establish a sampling pool equal to 150 percent of the minimum number required to be sampled to secure a list of optional sites that can be sampled as replacement sites or as additional samples. List all identified sampling sites in the table below. Use additional copies of the table below as necessary.

ID	Tier	Type	Location	Contact Person		LSL Y/N	Home Plumbing Material	Field Verified Y/N	Site Status S/O	Training Status Y/N
				Name	Phone					
1	3	SFR	Clubhouse / Bluebird Ave	Homeowners Ass.		N	BF	Y	S	Y
2	3	SFR	34 Fawn Run	Brand		N	BF	Y	O	Y
3	3	SFR	39 Quail Roost Road	Schaeffer		N	BF	Y	O	Y
4	3	SFR	43 Quail Roost Road	Burkell		N	BF	Y	O	Y
5	3	SFR	22 Fawn Run	Garcia		N	BF	Y	O	Y
7	3	SFR	4 Lakeside Trail	Roff		N	BF	Y	O	Y
8	3	SFR	28 Quail Roost Road	Yeargin		N	BF	Y	O	Y
9	3	SFR	26 Corkwood	Miller		N	BF	Y	S	Y
10	3	SFR	55 Quail Roost Road	Lagamma		N	BF	Y	O	Y
11	3	SFR	18 Fawn Road	Ferguson		N	BF	Y	S	Y
12	3	SFR	31 Lakeside Trail	Kirouac		N	BF	Y	O	Y
13	3	SFR	3 Quail Roost	Coy		N	BF	Y	O	Y
14	3	SFR	15 Quail Roost	Cronin		N	BF	Y	O	Y
15	3	SFR	6 Fawn Run	Reif		N	BF	Y	O	Y
16	3	SFR	3153 Bluebird Avenue	Boudia		N	BF	Y	S	Y
17	3	SFR	30 Fawn Run	Wise		N	BF	Y	O	Y
18	3	SFR	31 Fawn Run	Gore		N	BF	Y	O	Y
19	3	SFR	19 Fawn Run	Richmond		N	BF	Y	O	Y
20	3	SFR	34 Corkwood	Marchal		N	BF	Y	O	Y
21	3	SFR	27 Quail Roost	Appel		N	BF	Y	S	Y
22	3	SFR	10 Fawn Run			N	BF	Y	S	Y
23	3	SFR	28 Quail Roost			N	BF	Y	S	Y
24	3	SFR	48 Lakeside Trail			N	BF	Y	S	Y
25	3	SFR	44 Lakeside Trail			N	BF	Y	S	Y
26	3	SFR	11 Lakeside Trail			N	BF	Y	S	Y
27	3	SFR	36 Quail Roost			N	BF	Y	S	Y
28	3	SFR	56 Quail Roost			N	BF	Y	S	Y

Total Tier 1 Sites:

Total Selected Sampling Sites with Lead Service Lines:

Total Tier 2 Sites:

Percentage of Sampling Sites with Lead Service Lines: 0 %

Total Tier 3 Sites: 28

Total Tier 4 Sites:

PWS Identification Number: 6284114

PWS SAMPLING PLAN FOR LEAD AND COPPER TAP SAMPLES AND WATER QUALITY PARAMETERS

PWS Identification Number: 6284114

V. Water Quality Parameter Sampling Plan

Fill out the following table to identify water quality parameter sampling sites. The total number of entry point sampling sites identified must equal the total number of entry points or, for consecutive systems, the total number of interconnection points, to the distribution system. The total number of distribution system sampling sites must at least equal the number of sites shown in the table in the footnote under Part I of this form. Distribution system sampling sites may be selected from among the system's microbiological sampling sites.

Entry Point Sampling Sites			Distribution System Sampling Sites		
ID Number	Location	Target Dates	ID Number	Location	Target Dates
1	Pressure Tank		12	Clubhouse/Rec Hall	
Total Sampling Sites at Entry Points: 1			Total Sampling Sites in Distribution System: 1		

PWS SAMPLING PLAN FOR LEAD AND COPPER TAP SAMPLES AND WATER QUALITY PARAMETERS

PWS Identification Number: 6284114

VI. Certification

A. Site Selection Criteria

Whenever possible, lead and copper tap sample plans must include tier 1 sites exclusively. Explain the selection of other than tier 1 sites; and if sites were changed from one monitoring period to another, explain why the sites were changed (attach additional pages if necessary). There are not any tier 1 or 2 sites. This development was established after 1990. All homes have copper pipes but with lead-free solder. All sites do have brass facets outside.

B. Lead Service Line Sites

When lead service line sites are identified, they must comprise at least 50 percent of the selected samples. Explain why the percentage of lead service line sites is not at least 50 percent of the required number of sampling sites (attach additional pages if necessary). N/A

C. Water Quality Parameter Sampling Plan

If any WQP distribution system sampling sites are not also microbiological sampling sites, explain how the selected WQP distribution system sampling sites represent water quality throughout the distribution system based on the distribution of population, the different sources of water and treatment methods, and an even distribution of sampling throughout the six-month sampling period (attach additional sheets as necessary). Bacteriological sampling sites

I am duly authorized to sign this form on behalf of the PWS identified in Part I of this form. I certify that the information provided on this form is true and accurate to the best of my knowledge and belief. I certify that the information listed and checked in Part II of this form was used to perform the materials survey in order to identify the total number of lead service lines in the PWS and to establish the sampling pool and sampling plans. I also certify that the number of lead service lines reported in Part III of this form is the total known number of lead service lines in the PWS and that the selected sampling sites in Part IV of this form are the highest risk sites available.

02/21/2025
Signature and Date

Joanne Rhoads

Joanne Rhoads
Printed or Typed Name

Compliance Coordinator
Title

PWS SAMPLING PLAN FOR LEAD AND COPPER TAP SAMPLES AND WATER QUALITY PARAMETERS

INSTRUCTIONS: This form shall be completed and submitted by community water systems (CWSs) and by non-transient non-community water systems (NTNCWSs). Complete all parts of this form, attach any maps and written narrative describing the sampling plan, and submit the completed form and any attachments to the appropriate Department of Environmental Protection (DEP) District Office or Approved County Health Department (ACHD) 30 DAYS PRIOR TO THE BEGINNING OF A SIX-MONTH MONITORING PERIOD FOR LEAD AND COPPER IN DRINKING WATER. All information provided on this form shall be typed or printed in ink. The DEP District Office or ACHD will notify a system of approval of a Sampling Plan in writing, which will provide the system notice to proceed. Submit a revised Sampling Plan using this form if any changes in the selection of sampling sites must be made. When no changes have been made, no resubmission is necessary prior to sampling during the next six-month sampling period.

The following specific instructions are for the table in Part III of this form.

In A and B, show, by type of structure being served (i.e., single-family residences [SFR], multiple-family residences [MFR], or other buildings [BLDG]), the number of service connections to sites having the listed interior plumbing material characteristics or the listed service line characteristics. In C, show, by type of structure being served, the number of service connections within 100 feet of distribution system components containing lead. In D, show, by type of structure being served, the total number of service connections to available sampling sites. In E, show, by type of structure being served, the total number of service connections in the distribution system.

The following specific instructions are for the table in Part IV of this form.

ID. Enter a site identification number of up to three digits.

TIER. Enter the tier number of each site. Lead and copper tap sampling sites are categorized as tier 1, for the highest risk, to tier 2, 3, or 4 for successively lower risks. The tier categories are different for CWSs and NTNCWSs. For CWSs, tier 1 sites are single-family residences or child care facilities that contain either: copper pipe with lead solder installed after December 31, 1982, lead pipe, or a lead service line. Multiple-family residences are tier 1 when they comprise at least 20 percent of the structures served by the system. For CWSs, tier 2 sites include buildings and multiple-family residences that contain: copper pipe with lead solder installed after December 31, 1982, lead pipe, or a lead service line. For CWSs, tier 3 sites consist of single-family residences that contain copper pipe with lead solder installed before January 1, 1983. For CWSs, tier 4 sites are those that are identified as susceptible to lead or copper contamination but not belonging to one of the other tiers. For NTNCWSs, tier 1 sites are buildings that contain: copper pipe with lead solder installed after December 31, 1982, lead pipe, or a lead service line. For NTNCWSs, tier 2 sites are buildings that contain copper pipe with lead solder installed before January 1, 1983. For NTNCWSs, tier 3 sites are those identified as susceptible to lead or copper contamination and are the same as CWS tier 4 sites. When too few tier 1 sites are identified, tier 2 sites must be located to develop the sampling plan and so on through tiers 3 and 4.

TYPE, LOCATION, and CONTACT PERSON. Enter the type of structure in the Type column. Site types are identified as a single-family residence (SFR), a multiple-family residence (MFR), or a building (BLDG). Enter the street address of the site in the Location column and the name and phone number of the building or residence owner in the Contact Person column.

LSL and HOME PLUMBING MATERIAL. Enter a "Y" in the LSL column to identify a site with a lead service line. The plumbing material must be identified for each site in the Home Plumbing Material column. Enter one of the following:

- "Pb1" to identify a site with lead solder installed after December 31, 1982;
- "Pb2" to identify a site with lead solder installed before January 1, 1983;
- "LP" to identify a site with lead pipe;
- "BF" to identify tier 4 sites (tier 3 for NTNCWSs) that have brass faucets;
- "WC" to identify tier 4 sites that have water coolers with lead content;
- "POE" or "POU" to identify tier 4 sites that have a point-of-entry or point-of-use treatment device, respectively; or
- "LC" to identify a tier 4 site within 100 feet of a lead component in the distribution system.

FIELD VERIFIED, SITE STATUS, and TRAINING STATUS. Show if the site's home plumbing or service line material has been field verified by a "Y" in the Field Verified column. Sites selected for sampling should be indicated by entering an "S" in the Site Status column. Optional sites are identified by an "O." To be a selected site, there must be an agreement with the site building owner to sample himself or to have the site sampled by the system. All homeowners who will sample at the selected sites must receive training in sampling procedures. Indicate which homeowners have received training by a "Y" in the Training Status column.

The following specific instructions are for the table in Part V of this form.

ID NUMBER. Use a two-digit number as an identification number.

LOCATION. The street address should be given as the site location.

TARGET DATES. List target sampling dates for the two required sampling rounds to demonstrate how sampling will evaluate seasonal water quality differences.