FILED NOV 17, 2014 DOCUMENT NO. 06344-14 FPSC - COMMISSION CLERK

### HC Waterworks, Inc.

November 12, 2014

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

14 NOV 17 AM 9: 14

COMMISSION
CLERK

Re: Docket No. 140158-WS – Application for increase in water and wastewater rates in Highlands County by HC Waterworks, Inc. – Response to Deficiencies

Dear Commission Clerk,

HC Waterworks, Inc. hereby submits it response to Staff's Deficiency Letter dated October 31, 2014.

- Maps: Please find enclosed one copy of the revisions to the maps previously submitted with the original filing.
- Chemical Analysis: Please find enclosed copies of the chemical analysis requested. For the radionuclides, there tests are taken every six (6) years. The last test was in 2009 and was performed by Aqua Utilities Florida, Inc. The next test is not required until 2015.
- 3. Monthly Operating Reports: Please find attached. For the "water loss reports", these are not required to be filed with DEP. The previous owner, Aqua Utilities Florida, Inc. submitted this information as informational only. HC does not submit this information with its MORs since it is not required. However, see attached internal report for the period requested for informational purposes only. Since this information is not required to be submitted as part of the required MOR reports, HC does not believe this is a deficiency.
- 4. MFR Schedules E-2; E-3; and E-14:
  - Revised E-2 is attached. Revised E-1 is also attached.
  - b. Revised E-2 is attached. Revised E-1 is also attached.
  - c. Revised E-3 is attached.

COM

5. (Numbered 6 on letter) MFR Schedules E-1 & E-2: Revised Schedules E-1 and E-2 attached.

APA
ECO

(Unnumbered on letter): Wastewater MFR Schedule E-2 and E-14: HC Waterworks respectfully disagrees that the consumption at the cap presented on MFR Schedule E-14 does not match the capped consumption on MFR E-2. The capped consumption on MFR Schedule E-14, page 7 of 7 is 5,171; and the capped consumption on MFR Schedule E-2(s) is also 5,171. Perhaps the staff was erroneously referring to the "Consolidated Consumption" which also adds in the consumption over the cap. There are no revisions necessary for this item. See attached Schedules originally filed with highlighted amounts. Revised MFR Schedules E-1 and E-2 are attached.

Further, in response to PSC Audit Request No. HC6, it was discovered that the balance for both Long Term Debt and Common Equity for the previous year ended June 30, 2013 were in error and did not reflect the actual balance sheet of the utility. This has been corrected on Revised MFR Schedule D-1 and D-2 attached. As a result the overall rate of return was revised. Revised MFR Schedules B-1 and B-2 are also attached.

As additional information, the average residential consumption is 2,518 gallons. Assuming a usage of 4,000 gallons, under the proposed rates a residential bill will increase by \$4.48 a month. On the wastewater side, assuming the same usage of 4,000 gallons, a residential bill will reduce by (\$21.43) a month. In addition, if the customer is a water and wastewater customer, the residential bill will reduce by (\$16.95)a month.

Should you have any questions, please contact me at (727) 848-8292, ext. 245.

Respectfully Submitted,

Troy Rendell

Manager of Regulated Utilities

// HC Waterworks, Inc.

### SHORT Environmental Laboratories, Inc.

10405 U.S. 27 S. Sebring, FL 33876 (863) 655-4022 800 833-4022 Shortlah@strato.net fax: (863) 655-5820

### Report Cover Page

Chent:

Short Utility Service, Inc.

Address.

P.O. Box 1088

City, St. Zip:

Sebring, FI 33871-1088

Report #:

2009050167

Attention:

Wendell Faircloth

Report Date:

5/15/2009

Project

Leisure Lakes

Inorganics, Secondaries, VOCs, SOCs, Radiologicals

Sample date:

April 13, 2009

Sample #'s

331699

This report package includes the following contents and attachments.

Commonly used Qualifiers with explanations:

	Item	Pages	Qualifier	Explanation
Cover Page:		1		
Report of Analysis:	DW Original	7	U	Compound was analyzed for but not detected.
Attachments:	Chain of Custody	1	1	Result is between the PQL and the MDL.
	Sampler cert	1	Q	Sample was analyzed out of holding time.
	Total Control		J	Estimated value; value may not be accurate

Total Pages:

The results contained in this report meet all requirements of the NELAC standards. All results are representative of the sample as collected. Direct all questions to the signatory below at the phone number above.

Respectfully Submitted,

David W. Morto Laboratory Director

This report is for the exclusive and private use of the client listed above and recipients designated by the client. If reproduced in whole or in part by authorized recipients, this cover sheet should accompany any such copies.

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

LABORATORY	CERTIFICATION INFOR	MATION (to be comp	leted by lab - F	lease type or print legibly	y)			
ATTACH CU	RRENT DOH ANALYTE SI	HEET*						
Lab Name:	Short Environmental Labo	oratories		Florida Certification	n # ·	E85458		
Address:	10405 US Highway 27 So	outh		Certification Expiration Date: 06				
	Sebring, FL 33876			Phone #:	(863) 6	55-4022		
ANALYSIS INF	ORMATION (to be complet	ed by lab)		Date Sample(s) Receive	ed	4/13/2009		
PWS ID (From	Page 1):	5280064		Sample Number (From Pa	age 1).	331699		
Lab Assigned I	Report Number or Job ID:	331699	_					
Group(s) Ana	alyzed & Results attached for	or compliance with Cha	apter 62 550, I	F.A.C. (Check all that ap	ply):			
All 17 x Partial Nitrate Nitrite Asbestos Onl	All 30  x All Except Dioxin  Partial  Dioxin Only  B	Atile Organics  X All 21 Partial  Ladionuclides X Single Sample Quely Compos		Trihalomethanes Haloacetic Acid Bromate Chlorite				
	Lead & Copper			X All 14 Partial				
Were any and	alyses subcontracted?	(x) Ycs	( ) No	-				
	provide DOH certification OH ANALYTE SHEET FO		ACTED LAB	E84129				
		CERTIFI	CATION	7				
1.	David W.	Murto		Labor	atory Direc	tor		
71 <u>-</u>	(Print N	ame)		(P	rint Title)			
do HEREBY	CERTIFY that all attached	analytical data are cor	rect and unles	s noted meet all requiren	nents of the			
National Env	ironmental Laboratory Acc	reditation Conference	(NELAC)					
Signature:	Dami	Iw must	_	Date:	5/12	/2009		
* Failure to pro- results will resul result in notifica	orde a valid and current Florida DC It in rejection of the report, possiblation of the DOH Bureau of Labori de radiological sample dates & loc	e enforcement against the pattern Services						
COMPLIANCE	DETERMINATION (to be	completed by DEP or I	OOH)					
Replacement S	on Info Satisfactory: Sample(s) Requested (circle or h	ighlight group(s) above)	o Sample An	alysis Info Satisfactory: Revised Report Rec	quested	) Yes ( ) No		
	onitoring Required ( circle or h	The second secon		(circle or high)	light group(s)	above)		
Reason(s):	MCL(s) Exceeded Missing Analyte Sheet Other:	Detection(s) Location Unsat	isfactory	Incomplete Report Analysis Unsatisfac	ctory			
Person Notif			Date Notifi	ed				
Comments:			_	···				
Date Review	ed:	DEP/DOH Re	viewing Offic	ial.				
Reporting Form			51 V 88					
Effective Januar	ry 1995, Revised January 2004		2 of 7					

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

D.	m 14	101	 al i	in.	A.C

Report Number / Job ID:

331699

62-550,310(6)

PWS ID (From Page 1):

6280064

Contam ID	Contaminant Name	MCL	Units	Analysis Results	Qualifier*	Analytical Method	Lab MDL	RDL	Analysis Error	Analysis Date	Analysis Time	DOH Lab Certification #
4000	Gross Alpha (Excl Uranium)	15**	pCi/L	2.0	U	900.0 · D5174	2	3	1.9	4/28/2009	1729	E84129
4002	Gross Alpha (Incl Uranium)	***	pCi/L	2.0	u	EPA 900.0	2	3	1.9	4/20/2009	1459	E84129
4006	Combined Uranium	****	pCi/L	0.04	U	ASTM DS174	0.04	0.667		4/28/2009	1729	E84129
	(U-234, U-235, & U-238)	30	ug/I.					ı				E84129
4020	Radium - 226		pCı/L	1.0		EPA 903.1	0.05	1	0.2	4/23/2009	1545	E84129
	Radium - 228	7	pent	0.2	U	EPA Ra-05	0.2	1	0.2	4/27/2009	1634	E84129

<sup>\*\*</sup> If the results exceed 5 pCt/L, a measurement for radium-226 is required.

- \*\*\* If the results exceed 5 pCi/L, a measurement for radium-226 is required. If the results exceed 15 pCi/L, measurements for radium-226 and uranium are required.
- \*\*\*\* If uranium (U) is reported as a measurement of activity (pCi/L) it will be converted to a mass measurement (ug/L) by multiplying the result by 1.5.

All results meet the requirements of NELAC, except as noted.

Reporting Format 62-550 730

<sup>\*</sup>Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, 0, T, Z, 7, are unacceptable for compliance with 62.550. Results qualified with a LQ.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 namples collected during the same monitoring period.

SOUTHERN ANALYTICAL LABORATORIES, INC. 110BAYVIEW BOULEVARD CILDSMAR, FL 34677 813-855-1844 fax 813-855-2218

Short Environmental Laboratories

Short Utility #8

Sample ID: P.O.E. 331699

********	
1	0
CODE	
W LCHCOM	<b>B</b> i

April 29, 2009

Sample No.: 91104.01

PWS ID:

Radionuclides 62-550.310(6)

												DOH Lab
Contaminant		MCL	Units	Analysis	Qualifier	Analytical Method	Lab MDL	RDL	Analysis Error	Analysis Date	Analysis Time	Certification #
ID	Name					EPA 900.0	2.0	3	19	04/20/09	14.59	E84129
4002	Gross Alpha (Ind. Uranium)	***	pCVL.	2.0	U1		70.720			04/28/09	17 29	E84129
1000	Combined Uranium	20	pCVL	0.04	U	ASTM D5174	0.04			04/20/03	10.00 (10 <del>0</del> 00)	C 2200000000000000000000000000000000000
4006	Compilied Oralisotti		The second	1.0		EPA 903.1	0.05	1	0.2	04/23/09	15:45	E84129
4020	Radium-226	5	pCVL	1.0			50000		0.2	04/27/09	16:34	E84129
4030	Radium-228	5*	pCVL	0.2	U1	EPA RA-05	0.2		0.2	- OHZ 1103		

<sup>\*</sup> Combined Limit

### ' Qualifiers:

83/23/2018

8636555820

<sup>\*\*\*</sup> If the results exceed 5 pCi/L, a measurement for radium-226 is required If the results exceed 15 pCi/L, measurements for radium-226 and uranium are required.

Analyte was undetected indicated concentration is method detection limit.

U Analyte was not detected indicated concentration is method detection limit. Radiochemistry MDL is sample specific and matrix dependent

SYSTEM NAME: Leisure Lakes/Covered Bridge PWS ID #: 6280064

TOTENT NAME. LEISUIE LA	akes/Covered	Driuge	F W S ID #: 0280004				
CONTAMINANTS FAC Rule No./Rule Reference	Not Required In 2014	Monthly In 2014	Quarterly In 2014	SemiAnnual (2 in 2014)	One Time in 2014		
ASBESTOS	1	111 2014	111 2014	(2 III 2014)	IN 2014		
	X						
(62-550.511)	-						
NITRATE AND NITRITE					X		
(62-550.512)							
INORGANIC CONTAMINANTS	Х						
(62-550.513)	_ ^						
TOTAL TRIHALOMETHANES &			*X				
HALOACETIC ACIDS			_ ^				
40 CFR 141 Subpart V, Stage 2							
Disinfectants and Disinfection							
Byproducts Rule							
VOLATILE ORGANIC	Х		*				
CONTAMINANTS (62-550.515)	_ ^		_				
SYNTHETIC ORGANIC	Х						
CONTAMINANTS (62-550.516)	_ ^						
MICROBIOLOGICAL		Х					
(62-550.518)		^					
DISINFECTANT RESIDUALS		Х					
(62-550.514), 40 CFR 141 Subpart L		_ ^					
(Stage 1 Disinfectants and							
Disinfection Byproducts Rule)		_					
RADIONUCLIDES	Х						
Gross Alpha, Uranium, Radium-226,	^						
Radium-228 (62-550.519)							
SECONDARY CONTAMINANTS	Х						
(62-550.520)	^						
LEAD AND COPPER				**X			
40 CFR 141 Subpart I				^			

This chart is the DEP's good faith assessment, as of the date of the attached letter for the contaminant monitoring requirements for the above referenced public water system for the calendar year 2014(only). If you disagree, then please contact the DEP as soon as possible. Please be aware that monitoring schedules are subject to change at any time based upon analyses results or other factors. This chart shall not relieve any person from any requirement of Florida law.

Following the third calendar quarter of 2014, stay on increased monitoring for both TTHMS and HAA5s at the rate of 2 dual sample sets/quarter, until the Locational Running Annual Average TTHM concentrations are less than 0.060 mg/L AND the Locational Running Annual Average HAA5 concentrations are less than 0.045 mg/L, at EACH location.

Collect two sets of samples for Lead and Copper (in accordance with your approved sampling plan) in 2014. Collect the first set of samples sometime between January 1 and June 30, 2014. Collect your second set of samples sometime between July 1 and December 31, 2014. Submit the first set of results to DEP by 7/10/14, and the second set by 1/10/15. Please note, the number of sites that are sampled must be in accordance with the number of sites required for Standard monitoring NOT Reduced monitoring.

<sup>\*</sup> Continue increased monitoring for TTHMs and HAA5s under <u>Stage 2</u> of the Disinfectants and Disinfection Byproducts Rule by collecting 2 dual sample sets/quarter during the first (January/February/March), second (April/May/June) and third (July/August/September) calendar quarters of 2014. A dual sample set consists of a set of two samples collected at the same time and location, with one sample for analyzed for TTHMs and one sample analyzed for HAA5s. Each set of dual samples must be collected at the two different locations (<u>and during the specific week of the month</u>) identified in your DEP approved <u>Stage 2</u> monitoring plan.

SYSTEM NAME: Leisure Lakes/Covered Bridge PWS ID #: 6280064

	arcs/ Covered	THE REAL PROPERTY.	PWS ID #: 6280064					
CONTAMINANTS FAC Rule No./Rule Reference	Not Required In 2013	Monthly In 2013	Quarterly In 2013	SemiAnnual	One Time			
ASBESTOS		111 2013	111 2013	(2 in 2013)	in 2013			
(62-550.511)	Х							
NITRATE AND NITRITE								
(62-550.512)	1				Х			
3011120121111111111								
INORGANIC CONTAMINANTS	Х							
(62-550.513)								
TOTAL TRIHALOMETHANES			*X		X			
(62-550.514), 40 CFR 141 Subpart L		1			mar.			
(Stage 1 Disinfectants and	1							
Disinfection Byproducts Rule)								
HALOACETIC ACIDS			*X		×X			
(62-550.514), 40 CFR 141 Subpart L								
Stage 1 Disinfectants and	1		1					
Disinfection Byproducts Rule)								
VOLATILE ORGANIC	Х							
CONTAMINANTS	_ ^		-					
(62-550.515)								
SYNTHETIC ORGANIC	Х		AP 17 1					
CONTAMINANTS	10							
(62-550.516)								
MICROBIOLOGICAL	1117	Х						
(62-550.518)		^		1				
DISINFECTANT RESIDUALS		Х						
(62-550.514), 40 CFR 141 Subpart L		^						
(Stage 1 Disinfectants and				1				
Disinfection Byproducts Rule)								
RADIONUCLIDES	Х							
Gross Alpha, Uranium, Radium-226,	_ ^							
Radium-228								
(62-550.519)								
SECONDARY CONTAMINANTS	Х		4					
(62-550.520)	^							
LEAD AND COPPER	Х							
40 CFR 141 Subpart I	^							

This chart is the DEP's good faith assessment, as of the date of the attached letter for the contaminant monitoring requirements for the above referenced public water system for the calendar year 2013(only). If you disagree, then please contact the DEP as soon as possible. Please be aware that monitoring schedules are subject to change at any time based upon analyses results or other factors. This chart shall not relieve any person from any requirement of Florida law.

Continue quarterly monitoring for TTHMs and HAA5s during the first (January/February/March), and second (April/May/June) calendar quarters of 2013. Stay on quarterly monitoring for both TTHMS and HAA5s until the Running Annual Average TTHM concentration is less than 0.060 mg/L AND the running annual average HAA5 concentration is less than 0.045 mg/L, OR until the four most recent sets of consecutive quarterly samples are each less than the MCLs for both TTHMs and HAA5s. Please note, if your water system is still on increased (quarterly) Stage 1 monitoring after the third calendar quarter of 2013, it will be required to initiate monitoring at the rate of 2 dual samples/quarter, during the fourth calendar quarter of 2013.

\*\*

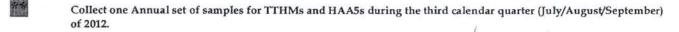
Please note, if you do qualify to return to Annual monitoring for TTHMs and HAA5s after the monitoring during the first and second calendar quarters of 2013 has been performed, you will still be required to collect an Annual set of samples for TTHMs and HAA5s during the third calendar quarter (July/August/September) of 2013.

SYSTEM NAME: Leisure Lakes/Covered Bridge PWS ID #: 6280064

151EW NAME: Leisure La	akes/Covered	bridge	PWS 1D #: 6280064			
CONTAMINANTS FAC Rule No./Rule Reference	Not Required In 2012	Monthly In 2012	Quarterly In 2012	SemiAnnual (2 in 2012)	One Time in 2012	
ASBESTOS (62-550.511)					*X	
NITRATE AND NITRITE (62-550.512)					Х	
INORGANIC CONTAMINANTS (62-550.513)					Х	
TOTAL TRIHALOMETHANES (62-550.514), 40 CFR 141 Subpart L (Stage 1 Disinfectants and Disinfection Byproducts Rule)					X	
HALOACETIC ACIDS (62-550.514), 40 CFR 141 Subpart L (Stage 1 D/DBPR)	,				X	
VOLATILE ORGANIC CONTAMINANTS (62-550.515)					Х	
SYNTHETIC ORGANIC CONTAMINANTS (PEST & PCBS) (62-550.516)					***X	
MICROBIOLOGICAL (62-550.518)		Х		t.		
DISINFECTANT RESIDUALS (62-550.514), 40 CFR 141 Subpart L ( <u>Stage 1</u> D/DBPR)		Х				
RADIONUCLIDES Gross Alpha, Uranium, Radium-226, Radium-228 (62-550.519)	Х					
SECONDARY CONTAMINANTS (62-550.520)					Х	
LEAD AND COPPER 40 CFR 141 Subpart I					···· X	

This chart is the DEP's good faith assessment, as of the date of the attached letter for the contaminant monitoring requirements for the above referenced public water system for the calendar year 2012(only). If you disagree, then please contact the DEP as soon as possible. Please be aware that monitoring schedules are subject to change at any time based upon analyses results or other factors. This chart shall not relieve any person from any requirement of Florida law.

*	Our records indicate that your water system does NOT have any Asbestos Cement (AC) pipe or components. If this is
	correct, complete Parts I and II of form 62-555.900(10) and submit it to the DEP by December 31, 2012. If your water
	system does contain any AC pipe/components you will have to complete Parts I and III of form 62-555.900(10) and
	receive DEP approval of your sampling plan prior to collecting your Asbestos sample. Your Asbestos sample must be
	collected by December 31, 2012.





Collect samples for Lead and Copper (in accordance with your approved sampling plan) sometime between June 1 and September 30, 2012. Submit the analyses results to the DEP by no later than October 10, 2012.

SYSTEM NAME: Leisure Lakes/Covered Bridge

PWS ID #: 6280064

CONTAMINANTS FAC Rule No./Rule Reference	Not Required In 2010	Monthly In 2010	Quarterly In 2010	One Time in 2010	Other
ASBESTOS (62-550.511)	X	2010	111 2010	111 2010	
NITRATE AND NITRITE (62-550.512)				· X	
INORGANIC CONTAMINANTS (62-550.513)	Х			117-1-1	
TOTAL TRIHALOMETHANES (62-550.514), 40 CFR 141 Subpart L (Stage 1 Disinfectants and Disinfection Byproducts Rule)				*X	
HALOACETIC ACIDS (62-550.514), 40 CFR 141 Subpart L (Stage 1 Disinfectants and Disinfection Byproducts Rule)				*X	
VOLATILE ORGANIC CONTAMINANTS (62-550.515)	х				
SYNTHETIC ORGANIC CONTAMINANTS (PEST & PCBS) (62-550.516)	Х				
MICROBIOLOGICAL (62-550.518)		X			
DISINFECTANT RESIDUALS (62-550.514), 40 CFR 141 Subpart L (Stage 1 Disinfectants and Disinfection Byproducts Rule)		Х		į.	
RADIONUCLIDES Gross Alpha, Uranium, Radium-226, Radium-228 (62-550.519)	х				
SECONDARY CONTAMINANTS (62-550.520)	Х				
LEAD AND COPPER 40 CFR 141 Subpart I	Х				
WATER QUALITY PARAMETERS 40 CFR 141 Subpart I					X

This chart is the DEP's good faith assessment, as of the date of the attached letter for the contaminant monitoring requirements for the above referenced public water system for the calendar year 2010(only). If you disagree, then please contact the DEP as soon as possible. Please be aware that monitoring schedules are subject to change at any time based upon analyses results or other factors. This chart shall not relieve any person from any requirement of Florida law.

\*\*\*

Contact Michele Stewart of the South Distict FDEP Office (239) 332-6975 ext 189, to identify which Water Quality Parameters you must monitor for, the locations the samples must be collected from, and at what frequency the samples must be collected.

<sup>\*</sup> Collect your Annual set of samples for TTHMs and HAA5s during the third calendar quarter (July/August/September) of 2010.

## DRIN

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT (82-550,730 Reporting Format Effective 01/1985, Revised 02/2010)					Delivered By: Sack Williams Lab Receipt Date & Time: 0-07-14 COX35 Analysis Date & Time: 10-7-140 1400								
	Short Environmental Laborate 10405 US 27 S Sebring FI PH: 863-655-4022 FAX: 863- DOH# E85458	33876			Sample Acceptance Criteria:  Sample Preservation: Don Ice Don Ice Disinfectant Check: Not Detected Det								
Report Nun	nber: 18840 sub-Contract Li	ab ID:				LU#2	28-57-						
Analysis	Requested; (check all that apply)			1	Building Pe	ermit #							
Total Colif	orm/E. coli   Total Coliform/Fecal   Enteroccici	Coliphage	CHPC C	Other		-//			JI	السالسا			
System N Address: _	ame: Lake Tosephine / 5	ebcin	94	akes	City	: 50	brin	28		62			
	Jack Williams							342-		U			
Commun	upply: (check only one) hity Water System	ommunity W	ater Syst	tom 🗀 T	ransient Non					7			
Reason for Distribution	or Sampling: (check all that apply) on Routine Distribution Repeat Re Replacement (also check type of same					ered or a	issessme	nt) additional	Well	Survey			
Sample C	collection Date: 10 - 6 - 14												
经过强度温						nahala l	lettre d(a)						
Sample #	Sample Point	Sample	Sample Type &	fectant	1000	marysis i	alysis Method(s) <sup>2</sup> Colliert, SM9223 B						
- Campio v	(Location or Specific Address)	Collection	Chlorine Type <sup>1</sup>	Residual (mg/L)	рН	Non- Coliform	Total Coliform	Fech, E. colin Enterococci, Coliphage <sup>3</sup>	Deta Qualifier *	Lab Sample #			
172-1	Well#1-Plant 3	16:38	R	_	77		A	A		437016			
72-9	10809 Hwy 27 (m.m.)	18:47	0/7	3,0	5.8		A	_A		437077			
17-3	Well#1-Plant 4	18:32	R	_	7.5		A	A		437078			
T2-4	Well # 2-Plant 4	18:19	R		7.9		Д	A		437079			
12-5	4904 Grand ConCourse	17311	9/	3.0	8.0		A	А		437080			
	disinfectant residuals for distribution routine & tine, Total chlorine, or Combined chlorine (circle		iles *	3.0	Unless others	vise noted,	all tasts are	performed in as	pdordisnos wit	h NELAC			
Disinfecta	nt Residual Analysis Method;	one)		12, -	standards, an	d the resul	Rs relate on	y to the samples of positive result					
Person per	clorimetric Other.			_	Dispersion of the Control of the Con			and the second second second					
MA certifi	Person performing disinfectant analysis is (see instructions on reverse):  A certified operator (# C 21440					Date and time DEP/DOH notified by lab of positive results:							
	ed operator (# C 21440	)	Supervised by certified operator (#					Lab Signature:					
Authori	sed by certified operator (#	OH )					1	Stex (	IT				
	ied operator (# C 21440) sed by certified operator (# ed by a certified lab	OH )				ture:	ect	Mery (	IT				
	sed by certified operator (# ed by a certified lab	OH )			Lab Signa	ture:		Merry not					
	ed by a certified operator (# ed by a certified lab	Daneius D	enort		Lab Signa	ture:		Merry nt	DEP/DO	OH USE ONLY			
	ed by a certified operator (# ed by a certified lab	Daneius D	eport		Title:	ture:	Clie	Merry mation	DEP/DO	H USE ONLY			
	ed by a certified operator (# ed by a certified lab	Daneius D	eport		Title:    Satisfacte   Incomple   Repeat S   Replacen	ture:	Club clion Inform Required inples Req	uired	DEP/DO	H USE ONLY			
	sed by certified operator (# ed by a certified lab	Daneius D	eport 52		Title:    Satisfacti   Incomple   Repeat S   Replacen   Date Review	ory te Collectionnett San	Club cition Inform Required inples Required DEP/DOH:	uired	See and section of the section of th	H USE ONLY			

Your Sample Types are Instructions into E. M. For Analysis Methods are Instructions into E. 6
These stands appropriate solution. "Default in Florins Administrative Code Rule 32-198, Date 1.

\*Complete for consequently & non-transient reco-consultary systems serving populations up to end insteading 4,900. Do not include new or pic

DRINKIN 8	G WATER MICROBIAL SAMPLE ( LABORATORY REPORTING FOR (82-550,730 Reporting Formal Effective 01/1995, Revised 02/2	RMAT	TION		La	alivered By: ab Receipt Da alysis Date &	te & Time:	9-9-1	P 0.15	20
	Short Environmental Laborat 10405 US 27 S Sebring, FI PH: 863-655-4022 FAX: 863- DOH# E85458	L 33876			Sa	ample Accept ample Preserv sinfectant Che als sample doe	ation: Not	n lœ □Not C		ma/l
Report Num	ober: 14350 Sub-Contract L	ab ID:			<u>L</u>	LU#	28-57-			
Analysis I	Requested: (check all that apply)				Buildi	ing Permit #				
Total Colifo	orm/E. coli   Total Coliform/Fecal   Enterococci	☐ Coliphaga	☐HPC ☐	Other			_			المسالس
	ame: Lak. Josephine/Son	bring	Lake	s 57	8		S I.D. 6	28	10	62
	Owner's Phone #: 727 845-	7292			ax #:	City:	10 DC 1	1) 1/2	19	
Collector:		- C-			30.01600	or's Phone #:	350-	Sand Sand		
<b>V</b> Cornmun	upply: (check only one) ily Water System	ommunity W	later Sys	tem []T	ransie	nt Non-comm	unity Wate		7.1.7	<del></del>
Reason fo	or Sampling: (check all that apply) on Routine	w (trionere	d nrasse	eemant)	Прац	y (triazanad or		nt) additional	Well	Survey
	ollection Date: 9-8-14				-		-			
	To be completed by collecto	of sample.		EN BIRE			<b>建</b> ,因是17	o be complete	ed by lab	是表情的自己的自
	Sample Point	Sample	Sample Type &	Disin-		Analysis	Method(s)	2 Colilert, SM	19223 B	
Sample #	(Location or Specific Address)	Collection Time		fectant Residual (mg/L)	рН	Non- Coliform	Total Coliform	Fecal 5 coli, Enterococci, Coliphage <sup>3</sup>	Deta Qualifier *	Lab Sample #
72-1	Well # 1-Plant 3	13:05	R	_	8.0	)	A	A		435502
15-2	5:100- Oaks Clubbouse	11:17	7/7	1.56	8.1		A	A		433503
12-3	Well#1-Plant 4	99:55		-	7.0	1	A	A		435504
13-4	Well # 2- Plant 4	10:03	R		7.9		A	A		435505
15-5	5339 Wateriny	10:22	0/7	22	8.1		A	A		435500
			-							
	disinfectant residuals for distribution routine &									
	ine. Total chlorine, or Combined chlorine (circle		oles -	1.88		ss otherwise not: lards, and the res				th NELAC
Disinfectar	nt Residual Analysis Method:	-		1		and time PWS n		50 000		
DPD Co	lorimetric Other:			_	Date	and time DEP/D	OH notified b	y lab of positive	ALTONOMIC TO SERVICE	
A certifi	ed operator (# 2 21446	)	e):		Date	Report Issued:_	9/11/1	MAD	11 1	
Supervis	sed by certified operator (# ed by a certified lab	)			Lab	Signature: _	0	- Del	WT	
Authoriz	zed representative of supplier of water	OH			Title	a:	line	ct My	hyr	
<u> </u>					_1		clie	ent f	Fald -	_
N	lame and Mailing Address of person to	Receive R	enort						DEP/DO	OH USE ONLY
L	LS Water Services	Coc	nopon n		-	atisfactory complete Call	ection Infor	mation		
4	939 Cross Baya	1 B.N	d		□RE	epeat Sample eplacement S	s Required			
No	w Port Richay, FL	3465	2			Reviewed by				Commence of the Commence of th
					DEP	Walkey HOOR	ing Official			

For Sample Types are Jeannesisces uses 1 M. For Analysis Methods are instructions tires II 6
Please deals appropriate selection. \*\*Defend in Flexica Administrative Code Rule 61-160, Table 1
\*Complain for community & non-stantists from-community systems serving populations up to and including 4,000. Do not include raw or plant samples in the average.

R	WATER MICROBIAL SAMPLE CO LABORATORY REPORTING FORI 62-550,730 Reporting Format Effective 01/1995, Ransed 03/201	MAT	ON						-5-140		~
	Short Environmental Laborato 10405 US 27 S Sebring, FL PH: 863-655-4022 FAX: 863-6 DOH# E85458	33876			Samp	ile P	ant-Check	n: [X]On	la: Ice Not On Detected the following !		mg/L
Report Numb	per: 13522 Sub-Contract La	ib ID:					LU # 2	8-57-			
	equested: (check all that apply)	<b>→</b>			Building	g Pe	ermit #				
図Total Colifo	rm/E. coli	_Coliphage	□HPC □	Other		rite.					
	ame: Lake Sosephine / S	ebrin	36	akes	5 0	LS - City		h. 6	to control to the second secon	0/	612
System of C	wner's Phone #: 727 - 348	329	2		a×#:	-	50 227	-849	12 421		
Collector:	wner's Phone #: 737 - 848			c	ollector's	s Ph	ione #	352	-342-6	1974	
Type of Su Commun Limited U	upply: (check only one) ity Water System	ommunity W	later Syst	em []T			n-commu		r System		
Ciearanc	on Routine Distribution Repeat Re e Replacement (also check type of sam	aw (Iriggered ple being re	d or asser placed)	ssment) Boil W	□Raw ( later Not	(trigg	gered or a	ssessme	ent) additional	□Well	Survey
	ollection Date: <u>Y-Y-/Y</u>	Section 11 to 1					· ·	ire amonius		and the	
227373134	in between pleted by colle		Sample		Service of the servic	.,	Analysis M	Method(s)	Colliert, SM	9223 B	1
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Type &		рН	1 co -	Non- Coliform	Total Coliform	Fecal, Col. Enterococci, Collphage <sup>3</sup>	Data Qualifier 1	Lab Sample #
172-1	Plant 3-Well-1	13:25	R	_	7.8			A	A		45265
12-3	Plant-3- Wall-2	/3:37	R		8.0			A	A		43324
72-3	Plant-4- Well-1	11:21	R	_	82			A	A		488265
17.7	Plant-4-1Jell-2	11.23	R	-	8/			A	A		436244
12-5	5518 knight Ave	Chill	D/F	2.6	8.1			A	A		4850
72.6	212 Nature In.	12:20	PIF	.61	7.7	h k		A	A		4332.00
											i
	disinfectant residuals for distribution routine & ine, Total chlorine, or Combined chlorine (circle		ples !	11	Unicas	other	wise noted,	all tests are	performed in ac	Cordance wit	h NEL AC
	nt Residual Analysis Method:	one)		1/.12	standar	ds, a	nd the meul	its relate on	ty to the samples	K.	THE CAC
DPD Co	forimetric Other:	3							of positive result		
	forming disinfectant analysis is (see instruction ed operator (# 2 / 440 - C.	ns on revers	se):	_			lssued:		y lab of positive of	esults:	-
Supervis	sed by certified operator (#	)			The Secretary Property of		ature:	7 (1011)	7.V	Lant	10
□ Employe	ed by a certified lab	OOH			Title:			1200	A 416	NIV	
Charlott	and representative or supplies of water									7	
								sorty	to c	Went	Goller
N	lame and Mailing Address of person to	Receive R	leport		Sati	sfac	tory	1		DEP/DO	H USE ONLY
1	and and Manning Address of person to					□ Satisfactory DEP/DOH USE ONL					
1 4	1.5. Water Services	Corp			☐Incomplete Collection Information ☐Repeat Samples Required						į
1	1.5 Water Services 1939 Cross Bayon B	corp Ms.			□Rep	eat	Samples	Required			
	1.5 Water Services 1939 Cross Bayon B	iorp NJ,			□Rep	eat lace	Samples ment Sar	Required npies Re	quired		10.00
	1.5. Water Services	Corp No.			□Rep □Rep □Rep	eat lace levie	Samples ment Sar wed by D	Required npies Red DEP/DOH	quired		A

The Sample Types are instructions from 116. For Analysis Methods are instructions from 816.

Figure earth appropriate selection. The fined in Florids Administrative Code Rule 62-169, Table 1.

\*Complete fire community & non-instrumental instrumentally systems serving populations up to end coluding 4,900. On not creduce to wice plant samples in the everyge.

	G WATER MICROBIAL SAMPLE O LABORATORY REPORTING FOR (52-550,730 Reporting Formal Effective 01/1995, Revised 02/20	TAMS	ION		Lab	vered By: Receipt Date ysis Date & T	& Time:	1-8-14	C1531	02
	Short Environmental Laborate 10405 US 27 S Sebring, FI PH: 863-655-4022 FAX: 863- DOH# E85458	33876			Sam	ple Acceptar ple Preservat rectant Chec sample does	ion: 🖾 Or k: 🔞 Not I	lce Not C	20.00	ma/l
Report Num	ber: U28(0) Sub-Contract La	ab ID:				LU # 2	8-57-			
	Requested: (check all that apply)				Buildin	g Permit#				
Total Colifo	mm/E. coli Total Coliform/Fecal Enterococci I	Coliphage	□HPC □	Other						
Address:	ame: Lake Insephina 1949 Canary Way Owner's Phone #: 720-845	15e5	192		kes ====================================	51 PWS City:	1.D. 6	128	0/	62
	JackWilliams		V	c	ollector's	s Phone #: _	152-	342-	4974	
Commun	upply: (check only one) ily Water System □Non-Transient Non-co lse System □Bottled Water □Private V	ommunity W	ater Syst	em DT	ransient Other;	Non-commu	nity Water	r System		
Reason for Distribution Clearance	or Sampling: (check all that apply) on Routine   Distribution Repeat   Ra e   Replacement (also check type of sam	w (triagered	i or asse	ssment)	□Raw (	trianered or a	issessme	nt) additiona	I □Well	Survey
	ollection Date: 1-8-14									
	size probe completed by collecto		Sample	Disin-		Analysis N	Method(s)	Colilert, SM	ed by lab 15 19223 B	のできたからは
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Type & Chlorine Type 1	fectant	рН	Non- Coliform	Total Coliform	Fecal E. poli. Enterococci, Coliphage <sup>3</sup>	Data Qualifier *	Lab Sample #
151	Plant-3-Well-1	11:12	R	_	7.9		A	A		431290
152	Plant-3-Well-2	11:14	R	_	8.1		Δ	A		431291
253	Plant-4-Well-1	14:24	R	_	8.2		A	A		431292
L54	Plant -4 Well-2	14:90	R	-	7.6		A	A		43/293
155	5306 Felicity Ave.	13:10	DIF	.65	8-1		A	A		431294
656	2700 Oak Beach	14:40	DIF	3.1	8.1		A	A	1	43/295
	disinfectant residuals for distribution routine $8$ fine, $\mathbf{T}$ otal chlorine, or $\mathbf{C}$ ombined chlorine (circle		ples 5	1.87		otherwise noted				th NELAC
DPD Co	nt Residual Analysis Method: plorimetric	)	se):		Date an	nd time PWS no nd time DEP/DO seport Issued:		y lab of positive		
[						orig	in	chiant		AL HEE ONLY
	Name and Mailing Address of person to 3- Water Service 39 C1035 Bayon B		10.0	)	□Inco	sfactory emplete Colle eat Samples lacement San	Required		DEPIDO	OH USE ONLY
7.7	JI DIV DAYUN D	1001			Date R	Reviewed by [	DEP/DOH			

DEP/DOH Reviewing Official:

NPR . FL 34652

For Sample Types we instructions item 116. For Analysis Methods see Issuestions item II 6
Playes circle appropriate selection. \*Defined in Florida Administrative Code Rule 62-160, Table 1
\*Complete for community 6. nen-transferst nen-community systems serving populations up to and including 4,900. Do not include new or plant samples in the everage.

	G WATER MICROBIAL SAMPLE C LABORATORY REPORTING FOR 150-150 THE REPORTS FORTH PRODUCTION OF THE PROPERTY OF T	MAT	NOI		Lab Re	ceipt Date	& Time:	6-3-7	V & 161	3
	Short Environmental Laborato 10405 US 27 S Sebring, FL PH: 863-655-4022 FAX: 863-6 DOH# E85458	33876			Sample	tant Check	on Gon	ia: Toe []Not Cr Detected []_ The tollowing		n G-L
Report Non	men <u>1121-15</u> Sub-Contract La	h 15:		Assessment of the second		LU#2	8-57-			
100-20-20-20-20-20-20-20-20-20-20-20-20-2	Requested: (check all theil apply) om/E. coli	]Çeliphaga (			uilding f	Permit #				
System N	ame: Loke Josephine/	Schr	in Ci	beak	-3	PWS	.p. 19	[D 8]		ICISI -
Address: 3	AUA COURSE Was				Ø	ty: 32		14	-25	
System or o	Danier's Phone # 104-500	al the s	<u> </u>			177.			1	
	: Judy Williams	×		C	ollector's F	hone #: 🚣	352	- 2.2		1
62000mm	upply: (check only one) illy Water System — ⊡hten-Transiem Nob-co J&e System — ⊟Bodied Water — □Private W	mmuojity W. Asti □Sw	arer Syst immleg i	tem 🖽	ransient N Other:	en-conmu	nity Water	System		Management of the same
Zi Distributi Di Cleation	or Sampling: (check all that apply) ion Routing   Distribution Repeat   DRa te   DReptacement (also check type of sam; collection Date;   4 3 44	w (Inggered ole being rep	for asse blaced)	sement) □Boil W	□Raw (tri ater Notice	ggered or r	івэ <del>р</del> запіс Г	nt) additional	- Dwel	Survey
	2 To be completed by collector	of sample						o be complete	ed by lab	74-5423-5-1
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type & Chlorina Type	E. A. C. S. C.	Hq			Fecal Col.		Lab Dampko #
LSI	Part 3 Well 1	HUD.	R	9			A	A		1225
ムスナ	Plant 3 Well 2	1200	R	10	775		A	'A		1.27
123	Pronty Well!	10.55	R	G.	8.55		A	A	ļ	
124	Plant + Wella	11.00	7	0	77/		A	A		
155	5111 Majesty Nic	1120	12	3.2	5.7		A	I A		
LILL		2 14 1	0	5.0	8.02		A	IA_		Bad / 1 1 14 18
									1	Ĺ
ALCOHOL: USB	f disinfectant residuals for distribution routine $oldsymbol{s}$ who, $T$ otal chicano, or $C$ ombined calculus (is reference)		ples *	4.1				re performed in a my to the sample		With Mills All
	mi Residual Anniysis Method;		man triplanista s					ref notifier repu		The maintained and the late
Pepson pe	elegimetric Dither stroming distinfectant analysis is (see instruction for operator (# C 2/4/4/C) used by certified operator (# pyed by a certified lab Demployed by DEF or I szect representative of supplier of water	3	se):		Crote Res	sert Issued gnature: _	SH nestrad	y let of positive	unis Ut	
-					( )f	X	C 1/60	1 1-2/21	The second second second	
. 50	Name and Mailing Address of person to Swip ter Service 1239 Oxoss Bouyo	esc	G-2	The second of th	Repo	factory replete Coll rat Sample acement S eviewers by	s Heaving amples R	d oquired	DEP/C	OOH USE ONLY
	area to stud	A .			DEPADO	OH Review	илд О <b>ліс</b> н	ol		

### DRINKIN

&	WATER MICROBIAL SAMPLE C LABORATORY REPORTING FOR 82-550,730 Reporting Format Effective 01/1998, Revised 02/201	MAT	ON		Lab Re	ceipt Date	& Time:	William -7-1401	-(U P	085
	Short Environmental Laborato 10405 US 27 S Sebring, FL PH: 863-655-4022 FAX: 863-6 DOH# E85458	33876			Sample	ctant Check	on: Mon	a: Ice Not Or etected L he following	, , ,	mg/L
Report Numb	per: 14842 Sub-Contract La	b ID:				LU # 2	8-67-			
Analysis R	equested: (check all that apply)			В	Building	Permit #				
Total Colifor	mVE. coli Total Coliform/Fecal DEnterococci (	]Coliphage	□нрс □	Other	-10				-	
	ime: Leisure Lakes - C	avere	d Br	ibe	平	5 PWS	.D. 6	28	00	64
Address:	140 (2003) 100 DC. 140-81	90.2			C	ity: La	840-	4219		
	Jack Williams							342-49	1.74	
Type of St	upply: (check only one) ity Water System	mmunity W	ater Syst	em 🗆 T		lon-commur				
Reason fo	or Sampling: (check all that apply) on Routine	w (triagered	f or asser	sment)	□Raw (tri	iggered.ora e ∏Other	ssessmer	nt) additional	∏Well	Survey
	ollection Date: J() - 6 - /5						SPECIAL PROPERTY.		SERVEDUEIN	
	and the state of t		Sample	Disin-				Colliert, SM		
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Type & Chlorine Type	fectant Residual (mg/L)	рН	Non- Coliform	Total Colform	Fecal, E. coll Entercecció, Collphage <sup>3</sup>	Data Qualifier *	Lab Sample #
11-1	Well # 1	11:55	R		7.9	4	A	A		437084
4-2	Well # 2	12.03	R.	_	7.8		P	Α .		437085
LL-3	101 Parkvein Cir.	12:14	P/T	30	7.9		A	A		437086
14.4	4 Pinecrest St.	12:22	DIT	3.4	8.0		A	A		437087
		-		ļ						-
					days					
	disinfectant residuals for distribution routine since, Total chlorine, or Combined chlorine (circle)		ples 6	3.2	Unless of	therwise nated	, all tests are	performed in a	ccordance we	IN NELAC DOM
DPD C	nt Residual Auglysis Method:				Date and	time PWS no	filed by lab	of positive result	ts: 0-	8-14-01200
A certif	rforming disinfectant analysis is (see instruction of the contraction of the contract of the c	ous ou rever	se):		1	port Issued:	10/1/1	10 11	1	
	sed by certified operator (#  ed by a certified lab	OOH ·				gnature:		X	<u> </u>	
	zed representative of supplier of water				Title: _		Je-t	moray		17777 - NA
			100 PM				1	IU/MI		
1								<u>eni</u>	DERIDI	04.005.000
1 1	Name and Mailing Address of person to	Receive I	Report		☐Satis			eni	DEP/DO	OH USE ONLY
	Name and Mailing Address of person to  A.S. Water Services  1936 Cross Rayan RI	Receive I	Report		□incon	nplete Colle			DEP/DO	OH USE ONLY
4	1.3. Water Services 1939 Cross Bayon Bl	Corp			☐Incon ☐Repe		Required		DEPIDO	OH USE ONLY
4	Name and Mailing Address of person to 1.5. Water Services 1939 Cross Bayon Bl Dew Abrt Richey, FL 3	Corp			☐Incon ☐Repe ☐Repla Date Re	nplete Colle at Samples	Required mples Rea DEP/DOH	quired	DEPIDO	OH USE ONLY

For Sample Types and Instructions less I M. For Analysis Methods on Instructions item II 5
Please sixeds appropriate selection. "Defined in Feekle Administrative Onle Role GT-160, Table I.

\*Complete for community & non-transfer accommunity systems serving populations up to and inolating 4,900. Do not include power or pleast samples in for everynge.

100	G WATER MICROBIAL SAMPLE ( LABORATORY REPORTING FOI (62-550,730 Reporting Formal Effective 01/1995, Revised 02/2	RMAT	ION		Lab	Recei	pt Date		9-9-14		20
	Short Environmental Laborat 10405 US 27 S Sebring, F PH: 863-655-4022 FAX: 863 DOH# E85458	L 33876			San	nple Pre infectan	eservati I Check	Not D	ia: Ice Not O Detected L the following		LZ <sub>OC</sub> mg/L quirements.
Report Num	ber: 114351 Sub-Contract L	.ab ID:			-	1	LU # 2	8-57-			
Analysis F	Requested: (check all that apply)			E	Buildir	ng Per	mit#				
Of otal Colifo	rm/E, coli ☐Total Coliform/Fecal ☐Enterococci	□Coliphage	□HPC □	Other		A-7-27					
System Na	ame: Leisure Lakes - 1	Cover	ed F	Brido	e+	140	PWS I	D. 6	28	00	64
Address:						City:	La	Ke f	Placie	,	
System or C	Owner's Phone #: 727-848-5	1292		F	ax #: _		27	-84	19-4	219	
Collector:	Jack Williams			c	ollector	r's Phor	ne #:	352-	342-	4974	<u> </u>
Type of Si Cornmun	upply: (check only one) ity Water System	ommunity W	later Syst	tem []T				ity Water			
Reason for Distribution Clearance	or Sampling: (check all that apply) on Routine   Distribution Repeat   Replacement (also check type of same	aw (triggered	d or asse	ssment)	□Raw	(tringer	red or a	ssessmei		□Weil	Survey
7.11 (20.2	ollection Date: 9-8-13	T ar address and					was u faces		Dogward Sporting Co. V		
F 95 17 25	To be completed by collector	of sample	Sample		Property land				Collect, SM		SULCENIE
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Type &	fectant Residual (mg/L)	рН	PERSONAL PROPERTY AND RESERVED	Nan- oliform	Total Coliforn	Fecal E. cov. Enterococci, Coliphage	Data Qualifier <sup>4</sup>	Lab Sample #
LL-1	Wall # 1	15:56	R	_	8.0			A	A		435507
LL-2	Well # 2	16:08	R	-	8.3			A	A		435508
LL-3	101 Parkerin Cis.	16:21	0/7	1.94	8.0			A	A		435509
11-4	4 Pinecrest &	16:32	2/7	2.9	8.1			A	A		435510
			-			100 mg					
		-	1								-
								L	<u> </u>	L	
The second second second	disinfectant residuals for distribution routine rine, Total chlorine, or Combined chlorine (circ		ples	2.42					performed in a		th NELAC
	nt Residual Analysis Method:	ie one)		Jun 1 DK					ly to the sample of positive resul		
CDPD Co	olorimetric []Other:			_					y lab of positive		
Person pe	rforming disinfectant analysis is (see instructive operator (# C 2/440	ous on rever	se):		1000000	Report Is		9/11/1	100	11 1	0
	sed by certified operator (#	, DOM )			Lab	Signat	ure:	2 00	19/11	V	
	ed by a certified lab	LON			Title	ə:		1 mgen	+ OMi	ys-	
								(01	cut f	older	_
1	Name and Mailing Address of person to	o Receive I	Report		ПS	atisfacto	NTV.			DEP/D	OH USE ONLY
1	1.5. Water Services (	Corp.			□In	complet	le Colle	ction Info			
4	1.5 Water Services ( 1939 Cross Bayon lew Port Richey FL	Blvd	i.					Required mples Re			
Λ	lew Port Richow FI	3460	52		Date	Review	ved by 1	DEP/DOH	l:		
1	The second of th				DEP	/DOH F	Reviewir	ng Official			

For Sample Types and Instructions stem 116. For Analysis Methods are instructions item 116.
Please circle appropriate selection. Technol in Planish Administrative Code Rule 61-160, Table 1.
[Complete for community & new-tenniord non-consumerty systems serving populations up to and analyting 4,900. Do not aschale raw or plant samples in the everage

Report Number:

R	WATER MICROBIAL SAMPLE COLLABORATORY REPORTING FOR 52-550,730 Reporting Formul Effective 01/1995, Revised 02/2010	MAT	ON		Lab R	ered By: tecelpt Date & sis Date & Tin	& Time:		(4. 1.32)	
	Short Environmental Laborato 10405 US 27 S Sebring, FL PH: 863-655-4022 FAX: 863-6 DOH# E85458	33876			Samp	ole Acceptant le Preservation fectant Check sample does r	n: On Not D	Ice Not Or		4°C mg/L uirements:
Report Numi	per: 18523 Sub-Contract La	b ID:				LU # 28	3-57-			
pe .	lequested: (check all that apply)				uilding	g Permit #	ال	الاللا	ــالــا	
Hotal Colifo	rm/E. coli DTotal Coliform/Fecal DEnterococci D	]Coliphage	200000				_	JJ		
System Na	ame: Loigue Lakes		<u>.</u>	13		PWS	.D	28		64
Address:	140 (JOSSA: DC)					City: La		lacis		
System or C	Owner's Phone #: 904 - 540 - 9	1765		F:	ax #:	<u></u>	350	4214 2 4 2 - 1	1994	
	upply: (check only one)			`	onector	s Phone #	1-10x	J. L.A.		
Toronnun	ity Water System Non-Transient Non-co se System Bottled Water Private V	ommunity W Vell Sv	/ater Syst vimming F	em 🔲 T		Non-commun				
Distributi Clearance	or Sampling: (check all that apply) on Routine	w (triggered ple being re	d or asses	ssment) Boil W	□Raw later Not	(triggered or a tice ☐Other	ssessme	nt) additiona		Survey
	ollection Date: 8-4-14							ne vilosopi e		
	To be a ppleted ty college	not samp	Sample	Disin-	<u> </u>	rinalysis n	vietnod(s)	Collect, Sh	ed by leb	- Thirty
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Type &	fectant	рН	Non- Coliform	Total Coliform	Fecal, E. coli, Enterococci,	Data Qualifier *	Lab Sample #
144-1	1541-1	11:04	R	- (mg/c)	8.1	1 3	A	Collphage		1337 es
16L-2	Well-2	12:14	R	_	7.9		A	A	1	433210
11-3	101 Parkuin Cit	12:04	1 1	2.2	8:0	: # ?-4	A	А		143321
1-1-4	4 Pinecrest St.	11:53	P/T	3.3	8,0		A	A		48327
								1	1	
	<del>-</del>	+	+		-	102	<del> </del>	<del> </del>		<del></del>
Average of	disinfectant residuals for distribution routine 8				ļ	1807	<u> </u>	1	l	
	rine, Total chlorine, or Combined chlorine (circle		pies	2.75		otherwise noted, rds, and the mou				th NELAC
	nt Residual Analysis Method:				1000000	nd time PWS not				
	olorimetric Other:	ons on rever	se):			nd time DEP/DO				
A certif	ied operator (# C 21447) sed by certified operator (#	)				lepert Issued: Signature:	2111		Ust	
	ed by a certified lab	OOH					7.)	.T. VAI		
Authori	zed representative of supplier of water				i litte:		7	-1	7	, ,
r						orn	s to	clie	at f	order
1	vame and Mailing Address of person to	Receive I	Report		Пен	efector.	7	13	DEP/D	OH USE ONLY
u	s. Water Servos Cori	P			□Inco	isfactory omplete Colle peat Samples	Required			
	939 Cross Bayon Bl.					placement Sai				
1	PR, FL 34152				440000000	Reviewed by E				
1	and a construction of their sections.				DEP/	OOH Reviewin	ng Official			

4939 Cross Bayon Blud NPR, FL 34652

'For Semple Types was instructions stem 116. For Analysis Methods see increasions from 116.

Please cucle appropriate selection. 'Debate' in Florida Administrative Code Rule 62-160, Table 1.

Complete fire community & non-vanishin non-community systems serving populations up to and including 4,900. Do not welface new or plant samples in the average.

&	E WATER MICROBIAL SAMPLE C LABORATORY REPORTING FOR (62-550,730 Reporting Format Effective 01/1995, Revised 02/20	MAT	ON		Lab R	Receipt Date	& Time:	lilliam	101	200
	Short Environmental Laborate 10405 US 27 S Sebring, FL PH: 863-655-4022 FAX: 863- DOH# E85458	33876			Samp	fectant Check	ion: On k: Not C	ia: Ice Not Or Detected the following		mg/L
Report Numl	ber: 12862 Sub-Contract La	ab ID:				LU # 2	8-57-			
Analysis R	Requested: (check all that apply)			E	Building	Permit #				
Total Colifo	m/E. coli Total Coliform/Fecal Enferococci I	□Coliphage [	□HPC □	Other						
System Na Address:l	40 Wardside Dr.	5 W	TF	51	-	PWS	1.D. 6	28 Placi	90	64
System or C	owner's Phone #: 904-540-	9765			ax#:	727- Phone #:	352	-421	9497	74
Type of St	upply: (check only one)	7- 141								
Limited U	ity Water System □Non-Transient Non-cu lse System □Bottled Water □Private V	vell Sw	ater Syst imming F	Pool	ransient Other: _	Non-commu	nity Water	System		
☐ Distribution ☐ Clearance	e Replacement (also check type of sam								□Well	Survey
	ollection Date: 7-7-14		100000000000000000000000000000000000000	100 W 100 V 100						
C-SOME STATE	*To be completed by collecto	Samala	Sample	Disin-		Analysis I	Method(s)	1: Colilert, SN	19223 B	<b>拉帕尔马马克州</b> (1)
Sample #	Sample Point (Location or Specific Address)	0 " "	Type & Chlorine Type 1	fectant Residual (mg/L)	pН	Non- Coliform	Total (Coliform	Fecal E. co. Enterococci, Coliphage <sup>3</sup>	Dara Qualifier *	Lab Sample #
LLI	101 Parkview C.S.	15:17	1/1	,54	7.9		A	A		431296
LLa	4 Pinecrest S.	15:31	0/7	3.0	8.0		A	A		431297
113	Wall#1	14:58	R		7.9		A	A		431298
						100				
	f disinfectant residuals for distribution routinel rine. Total chlorine, or Combined chlorine (circ		ples <sup>8</sup>	1.77	HINNEY COLUMN			ne performed in a		With NELAG
	ant Residual Analysis Method:	ie one)		1. 1 1		NUMBER OF STREET OF STREET		nly to the sample of positive resu		
Person ne	olorimetric Other:	ions on rever	se):			nd time DEP/Do		ly lab of positive	results:	1
Superv	fied operator (# C 2 (440)	)				Signature:		200)	Us	
	yed by a certified lab Employed by DEP or ized representative of supplier of water	DOH			Title:		no est	Monce	<u></u>	
						oris ir	·cli	ent s	older	-
	Name and Mailing Address of person to				□Sat	isfactory			DEP/D	OOH USE ONLY
U	739 Cross Bayon	Corp			Inc	omplete Colle peat Sample:				
4"	739 Cross Bayon	Blud			□Rep	placement Sa	amples Re	equired		
A 3	PD TI SULPA			1	Date f	Reviewed by	DEP/DON	4:		

DEP/DOH Reviewing Official:

For Semple Types we instructions item 116. For Analysis Methods see Instructions item II 6.
Please circle appropriate selection. Defined in Florida Administrative Code Rule 62-160, Table L.
\*Complete for community-& non-transient new-community systems serving populations up to and including 4.900. Do not welcode new or plant semples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT (923-570, 730 Regionary Format Effective Plantage Residual Color)

Short Environmental Laboratories, Inc. 10405 US 27 S Sebring, FL 33876 PH: 863-655-4022 FAX: 863-655-5820

DOH# E85458

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Polymer Page 3 Due in December

See Pages 4 for Instructions.

Contact Person's Telephone Number: 866-753-8292 Contact Person's Fax Number: 727-849-4219 Contact Person's E-Mail Address: mrotteveel@uswatercorp net  Water Treatment Plant Information  Plant Name: Lake Josephine Plant #3 Plant Telephone Number: 941-377-9456	mber of Service Connections at End of Month: 536  US Water Services Corporation  Intact Person: Melisa Rotteveel Intact Person's Mailing Address: 4939 Cross Bayou Blvd  City: New Port Rich State: Florida  Contact Person's Fax Number: 727-849-4219  Intact Person's E-Mail Address: mrotteveel@uswatercorp net  atter Treatment Plant Information  Int Name: Lake Josephine Plant #3  Inter Office of Water Treatment by Plant: Plant Services Ground Water mitted Maximum Day Operating Capacity of Plant, gallons per day: 300,600  Inter Category (per subsection 62-699.310(4), F.A.C.): V  Inter Population Served at End of Month: 1,250  Contact Person's Title: Compliance Manager  Contact Person's Title: Florida  Zip Code: 34652  Contact Person's Fax Number: 727-849-4219  Inter Person's Fax Number: 727-849-4219  Inter Person's E-Mail Address: Plant Telephone Number: 941-377-9456  Inter Person's E-Mail Address: Plant Telephone Number: 941-377-9456  Inter Person's E-Mail Address: Plant Telephone Number: 941-377-9456  Inter Person's Fax Number: 727-849-4219  Inter Person's Fax Number: 941-377-9456  Inter Pe	PWS Name:	Lake Josephine Plant	#3				PWS Identification Numb	er 5284137	
Total Population Served at End of Month:   1,250	mber of Service Connections at End of Month: 536  US Water Services Corporation  Intact Person: Melisa Rotteveel Intact Person's Mailing Address: 4939 Cross Bayou Blvd  City: New Port Rich State: Florida  Contact Person's Fax Number: 727-849-4219  Intact Person's E-Mail Address: mrotteveel@uswatercorp net  atter Treatment Plant Information  Int Name: Lake Josephine Plant #3  Inter Office of Water Treatment by Plant: Plant Services Ground Water mitted Maximum Day Operating Capacity of Plant, gallons per day: 300,600  Inter Category (per subsection 62-699.310(4), F.A.C.): V  Inter Population Served at End of Month: 1,250  Contact Person's Title: Compliance Manager  Contact Person's Title: Florida  Zip Code: 34652  Contact Person's Fax Number: 727-849-4219  Inter Person's Fax Number: 727-849-4219  Inter Person's E-Mail Address: Plant Telephone Number: 941-377-9456  Inter Person's E-Mail Address: Plant Telephone Number: 941-377-9456  Inter Person's E-Mail Address: Plant Telephone Number: 941-377-9456  Inter Person's Fax Number: 727-849-4219  Inter Person's Fax Number: 941-377-9456  Inter Pe	WS Type:	✓ Community	✓ Non-Transient Non-Com	nmunity T	ransient Non-Comr	nunity	Consecutive		7-31-77
Contact Person's Melisa Rotteveel Contact Person's Mailing Address: 4939 Cross Bayou Blvd City: New Port Rich State: Florida Zip Code: 34 Contact Person's Telephone Number: 866-753-8292 Contact Person's E-Mail Address: mrofteveel@uswatercorp net  Water Treatment Plant Information  Iant Name: Lake Josephine Plant #3 Iant Address: 1949 Canary Way In the Company Way In the Company Water Purchased Finished Water  ermitted Maximum Day Operating Capacity of Plant, gallons per day: 300,600  Iant Category (per subsection 62-699.310(4), F.A.C.): V Internsed Operators  Name Internsed Chief Operator: Ron Derossett  City: New Port Rich State: Florida  Contact Person's Title: Compliance Manager  Contact Person's Tax Number: 727-849-4219  Contact Person's Fax Number: 727-849-	Intact Person: Melisa Rotteveel Intact Person's Mailing Address: 4939 Cross Bayou Blvd Intact Person's Telephone Number: 866-753-8292 Intact Person's E-Mail Address: mrotteveel@uswatercorp net  ater Treatment Plant Information Int Name: Lake Josephine Plant #3 Intal Address: 1949 Canary Way Intact Person's Telephone Number: 941-377-9456 Intal Address: 1949 Canary Way Intact Person's E-Mail Address: Plant Telephone Number: 941-377-9456 Intal Address: 1949 Canary Way Intact Person's E-Mail Address: Plant Telephone Number: 941-377-9456 Intal Address: 1949 Canary Way Interest Plant Telephone Number: 941-377-9456 Intal Address: 1949 Canary Way Interest Plant Telephone Number: 941-377-9456 Intal Address: 1949 Canary Way Interest Plant Telephone Number: 941-377-9456 Intal Address: 1949 Canary Way Interest Plant Telephone Number: 941-377-9456 Intal Address: 1949 Canary Way Interest Plant Telephone Number: 941-377-9456 Intal Address: 1949 Canary Way Interest Plant Telephone Number: 941-377-9456 Intal Address: 1949 Canary Way Interest Plant Telephone Number: 941-377-9456 Intal Address: 1949 Canary Way Interest Plant Telephone Number: 941-377-9456 Intal Address: 1949 Canary Way Interest Plant Telephone Number: 941-377-9456 Intal Address: 1949 Canary Way Interest Plant Telephone Number: 941-377-9456 Intal Address: 1949 Canary Way Interest Plant Telephone Number: 941-377-9456 Intal Address: 1949 Canary Way Interest Plant Telephone Number: 941-377-9456 Intal Address: 1949 Canary Way Interest Plant Telephone Number: 941-377-9456 Intal Address: 1949 Canary Way Interest Plant Telephone Number: 941-377-9456 Intal Address: 1949 Canary Way Interest Plant Telephone Number: 941-377-9456 Interest Plant Telephone Numbe	lumber of Service Connec					Total	Population Served at End of	f Month: 1.250	
ontact Person's Mailing Address: 4939 Cross Bayou Blvd City: New Port Rich State: Florida Zip Code: 34 ontact Person's Telephone Number: 866-753-8292 Contact Person's E-Mail Address: mroftleveel@uswatercorp net  Vater Treatment Plant Information  Iant Name: Lake Josephine Plant #3 Plant Telephone Number: 941-377-9456 Iant Address: 1949 Canary Way City: Sebring State: Florida Zip Code: 35 Open of Water Treatment by Plant: J Raw Ground Water Purchased Finished Water Pu	A plant Telephone Number: Sebring State: Florida St	WS Owner:	US Water Services C	orporation						
Contact Person's Telephone Number: 866-753-8292 Contact Person's Fax Number: 727-849-4219  Contact Person's E-Mail Address: mrofteveel@uswatercorp net  Water Treatment Plant Information  Lake Josephine Plant #3 Plant Telephone Number: 941-377-9456  Lant Address: 1949 Canary Way City: Sebring State: Florida Zip Code: 33  Appendix Maximum Day Operating Capacity of Plant, gallons per day: 300,600  Licensed Operators Name License Class License Number: Day(s) / Shift(s) Worked  Lead/Chief Operator: Ron Derossett  Contact Person's Fax Number: 727-849-4219  City Sebring State: Florida  City Sebrin	Contact Person's Fax Number: 727-849-4219     Contact Person's Fax Number: 727-849-4219   Contact Pe	Contact Person:	Melisa Rotteveel				Cont	act Person's Title:	Compliance Manager	
Contact Person's E-Mail Address:   mrofteveel@uswatercorp net	Active Plant Telephone Number: 941-377-9456  Int Name: Lake Josephine Plant #3  Int Address: 1949 Canary Way  Interest Treatment by Plant: Plant Telephone Number: 941-377-9456  Int Address: 1949 Canary Way  Interest Treatment by Plant: Plant Telephone Number: 941-377-9456  Int Address: 1949 Canary Way  Interest Treatment by Plant: Plant Telephone Number: 941-377-9456  Int Address: 1949 Canary Way  Interest Treatment by Plant: Plant Telephone Number: 941-377-9456  Int Address: 1949 Canary Way  Interest Treatment by Plant: Plant Telephone Number: 941-377-9456  Int Address: 1949 Canary Way  Interest Treatment by Plant: Plant Telephone Number: 941-377-9456  Int Address: 1949 Canary Way  Interest Treatment by Plant: Plant Telephone Number: 941-377-9456  Int Address: 1949 Canary Way  Interest Treatment by Plant: Plant Telephone Number: 941-377-9456  Int Address: 1949 Canary Way  Interest Telephone Number: 941-377-9456  Int Address: 1949 Canary Way  Interest Telephone Number: 941-377-9456  Int Address: 1949 Canary Way  Interest Telephone Number: 941-377-9456  Int Address: 1949 Canary Way  Interest Telephone Number: 941-377-9456  Int Address: 1949 Canary Way  Interest Telephone Number: 941-377-9456  Int Address: 1949 Canary Way  Interest Telephone Number: 941-377-9456  Int Address: 1949 Canary Way  Interest Telephone Number: 941-377-9456  Int Address: 1949 Canary Way  Interest Telephone Number: 941-377-9456  Int Address: 1949 Canary Way  Interest Telephone Number: 941-377-9456  Int Address: 1949 Canary Way  Interest Telephone Number: 941-377-9456  Int Address: 1949 Canary Way  Interest Telephone Number: 941-377-9456  Int Address: 1949 Canary Way  Interest Telephone Number: 941-377-9456  Int Address: 1949 Canary Way  Interest Telephone Number: 941-377-9456  Int Address: 1949 Canary Way  Interest Telephone Number: 941-377-9456  Int Address: 1949 Canary Way  Interest Telephone Number: 941-377-9456  Int Address: 1949 Canary Way  Interest Telephone Number: 941-377-9456  Int Address Telephone Number: 941-377-9456  Int Addres	Contact Person's Mailing A	ddress:	4939 Cross Bayou Blvd			City: New Port Ric	h State: Florida	Zip Code:	34652
Vater Treatment Plant Information   Plant Support   Plant #3   Plant Telephone Number: 941-377-9456     Int Name: Lake Josephine Plant #3   Plant Telephone Number: 941-377-9456     Int Address: 1949 Canary Way   City: Sebring   State: Florida   Zip Code: 33     Int Address: 1949 Canary Way   Plant:   Purchased Finished Water     Interpretation of Water Treatment by Plant:   Purchased Finished Water     Interpretation of Water Treatment by Plant:   Purchased Finished Water     Interpretation of Water Treatment by Plant:   Purchased Finished Water     Interpretation of Water Treatment by Plant:   Purchased Finished Water     Interpretation of Water Treatment by Plant:   Purchased Finished Water     Interpretation of Water Treatment by Plant:   Purchased Finished Water     Interpretation of Water Treatment by Plant:   Purchased Finished Water     Interpretation of Water Treatment by Plant Class (per subsection 62-699.310(4), F.A.C.):   Comparison of Water Treatment by Plant:   Purchased Finished Water     Interpretation of Water Treatment by Plant:   Purchased Finished Water     Interpretation of Water Treatment by Plant:   Purchased Finished Water     Interpretation of Water Treatment by Plant:   Purchased Finished Water     Interpretation of Water Treatment by Plant:   Purchased Finished Water     Interpretation of Water Treatment by Plant:   Purchased Finished Water     Interpretation of Water Treatment by Plant:   Purchased Finished Water     Interpretation of Water Treatment by Plant:   Purchased Finished Water     Interpretation of Water Treatment by Plant:   Purchased Finished Water     Interpretation of Water Treatment by Plant:   Purchased Finished Water     Interpretation of Water Treatment by Plant:   Purchased Finished Water     Interpretation of Water Treatment by Plant:   Purchased Finished Water     Interpretation of Water Treatment by Plant:   Purchased Finished Water     Interpretation of Water Treatment by Plant:   Purchased Finished Water     Interpretation of Water Treatment by Plant:   Purch	At Plant Telephone Number: 941-377-9456  Int Name: Lake Josephine Plant #3  Int Address: 1949 Canary Way  Interpretation of Water Treatment by Plant: Plant Telephone Number: 941-377-9456  Interpretation of Water Treatment by Plant: Plant Telephone Number: 941-377-9456  Interpretation of Water Treatment by Plant: Purchased Finished Water  Interpretation of Water Treatment by Plant: Purchased Finished Water  Interpretation of Water Treatment by Plant: Plant Class (per subsection 62-699.310(4), F.A.C.): V  Interpretation of Water Treatment by Plant: Plant Class (per subsection 62-699.310(4), F.A.C.): C  Interpretation of Water Treatment by Plant: Plant Class (per subsection 62-699.310(4), F.A.C.): C  Interpretation of Water Treatment by Plant: Plant Telephone Number: 941-377-9456  Interpretation of Water Treatment by Plant: Plant Telephone Number: 941-377-9456  Interpretation of Water Treatment by Plant: Plant Telephone Number: 941-377-9456  Interpretation of Water Treatment by Plant: Plant Telephone Number: 941-377-9456  Interpretation of Water Treatment by Plant: Plant Telephone Number: 941-377-9456  Interpretation of Water Treatment by Plant: Plant Telephone Number: 941-377-9456  Interpretation of Water Treatment by Plant: Plant Telephone Number: 941-377-9456  Interpretation of Water Treatment by Plant: Plant Telephone Number: 941-377-9456  Interpretation of Water Treatment by Plant Telephone Number: 941-377-9456  Interpretation of Water Treatment by Plant Telephone Number: 941-377-9456  Interpretation of Water Treatment by Plant Telephone Number: 941-377-9456  Interpretation of Water Treatment by Plant Telephone Number: 941-377-9456  Interpretation of Water Treatment by Plant Telephone Number: 941-377-9456  Interpretation of Water Treatment by Plant Telephone Number: 941-377-9456  Interpretation of Water Treatment by Plant Telephone Number: 941-377-9456  Interpretation of Water Treatment by Plant Telephone Number: 941-377-9456  Interpretation of Water Treatment by Plant Telephone Number: 941-377-9456  Interpre	ontact Person's Telephone	Number.	866-753-8292			Cont	act Person's Fax Number:	727-849-4219	
lant Name: Lake Josephine Plant #3  lant Address: 1949 Canary Way  ype of Water Treatment by Plant: J Raw Ground Water ermitted Maximum Day Operating Capacity of Plant, gallons per day: 300,000  lant Category (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.): C  Licensed Operators Name License Class License Number Day(s) / Shift(s) Worked  ead/Chief Operator: Ron Derossett    Plant Telephone Number: 941-377-94-56   State: Florida   Zip Code: 3**   Plant Class (per subsection 62-699.310(4), F.A.C.): C   Plant Class (per subsection 62-699.310(4), F.A.C.): C   Licensed Operator: Ron Derossett   A 3531   Operation Manager Days 1st Shift	Ref Name: Lake Josephine Plant #3  Int Name: Lake Josephine Plant #3  Int Address: 1949 Canary Way  Interpretation by Plant: 1949 Canary Way  Interpretation		ddress	mrotteveel@uswatercor	p net					
lant Address: 1949 Canary Way  ype of Water Treatment by Plant:    Purchased Finished Water	The Address: 1949 Canary Way City: Sebring State: Florida Zip Code: 33872  The Off Water Treatment by Plant:	Vater Treatment Pl	ant Information					The state of the s		
ype of Water Treatment by Plant:  YRaw Ground Water ermitted Maximum Day Operating Capacity of Plant, gallons per day:  Jant Category (per subsection 62-699.310(4), F.A.C.):  Licensed Operators Name  License Class License Number  Day(s) / Shift(s) Worked  A 3531 Operation Manager Days 1st Shift	be of Water Treatment by Plant:	lant Name:	Lake Josephine Plant	#3				Plant Telephone Number	941-377-9456	,
ermitted Maximum Day Operating Capacity of Plant, gallons per day:    Solution   Solutio	mitted Maximum Day Operating Capacity of Plant, gallons per day:  nt Category (per subsection 62-699.310(4), F.A.C.):  V  Plant Class (per subsection 62-699.310(4), F.A.C.):  Cicensed Operators  Name  License Class  License Number  Day(s) / Shift(s) Worked  ad/Chief Operator:  Ron Derossett  A 3531  Operation Manager  Days 1st Shift						City: Sebring	State: Florida	Zip Code:	33872
remitted Maximum Day Operating Capacity of Plant, gallons per day:    Solution   Solutio	mitted Maximum Day Operating Capacity of Plant, gallons per day:  at Category (per subsection 62-699.310(4), F.A.C.):  V Plant Class (per subsection 62-699.310(4), F.A.C.):  Cicensed Operators  Name  License Class  License Number  Day(s) / Shift(s) Worked  A 3531 Operation Manager  Days 1st Shift	ype of Water Treatment b	y Plant:	✓ Raw Ground Water	Purchased Fini	shed Water				
Licensed Operators Name License Class License Number Day(s) / Shift(s) Worked ead/Chief Operator Ron Derossett A 3531 Operation Manager Days 1st Shift	A License Number Day(s) / Shift(s) Worked  A SS31 Operation Manager Days 1st Shift			lant, gallons per day:		300,600				
ead/Chief Operator: Ron Derossett A 3531 Operation Manager Days 1st Shift	ad/Chief Operator: Ron Derossett A 3531 Operation Manager Days 1st Shift	lant Category (per subsect	ion 62-699.310(4), F.A	C.):	V		Plant	Class (per subsection 62-69	9.310(4), F.A.C.): C	
				Name		License Class	License Number	Da	ay(s) / Shift(s) Worked	
Other Operators Howard Short A 3304 Operator Days 1st Shift	her Operators Howard Short A 3304 Operator Days 1st Shift		Ron Derossett			A	3531	Operation Manager Days	s 1st Shift	
		Other Operators:	Howard Short			A	3304	Operator Days	1st Shift	
			197.							
								<del>                                     </del>		
						7-7-7-				
							CONTROL OF THE PARTY OF THE PAR			
	46 4 - L 1/CL 10	ertification by Lead	/Chief Operator		ALW SERVE WEEKS		2012			-21850HBS
ertification by Lead/Chief Operator					Al - I - I/ I - C				ARTHUR DESCRIPTION OF THE PROPERTY OF THE PROP	
the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the	he undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the									
the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the formation provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conformation provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conformation provided in this report is true and accurate to the best of my knowledge and belief.	he undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the primation provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to N	ternational Standard	60 or other applic	able standards referenced i	n subsection 62-555	5.320(3), F.A.C.	I also certify that	the following addition	al operations records for the	his plant
the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the formation provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conformation provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conformation provided in this report is true and accurate to the best of my knowledge and belief.	he undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the primation provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to N									
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the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the formation provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conforternational Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this epared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates;	the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the formation provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to Nermational Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant pared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2)	em together with	nia of this remort	performance records. Full	thermore, ragree to	provide titese at	aditional operation	is records to the r w s	owner so the P w 3 owner to	can retain
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PWS ID	)			5284137		Plant Name:	Lake Joseph	ine Plant	#3					
WITH THE PARTY.		25 H527												
			th/Year of:			December, 201	3							
			irus Inactivati	ion/Removal:	∠F	ree Chlorine		Chlor	ine Dioxide		Ozone		Combined C	hlorine (Chloramines)
Ultra	aviolet Radia	tion			Other (Describe):									
Type o	f Disinfecta	ınt Residua	l Maintained			✓ Free Chlorin	ne 🔲 C	Combined C	hlorine (Chlo	oramines)	Chlo	rine Dioxide	3	
					CT Calculations, o	or UV Dose, to	Demostate l	Four-Log	Virus Inac	tivation, if A	pplicable*			
						€T Cale	ulations				UVI	)ose	1	
	Days Flant						Lowest CT							
Day of	Staffed or	Hours plant	Net Quantity of Finished			Disinfectant	Provided							
the	Visited by	in.	Water		Lowest Residual	Contact Time	Before or at						Lowest Residual	
Month	Operator	Operation	Producted.	Peak Flow	Disinfectant	(T) at C	Eust		pH of Water		0.5	Minimum	Disinfectant	
	(Place "X")	i ingresione E	gal	Rate, gpd	Concentration (C)	Measurement	Customer		if Applicable		Lowest	UV Dosc	Concentration at	Emergency or Abnormal Operating Conditions.
					Before or at First	Point During	During Peak			Min:mum CT	Operating	Required,	Remote Point in	Repair or Maintenance Work that Involves
					Customer During	Peak Flow,	Flow, mg-	Temp of		Required mg-		mW-	Distribution	Taking Water System Components Out of
					Peak Flow, mg l	minutes	Laim	Water, C		min'L	mW-sec/cm*	sec/cm*	System, mg/L	Operation
2	7/	24.0	111,500					144						-
3	X	24.0	111,500		2.9								2.0	
4	X	24.0 24.0	123,000		3.8								3.0	
5	X	24.0	139,000		3.3								2.0	
6	X	24.0	109,000		2.4								2.2	
7	X	24.0	101,000		2.9								2.0	
8		24.0	117,000										2.0	
9	X	24.0	117,000		2 3					-			1.7	
10	X	24.0	127,000		4 1								2.8	
11	X	24.0	109,000		3.8			L					2.4	
12	X	24.0	114,000		3.6								2.6	
13	Х	24.0	100,000		3.7								2 8	
15	X	24.0	99,000		4 1								2.4	
16	X	24.0 24.0	93,000 93,000											
17	X	24.0	116,000		3.5 2.7								2.9	
18	X	24.0	96,000		36				-				2.2	
19	X	24.0	98,000		3.9							_	2.2	
20	Х	24.0	80,000		41								3 2	
21	Х	24.0	103,000		3 9								3.6	
22	LICEUS	24.0	95,000											
23	X	24.0	95,000		2 7								2.1	
24	X	24.0	115,000		3.1								2.5	
25	X	24.0	88,000		4 1								3.4	
27	X	24.0	95,000		3.9								3.5	
28	X	24.0	92,000 110,000		3.6								3.3	
29	Λ.	24.0	104,000		3.8							_	3.0	
30	Х	24.0	104,000		4 1								2.6	
31	X	24.0	94,000		4,0								2 6 3 2	
Total			3,263,000		(44.96)								3.2	
Average			105.250											



### Polymer Page 3 Due in December

See Pages 4 for Instructions.

Public Water System WS Name	Lake Josephine Plant				PWS Identification Number:	5284137
WS Type:	✓ Community	Non-Transient Non-Community	Transient Non-Comm	nunity	Consecutive	
imber of Service Connect		65			Population Served at End of Month:	75
VS Owner:	US Water Services Co	erporation				
ntact Person:	Melisa Roteveel	×		Conta	ct Person's Title:	
ntact Person's Mailing Ac	idress: I	PO Box 2480		City: New Port Rich	State: Florida	Zip Code: 34652
ontact Person's Telephone	Number: (	352) 787-0980		Conta	et Person's Fax Number: 941-378-	3554
ntact Person's E-Mail Add		mrotteveel@uswatercorp.net				
ater Treatment Pla	nt Information					
ant Name;	Lake Josephine Plant	#4			Plant Telephone Number:	941-377-9456
int Address:	5313 Knight Ave			City: Sebring	State: Florida	Zip Code: 33875
pe of Water Treatment by	Plant:	✓ Raw Ground Water Pr	urchased Finished Water			414
mitted Maximum Day O	perating Capacity of Pla	ant, gallons per day:	280,000			
ant Category (per subsecti	on 62-699.310(4), F.A.	C.): V			Class (per subsection 62-699.310(4), F.	
Licensed Operators		Name	License Class	License Number	Day(s) / Sh	uft(s) Worked
ead/Chief Operator.	Howard Short		A	3304	Operator	
ther Operators:	Ron Derossett		A	3531	Operation Manager	
formation provided i ternational Standard epared each day that plicable, appropriate	er treatment plant of n this report is true 60 or other applica a licensed operato treatment process	operator licensed in Florida, am the e and accurate to the best of my know able standards referenced in subsect or staffed or visited this plant during performance records. Furthermor at a convenient location for at leas	owledge and belief. I certify stion 62-555.320(3), F.A.C. g the month indicated above e, I agree to provide these a	that all drinking to I also certify that (1) records of an	water treatment chemicals used the following additional operat nounts of chemicals used and c	at this plant conform to N ions records for this plant hemical feed rates; and (2)
	1/1	1/2/14	Ron Derossett			A 3531

PWS ID	);			5284137		Plant Name.	Lake Josephir	ne Plant #4	4					
шъ	sile Data 6	an the Mar	nth/Year of:			D	1							
			irus Inactivati		(Z) s	December, 201.	3	Chlor	rine Dioxide		Ozone		Combined C	Chlorine (Chloramines)
	aviolet Radia		nus macrifun	The second secon	Other (Describe):	ree Chorne			ine biomide					,
Type o	f Disinfecta	nt Residua	l Maintained	in Distribut	ion System:	✓ Free Chlorin	е 🗆 Со	mbined Ch	nlorine (Chlori	amines)	Chlo	rine Dioxide		
71		I			CT Calculations,									
							culations				UVI	Dose	1	
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Not Quantity of Firashed Water Producted gal	Peak Flow Rate, apd	Lowest Residual Disinfectant Concentration (C) Before or at First	Disinfectant Contact Time (T) at C Measurement Point During	Lowest CT Provided Before or at First Customer During Peak	1 0	pH of Water,	Musinum CT Required ing num1	Lowest Operating UV Dose, mW-sec'cm*	Minimum UV Dose Required, mW-	Lowest Residual Disinfectant Concentration at Remote Point in	Emergency of Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
					Customer During	Peak Flow	Flow, mg-	1				ACCION	Distribution	
1		24.0	37,350		Peak Flow, mg/L	minutes	min1						System mg/L	
3-	Х	24.0	37,350		3,3				-	-			2.2	-
3	Y.	24.0	34,500		3.4		-	<del></del>					2.4	
4	X	24.0	40,700		3.0								2.2	
5	X	24 0	45,900		3.1								2.4	
6	X	24.0	33,800		2.7								2.0	
7	X	24.0	35,000		2.4								1.9	
8		24.0	44,000											
9	Х	24 0	44,000		2.9								2.6	
10	λ	24.0	27,200		3.4					7			2.8	
11	X	24.0	34,000		3.8								2.6	
12	X	24 0	30,300		3.1								2.2	
13	X	24 0	32,200		2.8		Ž						1.9	
14	X	24.0	47,400		3.0								2.1	
15		24.0	51,050											
16	X	24 0	51,050		3.2				Les established				2.3	Lives and the second se
17	X	24 0	43,100		3.1								2.2	
18	X	24 0	40,100	The state of the s	2.5								2.0	
19	X	24 0	42,200		2.6								2.1	
20	λ	24.0	39,900		3.2								2.2	
21	λ	24.0	47,700		3.6								2.4	
22		24 0	40,100											
24	X	24.0	40,100		3.5								2.5	
25	X	24.0	51,200		2.7								2.0	
26	X	24.0	40,900		3.2								2.3	
27	X	24.0 24.0	48,000		3.0				-		-		2.4	
28			36,700		2.8								3.0	
29	X	24.0	53,500 44,800		3.6					-			3.0	
30	X	24.0	44,800		4.0		y						3.2	
31	X	24.0	42,300		4.0 3.8				-				3.0	
Total	^	24,0	1,295,000		3,8								3.0	
			1,293,000											

Avgerage 41,774

Maximum 53,500

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



### MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

	y Water System ( ter System (PWS		Lake Josephine umber:	5284137							
	Plant 1 Name		Plant 3 Name	Plant 4 Name	Plant 5 Name	Plant 6 Name	Plant 7 Name	Plant 8 Name	Plant 9 Name	Plant 10 Name	
	Lake Josephine Plant 3	Lake Josephine Plant 4									
			Per	mitted Maximum	Day Operating C	apacity of Each F	lant gallons per	day			Total
Day of	300,000	280,000			L	<u> </u>					580,000
Month				Net Quantity of	Finished Water I	Produced by Eac	h Plant, gallons	,			Total
1	111,500	37,350									148,850
2	111,500	37,350									148,850
3	123,000	34,500	-					594			157,500
4	114,000	40,700									154,700
5	139,000	45,900									184,900
8	109,000	33,800									142,800
7	101,000	35,000									136,000
8	117,000	44,000									161,000
9	117,000	44,000									161,000
10	127,000	27,200									154,200
11	109,000	34,000									143,000
12	114,000	34,800									148,800
13	100,000	32,200									132,200
14	99,000	47,400									146,400
15	93,000	51,050									144,050
16	93,000	51,050									144,050
17	116,000	43,100									159,100
13	96,000	40,100									136,100
19	98,000	42,200									140,200
20	80,000	39,900									119,900
21	103,000	47,700									150,700
22	95,000	40,100									135,100
23	95,000	40,100									135,100
24	115,000	51,200									166,200
25	88,000	40,900									128,900
26	95,000	48,000									143,000
27	92,000	36,700									128,700
28	110,000	53,500									163,500
29	104,000	44,800									148,800
30	104,000	44,800									148,800
31	94,000	42,300									136,300
tal		,-55						10 10 10 10			4,548,700
g											146,732
ax .	The state of the s							\$ 12 m			184,900

WS ID:	5284137	Plant Name:	Lake Josep	nine Plants 3 &	4	
/. Summary of Us	se of Polymer Containing A	crylamide, Polymer	Containing E	pichlorohydr	in, and Iron	or Manganese Sequestrant for the Year: * 20
	tining the monomer acrylamide use			✓ No		the polymer dose and the acrylamide level in the polymer are as
Polymer Dose ppm =				Acrylamide Le	vel, % <sup>l</sup> =	
B Is any polymer conta polymer are as follow	nining the monomer epichlorohydrings:	used at the water treatment	t plant?	☑ No	☐ Yes,	s, and the polymer dose and the epichlorohydrin level in the
Polymer Dose ppm =				Epichlorohydri	n Level, % <sup>t</sup> =	
C. Is any iron or mangar	nese sequestrant used at the water t	reatment plant?	✓ No	Yes,	and the type of	sequestrant, sequestrant dose, etc., are as follows:
Type of Sequestrant	(polyphosphate or sodium silicate):	Two:				100
Sequestrant Dose, m	g/L of phosphate as PO4 or mg/L of	silicate as SiO <sub>2</sub> =				
	used, the amount of added plus natu		ng/L as SiO <sub>2</sub> =			

\* Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide,

polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

<sup>1</sup> Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.

## HC Waterworks, Inc. (Leisure Lakes) USAGE AND BILLING REPORT

	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13		
Read Period					03/28/13- 05/01/13	05/01/13- 06/03/13	06/03/13- 07/01/13	07/01/13- 08/01/13	08/01/13 - 09/03/13	9/3/13 - 10/1/13	10/01/13 - 11/01/13	11/01/13- 12/02/13		
Billed					05/07/13	06/06/13	07/05/2013	08/06/13	09/09/13	10/4/13	11/08/13	12/17/13	Annual Totals	Annual Averages
Total Well Withdrawal Per Calendar Month					1,316,000	1,244,000	1,531,000	1,561,306	1,321,570	1,179,920	1,213,000	1,550,900	10,917,696	1,364,71
Purchased Water					0	0	0	0	0	0	0	0	0	0
Total Gross Source					1,316,000	1,244,000	1,531,000	1,561,306	1,321,570	1,179,920	1,213,000	1,550,900	10,917,696	1,364,71
Monthly Water Revenue	2				\$11,423.57	\$8,481.86	\$7,563.85	\$17,099.51	\$8,287.32	\$7,478.45	\$8,691.62	\$8,573.06	\$77,599.24	\$9,699.91
Water Gallons Used/Billed					758,000	437,000	311,000	715,000	412,000	294,000	478,000	457,000	3,862,000	482,75
Water Gallons Flushing/Maint					236,250	222,750	652,000	209,250	222,750	252,000	167,400	279,000	2,241,400	280,17
Filters					173,712	164,208	202,092	206,092	186,300	186,300	186,300	186,300	1,491,304	186,41
Estmated Use - Water Breaks					0	396000	336000	372000	396000	336000	372000	372000	2,580,000	322,500
Total Use					1,167,962	1,219,958	1,501,092	1,502,342	1,217,050	1,068,300	1,203,700	1,294,300	10,174,704	1,271,83
Percentage Unaccounted For					11.25%	1.93%	1.95%	3.78%	7.91%	9.46%	0.77%	16.55%	6.81%	6.81%
Water Gallons Unaccounted					148,038	24,042	29,908	58,964	104,520	111,620	9,300	256,600	742,992	92,87
Monthly Sewer Revenue					\$16,032.03	\$9,723.16	\$8,899.36	\$9,194.21	\$9,552.77	\$8,867.81	\$10,098.07	\$10,100.12	\$82,467.53	\$10,308.44
Sewer Gallons Used/Billed					756,000	436,000	311,000	357,000	411,000	294,000	472,000	456,000	3,493,000	436,625
					35 days	33 days	28 days	31 days	33 days	28 days	31 days	31 days		
				PHAR	35	33	28	31	33	28	31	31		
OTHER USAGES:							1,190,092	787,342	805,050	774,300	725,700	837,300		

## HC Waterworks, Inc. (Leisure Lakes) USAGE AND BILLING REPORT

	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14		
Read Period	12/2-1/2	1/2-2/3	2/3-3/3	3/3-4/1	4/1-5/1	5/1-6/2	6/2-7/1	7/1-8/1						
Billed	1/8/14	2/6/14	3/6/14	4/3/14	5/7/14	6/5/14	7/7/14	8/6/14					Annual Totals	Annual Averages
Total Well Withdrawal Per Calendar Month	1,823,400	1,805,300	2,035,420	2,100,300	2,425,500	2,317,700	2,186,400	1,720,100					16,414,120	2,051,765
Purchased Water	0	0	0	0	0	0	0	0					0	13
Total Gross Source	1,823,400	1,805,300	2,035,420	2,100,300	2,425,500	2,317,700	2,186,400	1,720,100					16,414,120	2,051,765
Monthly Water Revenue	\$8,756	\$10,159	\$9,397	\$10,019	\$9,105	\$8,180	\$7,768	\$7,600					\$70,984	\$8,873
Water Gallons Used/Billed	493,000	660,000	572,000	649,000	533,000	414,000	334,000	298,000					3,953,000	494,125
Water Gallons Flushing/Maint	697,500	576,000	907,200	783,000	1,215,000	1,296,000	1,174,500	1,116,000					7,765,200	970,650
Filters	160,459	158,866	179,117	184,826	213,444	203,958	192,403	151,369					1,444,443	180,555
Estmated Use - Water Breaks	372,000	384,000	336,000	348,000	360,000	384,000	348,000	144,000					2,676,000	334,500
Total Use	1,722,959	1,778,866	1,994,317	1,964,826	2,321,444	2,297,958	2,048,903	1,709,369					15,838,643	1,979,830
Percentage Unaccounted For	5.51%	1.46%	2.02%	6.45%	4.29%	0.85%	6.29%	0.62%					3.51%	3.51%
Water Gallons Unaccounted	100,441	26,434	41,103	135,474	104,056	19,742	137,497	10,731					575,477	71,935
Monthly Sewer Revenue	\$10,319	\$11,194	\$10,902	\$11,804	\$10,566	\$9,601	\$9,130	\$8,949					\$82,465	\$10,308
Sewer Gallons Used/Billed	489,000	657,000	570,000	629,000	519,000	388,000	321,000	297,000					1,525,000	190,625
	31	32	28	29	30	32	29	31						
OTHER USAGES:	1,229,959	1,118,866	1,422,317	1,315,826	1,788,444	1,883,958	1,714,903							

				HC Wat	erworks, Inc USAGE	. (Lake Jos AND BILLI	C.	10000	s)					
	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13		
Read Period	-				03/27/13- 05/01/13	05/01/13- 06/03/13	06/03/13- 07/01/13	07/01/13- 08/01/13	08/01/13 - 09/03/13	9/3/13 - 10/1/13	10/01/13 - 11/01/13	11/01/13- 12/02/13		
Billed		Avg Daily May	Avg Daily June	Avg Daily July	05/07/13	06/06/13	07/05/2013	08/06/13	09/09/13	10/4/13	11/08/13	12/06/13	Annual Totals	Annual Averages
Total Well Withdrawal Per Calendar Month		162,835	146,853	168,059	5,047,900	4,405,600	5,154,600	6,151,900	4,959,025	4,609,900	4,476,500	4,558,000	39,363,425	4,920,42
Purchased Water		-	-	-	(1.5)	-			39.				0	0
Total Gross Source		162,835	146,853	168,059	5,047,900	4,405,600	5,154,600	6,151,900	4,959,025	4,609,900	4,476,500	4,558,000	39,363,425	4,920,42
Monthly Water Revenue		Avg Daily May	Avg Daily June	Avg Daily July	31,582	27,897	24,066	26,510	25,979	22,845	28,269	25,226	\$212,372.87	\$26,546.61
Water Gallons Used/Billed		73,429	65,788	60,714	2,570,000	2,171,000	1,700,000	1,978,000	1,987,000	1,569,000	2,240,000	1,918,000	16,133,000	2,016,62
Water Gallons Flushing/Maint					2,016,000	1,765,800	2,570,400	2,902,000	2,181,600	2,055,600	2,001,000	2,326,500	17,818,900	2,227,36
Filters					312,836	272,144	403,758	362,842	299,641	280,650	273,504	272,338	2,477,713	309,71
Estmated Use - Water Breaks					-		-	-		7,900	3,600		11,500	1,438
Total Use					4,898,836	4,208,944	4,674,158	5,242,842	4,468,241	3,913,150	4,518,104	4,516,838	36,441,113	4,555,13
Percentage Unaccounted For					2.95%	4.46%	9.32%	14.78%	9.90%	15.11%	-0.93%	0.90%	7.42%	7.42%
Water Gallons Unaccounted					149,064	196,656	480,442	909,058	490,784	696,750	(41,604)	41,162	2,922,312	365,28
Monthly Sewer Revenue					\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Sewer Gallons Used/Billed					0	0	0	0	0	0	0	0	0	0
					35 days	33 days	28 days	31 days	33 days	28 days	31 Days	31 days		
					35	33	28	31	33	28	31	31		
						-								

Other Usages:

2,974,158 3,264,842 2,481,241 2,344,150 2,278,104 2,598,838

### HC Waterworks, Inc. (Lake Josephine & Sebring Lakes)

### USAGE AND BILLING REPORT

	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14		
Read Period	12/2-1/2	1/2-2/3	2/3-3/3	3/3-4/1	4/1-5/1	5/1-6/2	6/2-7/1	7/1-8/1						19-1
Billed	1/8	2/6/14	3/6/14	4/4/14	5/7/14	6/5/14	7/7/14	8/6/14					Annual Totals	Annual Averages
Total Well Withdrawal Per Calendar Month	4,684,100	4,088,800	5,095,000	4,118,600	3,851,500	3,951,600	3,874,800	4,154,640					33,819,040	4,227,380
Purchased Water	0	0	0	0	0	0	0	0					0	
Total Gross Source	4,684,100	4,088,800	5,095,000	4,118,600	3,851,500	3,951,600	3,874,800	4,154,640					33,819,040	4,227,380
Monthly Water Revenue	\$26,987	\$28,130	\$26,820	\$30,359	\$26,786	\$27,604	\$24,805	\$26,237					\$217,728	27,216
Water Gallons Used/Billed	2,134,000	2,345,000	2,122,000	2,441,000	2,123,000	2,173,000	1,812,000	1,958,000					17,108,000	2,138,500
Water Gallons Flushing/Maint	1,891,000	1,616,000	1,590,400	1,464,500	1,410,000	1,616,000	1,769,000	1,891,000					13,247,900	1,655,988
Filters	334,651	213,778	265,760	212,969	194,348	203,817	214,350	226,436					1,866,110	233,264
Estmated Use - Water Breaks	0	0	0	0	0	0	0	0					0	
Total Use	4,359,651	4,174,778	3,978,160	4,118,469	3,727,348	3,992,817	3,795,350	4,075,436					32,222,010	4,027,751
Percentage Unaccounted For	6.93%	-2.10%	21.92%	0.00%	3.22%	-1.04%	2.05%	1.91%					4.72%	4.72%
Water Gallons Unaccounted	324,449	(85,978)	1,116,840	131	124,152	(41,217)	79,450	79,204					1,597,030	199,629
Monthly Sewer Revenue														
Sewer Gallons Used/Billed														
	31	32	28	29	30	32	29	31						

Other Usages: 2,225,651 1,829,778 1,856,160 1,677,469 1,604,348 1,819,817 1,983,350

### **FLORIDA Water Loss Report** 2012

Volume
is in
1,000 of
gallons
System
Name

**Total** 

Name

Permitted Max Day Capacity (GPD)	# ERUs	<u>Jan-12</u>	Feb-12	<u>Mar-12</u>	<u>Apr-12</u>	<u>May-12</u>	<u>Jun-12</u>	<u>Jul-12</u>	<u>Aug-12</u>	<u>Sep-</u> <u>12</u>	Oct-12	<u>Nov-12</u>	<u>Dec-12</u>	YTD Totals
Leisure Lakes	574 Wtr Produced	997.0	1,230.0	1,244.0	1,278.0	1,398.0	1,337.0	1,081.0	945.0	749	1,127.0	1,022.0	1,443.0	13,850.5
72,000	On-Site Usage	6.0	7.0	6.0	8.0	12.0	10.0	10.0	10.0	10.0	10.0	10.0	50.0	149.0
	Flushing Est.	381.2	388.7	113.7	141.2	65.0	105.0	110.0	110.0	-	344.0	372.0	309.6	2,440.4
	Line Breaks	-	9	-	20	112	10.0	Ξ.	50.0	34	=	-	10.0	70.0
	Fire Use	-	-	92	-	-	20	2	_	-	_	-	-	-
	Other	-		~	28		-	-	-	-	-	: w:	-	-
	Company Use	387.2	395.7	119.7	149.2	77.0	125.0	120.0	170.0	10.0	354.0	382.0	369.6	2,659.4
	Wtr Sold	529.0	521.8	580.3	598.0	452.3	428.9	479.6	227.4	298.3	315.7	418.0	511.2	5,360.5
	Monthly Loss	80.8	312.5 25.4%	544.0 43.7%	530.8 41.5%	868.7 62.1%	783.1 58.6%	481.4 44.5%	547.6 57.9%	440.2 58.8%	457.3 40.6%	222.0 21.7%	562.2 39.0%	5,830.6 42.1%
	Monthly % % Total "Loss"	8.1% 53.1%	42.4%	46.6%	46.8%	32.4%	32.1%	44.5%	24.1%	39.9%	28.0%	40.9%	35.4%	38.7%

### Schedule of Water Net Operating Income

### Florida Public Service Commission

HC Waterworks, Inc. Docket No. 140158-WS Historical Test Year Ending June 30, 2014

Historical & Pro Forma

Revised

Schedule:

B-1

Revised

Page: Preparer:

1 of 1 W T Rendell

Explanation: Provide the calculation of net operating income for the test year. If amortization (Line 4) is related to any amount other than an acquisition adjustment, submit an additional schedule showing a description and calculation of charge.

	(1)	(2) Per	(3) Utility	(4)	(5) Requested	(6) Requested	(7)
Line		Books	Test Year	Adjusted	Revenue	Annual	Supporting
No.	Description	Test Year	Adjustment	Test Year	Adjustment	Revenues	Schedules
1	OPERATING REVENUES	390,596	20,767	411,363	89,879	501,242	B-4, E-2
2	Operation & Maintenance	299,336	6,117	305,453	1,761	307,214	B-5, B-3
3	Depreciation, net of CIAC Amort.,U&U	95,608	(4,768)	90,840	0	90,840	B-13, B-3
4	Amortization		(78,581)	(78,581)	0	(78,581)	B-3
5	Taxes Other Than Income	59,409	(4,175)	55,234	4,045	59,278	B-15, B-3
6	Provision for Income Taxes	0	0	0	0	0	C-1, B-3
7	OPERATING EXPENSES	454,352	(81,406)	372,946	5,805	378,751	
8	NET OPERATING INCOME	(63,755)	102,173	38,417	84,074	122,491	
9	RATE BASE	2,680,005	(1,008,503)	1,671,502		1,671,502	A-1
10	RATE OF RETURN	-2.38%		2.30%		7.33%	

### Schedule of Sewer Net Operating Income

### Florida Public Service Commission

HC Waterworks, Inc. Docket No. 140158-WS

Historical Test Year Ending June 30, 2014 Historical & Pro Forma Revised

Schedule:

B-2

Revised

Page: Preparer: 1 of 1 W T Rendell

Explanation: Provide the calculation of net operating income for the test year. If amortization (Line 4) is related to any amount other than an acquisition adjustment, submit an additional schedule showing a description and calculation of charge.

	(1)	(2) Per	(3) Utility	(4)	(5) Requested	(6) Requested	(7)
Line		Books	Test Year	Adjusted	Revenue	Annual	Supporting
No.	Description	Test Year	Adjustment	Test Year	Adjustment	Revenues	Schedules
1	OPERATING REVENUES	111,686	7,993	119,678	(45,838)	73,841	B-4, E-2
2	Operation & Maintenance	79,399	(3,439)	75,959	(898)	75,061	B-6, B-3
3	Depreciation, net of CIAC Amort., U&U	(372)	(4,288)	(4,660)	0	(4,660)	B-14, B-3
4	Amortization		(4,569)	(4,569)	0	(4,569)	B-3
5	Taxes Other Than Income	8,903	(1,432)	7,471	(2,063)	5,409	B-15, B-3
6	Provision for Income Taxes	0	0	0	0	0	C-1, B-3
7	OPERATING EXPENSES	87,930	(13,728)	74,202	(2,961)	71,241	900 33 40 40 5 40 5 40 5 40 5 40 5 40 5 4
8	NET OPERATING INCOME	23,755	21,721	45,477	(42,877)	2,600	
9	RATE BASE	64,598	(29, 150)	35,448		35,448	A-2
10	RATE OF RETURN	36.77%	10 10 10	128.29%	D a	7.33%	

### **Taxes Other Than Income**

### Florida Public Service Commission

HC Waterworks, Inc. Docket No. 140158-WS

Historical Test Year Ending June 30, 2014

Revised

Schedule:

B-15

Revised

Page:

1 of 1

Preparer: W T Rendell

Explanation: Complete the following schedule of all taxes other than income. For all allocations, provide description of allocation and calculations.

Line	(1) (2)	(3) Regulatory Assessment	(4) Payroll	(5) RE & Personal Property Tax	(6)	(7)
No.	Description	Fees (RAFs) 4.50%	Taxes	on U&U	Other	Total
Wate	er					
1	Test Year Per Books	22,745	(	0 35,164	1,500	59,409
3	Adjustments to Test Year (Explain)					
4 5	RAF on Adj'd Rev - RAF Per Books Property Tax NU&U Adj Pass through Property Tax Increase Property Tax on Pro Forma Plant	(4,233)		(3,987) 5,384 162		(4,233) (3,987)
6	To Reclassify License Expense			0	(1,500)	(1,500)
7	Total Test Year Adjustments	(4,233)		0 1,559	(1,500)	(9,720)
8 9 10	Adjusted Test Year	18,511		0 36,722	0	49,688
11 12	RAFs Assoc. with Revenue Increase	4,065				4,065
13	Total Adjusted	22,576		0 36,722	0	53,753
Sewe	er					
Commission of the control	Test Year Per Books	6,547	()	0 2,357	0	8,903
16 17 18	Adjustments to Test Year (Explain) RAF on Adj'd Rev - RAF Per Books Property Tax Reclass & NU&U Adj	(1,161)		(271)		(1,161) (271)
19	Payroll Adjustments	7		0		0
20	Total Test Year Adjustments	(1,161)		0 (271)	0	(1,432)
21 22	Adjusted Test Year	5,386	<u> </u>	0 2,086	0	7,471
23 24	RAFs Assoc. with Revenue Increase	(2,062)			,	(2,062)
25	Total Pro Forma	3,323	17	0 2,086	0	5,409

Recap Schedules: B-1, B-2 Source Schedule: B-3

Payroll taxes: FICA=7.65%, Fed & State Unemployment=0.41%

### Schedule of Requested Cost of Capital

13 Month Average balance

HC Waterworks, Inc.

Docket No. 140158-WS

Historical Test Year Ending June 30, 2014 Historical [X] Projected []

### Florida Public Service Commission

Revised

Schedule: Page:

D-1

1 of 2

Preparer:

W T Rendell

Revised

Explanation: Provide a schedule which calculates the requested Cost of Capital on a 13-month average basis. If a year-end basis is used submit an additional schedule reflecting year-end calculations.

	(1)	(2)	(3)	(4)	(5)	(6)	(7)
		Reconciled			Weighted		
Line		To Test Yr		Cost	Cost		Supporting
No.	Class of Capital	Rate Base	Ratio	Rate	Rate	Cost	Schedules
CON	IPOSITE WATER & SEWER						
1	Long-Term Debt	552,951	32.39%	4.25%	1.38%		D-2, D-5
2	Short-Term Debt	0	0.00%	0.00%	0.00%		D-2
3	Preferred Stock	0	0.00%	0.00%	0.00%		D-2
4	Common Equity	1,147,540	67.23%	8.84%	5.94%		D-2
5	Customer Deposits	6,459	0.38%	2.00%	0.01%		D-2
6	Accumulated Deferred Income Taxes	0	0.00%	0.00%	0.00%		D-2
7							
8	Total	1,706,950	100.00%	<del>-</del>	7.33%		_

# Reconciliation of Capital Structure to Requested Rate Base 13 Month Average Balance HC Waterworks, Inc. Docket No. 140158-WS

### Florida Public Service Commission

Historical Test Year Ending June 30, 2014 Historical [X] Projected []

Revised

Schedule:

D-2

Revised

Page: Preparer: 1 of 1 W T Rendell

Explanation: Provide a reconciliation of the average basis capital structure to requested rate base. Explain all adjustments. Submit an additional schedule if a year-end basis is used.

	(1)			(2)	(3) Reconciliation	(4) Reconciled	(5)
Line		Prior Year	Test Year	Test Year	Adjustments	To Test Yr	Supporting
No.	Class of Capital	6/30/2013	6/30/2014	Average†	Pro rata	Rate Base	Schedules
1	Long-Term Debt	839,728	798,035	818,881	(265,930)	552,951	D-5
2	Short-Term Debt	0	0	0	0	0	D-4
3	Preferred Stock	0	0	0	0	0	D-3
4	Common Stock	2,187,582	1,211,269	1,699,426	(551,885)	1,147,540	
5	Customer Deposits	3,462	15,667	9,565	(3,106)	6,459	D-7
6	Accumulated Deferred Income Taxes	0	0	0	0	0	C-6
7							
8	Total	3,030,772	2,024,971	2,527,871	(820,922)	1,706,950	A-1

### Rate Schedule - Water

### Florida Public Service Commission

HC Waterworks, Inc.RevisedSchedule:E-1wDocket No. 140158-WSPage:1 of 1Historical Test Year Ending June 30, 2014Preparer:W T Rendell

Water [ X ] or Sewer [ ]

Explanation: Provide a schedule of present rates and proposed rates.

1) (2) (3

Line		Prior	Proposed	
No.	Class/Meter Size	to Filing	Rates	
1	Residential		100,000,000	
2	5/8" X 3/4"	18.92	21.36	
3	3/4"	28.38	32.04	
4	1"	47.31	53.40	
5	1-1/2"	94.61	106.80	
6	2"	151.38	170.88	
7	3"	302.77	341.76	
8	4"	473.07	534.00	
9	6"	946.15	1,068.00	
10	8"	1,513.83	1,708.80	
11	10"	2,176.13	2,456.40	
12	Gallonage Charge, per 1,0	00 gallons		
13	0 - 6,000 gal.	6.46	6.97	
14	6,001 - 12,000 gal.	9.71	10.45	
15	Over 12,000 gal.	12.93	13.94	
16				
17	General Service			
18	5/8" X 3/4"	18.92	21.36	
19	3/4"	28.38	32.04	
20	1"	47.31	53.40	
21	1-1/2"	94.61	106.80	
22	2"	151.38	170.88	
23	3"	302.77	341.76	
24	4"	473.07	534.00	
25	6"	946.15	1,068.00	
26	8"	1,513.83	1,708.80	
27	10"	2,176.13	2,456.40	
28	Gallonage Charge	7.25	8.06	
29	Callorage Charge	1.25	0.00	
30	Irrigation			
31	5/8" X 3/4"	18.92	21.36	
32	3/4"	28.38		
33	1"	47.31	32.04	
34	1-1/2"		53.40	
35	2"	94.61	106.80	
	3"	151.38	170.88	
36		302.77	341.76	
37	4"	473.07	534.00	
38	Gallonage Charge, per 1,0			
39	0 - 6,000 gal.	6.46	6.97	
40	6,001 - 12,000 gal.	9.71	10.45	
41	Over 12,000 gal.	12.93	13.94	
42				
43	Private Fire Protection	10.00 (000) (000)	arrange assume to	
44	2"	12.62	14.24	
AF	3"	25.23	28.48	
45	· -			
46	4"	39.43	44.49	
46 47	4" 6"	78.85	88.99	
46	4"			

### Rate Schedule - Sewer

### Florida Public Service Commission

HC Waterworks, Inc.

Revised

Schedule: E-1s

Docket No. 140158-WS

Page:

1 of 1

Historical Test Year Ending June 30, 2014

Preparer:

W T Rendell

Water [ ] or Sewer [ X ]

Explanation: Provide a schedule of present rates and proposed rates.

1) (2)

(3)

Line No.	Class/Meter Size	Prior to Filing	Proposed Rates
1	Residential		
2	All Meter Sizes	22.59	14.56
3			
4	Gallonage cap (gallons)	6,000	6,000
5	Gallonage Charge, per 1,000	7.64	4.29
6			
7			
8	General Service		
9	5/8" X 3/4"	22.59	14.56
10	3/4"	33.90	21.85
11	1"	56.50	36.41
12	1-1/2"	112.98	72.82
13	2"	180.78	116.51
14	3"	361.54	233.02
15	4"	564.91	364.10
16	6"	1,129.83	728.19
17	8"	1,807.20	1,165.11
18	10"	2,598.61	1,674.85
19	Gallonage charge	9.16	5.15
20			
21	Flat Rate		
22			
23	Residential Wastewater Onl	y (RWO)	
24	Monthly Flat Rate	·	21.28
25	Gen. Srvc. Wastewater Only		
26	Monthly Flat Rate	073	14.56

#### Revenue Schedule at Present and Proposed Rates

#### Florida Public Service Commission

HC Waterworks, Inc. Docket No. 140158-WS

Revised Schedule:

E-2w ( 1 of 1 W T Rendell (Revised)

Page: Preparer:

Docket No. 140158-WS
Historical Test Year Ending June 30, 2014
Water [X] or Sewer []
Explanation: Provide a calculation of revenues at present and proposed rates using the billing analysis. Explain any differences between these revenues and booked revenues. If a rate change occurred during the test year, a revenue calculation must be made for each period.

ine	(1)	(2) Test Year	(3) TY Cons	(4) Test	(5) Test Year	(6) Adjusted	(7) Adjusted	(8) Rate Prior	(9) Revenue at	(10) ProForma	(11) Repressed	(12) Proposed	(13) Revenue at
No.	Class/Meter Size	Bills	in 1,000 gal.	Year Rate	Revenue	Bills	Cons	to Filing	Rate Prior	Block Cons	Block Cons	RateW/Rprsn	Rpsn Rate
1	Residential	0.00.00000000		2000000000	***************************************	L CONTRACTOR AND						200	
2	5/8" X 3/4"	10,998		18.92	208,082	10,998		18.92	208,082			21.36	234,917
3	3/4"	0		28.38	0	0		28.38	0			32.04	0
4	1"	24		47.31	1,135	24		47.31	1,135			53.39	1,281
5	1-1/2"	12		94.61	1,135	12		94.61	1,135			106.79	1,281
6	2"	0		151.38	0	0		151.38	0			170.86	C
7	3"	0		302.77	0	0		302.77	0			341.71	0
8	4"	0		473.07	0	0		473.07	0			533.93	0
9	Gallonage Charge, per	1,000 gall	ons										
10	0 - 6,000 gal.		20,612	6.46	133,154	(49)	20,563	6.46	132,837	0	20,563	6.97	143,324
11	6,001 - 12,000 gal.		5,133	9.71	49,841	(4)	5,129	9.71	49,803	(186)	4,943	10.45	51,656
12	Over 12,000 gal.		2,094	12.93	27,075	972	2,094	12.93	27,075	(76)	2,018	13.94	28,133
13	Total Residential	11,034	27,839		420,423	11,034	27,786		420,068	(262)	27,524		460,593
14	Average Bill				38.10		2.518		38.07				41.74
15													
16	General Service												
17	5/8" X 3/4"	48		18.92	908	48		18.92	908			21.36	1,025
18	3/4"	0		28.38	0	0		28.38				32.04	0
19	1"	0		47.31	0	0		47.31	0			53.39	0
20	1-1/2"	0		94.61	0	0		94.61	0			106.79	0
21	2"	9		151.38	1,362	9		151.38	1,362			170.86	1,538
22	3"	12		302.77	3,633	12		302.77	3,633			341.71	4,101
23	4"	0		473.07	0	0		473.07	0			533.93	0
24	6"	0		946.15	0	0		946.15	0			1,067.86	0
25	8"	0		1,513.83	0	0		1,513.83	0			1,708.57	0
26	Gallonage		2,514	7.25	18,227		2,514	7.25	18,227	2,514	2,514	8.06	20,263
27	Total General Serv	69	2,514	8 93	24,130	69	2,514		24,130	2,514	2,514		26,926
28 29	Average Bill				349.71				349.71				390.24
30	Irrigation 5/8" X 3/4"	0		18.92	0	0	NA	18.92	0			21.36	0
32	Gallonage Charge, per	1,000 gall	ons										
33	0 - 6,000 gal.		0	6.46	0		0	6.46	0	0	0	6.97	0
34	6,001 - 12,000 gal.		0	9.71	0		0	9.71	0	0	0	10.45	0
35	Over 12,000 gal.		0	12.93	0		0	12.93	0	0	0	13.94	0
36	Block 4		0		0		0		0	0			
37	Total Irrigation	0	0		0	0	0		0	0	0		0
38	Average Bill								-				-
39	7/2/18/5/Z 0.10/0//												
40	Fire Protection												
41	2"	0	NA	12.62	0	0		12.62	0			14.24	0
42	3"	0	NA	25.23	0	0		25.23	0			28.48	0
43	4"	0	NA	39.43	0	0		39.43	0			44.49	0
44	6"	0	NA	78.85	0	0		78.85	0			88.99	0
45	8"	0	NA	126.16	0	0		126.16	0			142.38	0
46	10"	0	NA	181.34	0	0		181.34	0			204.67	0
47	Total Fire Protect	0	NA		0	7	NA		0	NA			0
48	Average Bill		110000		-		7.4.4			5.97.5			
49													
50	Subtot Billd Rev	11,103	30,353		444,554	11,103	30,300	-	444,198	2,252	30,038		487,519
51	Unbilled Revenues				(48,000)		-3,000	-		2,202	20,000		.57,010
52	Guaranteed Revenues				2.144				2,144				2,144
53	Misc. Service Charge				13,021				13,021				13,021
54	Adjustments to Custom	ers			(355)				10,02				10,02
55	Tot Billed Rev				411,363	N.			459,363	€:		1	502,684
	Booked Revenue per G	1			390,596	9			400,000	5		1	552,004
				100	390,596	55							
56 57	Adjustments to Realized												
57 58	Adjustments to Booked Bkd Rev Adjstd				390,596	ti:							

### Revenue Schedule at Present and Proposed Rates

### Florida Public Service Commission

HC Waterworks, Inc.

Docket No. 140158-WS
Historical Test Year Ending June 30, 2014
Water [ ] or Sewer [ X ]

Revised Schedule: E-2s

Page: 1 of 1
Preparer: WT Rendell

Explanation: Provide a calculation of revenues at present and proposed rates using the billing analysis. Explain any differences between these revenues and booked revenues. If a rate change occurred during the test year, a revenue calculation must be made for each period,

Line	(1)	(2) Test Yr	(3) TY Usage	(4) Test	(5) Test Year	(6) Adjusted	(7) Adjusted	(8) Rate Prior	(9) Revenue at	(10) Proposed	(11) Revenue at
No.	Class/Meter Size	Bills	in 1,000 gal.	Year Rate	Revenue	Bills	Usage	to Filing	Rate Prior	Rate	Proposed
1	Residential										
2	All meter Sizes	3,549		22.59	80,172	3,549		22.59	80,172	14.56	51,673
3	Gallonage cap (gallons)		6,000				6,000				
4	Capped Usage	70	5,171	7.64	39,506	(6)	5,165	7.64	39,461	4.29	22,158
5	Usage Above Cap	*	388				388				
7	Total Residential	3,549	5,559		119,678	3,549	5,553	-	119,633		73,831
8	Average Bill				33.72				33.71		20.80
10	General Service										
11	5/8" X 3/4"	0		22.59	0	0		22.59	0	14.56	0
12	3/4"	0		33.90	0	0		33.90	0	21.85	0
13	1"	0		56.50	0	0		56.50	0	36.41	0
14	1-1/2"	0		112.98	0	0		112.98	0	72.82	0
15	2"	0		180.78	0	0		180.78	0	116.51	0
16	3"	0		361.54	0	0		361.54	0	233.02	0
17	4"	0		564.91	0	0		564.91	0	364.10	0
18				CONTROL OF THE PARTY.					***********		
19 20	Gallonage		0	9.16	0		0	9.16	0	5.15	0
21											
22	Total General Serv	0	0	-: 2	0	0	0	-	0		0
23	Average Bill	- 0	0		0	0	0	-			
24	Average Bill								8		1/5/
25	Flat Rate										
26	Res. Wastewater Only			_	0	0			0	-	
27	Subtot Res Flat Rate	0	-	19	0	0	6)				
28	Cmrl. Wastewater Only	0	•	- S-	0	0	÷0.	0	0	2	
29					87/0	57			0		
30	Total Wastewater Only	0	0		0	0	0		0		0
31	Average Bill			50 55	297						
32	2473										
33											
34	v.										
35	Subtotal Billed Rev	3,549	5,559		119,678				119,633		73,831
36	Unbilled Revenues			20 10	0	50			0		0
37	Guaranteed Revenues				0				0		0
38	Misc. Service Charge				0				0		0
39	Adjust to Customer Bills			172	(46)	2				2	<u> </u>
40	Total Billed Revenue				119,678				119,633		73,831
41	Booked Revenue per GL				111,686	5					5
42	Adjustments to Booked			10	0	en 					
43	Booked Revenue Adjusted			174	111,686	•0 Si					
44	Difference & % Difference				7,993	7.2%					

### Revenue Schedule at Present and Proposed Rates

### Florida Public Service Commission

1 of 1 Page: 1 of 1
Preparer: W T Rendell

Revised Schedule: E-2s Page:

HC Waterworks, Inc. Docket No. 140158-WS Historical Test Year Ending June 30, 2014

Water[] or Sewer[X]

Explanation: Provide a calculation of revenues at present and proposed rates using the billing analysis. Explain any differences between these revenues and booked revenues. If a rate change occurred during the test year, a revenue calculation must be made for each period.

Line	(1)	(2) Test Yr	(3) TY Usage	(4) Test	(5) Test Year	(6) Adjusted	(7) Adjusted	(8) Rate Prior	(9) Revenue at	(10) Proposed	(11) Revenue at
No.	Class/Meter Size	Bills	in 1,000 gal.	Year Rate	Revenue	Bills	Usage	to Filing	Rate Prior	Rate	Proposed
1	Residential										
2	All meter Sizes	3,549		22.59	80,172	3,549		22.59	80,172	14.56	51,673
3	Gallonage cap (gallons)		6,000				6,000				
4	Capped Usage	273	5,171	7.64	39,506	(6)	5,165	7.64	39,461	4.29	22,158
5	Usage Above Cap		388				388				
6											
7	Total Residential	3,549	5,559		119,678	3,549	5,553		119,633		73,831
8	Average Bill			-	33.72				33.71		20.80
9											
10	General Service										
11	5/8" X 3/4"	0		22.59	0	0		22.59	0	14.56	0
12	3/4"	0		33.90	0	0		33.90	0	21.85	0
13	1"	0		56.50	0	0		56.50	0	36.41	0
14	1-1/2"	0		112.98	0	0		112.98	0	72.82	Ō
15	2"	0		180.78	0	0		180.78	0	116.51	0
16	3"	0		361.54	0	0		361.54	0	233.02	0
17	4"	0		564.91	0	0		564.91	0	364.10	0
18	7.			504.51	Ü	U		304.31		304.10	
19	Gallonage	- 2	0	9.16	0		0	9.16	0	5.15	0
20	Canonage		U	3.10	U		U	5.10	U	5.15	U
21											
22	Total General Serv	0	0		0	0	0		0		0
	Average Bill	- 0		-	0	0	0				
24	Average bill				-				-		5
	Flat Rate										
	Res. Wastewater Only				0	0			0		
	Subtot Res Flat Rate	0		~ ;-	0	0		-	0		
		0			0	0					
28	Cmrl. Wastewater Only	U		~	0	0			0		
29	T-1-1W						-		0		
	Total Wastewater Only	0	0	_	0	0	0	ti P	0		0
	Average Bill				( *)						
32											
33											
34				8 9 <u>-</u>							
35	Subtotal Billed Rev	3,549	5,559	_	119,678				119,633		73,831
	Unbilled Revenues				0				0		0
	Guaranteed Revenues				0				0		0
	Misc. Service Charge				0				0		0
	Adjust to Customer Bills			0.00	(46)						3
40	Total Billed Revenue			72	119,678				119,633		73,831
41	Booked Revenue per GL				111,686						
42	Adjustments to Booked				0						
43	Booked Revenue Adjusted			-	111,686						
44	Difference & % Difference			_	7,993	7.2%					

### **Billing Analysis Schedules**

### Florida Public Service Commission

HC Waterworks, Inc. Docket No. 140158-WS

Historical Test Year Ending June 30, 2014

Water [ ] or Sewer [ X ]

Customer Class: Residential Meter Size: 5/8" X 3/4"

Schedule: E-14 Page: 7 of 7 Preparer: W T Rendell

Explanation: Provide a billing analysis for each class of service by meter size. For applicants having master metered multiple dwellings, provide number of bills at each level by meter size or number of bills categorized by the number of units. Round consumption to nearest 1,000 gallons and begin at zero. If a rate change occurred during the test year, provide a separate billing analysis which coincides with each period.

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
				Gallons			Consolidated	
Line	Consumption	Number	Cumulative	Consumed	Cumulative	Reversed	Factor	Percentage
No.	Level	of Bills	Bills	(1) X (2)	Gallons	Bills	[(1)X(6)]+(5)	of Total
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1	0	1103	1,103	-	-	2,446	~	0.00%
2	1	852	1,955	852	852	1,594	2,446	15.33%
3	2	780	2,735	1,560	2,412	814	4,040	43.39%
4	3	505	3,240	1,515	3,927	309	4,854	70.64%
5	4	172	3,412	688	4,615	137	5,163	83.02%
6	5	74	3,486	370	4,985	63	5,300	89.67%
7	6	31	3,517	186	5,171	32	5,363	93.02%
8	7	12	3,529	84	5,255	20	5,395	94.53%
9	8	5	3,534	40	5,295	15	5,415	95.25%
10	9	2	3,536	18	5,313	13	5,430	95.57%
11	11	4	3,540	44	5,357	9	5,456	96.37%
12	13	2	3,542	26	5,383	7	5,474	96.83%
13	14	2	3,544	28	5,411	5	5,481	97.34%
14	15	1	3,545	15	5,426	4	5,486	97.61%
15	18	1	3,546	18	5,444	3	5,498	97.93%
16	20	1	3,547	20	5,464	2	5,504	98.29%
17	39	1	3,548	39	5,503	1	5,542	98.99%
18	56	1	3,549	56	5,559	-	5,559	100.00%