FLORIDA UTILITY SERVICES 1, LLC 5911 TROUBLE CREEK RD. NEW PORT RICHEY, FL. 34652 863-904-5574

October 20, 2020

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

RE: Application for a staff assisted rate case for Mcloed Gardens Utilities, LLC Docket # 20200168

Dear Commission Clerk:

Enclosed please find the company's response to staff's second data request.

On behalf of the company,

Mike Smallridge.

COMMISSION

RECEIVED-FPSC

Re: Company response to staff's second data request in Docket No. 20200168-WS – Application for staff-assisted rate case in Polk County, and request for interim rate increase, by McLeod Gardens Utilities, LLC.

Monthly Operating Reports (MORs)

1. Please provide a copy of the MORs from June 2019 through December 2019. Company Response: Please see enclosed MOR's.

Meter Testing and Replacements

2. Please provide the number of meters tested from January 2016 through present day.

Company Response: estimated at 66.

- 3. Please provide the number of meters replaced from January 2016 through present day.

 Company response: 43. Please see enclosed.
 - 4. Does the utility have a meter testing program? If no, please explain.

Company response: The Company requests a meter change out program in this docket.

Pro Forma

5. Please provide bids or invoices for the replacement of the well house. In addition, provide an anticipated date of completion.

Company response: I am still gathering bids. This will be a late filed item.

Growth

- 6. Please verify the total number of lots the system serves. Company response: There are currently 98 active customers with 8 vacant lots to be built on in phase 1. Phase 2 is within the utility's franchise territory and is platted for 43 homes but there are no homes currently under construction.
- 7. Is the McLeod Garden system built out? If not, are new homes expected to be built in the development?

 Company response: No. I certainly hope someone will build some new homes.

 Currently, we have no notification of any plans to build on the empty lots.

Bad Debt Expense

8. Please provide support showing actual bad debt expense from January 2017 through September2020. In addition, provide the estimated bad debt expense through the end of 2020.

Company response: Please see enclosed bad debt information.

On behalf of the utility,

Mike Smallridge

PLANT NAME: Mc Leod Gardens Monitoring Period From:06/01/19 To: 06/30/19
(WATER REPORT)

·			K KEPU						
DAY	METER 1	METER	TRC	PH	TRC	PH	MULT.	1000	Bact.
PREV	95370					:		-	
11							42000		42000
2							42000		42000
3	95496		2.9		2.4		42000		42000
4 5		:					50000		50000
5	95596		2.9		2.4		50000		50000
6							48000		48000
7	95692		2.9		2.4		48000		48000
8							71333		71333
9							71333		71333
10	95906		2.5		2.0		71333		71333
11							40500		40500
12	95987		2.7		2.1		40500		40500
13							51000		51000
14	96089		3.2		2.1		51000		51000
15							63500		63500
16	96216		3.2		2.4		63500		63500
17							19000		19000
18							19000		19000
19	96273		3.0		2.5		19000		19000
20							30500		30500
21	96334		4.4		3.0		30500	ľ	30500
22							45667		45667
23							45667	i i	45667
24	96471		3.8		3.0		45667		45667
25							49000		49000
26	96569		3.6		3.2	:	49000		49000
27							59000		59000
28	96687		3.5		2.6		59000		59000
29							21500		21500
30	96730						21500		21500
				=			- - - - - - - - - -		
Total Flo)W						1360000		1360000
ADF							45333		45333
MAX			4.4		3.2	I	71333		71333
MIN			2.5		2.0		19000		19000

	eneral Information for the Month/Year of: Monitoring Period From:06/	01/19	9 To: 0	6/30/19						
A.	Public Water System (PWS) Information									
	PWS Name: Mc Leod Gardens Utilities LLC	***************************************	***************************************	PWS Identification	n Numbe	r·	6535393			
	PWS Type: X Community Non-Transient Non-Community	T	T	Transient Non-Co			Consecutive			
	Number of Service Connections at End of Month: 397	Total Population Served at End of Month:								
	PWS Owner: Mike Smallridge									
	Contact Person : Mike Smallridge	Con	tact Per	son's Title:	MAN	AGER				
	Contact Person's Mailing Address: 3336 Grand Blvd, Ste 102 City: Holiday									
		Con	tact Per	son's Fax Number		/·	Zip Code. 5-	TU3U		
	Contact Person's E-Mail Address: NONE	1		COLLO L GALLAGINDO						
В.	Water Treatment Plant Information									
	Plant Name: Mc Leod Gardens Utilities LLC	Plan	t Telepi	none Number:		863	537-1971			
	Plant Address: Bomber Road & Spruce Blvd City: Eagle Lai			TOTO I TOTO	State	: FL	Zip Code:			
	Type of Water Treated by Plant:						inished Water			
	Permitted Maximum Day Operating capacity of Plant, gallons per day:		12,800		Liaro	100001	moned water			
			t Class:		D	2.3				
	Licensed Operators Name	<u> Minamento de la como</u>		License Class		see Num	balloayisyShiff(s	9 Worked as a Et Fill		
	Lead/Chief Operator: GAINES ALEXANDER		1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	C.	C-54	72	CARLESTO ATALLES	12		
	Other Operators: DANNY ALEXANDER			C C-1237				· · · · · · · · · · · · · · · · · · ·		
	JENNIFER ALEXANDER			Č	C-21					
	CHRIS NICHOLS			c	C-20					
	A CONTRACT OF THE PARTY OF THE				-					
						· · · · · · · · · · · · · · · · · · ·				
II. C	ertification by Lead/Chief Operator	i ka			1.3	747 W.				
	I, the undersigned water treatment plant operator license in Florida, am the lead/ch	ief or	perator	of the water treatm	nent plant	identifie	d in Part Lof			
	this report. I certify that the information provided in this report is true and accurate t	to the	best of	mv knowledge an	nd helief	certify t	hat all drinking			
	water treatment, chemicals used at this plant conform to NSF International Standar	rd 60	or othe	r applicable stand:	ards refer	anced in	eubsection			
	62-555.320(3), F.A.C. I also certify that the following additional operations records	for th	is plant	were prepared ea	ch day th	at a licer	sed operator			
	staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) is									
	applicable, appropriate treatment process performance records. Furthermore, I agr	ee to	provide	these additional	oneration	s records	e to the PMS own	ner		
	so the PMS owner can retain them, together with copies of this report at a conveni	ient id	ocation	for at least ten ves	are	o records	S TO THE I. MY O CAN			
	Fairer aleson de 07/10/2019 GAINES ALEX			.o. actions to it yes	A1.9.		0.5470			
	Signature and Date Printed or Type				·················		C-5472			
	DEP Form 62-555.900(3)	DIFI DE	1116			L	icense Number			

Effective August 28, 2003

PWS: Identi	ification N	lumber:		6535393	3		Plant Name: Mc Leod Gardens Utilities LLC								
					5 Alberthauturen	Monitoring Period I		T 02/0/							
Means of Ad	chieving F	our-Log Virus	inactivation / Ren	noval· *	wydosanachw ddiadhoadhig 1,885	MUNICIPAL PRIOR			ארע						
		Ultraviolet Ra	adiation		Other: (Describe):	<u> </u>	Free Chlori	ne		Chlorine Dia	xide		Ozone	Combined Chlorine(Chloramines)	
Type of Dist	nfectant F	Residual Mainta	ained in Distribution			""""""""""""""""""""""""""""""""""""""		Free Ch	lorine		Combined C	hlorine(Clora	mines)	Chlorine Dioxide	
				CT Calculation	is, or UV Dose, to D	emonstrate Four-Lor	Virus Inactive	illon, If Ap	plicable*	1.14数数据		Tale Solom, and the second			
	era e Seletara	MARKET S			1.500 Co. 1765 W	Ct Calculations		104	(a) (a) (b) (b) (b) (b) (b) (b) (b) (b) (b) (b		UV Dose	X	The office		
					for the same		any of	4	13944		1000	I to the second			
	He die					121/2017			Trick to the state of the		1.3424		At all the		AZZININ SINI
			170 de 1800	A TENEDO					f	Hadradk					
				45.45			10° $30/2$		The Same	上 生 引动	1.4 6		Water Till		
	aberie gag	$M \in \mathcal{O}(M)$	And Addition				Lowest CT					9	据证金 战 法		
25022	un K		Same and	A^{*}	1		Provided	1 m		F12 - 15	1000				ara Kali Labarahan
16	lays Plant	4.40			Lowest Residual Disinfectant	I BLEEL O	Before or at		diagothe di	L Manight			Lowest Residual	基础是不确定的	Garage Control
	Staffed or		15071-041		concentration	Disinfectant Contact Time (T) a	First Customer			144	Lowest	Minimum	Disinfectant		有限的
Day of V	/Isited by	Parties Carl	Net Quality of	计算的信息	Before or at First	C Measurement	During Peak		1211	Minimum CT,	UV Dose,	UV Dose required	concentration at Remote Point in		AT MARKET TO STATE OF
the C	Operator	Hours Plant		Peak flow rate		Point During Peak	Flow, mg-		pH of Water, i	Required mo	mW-	mW-	Distribution		ing Conditions; Repair or
Bay of V the C month (HINCO X	in Operation	Produced, gal	, gpd.	Peak Flow mg/L	Flow, minutes	min/L	Water, C	Applicable	min/L	Sec.cm2	sec/cm2	System mark	Emergency or Abnormal Operal Maintenance Work that involve Components Out to	d Commen
14		24	42000	,	ľ										
2		24				 	 	 	ļ	ļ	 	 			
1.43. Har 4 482	X	24	42000	ol .	2.9	 	 	-			-	<u> </u>			
4 462		24						†		1	 	 	2.4		
5 6	<u> </u>	24			2,9			1	1		<u> </u>	 	2.4		···/-
7	×	24 24													
8		24			2.9	<u> </u>		<u> </u>					2.4		
9.7		24					<u> </u>	_	<u> </u>						
10	Х	24			2.5		 	 		+					
311		24					 	 		 	 		2.0		-
12	X	24			2.7			 		 	 		2.1	<u> </u>	
. 13 -	x	24 24										-			
15	^_	24			3.2	<u> </u>							2.1		
46	Х	24			3.2	!	<u> </u>	<u> </u>	 	ļ	<u> </u>				
· 417		24	19000		3.2		<u> </u>	 	 	 			2.4		7
18		24							 	 		 	***************************************		
19 20	X	24			3.0				İ				2.5		
21	x	24 24													
22		24			4,4	<u> </u>		ļ					3.0		
23		24													
24	Х	24			3.8			 	}	ļ					
25		24			V.IV	-		 	 	<u> </u>			3.0		
26	_X	24			3.6					i			3.2		
27	×	24	59000												
29		24 24	59000 21500		3.5								2.6		(COA)
50		24	21500												
			2,500												
Total # " E		F 1985	1360000	ľ		1.		i	L	<u> </u>					
A TOTAL PROPERTY.		Barbara Const.	45333	1											

Effective Aug X

<sup>453331
71333
*</sup>Refer to frie ristructions for this report to determine which plants must provide this information.

DEP Form 62-555.90(2)



DRINKING WATER BACTERIOLOGICAL ANALYSIS

FLORIDA WATER LABORATORY

8 Oakwood Road - Winter Haven, FL 33880 Phone (863) 965-2540 • Fax (863) 967-8601 FDOH Certification # E84567 • Margaret Rajpaul - Director, Contact Person **NELAC CERTIFIED**

-1/5		-
Lab Receipt Date & Time:		
Analysis Date & Time: Sample Acceptance Criter	te fin fin e	3 520
Sample Preservation Aon Ice	□ Not On Ice □_	7. 6.℃
Disinfectant Check Not Dete	ected Q.	mg/L
Sample Preservation, 20 n Ice Disinfectant Check 2 Not Dete This sample does not meet the	ected Q.	mg/L

				Pyrom	eter IR#	3			44	
	Requested: (check all that apply) Coliform/E-Coli	nterocci 🚨 Colilert 🖵	HPC 🔲 (
System	Name: MC Lead Garde			PW	/S I.D.		45			
System	Address: Lily Pad K				County	·	101	RI		
	or Owner's Phone #:			Fax #:					- Melet and out it	·
Collecto	or: 1974 Sweeten			Collecto	r's Phor	e #:	740	<u>)</u>	\$47	
C omm	Supply: (check only one) unity Water System	· · · · · · · · · · · · · · · · · · ·	ransient No		inity Wal	er Syste	m	Lim	ited Use	
Private		U Bottk	ed Water		<u>_</u>	Other				
August 4	for Sampling: (check all that apply) oution Routine	w (tringered or assessmer	nt\ □Ra	w (tripge	red or a	ssessme	nt) additi	innal D	Iwell s	un/ev
and all	ance Replacement (also check type of sam								a rven o	l c
Sample	Collection Date: 6-11-14								-	-
	To be completed in							i ba dh	inatai (y late.
Sample Number	Sample Point (Location or Specific Address)	Lab Sample Number	Collection Time	Sample Type¹	Disinfect Res'd	рН	E, coli Ai Non		hod:≤₃ / :	77776C Data Qualifier
13	Well	0723Y	905		B	7.7		Α	A	
	U. (Z	0072			3	20		1	£	
	41711 Mapa	007233	975		.1.1	:#* :#(a) <u>.</u>		Α	A	
										,
				ecs pub. w		j.,	I.	EC	IVE	D
							•	UN 1		
					**	[7] [2]	<u> </u>	ronme DOH -	Bartov	<u> </u>
non-tra	e of disinfectant residuals for routine and rep nsient non-community systems serving population plant samples in the average.)					The test	re performe	d in accorda his report o	nce with NE	ule 62-160, Table 1 LAC standards. to the analyses
Persor	performing analysis is (Please see instructions							sitive resul		
Supe		Employed by a certified Employed by DEP or DO			Date Sta Lab Sig	11	by lab of po	paitive resul	tsi Z ((()	6/12/19
Company or property		i i i i i i i i i i i i i i i i i i i			Title	Za	<i>J</i> a.,,	HIG	4100	
Ne	ame and Mailing Address of Person to R	eceive Repor	Satisfa	ctory		The state of the s		DE	Р/ООН/	JSE ONLY
h.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Consta Flow, Inc		☐ Incomplete Collection Information ☐ Repeat Samples Required ☐ Replacement Samples Required							
	5574 Commercial E Winter Haven, FL 3	Blvd	Date Rev	riewed b	y DEP	DOH:_		- y' 45- 1	amples	

Page 1 of 1 DEP Sample Type Codes: D - Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)

- Analysis Methods: MF = SM9222B-& D; MTF = 9221B & EC/MUS; MMO/MUG = SM9223B; #IRC = SM9215B
- Results: A = coliforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count

DEP/DOH Reviewing Official:

PLANT NAME: Mc Leod Gardens Monitoring Period From:07/01/19 To: 07/31/19
(WATER REPORT)

DAY	METER 1		TRC	PH	TRC	PH	MULT.	1000	Bact.
PREV	96730	IVIL I LIV	IINO	<u> </u>	INC		MOL1.	1000	Daci.
1	96816		2.8		2.2		86000		86000
2	30010		2.0		2.2		88000		88000
3	96992		3.8		3.4		88000		88000
4	30332		3.0		J.4		59000		59000
5	97110		1.0	ļ	0.6		59000		59000
6	37110		1.0		0.0		38333		38333
7	_						38333		38333
8	97225		0.5		0.2		38333		38333
9	31223		0.5		0.2		69000		69000
10	97363		2.5		2.0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	69000		69000
11	21000		2.0		2.0		40500	in a succession of the success	40500
12	97444		1.8		1.4		40500		40500
13	01777		1.0		1.7		44333		44333
14							44333		44333
15	97577		1.2		0.7		44333	<u></u>	44333
16	0,011		1.2		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		23000		23000
17	97623		1.2		0.8		23000		23000
18	07020				0.0	N	85500		85500
19	97794		1.4		1.0	· · · · · · · · · · · · · · · · · · ·	85500		85500
20	0,70		1.7		1.0		52667		52667
21						/	52667		52667
22	97952		1.8		1.3		52667		52667
23					,,,,		21500		21500
24	97995		1.4		1.1		21500		21500
25	0,000						19500		19500
26	98034		1.0		0.8		19500		19500
27	0000		1.0		-0.0	:	27000		27000
28							27000		27000
29	98115		1.4		0.7		27000		27000
30							27000		27000
31	98169		1.7		1.2		27000		27000
Total Fl	ow						1439000		1439000
ADF					- ; †		46419		46419
MAX			3.8		3.4		88000		88000
MIN			0.5		.0.2		19500	:	19500

I. Ge	eneral Information for the Month/Year of:	Y	Period From:07/01/	19 To: 07/31/19					
A.	Public Water System (PWS) Information								
	PWS Name: Mc Leod Gardens	s Utilities LLC		PWS Identificati	on Number:	6535393			
	PWS Type: X Community	Non-Transient Non-Com	munity	Transient Non-C	ommunity	Consecutive			
	Number of Service Connections at End	r of Month:	397 Tot	al Population Served at E	nd of Month:				
	PWS Owner: Mike Smallridge								
	Contact Person : Mike Smallridge			ntact Person's Title:	MANAGE	3			
	Contact Person's Mailing Address:	3336 Grand Blvd, Ste 10			State: FL	Zip Code: 34690			
	Contact Person's Telephone Number:	352-302-7406	Co	ntact Person's Fax Numbe	er:				
	Contact Person's E-Mail Address:	NONE			•				
В.	Water Treatment Plant Information								
	Plant Name: Mc Leod Gardens Utilities LLC Plant Telephone Number: 863-537-1971								
	Plant Address: Bomber Road & Spruce	Blvd	City: Eagle Lake/B		State: FL				
	Type of Water Treated by Plant:	X	Raw Ground Wate	3	Purchased	l Finished Water			
	Permitted Maximum Day Operating cap			712,800					
	Plant Category (per subsection 62-699		Pla	nt Class:	D				
	Licensed Operators	Name		License Class		umbe Day(s)/Shiff(s) Worked			
	Lead/Chief Operator:	GAINES ALEXANDER		С	C-5472	14			
	Other Operators:	DANNY ALEXANDER		С	C-12379				
		JENNIFER ALEXANDER		С	C-21471				
		CHRIS NICHOLS		С	C-20287				
						1			
u a									
II. C	ertification by Lead/Chief Operator								
II. Ci	I, the undersigned water treatment plan	nt operator license in Florida		operator of the water treat	ment plant ident				
II. S	I, the undersigned water treatment plan this report. I certify that the information	nt operator license in Florida provided in this report is tru	ue and accurate to th	operator of the water treatine best of my knowledge a	ment plant ident nd belief. I certi	fy that all drinking			
III. C	I, the undersigned water treatment plan this report. I certify that the information water treatment, chemicals used at this	nt operator license in Florida provided in this report is tru s plant conform to NSF Inter	ue and accurate to the rnational Standard 6	operator of the water treat the best of my knowledge a O or other applicable stand	ment plant ident nd belief. I certi dards referenced	fy that all drinking d in subsection			
	I, the undersigned water treatment plan this report. I certify that the information water treatment, chemicals used at this 62-555.320(3), F.A.C. I also certify that	nt operator license in Florida provided in this report is tru s plant conform to NSF Inter the following additional ope	ue and accurate to the rnational Standard 6 erations records for t	operator of the water treati e best of my knowledge a 0 or other applicable stand his plant were prepared ea	ment plant ident nd belief. I certi dards referenced ach day that a li	fy that all drinking d in subsection censed operator			
II. ©	I, the undersigned water treatment plan this report. I certify that the information water treatment, chemicals used at this 62-555.320(3), F.A.C. I also certify that staffed or visited this plant during the n	nt operator license in Florida provided in this report is true s plant conform to NSF Inter the following additional oper month indicated above: (1) r	ue and accurate to the mational Standard 6 erations records for t records of amounts of	operator of the water treating best of my knowledge at 0 or other applicable standhis plant were prepared eart chemicals used and che	ment plant ident nd belief. I certif dards referenced ach day that a li emical feed rates	fy that all drinking d in subsection censed operator s; and (2) is			
II. G	I, the undersigned water treatment plan this report. I certify that the information water treatment, chemicals used at this 62-555.320(3), F.A.C. I also certify that staffed or visited this plant during the n applicable, appropriate treatment proce	nt operator license in Florida provided in this report is true s plant conform to NSF Inter the following additional oper month indicated above: (1) ress performance records.	ue and accurate to the mational Standard 6 erations records for t records of amounts of urthermore, I agree t	operator of the water treative best of my knowledge at 0 or other applicable standhis plant were prepared each of chemicals used and che o provide these additional	ment plant ident nd belief. I certif dards referenced ach day that a li emical feed rates operations reco	fy that all drinking d in subsection censed operator s; and (2) is			
II. C	I, the undersigned water treatment plan this report. I certify that the information water treatment, chemicals used at this 62-555.320(3), F.A.C. I also certify that staffed or visited this plant during the n applicable, appropriate treatment process, the PWS owner can retain them, tog	provided in this report is true s plant conform to NSF Inter the following additional oper month indicated above: (1) ress performance records. For gether with copies of this rep	ue and accurate to the mational Standard 6 erations records for the records of amounts of the urthermore, I agree to port, at a convenient	operator of the water treating best of my knowledge at 0 or other applicable standhis plant were prepared each chemicals used and chest operation of chemicals used and chest ten year of cation for at least ten year.	ment plant ident nd belief. I certif dards referenced ach day that a li emical feed rates operations reco	fy that all drinking d in subsection censed operator s; and (2) is ords to the PWS owner			
	I, the undersigned water treatment plan this report. I certify that the information water treatment, chemicals used at this 62-555.320(3), F.A.C. I also certify that staffed or visited this plant during the n applicable, appropriate treatment proce	nt operator license in Florida provided in this report is true s plant conform to NSF Inter the following additional oper month indicated above: (1) ress performance records.	ue and accurate to the mational Standard 6 erations records for t records of amounts of urthermore, I agree t	operator of the water treating best of my knowledge at 0 or other applicable standhis plant were prepared each chemicals used and chest oprovide these additional location for at least ten yed.	ment plant ident nd belief. I certif dards referenced ach day that a li emical feed rates operations reco	fy that all drinking d in subsection censed operator s; and (2) is			

Effective August 28, 2003

1.0

0.5

2.5

1.8

1.2

1.2

1.4

1.8

1,4

1.0

1.4

1.7

Plant Name:

Means of Achieving Four-Log Virus Inactivation / Ultraviolet Radiation	Removal: *	Other: (Describe):		Free Chlorine			Chlorine Dioxide			Ozone	Combined Chlorine(Chloramines)	
Type of Disinfectant Residual Maintained in Distri	oution System:				Free Chic	orine		Combined C	hlorine(Cloran	nines)	Chlorine Dioxide	
	CT Calculation	ns, or UV Dose, to De	monstrate Four-Log Ct Calculations	Virus Inectivat	ion, if App	licable*	a la dis	UV Dose	х			
					1							
				Lowest CT Provided								
Days Plant Staffed ex Day of Visited by Net Qualit		Lowest Residual Disinfectant concentration Refore or at First	Disinfectant Contact Time (T) at C Measurement	Before or at First Customer			Minimum CT	Lowest Operating UV Dose,		Lowest Residual Disinfectant concentration at		
the Operator Hours Plant Finished W	eter Peak flow rate	Customer During Peak Flow mg/L	Point During Peak	Flow, mg-	Temp of Water, C	pH of Water, if Applicable	Required mg	mW- Sec.cm2	required, mW- sec/cm2	Remote Point in Distribution System, ma/L	Emergency or Abnormal Operating C Maintenance Work that thyolves Tal Companies Sout of Operation	ing Water System
1 × 24 86	000	2.8								2.3		
	000									<u> </u>		
3 X 24 88	000	1 3.8							1	3.4	4	

Mc Leod Gardens Utilities LLC

0.6

0.2

2.0

1.4

0.8

1.0

1.3

1.1

0.8

0.7

1.2

Average 4 46419
Maximum 88000

Refer to trial instructions for this report to determine which plants must provide this information.

DEP From 02-959,00(8)

Effective Aug X

1 29

 X

Total

PWS: Identification Number:



UTER+ ... TERIOLOGICAL ANALYSIS

File Analysis Resident No. System No. System Additional Private Washington Formula Private Washingto	apply: (check only one) ity Water System □ Noncommunity Wate	ransient No	Analysisampi Sampi Sampi Disinfe This sa Pyrom Other: PV Fax #: Collector concommunity aw (trigge	Preserva ctant Che imple doe imple d	e#:er Syst	emt) additi	lot On Ice	C require	mg/L ments:		
Sample Co	ollection Date: 7-11-19				sel, mi					n l	
Sample Number	Sample Point (Location or Specific Address)	Lab Sample Number	Collection Time	Sample Type	Disinfect Res'd	рН	Total Coli E. coli Ar Non	orm Analy alysis Met Total	sis Method hod: 🗐 📭	Data	
	Nell I	009175	150	K	Ð.	73		A	in the second	rens to other to	j.
75		009176	1,35					Α	A	erika di bir Bonglar	
	106 Weeping Millow	009177	144		55	7 /2		A	A		200 - 100 -
		entreament of the No.				24.2					
										Special Control	
0 a						7.2	i Envilo	medi No e	Heal	and the state of t	
non-transi	of disinfectant residuals for routine and repe ent non-community systems serving population nt samples in the average.)				55	The te	are performed st results in t	in accorda	nce with NE	de 62-160, Table 1 LAC standards to the analyse	-2.30
Person p A certif Supervi						/S notifie	d by lab of po	sitive resu	- 10 11	7/19/10	
Nam	e and Mailing Address of Person to Ro Consta Flow, Inc 5574 Commercial Blvd Winter Haven, FL 3388	☑Satisfa ☐Incom ☐Repea Date Rep DEP/DO	plete Co it Samp viewed I	es Req by DEP	uired C DOH:				JSE ONLY Required		

Page 1 of 1

DEP Sample Type Codes: D - Distribution (Routine Compliance), C = Repeat or Check: R = Raw: N = Entry to Distribution; P = Plant Tap: S = Special (clearance, etc.)

Analysis Methods: MF = SM9222B & D: MTF = 9221B & EC/MUG: MMO/MSG = SM9223B HPC = SM9215B

BACTI FORM REVISIONS #3

Results: A = coliforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count

PLANT NAME: Mc Leod Gardens Monitoring Period From:08/01/19 To: 08/31/19
(WATER REPORT)

	7	TANDIE	K KEPU	(LA					
DAY	METER 1	METER	TRC	PH	TRC	PH	MULT.	1000	Bact.
PREV	98169								
1_1_	98215		1.7		1.4		46000		46000
2							18500		18500
3							18500		18500
4							18500		18500
5	98289		3.2		2.5		18500		18500
6							30500		30500
7	98350		3.2		2.5		30500		30500
8							28000		28000
9	98406		2.2		1.7		28000		28000
10							28333		28333
11				***************************************			28333		28333
12	98491		2.2		1.6		28333		28333
13							26333		26333
14				-			26333		26333
15	98570		1.5		0.3		26333		26333
16							20000		20000
17	98610		3.0		2.5		20000		20000
18							34500		34500
19	98679		3.3		3.4		34500		34500
20							64500		64500
21	98808		3.4		2.5		64500		64500
22							18000		18000
23	98844		3.5		2.7	1	18000		18000
24							28000		28000
25							28000		28000
26	98928		4.4		3.5		28000		28000
27							26000		26000
28	98980		2.1		2.0		26000		26000
29							31000		31000
30	99042		2.5		2.1		31000		31000
31	99073						31000		31000
-			<u> </u>						_
Total Fig	<u>w</u>						904000		904000
ADF							29161		29161
MAX			4.4		3.5		64500		64500
MIN			1.5		0.3		18000		18000

JI. G	eneral information for the Month/Year of:	Monitoring	Period From:08	/04/40 Ta	v 09/24/40			
A.	Public Water System (PWS) Information		T enog) Tom.oo	701/18 10	J. UO/S I/ 19			
	PWS Name: Mc Leod Gardens				PWS Identification		0505000	
	PWS Type: X Community	Non-Transient Non-Com	munity		Transient Non-Co		6535393	
	Number of Service Connections at End	of Month:	397	Total Po	pulation Served at Er		Consecutive	
	PWS Owner: Mike Smallridge			Trotaire	pulation Served at El	na or month:		
	Contact Person : Mike Smallridge			Contact	Person's Title:	MANAGER		
	Contact Person's Mailing Address:	3336 Grand Blvd, Ste 10	2 City: Holiday	Toomacc	reisons nue.		17'- O-1- 01	000
	Contact Person's Telephone Number:	352-302-7406	Lighty. Holiday	Contact	Person's Fax Numbe	State: FL	Zip Code: 34	690
	Contact Person's E-Mail Address:	NONE		Toomacc	r discris rax rumbe	1.		
B.	Water Treatment Plant Information							
	Plant Name: Mc Leod Gardens Utiliti	es LLC		Plant To	lephone Number:	060	:07 4D74	
	Plant Address: Bomber Road & Spruce		City: Eagle La			State: FL	537-1971	
	Type of Water Treated by Plant:	[V]	Raw Ground V			Purchased Fi	Zip Code:	
	Permitted Maximum Day Operating cap	acity of Plant, gallons per o	lav	712,8	· 1	rurchaseu Fi	msneu water	
	Plant Category (per subsection 62-699	.310(4), F.A.C.): V		Plant Cla		D		
	Licensed Operators	Name			License Class		bei Dav(s)/Shift(s	TOTAL PROPERTY AND
	ead/Chief Operator:	GAINES ALEXANDER			C	C-5472	namps Association	13
	Other Operators:	DANNY ALEXANDER		· · · · · · · · · · · · · · · · · · ·	Ċ	C-12379		13
		JENNIFER ALEXANDER		VII	Č	C-21471		
		CHRIS NICHOLS			l č	C-20287		
	。1967年在1988年,第二年第二十二年					0-20207		
	All and the second of the seco							
II. C	ertification by Lead/Chief Operator						CONTRACT WAS	
	I, the undersigned water treatment plant	t operator license in Florida	am the lead/ch	nief opera	for of the water treatn	nent plant identifie	dia Part Lef	
	and report receiting that the information t	provided in this report is thi	le and accurate :	to the hee	t of my knowledge ar	ad baliaf Laarifi. H	ant all debations	
	water treatment, chemicals used at this	plant conform to NSF Inter	national Standa	rd 60 or o	ther applicable stand-	arde referenced in	authoration.	
	62-555.320(3), F.A.C. I also certify that staffed or visited this plant, during the	the following additional one	erations records	for this of	ant were prepared as	sch day that a licen	Subsection	
	stands of visited this plant duning the m	ionin indicated above: (1) re	ecords of amou	nte of cha	micals used and char	mical food rates: a	ad (2) in	
	applicable, appropriate frestment proces	ss performance records. Fil	uthermore. Lagu	ree to prov	vide these additional.	apprehinge records	ito the DIME our	
	so the PWS owner can retain them, toge	ether with copies of this rer	ort, at a conven	ient locati	on for at least ten ver	operations records	to the FWS OWN	i e i
æ	Davies Olevande	09/10/2019	GAINES ALEX		on for at loads ten yes	ais.	0.5.00	
	Signature and Date		Printed or Type				C-5472	
	DEP Form 62-555.900(3)		i inted of Type	o Name		Li	cense Number	
	Effective August 28, 2003							

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER PWS: Identification Number: 6535393 Plant Name: Mc Leod Gardens Utilities LLC Monitoring Period From:08/01/19 To: 08/31/19 Means of Achieving Four-Log Virus Inactivation / Removal: * Free Chlorine Chlorine Dioxide Combined Chlorine(Chloramines) Ozone Ultraviolet Radiation Other: (Describe): Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine(Cloramines) Chlorine Dioxide CT Calculations, or UV Dose, to Demonstrate Four-Log Virus (nactivation, if Applicable* Lowest CT Provided Days Plant Lowest Operating UV Dose Minimum Disinfectant Staffed or Visited by ontect Time (T) at Customer UV Dose concentration at Day of C Measurement Point During Peak Net Quality of Before or at First required, mW-Remote Point in Distribution Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation CT. the Finished Water | Peak flow rate Customer During Flow, mg-Temp of pH of Water, if Required momWmonth (Place X) In Operation Produced gal Peak Flow, mark. Flow, minutes Applicable min/L 46000 24 18500 24 24 18500 18500 5 24 18500 2.5 24 30500 30500 24 2.5 24 28000 24 28000 2.2 1.7 10 24 28333 . 11 24 28333 12 24 24 28333 2.2 1.6 13 1 26333 24 26333 15 24 26333 1.5 0.3 18 24 20000 117 X 24 20000 3.0 18 24 34500 24 19 X 34500 3.3 3.4 24 24 24 64500 21 64500 3.4 2.5 22 18000 23 Х 24 18000 3.5 2.7 24 24 28000 25 28000 28 X 24 28000 4.4 27 24 26000 28 24 26000 2.1 2.0 24 31000 2 30 24 31000 2.5 31 24 904000

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

DEP Form 62-955,900(3)

29161 64500

Effective Aug X

DŖINKING WATER BACTERIOLOGICAL ANALYSIS

Lab Receipt Date & Time:	The second secon
Analysis Date & Time: Sample Acceptance Criter	. ~
Sample Preservation On Ice Disinfectant Check	ected D 1 ng/L
This sample does not meet the	following NELAC requirements:

Pt Pt		63} 967-8601 ul - Director, Contact Pe		Samp Sample Disinfe This sa Pyrom	ctant Chec imple does 44 45 eter IR#	tance Co tion (A) Or ck (A) No c not mee	n Ice Of Detected t the follow	Not On Ice	C require	mg/l. ments:
System Name:					/S I.D.					
System Address:	THE REPA			-	County	**************************************			ا لــــــا لــــــا	** qss
System or Owner's Phone #				Fax #:	ĺ,		- 100			
Collector: <u>Byca</u>	Such			Gollecto	or's Phon	e #:	1.75			<u> </u>
Community Water System Private Well Reason for Sampling: (ch	one)) Noncommunity Wate Swimming Pool eck all that apply) Distribution Repeat Ray nent (also check type of samp	r System		w (trigge	ered or as	Other_	nt) addit	ional C	ited Use	and the film of the second sec
Sample Collection Date:									ances atministration of the same	:
The state of the s	To be completed by				state Higher		Total Coli	form Analys	sis Method	ny lah += + - - - - - - - - - - - - - - - - - - -
	ample Point or Specific Address)	Lab Sample Number	Collection Time	Sample Type ^r	Disinfect Res'd (mg/L)	ρH	Non	Total Coliform	× -	Data Qualifier ²
113	roc I	010557	755	N.	J. Market	7.		A	A	
10 14	W Z	010558	Su v					A	A	
佐 130 t		010559	505	D	_ Surf			A	A	
					.,					:
					1			REC	EIV	£
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Jan Garage		for filling	AUG	34.	
						Ē,	E	Wirom FDO	rental : I - Bart	rleal th DW
	siduals for routine and repe ty systems serving population average.)				in the second se	The test	re performe	d in accorda his report o	nce with NE	ule 62-160, Table 1 LAC standards, to the analyses
Disinfectant Residual Ana Person performing analys A certified operator (#	erator (# <u>**** //</u>) C	orimetric Other: on reverse): DEmployed by a certified DEmployed by DEP or Do	lab DH					ositive resul		114/13
Name and Mailing	Address of Person to Re	eceive Report	pa, titupa 10 am maga antitura		Title:		6-H	est Vi	<u> </u>	<u> </u>
	Consta Flow, I 5574 Commercial Winter Haven, FL	i Bivd	☐ Satisfa ☐ Incomp ☐ Repea Date Rev	plete Co it Samp viewed I	les Requ by DEP/	uired 🖵 DOH:_	ation Replace	April - confiction -		Required

PLANT NAME: Mc Leod Gardens Monitoring Period From:09/01/19 To: 09/30/19
(WATER REPORT)

DAY	METER 1	METER	ΓRC	PH	TRC	PH	MULT.	1000	Bact
PREV	99073						1		=40
11							42000		42000
2							42000		42000
3	99199		0.5		0.2		42000		42000
4							30500		30500
5	99260		1.0		0.6		30500		30500
6							33500		33500
7	99327		0.6		0.3		33500		33500
8							33000		33000
9	99393		0.5		0.2		33000		33000
10							28500		28500
11	99450		3.5		3.0		28500		28500
12							31500		31500
13	99513	:	3.7		3.0		31500		31500
14							37333		37333
15							37333		37333
16	99625		2.1		1.7		37333		37333
17							32500		32500
18	99690		1.9		1.4		32500		32500
19							28000		28000
20	99746		1.8		1.4		28000		28000
21							37000		37000
22							37000		37000
23	99857		1.0		0.6		37000		37000
24							32500		32500
25	99922		0.8		0.4		32500		32500
26							38500		38500
27	99999		0.8		0.5		38500		38500
28					I		44000		44000
29					Ι		44000		44000
30	100131		0.2		0.4		44000		44000
					+	···			
Total Flo	w						1058000		1058000
ADF					1		35267		35267
MAX			3.7		3.0		44000		44000
MIN			0.2		0.2		28000	The state of the s	28000

I, G	General Information for the Month/Year of: Monitoring Period From:09/01/19 To: 09/30/19										
A.	Public Water System (PWS) Information	× ·									
	PWS Name: Mc Leod Gardens Utiliti	ies LLC	P\	WS Identification N	Jumber:	6535393					
	PWS Type: X Community Nor	n-Transient Non-Community		ansient Non-Comm		nsecutive					
	Number of Service Connections at End of Mo	onth: 397		on Served at End o							
	PWS Owner: Mike Smallridge					<u> </u>					
	Contact Person : Mike Smallridge		Contact Perso	n's Title:	MANAGER						
	Contact Person's Mailing Address: 333	6 Grand Blvd, Ste 102 City: Holiday			State: FL	Zip Code: 34690					
		-302-7406	Contact Perso	n's Fax Number:		Tab codo: 04000					
	Contact Person's E-Mail Address: NOI	NE									
B.	Water Treatment Plant Information										
	Plant Name: Mc Leod Gardens Utilities LLC Plant Telephone Number: 863-537-1971										
	Plant Address: Bomber Road & Spruce Blvd	City: Eagle Lak			State: FL	Zip Code:					
	Type of Water Treated by Plant:	X Raw Ground W			Purchased Fini						
	Permitted Maximum Day Operating capacity	of Plant, gallons per day:	712,800		· urondood r nn						
	Plant Category (per subsection 62-699.310(4	4), F.A.C.): V	Plant Class:	D							
	Licensed Operators Nan			cense Class	Lieense Nimine	Day(s)/Shift(s)-Worked					
	Lead/Chief Operator: GAI	NES ALEXANDER		С	C-5472	13					
	Other Operators: DAN	NNY ALEXANDER		С	C-12379						
	JEN	INIFER ALEXANDER		C	C-21471						
	CHF	RIS NICHOLS		Ċ	C-20287						
	P. P. M.										
II. C	ertification by Lead/Chief Operator	AND SANSON ATTEMPTS OF THE SANSON OF THE SAN									
	I, the undersigned water treatment plant open	ator license in Florida, am the lead/ch	ief operator of			in Part I of					
	this report. I certify that the information provid	led in this report is true and accurate t	o the best of m	v knowledge and b	elief I certify tha	nt all drinking					
	water treatment, chemicals used at this plant	conform to NSF International Standar	d 60 or other a	policable standard	s referenced in s	uhsection					
	62-555.320(3), F.A.C. I also certify that the fo	llowing additional operations records	for this plant we	ere prepared each	day that a licens	ed onerator					
	staffed or visited this plant during the month i	indicated above: (1) records of amoun	nts of chemicals	s used and chemica	el feed rates: and	1 /2) is					
	applicable, appropriate treatment process per	rformance records. Furthermore, I agr	ee to provide th	nese additional one	rations records t	o the PWS owner					
	so the PWS owner can retain them, together	with copies of this report, at a conveni	ient location for	r at least ten vears		o alo i tro omioi					
-	Lance Oleyonderon	0/2019 GAINES ALEX				C-5472					
	Signature and Date	Printed or Type				ense Number	 				
	DEP Form 62-555.900(3)	raned or Type	u Haine		LIC	CHOC MUHIDER					

Effective August 28, 2003

MONTHLY OPERATION REPORT FOR PWS& TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER PWS: Identification Number: 6535393 Plant Name: Mc Leod Gardens Utilities LLC Monitoring Period From:09/01/19 To: 09/30/19 Means of Achieving Four-Log Virus Inactivation / Removal: * Free Chiorine Chlorine Dioxide Combined Chlorine(Chloramines) Ozone Ultraviolet Radiation Other: (Describe): Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine(Cloramines) Chlorine Dioxide CT Calculations, or LIV Dose, to Demonstrate Four-Log Virus inactivation, if Applicable* CL Calculations Days Plant Staffed or Visited by Operator Contact Time (T) a Operating UV Dose, Day of the concentration e Net Quality of Finished Water Produced, gal CT.∃ Remote Point in Distribution System, mg/L Emergency or Abnormal Operating Conditions: Repell or Maintenance Work that Involves Taking Water System Components Out of Operation 42000 -2-24 42000 300 24 42000 0.5 0.2 24 4 30500 24 30500 1.0 0.6 6 24 33500 7. X 24 33500 0.6 0.3 8 24 33000 24 24 24 9 X 33000 0.5 0.2 28500 1111 28500 3.5 3.0 12 24 31500 13 24 X 31500 3.0 14 24 24 37333 1.15 37333 18 24 37333 1.7 17 24 32500 18 24 24 32500 1.4 949 28000 24 28000 1.4 21 24 37000 24 37000 X 24 37000 1.0 0.6 24 24 32500 25 X 24 32500 0.8 0.4 26 24 38500 24 24 38500 0.8 0.5 44000 29 24 44000

0.4

44000

35267

0.2

24

Effective Aug X

30



DRINKING WATER **BACTERIOLOGICAL ANALYSIS**

Lab Receipt Dat	e & Time:
Analysis Date & Sample Accept	
	and the
Sample Preservati	on © On Ice □ Not On Ice □ 1.6°C
Disinfectant Check	Not Detected mg/L
Disinfectant Check	A CONTRACTOR OF THE PROPERTY O

	8 Oakwood Road - Winter Harbone (863) 965-2540 • Fax (8 FDOH Certification # E84567 • Margaret Rajpa NELAC CERTIFIE	áven, FL 33880 363) 967-8601 aul - Director, Contact Pe		Samp Samp Disinfe	e Preserv	ptance (ation (3) C ck (1) No is not me	Criteria: In Ice Di It Detected It the follow	l wing NELA	C require	ma/l
Analysis O Total	Requested: (check all that apply) Coliform/E-Coli 🏻 Total Coliform/Fecal 🖵 El	nteracci 🗍 Colilart 🗍	upo 🖺		eter IR#			*		
	Name: MCLEOd Erander Address: Bomber Role 3 St		nrc u		VS I.D.				3	93
System (or Owner's Phone #:	40		Fax#;				- 1997		
				Collect	or's Phon	ne #:	<u> 1025</u>			
Commod Private Reason Distrik Clear	Supply: (check only one) unity Water System Noncommunity Water Well Swimming Pool for Sampling: (check all that apply) oution Routine Distribution Repeat Ra ance Replacement (also check type of samp	w (triggered or assessmen	ed Water	aw (trigge	ered or a	Other_	· · · · · · · · · · · · · · · · · · ·		4.00	The state of the s
	To be completed by	······································	4173		644.4			i jes (com		
Sample Number	Sample Point (Location or Specific Address)	Lab Sample Number	Collection Time	Sample Type ¹	Disinfect Res'd	pH	Total Coli E. coli Ar Non	form Analys	is Melidd Iod. 277	19220 92261 Data
1/2		011329	1900	K	4	777		A	A	Qualifici
	West 2	011330		K	Ë		1	A	A	
년 <u>/</u> 길	111 Wegner Willow	01 1331	11(2)	カ		2.u		A	A	
								AC.	e de la Paris de Hal	
				y##r.j		197. 147.94	The same only		ECI	
								_=wi.	00000	ZZINY
non-tran	e of disinfectant residuals for routine and repe sient non-community systems serving population: lant samples in the average.)	eat samples. (Complete for s up to and including 4,900	r communit). Do not in	ty and clude		The test	e performed results in th	is report or	te with NEE	602-160, Table 1 AC Shandards. Othe analyses
Person A cert Super Author	ctant Residual Analysis Method: DPD Color performing analysis is (Please see instructions lifted operator (#	on reverse): I Employed by a certified la I Employed by DEP or DOI	ab H		Date PWS	S notified t	ny lab of pos ny lab of pos ny lab of pos luu	sitive results		1/3/19
	Consta Flow, Inc 5574 Commercial Bly Winter Haven, FL 33	/d. 880	Satisfac Incomp Repeat Date Revi	lete Col Sample ewed b	es Requ y DEP/D	ired 🔲 I DOH:	tion Replace			SE ONLY Required

PLANT NAME: Mc Leod Gardens Monitoring Period From:10/01/19 To: 10/31/19
(WATER REPORT)

	·		K KEPU		<u> </u>				
DAY	METER 1	METER	TRC	PH	TRC	PH	MULT.	1000	Bact.
PREV	100131								
11							29500	-	29500
2	100190		3.7		3.0		29500		29500
3							29500		29500
4	100249		3.8		3.1		29500		29500
5							53667		53667
6							53667		53667
7	100410		0.3		0.2		53667		53667
8	10-1100 STORE S						35000		35000
9	100480		3.9		3.2		35000		35000
10							44500		44500
11	100569		4.0		3.5		44500		44500
12							36333		36333
13							36333		36333
14	100678		2.5		1.7		36333		36333
15							35000		35000
16							35000		35000
17							35000		35000
18	100818		2.2		1.6		35000		35000
19							33000		33000
20							33000		33000
21	100917		2.3		1.6		33000		33000
22							30000		30000
23	100977		2.2		1.4		30000		30000
24							32000		32000
25	101041		2.1		1.2		32000		32000
26							31333		31333
27							31333		31333
28	101135		1.6		0.9		31333		31333
29							28000		28000
30	101191		2.0		1.1		28000		28000
31	101219						28000	· 1	28000
Total FI							1088000		1088000
ADF							35097		35097
MAX			4.0		3.5		53667		53667
MIN			0.3		0.2		28000		28000

	eneral information for the Month/Year of:		0/01/19 To: 1	10/31/19			
A.	Public Water System (PWS) Informatio	n					
	PWS Name: Mc Leod Gardens	Utilities LLC		PWS Identification	n Number:	6535393	
	PWS Type: X Community	Non-Transient Non-Community		Transient Non-Cor		onsecutive	
	Number of Service Connections at End	of Month: 397	Total Popu	lation Served at End			
	PWS Owner: Mike Smallridge						
	Contact Person: Mike Smallridge		Contact Pe	rson's Title:	MANAGER	<u> </u>	
	Contact Person's Mailing Address:	3336 Grand Blvd, Ste 102 City: Holiday			State: FL	Zip Code: 34690	
	Contact Person's Telephone Number:	352-302-7406	Contact Pe	rson's Fax Number:			
	Contact Person's E-Mail Address:	NONE					
В.	Water Treatment Plant Information						
	Plant Name: Mc Leod Gardens Utilitie		Plant Telep	hone Number:	863-5		
	Plant Address: Bomber Road & Spruce	Blvd City: Eagle La			State: FL	Zip Code:	
	Type of Water Treated by Plant:	X Raw Ground	Water		Purchased Fin		
	Permitted Maximum Day Operating cap	acity of Plant, gallons per day:	712,800				
	Plant Category (per subsection 62-699)	.310(4), F.A.C.): V	Plant Class	:)		:
	Licensed Operators	Name 25 11 - 12 - 12 - 12 - 12 - 12 - 12 - 1		License Class	License Numb	ei Day(s)/Shift(s) Worke	
	Lead/Chief Operator:	GAINES ALEXANDER		С	C-5472	12	ORLUGERS, R
	Other Operators:	DANNY ALEXANDER		С	C-12379		
		JENNIFER ALEXANDER		С	C-21471		· · · · · · · · · · · · · · · · · · ·
		CHRIS NICHOLS		С	C-20287		

fire and the second	和地表為自身了法則是否。在他們有一個						
III. C	entification by Lead/Chief Operator						
	I, the undersigned water treatment plant	t operator license in Florida, am the lead/o	hief operator	of the water treatme	ent plant identified	in Part I of	
	this report. I certify that the information p	provided in this report is true and accurate	to the best of	of my knowledge and	d belief. I certify the	at all drinking	
	water treatment, chemicals used at this	plant conform to NSF International Standa	ard 60 or othe	er applicable standa	rds referenced in s	subsection	
	62-555.320(3), F.A.C. I also certify that	the following additional operations records	for this plan	t were prepared eac	h day that a licens	sed operator	
	starred or visited this plant, during the m	ionth indicated above: (1) records of amou	ints of chemi-	cals used and chem	ical feed rates: an	nd (2) is	
	applicable, appropriate treatment proces	ss performance records. Furthermore, I ac	ree to provid	le these additional o	perations records	to the PWS owner	
	so the PWS owner can retain them, toge	ether with copies of this report, at a conve	nient location	for at least ten year	rs.		
	Count Harau	11/06/2019 CHRIS NICHO		•		C-20287	
	Signature and Date	Printed or Typ			1 ic	cense Number	
	DEP Form 62-555.900(3)	,,,,			Lio	TOTAL PROPERTY OF	
	Effective August 28, 2003						

			MONTHLY OPE	RATION REPO	ORT FOR PWSs TR	EATING RAW GRO	UND WATER	OR PURC	HASED FINISH	ED WATER					
PWS: Id	entification N			6535393			Plant Name:			ens Utilities LL	c				
						Market Breeze									
Means o	f Achieving F	our-Log Virus Ina Ultraviolet Radia	ctivation / Rem	oval: *	Other: (Describe):	Monitoring Period F	Free Chlorin			Chiorine Dio	xide		Ozone	Combined Chlorine(Chloramines)	
Type of I	Disinfectant R	Residual Maintaine	ed in Distributio	n Svatem:		*************************************		Free Chic	vina		Combined Cl	olodu of Classic	! ¹	Ohlada a Phasida	
					s, or UV Dose, to O	Santa Paran	74.74				Combined Cl	ilonna(Cioran	ines)	Chlorine Dioxide	
100					s, or ov pose, to pe	Ci Calculations	Virus Inactiva	uon, II AQ	icable.	2 2 2 2 2 3 2 3 2	UV Dose		Balantina in	estantis es	
					and the same of the same	Production in the		8	The state of		UV CCS	ATTACA N	819-11 Paris		
			Water Service	Allenda	Haraket See to		100	2000	a translation	4, 4, 4, 4, 5,			Barrier De La Constitución de la Co	以表示。 "我是我们	
							SE WARD	de de la compa		Design of	district in			《图》的图》是创造的外型	
									Toler and	100	Marin Lin	St. Lake	Selection Service		
		1 5 54	10.0	De la Mille		亚科·斯 克特	Lowest GT Provided			10000				Parameter (Production)	划 中的一种
1					Lowest Residual		Before or at	10.37				n execution	Lowest Residual		
	Days Plant	In the			Disinfectant	Disinfectant	Fkst	B C 181			Lowest	Minimum	Disinfectant	66 10 全国,安学36 10 10 10 10 10 10 10 10 10 10 10 10 10	
Day of	Staffed or Visited by	1 1 1 1 1 1 1 1 1			concentration	Contact Time (1) at	Customer	Value 1	Paragonia.	10-25	Operating	UV Dose	concentration at	A STATE OF THE STA	
Day of the	Operator	Hours Plant F	Net Quality of	Peak flow rate	Before or at First Customer During	C Measurement Point During Peak	During Peak			Minimum CT		required,	Remote Point in	Emergency or Abnormal Operating Maintenance Work that Involves	Conditions; Repair or
month	(Place X)	In Operation	Produced, gal		Peak Flow, mg/L	Flow, minutes	Flow, mg-	Water C	pH of Water, I Applicable	Hedrales as	mW- Sec.cm2	mW- sec/cm2	Distribution System, mg/L	Maintenance Work that involves Components Out of 0	Taking Water System
1			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						WEST 17.1	I IIII	- Gov, ville	e reconstructions	AND THE REAL PROPERTY.	- SALISMBIRS ATCUL	appeaucri .
2 %	X	24	29500 29500	 	3.7		 	 		↓					
3 %		24	29500		3.7		l	 		 	-		3.0		
4	Х	24	29500		3.8		<u> </u>	İ			 		3.1		
- 5 - 6		24 24	53667												
7 7	×	24	53667 53667		0.3			<u> </u>		ļ					
8		24	35000		0.3	<u> </u>	<u> </u>	 		 	 		0.2		
9	X	24	35000		3.9			 		 	 	 	3.2		
10 11	x	24 24	44500 44500												**************************************
12	<u> </u>	24	36333		4.0			ļ		-	<u> </u>	***************************************	3.5		
13		24	36333					 		-					· · · · · · · · · · · · · · · · · · ·
14	X	24	36333		2.5								1.7		······································
15 16		24 24	35000 35000												
		24	35000			i	<u> </u>	 		+					
18	X	24	35000		2.2			<u> </u>	<u> </u>	<u>†</u>	 		1.6		Water Military Commission of the Commission of t
19 20		24	33000												· · · · · · · · · · · · · · · · · · ·
21	<u> </u>	24	33000 33000		2.3										
22		24	30000		2.3	E				<u> </u>	 		1.6		A
23	X	24	30000		2.2					 	† -		1,4		
24 25		24	32000												
26	×	24 24	32000 31333		2.1	· · · · · · · · · · · · · · · · · · ·		<u> </u>		ļ			1,2		
26 27 28		24	31333					 		 	_				
28	X	24	31333		1.6			-		† 	 		0.9		
29 30		24	28000								1	***************			
31	X	24	28000 28000		2.0							*)*************************************	1.1		
Total	rate was set	247	1088000		<u> </u>			L		J	<u>L</u>				
Avecape	33 4.9	5 8 2 1 7 3	35007												

Madmum 53667

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

DEP Form 62-55,90(3)

Effective Aug X

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT Write Project # or Place Project Label Here ☐ 6681 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • E82574 ☐ 4965 SW 41st Blvd • Gainesville, FL 32608 • 352.377.2349 • Fax 352.395.6639 • E82001 ☐ 10200 USA Today Way • Miramar, FL 33025 • 954.889.2288 • Fax 954.889.2281 • E82535 11919012 Solid Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 • E84589 □ 380 Northlake Blvd., Suite 1048 • Altamonte Springs, FL 32701• 407.937.1594 • Fax 407.937.1597 • E53076 2639 N. Monroe St., Suite D • Tallahassee, FL 32301• 850.219.6274 • Fax 850.219.6275• E811095 13100 Westlinks Terrace, Suite 10 • Fort Myers, FL 33913 • 239.674.8130 • Fax 239.674.8128 • E84492 Lab Receipt Date & Time: 10125/19 Analysis Date & Time: Advanced Sample Acceptance Criteria: Sample Preservation: On Ice Disinfectant Check: Not Detected D Environmental Laboratories, Inc. This Sample does not meet the following NELAC requirements: Report Number: Sub-Contract Lab ID: Analysis Requested: (check all that apply) ☐ Total Coliform/Fecal ☐ Enterococci ☐ Coliphage ☐ HPC ☐ Other: Public Water System (PWS) Name: McLeod Gardens PWS I.D.:6535393 PWS Address: Bomber Rd and Spruce Road City: Bartow PWS or PWS Owner's Phone #:863-965-2599 Fax # Oman Sweeten Collector: Collector's Phone #: 863-965-2599 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: 10-24-19 Sample Collection Date: DCN#: AD-D045 Effective 01/95, Electronic WEB Revision 02/27/2019 Sample Sample Point Sample Sam DisinpН Analysis Method(s) くいりょうさい (Location or Specific Address) Collection fectant Non-Total Fecal, E. coli, Data Lab Time (24 Type Residual Collform Coliform Enterococci, or Qualifier4 Sample hr clock) (mg/L) Coliphage³ 1/3 Well 1 0 1145 2/3 Well 2 n 1150 3/3 202 Lilypad Road 55 915 Average of disinfectant residuals for distribution routine & repeat samples.⁵ Free chlorine or Total chlorine (check one). Unless otherwise noted, all tests are preformed in accordance with NELAC standards, and the results relate only to the samples. Disinfectant Residual Analysis Method: ☑DPD Colorimetric ☐Other: _ Date and time PWS notified by lab of positive results: Person performing disinfectant analysis is (Check one of below): Date and time DEP/DOH notified by lab of positive results: ☐ A certified operator (# ____) Date Report Issued: __ 10128119 ☑ Supervised by certified operator (# C21471) ☐ Employed by a certified lab ☐ Employed by DEP or DOH Lab Signature: ☐Authorized representative of supplier of water Title: [INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT] □ Satisfactory DEP/DOH USE ONLY Consta Flow Inc ☐ Incomplete Collection Information 5574 Commercial Blvd ☐ Repeat Samples Required Winter Haven, FL 33880 ☐ Replacement Samples Required 863-965-2599 Date Reviewed by DEP/DOH: Jennifer@constaflow.com DEP/DOH Reviewing Official: 1. Indicate the sample type for each sample collected. Sample type codes are: D = Distribution (routine compliance), C = Repeat/Check, R = Raw, N = Entry Point to Distribution, P = Plant Relinquish By Tap, S = Special (clearance, etc.). Lab certification number for the listed method is included at top with the laboratory address. Please circle appropriate selection. Defined in Florida Administrative Code Rule 62-160, Table 1. Time: Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average. Results Key: A = Coliforms are absent; P = Coliforms are present; C = confluent growth; TNTC Received 8v = too numerous to count (62-550.730 Reporting Format.

PLANT NAME: Mc Leod Gardens Monitoring Period From:11/01/19 To: 11/30/19

<i>g</i> 1124-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		R REPO	PRT)					
DAY	METER 1	TRC	PH	TRC	PH	MULT.	1000	Bact.
PREV	1219						·	
1	1248	1.7		1.0		29000		29000
2				1		34000		34000
3						34000		34000
4	1350	3.4		2.6		34000		34000
5						30000		30000
6	1410	1.4		1.1		30000		30000
7						29500		29500
8	1469	1.6		1.1	-	29500		29500
9						32667		32667
10			,		***************************************	32667		32667
11	1567	3.5		2.8		32667		32667
12						30500		30500
13	1628	2.5		1.3		30500		30500
14						27500		27500
15	1683	2.4		1.0		27500		27500
16						30333		30333
17						30333		30333
18	1774	2.1		1.3		30333		30333
19						29000		29000
20	1832	1.9		1.4		29000		29000
21						32000		32000
22	1896	2.4		1.6		32000		32000
23					1	31333		31333
24					***	31333		31333
25	1990	2.3		1.4		31333		31333
26						26500		26500
27	2043	2.4		1.3	***************************************	26500		26500
28						24500		24500
29	2092	2.1		1.2		24500		24500
30	2117			ı iii		25000		25000
Total Fi						898000		898000
ADF						29933		29933
MAX		3.5		2.8		34000		34000
MIN		1.4		1.0		24500		24500

I. Ge	General Information for the Month/Year of: Monitoring Period From:11/01/19 To: 11/30/19										
A.	Public Water System (PWS) Information		······································								
	PWS Name: Mc Leod Gardens Utilities LLC		P	WS Identification N	lumber:		6535393				
	PWS Type: X Community Non-Transient Non-Community		Tı	ransient Non-Comn	nunity	Co	nsecutive	· · · · · · · · · · · · · · · · · · ·			
	Number of Service Connections at End of Month: 397	Total	Populati	on Served at End o	f Month:						
	PWS Owner: Mike Smallridge						·	· · · · · · · · · · · · · · · · · · ·			
	Contact Person : Mike Smallridge	Conta	ct Perso	on's Title:	MANAG	ΞR					
	Contact Person's Mailing Address: 3336 Grand Blvd, Ste 102 City: Holiday				State:		Zip Code: 34	690			
	Contact Person's Telephone Number: 352-302-7406	Conta	ct Perso	n's Fax Number:	<u></u>						
	Contact Person's E-Mail Address: NONE			, , , , , , , , , , , , , , , , , , , ,							
B.	Water Treatment Plant Information										
	Plant Name: Mc Leod Gardens Utilities LLC	Plant	Telepho	ne Number:		863-537-1971					
	Plant Address: Bomber Road & Spruce Blvd City: Eagle La				State:		Zip Code:				
	Type of Water Treated by Plant: X Raw Ground V						ished Water				
	Permitted Maximum Day Operating capacity of Plant, gallons per day:	712	2,800		***************************************			1 2 1 1 1			
	Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant		D							
	Licensed Operators Name			cense Class	License	No mar	elDay(s)/Shift(s	Worked			
	Lead/Chief Operator: GAINES ALEXANDER		1	C	C-5472						
	Other Operators: DANNY ALEXANDER			С	C-12379	***************************************		· · · · · · · · · · · · · · · · · · ·			
	JENNIFER ALEXANDER			С	C-21471						
	CHRIS NICHOLS	- Talianna		С	C-20287			13			
		а				Min.					
					†	2					
II. Ce	ertification by Lead/Chief Operator		araba piperga	有的人, "老人是是							
	I, the undersigned water treatment plant operator license in Florida, am the lead/c	hief ope	erator of	the water treatmen	t plant ide	atified	in Part Lof	The state of the s			
	this report. I certify that the information provided in this report is true and accurate	to the b	est of m	ny knowledge and b	elief. I cer	tify the	at all drinking				
	water treatment, chemicals used at this plant conform to NSF International Standa	rd 60 o	r other a	policable standard	s reference	ed in s	ubsection				
	62-555.320(3), F.A.C. I also certify that the following additional operations records	for this	plant w	ere prepared each	day that a	licens	ed operator				
	staffed or visited this plant during the month indicated above: (1) records of amou	nts of c	hemicals	s used and chemic	al feed rate	es: and	d (2) is				
	applicable, appropriate treatment process performance records. Furthermore, I ag	ree to p	rovide ti	hese additional ope	rations red	cords f	to the PWS own	ner			
	so the PWS owner can retain them, together with copies of this report, at a conver	nient loc	cation for	r at least ten vears							
(Thu / I chold 12/04/2019 CHRIS NICHO			, , , , , , , , , , , , , , , , ,			C-20287				
	Signature and Date Printed or Typ		16		•	Lio	ense Number				
	DEP Form 62-555.900(3)	ou Hall				Lici	CHOC MUNIOR				

Effective August 28, 2003

			MONTHLY OP	ERATION REP	ORT FOR PWSs TR	EATING RAW GRO	UND WATER	OR PURCI	HASED FINISHI	D WATER					
PWS: M	entification N	lumber:		653539	3		Plant Name:		Mc Leod Gard	ens Utilities LL	С				
**************************************		ulifu indemos, s linicaris,	*15 is of \$20.050 This		in a company pro-	Manager David				**************************************			*****		
			nactivation / Ren	****	Other: (Describe):	Monitoring Period F	Free Chiorin		/19	Chlorine Dio	xidə		Ozone	Combined Chlorine(Chloramines)	:
Type of	Disinfectant F		ined in Distribution	on System:	Galar, (Describe).	.t	T	Free Chic	odne		Combined C	hlorinetClorar	ninae i	Chlorine Dioxide	
看出	- F.4			HIS. HIS USE OF COMMENCE AND ADMINISTRATION	ns, or UV Dose, to D					district.		CONTRACTOR OF THE CONTRACTOR O	(III/65)	CHICING DIDATE	
						Ct Calculations		Taking at	ucacie		UV Dose	are risk man live and		Harara da esta de la composição de la composição de la composição de la composição de la composição de la comp	
	1.5.46		tion, hills	No. 1	100			See A See and	174 77	TERMINIST PROPERTY	TO SERVICE	Park Inc.		"我们是这个人的,我们就是一个人的,我们就是一个人的,我们就是一个人的,我们就是一个人的,我们就是一个人的,我们就是一个人的,我们就是一个人的,我们就是一个人的	
1		1.42.55		10044	1.5.25.70.0		4.3546				V alanta	the terminal	30.24.1		
100	and the same		1300						A STATE OF S			医 医鼻腔			
	45.4	9.0				Her hall the same		44.7		4					
100	27 Miles		1000年1	November		100000	LONGS! CT	H	12.47		1 44 miles	100		Barrier Barrier Carlotte	
10 10 10 10 10 10 10 10 10 10 10 10 10 1	3500 Se				Lowest Residuel	The part of the	Provided Before or at	La. 9		Paragon of		# 1975 B		(A) 经基础设施。 (A) 电影	
	Days Plant			1.6. 20	Disinfectant	Disinfectant	First		1000年36日		Lowest	Minimum	Lowest Residual Disinfectant		
	Staffed or			Adv. (Fig.)	concentration	Contact Time (T) a	Customer		100	Minimum	Operating	UV Dose	concentration at		
the	Visited by Operator	Hours Blank	Not Quality of		Bufore or at First	C Measurement Point During Peak	During Peak			<u> </u>	UV Dose,	required,	Remote Point in	Emergency or Abnormal Operating	Conditions: Repair or
month	(Place X)	in Operation	Produced cal	ond	Customer During Peak Flow mg/L	Flow miguities	Flow, mg- min/L	Water C	pH of Water, It Applicable	Required mo min/L	mW- Secon2	mW- sec/cm2	Distribution System, mg/L	Maintenance Work that Involves T Components Out of C	aking Water System
- 76									Maria - 1 Al 10 U. Mari		1		- Cyaumy Ingel	The state of the s	
2	X	24			1.7		ļ	ļ	<u> </u>	ļ			1.0		
3		24			1		 	 	-	 	 		<u> </u>		
4 8	X	24	34000		3.4			<u> </u>	 		 	†	2.6		
5	 	24													
- 6 - 7	X	24 24			1.4	<u> </u>		<u> </u>	ļ		<u> </u>		1.1		
8	×	24			1.6			!	ļ		 		1.1		
9 10 11		24									†				
10	×	24 24													
12	 	24			3.5	ļ	 	!		<u> </u>	 		2.8		
- 13	X	24			2.5	<u> </u>	 			<u> </u>		<u> </u>	1.3		· · · · · · · · · · · · · · · · · · ·
14		24										<u> </u>		<u> </u>	
15 16	X	24 24			2.4								1.0		
17:		24				 	 	<u> </u>	<u> </u>		<u> </u>		***************************************		
18 19	X	24	30333	il .	2.1		<u> </u>	-				 	1.3		
19	×	24										-			
20 21 22		24			1.9								1,4		
22	X	24			2,4	<u> </u>	<u> </u>		-	ļ	 		1.6		
23		24									†		1.0		
23 24 25 28	l x	24													
26		24			2.3					·			1.4		
27	X	24	26500		2.4		l				 		1.3		
28		24											1.3		
29 30	X	24 24			2.1								1.2		
- 30		- 24	25000	' 	<u> </u>		 								
Total			898000	1	1	<u> </u>	ļ			<u> </u>	L	ļ		Liiva	

Average 29933

Maximum 34000

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

DEP Form 62-555.900(

Effective Aug X

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT ☐ 6681 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • E82574 ☐ 4965 SW 41st Blvd • Gainesville, FI 32608 • 352.377.2349 • Fax 352.395.6639 • E82001 10200 USA Today Way • Miramar, FL 33025 • 954.889.2288 • Fax 954.889.2281 • E82535 3610 Princess Palm Ave. • Tampa, FL 33619 • 813.630,9616 • Fax 813.630,4327 • E84589 380 Northlake Blvd., Suite 1048 - Altamonte Springs, FL 32701 - 407.937.1594 -Fax 407.937.1597 - E53076 2639 N. Monroe St., Suite D • Tallahassee, FL 32301 • 850.219.6274 • Fax 850.219.6275 • E811095 13100 Westlinks Terrace, Suite 10 · Fort Myers, FL 33913 · 239.674.8130 ·Fax 239.674.8128 · E84492 Lab Receipt Date & Time: Analysis Date & Time: Advanced Sample Acceptance Criteria: Sample Preservation: ① On Ice ① Not On Ice ② 41 Disinfectant Check: ② Not Detected ① _____ Environmental Laboratories, Inc. 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: McLeod Gardens PWS I.D.:6535393 PWS Address: Bomber Rd and Spruce Road City: Bartow PWS or PWS Owner's Phone #:863-965-2599 Fax #: Coffector: Collector's Phone #: 863-965-2599 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: 11-4-19 Sample Collection Date: DCN#: AD-D045 Effective 01/95, Electronic WEB Revision 02/27/2019 To be completed by o llector of sample To be completed by lab. Sample Sample Point Sample Sam Disin-SMSDAT рΗ Analysis Method(s) (Location or Specific Address) ple fectant Non-Total Fecal, E. coli, Data Lab Time (24 Type Residual Collform Coliform Enterococci, or Qualifier4 Sample hr clock) (mg/L) Coliphage³ 1/3 Well 1 R 945 00 2/3 Well 2 950 7.7 00) 3/3 112 Weeping Willow D 455 go 5 Average of disinfectant residuals for distribution routine & repeat 2.5 samples.⁶ AFree chlorine or Total chlorine (check one). Unless otherwise noted, all tests are preformed in accordance with NELAC standards, and the results relate only to the samples. Disinfectant Residual Analysis Method: ☑DPD Colorimetric ☐Other: Date and time PWS notified by lab of positive results: Person performing disinfectant analysis is (Check one of below): Date and time DEP/DOH notified by lab of positive results: A certified operator (# _____) Date Report Issued: ☑ Supervised by certified operator (# C21471) ☐ Employed by a certified lab ☐ Employed by DEP or DOH Lab Signature: Authorized representative of supplier of water Title: PM-A JINSEJCE NAME AND MAILING ADDICESS OF PERSON TO RECEIVE REPORT ☐ Satisfactory DEP/DOH USE ONLY Consta Flow Inc. ☐ Incomplete Collection Information 5574 Commercial Blvd ☐ Repeat Samples Required Winter Haven, FL 33880 Replacement Samples Required 863-965-2599 Date Reviewed by DEP/DOH: Jennifer@constaflow.com DEP/DOH Reviewing Official: 1. Indicate the sample type for each sample collected. Sample type codes are: D = Distribution (routine compliance), C = Repeat (Deck, R = Raw, N = Entry Point to Distribution, P = Plant Tap. S = Special (clearance, etc.). Relinquish By: 2. Lab certification number for the listed method is included at top with the laboratory address. 3. Please circle appropriate selection. 4. Defined in Florida Administrative Code Rule 62-160, Table 1. Date: Complete for community & non-transient non-community systems serving populations up to Received By: and including 4,900. Do not include raw or plant samples in the average. Results Key: A = Coliforms are absent; P = Coliforms are present; C = confluent growth; TNTC = too numerous to count (62-550,730 Reporting Format. 11 40 115 Time:

PLANT NAME: Mc Leod Gardens Monitoring Period From:12/01/19 To: 12/31/19 (WATER REPORT)

DAY	METER 4		TDC		TDO		B 41 11	1000	
	METER 1	INE 1EP	IKC	PH	TRC	PH	MULT.	1000	TOTAL
PREV	2117			L			1055		
1	1 3466						40500		40500
2	2198		2.3	ļ	1.5		40500		40500
3	0047			 		·	24500		24500
4	2247		2.1		1.3	<u>:</u>	24500		24500
5							29000	1	29000
6 7	2305	- :	1.9		1.3		29000		29000
		-					40667		40667
8							40667		40667
9	2427		3.2		2.4		40667		40667
10							54500		54500
11	2536		1.0		0.4		54500		54500
12			-:				22000		22000
13	2580		2.7		1.3	WIND	22000		22000
14							30333		30333
15							30333		30333
16	2671		2.8		1.3		30333		30333
17	-						24500		24500
18	2720		2.7		1.1		24500		24500
19							28000		28000
20	2776		1.8		0.9		28000		28000
21							44333		44333
22							44333		44333
23	2909		2.0		1.1	v	44333		44333
24							24500		24500
25	2958		1.9		0.8		24500		24500
26							43500		43500
27	3045		2.0		1.2		43500		43500
28							27667		27667
29							27667		27667
30	3128		1.8		1.0		27667		27667
31							25000		25000
		t	1						
Total Fl					1		1036000		1036000
ADF							33419		33419
MAX	Ì		3.2	***************************************	2.4		54500		54500
MIN			1.0		0.4		22000		22000

I. Ge	eneral Information for the Month/Year of: Monitoring Period From:	2/01/19 T	o: 12/31/19					
A.	Public Water System (PWS) Information							
	PWS Name: Mc Leod Gardens Utilities LLC		PWS Identification Number: 6535393					
	PWS Type: X Community Non-Transient Non-Community		Transient Non-Co		Consecutive			
	Number of Service Connections at End of Month: 397	Total Po	pulation Served at En	d of Month:				
	PWS Owner: Mike Smallridge							
	Contact Person : Mike Smallridge		Person's Title:	MANAGE	R			
	Contact Person's Mailing Address: 3336 Grand Blvd, Ste 102 City: Holiday			State: FI	L Zip Code: 34690			
	Contact Person's Telephone Number: 352-302-7406	Contact	Person's Fax Number	·				
	Contact Person's E-Mail Address: NONE							
В.	Water Treatment Plant Information							
	Plant Name: Mc Leod Gardens Utilities LLC	Plant Te	elephone Number:	86	63-537-1971			
	Plant Address: Bomber Road & Spruce Blvd City: Eagle L			State: FI				
	Type of Water Treated by Plant:				d Finished Water			
	Permitted Maximum Day Operating capacity of Plant, gallons per day:	712,	300		time to the second seco			
	Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Cl	ass:	D				
			License Glass	License N	umbe Day(s)/Shift(s) Worked			
	Lead/Chief Operator: GAINES ALEXANDER		C	C-5472				
	Other Operators: DANNY ALEXANDER		С	C-12379				
	JENNIFER ALEXANDER		С	C-21471				
	CHRIS NICHOLS		С	C-20287	13			
II. Ce	ertification by Lead/Chief Operator							
	I, the undersigned water treatment plant operator license in Florida, am the lead/	chief opera	ator of the water treatm	ent plant ident	tified in Part I of			
	this report. I certify that the information provided in this report is true and accurat	e to the be	st of my knowledge an	d belief. I certi	fy that all drinking			
	water treatment, chemicals used at this plant conform to NSF International Stand	lard 60 or o	other applicable standa	ards referenced	d in subsection			
	62-555.320(3), F.A.C. I also certify that the following additional operations record	ls for this p	lant were prepared each	ch dav that a li	censed operator			
	staffed or visited this plant during the month indicated above: (1) records of amo	unts of che	emicals used and chen	nical feed rates	s: and (2) is			
	applicable, appropriate treatment process performance records. Furthermore, I a	gree to pro	vide these additional o	operations reco	ords to the PWS owner			
	so the PWS pwner can retain them, together with copies of this report, at a conve	enient loca	tion for at least ten vea	irs.	a sa mana a sa managaran a sa managaran a sa managaran a sa managaran a sa managaran a sa managaran a sa managar			
	01/07/2020 CHRIS NICH		,		C-20287			
	Signature and Date Printed or Ty				License Number			
	DEP Form 62-555,900(3)	F-0 , 101110			LIOUNGO MUNIDOI			

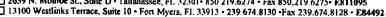
Effective August 28, 2003

	MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER														
PWS: Identification Number: 8535393						,	Plant Name:		Mc Leod Gard	ens Utilities LL	LC				Book jo
GENERAL PARENT		To angular 11977-yang ngal		Y Washington		(V					~				
CONTRACTOR NO.	Y	our-Log Virus I	nactivation / Rem	oval: *		Monitoring Period F	Free Chlori		UA L	Chiorine Dio	vlda		Ozone	Combined Chlorine(Chloramines)	
		Ultraviolet Ra			Other: (Describe):	1	Free Chiorn	H2	<u></u>	Chlorine Dig	XIOB	لـــا	Ozone	[Combined Chlonne(Chloramines)	
Type of	DisInfectant R	tesidual Mainta	ined in Distributio	n System:				Free Chi	orine		Combined C	hlorine(Clorar	nines)	Chlorine Dioxide	
95 162		medica.		CT Calculation	ns, or UV Dose, in De	moristrate Four-Log	Virus Inactive	non. F App	licable*		Professional Contract		Assested a piece		
				Till Till Till Till Till Till Till Till	STORMAN A.	Ct Celculations			A CONTRACTOR	0.042	107 Dose				
					2025556										
144	defails 1	P2 # 2 1	Many Section 1		计算 标准数图	Latin Comple		1.			din at 76	a and a second			\$\$\$\$\$\\\.
				14.000000					计 管性的						
			Fr iend				Lowest CT	n faith least						A P A D D	PARKET TO S
	170			MARKET STATE			Lowest CT Provided	基格	le li						
	Days Plant	The State of the S	李林 色 [8]		Lowest Residual Disinfectant	Disinfectant	Before or et First				Lowest	Minimum	Lowest Residuat Disinfectant	加州 加州省第30条(X)	SKILL LOOK OF
	Staffed or		1 2387	nia nazio	concentration	Contact Time (T) at	Customer			Minimum	Coerating	UV Dose	correction at		
Day of the	Visited by Deerstor	Hours Plant	Net Cuelity of Finished Water	Despy flow rate	Before or et First	C Measurement Point During Feat				CT.	UV Dose,	required,	Remote Point In	Emergency of Abnormal Operation	ig Conditions; Repair or
month		in Operation	Produced 198	tood	Customer Buring Pask Flow mg/L	Flow, reloutes	Flow mg*	Water C	pH of Winter, If Applicable	Required ing	e mW- Secon2	01V- 180/CFN2	Distribution System rept	Maintenance Work that Involves Components Out of	Taking Water System Downston
144	15	24	40500										The state of the s		
ability vini	X	24	40500		2.3		 	+	 			 	1.5		
3	×	24													
5		24			2.1		 	 				 	1.3		
6	X	24	29000	100	1.9		1	<u> </u>				1	1.3		
17 8		24 24									-				
9		24	40667		3.2		<u> </u>	 		_	 	 	2.4		
10	X	24 24													
12	1	24			1.0			 	<u> </u>		 	ļ	0.4		
13		24			2.7						1		1.3		
14		24 24													
HEALE NA	X	24	30333		2.8		 	 	 	<u> </u>	 		1.3		
17	X	24 24													
19		24			2.7			 	<u> </u>		 		1.1		:" .
20 21	X	24			1,8							1	0.9		
22		24 24									<u> </u>				- i
23	X	24	44333		2.0								1.1		
24 ii) 25	X	24 24			1.9										
28		24		·	1.3			 					0.8		
27		24			2.0								1.2	<u> </u>	
28 29		24 24		***************************************											
30	Х	24	27667		1.8							<u> </u>	1.0		-
31		24	25000 1036000					1							
HI STATISTICAL			33419												
Maximus Beder	h i	Figure 1	54500	lah atauta a											
DEP Form 6	2-655.000(3)	ns for this repoi	rt to determine wh	nich plants mus	t provide this informat	tion.									
	٠,														

Effective Aug X

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

| 6681 Southpoint Pkwy. • Jacksonville, Fl. 32216 • 904.363,9350 • Fax 904.363,9354 • E82574 | 4965 SW 41st Blvd • Gainesville, Fl 32608 • 352 377.2349 • Fax 352.395.6639 • E82001 | 10200 USA Today Way • Miramar, Fl. 33025 • 954.889.2288 • Fax 954.889.2281 • E82535 | 9610 Princess Palm Ave. • Tampa, Fl 33619 • 813.630.9616 • Fax 813.630.4327 • E84589 | 380 Northlake Blvd., Suite 1048 • Altamonte Springs. Fl 32701 • 407.937.1594 • Fax 407.937.1597 • E53076 | 2639 N. Moarce St., Suite D • Tallahassee, Fl. 32301 • 850.219.6274 • Fax 850.219.6275 • E811095 | 13100 Westlinks Terrace, Suite 10 • Fon Myers. Fl. 33913 • 239.674.8130 • Fax 239.674.8128 • E84492







		712 207.011.0120	16. 200	.074.0120 1304	7,2	Lab Receipt Da	te & Time:	12/5/19 14	o ⇔	##- scale		
1						Analysis Date 8	Time:	1215-119	1(30			
	Hdvanced Advanced					Sample Accept	tance Criteria	1:		-		
K./	Environmental La	ahoratories la	r.			Sample Presen Disinfectant Ch	ration: 22 On I ecke∕ 12 Not De	ce Not On Ice	2 0 <u>~~</u> °C			
		1991 6191 199, 111	u.					he following NELAC	requirements:			
Report Nu	mber: Sub-C	ontract Lab ID:			_							
	Requested: (check all that apply)											
	oliform/E. coli Total Coliform/Fe		cocci	☐ Coliphag	e HF	C Other:	***************************************					
	iter System (PWS) Name: <u>McLeod (</u>	<u>Sardens</u>				PWS I.D.: <u>65</u>	35393					
PWS Addi	ess:Bomber Rd and Spruce Road					City: Bartow						
PWS or PI	NS Owner's Phone #: <u>863-965-2599</u>				Fax #:							
Collector:	Market Schriftstrauger.				Collecto	r's Phone #: <u>86</u>	3-965-2599					
Type of S	upply: (check only one)											
Commu	unity Water System	<u>≯nt Non-commu</u> Brivata Wolf	nity Wa	ter System	☐ Trai	nsient Non-com	munity Wat	er System				
	or Sampling: (check all that apply)		L SWII	mmig Pool	Oth	<u>er:</u>						
Distribu	tion Routine Distribution Repeace Replacement (also check tyr	e of sample be	gered o	or assessme	nt) [F	taw (triggered o	r assessme	nt) additional	Well Surve	¥.		
	ollection Date: 12/5/6	NO OT GOTTING CO.	nig ropi	<u>accal F15</u>	VII TYOLG	DCN#: AD-D045		o 01/95. Electronic WEB	Revision 02/27/	2019		
	To be completed		orale .			e San De vernilen en		`				
Sample	Sample Point	Sample	Sam	Disin-	pН			be completed by lab Analysis Method(s)		3226		
#	(Location or Specific Address)	Collection Time (24	ple Type	fectant Residual		Non- Coliform	Total Coliform	Fecal, E. coli,	Data Qualifier	Lab		
1/3	Well 1	hr clock)	R R	(mg/L)	27	Comoini	Co⊪lon⊓ Å	Enterococci, or Collphage ³	Quamer	Sample #		
2/3	Well 2	0630	Б	<u> </u>	[]		$-\Delta$		924	ab7		
2/3	vven 2	10635	R	8	76	[1]	A			202		
3/3	113 Weeping Willow		D	<i>i.</i> .d	-1	Charles	A	**************************************		1-27		
(MAXIMAN AND AND AND AND AND AND AND AND AND A		0642		.64	14				.	324)		
						Mina)						
			RATE OF THE REAL PROPERTY OF THE PERSON NAMED		_	Hamal			***************************************			
					ļ	11.4	·					
		- Indiana - Indi						***************************************				
Average	of disinfectant residuals for distribution	routine & repeat		1.11	_	(1934)						
samples.	⊠Free chlorine or □Total chlorine (che	ck one).		.64	Uni	ess otherwise i	noted, all tes	ts are preformed	in accordanc	æ with		
	tant Residual Analysis Method:					NELAC Standar	as, and the	results relate only	to the samp	les.		
MUPD	Colorimetric Other:				1	id time PWS notif						
	performing disinfectant analysis is (Ch	ack one of below) :		Date and time DEP/DOH notified by leb of positive results:							
	entified operator (#)				Date Report Issued:							
	ervised by certified operator (# $C21471$) played by a certified lab \Box Employed by	DEB of DOM			Lab Signature: BMMD L. DANNI							
	orized representative of supplier of water	DET OF BOTT			Title: PM-A							
•	AME AND MAILING ADDRESS OF PERS	ON TO RECEIVE	RI POR I	1	☐ Sati	sfactory	Martin at 1998 M. W. Calin data da		DEP/DOH USE	ONLY		
	Flow Inc					mplete Collection	Information					
	ommercial Blvd Haven, FL 33880				Repeat Samples Required							
863-965	5				1	lacement Sample	•					
	@constaflow.com				1	eviewed by DEP/						
1. Indicate (ne sample type for each sample collected. Sample typ				עניישע	OH Reviewing Of	ICIBI:					
Tap. 5 ≈ 5	ompliance), C = Repeat-Check, R = Raw, N = Entry Special (clearance, etc.).			Rei	linquish l	Ву:	~~~	den volument of the second of the second of the second of the second of the second of the second of the second				
2 Lab certif	ication number for the listed method is included at to cle appropriate selection	with the laboratory ad	dress		Dat	e: Time	.et	f				
4. Defined is	Florida Administrative Code Rule 62-160, Table 1, for community & non-transient non-community systems	mpe Cappinu manulation	e um to	_		$T \wedge T$	70	LA				
and includ	fing 4,900. Do not include raw or plant samples in the	average.	•	Re	ceived B	y Ary	304V			MILTONOMORETY PRODUCTION AND ALL.		
	A = Coliforms are absent; P = Coliforms are present; us to count (62-550 730 Reporting Formal	c = confluent growth;	INIC		Dat	e: 1/2.5	4	Time: 11	40	**********		

McLeod Gardens Utilities Meter Change out.

2016 New meters – 14

2017 New meters – 18

2018 New meters – 6

2019 New meters – 3

2020 New meters - 2

Total - 43

McLeod Gardens Utilities LLC

Staff's Second Data Request October 26, 2020

Bad Debt Expense

8. Please provide support showing actual bad debt expense from January 2017 through September 2020. In addition, provide the estimated bad debt expense through the end of 2020. This includes, but it is not limited to billing registers, descriptions, and calculations, showing how bad debt is determined and calculated.

See attached Account Aging reports that are used to determine the bad debt expense.

At year-end, the bad debt expense is determined by totaling the unpaid balances of all closed accounts which received their last payment at least 90 days prior to year-end. For example, the 2020 bad debt expense will total the unpaid balances of accounts with a last payment that occurs between October 1, 2019 and September 30, 2020.

2017 - \$228.81

To bring the bad debt expense current in 2017, the amount was determined by the total of all closed account balances. However, the \$5 pass-thru charge for LTX was deducted by mistake because the pass-thru is paid in full to LTX and remains owed to MGU. The total bad debt in the 2017 Annual Report should have been \$258.81, not \$228.81.

<u>2018</u> – \$7.00

For the 2018 Annual Report, no closed accounts had an unpaid balance and last payment in the 12-month period that determines bad debt. Since one account (with a balance of \$26.88) missed the cut off date by only one day, an estimate of \$7 was entered.

2019 - \$56.90

For the 2019 Annual Report, two closed accounts had a balance and last payment in the 12-month period that determines bad debt. However, one of them was partially expensed in 2018 so it was not added to the total bad debt expense for the 2019 Annual Report.

Jan-Sep 2020 - \$219.94

As of today, the 3 closed accounts with last payment dates between 10/1/2019 and 9/30/20 have balances that total \$219.94.

2020 Estimate - \$219.94

Because it is already past the last payment cutoff date of September 30, 2020, we estimate that the total bad debt expensed in 2020 will be \$219.94 unless one of the accounts is paid in full before yearend.

BAD DEBT FXPENSE REPORT McLeod Gardens Utilities, LLC LAST PARMENT REC D IN 2017

25881 TOTAL3/22/2018 6:31:21 PM

Account Aging

			Acco	ount Aging		228	NOM 18.	CTX
Customer	Read Seq	Account Number	Service Adr	Last Payment Date	< 81	81 - 446	> 446	Current Balance
zCallie Foggie	34	111WW	111 Weeping Willow R	10/10/2010	0.00	0:00	72.22	72.22
zEdgar Ramierez	88	323AR	323 Arrowroot Rd	11/28/2016	0.00	0.00	25.80	25.80
zElizabeth Coronado	46	222LP	222 Lily Pad Rd	1/31/2017	0.00	70.99	0.00	(70.99) 5.00
zErica Williams	34	111WW	111 Weeping Willow R	8/9/2017	0.00	0.98	0.00	0.98
zJessica Blackman	23	133WW	133 Weeping Willow R	2/7/2017	0.00	19.95	54,38	(74,33) 5.00
zKachelle George	62	205LP	205 Lily Pad Rd	1/27/2017	-3.00	0.00	0.00	-3.00
zLatoria S. Mathis	35	109WW	109 Weeping Willow R		0.00 +	26.88	(0.00)	(26.88) 5.80
zMark Dickson	11	120WW	120 Weeping Willow R	10/10/2010	0.00	0.00	56.22	56.22
zNatasha Morris	26	127WW	127 Weeping Willow R	6/29/2017	0.00	58.40	0.00	(58:40) 5.00
zSackett Diversified Corp.	23	133WW-1	133 Weeping Willow R	1/21/2018	-17.10	0.00	0.00	-17.10
zSherry Defoe	16	130WW	130 Weeping Willow R	5/15/2017	-0.32	0.00	0.00	-0.32
zSteve Hodge	38	206LP	206 Lily Pad Rd	8/11/2017	0.00	7.72	0.00	7.72 5.00
zTabitha Singltary	45	220LP	220 Lily Pad Rd	10/10/2010	0.00	0.00	44:49	44:49
zTerrell Linwood	72	318AR	318 Arrowroot Rd	6/29/2017	0.00	72.02	0.00	72.02
zWinna Bramwell	28	123WW	123 Weeping Willow R	10/10/2017	0.00	1.87	0.00	1.87
The American Committee of the Committee	gorna Coscinită Maine.		paraturany-na maja ji ma managa ampa njah katifat paraturanjah di 1994	Report Totals	-20.42	258.81	253.11	491.50

30

McLeod Gardens Utilities, LLC

Last Payment

Account Aging

Customer	Read Seq	Account Number	Service Adr	Last Payment Date	< 30	30 - 60	> 60	Current Balance
zCallie Foggle	34 - 34	- 111WW	111 Weeping Willow R	i 10/10/2010 // i	0.00.	0.00	72.22	72.22
zElizabeth Coronado	46	222LP	222 Lily Pad Rd	1/31/2017	0.00	0.00	70.99	70.99
zÉrica Williams	34	111WW	111 Weeping Willow R	8/9/2017	2:0.00_ 1: 1/2.	0.00	0.98	0.98
zJessica Blackman	23	133WW	133 Weeping Willow R	2/7/2017	0.00	0.00	74.33	74.33
zLatoria S. Mathis	(1) (4.35 mg/)	109WW	109 Weeping Willow R	10/2/2017	0.00	0.00	26.880 (50.5)	26.88
zMark Dickson	11	120WW	120 Weeping Willow R	10/10/2010	0.00	0.00	56.22	56.22
zNatasha Morris	26	127WW	127 Weeping Willow R	6/29/2017	0.00	0.00	58.40	58.40
zShannon Cashdollar	10	- 118WW	118 Weeping Willow R	· 5/30/2018	-2.40	0.00	0.00	-2.40
zSherry Defoe	+ 16 1.	130V/W	130 Weeping Willow R	5/15/2017	-0.32	0.00	0.00	-0.32
zSteve Hodge	38	206LP	206 Lily Pad Rd	8/11/2017	0.00	0.00	7.72	7.72
zTabitha Singltary	45	220LP	220 Lily Pad Rd	10/10/2010	0.00	0.00.	44,49	44.49
zTerrell Linwood	72	318AR	318 Arrowroot Rd	6/29/2017	0.00	0.00	72.02	72.02
zTracy Faison		120WW-2	120 Weeping Willow R	*5/21/2018	-0.37	0.00	0.00	-0.37
zWinna Bramwell	28	123WW	123 Weeping Willow R	10/10/2017	0.00	0.00	1.87	1.87
zYanetsy Martin	. w 30 · ·	119WW-3	119 Weeping Willow R	11/27/2018	-4.23	0.00	0.00	-4.23
				Report Totals	-7.32	0.00	486.12	478.80

490 days Bad lest 70tal 26.88

\$ 7.00 expensed in 2018 AR

12/31/2019 10:40:19 AM

McLeod Gardens Utilities, LLC

Last Payment 10-1-18 to 9-30-19



Account Aging

				0 0				
Customer	Read Seq	Account Number	Service Adr	Last Payment Date	< 30	30 - 60	> 60	Current Balance
zCallie Foggie	34	111WW	111 Weeping Willow R	10/10/2010	0.00	0.00	72.22	72.22
zElizabeth Coronado	7.46	222LP	222 Lily Pad Rd	1/31/2017	0.00	0.00	70,99	70.99
zErica Williams	34	111WW	111 Weeping Willow R	8/9/2017	0.00	0.00	0.98	0.98
zJessica Blackman	23	133WW	133 Weeping Willow R	2/7/2017	0.00	0.00	74,33	74.33
zLatoria S. Mathis	35	109WW	109 Weeping Willow R	10/2/2017	0.00	0.00	26.88	26.88
zMark Dickson		120WW	120 Weeping Willow R	10/10/2010	0.00	0.00	56.22	56.22
zNatasha Morris	26	127WW	127 Weeping Willow R	6/29/2017	0.00	0.00	58.40	58.40
zShannon Cashdollar	10	118WW	118 Weeping Willow R	5/30/2018	-2.40	\$ ≠ 0.00 € L	000	2:40
zSherry Defoe	16	130WW	130 Weeping Willow R	5/15/2017	-0.32	0.00	0.00	-0.32
zSteve Hodge	38	206LP	206 Lily Pad Rd	8/11/2017	0.00	0.00	7.72	7.72
zTabitha Singltary	45	220LP	220 Lily Pad Rd	10/10/2010	0.00	0.00	44.49	44.49
zTara Ross	66	306AR(4)	306 Arrowroot Rd	8/28/2019	0.00	0.00	56.90	156.90
zTerrell Linwood	72	318AR	318 Arrowroot Rd	6/29/2017	0.00	0.00	72.02	72.02
zTracy Falson	11	120WW-2	120 Weeping Willow R	5/21/2018	-0.37	0.00	0.00	#0.37
zWinna Bramwell	28	123WW	123 Weeping Willow R	10/10/2017	-0.63	0.00	0.00	-0.63
zYanetsy Martin	‡ 30	119WW-3	119 Weeping Willow R	11/27/2018	1 1 1/2 (4.23 Pair	(0.00)	0.00	4.23
				Report Totals	-7.95	0.00	541.15	533.20

+90 days Bad DebT Total 56,90

McLeod Gardens Utilities, LLC

Account Aging Last Payment Account Aging 10-1-19 to 6-30-20

10/1/2020 12:14:37 PM

			7.000	Jan. 7 (99				
Customer	Read Seq	Account Number	Service Adr	Last Payment Date	< 30	30 - 60	> 60	Current Balance
zCallie Foggie	34	11:1WW	111 Weeping Willow R	10/10/2010	4 0.00	0.00	72.22	72.22
zElizabeth Coronado	46	222LP	222 Lily Pad Rd	1/31/2017	0.00	0.00	70. 99	70.99
zErica Williams	34	111WW	111 Weeping Willow R	8/9/2017	0.00	0.00	∉ 0.98	0.98
zFrandall Bellmon	67	308AR	308 Arrowroot Rd	6/19/2020	0.00	0.00	184.87	184.87
zGeorge Garl	₫ 41	212LP-3	212 Lily Pad Rd	6/15/2020	0.00	0.00	7.52	7.52
zJames Rosser	58	213LP	213 Lily Pad Rd	2/10/2020	0.00	0.00	27.55	27.55
z Jessica Blackman	23	133WW	133 Weeping Willow R	2/7/2017	0.00	0.00	74.33	74.33
zLatoria S. Mathis	35	109WW	109 Weeping Willow R	10/2/2017	0.00	0.00	26.88	26.88
zMark Dickson 📗 📜	11	120WW	120 Weeping Willow R	10/10/2010	(i) (i) (i) (i) (i) (i) (i) (i) (i) (i)	0.00	56.22	56.22
zNatasha Morris	26	127WW	127 Weeping Willow R	6/29/2017	0.00	0.00	58.40	58.40
zShannon Cashdollar	10 🚊	118WW	118 Weeping Willow R	5/30/2018	-2.40	0.00	0.00	-2.40
zSherry Defoe	16	130WW	130 Weeping Willow R	5/15/2017	-0.32	0.00	0.00	-0.32
zSteve Hodge	38	206LP	206 Lily Pad Rd	8/11/2017	0.00	0.00	7.72	7.72
zTabitha Singltary	45	220LP	220 Lily Pad Rd	10/10/2010	0.00	0.00	44.49	44.49
zTara Ross	66	306AR(4)	306 Arrowroot Rd	8/28/2019 , 🔠	0.00	0.00	56.90	56.90
zTerrell Linwood	72	318AR	318 Arrowroot Rd	6/29/2017	0.00	0.00	· 72.02	72.02
zTracy Faison	₫ 0 V	120WW-2	. \$120 Weeping Willow R	5/21/2018	-0.37	0.00	0.00	0.37
zWinna Bramwell	28	123WW	123 Weeping Willow R	10/10/2017	-0.63	0.00	0.00	-0.63
zYanetsy Martin	30	119WW-3	119 Weeping Willow R	11/27/2018	4.23 ^k	0,00	0.00	-423
				Report Totals	-7.95	0.00	761.09	753.14

+90 days Bod Debt Total 219,94