

FLORIDA UTILITY SERVICES 1, LLC
3336 GRAND BLVD. SUITE 102
HOLIDAY, FL. 34690
863-904-5574

December 17, 2017

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

RE: Application for a staff assisted rate case in Pasco County by
Orange land Utilities, LLC. Docket # 20170230-WU

Dear Commission Clerk:

Enclosed please find the company response to staff's first data
request of December 22, 2017.

1. Purchased Water- N/a
2. Purchased Power-Enclosed
3. Chemicals-enclosed
4. Contractual Services-Testing- Enclosed
5. Contractual Services-Other- Enclosed
6. Transportation Expenses-Enclosed. Note- These expenses are
allocated in account 650 by number of customers.
7. System Info.
 - a. 1
 - b. 0
 - c. No
 - d. Enclosed on flash drive- there are no non-potable customers.
 - e. Enclosed on flash drive.
8. Enclosed
9. Enclosed
10. Enclosed
11. DEP= 651-1307
12. None
13. Enclosed
14. Enclosed

COM ___
AFD ___
APA ___
ECO ___
ENG ___
GCL ___
IDM ___
CLK ___

flashdrive? | map

RECEIVED-FPSC
2018 FEB -9 AM 8:19
COMMISSION
CLERK

15. There are 73- 5/8 x 3/4 meters and 1-1" meter. This breaks down to 72 residential meters and 2 General Service meters. The make-up of homes has not changed in the last 10 years.
16. Enclosed
17. Enclosed.

On behalf of the utility,

A handwritten signature in blue ink, appearing to read "Mike Smallridge". The signature is fluid and cursive, with a prominent initial "M" and a long, sweeping underline.

Mike Smallridge.

2
Purchase
Power

ORANGE LAND UTILITIES, LLC

1032

Withlacoochee River Electric Cooperative

Date	Type	Reference	Original Amt.	Balance Due	12/26/2016 Discount	Payment
12/15/2016	Bill	62225608-12.2016	64.93	64.93		64.93
					Check Amount	64.93

Iberia Bank Operating 615 · Purchased Power

64.93



Service Address 8323 LIMAN DR
Service Description PMPHSE
Service Classification General Service Non-Demand

Account Number **1729045** Cycle 09
Meter Number 62225608
Customer Number 10491186
Customer Name **ORANGELAND UTILITIES**

Bill Date **12/15/2016**
Amount Due **64.93**
Current Charges Due **01/09/2017**

District Office Serving You
Bayonet Point

ELECTRIC SERVICE						
From		To		Multiplier	Dem. Reading	kWh Used
Date	Reading	Date	Reading			
11/08	33022	12/09	33387			365

Comparative Usage Information		
Period	Days	Average kWh Per Day
Dec 2016	31	12
Nov 2016	28	12
May 2016	0	0

See Back Side For More Information

Previous Balance 136.29
Payment 136.29 CR
Balance Forward 0.00

Customer Charge 30.00
Energy Charge 365 KWH @ 0.05430 19.82
Fuel Adjustment 365 KWH @ 0.03595 13.12
Florida Gross Receipts Tax 1.61
State Tax 4.49
Pasco County Tax 0.65
Revenue Rate Reduction 4.76 CR

Total Current Charges 64.93
Total Due E.F.T. 64.93

WREC recently redesigned our billing statement and website to better serve you. You have 24-hour access to manage your account on-line (www.wrec.net) through SmartHub. With this system upgrade, every member received a new account number. You will need to use your new account number when conducting business with the Cooperative. Thank you for being a Co-op member.

If you would like to make a payment using your credit card, please use the following number 844-209-7166. This number is WREC's Secure Pay-By-Phone system.

DO NOT PAY - Total amount will be electronically transferred on 12/30/2016.

Detach at Dotted Line

To Ensure Prompt Payment, Please Return This Portion With Your Payment.

See Reverse Side For Mailing Instructions

Bill Date: 12/15/2016

Use above space for address change ONLY.

District: BP 09

1729045 1004586
ORANGELAND UTILITIES
3336 GRAND BLVD STE 102
HOLIDAY FL 34690-2249

Electronic Funds Transfer on	12/30/2016
TOTAL CHARGES DUE	64.93
DO NOT PAY	

11/14/2016

Withlacoochee River Electric Cooperative

**136.29

One Hundred Thirty-Six and 29/100*****

Withlacoochee River Electric
Cooperative, Inc.
P.O. Box 278
Dade City, FL 33526-0278

Withlacoochee River Electric Cooperative				11/14/2016		
Date	Type	Reference	Original Amt.	Balance Due	Discount	Payment
10/14/2016	Bill	62225608V.10.2016	65.79	65.79		65.79
11/11/2016	Bill	62225608V.11.2016	70.50	70.50		70.50
					Check Amount	136.29

Iberia Bank Operating 136.29

Withlacoochee River Electric Cooperative				11/14/2016		
Date	Type	Reference	Original Amt.	Balance Due	Discount	Payment
10/14/2016	Bill	62225608V.10.2016	65.79	65.79		65.79
11/11/2016	Bill	62225608V.11.2016	70.50	70.50		70.50
					Check Amount	136.29

Iberia Bank Operating 136.29

Withlacoochee River Electric
Cooperative, Inc

P.O. Box 278, Dade City, FL 33526-0278

Member ID No. 0491 186 001	Account No. 1429 260 282 040	Meter No. 62225608V	Cycle C09	Bill Date 11/11/2016
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Customer Name(s) ORANGELAND UTILITIES	Service Classification General Srvc Non-Demand
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Comparative Usage Information		
Period	Days	Average KWH Per Day
Nov 2016	28	12
Oct 2016	29	11

Service Address 8323 LIMAN DR PMPHSE

Business Office Serving You Bayonet Point
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ELECTRIC SERVICE									
E=Estimated	From	Reading	E=Estimated	To	Reading	Multiplier	Dem. Reading	KW Demand	KWH Used
	10/11	32699		11/08	33022				323

BILLS ARE DUE WHEN RENDERED:
 A 1.5 percent, but not less than \$5.00, late charge will apply to unpaid balances as of 5:00 p.m. on the past due date shown below. Charges will be reflected on the next bill.

Balance Forward ** See Collection Notice Below ** \$ 65.79

Late Payment Service Charge 5.00
 Customer Charge 30.00
 Energy Charge 323 kWh X .05430 17.54
 Fuel Adjustment 323 kWh X .03595 11.61
 Florida Gross Receipts Tax 1.52
 Sales Tax 4.83
 Total New Charges This Bill 70.50 **
 Total Due Please Pay 136.29

** = This Amount
 70.50
 Will Become Past Due on:
 12/08/2016

IMMEDIATE ATTENTION: Please contact the office immediately. Your account is in the collection process. See your previously issued 'Collection Notice' for information and due date.

Withlacoochee River Electric
Cooperative, Inc
 P.O. Box 278, Dade City, FL 33526-0278

Make check payable to W.R.E.C.:

Bill Date: 11/11/2016
 Becomes Past Due On: 12/08/2016

To Insure Prompt Payment, Please Return This Portion With Your Payment.
 Seq No: 701019

Use above space for address change ONLY.

Member ID 0491186001

District: Bayonet Point

0491 186 001 *C09*
 ORANGELAND UTILITIES
 3336 GRAND BLVD STE 102
 HOLIDAY FL 34690-2249

S701019

PLEASE PAY
 \$ 136.29
 See Collection Notice Above

\$ _____
 Amount Paid If Different

049118600100136296C00000000

**Withlacoochee River Electric
Cooperative, Inc**

P.O. Box 278, Dade City, FL 33526-0278



Member ID No. 0491 186 001	Account No. 1429 260 282 040	Meter No. 62225608V	Cycle C09	Bill Date 10/14/2016
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Customer Name(s) ORANGELAND UTILITIES	Service Classification General Srvc Non-Demand
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Service Address 8323 LIMAN DR PMPHSE	Business Office Serving You Bayonet Point
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Comparative Usage Information		
Period	Days	Average KW/H Per Day
Oct 2016	29	11
Sep 2016	33	10

ELECTRIC SERVICE									
E=Estimated	From	Reading	E=Estimated	To	Reading	Multiplier	Dem. Reading	KW Demand	KWH Used
	9/12	32373		10/11	32699				326

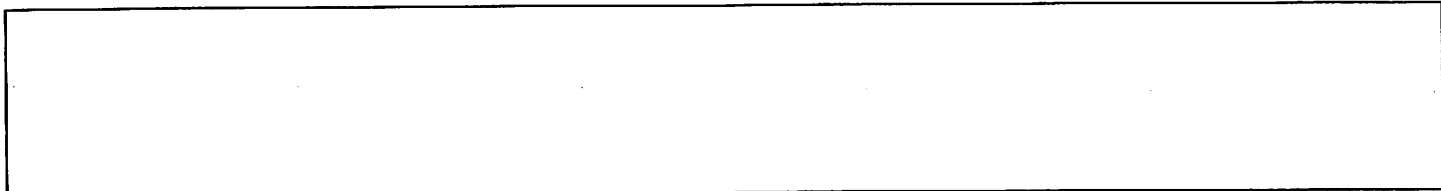
BILLS ARE DUE WHEN RENDERED:
A 1.5 percent, but not less than \$5.00, late charge will apply to unpaid balances as of 5:00 p.m. on the past due date shown below. Charges will be reflected on the next bill.

Previous Balance \$ 66.40
Payment Thank You \$ 66.40CR
Balance Forward .00

Customer Charge 30.00
Energy Charge 326 kWh X .05430 17.70
Fuel Adjustment 326 kWh X .03595 11.72
Florida Gross Receipts Tax 1.52
Sales Tax 4.85

Total New Charges This Bill 65.79
Total Due Please Pay 65.79 **

** = This Amount
65.79
Will Become Past Due on:
11/04/2016



**Withlacoochee River Electric
Cooperative, Inc**
P.O. Box 278, Dade City, FL 33526-0278

Make check payable to W.R.E.C.:

Bill Date: 10/14/2016

Becomes Past Due On: 11/04/2016

To Insure Prompt Payment, Please Return
This Portion With Your Payment.
Seq No: 701015

Use above space for address change ONLY.

Member ID 0491186001

District: Bayonet Point

0491 186 001 C09
ORANGELAND UTILITIES
3336 GRAND BLVD STE 102
HOLIDAY FL 34690-2249

S701015

PLEASE PAY
\$ 65.79

\$ _____
Amount Paid If Different

049118600100065798C00000000

OLU

9/17/2016

Withlacoochee River Electric Cooperative

**66.40

Sixty-Six and 40/100*****

Withlacoochee River Electric
Cooperative, Inc.
P.O. Box 278
Dade City, FL 33526-0278

Acct#1429 260 282 040

Withlacoochee River Electric Cooperative					9/17/2016	
Date	Type	Reference	Original Amt.	Balance Due	Discount	Payment
9/12/2016	Bill	62225608V.09.2016	66.40	66.40		66.40
					Check Amount	66.40

Iberia Bank Operating Acct#1429 260 282 040 66.40

Withlacoochee River Electric Cooperative					9/17/2016	
Date	Type	Reference	Original Amt.	Balance Due	Discount	Payment
9/12/2016	Bill	62225608V.09.2016	66.40	66.40		66.40
					Check Amount	66.40

Iberia Bank Operating Acct#1429 260 282 040 66.40

Withlacoochee River Electric
Cooperative, Inc

P.O. Box 278, Dade City, FL 33526-0278

Member ID No. 0491 186 001	Account No. 1429 260 282 040	Meter No. 62225608V	Cycle C09	Bill Date 9/15/2016
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Customer Name(s) ORANGELAND UTILITIES	Service Classification General Srvc Non-Demand
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Service Address 8323 LIMAN DR PMPHSE

Business Office Serving You Bayonet Point
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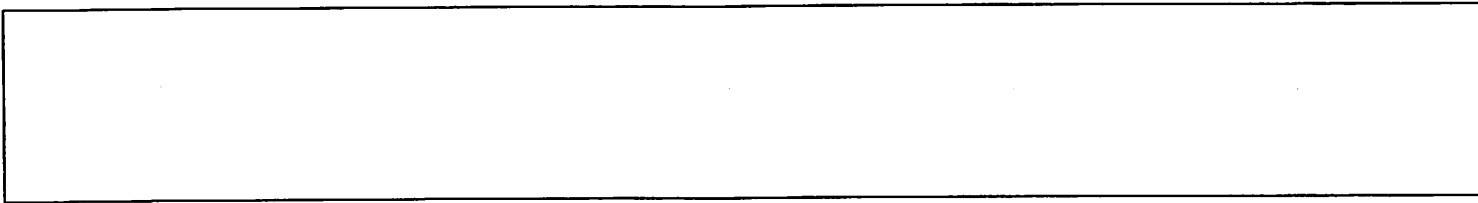
Comparative Usage Information		
Period	Days	Average KW/H Per Day
Sep 2016	33	10
Aug 2016	29	11

ELECTRIC SERVICE									
E=Estimated	From	Reading	E=Estimated	To	Reading	Multiplier	Dem. Reading	KW Demand	KWH Used
	8/10	32041		9/12	32373				332

BILLS ARE DUE WHEN RENDERED:
 A 1.5 percent, but not less than \$5.00, late charge will apply to unpaid balances as of 5:00 p.m. on the past due date shown below. Charges will be reflected on the next bill.

Previous Balance		\$	64.30
Payment	Thank You	\$	64.30CR
Balance Forward			.00
Customer Charge			30.00
Energy Charge	332 kWh X .05430		18.03
Fuel Adjustment	332 kWh X .03595		11.94
Florida Gross Receipts Tax			1.54
Sales Tax			4.89
Total New Charges This Bill			66.40
Total Due	Please Pay		66.40 **

** = This Amount
 66.40
 Will Become Past Due on:
 10/06/2016



Withlacoochee River Electric
Cooperative, Inc

P.O. Box 278, Dade City, FL 33526-0278

Make check payable to W.R.E.C.:

Bill Date: 9/15/2016

Becomes Past Due On: 10/06/2016

To Insure Prompt Payment, Please Return
 This Portion With Your Payment.
 Seq No: 701010

Use above space for address change ONLY.

Member ID 0491186001

District: Bayonet Point

PLEASE PAY
\$ 66.40

0491 186 001 C09
 ORANGELAND UTILITIES
 3336 GRAND BLVD STE 102
 HOLIDAY FL 34690-2249

S701010

\$ _____
 Amount Paid If Different

049118600100066409C0000000

8/16/2016

Withlacoochee River Electric Cooperative

**64.30

Sixty-Four and 30/100*****

Withlacoochee River Electric
Cooperative, Inc.
P.O. Box 278
Dade City, FL 33526-0278

Acct#1429 260 282 040

Withlacoochee River Electric Cooperative				8/16/2016		
Date	Type	Reference	Original Amt.	Balance Due	Discount	Payment
8/16/2016	Bill	62225608V.08.2016	64.30	64.30		64.30
					Check Amount	64.30

Iberia Bank Operating Acct#1429 260 282 040 64.30

Withlacoochee River Electric Cooperative				8/16/2016		
Date	Type	Reference	Original Amt.	Balance Due	Discount	Payment
8/16/2016	Bill	62225608V.08.2016	64.30	64.30		64.30
					Check Amount	64.30

Iberia Bank Operating Acct#1429 260 282 040 64.30

Withlacoochee River Electric
Cooperative, Inc
 P.O. Box 278, Dade City, FL 33526-0278

Member ID No. 0491 186 001	Account No. 1429 260 282 040	Meter No. 62225608V	Cycle C09	Bill Date 8/15/2016
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Customer Name(s) ORANGELAND UTILITIES	Service Classification General Srvc Non-Demand
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Service Address 8323 LIMAN DR PMPHSE	Business Office Serving You Bayonet Point
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E=Estimated		From Reading	E=Estimated		To Reading	Multiplier	Dem. Reading	KW Demand	KWH Used
	7/12	31730		8/10	32041				311

Comparative Usage Information		
Period	Days	Average KWH Per Day
Aug 2016	29	11
Jul 2016	33	17

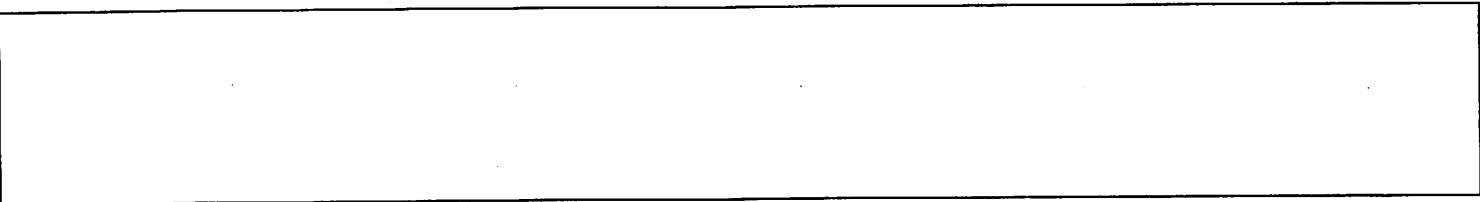
BILLS ARE DUE WHEN RENDERED:
 A 1.5 percent, but not less than \$5.00, late charge will apply to unpaid balances as of 5:00 p.m. on the past due date shown below. Charges will be reflected on the next bill.

Previous Balance \$ 88.67
 Payment Thank You \$ 88.67CR
 Balance Forward .00

Customer Charge 30.00
 Energy Charge 311 kWh X .05430 16.89
 Fuel Adjustment 311 kWh X .03595 11.18
 Florida Gross Receipts Tax 1.49
 Sales Tax 4.74

Total New Charges This Bill 64.30
 Total Due Please Pay 64.30 **

** = This Amount
 64.30
 Will Become Past Due on:
 9/06/2016



Withlacoochee River Electric
Cooperative, Inc
 P.O. Box 278, Dade City, FL 33526-0278

Make check payable to W.R.E.C.:

Bill Date: 8/15/2016
 Becomes Past Due On: 9/06/2016

To Insure Prompt Payment, Please Return This Portion With Your Payment.
 Seq No: 701002
 District: Bayonet Point

Use above space for address change ONLY.
 Member ID 0491186001

PLEASE PAY
\$ 64.30

0491 186 001 C09
 ORANGELAND UTILITIES
 3336 GRAND BLVD STE 102
 HOLIDAY FL 34690-2249

S701002

\$ _____
 Amount Paid If Different

049118600100064309C00000000

ORANGE LAND

7/18/2016

Withlacoochee River Electric Cooperative

**88.67

Eighty-Eight and 67/100*****

Withlacoochee River Electric
Cooperative, Inc.
P.O. Box 278
Dade City, FL 33526-0278

Acct#1429 260 282 040

Withlacoochee River Electric Cooperative				7/18/2016		
Date	Type	Reference	Original Amt.	Balance Due	Discount	Payment
7/18/2016	Bill	62225608V.07.2016	88.67	88.67		88.67
					Check Amount	88.67

Iberia Bank Operating Acct#1429 260 282 040

88.67

Withlacoochee River Electric Cooperative				7/18/2016		
Date	Type	Reference	Original Amt.	Balance Due	Discount	Payment
7/18/2016	Bill	62225608V.07.2016	88.67	88.67		88.67
					Check Amount	88.67

Iberia Bank Operating Acct#1429 260 282 040

88.67

Withlacoochee River Electric

Cooperative, Inc

P.O. Box 278, Dade City, FL 33526-0278



Member ID No. 0491 186 001	Account No. 1429 260 282 040	Meter No. 62225608V	Cycle C09	Bill Date 7/15/2016
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Customer Name(s) ORANGELAND UTILITIES	Service Classification General Srvc Non-Demand
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Service Address 8323 LIMAN DR PMPHSE
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Business Office Serving You Bayonet Point

ELECTRIC SERVICE									
E=Estimated	From	Reading	E=Estimated	To	Reading	Multiplier	Dem. Reading	KW Demand	KWH Used
	6/09	31175		7/12	31730				555

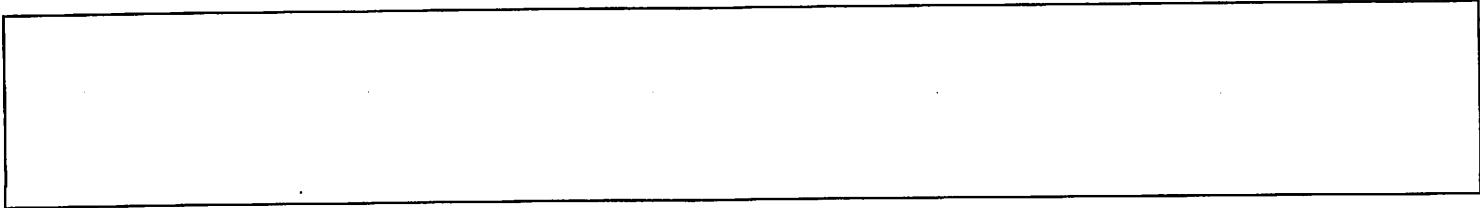
Comparative Usage Information		
Period	Days	Average KWH Per Day
Jul 2016	33	17
Jun 2016	31	16

BILLS ARE DUE WHEN RENDERED:
A 1.5 percent, but not less than \$5.00, late charge will apply to unpaid balances as of 5:00 p.m. on the past due date shown below. Charges will be reflected on the next bill.

Previous Balance \$ 82.78
 Payment Thank You \$ 82.78CR
 Balance Forward .00

Customer Charge 30.00
 Energy Charge 555 kWh X .05430 30.14
 Fuel Adjustment 555 kWh X .03595 19.95
 Florida Gross Receipts Tax 2.05
 Sales Tax 6.53
 Total New Charges This Bill 88.67
 Total Due Please Pay 88.67 **

** = This Amount
 88.67
 Will Become Past Due on:
 8/05/2016



Withlacoochee River Electric
 Cooperative, Inc
 P.O. Box 278, Dade City, FL 33526-0278

Make check payable to W.R.E.C.:

Bill Date: 7/15/2016
 Becomes Past Due On: 8/05/2016

To Insure Prompt Payment, Please Return
 This Portion With Your Payment.
 Seq No: 700993

Use above space for address change ONLY.

Member ID 0491186001

District: Bayonet Point

0491 186 001 C09
 ORANGELAND UTILITIES
 3336 GRAND BLVD STE 102
 HOLIDAY FL 34690-2249

S700993

PLEASE PAY
 \$ 88.67

\$ _____
 Amount Paid If Different

049118600100088674C0000000

6/27/2016

Withlacoochee River Electric Cooperative

**82.78

Eighty-Two and 78/100*****

Withlacoochee River Electric
Cooperative, Inc.
P.O. Box 278
Dade City, FL 33526-0278

Acct#1429 260 282 040

Withlacoochee River Electric Cooperative				6/27/2016		
Date	Type	Reference	Original Amt.	Balance Due	Discount	Payment
6/24/2016	Bill	62225608V.06.2016	82.78	82.78		82.78
					Check Amount	82.78

Iberia Bank Operating Acct#1429 260 282 040 82.78

Withlacoochee River Electric Cooperative				6/27/2016		
Date	Type	Reference	Original Amt.	Balance Due	Discount	Payment
6/24/2016	Bill	62225608V.06.2016	82.78	82.78		82.78
					Check Amount	82.78

Iberia Bank Operating Acct#1429 260 282 040 82.78

Withlacoochee River Electric Cooperative, Inc.
 P. O. Box 278, Dade City, FL 33526-0278
 Your Touchstone Energy® Cooperative

0491 186 001 1429 260 282 040 62225608V C09 6/14/2016

Customer Name(s) **ORANGELAND UTILITIES** Service Classification **General Srvc Non-Demand** See Reverse Side For More Information

Service Address **8323 LIMAN DR PMPHSE Bayonet Point** Business Office Serving You

E-Estimated		From	Reading	E-Estimated		To	Reading	Multiplier	Dem. Reading	KW Demand	KWH Used
5/09			30679	6/09			31175				496

Comparative Usage Information

Period	Days	Average KWH Per Day
Jun 2016	31	16

BILLS ARE DUE WHEN RENDERED:
 A 1.5 percent, but not less than \$5.00, late charge will apply to unpaid balances as of 5:00 p.m. on the past due date shown below. Charges will be reflected on the next bill.

Balance Forward		\$.00
Customer Charge			
Energy Charge	496 kWh X .05430		30.00
Fuel Adjustment	496 kWh X .03595		26.93
Florida Gross Receipts Tax			17.83
Sales Tax			1.92
Total New Charges This Bill			6.10
Total Due			82.78
	Please Pay		82.78 **

** = This Amount
 Will Become Past Due on:
82.78
 7/06/2016

Orangeland Utilities LLC
 20001238272

Withlacoochee River Electric Cooperative, Inc.
 P. O. Box 278, Dade City, FL 33526-0278
 Your Touchstone Energy® Cooperative

Make check payable to W.R.E.C.

 Use above space for address change ONLY.

See Reverse Side For Mailing Instructions.

Bill Date: 6/14/2016
 Becomes Past Due On: 7/06/2016

To Insure Prompt Payment, Please Return This Portion With Your Payment.
 Seq No: 008836
 00 230 905213001 888281 34690 2249 27
 District: Bayonet Point

Member ID 0491186001

PLEASE PAY
\$ 82.78

Amount Paid If Different

0491 186 001 C09 S008836
 ORANGELAND UTILITIES
 3336 GRAND BLVD STE 102
 HOLIDAY FL 34690-2249

049118600100082781C00000000

**ORANGELAND
UTILITIES**

Electric Service

Account 1729045, Auto Pay
8323 LIMAN DR, NEW PORT RICHEY, FL
Billing History »

Select an Account to View

1729045 - 3336 GRAND BLVD STE 102 ▼

There are no scheduled payments.

Past Payments

Service	Payment Date	Amount	Type	Status
Electric Service	<u>05/25/2017</u>	<u>\$75.86</u>	Recurring Ach	Posted
Electric Service	04/19/2017	\$77.84	Ebill Check	Posted
Electric Service	03/16/2017	\$63.95	Ebill Check	Posted
Electric Service	02/20/2017	\$66.12	Ebill Check	Posted
Electric Service	01/24/2017	\$70.47	Office Check Payment	Posted
Electric Service	12/29/2016	\$64.93	Recurring Ach	Posted
Electric Service	11/15/2016	\$136.29	Ebill Check	Posted
Electric Service	09/19/2016	\$66.40	Ebill Check	Posted
Electric Service	08/17/2016	\$64.30	Ebill Check	Posted
Electric Service	07/19/2016	\$88.67	Ebill Check	Posted
Electric Service	06/27/2016	\$82.78	Ebill Check	Posted
Electric Service	05/06/2016	\$345.00	Ivue Connect Credit Card	Posted

⏪ ⏩ 1-12 of 12 ⏪ ⏩

Version: 5.3.4

3
4
5

EFCEED STKDK01 05/19/2016 14:06

PRODUCT DLT103 USE WITH 91663 ENVELOPE Staples Store #0882 (727) 939-2330

Iberia Bank Operating 636 - Contractual Services - Other 250.00

ORANGE LAND UTILITIES, LLC
Aqua Environmental, Inc.
Date 1/1/2017
Type Reference
Bill 130388

Original Amt. 250.00
Balance Due 250.00
Discount 1/10/2017
Check Amount 250.00
Payment 250.00

ORANGE LAND UTILITIES, LLC

1023

Aqua Environmental, Inc.

Date	Type	Reference
12/1/2016	Bill	130374

Original Amt.
200.00

Balance Due
200.00

12/6/2016
Discount
Check Amount

Payment
200.00
200.00

Iberia Bank Operating Operations & Bacteriological Sampling

200.00

Aqua Environmental, Inc.



INVOICE

16742 Crested Angus Lane
Spring Hill, FL 34610
Phone 352-848-5415
erickarl63@yahoo.com

INVOICE # 130374
DATE December 1, 2016

TO
For Orangeland
Crestridge Utility, LLC
3336 Grand Boulevard
Suite 102
Holiday, FL 34690

FOR Orangeland Water Supply
Monthly Operations

Description	Amount
Utility invoice for November, 2016 including monthly operations bacteriological sampling.	\$200.00

Total **\$200.00**

Make all checks payable to **Aqua Environmental, Inc.**

Payment is due upon receipt.

If you have any questions concerning this invoice, contact Eric Karl | 352-848-5415 | erickarl63@yahoo.com

THANK YOU FOR YOUR BUSINESS!

ORANGE LAND UTILITIES, LLC

1022

Aqua Environmental, Inc.


Date	Type	Reference	Original Amt.	Balance Due	11/14/2016 Discount	Payment
11/1/2016	Bill	130362	200.00	200.00		200.00
					Check Amount	200.00

Iberia Bank Operating Operations & Bacteriological Sampling

200.00

PRODUCT DLT 103 USE WITH 91663 ENVELOPE

Staples Store #0882 (727) 939-2330

A  E3FCED STKOK01 05/19/2016 14:06 -105-



16742 Crested Angus Lane
Spring Hill, FL 34610
Phone 352-848-5415
erickarl63@yahoo.com

INVOICE # 130362
DATE November 1, 2016

TO
For Orangeland
Crestridge Utility, LLC
3336 Grand Boulevard
Suite 102
Holiday, FL 34690

FOR Orangeland Water Supply
Monthly Operations

Description	Amount
Utility invoice for October, 2016 including monthly operations bacteriological sampling.	\$200.00

Total **\$200.00**

Make all checks payable to **Aqua Environmental, Inc.**
Payment is due upon receipt.
If you have any questions concerning this invoice, contact Eric Karl | 352-848-5415 | erickarl63@yahoo.com

THANK YOU FOR YOUR BUSINESS!

ORANGE LAND UTILITIES, LLC

Aqua Environmental, Inc.
Date 10/17/2016
Type Reference
Bill 130351

Original Amt 200.00

Balance Due 200.00

Discount
10/17/2016
Check Amount

Payment 200.00
200.00

1020

Iberia Bank Operating Operations & Bacteriological Sampling

PRODUCT DL103 USE WITH 9163 ENVELOPE

Staples Store #0882 (727) 939-2330

EFPCED STKDK01 05/19/2016 14:06 -107-

Aqua Environmental, Inc.



INVOICE

16742 Crested Angus Lane
Spring Hill, FL 34610
Phone 352-848-5415
erickarl63@yahoo.com

INVOICE # 130351
DATE October 1, 2016

TO
For Orangeland
Crestridge Utility, LLC
3336 Grand Boulevard
Suite 102
Holiday, FL 34690

FOR Orangeland Water Supply
Monthly Operations

Description	Amount
Utility invoice for September, 2016 including monthly operations bacteriological sampling.	\$200.00

Total **\$200.00**

Make all checks payable to **Aqua Environmental, Inc.**

Payment is due upon receipt.

If you have any questions concerning this invoice, contact Eric Karl | 352-848-5415 | erickarl63@yahoo.com

THANK YOU FOR YOUR BUSINESS!

ORANGE LAND UTILITIES, LLC

Aqua Environmental, Inc.

1016

Date	Type	Reference	Original Amt.	Balance Due	9/24/2016 Discount	Payment
7/1/2016	Bill	130309	200.00	200.00		200.00
					Check Amount	200.00

Iberia Bank Operating Operations & Bacteriological Sampling

200.00

PRODUCT DLT103

USE WITH 91663 ENVELOPE

Staples Store #0882 (727) 939-2330



E3FCED STKDK01 05/19/2016 14:06 -111-

ORANGE LAND UTILITIES, LLC
Aqua Environmental, Inc.
Date 9/1/2016
Type Bill
Reference 130337

Original Amt. 200.00

Balance Due 200.00

Discount 9/9/2016
Check Amount

Payment 200.00
200.00

101

Iberia Bank Operating Operations & Bacteriological Sampling 200.00

PRODUCT DLT103 USE WITH 91663 ENVELOPE

Staples Store #0882 (727) 939-2330

EFCEED STKDK01 05/19/2016 14:06 -114-



16742 Crested Angus Lane
Spring Hill, FL 34610
Phone 352-848-5415
erickarl63@yahoo.com

INVOICE # 130337
DATE September 1, 2016

TO
For Orangeland
Crestridge Utility, LLC
3336 Grand Boulevard
Suite 102
Holiday, FL 34690

FOR Orangeland Water Supply
Monthly Operations

Description	Amount
Utility invoice for August, 2016 including monthly operations bacteriological sampling.	\$200.00

Total **\$200.00**

Make all checks payable to **Aqua Environmental, Inc.**

Payment is due upon receipt.

If you have any questions concerning this invoice, contact Eric Karl | 352-848-5415 | erickarl63@yahoo.com

THANK YOU FOR YOUR BUSINESS!

Remote DDA Deposit Date: 08/30 Amount: \$33.92

ORANGE LAND UTILITIES, LLC <small>1134 ORANGE BLVD SUITE 102 HOUSTON, FL 34609 952 904 5574</small>		IBERIABANK <small>84-7041/2652</small>	1008
PAY TO THE ORDER OF <u>Aqua Environmental, Inc.</u>		8/7/2016	DOLLARS
Two Hundred Twenty-Five and 00/100		\$ 225.00	
Aqua Environmental, Inc 18742 Crested Angus Lane Spring Hill, FL 34610		<i>Michael S. Smith</i> AUTHENTIC SIGNATURE	
MEMO	Operations & Bacteriological Sampling		



ORANGE LAND UTILITIES, LLC

100

Aqua Environmental, Inc.
Date Type Reference
6/24/2016 Bill 130290

Original Amt.
400.00

Balance Due
400.00

6/27/2016
Discount
Check Amount

Payment
400.00
400.00

Iberia Bank Operating Operations & Bacteriological Sampling & Annual

400.00

<u>VEHICLE DRIVER</u>	<u>YEAR/MAKE/MODEL</u>	<u>COST</u>	<u>VEHICLE ID NUMBER</u>	<u>Owned/Leased</u>
Jackie Love	2003/Ford/ Ranger truck	\$1,284.00	1FYTR14U63PB87218	Owned
Mike Smallridge	2017/HONDA/RIDGELINE/T	<i>\$29,657</i>	5FPYK2F46HB006148	Owned
All	1995/GMC/ 1 TON TRUCK Costs are allocated to other utilities by customer count	\$2,289.80	1GBHC34KOSE217243	Owned

Handwritten note on a yellow sticky note:
 2017-6
 4/2/21

Orange Land Utilities, LLC

Tuesday, January 2, 2018

Detail Report

#7-e
Info is on
Page 6-6

Residential

ReadSe	Customer/Act	Previous	Current	Usage	E	Base	Other	Other	Sewer	Lcl Tx	Cty Tx	St Tx	Late Fee	Period Total	Prev. Bal	New Balance
1	J3K INVESTMENT CORP 7335LR	324170	346970	22800 \$67.18		\$14.91	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$82.09	\$0.00	\$82.09
4	Jerry Overlock 8361LD	742120	746120	4000 \$8.60		\$14.91	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$23.51	\$0.00	\$23.51
5	Richard & Kimberly Getz 8351LD	68620	73150	4530 \$9.74		\$14.91	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$24.65	(\$31.37)	(\$6.72)
7	Justin Plish 8341-LD-3	35720	38880	3160 \$6.79		\$14.91	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$21.70	\$0.00	\$21.70
9	Jonathan White 8329LD	791517	795899	4382 \$9.42		\$14.91	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$24.33	\$0.00	\$24.33
11	Earl Eckles 8317LD	1054888	1057815	2927 \$6.29		\$14.91	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5.25	\$26.45	\$0.00	\$26.45
12	Susan Marsh 8309LD	42070	45370	3300 \$7.10		\$14.91	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$22.01	(\$6.36)	\$15.65
14	Robert & Lindsey Shields 8301 LD	53600	57110	3510 \$7.55		\$14.91	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$22.46	\$0.00	\$22.46
16	Karla Anderson 7352KD	594970	601130	6160 \$14.43		\$14.91	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$29.34	\$0.00	\$29.34
17	Ernest & Maria Noble 7424KD	44060	81560	37500 \$113.78		\$14.91	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5.25	\$133.94	\$25.38	\$159.32
18	Melanie Clocher 7423KD	68880	72610	3730 \$8.02		\$14.91	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$22.93	\$0.00	\$22.93
19	Mitchell Locke 7417KD	25160	26500	1340 \$2.88		\$14.91	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$17.79	\$0.00	\$17.79
20	Candy Jardell 7411KD	123960	130280	6320 \$14.93		\$14.91	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$29.84	(\$123.86)	(\$94.02)

ReadSeq	Customer/Act	Previous	Current	Usage	Base	Other	Other	Sewer	Lcl Tx	Cty Tx	St Tx	te Fee	Period Total	Prev. Bal	New Balance
21	Mathew Daley	949273	949273	0		\$0.00		\$0.00			\$0.00	\$0.00		(\$19.70)	
	7407KD			\$0.00	\$14.91		\$0.00		\$0.00		\$0.00		\$14.91		(\$4.79)
22	Nancy Kinnunen	40750	43120	2370		\$0.00		\$0.00			\$0.00	\$0.00		\$0.00	
	7403KD			\$5.10	\$14.91		\$0.00		\$0.00		\$0.00		\$20.01		\$20.01
23	Heidi Colston	63330	65440	2110		\$0.00		\$0.00			\$0.00	\$0.00		\$0.00	
	7353KD-2			\$4.54	\$14.91		\$0.00		\$0.00		\$0.00		\$19.45		\$19.45
24	Gail Beaudoin	29260	31610	2350		\$0.00		\$0.00			\$0.00	\$0.00		\$0.00	
	7347KD			\$5.05	\$14.91		\$0.00		\$0.00		\$0.00		\$19.96		\$19.96
25	Anita Pry	1547122	1548692	1570		\$0.00		\$0.00			\$0.00	\$0.00		\$0.00	
	7341KD			\$3.38	\$14.91		\$0.00		\$0.00		\$0.00		\$18.29		\$18.29
26	George Mercier	208310	209700	1390		\$0.00		\$0.00			\$0.00	\$0.00		\$0.00	
	7335KD			\$2.99	\$14.91		\$0.00		\$0.00		\$0.00		\$17.90		\$17.90
27	Robert Penkal	15000	15850	850		\$0.00		\$0.00			\$0.00	\$5.25		\$0.00	
	7327KD			\$1.83	\$14.91		\$0.00		\$0.00		\$0.00		\$21.99		\$21.99
28	Donna Womack	8920	9740	820		\$0.00		\$0.00			\$0.00	\$0.00		\$0.00	
	7319KD			\$1.76	\$14.91		\$0.00		\$0.00		\$0.00		\$16.67		\$16.67
30	Duane Pelletier	397940	401720	3780		\$0.00		\$0.00			\$0.00	\$0.00		(\$12.53)	
	7309KD			\$8.13	\$14.91		\$0.00		\$0.00		\$0.00		\$23.04		\$10.51
31	Larry J. Hampton	17790	20850	3060		\$0.00		\$0.00			\$0.00	\$0.00		\$0.00	
	7303KD			\$6.58	\$14.91		\$0.00		\$0.00		\$0.00		\$21.49		\$21.49
32	Rodney & Angie Berkey	164030	171410	7380		\$0.00		\$0.00			\$0.00	\$0.00		\$0.00	
	7251KD			\$18.29	\$14.91		\$0.00		\$0.00		\$0.00		\$33.20		\$33.20
33	Dustin Caksackkar	522290	524990	2700		\$0.00		\$0.00			\$0.00	\$5.25		(\$5.25)	
	7245-KD-1			\$5.81	\$14.91		\$0.00		\$0.00		\$0.00		\$25.97		\$20.72
34	James P. Powers, Jr.	92980	96130	3150		\$0.00		\$0.00			\$0.00	\$0.00		(\$0.94)	
	7239KD			\$6.77	\$14.91		\$0.00		\$0.00		\$0.00		\$21.68		\$20.74
35	Muriel Steves	310050	311620	1570		\$0.00		\$0.00			\$0.00	\$0.00		\$0.00	
	7233KD			\$3.38	\$14.91		\$0.00		\$0.00		\$0.00		\$18.29		\$18.29
36	David Lewis	63930	70320	6390		\$0.00		\$0.00			\$0.00	\$0.00		\$0.00	
	7232KD			\$15.16	\$14.91		\$0.00		\$0.00		\$0.00		\$30.07		\$30.07

ReadSeq	Customer/Act	Previous	Current	Usage	Base	Other	Other	Sewer	Lcl Tx	Cty Tx	St Tx	te Fee	Period Total	Prev. Bal	New Balance
37	Robert & Robin Bell 7238KD	208510	211890	3380 \$7.27	\$14.91	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$22.18	\$0.00	\$22.18
38	Heather Storey 7244KD	57170	67090	9920 \$26.35	\$14.91	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$41.26	(\$0.89)	\$40.37
39	Robert Milligan 7250KD	1002410	1006770	4360 \$9.37	\$14.91	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$24.28	\$0.00	\$24.28
40	Gerard Doran 7302	209910	223400	13490 \$37.66	\$14.91	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5.25	\$57.82	\$0.00	\$57.82
41	Ryan Ofalt 7308KD	113440	119900	6460 \$15.38	\$14.91	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$30.29	\$0.00	\$30.29
42	Sheila Goddu 7314KD	161390	162320	930 \$2.00	\$14.91	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$16.91	(\$3.26)	\$13.65
43	Joseph Nicholas Mavica 8248LD	7910	8420	510 \$1.10	\$14.91	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5.25	\$21.26	(\$5.25)	\$16.01
44	Phillip Aleci 8302LD	668950	670570	1620 \$3.48	\$14.91	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$18.39	\$0.00	\$18.39
45	Bill Thayer 8310LD	60870	65580	4710 \$10.13	\$14.91	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$25.04	\$0.00	\$25.04
47	Karl & Kathy Siegfried 8324LD	513840	516300	2460 \$5.29	\$14.91	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$20.20	\$0.00	\$20.20
49	Mary Lubrano 7331 CD	514734	516302	1568 \$3.37	\$14.91	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$18.28	\$0.00	\$18.28
50	James O'Reeves 7325CD	750420	755060	4640 \$9.98	\$14.91	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$24.89	\$0.00	\$24.89
52	Williard Reynolds 7315CD	515590	520040	4450 \$9.57	\$14.91	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$24.48	(\$76.00)	(\$51.52)
53	Michael Steinhoff 7305CD	666090	670140	4050 \$8.71	\$14.91	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$23.62	(\$74.12)	(\$50.50)
54	William Jerabrek 7251CD	58660	62770	4110 \$8.84	\$14.91	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$23.75	(\$0.80)	\$22.95

ReadSeq	Customer/Act	Previous	Current	Usage	Base	Other	Other	Sewer	Lcl Tx	Cty Tx	St Tx	te Fee	Period Total	Prev. Bal	New Balance
55	Mindy Morris 7245CD	35780	36530	750 \$1.61	\$14.91	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$16.52	\$0.00	\$16.52
57	Patricia Morris 7231CD	802701	802701	0 \$0.00	\$14.91	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$14.91	\$0.00	\$14.91
58	Mrs. BJ Adams 7227 CD	537716	540519	2803 \$6.03	\$14.91	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$20.94	\$0.00	\$20.94
59	Michael Tyler 7232CD	22390	24260	1870 \$4.02	\$14.91	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$18.93	\$0.00	\$18.93
60	Patricia J Northey 8410AC	63720	65830	2110 \$4.54	\$14.91	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$19.45	(\$0.29)	\$19.16
62	Amy Esco & Vicent Board 8422AC	242480	244090	1610 \$3.46	\$14.91	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$18.37	(\$8.26)	\$10.11
63	James Michel Woodyard 8428AC	64410	68160	3750 \$8.06	\$14.91	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$22.97	\$0.00	\$22.97
64	Mandy Morris 8429AC	242450	244700	2250 E \$4.84	\$14.91	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5.25	\$0.00	\$25.00	\$0.00	\$25.00
65	Kathleen Smith 8428BC	407730	409350	1620 E \$3.48	\$14.91	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$18.39	\$0.00	\$18.39
66	H.P. Hayes 8423AC	157770	159400	1630 \$3.50	\$14.91	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$18.41	(\$128.27)	(\$109.86)
67	Mary Ann French 8422BC	263810	264750	940 \$2.02	\$14.91	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$16.93	\$0.00	\$16.93
68	Chyrl Butler 8417AC	878510	882020	3510 \$7.55	\$14.91	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$22.46	\$0.00	\$22.46
69	Miranda Mitchell 8412BC-1	164410	166860	2450 \$5.27	\$14.91	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$20.18	\$0.00	\$20.18
70	Truman Michell 8411AC	86620	91950	5330 \$11.80	\$14.91	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$26.71	(\$1.93)	\$24.78
71	Joseph Cliffe 7250CD	712920	717340	4420 \$9.50	\$14.91	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$24.41	\$0.00	\$24.41

ReadSeq	Customer/Act	Previous	Current	Usage	Base	Other	Other	Sewer	Lcl Tx	Cty Tx	St Tx	Late Fee	Period Total	Prev. Bal	New Balance
72	Donald King 7304CD	752750	756502	3752 \$8.07	\$14.91	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$22.98	\$0.00	\$22.98
74	Donald Peyton 7317LR	476740	477150	410 \$0.88	\$14.91	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$15.79	\$0.00	\$15.79
75	Donald & Rosalie Justice 7248 GD	253600	253600	0 \$0.00	\$14.91	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$14.91	\$0.00	\$14.91
76	Louis & Victoria Deter- Montero 8423BC	24350	26530	2180 \$4.69	\$14.91	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$19.60	\$0.00	\$19.60
77	James Wioland 8428	12170	12940	770 \$1.66	\$14.91	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5.25	\$21.82	(\$44.52)	(\$22.70)
79	Linda Mitchell 8417BC	35810	38330	2520 \$5.42	\$14.91	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5.25	\$25.58	(\$5.25)	\$20.33
80	Elida Gonzalez 8416LD-1	912350	916990	4640 \$9.98	\$14.91	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$24.89	\$0.00	\$24.89
81	Wade Penrod 8408LD	1452970	1457010	4040 \$8.69	\$14.91	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$23.60	\$0.00	\$23.60
82	Ronald Torre 8411BC	1013380	1016130	2750 \$5.91	\$14.91	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5.25	\$26.07	(\$5.25)	\$20.82
84	William & Brenda Turner 8402LD	54460	57220	2760 \$5.93	\$14.91	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$20.84	\$0.00	\$20.84
85	Ryan & Nicole McCarthy 8350LD	488630	493000	4370 \$9.40	\$14.91	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$24.31	\$0.00	\$24.31
Totals for: Residential				273042		\$0.00		\$0.00		\$0.00		\$52.50		(\$528.72)	
# Customers Billed 69				\$660.29	\$1,028.79			\$0.00		\$0.00			\$1,741.58		\$1,212.86

General *5/8 x 3/4" meter.*

ReadSe	Customer/Act	Previous	Current	Usage	E	Base	Other	Other	Sewer	Lcl Tx	Cty Tx	St Tx	Late Fee	Period Total	Prev. Bal	New Balance
73	Total Title Solutions 7311LR	152291	152840	549 \$1.18		\$14.91	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$16.09	\$0.00	\$16.09
Totals for: General				549		\$14.91	\$0.00		\$0.00		\$0.00		\$0.00		\$0.00	
# Customers Billed 1				\$1.18		\$14.91			\$0.00		\$0.00			\$16.09		\$16.09

ReadSeq	Customer/Act	Previous	Current	Usage	E	Base	Other	Other	Sewer	Lcl Tx	Cty Tx	St Tx	Late Fee	Period Total	Prev. Bal	New Balance
8	Jehovahs Witness Kingdom Hall 8335LD	46570	49310	2740		\$5.89	\$37.28	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$43.17	\$0.00	\$43.17
Totals for: 1" GS				2740		\$5.89	\$37.28	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$43.17	\$0.00	\$43.17
# Customers Billed 1																

Unused

ReadSe	Customer/Act	Previous	Current	Usage	E	Base	Other	Other	Sewer	Lcl Tx	Cty Tx	St Tx	Late Fee	Period Total	Prev. Bal	New Balance
48	VACANT LOT XXXXXX	133200	133200	0		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
83	Vacant 7318CD	427760	427760	0		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Totals for: Unused				0		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
# Customers Billed 2																

Unused

ReadSe	Customer/Act	Previous	Current	Usage	E	Base	Other	Other	Sewer	Lcl Tx	Cty Tx	St Tx	Late Fee	Period Total	Prev. Bal	New Balance
78	Vacant 8422LD-1	367200	367390	190		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Totals for: Unused				190		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
# Customers Billed 1																

Grand Totals

				276521		\$667.36	\$1,080.98	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$52.50	\$1,800.84	(\$528.72)	\$1,272.12
# of Customers Billed				74			71	0	0	0			10			



Florida Department of Environmental Protection

Rick Scott
Governor

Carlos Lopez-Cantera
Lt. Governor

Ryan E. Matthews
Interim Secretary

Southwest District Office
13051 North Telecom Parkway
Temple Terrace, Florida 33637-0926

March 28, 2017

Mr. Michael Smallridge
Orangeland Utilities, LLC
3336 Grand Boulevard, Suite 102
Holiday, FL 34690
mike@fus111c.com

Re: 2017 Chemical Monitoring for Community Systems
Orangeland Subdivision
PWS-ID No. 651-1307
Pasco County

Dear Mr. Smallridge:

This letter is to advise you of chemical monitoring due in 2017 for the above-referenced drinking water system. This excludes any other chemical monitoring as a result of previous Department directive. The following page is a list of contaminant analyses with corresponding due dates.

It is important for you to provide this information to your operator and/or sampler:

- It is strongly recommended that testing be conducted early in the monitoring period to allow time for retests due to possible sampling or lab errors. Annual and triennial sampling should be completed by 9/30/2017 to provide time for revisions, re-tests, and/or corrections.
- Test results must be submitted to DEP within the first ten days following the end of the required monitoring period, or the first ten days following the month in which the sample results were received, whichever time is the shortest. Failure to comply may result in enforcement action.

If you have any questions, please contact me at, (813) 470-5964, or at: kira.soroka@dep.state.fl.us.

Sincerely,

A handwritten signature in black ink, appearing to be "K. Soroka", written over a horizontal line.

Compliance Assurance Program
Southwest District
Florida Department of Environmental Protection

Cc: Eric Karl, Operator, erickarl63@yahoo.com

A handwritten number "8" with a hash symbol "#", written in black ink on a yellow background.

PWS Name: Orangeland Subdivision

PWS ID #: 651-1307

MONITORING & REPORTS		DUE	COMMENTS
Raw Water Microbiological ("Bacteriological")		Monthly	1 Raw Water Sample per well.
Distribution Microbiological ("Bacteriological")		Monthly	1 Distribution Samples per month. Disinfectant residuals must be reported.
Nitrate and Nitrite		2017	Sample at each POE every year. *
Primary Inorganics		2018	Sample at each POE every three years.
Secondaries		2018	Sample at each POE every three years.
Radiologicals	Gross Alpha	2018	Sample at each POE every three, six or nine years.
	Uranium	2021	Sample at each POE every three, six or nine years.
	Radium-226	2018	Sample at each POE every three, six or nine years.
	Radium-228	2018	Sample at each POE every three, six or nine years.
Volatile Organic Contaminants (VOCs)		2018	Sample at each POE every three years.
Synthetic Organic Contaminants (SOCs)		2018	Sample at each POE every three years, or submit SOC reduced monitoring waiver, if applicable. Use Form 62-560.545(2), F.A.C.
Stage II Disinfection Byproducts (DBPs) <i>Total Trihalomethanes & Haloacetic Acids (5)</i>		July-Sept 2018	Sample according to approved Stage 2 D/DBPR Monitoring Plan.
Asbestos		2021	Certification or results due every nine years. Use Form 62-555.900(10), F.A.C.
Lead & Copper		June-Sept 2018	Sample from sites approved on the Lead and Copper Sampling Plan every three years.
Consumer Confidence Report (CCR) & CCR Certification of Delivery		July 1, 2017	CCR must be delivered by July 1, 2017. The CCR Certification of Delivery must be submitted to the Department by August 10, 2017. Use Form 62-555.900(alternate 19), F.A.C.

*POE = Point of entry to the distribution system. Sample at each POE that is representative of each source after treatment.

If your system has a storage tank, excluding a bladder or diaphragm type hydropneumatic tank without a manhole, this tank must be checked annually to ensure that hatchways are closed and screens are in place; shall be cleaned on the inside at least once every five years; and shall be inspected for structural and coating integrity at least once every five years by personnel under the responsible charge of a professional engineer registered in the state of Florida. If the tank is due for a cleaning and inspection this year, please complete the work and forward the report to your inspector within 30 days of completion of the cleaning and inspection.

This is a good faith assessment of monitoring requirements for the above-referenced public water system for calendar year 2017 and may not include additional sampling required during the year due to special circumstances. If you have questions or disagree with the assessment, please contact the appropriate personnel at (813) 470-5700. Monitoring schedules are subject to change, at any time, based on results of analyses or other factors. This chart shall not relieve any person from any requirement of Florida law.

Drinking water forms can be found at the following link: <http://www.dep.state.fl.us/water/drinkingwater/forms.htm>.



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

See page 6 for instructions.

I. General Information			
Public Water System (PWS) Name: <u>ORANGELAND UTILITIES, LLC</u>			
PWS Identification Number: <u>651-1307</u>		PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community	
PWS Size: <input checked="" type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large		Total Population Served: <u>120</u>	
Population Interval:* <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input checked="" type="checkbox"/> F <input type="checkbox"/> G			
PWS Owner: <u>FLORIDA UTILITY SERVICES, LLC</u>			
Contact Person: <u>MICHAEL SMALLRIDGE</u>		Contact Person's Title: <u>OWNER</u>	
Contact Person's Mailing Address: <u>3336 GRAND BLVD STE 102</u>			
City: <u>HOLIDAY</u>		State: <u>FL</u>	Zip Code: <u>341690</u>
Contact Person's Telephone Number: <u>352-302-7406</u>		Contact Person's Fax Number: <u>727-940-2907</u>	
Contact Person's E-Mail Address: <u>MIKE@FSUILLC.COM</u>			

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

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

II. Records Review

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

A. Identification of Interior Plumbing Material Types

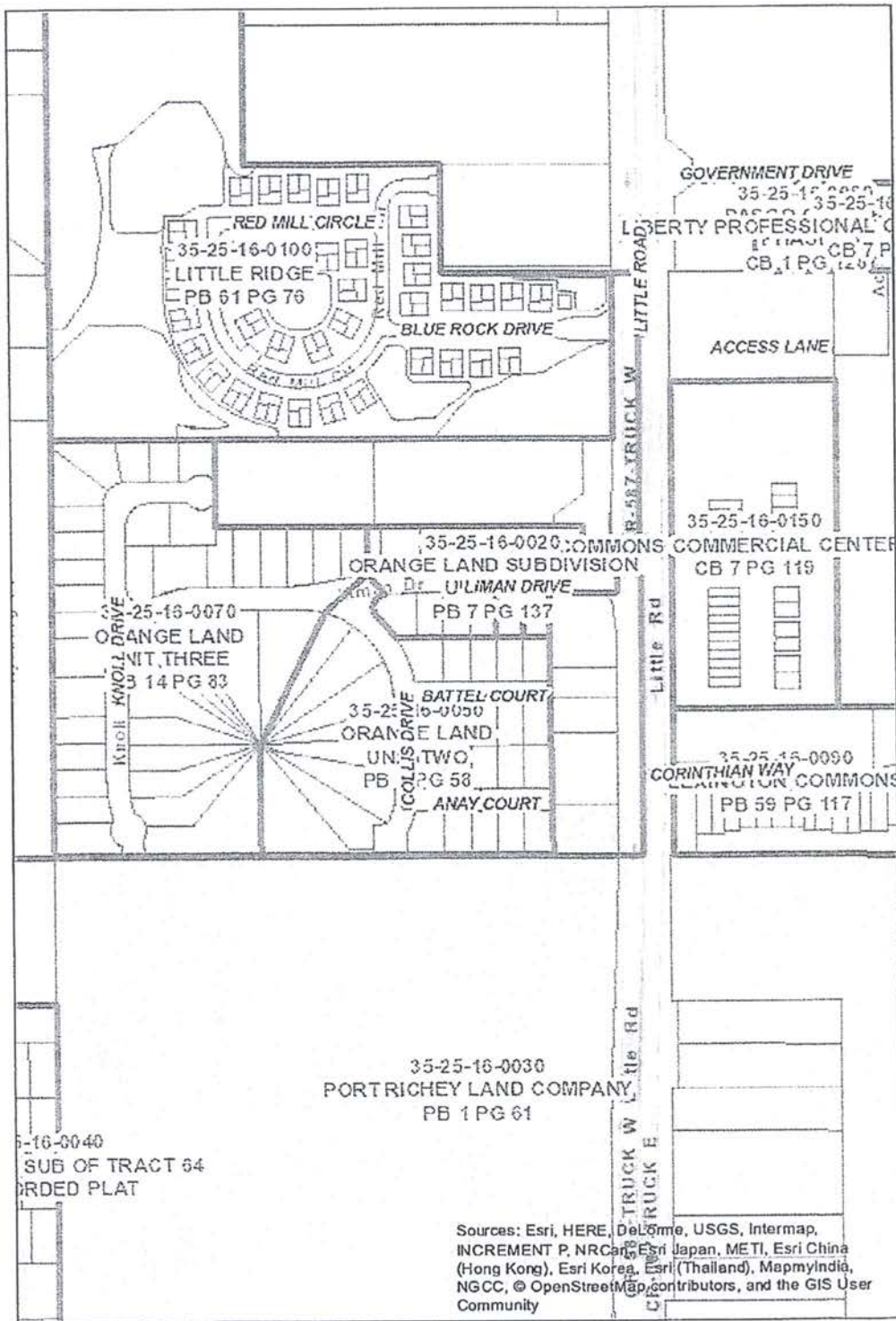
Identify single-family and multiple-family residences and buildings that have interior plumbing containing lead pipe, copper pipe with lead solder installed after December 31, 1982, or copper pipe with lead solder installed before January 1, 1983; and identify structures with brass faucets and those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

Required sources of review (check after review):

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

Optional sources of review (check those utilized):

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



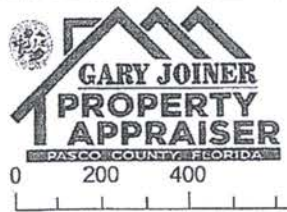
Legend

- Street (Labels)
- Parcel (Lines)
- Subdivision (Boundaries and Labels)
- Parcels (Clickable Info)
- Blocks (Boundaries and Labels)

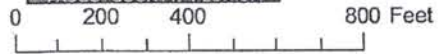
Adjacent Counties

- ALACHUA
- BAKER
- BAY
- BRADFORD
- BREVARD
- BROWARD
- CALHOUN
- CHARLOTTE
- CITRUS
- CLAY
- COLLIER
- COLUMBIA
- DADE
- DESOTO
- DIXIE
- DUVAL
- ESCAMBIA
- FLAGLER
- FRANKLIN
- GADSDEN
- GILCHRIST
- GLADES
- GULF
- HAMILTON
- HARDEE
- HENDRY
- HERNANDO
- HIGHLANDS

Sources: Esri, HERE, DeLorme, USGS, Intermap, INCREMENT P, NRCan, Esri Japan, METI, Esri China (Hong Kong), Esri Korea, Esri (Thailand), MapmyIndia, NGCC, © OpenStreetMap contributors, and the GIS User Community



April 25, 2017



Pasco County

Orangeland Utilities, LLC

Address	Name	Phone Number
8301 Liman Dr.	Robert & Lindsay Shields	727-645-5971
8405 Liman Dr.	Jerry Overlook	727-364-3374
8351 Liman Dr.	Richard & Kimberly Getz	727-505-6206
7314 Knoll Dr.	Sheila Goddu	727-534-7693
7250 Knoll Dr.	Robert Milligan	727-348-0314
7239 Knoll Dr.	James Powers	727-846-9605
8428 Battel Ct.	Kathy Smith	727-815-5736
8423 Battel Ct.	Victoria Deter	727-842-9657
8422 Battel Ct.	Marianne French	727-846-8478
7305 Collis Dr.	Michael Steinhoff	727-484-2607

Bacteriological Sampling Plan

(Community Water System serving 1,000 or less persons)

Orangeland Water Supply (PWS ID# 6511307)

Liman Drive New Port Richey, FL 34654

Purpose: To help the Water System identify specific bacteriological sample locations representative of water quality throughout distribution, and to comply with Florida Administrative Code (FAC) Rule 62-550.

Sampling Plan Overview:

The Orangeland Water System is currently required to collect monthly one raw water sample from each active well and one sample from the distribution system for coliform analysis.

Distribution sample sites are shown on the following page and are also plotted on the system map on page 4. In case of positive bacteriological sample result, required upstream and downstream (repeat, or check) sample sites are also shown. (Fill-in these portions of the Template to complete your Plan.)

Rules Regarding Bacteriological Sampling:

Routine – F.A.C. Rule 62-550 requires community water systems to sample monthly for coliform bacteria, with the number of samples collected being determined by the population served. The Water System has a population of 1,000 or less, meaning a minimum of one (1) distribution sample and one (1) raw water sample that is representative of each ground water source, as shown in FAC Rule 62-550.518. Please note that “plant” taps (“treated” or “finished” water taps) and pressure tanks are not acceptable sample sites for bacteriological monitoring (FAC Rule 62-550.518(1)).

Procedures for total coliform positive (TC+) or E. coli positive (EC+) results:

Distribution samples: For any total coliform (“TC”) routine distribution sample, repeat, (or “check”) samples must be taken within 24 hours of notification of the result, unless a delay is otherwise approved by FDOH. The repeat sampling consists of three (3) samples; one from the original location of the positive sample, one within five taps upstream of the original site, and one taken within five taps down. If the original TC+ sample is at the end of the distribution system or at the end of the line, a total of three (3) repeat samples must still be collected; one from the original site and two just upstream or downstream of the original site, whichever applies in each situation. The system must collect no fewer than three (3) repeat samples for each TC+ sample result, all on the same day. All TC+ samples must also be analyzed for E coli (EC). Call FDOH at the phone number(s) below to discuss repeat sampling requirements.

Positive raw (well) samples: Any EC+ raw well sample will require immediate Tier 1 boil water notice (BWN) unless: 1) the well can be shut off immediately, and 2) distribution samples taken the same day are total coliform negative (TC-). After learning of an EC+ well sample result, the system must take five (5) raw samples from the affected well. Then, upon receipt of TC- results on these raw samples, the BWN may be lifted and the well may be returned to service. (If the well is removed from service immediately and all distribution samples are absent for total coliform a Tier 1 Public Notice is still required for an EC+ raw sample result, but the Notice does not necessarily require the PBWN language., the Tier 1 notice can state such, but it still must be issued.) For well sharing two or more TC+ (but EC-) samples in two consecutive months, Hillsborough County may require systems to disinfect the well and, after adequate flushing, perform a follow-up ten-sample bacteriological survey, per F.A.C. Rules 62-550.315(6)(a) and (c).

For systems sampling monthly, no additional routine samples will be required for the month following a TC+ sample. Just continue on your normal sampling plan.

Level 1 Assessments (PWS owner or operator performs basic examination of source water, treatment, distribution system, and relevant operational practices); Required if 2 or more TC+ routine/repeat samples are received in same month, or PWS fails to take all required repeats after any TC+ routine/repeat sample.

Level 2 Assessments (Completed by FDEP-approved party – Licensed operator, Florida P.E., or FRWA); Required for either E coli MCL violations, a 2nd Level 1 assessment triggered within any rolling 12 month period, or, for annual sampling systems, a Level 1 assessment triggered in two consecutive years.

E. coli (EC) positive results – Report any EC+ results to FDEP as soon as possible, but no later than the end of the business day that you learn of the result. Contact the DOH-Hillsborough County at the number(s) below to discuss repeat sampling requirements and possible Public Notice / Boil Water Notice requirements. Collect three (3) repeat samples within 24 hours unless a Level 2 Assessment has been triggered.

DOH-Hillsborough County, 813-307-8015 Kathy Norman, ext. 5938 or Therese LaDouceur ext. 5934, Katherine.Norman@FLHealth.gov or Therese.LaDouceur@FLHealth.gov

(Alternate phone: 813-307-8059 or after hours 813-3047-8000)

Laboratory for sample analysis: Pasco County Utilities Environmental Laboratory – (727)847-8902

SAMPLING SITES AND SCHEDULE

(Site numbers shown on System Map on Page 4)

Choose a number of sample sites from your existing plan and a frequency of rotation which assures that the entire distribution system will be represented in your sampling during the course of the year. (Delete months from, or add sites to, this form, if necessary.)

1 Month January Rotation Monthly

1. Site # (Primary / Routine) 8212 Liman Drive
Site # (Repeat Up) 7424 Knoll Road
Site # (Repeat Down) 8301 Liman Drive
2. Raw Samples (well)

2 Month February Rotation Monthly

- 1 Site # (Primary / Routine) 7251 Knoll Road
Site # (Repeat Up) 7232 Knoll Road
Site # (Repeat Down) 7245 Knoll Road
- 2 Raw Samples (well)

3 Month March Rotation Monthly

- 1 Site # (Primary / Routine) 8324 Liman Drive
Site # (Repeat Up) 7318 Liman Drive
Site # (Repeat Down) 8408 Liman Drive
- 2 Raw Samples (well)

4 Month April Rotation Monthly

- 1 Site # (Primary / Routine) 7424 Knoll Road
Site # (Repeat Up) 7423 Knoll Road
Site # (Repeat Down) 7342 Knoll Road
- 2 Raw Samples (well)

5 Month May Rotation Monthly

- 1 Site # (Primary / Routine) 8212 Liman Drive
Site # (Repeat Up) 7424 Knoll Road
Site # (Repeat Down) 8301 Liman Drive
- 2 Raw Samples (well)

6 Month June Rotation Monthly

- 1 Site # (Primary / Routine) 7251 Knoll Road
Site # (Repeat Up) 7232 Knoll Road
Site # (Repeat Down) 7245 Knoll Road
- 2 Raw Samples (well)

7 Month July Rotation Monthly

- 1 Site # (Primary / Routine) 8324 Liman Drive
Site # (Repeat Up) 7318 Liman Drive
Site # (Repeat Down) 8408 Liman Drive
- 2 Raw Samples (well)

8 Month August Rotation Monthly

- 1 Site # (Primary / Routine) 7242 Knoll Road
Site # (Repeat Up) 7423 Knoll Road
Site # (Repeat Down) 7342 Knoll Road
- 2 Raw Samples (well)

9 Month September Rotation Monthly

- 1 Site # (Primary / Routine) 8212 Liman Drive
Site # (Repeat Up) 7424 Knoll Road
Site # (Repeat Down) 8301 Liman Drive
- 2 Raw Samples (well)

10 Month October Rotation Monthly

- 1 Site # (Primary / Routine) 7251 Knoll Road
Site # (Repeat Up) 7232 Knoll Road
Site # (Repeat Down) 7245 Knoll Road
- 2 Raw Samples (well)

11 Month November Rotation Monthly

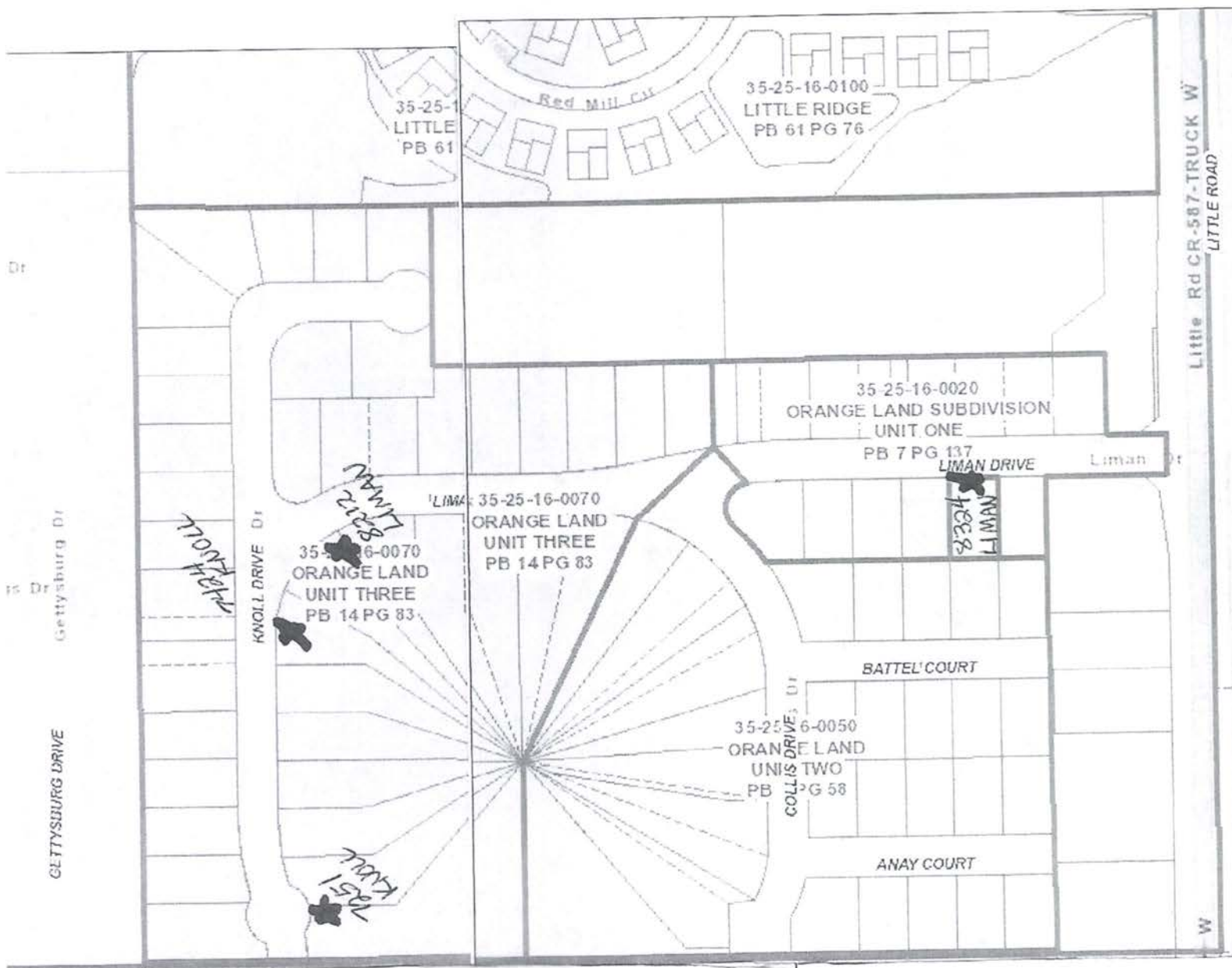
- 1 Site # (Primary / Routine) 8324 Liman Drive
Site # (Repeat Up) 7318 Liman Drive
Site # (Repeat Down) 8408 Liman Drive
- 2 Raw Samples (well)

12 Month December Rotation Monthly

- 1 Site # (Primary / Routine) 7424 Knoll Road
Site # (Repeat Up) 7423 Knoll Road
Site # (Repeat Down) 7342 Knoll Road
- 2 Raw Samples (well)

System map (with Sample Sites)

(Please create a simple map specific to your system. Include locations of four different primary sample sites (one each quarter), repeat sites (one upstream and two downstream for each primary site), and any additional sites (for additional sampling the month after any TC+ distribution result.)



DRINKING WATER MICROBIAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

PASCO COUNTY ENVIRONMENTAL LABORATORY

8864 Government Drive
New Port Richey, FL 34654
(727) 847-8902

NELAC Certification # E44123
This document meets NELAC standards

Contacts: Gloria Krueger, Christopher Childress

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

JUN 08 2017

SOUTHWEST DISTRICT
TEMPLE TERRACE

For Lab Use Only

Lab Receipt Date & Time: 5/31/17 12:50

Analysis Date & Time: 05/31/17 1400

Sample Acceptance Criteria:

Sample Preservation On Ice Not on Ice 4.8 °C

Disinfectant Check Not Detected _____ mg/L

This sample does not meet the following NELAC requirements.

Report Number: _____ Sub-Contract Lab ID: _____

Analysis Requested: (check all that apply)

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

Public Water System (PWS) Name: ORANGE AND

PWS I.D. 6511307

PWS Address: 3336 GRAND BLVD STE 102

City/Zip Code: NPR

PWS or PWS Owner's Phone #: 727-937-6275

Fax #: _____

Collector: ERIC KARL

Collector's Phone #: 352-848-5415

Type of Supply: (check only one)

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

Reason for Sampling: (check all that apply)

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

Sample Collection Date: 5-31-17

To be completed by collector of sample						To be completed by lab			
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type	Disinfectant Res'd (mg/L)	pH	Analysis Method(s)		Total Coliform Analysis Method:	SM9223B
						Total * Coliform	E. Coli *	Data Qualifier	Lab Sample #
11	WELL 1	1105	R	—		A	A		1901
12	WELL 2	1110	R	—		A	A		1902
13	7403 KNOLL	1120	D	1.2		A	A		1903

Average of disinfectant residuals for distribution routine and repeat samples. Free chlorine or Total chlorine (circle one) 1.2

Disinfectant Residual Analysis Method:
 DPD Colorimetric Other: _____

Person performing disinfectant analysis is (please see instructions on reverse):
 A certified operator (# 67237)
 Supervised by certified operator (# _____)
 Employed by a certified lab Employed by DEP or DOH
 Authorized representative of supplier of water

Name and mailing Address of Person to Receive Report
AQUA ENVIRONMENTAL

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

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

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

Date Report Issued: 06-01-2017

Lab Signature: Kathy Shepard

Title: Chemist I

DEP/DOH/LAB USE ONLY

Satisfactory
 Incomplete Collection Information
 Repeat Samples Required
 Unsatisfactory

K. Soroka
Digitally signed by K. Soroka
Date: 2017.06.12 13:11:23 -04'00'

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

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

System Name: ORANGELAND WATER SUPPLY PWS I.D. #:

6	5	2	1	3	0	7
---	---	---	---	---	---	---

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

Address: 2109 Overview Dr.

City: New Port Richey ZIP Code: 34655

Phone # (727)-372-8330 Fax #: _____ E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: _____ Sample Date: 12/18/2012 Sample Time: 1325 AM PM (Circle One)

Sample Location (be specific): 7231 Collis Location Code: _____

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

Sample Type (Check Only One)

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

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

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

Sampling Procedure Used or Other Comments: _____

*See 62-550.500(s) for requirements and restrictions. And 62-550.512(3) for nitrate or nitrite exceedances. **See 62-550.550(4) for requirements and attach a results page for each site.

SAMPLER CERTIFICATION

I, Scott Findlay (Print Name), Operator (Print Title), do HEREBY CERTIFY

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

Signature: Scott Findlay Date: 1-9-13

Certified Operator # B4804 Phone #: 727)903-8306 Sampler's Fax #: _____

Sampler's E-mail: _____

FGUA / WWTP

727 372-8333

p. 1

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 (813) 855-1844 FAX (813) 855-2218



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

Pasco County Environmental Laboratory
Orangeland Water Supply

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

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: _____ Certification Expiration Date: _____

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar, FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? Yes No If yes, please provide DOH certification number(s): E86795

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received: 12/18/2012

PWS ID (From Page 1): _____ Sample Number (From Page 1): 1214522-01 Lab Assigned Report # or Job ID: 1214522-01

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

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

LAB CERTIFICATION

I, Francis I. Daniels, Laboratory Director, do HEREBY CERTIFY
(Print Name) (Print Title)

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

Signature: *Francis I. Daniels* Date: 01/03/2013

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

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

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

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

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

Reporting Format 62-550-730
Effective January 1995; Revised February 2010

FGUA / WWTP

727 372-8333

P.2

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218



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

INORGANIC CONTAMINANTS
62-550.310(1)

Report Number / Job ID: 1214522-01

PWS ID (From Page 1):

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1094	Asbestos	7	MFL	0.18	U	EPA 100.2	0.18	12/28/12	13:20	E86795

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.

ENTERED

JAN 15 2013

DIANE MUSSANO

FGUA / WWTP

727-372-8333

p. 3

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-856-1844 FAX 813-856-2210



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

Pasco County Environmental Laboratory
Orangeland Water Supply

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

System Name: Orangeland Water Supply PWS I.D. #:

6	5	2	1	3	0	7
---	---	---	---	---	---	---

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

Address: 2109 Overview Drive

City: New Port Richey Zip Code: 34652

Phone: (727) 372-8330 Fax: _____ E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1213709-01 Sample Date: 11/27/12 Sample Time: 11:30 am AM PM (Circle One)

Sample Location (be specific): Point Of Entry Location Code: _____

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.3 mg/L Field pH: 7.4

Sample Type (Check Only One)

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

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

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

Sampling Procedure Used or Other Comments: _____

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and attach a results page for each site.

SAMPLER CERTIFICATION

I, Scott Findlay Operator do HEREBY CERTIFY
(Print Name) (Print Title)

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

Signature: Scott Findlay Date: 1-9-13

Certified Operator #: B4804 Phone #: (727) 403-8306 Sampler's Fax #: _____

Sampler's E-Mail: phenti32@msn.com

Reporting Format 62-550-730
Effective January 1995, Revised February 2010

FGUA / WWTP

727 372-8333

p. 1

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1814 FAX 813-855-2218



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

Pasco County Environmental Laboratory
Orangeland Water Supply

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

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2013

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar, FL 34677 Phone: (813) 855-1844

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

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received: 11/28/2012

PWS ID (From Page 1): 6521307 Sample Number (From Page 1): 1213709-01 Lab Assigned Report # or Job ID: 1213709-01

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

Inorganics

- All Except for Asbestos
- Partial
- Nitrate
- Nitrite
- Asbestos

Synthetic Organics

- All 30
- All Except Dioxin
- Partial
- Dioxin Only

Volatile Organics

- All 21
- Partial

Disinfection Byproducts

- Trihalomethanes
- Haloacetic Acids
- Chlorite
- Bromate

Radionuclides

- Single Sample
- Qtrly Composite

Secondaries

- All 14
- Partial

LAB CERTIFICATION

I, Francis I. Daniels, Laboratory Director, do HEREBY CERTIFY
(Print Name) (Print Title)

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

Signature: *Francis I. Daniels* Date: 12/27/2012

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

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

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

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

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: *[Signature]*

Reporting Format 62-550-730
Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218



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

INORGANIC CONTAMINANTS
62-550.310(1)

Report Number / Job ID: 1213709-01
PWS ID (From Page 1): 6521307

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1040	Nitrate (as N)	10	mg/L	2.1		EPA 300.0	0.01	11/30/12	1:32	E84129
1041	Nitrite (as N)	1	mg/L	0.01	U	EPA 300.0	0.01	11/30/12	1:32	E84129
1005	Arsenic	0.010	mg/L	0.0020	I	EPA 200.8	0.00093	11/29/12	12:37	E84129
1010	Barium	2	mg/L	0.020		EPA 200.8	0.00018	11/29/12	12:37	E84129
1015	Cadmium	0.005	mg/L	0.00030	I	EPA 200.8	0.00027	11/29/12	12:37	E84129
1020	Chromium	0.1	mg/L	0.0065		EPA 200.8	0.00035	11/29/12	14:43	E84129
1024	Cyanide	0.2	mg/L	0.0024	U	SM 4500CN-E	0.0024	12/4/12	10:15	E84129
1025	Fluoride	4.0	mg/L	0.053		EPA 300.0	0.010	11/30/12	1:32	E84129
1030	Lead	0.015	mg/L	0.0031		EPA 200.8	0.00025	11/29/12	12:37	E84129
1035	Mercury	0.002	mg/L	0.00010	U	EPA 245.1	0.00010	12/3/12	14:02	E84129
1036	Nickel	0.1	mg/L	0.0035	I	EPA 200.8	0.00046	11/29/12	12:37	E84129
1045	Selenium	0.05	mg/L	0.0032	I	EPA 200.8	0.00093	11/30/12	10:43	E84129
1052	Sodium	160	mg/L	17		EPA 200.7	0.13	12/6/12	13:04	E84129
1074	Antimony	0.006	mg/L	0.000071	U	EPA 200.8	0.000071	11/30/12	10:43	E84129
1075	Beryllium	0.004	mg/L	0.000096	U	EPA 200.7	0.000096	12/6/12	13:04	E84129
1085	Thallium	0.002	mg/L	0.00028	I	EPA 200.8	0.00024	11/29/12	12:37	E84129

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.

I=The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

ENTERED

JAN 15 2013

DIANE MUSSANO

SOUTHERN ANALYTICAL LABORATORIES, INC.

1107 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218



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

SECONDARY CONTAMINANTS
62-550.320

Report Number / Job ID: 1213/09-01
PWS ID (From Page 1): 6521307

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1002	Aluminum	0.2	mg/L	0.074	I	EPA 200.7	0.050	12/6/12	13:04	E84129
1017	Chloride	250	mg/L	22		EPA 300.0	0.050	11/30/12	1:32	E84129
1022	Copper	1	mg/L	0.0089		EPA 200.8	0.00013	11/29/12	12:37	E84129
1025	Fluoride	2.0	mg/L	0.053		EPA 300.0	0.010	11/30/12	1:32	E84129
1028	Iron	0.3	mg/L	0.054	I	EPA 200.7	0.020	12/6/12	13:04	E84129
1032	Manganese	0.05	mg/L	0.027		EPA 200.7	0.0010	12/6/12	13:04	E84129
1050	Silver	0.1	mg/L	0.00010	I	EPA 200.8	0.000069	11/29/12	12:37	E84129
1055	Sulfate	250	mg/L	18		EPA 300.0	0.20	11/30/12	1:32	E84129
1095	Zinc	5	mg/L	0.12		EPA 200.8	0.0088	11/29/12	15:30	E84129
1925	pH (field pH from page 1)	6.5-8.5		7.4						
1930	Total Dissolved Solids	500	mg/L	250		SM 2540C	10	12/3/12	15:29	E84129
2905	Foaming Agents	0.5	mg/L	0.048	U	SM 5540C	0.048	11/29/12	12:30	E84129

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.

I=The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

ENTERED

12/15/2012

DIANE MUSSANO

FGUA / WWTP

727-372-8333

p. 4

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 B10-055-1844 FAX 813-855-2218



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

VOLATILE ORGANICS
62-550.310(4)(a)

Report Number / Job ID: 1213709-01
PWS ID (From Page 1): 6521307

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Analysis Date	Analysis Time	DOH Lab Certification #
2378	1,2,4-Trichlorobenzene	70	ug/L	0.3	U	EPA 524.2	0.3	0.5	11/29/12	13:29	E84129
2380	cis-1,2-Dichloroethylene	70	ug/L	0.09	U	EPA 524.2	0.09	0.5	11/29/12	13:29	E84129
2955	Xylenes (total)	10,000	ug/L	0.1	U	EPA 524.2	0.1	0.5	11/29/12	13:29	E84129
2964	Dichloromethane	5	ug/L	0.2	U	EPA 524.2	0.2	0.5	11/29/12	13:29	E84129
2968	o-Dichlorobenzene	600	ug/L	0.1	U	EPA 524.2	0.1	0.5	11/29/12	13:29	E84129
2969	para-Dichlorobenzene	75	ug/L	0.2	U	EPA 524.2	0.2	0.5	11/29/12	13:29	E84129
2976	Vinyl chloride	1	ug/L	0.3	U	EPA 524.2	0.3	0.5	11/29/12	13:29	E84129
2977	1,1-Dichloroethylene	7	ug/L	0.2	U	EPA 524.2	0.2	0.5	11/29/12	13:29	E84129
2979	trans-1,2-Dichloroethylene	100	ug/L	0.2	U	EPA 524.2	0.2	0.5	11/29/12	13:29	E84129
2980	1,2-Dichloroethane	3	ug/L	0.1	U	EPA 524.2	0.1	0.5	11/29/12	13:29	E84129
2981	1,1,1-Trichloroethane	200	ug/L	0.2	U	EPA 524.2	0.2	0.5	11/29/12	13:29	E84129
2982	Carbon tetrachloride	3	ug/L	0.2	U	EPA 524.2	0.2	0.5	11/29/12	13:29	E84129
2983	1,2-Dichloropropane	5	ug/L	0.2	U	EPA 524.2	0.2	0.5	11/29/12	13:29	E84129
2984	Trichloroethylene	3	ug/L	0.2	U	EPA 524.2	0.2	0.5	11/29/12	13:29	E84129
2985	1,1,2-Trichloroethane	5	ug/L	0.2	U	EPA 524.2	0.2	0.5	11/29/12	13:29	E84129
2987	Tetrachloroethylene	3	ug/L	0.1	U	EPA 524.2	0.1	0.5	11/29/12	13:29	E84129
2989	Monochlorobenzene	100	ug/L	0.1	U	EPA 524.2	0.1	0.5	11/29/12	13:29	E84129
2990	Benzene	1	ug/l	0.1	U	EPA 524.2	0.1	0.5	11/29/12	13:29	E84129
2991	Toluene	1000	ug/L	0.09	U	EPA 524.2	0.09	0.5	11/29/12	13:29	E84129
2992	Ethylbenzene	700	ug/L	0.08	U	EPA 524.2	0.08	0.5	11/29/12	13:29	E84129
2996	Styrene	100	ug/L	0.05	U	EPA 524.2	0.05	0.5	11/29/12	13:29	E84129

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

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.

ENTERED

JUN 15 2013

DIANE MUSSANO

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218



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

SYNTHETIC ORGANICS
62-550.310(4)(b)

Report Number / Job ID: 1213709-01

PWS ID (From Page 1): 6521307

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Extraction Date	Analysis Date	Analysis Time	DOH Lab Certification #
2005	Endrin	2	ug/L	0.05	U	EPA 525.2	0.05	0.01	12/5/12	12/5/12	20:31	E84129
2010	Lindane	0.2	ug/L	0.02	U	EPA 525.2	0.02	0.02	12/5/12	12/5/12	20:31	E84129
2015	Methoxychlor	40	ug/L	0.02	U	EPA 525.2	0.02	0.1	12/5/12	12/5/12	20:31	E84129
2020	Toxaphene	3	ug/L	0.54	U	EPA 508.1	0.54	1	12/5/12	12/20/12	11:52	E84129
2031	Dalapon	200	ug/L	0.34	U	EPA 515.3	0.34	1	12/4/12	12/5/12	2:56	E84129
2032	Diquat	20	ug/L	0.13	U	EPA 549.2	0.13	0.4	12/4/12	12/6/12	3:59	E84129
2033	Endothal	100	ug/L	6.7	U	EPA 548.1	6.7	9	11/30/12	12/7/12	14:49	E84129
2034	Glyphosate	700	ug/L	2.7	U	EPA 547	2.7	6	12/4/12	12/4/12	21:29	E84129
2035	Di(2-ethylhexyl)adipate	400	ug/L	0.07	U	EPA 525.2	0.07	0.6	12/5/12	12/5/12	20:31	E84129
2036	Oxamyl (Vydate)	200	ug/L	0.88	U	EPA 531.1	0.88	2	12/4/12	12/4/12	6:34	E84129
2037	Simazine	4	ug/L	0.03	U	EPA 525.2	0.03	0.07	12/5/12	12/5/12	20:31	E84129
2039	Di(2-ethylhexyl)phthalate	6	ug/L	0.6	U	EPA 525.2	0.6	0.6	12/5/12	12/5/12	20:31	E84129
2040	Picloram	500	ug/L	0.049	U	EPA 515.3	0.049	0.1	12/4/12	12/5/12	2:56	E84129
2041	Dinoseb	7	ug/L	0.15	U	EPA 515.3	0.15	0.2	12/4/12	12/5/12	2:56	E84129
2042	Hexachlorocyclopentadiene	50	ug/L	0.06	U	EPA 525.2	0.06	0.1	12/5/12	12/5/12	20:31	E84129
2046	Carbofuran	40	ug/L	0.60	U	EPA 531.1	0.60	0.9	12/4/12	12/4/12	6:34	E84129
2050	Atrazine	3	ug/L	0.02	U	EPA 525.2	0.02	0.1	12/5/12	12/5/12	20:31	E84129
2051	Alachlor	2	ug/L	0.03	U	EPA 525.2	0.03	0.2	12/5/12	12/5/12	20:31	E84129
2055	Heptachlor	0.4	ug/L	0.08	U	EPA 525.2	0.08	0.04	12/5/12	12/5/12	20:31	E84129
2067	Heptachlor epoxide	0.2	ug/L	0.08	U	EPA 525.2	0.08	0.02	12/5/12	12/5/12	20:31	E84129
2105	2,4-D	70	ug/L	0.10	U	EPA 515.3	0.10	0.1	12/4/12	12/5/12	2:56	E84129
2110	2,4,5-TP (Silvex)	50	ug/L	0.042	U	EPA 515.3	0.042	0.2	12/4/12	12/5/12	2:56	E84129
2274	Hexachlorobenzene	1	ug/L	0.04	U	EPA 525.2	0.04	0.1	12/5/12	12/5/12	20:31	E84129
2306	Benzo(a)pyrene	0.2	ug/L	0.02	U	EPA 525.2	0.02	0.02	12/5/12	12/5/12	20:31	E84129
2326	Pentachlorophenol	1	ug/L	0.014	U	EPA 515.3	0.014	0.04	12/4/12	12/5/12	2:56	E84129
2383	Polychlorinated biphenyls (PCBs)	0.5	ug/L	0.089	U	EPA 508.1	0.089	0.1	12/5/12	12/20/12	11:52	E84129
2931	Dibromochloropropane	0.2	ug/L	0.0052	U	EPA 504.1	0.0052	0.01	12/3/12	12/4/12	0:23	E84129
2946	Ethylene dibromide (EDB)	0.02	ug/L	0.0052	U	EPA 504.1	0.0052	0.02	12/3/12	12/4/12	0:23	E84129
2959	Chlordane	2	ug/L	0.047	U	EPA 508.1	0.047	0.2	12/5/12	12/20/12	11:52	E84129

** Non-detects with a reported lab MDL <50% of the MCL are acceptable for compliance with 62-550.310(4)(b)

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.

ENTERED

JAN 15 2013

DIANE MUSSANO

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

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

System Name: Orange land Water Supply PWS I.D. #:

6	5	2	1	3	0	7
---	---	---	---	---	---	---

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

Address: 2109 Overview Dr

City: New Port Richey ZIP Code: 34652

Phone # (727) 372-8330 Fax #: _____ E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1 Sample Date: 11-27-12 Sample Time: 1130 AM PM (Circle One)

Sample Location (be specific): Entry Point @ Water Plant Location Code: _____

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.3 mg/L Field pH: 7.4

Sample Type (Check Only One)

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

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

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

Sampling Procedure Used or Other Comments: _____

*See 62-550.500(0) for requirements and restrictions. And 62-550.512(3) for nitrate or nitrite exceedances. ** See 62-550.560(4) for requirements and attach a results page for each site.

SAMPLER CERTIFICATION

I, Scott Findley (Print Name), Operator (Print Title), do HEREBY CERTIFY

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

Signature: Scott Findley Date: 11-27-12

Certified Operator #: 4804 Phone #: (727) 403-8306 Sampler's Fax #: _____

Sampler's E-mail: phenti32@msn.com

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

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

Lab Name: PASCO COUNTY ENVIRONMENTAL LAB Florida DOH Certification #: E 44123 Certification Expiration Date: 6/30/2013

ATTACH CURRENT DOH ANALYTE SHEET

Address: 8864 GOVERNMENT DRIVE NEW PORT RICHEY, FL 34654 Phone #: 727-847-8902

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

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received: 11/27/12

PWS ID (From Page 1): 652-1307 Sample Number (From Page 1): _____ Lab Assigned Report # or Job ID: AB88653

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

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

LAB CERTIFICATION

I, CANDIA E. MULHERN LABORATORY MANAGER, do HEREBY CERTIFY
(Print Name) (Print Title)

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

Signature: *Candia E. Mulhern* Date: 12/03/12

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

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Florida Department of Environmental Protection Form 1000-10-01, 10/01/00)

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

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

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: *[Signature]*

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

INORGANIC CONTAMINANTS

62-550.310(1)

Report Number/Job ID: AB88653

PWS ID: 652-1307

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1040	Nitrate (as N)	10	mg/L	2.13		SM 4500-NO3 F	0.02	11/29/2012	0700	E44123
1041	Nitrite (as N)	1	mg/L	0.003	U	SM 4500-NO2 B	0.003	11/27/2012	1530	E44123
	Nitrate-Nitrite		mg/L	2.13		SM 4500-NO3 F	0.02	11/29/2012	0700	E44123

U = Compound analyzed for but not detected

XC = Analyte exceeds the regulated maximum contaminant level (MCL)

I = Result is between the MDL and the PQL



Candia E. Mulhern
Laboratory Manager

ENTERED

JAN 15 2013

DIANE MUSSANO

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

SECONDARY INORGANIC CONTAMINANTS

Report Number/Job ID: AB88648

62-550.310(1)

PWS ID: 627-2433

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1905	Color	15	PCU	2		SM 2120 B	1	11/28/2012	0805	E44123
1920	Odor	3	TON	1	U	SM 2150 B	1	11/27/2012	1330	E44123
1925	pH	6.5-8.5	std. units	7.00		SM4500 H+ B	0.01	11/27/2012	1212	E44123

U = Compound analyzed for but not detected

I = Result is between the MDL and the PQL.



Candia E. Mulhern
Laboratory Manager

ENTERED

NOV 15 2012

DIANE MUSSANO



PASCO COUNTY, FLORIDA

"Bringing Opportunities Home"

ENVIRONMENTAL LABORATORY
8864 GOVERNMENT DRIVE
NEW PORT RICHEY, FL 34654
PHONE 727-847-8902

NELAC E44123
CONTACTS:
GLORIA KRUEGER
CHRIS CHILDRESS

REPORT OF ANALYSES

Scott Findlay
 1103 Ashland Avenue
 Tarpon Springs, Fl 34689
 Mail
 727-372-8330
 Scott Findlay

Date: 11/30/2012

SAMPLE NUMBER	AB88653	SAMPLE ID (POE)	OrangeLandWtrSupply/2109	SAMPLE MATRIX	DW
DATE SAMPLED	11/27/2012			TIME SAMPLED	11:30
DATE RECEIVED	11/27/2012	SAMPLER	S. FINDLAY	RECEIVED BY	CF
TIME RECEIVED	12:30	DELIVERED BY	SF	SAMPLE TYPE	Grab

ANALYSIS	ANALYSIS						UNIT	DET. LIMIT
	METHOD	DATE	TIME	BY	RESULT	QUAL.		
Nitrate-Nitrite	SM4500NO3	11/29/2012	7:00	IF	2.13		mg/L	0.02
Nitrite	SM 4500 NO	11/27/2012	15:30	AS	0.003	U	mg/L	0.003
Nitrate (N)	SM 4500-N	11/29/2012	7:00	IF	2.13		mg/L	0.02
Color	SM2120B	11/28/2012	8:05	KS	2		PCU	1
Odor	SM2150B	11/27/2012	13:30	KS	1	U	TON	1
pH	SM 4500-H+	11/27/2012	12:31	KS	7.00		SU	0

ANALYSIS COMMENTS:

LABORATORY DIRECTOR

THIS DOCUMENT MEETS NELAC STANDARDS

NELAC Certification # E44123

Page 1 of 1

"Pasco County—Florida's premier county for balanced economic growth, environmental sustainability, and first-class services."

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

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

System Name: ORANGE LAND WATER SUPPLY PWS I.D. #: 6511307
 System Type (check one): Community Nontransient Noncommunity Transient Noncommunity
 Address: 2109 OVERVIEW
 City: NEW PORT RICHEY ZIP Code: 34655
 Phone #: 727-403-8306 Fax #: _____ E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: _____ Sample Date: 12-1-15 Sample Time: 1030 AM PM (Circle One)
 Sample Location (be specific): _____ Location Code: _____
 Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 7.0 mg/L Field pH: 7.4

Sample Type (Check Only One)

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

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

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

Other: 3YR 62550 SCAN PRIMARY INORGANICS
 Sampling Procedure Used or Other Comments: SECONDARIES, VOC'S, SOX'S
URANIUM.

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

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

SAMPLER CERTIFICATION

I, ERIC HARL (Print Name), OPII (Print Title), do HEREBY CERTIFY

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

Signature: [Signature] Date: 12-1-15
 Certified Operator #: C-7237 Phone #: _____ Sampler's Fax #: _____
 Sampler's E-mail: ERIC.HARL63@YAHOO.COM

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218



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

Pasco County Environmental Laboratory
Orangeland

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

System Name: Orangeland Subdivision PWS I.D. #:

6	5	1	1	3	0	7
---	---	---	---	---	---	---

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

Address: 2109 Overview Dr

City: New Port Richey Zip Code: 34655

Phone: (727) 848-1590 Fax: _____ E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1512495-01 Sample Date: 12/1/15 Sample Time: 10:30 am AM PM (Circle One)

Sample Location (be specific): OL POE Location Code: _____

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.0 mg/L Field pH: 7.4

Sample Type (Check Only One)

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

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

- Routine Compliance with 62-550
- Confirmation of MCL Exceedance*
- Composite of Multiple Sites **
- Other: 3YR DRINKING WATER SCAN
- Replacement (of Invalidated Sample)
- Special (not for compliance with 62-550)
- Clearance (permitting)

*PRIMARY INORG
SECONDARIES*

Sampling Procedure Used or Other Comments: _____

* See 62-550.500(6) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances. ** See 62-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Eric Karl (Print Name) OET (Print Title) do HEREBY CERTIFY

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

Signature: Eric P. Karl Date: 12-1-15

Certified Operator #: C-7237 Phone #: 352-848-5415 Sampler's Fax #: _____

Sampler's E-Mail: ERIC.KARL@30.YAHOO.COM

SOUTHERN ANALYTICAL LABORATORIES, INC.

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

Pasco County Environmental Laboratory
Orangeland

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

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2016

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar, FL 34677 Phone: (813) 855-1844

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

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received: 12/01/2015

PWS ID (From Page 1): 6511307 Sample Number (From Page 1): 1512495-01 Lab Assigned Report # or Job ID: 1512495-01

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

Inorganics

- All Except for Asbestos
- Partial
- Nitrate
- Nitrite
- Asbestos

Synthetic Organics

- All 30
- All Except Dioxin
- Partial
- Dioxin Only

Volatile Organics

- All 21
- Partial

Disinfection Byproducts

- Trihalomethanes
- Haloacetic Acids
- Chlorite
- Bromate

Radionuclides

- Single Sample
- Qtrly Composite

Secondaries

- All 14
- Partial

LAB CERTIFICATION

I, Francis I. Daniels, Laboratory Director do HEREBY CERTIFY
(Print Name) (Print Title)

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

Signature: Date: 12/22/2015

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

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

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

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

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: kira.soroka@dep.state.fl.us

Reporting Format 62-550-730
Effective January 1995 Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.

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

INORGANIC CONTAMINANTS
62-550.310(1)

Report Number / Job ID: 1512495-01
PWS ID (From Page 1): 6511307

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1040	Nitrate (as N)	10	mg/L	1.4		EPA 353.2	0.02	12/2/15	14:16	E84129
1041	Nitrite (as N)	1	mg/L	0.01	U	SM 4500NO2-E	0.01	12/2/15	14:16	E84129
1005	Arsenic	0.010	mg/L	0.0041	I	EPA 200.8	0.00093	12/7/15	16:12	E84129
1010	Barium	2	mg/L	0.022		EPA 200.8	0.00018	12/7/15	16:12	E84129
1015	Cadmium	0.005	mg/L	0.00027	U	EPA 200.8	0.00027	12/7/15	16:12	E84129
1020	Chromium	0.1	mg/L	0.014		EPA 200.8	0.00035	12/7/15	16:12	E84129
1024	Cyanide	0.2	mg/L	0.0050	U	SM 4500CN-E	0.0050	12/10/15	12:25	E84129
1025	Fluoride	4.0	mg/L	0.096		EPA 300.0	0.010	12/4/15	18:27	E84129
1030	Lead	0.015	mg/L	0.0014		EPA 200.8	0.00025	12/7/15	16:12	E84129
1035	Mercury	0.002	mg/L	0.00010	U	EPA 245.1	0.00010	12/8/15	14:32	E84129
1036	Nickel	0.1	mg/L	0.0052		EPA 200.8	0.00046	12/7/15	16:12	E84129
1045	Selenium	0.05	mg/L	0.0052		EPA 200.8	0.00026	12/9/15	13:48	E84129
1052	Sodium	160	mg/L	15		EPA 200.7	0.13	12/3/15	11:59	E84129
1074	Antimony	0.006	mg/L	0.0010	U	EPA 200.8	0.0010	12/9/15	13:48	E84129
1075	Beryllium	0.004	mg/L	0.00013	I	EPA 200.7	0.00012	12/3/15	11:59	E84129
1085	Thallium	0.002	mg/L	0.00024	U	EPA 200.8	0.00024	12/7/15	16:12	E84129

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.

I=The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.

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

SECONDARY CONTAMINANTS
62-550.320

Report Number / Job ID: 1512495-01
PWS ID (From Page 1): 6511307

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1002	Aluminum	0.2	mg/L	0.050	U	EPA 200.7	0.050	12/3/15	11:59	E84129
1017	Chloride	250	mg/L	23		EPA 300.0	0.20	12/4/15	18:27	E84129
1022	Copper	1	mg/L	0.030		EPA 200.8	0.0001	12/7/15	16:12	E84129
1025	Fluoride	2.0	mg/L	0.096		EPA 300.0	0.010	12/4/15	18:27	E84129
1028	Iron	0.3	mg/L	0.064	I	EPA 200.7	0.020	12/3/15	11:59	E84129
1032	Manganese	0.05	mg/L	0.026		EPA 200.7	0.0010	12/3/15	11:59	E84129
1050	Silver	0.1	mg/L	0.000069	U	EPA 200.8	0.000069	12/7/15	16:12	E84129
1055	Sulfate	250	mg/L	19		EPA 300.0	0.20	12/4/15	18:27	E84129
1095	Zinc	5	mg/L	0.19		EPA 200.8	0.0088	12/8/15	16:57	E84129
1925	pH (field pH from page 1)	6.5-8.5		7.4						
1930	Total Dissolved Solids	500	mg/L	260		SM 2540C	10	12/7/15	10:14	E84129
2905	Foaming Agents	0.5	mg/L	0.048	U	SM 5540C	0.048	12/2/15	13:06	E84129

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.

I=The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.

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

RADIONUCLIDES
62-550.310(6)

Report Number / Job ID: 1512495-01

PWS ID (From Page 1): 6511307

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Analysis Error	Analysis Date	Analysis Time	DOH Lab Certification
4006	Combined Uranium (mass)	30	ug/L	2.3		EPA 200.8	0.054	1		12/7/15	16:12	E84129

** If the result for Gross Alpha (Excl Uranium) exceed 5 pCi/L, a measurement for radium-226 is required. Uranium is reported separately under Contam ID 4006.

*** If the result for Gross Alpha (Incl Uranium) exceeds 5 pCi/L, a measurement for Radium-226 is required. If the results exceed 15 pCi/L, a measurement for Combined Uranium must be reported separately. DEP/DOH will subtract the Uranium value from the Gross Alpha (ID 4002) to determine compliance with MCL for Gross Alpha (Excl. Uranium) of 15 pCi/L. If the result of ID 4002 Gross Alpha (Including Uranium) does not exceed 15 pCi/L, Combined Uranium need not be measured nor reported.

If using Uranium testing methods ASTM D5174 or EPA 200.8 only, then Analysis Error need not be reported.

*Qualifiers:

SOUTHERN ANALYTICAL LABORATORIES, INC.

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

VOLATILE ORGANICS
62-550.310(4)(a)

Report Number / Job ID: 1512495-01
PWS ID (From Page 1): 6511307

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Analysis Date	Analysis Time	DOH Lab Certification #
2378	1,2,4-Trichlorobenzene	70	ug/L	0.3	U	EPA 524.2	0.3	0.5	12/2/15	20:49	E84129
2380	cis-1,2-Dichloroethylene	70	ug/L	0.09	U	EPA 524.2	0.09	0.5	12/2/15	20:49	E84129
2955	Xylenes (total)	10,000	ug/L	0.1	U	EPA 524.2	0.1	0.5	12/2/15	20:49	E84129
2964	Dichloromethane	5	ug/L	0.2	U	EPA 524.2	0.2	0.5	12/2/15	20:49	E84129
2968	o-Dichlorobenzene	600	ug/L	0.1	U	EPA 524.2	0.1	0.5	12/2/15	20:49	E84129
2969	para-Dichlorobenzene	75	ug/L	0.2	U	EPA 524.2	0.2	0.5	12/2/15	20:49	E84129
2976	Vinyl chloride	1	ug/L	0.3	U	EPA 524.2	0.3	0.5	12/2/15	20:49	E84129
2977	1,1-Dichloroethylene	7	ug/L	0.2	U	EPA 524.2	0.2	0.5	12/2/15	20:49	E84129
2979	trans-1,2-Dichloroethylene	100	ug/L	0.2	U	EPA 524.2	0.2	0.5	12/2/15	20:49	E84129
2980	1,2-Dichloroethane	3	ug/L	0.1	U	EPA 524.2	0.1	0.5	12/2/15	20:49	E84129
2981	1,1,1-Trichloroethane	200	ug/L	0.2	U	EPA 524.2	0.2	0.5	12/2/15	20:49	E84129
2982	Carbon tetrachloride	3	ug/L	0.2	U	EPA 524.2	0.2	0.5	12/2/15	20:49	E84129
2983	1,2-Dichloropropane	5	ug/L	0.2	U	EPA 524.2	0.2	0.5	12/2/15	20:49	E84129
2984	Trichloroethylene	3	ug/L	0.2	U	EPA 524.2	0.2	0.5	12/2/15	20:49	E84129
2985	1,1,2-Trichloroethane	5	ug/L	0.2	U	EPA 524.2	0.2	0.5	12/2/15	20:49	E84129
2987	Tetrachloroethylene	3	ug/L	0.1	U	EPA 524.2	0.1	0.5	12/2/15	20:49	E84129
2989	Monochlorobenzene	100	ug/L	0.1	U	EPA 524.2	0.1	0.5	12/2/15	20:49	E84129
2990	Benzene	1	ug/L	0.1	U	EPA 524.2	0.1	0.5	12/2/15	20:49	E84129
2991	Toluene	1000	ug/L	0.09	U	EPA 524.2	0.09	0.5	12/2/15	20:49	E84129
2992	Ethylbenzene	700	ug/L	0.08	U	EPA 524.2	0.08	0.5	12/2/15	20:49	E84129
2996	Styrene	100	ug/L	0.05	U	EPA 524.2	0.05	0.5	12/2/15	20:49	E84129

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

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.

SOUTHERN ANALYTICAL LABORATORIES, INC.

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

SYNTHETIC ORGANICS
62-550.310(4)(b)

Report Number / Job ID: 1512495-01

PWS ID (From Page 1): 6511307

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Extraction Date	Analysis Date	Analysis Time	DOH Lab Certification #
2005	Endrin	2	ug/L	0.05	U	EPA 525.2	0.05	0.01	12/11/15	12/15/15	23:58	E84129
2010	Lindane	0.2	ug/L	0.02	U	EPA 525.2	0.02	0.02	12/11/15	12/15/15	23:58	E84129
2015	Methoxychlor	40	ug/L	0.02	U	EPA 525.2	0.02	0.1	12/11/15	12/15/15	23:58	E84129
2020	Toxaphene	3	ug/L	0.55	U	EPA 508.1	0.55	1	12/11/15	12/14/15	15:30	E84129
2031	Dalapon	200	ug/L	0.32	U	EPA 515.3	0.32	1	12/3/15	12/4/15	3:35	E84129
2032	Diquat	20	ug/L	0.41	U	EPA 549.2	0.41	0.4	12/4/15	12/8/15	14:11	E84129
2033	Endothall	100	ug/L	6.6	U	EPA 548.1	6.6	9	12/4/15	12/7/15	13:59	E84129
2034	Glyphosate	700	ug/L	2.7	U	EPA 547	2.7	6	12/3/15	12/3/15	10:08	E84129
2035	Di(2-ethylhexyl)adipate	400	ug/L	0.07	U	EPA 525.2	0.07	0.6	12/11/15	12/15/15	23:58	E84129
2036	Oxamyl (Vydate)	200	ug/L	0.88	U	EPA 531.1	0.88	2	12/18/15	12/18/15	7:57	E84129
2037	Simazine	4	ug/L	0.03	U	EPA 525.2	0.03	0.07	12/11/15	12/15/15	23:58	E84129
2039	Di(2-ethylhexyl)phthalate	6	ug/L	0.7	U	EPA 525.2	0.7	0.6	12/11/15	12/15/15	23:58	E84129
2040	Picloram	500	ug/L	0.046	U	EPA 515.3	0.046	0.1	12/3/15	12/4/15	3:35	E84129
2041	Dinoseb	7	ug/L	0.15	U	EPA 515.3	0.15	0.2	12/3/15	12/4/15	3:35	E84129
2042	Hexachlorocyclopentadiene	50	ug/L	0.06	U	EPA 525.2	0.06	0.1	12/11/15	12/15/15	23:58	E84129
2046	Carbofuran	40	ug/L	0.60	U	EPA 531.1	0.60	0.9	12/18/15	12/18/15	7:57	E84129
2050	Atrazine	3	ug/L	0.02	U	EPA 525.2	0.02	0.1	12/11/15	12/15/15	23:58	E84129
2051	Alachlor	2	ug/L	0.03	U	EPA 525.2	0.03	0.2	12/11/15	12/15/15	23:58	E84129
2065	Heptachlor	0.4	ug/L	0.09	U	EPA 525.2	0.09	0.04	12/11/15	12/15/15	23:58	E84129
2067	Heptachlor epoxide	0.2	ug/L	0.08	U	EPA 525.2	0.08	0.02	12/11/15	12/15/15	23:58	E84129
2105	2,4-D	70	ug/L	0.097	U	EPA 515.3	0.097	0.1	12/3/15	12/4/15	3:35	E84129
2110	2,4,5-TP (Silvex)	50	ug/L	0.040	U	EPA 515.3	0.040	0.2	12/3/15	12/4/15	3:35	E84129
2274	Hexachlorobenzene	1	ug/L	0.04	U	EPA 525.2	0.04	0.1	12/11/15	12/15/15	23:58	E84129
2306	Benzo(a)pyrene	0.2	ug/L	0.02	U	EPA 525.2	0.02	0.02	12/11/15	12/15/15	23:58	E84129
2326	Pentachlorophenol	1	ug/L	0.014	U	EPA 515.3	0.014	0.04	12/3/15	12/4/15	3:35	E84129
2383	Polychlorinated biphenyls (PCBs)	0.5	ug/L	0.091	U	EPA 508.1	0.091	0.1	12/11/15	12/14/15	15:30	E84129
2931	Dibromochloropropane	0.2	ug/L	0.0050	U	EPA 504.1	0.0050	0.01	12/4/15	12/5/15	1:28	E84129
2946	Ethylene dibromide (EDB)	0.02	ug/L	0.0050	U	EPA 504.1	0.0050	0.02	12/4/15	12/5/15	1:28	E84129
2959	Chlordane	2	ug/L	0.048	U	EPA 508.1	0.048	0.2	12/11/15	12/14/15	15:30	E84129

*Qualifiers:

** Non-detects with a reported lab MDL <50% of the MCL are acceptable for compliance with 62-550.310(4)(b)

U=Analyte was undetected. Indicated concentration is method detection limit.

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

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

Lab Name: Pasco County Environmental Lab Florida DOH Certification #: E 44123 Certification Expiration Date: 06/30/2016

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 8864 Government Drive New Port Richey, FL 34654 Phone #: 727-847-8902

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

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received: 12/1/15

PWS ID (From Page 1): 6511307 Sample Number (From Page 1): _____ Lab Assigned Report # or Job ID: RC 32695

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

Inorganics

- All Except Asbestos
 Partial
 Nitrate
 Nitrite
 Asbestos

Synthetic Organics

- All 30
 All Except Dioxin
 Partial
 Dioxin Only

Volatile Organics

- All 21
 Partial

Disinfection Byproducts

- Trihalomethanes
 Haloacetic Acids
 Chlorite
 Bromate

Radionuclides

- Single Sample
 Qtrly Composite**

Secondaries

- All 14
 Partial

LAB CERTIFICATION

I, Candia E. Mulhern, Laboratory Manager, do HEREBY CERTIFY
(Print Name) (Print Title)

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

Signature: *Candia E. Mulhern*

Date: 12/15/15

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

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES
 NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)

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

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

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

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

SECONDARY INORGANIC CONTAMINANTS

Report Number/Job ID: AC32695

62-550.310(1)

PWS ID: 651-1307

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1905	Color	15	PCU	1	U	SM 2120 B	1	12/2/2015	0915	E44123
1920	Odor	3	TON	1	U	SM 2150 B	1	12/1/2015	1400	E44123
1925	pH	6.5-8.5	std. units	7.12	Q	SM4500 H+ B	0.01	12/1/2015	1330	E44123

U = Compound analyzed for but not detected

I = Result is between the MDL and the PQL.

Q = Analysis was conducted beyond holding time



Candia E. Mulhern
Laboratory Manager



PASCO COUNTY, FLORIDA

"Bringing Opportunities Home"

Pasco County Utilities Environmental Laboratory Report

8864 Government Drive
New Port Richey, FL 34654
Phone: (727) 847-8902 Fax: (727) 847-8112
Contacts: Gloria Krueger, Senior Secretary
Chris Childress, QA/QC Officer

Hours: Mon-Fri 8am-5pm

CLIENT/SAMPLE INFORMATION

16742 Crested Angus Lane
Spring Hill, FL 34610
352-848-5415
Eric Karl

Report Date: 12/15/2015

Sample Number: AC32695	Sample ID: Orangeland (OL POE)
Sample Method: Grab	Sample Matrix: DW
Date Sampled: 12/1/2015	Date Received: 12/1/2015
Time Sampled: 10:30	Time Received: 13:00
Sampled By: ERIC KARL	Received By: CF
	Delivered By: EK

REPORT OF ANALYSES

These results relate only to the sample indicated above and meet all requirements of the NELAC standards.

Analysis	Method	Date	Time	By	Result	Qualifier	Unit	Detection Limit
Color	SM2120B	12/2/2015	9:15	AMC	1	U	PCU	1
Odor	SM2150B	12/1/2015	14:00	AMC	1	U	TON	1
pH	SM 4500-H+ B	12/1/2015	13:30	AMC	7.12	Q	SU	0

Analysis Comments:

I = Reported value is greater than or equal to the detection limit, but less than PQL.
U = Indicates that the compound was analyzed for but not detected.
XC = Reported value exceeds the Maximum Contaminant Level (F.A.C. 62-550).

This Document Meets All the Requirements of the NELAC Standards


Candia E. Mulhern, Laboratory Director



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

See page 4 for instructions.

I. General Information for the Month/Year of: May 2016

A. Public Water System (PWS) Information

PWS Name: Orangeland Water Supply		PWS Identification Number: 6511307	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 75		Total Population Served at End of Month:	
PWS Owner:			
Contact Person: Michael Smallridge		Contact Person's Title: Owner	
Contact Person's Mailing Address: 3336 Grand Blvd Ste 102		City: Holiday	State: FL Zip Code: 34690
Contact Person's Telephone Number: 727-937-6275		Contact Person's Fax Number: 727-940-2907	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name: Orangeland Water Supply		Plant Telephone Number: 727-937-6275		
Plant Address: Liman Rd		City: New Port Richey	State: FL Zip Code: 34654	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:				
Plant Category (per subsection 62-699.310(4), F.A.C.): III		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Eric Karl	C	7237	Three Days Per Week
Other Operators:	# 9 MOR 6511307			

II. Certification by Lead/Chief Operator

I, 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 information 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 NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

<u>Eric Karl 6-9-16</u>	Eric Karl, Lead Operator	C7237
Signature and Date	Printed or Typed Name	License Number

MONTHLY OPERATION REPORT FOR PWSs TREATED RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 651-1307

Plant Name: Orangeland Water Supply

III. Daily Data for the Month/Year of: **May-16**

Means of Achieving Four-Log Virus Inactivation/Removal:* Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose					
				Peak Flow Rate, GPD	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/l	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, *C	pH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW - sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1	x	24	9000		1.2									0.9	
2		24	8000												
3		24	7000												
4	x	24	8000		1.0									0.8	
5		24	7000												
6	x	24	7000		0.8									0.7	
7		24	7000												
8	x	24	8000		1.1									0.8	
9		24	8000												
10		24	7000												
11		24	7000												
12	x	24	9000		1.1									0.7	
13		24	8000												
14		24	8000												
15	x	24	9000		1.2									0.9	
16		24	9000												
17	x	24	9000		4									2.9	
18		24	9000												
19	x	24	8000		23									2.0	
20		24	8000												
21		24	8000												
22	x	24	8000		2									1.7	
23		24	8000												
24	x	24	8000		1.8									1.5	
25		24	8000												
26	x	24	9000		1									0.7	
27		24	9000												
28		24	8000												
29	x	24	9000		1.3									0.9	
30		24	9000												
31		24	9000												
Total			253,000												
Average			8161												
Maximum			9000												



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

See page 4 for instructions.

I. General Information for the Month/Year of: June 2016				
A. Public Water System (PWS) Information				
PWS Name: Orangeland Water Supply			PWS Identification Number: 6511307	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive				
Number of Service Connections at End of Month: 75			Total Population Served at End of Month:	
PWS Owner:				
Contact Person: Michael Smallridge			Contact Person's Title: Owner	
Contact Person's Mailing Address: 3336 Grand Blvd Ste 102			City: Holiday	State: FL Zip Code: 34690
Contact Person's Telephone Number: 727-937-6275			Contact Person's Fax Number: 727-940-2907	
Contact Person's E-Mail Address:				
B. Water Treatment Plant Information				
Plant Name: Orangeland Water Supply			Plant Telephone Number: 727-937-6275	
Plant Address: Liman Rd			City: New Port Richey	State: FL Zip Code: 34654
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:				
Plant Category (per subsection 62-699.310(4), F.A.C.): III			Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Eric Karl	C	7237	Three Days Per Week
Other Operators:				

II. Certification by Lead/Chief Operator

I, 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 information 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 NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

<i>Eric Karl 7/9/16</i>	Eric Karl, Lead Operator	C7237
Signature and Date	Printed or Typed Name	License Number

MONTHLY OPERATION REPORT FOR PWSs TREATED RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 651-1307

Plant Name: Orangeland Water Supply

III. Daily Data for the Month/Year of: **Jun-16**

Means of Achieving Four-Log Virus Inactivation/Removal:* Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)

Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose					
				Peak Flow Rate, GPD	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/l	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1		24	8000												
2	x	24	10000		0.6								0.4		
3		24	9000												
4		24	9000												
5		24	9000												
6		24	9000												
7	x	24	8000		1.1								0.8		
8		24	7000												
9	x	24	9000		0.8								0.6		
10		24	8000												
11		24	8000												
12		24	8000												
13	x	24	8000		0.9								0.8		
14		24	8000												
15		24	8000												
16		24	7000												
17	x	24	10000		1.1								0.8		
18		24	10000												
19		24	9000												
20		24	9000												
21	x	24	9000		1.9								1.6		
22		24	8000												
23		24	8000												
24	x	24	10000		1.3								1.0		
25		24	10000												
26		24	10000												
27	x	24	8000		1.2								0.9		
28		24	8000												
29	x	24	7000		1.0								0.8		
30	x	24	5000		1.0								0.9		
31		24													
Total			254,000												
Average			8467												
Maximum			10000												



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

See page 4 for instructions.

I. General Information for the Month/Year of: July 2016

A. Public Water System (PWS) Information

PWS Name: Orangeland Water Supply		PWS Identification Number: 6511307	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 75		Total Population Served at End of Month:	
PWS Owner:			
Contact Person: Michael Smallridge		Contact Person's Title: Owner	
Contact Person's Mailing Address: 3336 Grand Blvd Ste 102		City: Holiday	State: FL Zip Code: 34690
Contact Person's Telephone Number: 727-937-6275		Contact Person's Fax Number: 727-940-2907	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name: Orangeland Water Supply		Plant Telephone Number: 727-937-6275		
Plant Address: Liman Rd		City: New Port Richey	State: FL Zip Code: 34654	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:				
Plant Category (per subsection 62-699.310(4), F.A.C.): III		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Eric Karl	C	7237	Three Days Per Week
Other Operators:				

II. Certification by Lead/Chief Operator

I, 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 information 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 NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

<i>Eric Karl 8-10-2016</i>	Eric Karl, Lead Operator	C7237
Signature and Date	Printed or Typed Name	License Number

MONTHLY OPERATION REPORT FOR PWSs TREATED RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 651-1307

Plant Name: Orangeland Water Supply

III. Daily Data for the Month/Year of: Jul-16

Means of Achieving Four-Log Virus Inactivation/Removal:* Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)

Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose					
				Peak Flow Rate, GPD	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/l	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1	x	24	9000		2.1									1.8	
2	x	24	8000		1.0									0.8	
3	x	24	10000		1.5									1.2	
4		24	9000												
5	x	24	9000		1.1									1.0	
6		24	8000												
7	x	24	10000		1.2									1.1	
8		24	10000												
9		24	9000												
10	x	24	10000		1									0.8	
11		24	11000												
12	x	24	11000		0.7									0.4	
13		24	10000												
14	x	24	11000		1									0.9	
15		24	11000												
16	x	24	14000		1									0.8	
17		24	14000												
18	x	24	7000		1									0.8	
19		24	7000												
20		24	6000												
21		24	6000												
22	x	24	9000		3.2									2.8	
23		24	9000												
24	x	24	11000		1.3									1.0	
25		24	11000												
26	x	24	14000		1.1									1.0	
27		24	13000												
28	x	24	10000		3.8									2.6	
29		24	9000												
30		24	9000												
31	x	24	9000		2.0									1.8	
Total			304,000												
Average			9806												
Maximum			14000												

MONTHLY OPERATION REPORT FOR PWSs TREATED RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 651-1307

Plant Name: Orangeland Water Supply

III. Daily Data for the Month/Year of: Aug-16

Means of Achieving Four-Log Virus Inactivation/Removal:* Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)

Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, GPD	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/l	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW - sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1		24	8000												
2		24	8000												
3	x	24	11000		0.8								0.6		
4		24	12000												
5	x	24	9000		0.8								0.6		
6		24	8000												
7	x	24	11000		0.7								0.4		
8		24	10000												
9	x	24	10000		1.9								1.6		
10		24	10000												
11	x	24	7000		1.6								1.3		
12		24	7000												
13		24	7000												
14	x	24	11000		0.7								0.4		
15		24	10000												
16	x	24	8000		0.7								0.5		
17		24	7000												
18	x	24	10000		0.9								0.6		
19		24	10000												
20	x	24	10000		1								0.7		
21		24	10000												
22	x	24	17000		1								0.7		
23	x	24	10000		0.7								0.5		
24		24	10000												
25	x	24	9000		1								0.7		
26		24	8000												
27		24	8000												
28	x	24	9000		4.1								2.9		
29	x	24	13000		2.3								1.8		
30	x	24	10000		0.6								0.4		
31		24	10000												
Total			298,000												
Average			9613												
Maximum			17000												



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

See page 4 for instructions.

I. General Information for the Month/Year of: September 2016				
A. Public Water System (PWS) Information				
PWS Name: Orangeland Water Supply			PWS Identification Number: 6511307	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive				
Number of Service Connections at End of Month: 75			Total Population Served at End of Month:	
PWS Owner:				
Contact Person: Michael Smallridge			Contact Person's Title: Owner	
Contact Person's Mailing Address: 3336 Grand Blvd Ste 102			City: Holiday	State: FL Zip Code: 34690
Contact Person's Telephone Number: 727-937-6275			Contact Person's Fax Number: 727-940-2907	
Contact Person's E-Mail Address:				
B. Water Treatment Plant Information				
Plant Name: Orangeland Water Supply			Plant Telephone Number: 727-937-6275	
Plant Address: Liman Rd			City: New Port Richey	State: FL Zip Code: 34654
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:				
Plant Category (per subsection 62-699.310(4), F.A.C.): III			Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Eric Karl	C	7237	Three Days Per Week
Other Operators:				

II. Certification by Lead/Chief Operator
 I, 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 information 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 NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

<i>Eric Karl</i> 10-8-16	Eric Karl, Lead Operator	C7237
Signature and Date	Printed or Typed Name	License Number

MONTHLY OPERATION REPORT FOR PWSs TREATED RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 651-1307

Plant Name: Orangeland Water Supply

III. Daily Data for the Month/Year of: Sep-16

Means of Achieving Four-Log Virus Inactivation/Removal:* Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)

Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of the Month	Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose					
				Peak Flow Rate, GPD	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/l	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1	x	24	7000		1.4								1.2	
2		24	7000											
3		24	6000											
4	x	24	10000		1.2								0.9	
5		24	9000											
6	x	24	10000		1.0								0.7	
7	x	24	13000		1.0								0.7	
8		24	13000											
9	x	24	13000		0.9								0.6	
10		24	12000											
11		24	12000											
12		24	12000											
13	x	24	5000		0.7								0.5	
14		24	4000											
15	x	24	6000		0.8								0.6	
16		24	5000											
17	x	24	11000		0.9								0.8	
18		24	11000											
19	x	24	11000		0.8								0.5	
20		24	11000											
21	x	24	12000		1.2								0.8	
22		24	12000											
23		24	11000											
24	x	24	10000		1.0								0.7	
25		24	10000											
26		24	10000											
27	x	24	10000		1.0								0.7	
28		24	10000											
29	x	24	19000		1.2								0.8	
30		24	18000											
31		24												
Total			310,000											
Average			10333											
Maximum			19000											



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

See page 4 for instructions.

I. General Information for the Month/Year of: October 2016				
A. Public Water System (PWS) Information				
PWS Name: Orangeland Water Supply			PWS Identification Number: 6511307	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive				
Number of Service Connections at End of Month: 75			Total Population Served at End of Month:	
PWS Owner:				
Contact Person: Michael Smallridge			Contact Person's Title: Owner	
Contact Person's Mailing Address: 3336 Grand Blvd Ste 102			City: Holiday	State: FL Zip Code: 34690
Contact Person's Telephone Number: 727-937-6275			Contact Person's Fax Number: 727-940-2907	
Contact Person's E-Mail Address:				
B. Water Treatment Plant Information				
Plant Name: Orangeland Water Supply			Plant Telephone Number: 727-937-6275	
Plant Address: Liman Rd			City: New Port Richey	State: FL Zip Code: 34654
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:				
Plant Category (per subsection 62-699.310(4), F.A.C.): III			Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Eric Karl	C	7237	Three Days Per Week
Other Operators:				

II. Certification by Lead/Chief Operator
 I, 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 information 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 NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

<i>Eric Karl</i>	11/10/16	Eric Karl, Lead Operator	C7237
Signature and Date		Printed or Typed Name	License Number

MONTHLY OPERATION REPORT FOR PWSs TREATED RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 651-1307

Plant Name: Orangeland Water Supply

III. Daily Data for the Month/Year of: **Oct-16**

Means of Achieving Four-Log Virus Inactivation/Removal:* Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)

Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose					
				Peak Flow Rate, GPD	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/l	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW - sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1	x	24	16000		1.6									1.3	
2	x	24	7000		1.7									1.3	
3		24	7000												
4	x	24	8000		1.6									1.2	
5		24	7000												
6	x	24	7000		1.4									1.0	
7		24	6000												
8	x	24	4000		1.2									0.8	
9	x	24	6000		2									1.8	
10	x	24	12000		1.9									1.7	
11		24	12000												
12	x	24	11000		1.8									1.5	
13		24	10000												
14	x	24	14000		1.6									1.3	
15		24	14000												
16		24	14000												
17	x	24	10000		0.5									0.3	
18		24	9000												
19		24	9000												
20	x	24	8000		0.9									0.7	
21		24	8000												
22	x	24	11000		0.7									0.5	
23		24	11000												
24	x	24	9000		0.9									0.6	
25		24	9000												
26		24	9000											0.4	
27	x	24	10000		0.7										
28		24	9000												
29	x	24	13000		0.8									1.2	
30		24	12000												
31		24	12000											1.2	
Total			304,000												
Average			9806												
Maximum			16000												



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

See page 4 for instructions.

I. General Information for the Month/Year of: November 2016

A. Public Water System (PWS) Information

PWS Name: Orangeland Water Supply		PWS Identification Number: 6511307	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 75		Total Population Served at End of Month:	
PWS Owner:			
Contact Person: Michael Smallridge		Contact Person's Title: Owner	
Contact Person's Mailing Address: 3336 Grand Blvd Ste 102		City: Holiday	State: FL Zip Code: 34690
Contact Person's Telephone Number: 727-937-6275		Contact Person's Fax Number: 727-940-2907	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name: Orangeland Water Supply		Plant Telephone Number: 727-937-6275		
Plant Address: Liman Rd		City: New Port Richey	State: FL Zip Code: 34654	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:				
Plant Category (per subsection 62-699.310(4), F.A.C.): III		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Eric Karl	C	7237	Three Days Per Week
Other Operators:				

II. Certification by Lead/Chief Operator

I, 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 information 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 NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Eric Karl 12/8/16
Signature and Date

Eric Karl, Lead Operator
Printed or Typed Name

C7237
License Number

MONTHLY OPERATION REPORT FOR PWSs TREATED RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 651-1307

Plant Name: Orangeland Water Supply

III. Daily Data for the Month/Year of: **Nov-16**

Means of Achieving Four-Log Virus Inactivation/Removal:* Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)

Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, GPD	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/l	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1	x	24	12000		0.7									0.5	
2		24	11000												
3	x	24	15000		0.8									0.6	
4		24	15000												
5	x	24	9000		0.7									0.6	
6	x	24	12000		0.6									0.5	
7		24	12000												
8		24	12000												
9		24	12000												
10	x	24	11000		0.7									0.4	
11		24	10000												
12	x	24	11000		0.8									0.6	
13		24	11000												
14		24	11000												
15	x	24	12000		1.4									1.2	
16	x	24	9000		1.4									1.1	
17		24	8000												
18	x	24	6000		0.7									0.5	
19	x	24	13000		0.7									0.6	
20		24	12000												
21	x	24	10000		1									0.7	
22		24	10000												
23		24	9000												
24	x	24	13000		0.8									0.5	
25		24	12000												
26	x	24	7000		0.8									0.6	
27	x	24	10000		0.8									0.7	
28	x	24	8000		0.8									0.7	
29		24	8000												
30	x	24	23000		0.8									0.6	
31		24													
Total			334,000												
Average			11133												
Maximum			23000												



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

See page 4 for instructions.

I. General Information for the Month/Year of: December 2016				
A. Public Water System (PWS) Information				
PWS Name: Orangeland Water Supply			PWS Identification Number: 6511307	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive				
Number of Service Connections at End of Month: 75			Total Population Served at End of Month:	
PWS Owner:				
Contact Person: Michael Smallridge			Contact Person's Title: Owner	
Contact Person's Mailing Address: 3336 Grand Blvd Ste 102			City: Holiday	State: FL Zip Code: 34690
Contact Person's Telephone Number: 727-937-6275			Contact Person's Fax Number: 727-940-2907	
Contact Person's E-Mail Address:				
B. Water Treatment Plant Information				
Plant Name: Orangeland Water Supply			Plant Telephone Number: 727-937-6275	
Plant Address: Liman Rd			City: New Port Richey	State: FL Zip Code: 34654
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:				
Plant Category (per subsection 62-699.310(4), F.A.C.): III			Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Eric Karl	C	7237	Three Days Per Week
Other Operators:				

II. Certification by Lead/Chief Operator

I, 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 information 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 NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Eric Karl, Lead Operator Printed or Typed Name	C7237 License Number
--------------------	---	-------------------------

MONTHLY OPERATION REPORT FOR PWSs TREATED RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 651-1307

Plant Name: Orangeland Water Supply

III. Daily Data for the Month/Year of: Dec-16

Means of Achieving Four-Log Virus Inactivation/Removal:* Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)

Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, GPD	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/l	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1	x	24	10000		0.6									0.4	
2		24	10000												
3	x	24	9000		0.7									0.5	
4	x	24	11000		0.7									0.6	
5		24	11000												
6		24	11000												
7	x	24	13000		0.8									0.5	
8		24	12000												
9		24	12000												
10	x	24	12000		1.1									0.8	
11		24	12000												
12		24	11000												
13	x	24	8000		1.2									0.9	
14	x	24	10000		1.2									0.9	
15	x	24	10000		1.4									0.9	
16		24	10000												
17	x	24	7000		1									0.7	
18	x	24	7000		0.8									0.7	
19	x	24	22000		0.8									0.7	
20	x	24	11000		1.1									0.8	
21		24	11000												
22		24	10000												
23		24	10000												
24	x	24	12000		1.1									0.7	
25		24	12000												
26	x	24	8000		1.0									0.7	
27		24	12000		1.0									0.7	
28		24	12000												
29		24	11000												
30	x	24	9000		0.8									0.6	
31	x	24	12000		2.4									1.9	

Total	338,000
Average	10903
Maximum	22000

CUSTOMER COMPLAINT FORM

(CCU, CMU, CRU, EMU, HGU, HHU, MGU, OLU, PCU, WLWW)

8428 battle ct.

1. UTILITY NAME: Orange Land.

2. CUSTOMER NAME: Kathleen Smith

3. CUSTOMER PHONE NUMBER 727-815-5736

4. DATE OF COMPLAINT: 5-8-17.

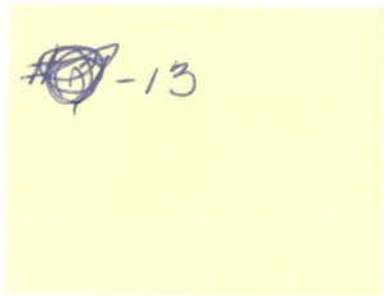
5. DESCRIBE REASON OF COMPLAINT:

Sink from bathroom is dribbling water and bath tub is backing up with dirt water.

6. CIRCLE ONE: COMPLAINT BY PHONE OR EMAIL. IF BY EMAIL, ATTACH EMAIL

7. HOW WAS COMPLAINT RESOLVED? DATE RESOLVED 5-8-17

Found sand in bathroom Faucet. cleaned aerator.





COMPANY ACTIVITY REPORT

FOR THE PERIOD 08/21/2017 THROUGH 08/25/2017

CASE NO:	CUSTOMER NAME	PHONE NUMBER:	RECEIVED	DUE	REPLY	CLOSED	TYPE	STAFF	DIV.
COMPANY: WU977	ORANGE LAND UTILITIES, LLC								
1235942W	LINDA MITCHELL	(720)-490-9345	02/10/2017	04/04/2017	04/05/2017	08/22/2017	WS-49	SDM	CAO
Total	1								

Request No. 1235942W

Name MITCHELL ,LINDA MRS

Business Name

Consumer Information

Name: LINDA MITCHELL

Business Name:

Svc Address: 8417 BATTEL CT

County: Pasco

Phone: (720)-490-9345

City/Zip: New Port Richey / 34653-

Account Number: 8417BC

Caller's Name: LINDA MITCHELL

Mailing Address: 8417 BATTEL CT

City/Zip: NEW PORT RICHEY ,FL 34653-

Can Be Reached:

E-Tracking Number:

**Florida Public Service
Commission - Consumer Request
2540 Shumard Oak Boulevard
Tallahassee, Florida 32399
850-413-6480**

Utility Information

Company: ORANGE LAND UTILITIES, LLC

Attn. Michael Smallridge1235942W

Response Needed From Company? Y

Date Due: 04/04/2017

Interim Report Received: / /

Reply Received: / /

Reply Received Timely/Late:

Informal Conf.: N

PSC Information

Assigned To: SHONNA MCCRAY

Entered By: BJ

Date: 02/10/2017

Time: 14:43

Via: PHONE

Prelim Type: QUALITY OF SERVICE

PO:

Disputed Amt: 0.00

Supmntl Rpt Req'd: / /

Certified Letter Sent: / /

Certified Letter Rec'd: / /

Closed by:

Date: / /

Closeout Type:

Apparent Rule Violation: N

Preclose type - Quality of Service

Customer Comments:

Customer called because she received a call from Orangeland Water Supply stating that she needed to remove her fence or Company would. Customer states that fence is not located on Company easement. Customer states that there is a gate that has been kept unlocked and allows Company to access their equipment and easement. Customer states gate has been repaired so there are no restrictions to easement. Customer states she does not understand why her fence needs to be removed.

Customer states that during a previous incident a representative from Company came to access the easement and that the representative was very disrespectful to her and used foul language towards her. Customer states representative slammed the gate causing it to jam. Customer states that she reported this to Company. Customer states there was no need for representative to speak to her in that manner.

Request No. 1235942W

Name MITCHELL ,LINDA MRS

Business Name

Customer is requesting an explanation for why Company is telling her to remove her fence. Customer is requesting that Company not remove her fence.

Per Consumer Complaint Rule 25-22.032, please use the following procedures when responding to PSC complaints.

1. Complaint resolution should be provided to the customer via direct contact with the customer, either verbally or in writing within 15 working days after the complaint has been sent to the company.
2. A response to the PSC is due by 5:00 p.m. Eastern time, of the 15th working days after the complaint has been sent to the company.
3. The response should include the following:
 - a) the cause of the problem
 - b) actions taken to resolve the customer's complaint
 - c) the company's proposed resolution to the complaint
 - d) answers to any questions raised by staff in the complaint
 - e) confirmation the company has made direct contact with the customer

4. Send your written response to the PSC, and copies of all correspondence with the customer to the following e-mail, fax, or physical addresses:

E-Mail - pscreply@psc.state.fl.us

Fax - 850-413-7168

Mail - 2540 Shumard Oak Blvd.

Tallahassee, Florida 32399-0850

Case taken by Belkis Joiner

3/14/17: company code and due date adjusted; forwarding to correct company. Shonna McCray

3/14/17: ATTN COMPANY:

PLEASE ADDRESS CUSTOMER CONCERNS NOTED ABOVE AND PROVIDE RESPONSE TO THE PSC BY 4/4/17. Shonna McCray

Request No. 1235942W

Name MITCHELL ,LINDA MRS

Business Name

UTILITY NAME: Orangeland Utilities, LLC

YEAR OF REPORT
DECEMBER 31, 2016

WATER UTILITY PLANT ACCOUNTS

Acct. No. (a)	Account Name (b)	** Previous Year (c)	Additions (d)	Retirements (e)	Current Year (f)
301	Organization	\$	\$	\$	\$
302	Franchises				
303	Land and Land Rights	1000			1000
304	Structures and Improvements	651			651
305	Collecting and Impounding Reservoirs				
306	Lake, River and Other Intakes				
307	Wells and Springs	1613			1613
308	Infiltration Galleries and Tunnels				
309	Supply Mains	340			340
310	Power Generation Equipment				
311	Pumping Equipment	6603			6603
320	Water Treatment Equipment	252			252
330	Distribution Reservoirs and Standpipes	3182			3182
331	Transmission and Distribution Lines	30276			30276
333	Services	4765			4765
334	Meters and Meter Installations NEW OLD	3134	3164		6298
335	Hydrants				
336	Backflow Prevention Devices				
339	Other Plant and Miscellaneous Equipment				
340	Office Furniture and Equipment				
341	Transportation Equipment				
342	Stores Equipment				
343	Tools, Shop and Garage Equipment		100		100
344	Laboratory Equipment				
345	Power Operated Equipment				
346	Communication Equipment				
347	Miscellaneous Equipment				
348	Other Tangible Plant				
	Total Water Plant	\$ 51816	\$ 3264	\$ 0	\$ 55080

** Transfer balance reconciled to order # PSC-17-0092-PAA-WU **

#14

UTILITY NAME: Orangeland Utilities, LLC

YEAR OF REPORT
DECEMBER 31, 2016

ANALYSIS OF ACCUMULATED DEPRECIATION BY PRIMARY ACCOUNT - WATER

Acct. No. (a)	Account (b)	Average Service Life in Years (c)	Average Salvage in Percent (d)	Depr. Rate Applied (e)	Accumulated Depreciation Balance Previous Year (f)**	Debits (g)	Credits (h)	Accum. Depr. Balance End of Year (f+g+h=i) (i)
304	Structures and Improvements	27	%	3.70 %	\$ 651	\$	\$	\$ 651
305	Collecting and Impounding Reservoirs	40	%	2.50 %				
306	Lake, River and Other Intakes	40	%	2.50 %				
307	Wells and Springs	27	%	3.70 %	1613			1613
308	Infiltration Galleries & Tunnels	40	%	2.50 %				
309	Supply Mains	32	%	3.13 %	118		7	125
310	Power Generating Equipment	17	%	5.88 %				
311	Pumping Equipment	17	%	5.88 %	1987		259	2246
320	Water Treatment Equipment	17	%	5.88 %	208		10	218
330	Distribution Reservoirs & Standpipes	33	%	3.03 %	2873		64	2937
331	Trans. & Dist. Mains	38	%	2.63 %	30276			30276
333	Services	35	%	2.86 %	4765			4765
334	Meter & Meter Installations OLD	17	%	5.88 %	3134		277	3411
334	Meter & Meter Installations NEW	40	%	2.50 %				
335	Hydrants	10	%	10.00 %				
336	Backflow Prevention Devices		%					
339	Other Plant and Miscellaneous Equipment	20	%	5.00 %				
340	Office Furniture and Equipment	15	%	6.67 %				
341	Transportation Equipment	6	%	16.67 %				
342	Stores Equipment	18	%	5.56 %				
343	Tools, Shop and Garage Equipment	15	%	6.67 %				
344	Laboratory Equipment	15	%	6.67 %			3	3
345	Power Operated Equipment	10	%	10.00 %				
346	Communication Equipment	10	%	10.00 %				
347	Miscellaneous Equipment	10	%	10.00 %				
348	Other Tangible Plant	10	%	10.00 %				
	Totals				\$ 45625	\$ 0	\$ 620	\$ 46245 *

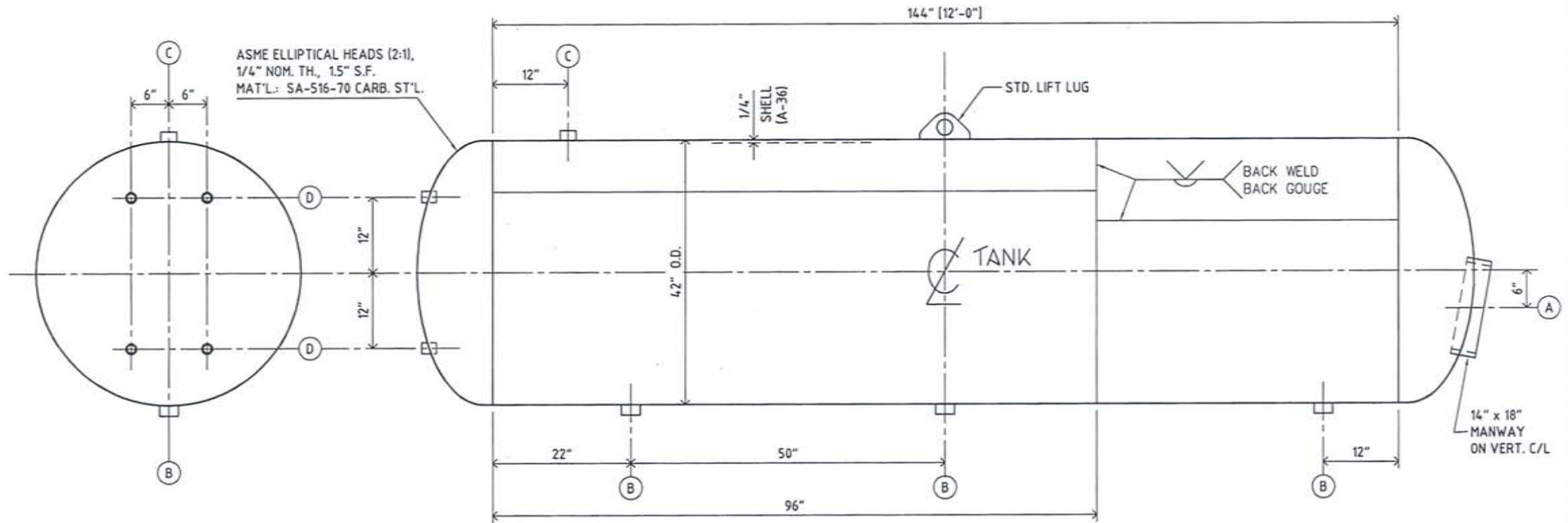
* This amount should tie to Sheet F-5.

** Transfer balance reconciled to order # PSC-17-0092-PAA-WU **

Site	Item	NARUC Account Number	Issue Relevance*	Problem	Solution	Regulatory Mandate (M) or Enhancement (E)	Comments	Year?	Year?	Year?	Total
Well	new Hydro tank			Leaking & Rusted original to System.	Install new tank	EM	Invoices attached.	2018			
Dist System	meter replacement program			old meters need changing				2018			

*For Issue Relevance, please use DM (Deferred Maintenance), S (Safety), C (Compliance), R (Reliability), or WQ (Water Quality). In the year columns, please include the amount spent and projected to be spent

#17



ASME ELLIPTICAL HEADS (2-1),
1/4" NOM. TH., 15" S.F.
MAT'L: SA-516-70 CARB. ST'L.

MARK	QTY.	SIZE	TYPE	RATING	INK. THK.	REMARKS
D	4	1"	F. CPLG.	3000#	---	LEVEL, GAUGE
C	1	1 1/2"	H. CPLG.	3000#	---	GAUGE
B	3	2"	H. CPLG.	3000#	---	DRAIN, INLET, OUTLET
A	1	14" x 18"	RING	300#	3/4"	MANWAY

NOZZLE SCHEDULE

Mat'l: CARBON STEEL Blast Ext.: SSPC-SP6 Int.: SSPC-SP10
 Point Ext.: Carboguard 8922 Primer + Carbothane 8812 Polyurethane Finish, White
 Point Int.: INTERNATIONAL INTERSEAL 670HS EPOXY, 2 COATS

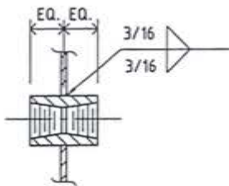
modern welding company of florida, inc.
 O R L A N D O - Phone (407) 843-1270 - Fax (407) 423-8187

FLORIDA UTILITIES SERVICES, LLC
949 GALLON HYDROPNEUMATIC TANK

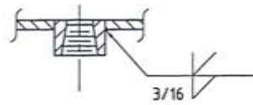
Dwn. by: *AK* Scale: 3/4"=12" Date: 09 JAN. 2018 File/Dwg. No.
 Apr. by: *B.C.* Job No.: 041815-1-1 Sheet 1 of 1 **6B-5960**

GENERAL NOTES:

1. CAPACITY 949 GALLONS.
2. BUILT IN ACCORDANCE TO ASME SECT. VIII, DIV. 1 STANDARDS. (ASME STAMP NOT REQ'D.)
3. DESIGN PRESSURE 100 PSI, TEST AT 130 PSI.
4. CLOSE OFF ALL OPENINGS PRIOR TO SHIPMENT.



TYP. DETAIL AT FULL CPLGS.



TYP. DETAIL AT HALF CPLGS.

No.	Apr.	Revision	Date



Modern Welding Co. of Florida, Inc.
 1801 Atlanta Ave.
 P.O. Box 568678 (32856)
 Orlando, FL 32806 United States

Phone: 407-843-1270
 Fax: 407-423-8187

Sales Order Acknowledgement

Page: 1 of 1

Sales Order: 41815

Entered By: gcaton

<p>Sold To Customer No.: 0663027406</p> <p>Florida Utility Services, LLC 3336 Grand Blvd., Suite 102 Holiday FL 34690 United States</p> <p>Phone: 352-302-7406</p>	<p>Ship To:</p> <p>Mike Smallridge (Fla. Utility Svs.) Orangeland New Port Richey FL United States</p> <p>Phone: 352-302-7406</p>
---	--

Order Date: 1/8/2018	PO Number:
Need By: 1/8/2018	Ship Via:
Terms: Due Immediately	FOB: Origin

Payment Terms: 50% deposit due prior to material ordering & fabrication. Balance due at time of completion of fabrication in the form of a cashier's check.

Line	Part Number/Description	Weight	UOM	Order Qty	Unit Price	Ext. Price
1	949 Gallon Hydropneumatic Tank			1.00 EA	9,645.00/1	9,645.00
Horizontal - aboveground - 100 PSI design pressure - Fabrication in accordance to ASME Section VIII - Div. 1 Standards - Tank not to have the ASME "U" stamp - Details as per MWCF Dwg.# (No Saddles)						

Line Total: 9,645.00
 Line Tax Charges: 628.70
 Line Miscellaneous Charges: 0.00
 Order Miscellaneous Charges: 0.00

Order Total 10,273.70

Customer Signature 

1075

ORANGE LAND UTILITIES, LLC

3336 GRAND BLVD, SUITE 102
HOLIDAY, FL 34690
863-904-5574

IBERIABANK

84-7041/2652

1/5/2018


PAY TO THE ORDER OF Modern Welding Company of Florida, Inc.

\$ **4,822.50

Four Thousand Eight Hundred Twenty-Two and 50/100*****

DOLLARS

Modern Welding Company of Florida, Inc.
PO Box 568678
Orlando, FL 32856


AUTHORIZED SIGNATURE

MEMO hydropneumatic tank



ORANGE LAND UTILITIES, LLC

1075

Modern Welding Company of Florida, Inc.

Date	Type	Reference	Original Amt.	Balance Due	1/5/2018 Discount	Payment
1/4/2018	Bill	1.04.18-1	9,645.00	9,645.00		4,822.50
					Check Amount	4,822.50

Checking - Iberia Ban hydropneumatic tank

4,822.50

Security features. Details on back.



BLAKE UTILITY CONSTRUCTION, LLC
 10865 EAST STATE ROAD 40
 SILVER SPRINGS, FL 34488
 (352) 625-0269
 FAX (352) 625-0112

June 26, 2017

Quote: Florida Utility Services, Inc
 Orange Lank Utilities, New Port Richey FL
 RE: Hydro-pneumatic Water Tank

2nd Bid.

(1) Hydro-Pneumatic Tank 1,000 gallon
 Model #:HPH125-1000E-4213.8
 Tank Size: 42" OD x 145" TAN to TAN 2300 lbs. approx.
 Material: Carbon Steel
 Fittings: Carbon Steel Special (openings per sketch)
 Manway: 14"x18"
 A.S.M.E. Constructed & Stamped for 125 psig Section VIII
 Lining: Epoxy NSF Listed
 Paint: RCP Primer
 Supports: Special Saddles (8'x6" wide) shipped loose
 Options: None

All Trim, Appurtenances, pier design, foundation, installation, unloading, training and accessories NOT by RECO USA or Blake Utility

Availability: 10-12 weeks ARD

Quoted Price Inc.: (1) Tank & Saddles: \$8151.00 + Tax

Estimated freight (not included) \$1600.00 subject to change at time of shipment

(Tax exemption Certificate, required)

Price firm for 30 days

Due to volatility of material cost, we reserve the right to review pricing at time the order is released for fabrication.

SUBMITTED BY: Peggy-Sue Blake

Blake Utility Construction, LLC

ACCEPTED THIS _____ DAY OF _____ 2017

ACCEPTED BY: _____

TITLE: _____

SIGNATURE: _____

Acceptance of proposal performed by person with proper authority to enter into this agreement pg. 1 of 2

Acceptance of page 1 constitutes acceptance of page



BLAKE UTILITY CONSTRUCTION, LLC
10865 EAST STATE ROAD 40
SILVER SPRINGS, FL 34488
(352) 625-0269
FAX (352) 625-0112

Terms of Contract

1. Standard payments terms are *due upon receipt* of Invoice
2. Standard Contractor terms are invoiced as follows:
 - 50% due **at release to production**
 - 40% due before shipment
 - 10% due **upon receipt of Tank**
3. Payments shall not be dependent or contingent upon other payment's receipt or draws.
4. We reserve the right to charge one and one-half percent (1½ %) of the past due balance per month. If it becomes necessary for us to employ an attorney or to bring suit to recover any amount, the *Purchaser* agrees to pay all related costs including, but not limited to: court cost, legal expenses, and any reasonable attorney fees in connection therewith. These remedies are not in lieu of any other remedies so provided by applicable law.
5. All materials are the property of BLAKE UTILITY CONSTRUCTION, LLC until paid in full.

Submitted by: Peggy-Sue Blake
BLAKE UTILITY CONSTRUCTION, LLC

Accepted this day: _____ 2017

By: _____

Title: _____