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September 8, 2025
via efilng

Adam Teitzman, Commission Clerk
Office of Commission Clerk
Florida Public Service Commission
2540 Shumard Oak Blvd.
Tallahassee, FL 32399-0850

Re: Docket No. 20250088-WU – Application for staff-assisted rate case in Lake County by Sun Communities Finance, LLC d/b/a Water Oak Utility

Dear Mr. Teitzman:

On behalf of Sun Communities Finance, LLC d/b/a Water Oak Utility (“Water Oak” or “Utility”) this letter are the responses to Staff’s First Data Request dated August 8, 2025.

1. Purchased Water: All utility related bills from the beginning of the test year to present, which include meter number and location, gallons used, dollars paid, and the utility’s account numbers.

RESPONSE: Information sent to the Auditors on Tue 7/29/2025 2:59 PM

2. Purchased Power: All utility related electricity bills from the beginning of the test year to present, which include meter number and location, kilowatts used, dollars paid, and the electric company’s account numbers.

RESPONSE: Information sent to the Auditors on Tue 7/29/2025 2:59 PM

3. Chemicals: A list of all chemicals used in the treatment of water, amounts purchased, quantity purchased, unit prices paid, and dosage rates utilized.

RESPONSE: Information sent to the Auditors on Wed 7/30/2025 3:05 PM

September 8, 2025

Page 2

4. Contractual Services – Testing: A list of tests, along with costs paid to outside laboratories for testing the water during the test year.

RESPONSE: Information sent to the Auditors on Thu 8/7/2025 11:26 AM

5. Contractual Services – Other: The costs of operation and maintenance work not performed by utility employees, with an explanation of the type of work performed. These costs include the operator's fee, mowing and grounds keeping, and contracted repair for the water system.

RESPONSE: Information sent to the Auditors on Thu 8/7/2025 11:26 AM

6. Transportation Expenses: A schedule of all vehicles by serial number and description, owned or leased by the utility, original cost or lease documents, whom the vehicles are assigned to, and an explanation of how they are allocated to the utility, or a copy of the log book showing miles on personal vehicles associated with utility business.

RESPONSE: Information sent to the Auditors on Tue 7/29/2025 11:11 AM

7. Copies of your most recent Primary and Secondary Water Quality test results.

RESPONSE: This information will be filed as soon as possible as a supplemental response to this data request.

8. Copies of monthly operating reports for water from January 1, 2024, through December 31, 2024 (test year) in Microsoft Excel format, if available, which includes:

FOR WATER – Total water purchased or pumped, total wash water, total of each chemical in points, chemical dosage rates (average).

RESPONSE: Related Attachment: WAT MOR's Zipped File.

9. Copy of monthly totals of metered water sold for each month of the test year.

RESPONSE: This information will be filed as soon as possible as a supplemental response to this data request.

10. A written summary, by permit number, of all Department of Environmental Protection, Water Management District, and/or County Health Department permits.

RESPONSE: 282-11 - The District authorizes, as limited by the attached conditions, the use of a new Upper Floridan aquifer irrigation well (Well E (Station 1D 501478)), and the continued use of 144.89 million gallons per year (mg) of groundwater from the Upper Floridan aquifer for public supply use (household, landscape irrigation, water utility and unaccounted for uses) through 2036.

0080548-009-DSGP - Intent to Use the General Permit for Construction of Water Main Extensions for PWSs

0080548-011-DSGP - The proposed project includes the construction of approximately 1,240 linear feet (LF) of 8-inch PVC, 90 LF of 4-inch PVC, 95 LF of 2-inch PE and 1 fire hydrant to serve the maintenance operations building.

11. If any plant addition has been made or will be required due to a written order from a governmental agency, please provide a copy of that order.

RESPONSE: Not applicable.

12. A list of all service complaints received during the test year and four years prior to the test year. Please include the date of complaint, an explanation of how each complaint was resolved, and the date of resolution.

RESPONSE: None. Not applicable.

13. A listing of all water assets owned by the utility, including distribution piping, pumping stations, fire hydrants, etc.

Example: 250' – 8" PVC Pipe (Water)
50' – 6" PVC Fire Hydrants (Water)

RESPONSE: Related Attachment: As-Built Manhole Map; WAT-Water line sizes; WAT-Water shut off valves

14. Number of customers classified as to meter size and class (commercial or residential) for the following points in time:

- a) A minimum of 4 years prior to the beginning of the test (or calendar last) year.
 - i. 2020 - **1207 occupied sites**
 - ii. 2021 - **1225 occupied sites**
 - iii. 2022 - **1255 occupied sites**
 - iv. 2023 - **1275 occupied sites**
- b) The beginning of the last calendar year.
 - i. 2024 Beginning - **1286 occupied sites**
- c) The end of the last calendar year.
 - i. 2024 Ending - **1309 occupied sites**
- d) Present.
 - i. As of 8/14/2025 - **1327 occupied sites**

RESPONSE: Please see above customer numbers. All customer lots are residential.

15. Please provide a copy of the utility’s engineering maps for water showing location and size of water mains throughout the service area and customer location and classification. On each map, please identify vacant customer lots, customer meter sizes, flush points, fire hydrants, and pumping stations.

RESPONSE: Related Attachment: As-Built Manhole Map; WAT-Water line sizes; WAT-Water shut off valves

16. Please fill out the spreadsheet attached concerning any pro forma items the utility is requesting. Please include any bid proposals or estimates for the pro forma items. If less than three bid proposals were requested for each pro forma item, please explain why.

RESPONSE: Related Attachment: WAT New 100HP Pump WTP1 Well C - ProPump and Controls 03 04 25 Signed - signed - Pump Contract Total Amount; WAT New Generator and ATS - RCM Utilities 04 04 25

Should you or Staff have any questions regarding this response please do not hesitate to contact me.

Very truly yours,

/s/ Martin S. Friedman
Martin Friedman

MSF:

Cc: Ailynee Ramirez-Abundez (via email)

Site	Item	NARUC Account Number	Issue Relevance*	Problem	Solution	Regulatory Mandate (M) or Enhancement (E)	Comments	Year?	Total
Water Oak	New 100 HP Pump		Well Pump replacement for operation and service	Well Pump	Replacement	M	See Contract	2025	\$31355.46
Water Oak	Install New Gene		Generator operation and	Generator	Replacement	M	See Contract	2025	\$148,330.00

	rator and Auto matic Trans fer Switc h		automatic switch						



1DR #8

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

RECEIVED

2-8-2024

See page 2 for instructions

Daily Finished Water Production for the Month Year of January 2024
Community Water System (CWS) Name: Water Oak Utility Inc.
Public Water System (PWS) Name: 335-4010

DIVISION OF WATER RESOURCE MANAGEMENT

Table with columns: Day of Month, Plant 1 Name (WTP #1), Plant 2 Name (WTP #2), Plant 3 Name, Plant 4 Name, Plant 5 Name, Plant 6 Name, Plant 7 Name, Plant 8 Name, Plant 9 Name, Total. Rows include daily production from Day 1 to Day 31 and summary rows for Total, Avg, and Min.





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: January 2024

A. Public Water System (PWS) Information

Form with fields for PWS Name, Type, Identification Number, Contact Person, etc.

B. Water Treatment Plant Information

Form with fields for Plant Name, Address, Capacity, Operators, License Class, etc.

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 1 of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date: Frank Huguley, 2/6/2024

Printed or Typed Name: Frank Huguley

License Number: C 29403

III. Daily Data for the Month/Year of: January 2024

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

UltraViolet Radiation Other (Discribe)

Type of Disinfectant Residual Maintained in Distribution System: X 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/cm ²	Minimum UV Dose Required, mW-sec/cm ²		
1	X	24	198,000	2520000	1.00	4	4.00	25	8.23	2.0			0.90	
2	X	24	429,000	2520000	1.00	4	4.00	19	8.25	3.2			0.80	
3	X	24	296,000	2520000	1.40	4	5.60	23	8.32	2.4			1.00	
4	X	24	364,000	2520000	1.70	4	6.80	23	8.31	2.4			1.10	
5	X	24	325,000	2520000	1.70	4	6.80	24	8.36	2.2			1.30	
6	X	24	364,000	2520000	1.70	4	6.80	24	8.37	2.2			1.30	
7	X	24	355,000	2520000	1.60	4	6.40	23	8.35	2.4			1.30	
8	X	24	177,000	2520000	2.00	4	8.00	20	8.28	3.0			1.70	
9	X	24	387,000	2520000	2.00	4	8.00	22	8.22	2.6			1.70	
10	X	24	332,000	2520000	2.20	4	8.80	23	8.29	2.4			2.00	
11	X	24	262,000	2520000	2.10	4	8.40	23	8.26	2.4			2.00	
12	X	24	287,000	2520000	2.00	4	8.00	23	8.34	2.4			1.30	
13	X	24	308,000	2520000	1.90	4	7.60	23	8.34	2.4			1.30	
14	X	24	393,000	2520000	1.90	4	7.60	21	8.35	2.8			1.30	
15	X	24	295,000	2520000	1.60	4	6.40	26	8.32	2.0			1.30	
16	X	24	320,000	2520000	1.80	4	7.20	23	8.36	2.4			1.30	
17	X	24	408,000	2520000	1.90	4	7.60	22	8.29	2.6			1.30	
18	X	24	270,000	2520000	1.70	4	6.80	24	8.31	2.2			1.30	
19	X	24	357,000	2520000	1.70	4	6.80	24	8.33	2.2			1.40	
20	X	24	289,000	2520000	1.70	4	6.80	24	8.35	2.2			1.40	
21	X	24	311,000	2520000	1.70	4	6.80	22	8.31	2.6			1.30	
22	X	24	298,000	2520000	1.40	4	5.60	22	8.47	2.6			1.20	
23	X	24	395,000	2520000	1.60	4	6.40	25	8.34	2.0			1.30	
24	X	24	273,000	2520000	2.20	4	8.80	29	8.38	2.0			2.00	
25	X	24	369,000	2520000	1.50	4	6.00	22	8.53	2.6			1.40	
26	X	24	419,000	2520000	1.70	4	6.80	28	8.49	2.0			1.40	
27	X	24	337,000	2520000	2.10	4	8.40	27	8.41	2.0			1.70	
28	X	24	364,000	2520000	1.80	4	7.20	22	8.49	2.6			1.30	
29	X	24	334,000	2520000	1.70	4	6.80	23	8.39	2.4			1.40	
30	X	24	350,000	2520000	1.40	4	5.60	23	8.28	2.4			1.10	
31	X	24	381,000	2520000	1.70	4	6.80	24	8.37	2.2			1.70	

Total	10,247,000
Average	330,548
Maximum	429,000



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: January 2024

A. Public Water System (PWS) Information

PWS Name: Water Oak Utility Inc.	PWS Identification Number: 335-4010
PWS Type: Community <input checked="" type="checkbox"/> NonTransient <input type="checkbox"/>	NonCommunity <input type="checkbox"/> Consecutive
Number of Service Connections at End of Month: 1026	Total Population Served at End of Month: 1465
PWS Owner: Sun Communities Inc.	
Contact Person: Lara Parker	Contact Person's Title: General Manager
Contact Person's Mailing Address: 27777 Franklin Road	City: Southfield State: MI Zip Code: 48034
Contact Person's Telephone Number: 352-753-3000	Contact Person's Fax Number: 352-750-3859
Contact Person's Email Address: mharmon1@suncommunities.com	

B. Water Treatment Plant Information

Plant Name: WIP #2	Plant Telephone Number:			
Plant Address: 106 Evergreen Lane	City: Lady Lake State: FL Zip Code:			
Type of water treated by Plant: <input checked="" type="checkbox"/> Raw Ground <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 1238400				
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C			
Licensed Operators:	Name:	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operators:	Frank Huguley	C	29403	
Other Operators:	Curtis Carter	C	25257	

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 1 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 standard 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 rate, and (2) if applicable, appropriate treatment process performance records. Further more, I agree to provide these additional operations records to the PWS owner so that the PWS owner can retain them, together with copies of this report, at a convenient location for the last ten years.

<u>Frank Huguley</u>	2/6/2024	Frank Huguley	C 29403
Signature and Date		Printed or Typed Name	License Number

III. Daily Data for the Month/Year of: January 2024

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

UltraViolet Radiation Other (Discribe)

Type of Disinfectant Residual Maintained in Distribution System: X 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/cm ²	Minimum UV Dose Required, mW-sec/cm ²		
1	X	24	0		1.30								1.00	
2	X	24	0		1.30								1.00	
3	X	24	0		1.30								1.00	
4	X	24	0		1.30								1.00	
5	X	24	10		1.30								1.00	
6	X	24	0		1.30								1.00	
7	X	24	10		1.30								1.00	
8	X	24	0		1.30								1.00	
9	X	24	780		1.30								1.00	
10	X	24	0		1.20								1.00	
11	X	24	0		1.20								1.00	
12	X	24	0		1.20								1.00	
13	X	24	0		1.20								1.00	
14	X	24	0		1.20								1.00	
15	X	24	0		1.20								1.00	
16	X	24	0		1.20								1.00	
17	X	24	0		1.80								1.40	
18	X	24	0		1.80								1.40	
19	X	24	0		1.80								1.40	
20	X	24	0		1.80								1.40	
21	X	24	19,240		1.80								1.40	
22	X	24	50,160		1.50								1.00	
23	X	24	40,140		1.60								1.00	
24	X	24	10,860		1.10								1.00	
25	X	24	10,800		1.20								0.80	
26	X	24	9,070		1.30								1.00	
27	X	24	9,570		1.30								1.00	
28	X	24	13,090		1.40								1.00	
29	X	24	5,740		1.00								0.80	
30	X	24	15,090		1.20								0.80	
31	X	24	5,730		1.20								0.80	
Total			190,290											
Average			6,138											
Maximum			50,160											



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

RECEIVED

3-7-2024

See page 2 for instructions

Daily Finished Water Production for the Month Year of	February 2024
Community Water System (CWS) Name:	Water Oak Utility Inc.
Public Water System (PWS) Name:	335-4010

**DIVISION OF WATER
RESOURCE MANAGEMENT**

Day of Month	Plant 1 Name	Plant 2 Name	Plant 3 Name	Plant 4 Name	Plant 5 Name	Plant 6 Name	Plant 7 Name	Plant 8 Name	Plant 9 Name	Total
	WTP #1	WTP #2								
	Public Water System (PWS) Name:									
	1,080,000	1,238,400								
	Public Water System (PWS) Name:									
Day 1	300,000	6,050								306,050
Day 2	348,000	19,590								367,590
Day 3	399,000	19,750								418,750
Day 4	406,000	7,140								413,140
Day 5	310,000	0								310,000
Day 6	358,000	18,330								376,330
Day 7	280,000	20,390								300,390
Day 8	310,000	10,580								320,580
Day 9	316,000	24,970								340,970
Day 10	291,000	32,310								323,310
Day 11	372,000	8,600								380,600
Day 12	160,000	0								160,000
Day 13	382,000	9,930								391,930
Day 14	247,000	20,840								267,840
Day 15	352,000	14,460								366,460
Day 16	254,000	18,050								272,050
Day 17	215,000	0								215,000
Day 18	304,000	0								304,000
Day 19	223,000	43,200								266,200
Day 20	298,000	24,060								322,060
Day 21	273,000	15,730								288,730
Day 22	299,000	12,070								311,070
Day 23	293,000	31,160								324,160
Day 24	209,000	28,550								237,550
Day 25	351,000	12,890								363,890
Day 26	192,000	13,190								205,190
Day 27	351,000	75,600								426,600
Day 28	240,000	14,330								254,330
Day 29	373,000	24,810								397,810
Day 30										
Day 31										
Total										9,232,580
Avg.										318,365
Min										426,600





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: February 2024

A. Public Water System (PWS) Information

Form with fields for PWS Name, Type, Identification Number, Contact Person, etc.

B. Water Treatment Plant Information

Form with fields for Plant Name, Address, Capacity, Operators, License Class, etc.

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 1 of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date: Frank Huguley, 3/5/2024

Printed or Typed Name: Frank Huguley

License Number: C 29403

III. Daily Data for the Month/Year of: February 2024

Means of Achieving Four-Log Virus Inactivation/Removal * X Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 UltraViolet Radiation Other (Discribe)
 Type of Disinfectant Residual Maintained in Distribution System: X 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/cm ²	Minimum UV Dose Required, mW-sec/cm ²		
1	X	24	300,000	2520000	1.80	4	7.20	24	8.30	2.2			1.60	
2	X	24	348,000	2520000	1.40	4	5.60	25	8.39	2.0			1.50	
3	X	24	399,000	2520000	1.70	4	6.80	24	8.35	2.2			1.50	
4	X	24	406,000	2520000	1.50	4	6.00	24	8.30	2.2			1.20	
5	X	24	310,000	2520000	1.40	4	5.60	25	8.31	2.0			1.20	
6	X	24	358,000	2520000	1.30	4	5.20	24	8.36	2.2			1.10	
7	X	24	280,000	2520000	1.30	4	5.20	25	8.32	2.0			1.10	
8	X	24	310,000	2520000	1.30	4	5.20	24	8.52	2.2			1.00	
9	X	24	316,000	2520000	1.30	4	5.20	26	8.50	2.0			1.00	
10	X	24	291,000	2520000	1.20	4	4.80	27	8.43	2.0			1.00	
11	X	24	372,000	2520000	1.20	4	4.80	23	8.39	2.4			1.00	
12	X	24	160,000	2520000	1.10	4	4.40	28	8.35	2.0			1.00	
13	X	24	382,000	2520000	1.10	4	4.40	22	8.35	2.6			1.00	
14	X	24	247,000	2520000	1.30	4	5.20	27	8.42	2.0			1.00	
15	X	24	352,000	2520000	1.80	4	7.20	21	8.52	2.8			1.50	
16	X	24	254,000	2520000	1.40	4	5.60	26	8.44	2.0			1.10	
17	X	24	215,000	2520000	1.50	4	6.00	26	8.40	2.0			1.10	
18	X	24	304,000	2520000	1.40	4	5.60	26	8.46	2.0			1.10	
19	X	24	223,000	2520000	1.40	4	5.60	21	8.52	2.8			1.30	
20	X	24	298,000	2520000	1.50	4	6.00	25	8.22	2.0			1.30	
21	X	24	273,000	2520000	1.30	4	5.20	25	8.44	2.0			1.00	
22	X	24	299,000	2520000	1.50	4	6.00	28	8.43	2.0			1.40	
23	X	24	293,000	2520000	1.50	4	6.00	28	8.41	2.0			1.40	
24	X	24	209,000	2520000	1.60	4	6.40	26	8.40	2.0			1.40	
25	X	24	351,000	2520000	1.50	4	6.00	17	8.63	3.4			1.40	
26	X	24	192,000	2520000	1.50	4	6.00	28	8.43	2.0			1.30	
27	X	24	351,000	2520000	1.50	4	6.00	21	8.50	2.8			1.40	
28	X	24	240,000	2520000	1.50	4	6.00	29	8.54	2.0			1.30	
29	X	24	373,000	2520000	1.50	4	6.00	21	8.60	2.8			1.40	
30														
31														

Total	8,706,000
Average	300,207
Maximum	406,000



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: February 2024

A. Public Water System (PWS) Information

PWS Name: Water Oak Utility Inc.	PWS Identification Number: 335-4010
PWS Type: Community <input checked="" type="checkbox"/> NonTransient <input type="checkbox"/>	NonCommunity <input type="checkbox"/> Consecutive
Number of Service Connections at End of Month: 1026	Total Population Served at End of Month: 1465
PWS Owner: Sun Communities Inc.	
Contact Person: Lara Parker	Contact Person's Title: General Manager
Contact Person's Mailing Address: 27777 Franklin Road	City: Southfield State: MI Zip Code: 48034
Contact Person's Telephone Number: 352-753-3000	Contact Person's Fax Number: 352-750-3859
Contact Person's Email Address: mharmon1@suncommunities.com	

B. Water Treatment Plant Information

Plant Name: WIP #2	Plant Telephone Number:			
Plant Address: 106 Evergreen Lane	City: Lady Lake State: FL Zip Code:			
Type of water treated by Plant: <input checked="" type="checkbox"/> Raw Ground <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 1238400				
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C			
Licensed Operators:	Name:	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operators:	Frank Huguley	C	29403	
Other Operators:	Curtis Carter	C	25257	

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 1 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 standard 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 rate, and (2) if applicable, appropriate treatment process performance records. Further more, I agree to provide these additional operations records to the PWS owner so that the PWS owner can retain them, together with copies of this report, at a convenient location for the last ten years.

<u>Frank Huguley</u>	3/5/2024	Frank Huguley	C 29403
Signature and Date		Printed or Typed Name	License Number

III. Daily Data for the Month/Year of: February 2024

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

UltraViolet Radiation Other (Discribe)

Type of Disinfectant Residual Maintained in Distribution System: X 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/cm ²	Minimum UV Dose Required, mW-sec/cm ²		
1	X	24	6,050		1.20								0.90	
2	X	24	19,590		1.30								1.00	
3	X	24	19,750		1.30								1.00	
4	X	24	7,140		1.30								1.00	
5	X	24	0		1.20								1.00	
6	X	24	18,330		1.10								0.80	
7	X	24	20,390		1.30								1.00	
8	X	24	10,580		1.30								0.90	
9	X	24	24,970		1.20								1.00	
10	X	24	32,310		1.20								1.00	
11	X	24	8,600		1.20								0.90	
12	X	24	0		1.20								1.00	
13	X	24	9,930		1.00								0.80	
14	X	24	20,840		1.20								1.00	
15	X	24	14,460		1.20								1.00	
16	X	24	18,050		1.20								1.00	
17	X	24	0		1.20								1.00	
18	X	24	0		1.20								1.00	
19	X	24	43,200		1.20								1.00	
20	X	24	24,060		1.20								0.90	
21	X	24	15,730		1.30								1.00	
22	X	24	12,070		1.00								0.80	
23	X	24	31,160		1.00								0.90	
24	X	24	28,550		1.10								1.00	
25	X	24	12,890		1.10								0.90	
26	X	24	13,190		1.10								0.70	
27	X	24	75,600		1.10								0.70	
28	X	24	14,330		1.10								1.00	
29	X	24	24,810		1.10								0.80	
30														
31														

Total	526,580
Average	18,158
Maximum	75,600



See Page 4 for instructions

I. General Information for the Month/Year of: March 2024

A. Public Water System (PWS) Information

PWS Name: Water Oak Utility Inc.		PWS Identification Number: 3354010	
PWS Type: Community <input checked="" type="checkbox"/> NonTransient <input type="checkbox"/>	NonCommunity <input type="checkbox"/>		Consecutive
Number of Service Connections at End of Month: 1026	Total Population Served at End of Month: 1465		
PWS Owner: Sun Communities Inc.			
Contact Person: Lara Parker	Contact Person's Title: General Manager		
Contact Person's Mailing Address: 27777 Franklin Road	City: Southfield	State: MI	Zip Code: 48034
Contact Person's Telephone Number: 352-753-3000	Contact Person's Fax Number: 352-750-3859		
Contact Person's Email Address: mharmon1@suncommunities.com			

B. Water Treatment Plant Information

Plant Name: WTP #1	Plant Telephone Number:			
Plant Address: 106 Evergreen Lane	City: Lady Lake	State: FL Zip Code: 32159		
Type of water treated by Plant: <input checked="" type="checkbox"/> Raw Ground <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 1080000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators:	Name:	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operators:	Frank Huguley	C	29403	
Other Operators:	Curtis Carter	C	25257	

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 standard 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 rate, and (2) if applicable, appropriate treatment process performance records. Further more, I agree to provide these additional operations records to the PWS owner so that the PWS owner can retain them, together with copies of this report, at a convenient location for the last ten years.

<u>Frank Huguley</u>	<u>4/8/2024</u>	<u>Frank Huguley</u>	<u>C 29403</u>
Signature and Date		Printed or Typed Name	License Number

III. Daily Data for the Month/Year of: March 2024

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

UltraViolet Radiation Other (Discribe)

Type of Disinfectant Residual Maintained in Distribution System: X 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/cm ²	Minimum UV Dose Required, mW-sec/cm ²		
1	X	24	243,000	2520000	1.50	4	6.00	26	8.45	2.0		1.10		
2	X	24	292,000	2520000	1.60	4	6.40	27	8.40	2.0		1.40		
3	X	24	386,000	2520000	1.50	4	6.00	26	8.51	2.0		1.30		
4	X	24	211,000	2520000	1.50	4	6.00	26	8.54	2.0		1.30		
5	X	24	43,000	2520000	1.50	4	6.00	25	8.50	2.0		1.40		
6	X	24	36,000	2520000	1.40	4	5.60	27	8.54	2.0		1.30		
7	X	24	37,000	2520000	1.40	4	5.60	29	8.70	2.0		1.20		
8	X	24	118,000	2520000	1.20	4	4.80	28	8.56	2.0		1.00		
9	X	24	40,000	2520000	1.70	4	6.80	31	8.51	2.0		1.40		
10	X	24	18,000	2520000	1.60	4	6.40	23	8.70	2.4		1.40		
11	X	24	72,500	2520000	1.20	4	4.80	25	8.60	2.0		1.00		
12	X	24	72,500	2520000	1.10	4	4.40	29	8.54	2.0		1.00		
13	X	24	94,000	2520000	1.40	4	5.60	28	8.54	2.0		1.00		
14	X	24	33,000	2520000	2.10	4	8.40	25	8.47	2.0		1.70		
15	X	24	27,000	2520000	1.30	4	5.20	24	7.86	2.2		1.00		
16	X	24	426,000	2520000	1.50	4	6.00	24	8.31	2.2		1.30		
17	X	24	390,000	2520000	1.30	4	5.20	24	8.04	2.2		1.10		
18	X	24	234,000	2520000	1.40	4	5.60	27	8.60	2.0		1.10		
19	X	24	365,000	2520000	1.60	4	6.40	24	8.58	2.2		1.40		
20	X	24	300,000	2520000	1.40	4	5.60	27	8.45	2.0		1.20		
21	X	24	319,000	2520000	1.60	4	6.40	26	8.46	2.0		1.30		
22	X	24	245,000	2520000	1.50	4	6.00	25	8.68	2.0		1.10		
23	X	24	324,000	2520000	1.40	4	5.60	24	8.62	2.2		1.10		
24	X	24	332,000	2520000	1.40	4	5.60	19	8.61	3.2		1.10		
25	X	24	294,000	2520000	1.20	4	4.80	26	8.54	2.0		1.00		
26	X	24	400,000	2520000	1.50	4	6.00	28	8.45	2.0		1.30		
27	X	24	132,000	2520000	1.50	4	6.00	26	8.57	2.0		1.20		
28	X	24	259,000	2520000	1.20	4	4.80	24	8.48	2.2		1.00		
29	X	24	233,000	2520000	1.00	4	4.00	25	8.55	2.0		1.20		
30	X	24	139,000	2520000	1.30	4	5.20	25	8.50	2.0		1.10		
31	X	24	409,000	2520000	1.30	4	5.20	25	8.61	2.0		1.10		

Total	6,524,000
Average	210,452
Maximum	426,000



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: March 2024

A. Public Water System (PWS) Information

PWS Name: Water Oak Utility Inc.		PWS Identification Number: 3354010	
PWS Type: Community <input checked="" type="checkbox"/>	NonTransient <input type="checkbox"/>	NonCommunity <input type="checkbox"/>	Consecutive
Number of Service Connections at End of Month: 1026		Total Population Served at End of Month: 1465	
PWS Owner: Sun Communities Inc.			
Contact Person: Lara Parker		Contact Person's Title: General Manager	
Contact Person's Mailing Address: 27777 Franklin Road		City: Southfield	State: MI Zip Code: 48034
Contact Person's Telephone Number: 352-753-3000		Contact Person's Fax Number: 352-750-3859	
Contact Person's Email Address: mharmon1@suncommunities.com			

B. Water Treatment Plant Information

Plant Name: WIP #2		Plant Telephone Number:		
Plant Address: 106 Evergreen Lane		City: Lady Lake	State: FL Zip Code:	
Type of water treated by Plant: <input checked="" type="checkbox"/> Raw Ground <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 1238400				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators:	Name:	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operators:	Frank Huguley	C	29403	
Other Operators:	Curtis Carter	C	25257	

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 1 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 standard 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 rate, and (2) if applicable, appropriate treatment process performance records. Further more, I agree to provide these additional operations records to the PWS owner so that the PWS owner can retain them, together with copies of this report, at a convenient location for the last ten years.

<u>Frank Huguley</u>	4/8/2024	Frank Huguley	C 29403
Signature and Date		Printed or Typed Name	License Number

III. Daily Data for the Month/Year of: March 2024

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

UltraViolet Radiation Other (Discribe)

Type of Disinfectant Residual Maintained in Distribution System: X 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/cm ²	Minimum UV Dose Required, mW-sec/cm ²		
1	X	24	28,160		1.00								0.80	
2	X	24	32,650		1.10								0.90	
3	X	24	36,640		1.10								0.80	
4	X	24	134,730		1.10								0.80	
5		24	134,730											
6	X	24	308,130		1.10								0.70	
7	X	24	267,040		1.00								0.60	
8	X	24	219,320		1.00								0.60	
9	X	24	219,840		1.00								0.60	
10	X	24	338,520		1.00								0.70	
11	X	24	293,050		0.60								0.40	
12	X	24	214,270		0.60								0.40	
13	X	24	199,390		1.00								0.70	
14	X	24	304,490		0.90								0.60	
15	X	24	174,470		1.10								0.90	
16	X	24	8,980		1.00								1.00	
17	X	24	0		1.30								1.10	
18	X	24	0		1.50								1.10	
19	X	24	0		1.50								1.00	
20	X	24	0		1.50								1.00	
21	X	24	0		1.20								1.00	
22	X	24	0		1.20								0.90	
23	X	24	0		1.10								0.80	
24	X	24	0		1.10								0.80	
25	X	24	0		1.10								0.80	
26	X	24	92,245		1.10								0.80	
27		24	92,245											
28	X	24	47,450		1.30								1.00	
29	X	24	47,470		1.60								1.10	
30	X	24	127,800		1.60								1.10	
31	X	24	159,290		1.20								1.10	
Total			3,480,910											
Average			112,287											
Maximum			338,520											



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

See page 2 for instructions

Daily Finished Water Production for the Month Year of	March 2024
Community Water System (CWS) Name:	Water Oak Utility Inc.
Public Water System (PWS) Name:	3354010

Day of Month	Plant 1 Name	Plant 2 Name	Plant 3 Name	Plant 4 Name	Plant 5 Name	Plant 6 Name	Plant 7 Name	Plant 8 Name	Plant 9 Name	Total
	WTP #1	WTP #2								
	Public Water System (PWS) Name:									
	1,080,000	1,238,400								
	Public Water System (PWS) Name:									
Day 1	243,000	28,160								271,160
Day 2	292,000	32,650								324,650
Day 3	386,000	36,640								422,640
Day 4	211,000	134,730								345,730
Day 5	43,000	134,730								177,730
Day 6	36,000	308,130								344,130
Day 7	37,000	267,040								304,040
Day 8	118,000	219,320								337,320
Day 9	40,000	219,840								259,840
Day 10	18,000	338,520								356,520
Day 11	72,500	293,050								365,550
Day 12	72,500	214,270								286,770
Day 13	94,000	199,390								293,390
Day 14	33,000	304,490								337,490
Day 15	27,000	174,470								201,470
Day 16	426,000	8,980								434,980
Day 17	390,000	0								390,000
Day 18	234,000	0								234,000
Day 19	365,000	0								365,000
Day 20	300,000	0								300,000
Day 21	319,000	0								319,000
Day 22	245,000	0								245,000
Day 23	324,000	0								324,000
Day 24	332,000	0								332,000
Day 25	294,000	0								294,000
Day 26	400,000	92,245								492,245
Day 27	132,000	92,245								224,245
Day 28	259,000	47,450								306,450
Day 29	233,000	47,470								280,470
Day 30	139,000	127,800								266,800
Day 31	409,000	159,290								568,290
Total										10,004,910
Avg.										322,739
Min										568,290





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

See page 2 for instructions

Daily Finished Water Production for the Month Year of	April 2024
Community Water System (CWS) Name:	Water Oak Utility Inc.
Public Water System (PWS) Name:	3354010

Day of Month	Plant 1 Name	Plant 2 Name	Plant 3 Name	Plant 4 Name	Plant 5 Name	Plant 6 Name	Plant 7 Name	Plant 8 Name	Plant 9 Name	Total
	WTP #1	WTP #2								
	Public Water System (PWS) Name:									
	1,080,000	1,238,400								
	Public Water System (PWS) Name:									
Day 1	191,000	59,680								250,680
Day 2	153,000	284,020								437,020
Day 3	227,000	42,940								269,940
Day 4	272,000	27,440								299,440
Day 5	296,000	28,540								324,540
Day 6	365,000	13,300								378,300
Day 7	305,000	27,930								332,930
Day 8	257,000	39,560								296,560
Day 9	365,000	35,870								400,870
Day 10	188,000	86,160								274,160
Day 11	315,000	29,780								344,780
Day 12	183,009	53,760								236,769
Day 13	287,991	51,100								339,091
Day 14	429,000	73,810								502,810
Day 15	179,000	46,590								225,590
Day 16	375,000	36,770								411,770
Day 17	416,000	67,260								483,260
Day 18	330,000	19,180								349,180
Day 19	319,500	38,870								358,370
Day 20	319,500	65,830								385,330
Day 21	383,000	53,920								436,920
Day 22	334,000	0								334,000
Day 23	380,000	49,080								429,080
Day 24	361,000	85,910								446,910
Day 25	298,000	163,080								461,080
Day 26	291,000	24,080								315,080
Day 27	327,000	66,810								393,810
Day 28	384,000	211,320								595,320
Day 29	311,000	62,490								373,490
Day 30	390,000	83,500								473,500
Day 31										
Total										11,160,580
Avg.										372,019
Min										595,320

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DIVISION OF WATER
RESOURCE MANAGEMENT





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: April 2024

A. Public Water System (PWS) Information

Form with fields for PWS Name, PWS Type, Number of Service Connections, PWS Owner, Contact Person, etc.

B. Water Treatment Plant Information

Form with fields for Plant Name, Plant Address, Type of water treated, Permitted Maximum Day Operating Capacity, Plant Category, and a table for Licensed 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 1 of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date: Frank Huguley, 5/8/2024

Printed or Typed Name: Frank Huguley

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License Number: C 29403

III. Daily Data for the Month/Year of: April 2024

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

UltraViolet Radiation Other (Discribe)

Type of Disinfectant Residual Maintained in Distribution System: X 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/cm ²	Minimum UV Dose Required, mW-sec/cm ²		
1	X	24	191,000	2520000	2.20	4	8.80	30	8.52	2.0			1.50	
2	X	24	153,000	2520000	2.20	4	8.80	25	8.59	2.0			1.60	
3	X	24	227,000	2520000	2.10	4	8.40	24	8.51	2.2			1.50	
4	X	24	272,000	2520000	1.70	4	6.80	25	8.62	2.0			1.40	
5	X	24	296,000	2520000	1.10	4	4.40	29	8.50	2.0			1.10	
6	X	24	365,000	2520000	1.00	4	4.00	23	8.67	2.4			0.90	
7	X	24	305,000	2520000	2.10	4	8.40	27	8.66	2.0			1.50	
8	X	24	257,000	2520000	1.60	4	6.40	228	8.52	2.0			1.30	
9	X	24	365,000	2520000	1.40	4	5.60	28	8.59	2.0			1.10	
10	X	24	188,000	2520000	1.30	4	5.20	32	8.62	2.0			1.10	
11	X	24	315,000	2520000	2.20	4	8.80	25	8.63	2.0			1.70	
12	X	24	183,009	2520000	1.40	4	5.60	28	8.54	2.0			1.30	
13	X	24	287,991	2520000	1.60	4	6.40	25	8.54	2.0			1.30	
14	X	24	429,000	2520000	1.20	4	4.80	26	8.56	2.0			1.00	
15	X	24	179,000	2520000	1.20	4	4.80	30	8.65	2.0			1.00	
16	X	24	375,000	2520000	2.20	4	8.80	21	8.79	2.8			1.50	
17	X	24	416,000	2520000	1.80	4	7.20	24	8.76	2.2			1.70	
18	X	24	330,000	2520000	1.10	4	4.40	30	8.57	2.0			1.20	
19	X	24	319,500	2520000	2.10	4	8.40	32	8.79	2.0			1.40	
20	X	24	319,500	2520000	1.90	4	7.60	26	8.83	2.0			1.50	
21	X	24	383,000	2520000	2.00	4	8.00	23	8.96	2.4			1.50	
22	X	24	334,000	2520000	1.50	4	6.00	26	8.73	2.0			1.60	
23	X	24	380,000	2520000	1.70	4	6.80	27	8.65	2.0			1.50	
24	X	24	361,000	2520000	1.40	4	5.60	31	8.79	2.0			1.50	
25	X	24	298,000	2520000	1.80	4	7.20	27	8.73	2.0			1.50	
26	X	24	291,000	2520000	1.50	4	6.00	30	8.74	2.0			1.40	
27	X	24	327,000	2520000	1.30	4	5.20	28	8.41	2.0			1.00	
28	X	24	384,000	2520000	1.40	4	5.60	29	8.42	2.0			1.10	
29	X	24	311,000	2520000	1.20	4	4.80	28	8.76	2.0			1.10	
30	X	24	390,000	2520000	1.60	4	6.40	29	8.73	2.0			1.50	
31														

Total	9,232,000
Average	307,733
Maximum	429,000



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: April 2024

A. Public Water System (PWS) Information

Form with fields for PWS Name, PWS Type, Number of Service Connections, PWS Owner, Contact Person, etc.

B. Water Treatment Plant Information

Form with fields for Plant Name, Plant Address, Type of water treated, Permitted Maximum Day Operating Capacity, Plant Category, and a table for Licensed 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.

Signature and Date: Frank Huguley 5/8/2024
Date: RECEIVED
Printed or Typed Name: Frank Huguley
License Number: C 29403

PWS Identification Number: 3354010

Water Oak Utility Inc. WTP #2

III. Daily Data for the Month/Year of: April 2024

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

UltraViolet Radiation Other (Discribe)

Type of Disinfectant Residual Maintained in Distribution System: X 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/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1	X	24	59,680		1.30									1.10	
2	X	24	284,020		1.10									1.00	
3	X	24	42,940		1.10									1.00	
4	X	24	27,440		1.10									0.90	
5	X	24	28,540		1.00									0.90	
6	X	24	13,300		1.10									1.00	
7	X	24	27,930		1.10									1.20	
8	X	24	39,560		1.50									1.20	
9	X	24	35,870		1.60									1.20	
10	X	24	86,160		1.50									1.20	
11	X	24	29,780		1.50									1.20	
12	X	24	53,760		1.50									1.10	
13	X	24	51,100		1.50									1.30	
14	X	24	73,810		1.40									1.10	
15	X	24	46,590		1.30									1.10	
16	X	24	36,770		1.50									1.20	
17	X	24	67,260		1.50									1.10	
18	X	24	19,180		1.30									1.10	
19	X	24	38,870		1.20									1.10	
20	X	24	65,830		1.70									1.30	
21	X	24	53,920		1.60									1.30	
22	X	24	0		1.60									1.20	
23	X	24	49,080		1.60									1.20	
24	X	24	85,910		1.40									1.00	
25	X	24	163,080		1.40									1.10	
26	X	24	24,080		1.40									1.00	
27	X	24	66,810		1.40									1.00	
28	X	24	211,320		1.60									1.10	
29	X	24	62,490		1.70									1.40	
30	X	24	83,500		1.60									1.40	
31															
Total			1,928,580												
Average			64,286												
Maximum			284,020												



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

RECEIVED
6-5-2024

**DIVISION OF WATER
RESOURCE MANAGEMENT**

See page 2 for instructions

Daily Finished Water Production for the Month Year of **May 2024**
 Community Water System (CWS) Name: **Water Oak Utility Inc.**
 Public Water System (PWS) Name: **3354010**

Day of Month	Plant 1 Name	Plant 2 Name	Plant 3 Name	Plant 4 Name	Plant 5 Name	Plant 6 Name	Plant 7 Name	Plant 8 Name	Plant 9 Name	Total
	WTP #1	WTP #2								
	Public Water System (PWS) Name:									
	1,080,000	1,238,400								
	Public Water System (PWS) Name:									
Day 1	472,000	8,520								480,520
Day 2	379,000	7,790								386,790
Day 3	390,000	2,817								392,817
Day 4	460,000	4,099								464,099
Day 5	354,000	6,949								360,949
Day 6	268,000	3,585								271,585
Day 7	397,000	5,785								402,785
Day 8	234,000	16,500								250,500
Day 9	477,000	0								477,000
Day 10	321,000	0								321,000
Day 11	382,000	0								382,000
Day 12	526,000	0								526,000
Day 13	232,000	0								232,000
Day 14	312,000	0								312,000
Day 15	294,000	0								294,000
Day 16	376,000	0								376,000
Day 17	308,000	0								308,000
Day 18	314,000	0								314,000
Day 19	412,000	0								412,000
Day 20	262,000	0								262,000
Day 21	362,000	0								362,000
Day 22	454,000	0								454,000
Day 23	497,000	0								497,000
Day 24	207,000	0								207,000
Day 25	443,000	0								443,000
Day 26	570,000	0								570,000
Day 27	381,000	0								381,000
Day 28	494,000	0								494,000
Day 29	424,000	0								424,000
Day 30	403,000	0								403,000
Day 31	457,000	0								457,000
Total										11,918,045
Avg.										384,453
Min										570,000





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 2024

A. Public Water System (PWS) Information

PWS Name: Water Oak Utility Inc. PWS Identification Number: 3354010
PWS Type: Community [X] NonTransitent [] NonCommunity [] Consecutive
Number of Service Connections at End of Month: 1026 Total Population Served at End of Month: 1465
PWS Owner: Sun Communities Inc.
Contact Person: Lara Parker Contact Person's Title: General Manager
Contact Person's Mailing Address: 27777 Franklin Road City: Southfield State: MI Zip Code: 48034
Contact Person's Telephone Number: 352-753-3000 Contact Person's Fax Number: 352-750-3859
Contact Person's Email Address: mharmon1@suncommunities.com

B. Water Treatment Plant Information

Plant Name: WTP #1 Plant Telephone Number:
Plant Address: 106 Evergreen Lane City: Lady Lake State: FL Zip Code: 32159
Type of water treated by Plant: [X] Raw Ground [] Purchased Finished Water
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 1080000
Plant Category (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.): C
Licensed Operators: Name: License Class License Number Day(s)/Shift(s) Worked
Lead/Chief Operators: Frank Huguley C 29403
Other Operators: Curtis Carter C 25257

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 standard 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 rate, and (2) if applicable, appropriate treatment process performance records. Further more, I agree to provide these additional operations records to the PWS owner so that the PWS owner can retain them, together with copies of this report, at a convenient location for the last ten years.

Frank Huguley 6/4/2024
Signature and Date

Frank Huguley
Printed or Typed Name

C 29403
License Number

III. Daily Data for the Month/Year of: May 2024

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

UltraViolet Radiation Other (Discribe)

Type of Disinfectant Residual Maintained in Distribution System: X 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/cm ²	Minimum UV Dose Required, mW-sec/cm ²		
1	X	24	472,000	2520000	1.10	4	4.40	29	8.44	2.0			1.00	
2	X	24	379,000	2520000	1.20	4	4.80	30	8.47	2.0			1.00	
3	X	24	390,000	2520000	1.10	4	4.40	29	8.87	2.0			1.00	
4	X	24	460,000	2520000	1.20	4	4.80	26	8.88	2.0			1.10	
5	X	24	354,000	2520000	1.30	4	5.20	25	8.85	2.0			1.10	
6	X	24	268,000	2520000	1.10	4	4.40	30	8.48	2.0			1.00	
7	X	24	397,000	2520000	1.30	4	5.20	28	8.49	2.0			1.10	
8	X	24	234,000	2520000	1.00	4	4.00	32	8.48	2.0			1.00	
9	X	24	477,000	2520000	1.00	4	4.00	29	8.55	2.0			1.00	
10	X	24	321,000	2520000	1.00	4	4.00	31	8.47	2.0			1.00	
11	X	24	382,000	2520000	1.20	4	4.80	31	8.43	2.0			1.00	
12	X	24	526,000	2520000	1.50	4	6.00	29	8.36	2.0			1.20	
13	X	24	232,000	2520000	1.10	4	4.40	30	8.36	2.0			1.00	
14	X	24	312,000	2520000	1.10	4	4.40	25	8.60	2.0			1.20	
15	X	24	294,000	2520000	1.00	4	4.00	28	8.61	2.0			1.00	
16	X	24	376,000	2520000	1.20	4	4.80	25	8.55	2.0			1.30	
17	X	24	308,000	2520000	1.80	4	7.20	28	8.57	2.0			1.50	
18	X	24	314,000	2520000	1.90	4	7.60	27	8.49	2.0			1.60	
19	X	24	412,000	2520000	1.40	4	5.60	26	8.85	2.0			1.50	
20	X	24	262,000	2520000	1.90	4	7.60	29	8.65	2.0			1.40	
21	X	24	362,000	2520000	2.00	4	8.00	26	8.69	2.0			1.30	
22	X	24	454,000	2520000	1.50	4	6.00	25	8.81	2.0			1.30	
23	X	24	497,000	2520000	1.30	4	5.20	25	8.52	2.0			1.20	
24	X	24	207,000	2520000	1.00	4	4.00	30	8.58	2.0			1.00	
25	X	24	443,000	2520000	1.30	4	5.20	30	8.41	2.0			1.00	
26	X	24	570,000	2520000	1.50	4	6.00	30	8.37	2.0			1.30	
27	X	24	381,000	2520000	2.20	4	8.80	29	8.85	2.0			2.00	
28	X	24	494,000	2520000	2.00	4	8.00	30	8.83	2.0			1.60	
29	X	24	424,000	2520000	1.40	4	5.60	32	8.98	2.0			1.60	
30	X	24	403,000	2520000	1.20	4	4.80	27	8.94	2.0			1.00	
31	X	24	457,000	2520000	1.90	4	7.60	33	8.81	2.0			1.70	

Total	11,862,000
Average	382,645
Maximum	570,000



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 2024

A. Public Water System (PWS) Information

PWS Name: Water Oak Utility Inc.	PWS Identification Number: 3354010
PWS Type: Community <input checked="" type="checkbox"/> NonTransient <input type="checkbox"/>	NonCommunity <input type="checkbox"/> Consecutive
Number of Service Connections at End of Month: 1026	Total Population Served at End of Month: 1465
PWS Owner: Sun Communities Inc.	
Contact Person: Lara Parker	Contact Person's Title: General Manager
Contact Person's Mailing Address: 27777 Franklin Road	City: Southfield State: MI Zip Code: 48034
Contact Person's Telephone Number: 352-753-3000	Contact Person's Fax Number: 352-750-3859
Contact Person's Email Address: mharmon1@suncommunities.com	

B. Water Treatment Plant Information

Plant Name: WIP #2	Plant Telephone Number:			
Plant Address: 106 Evergreen Lane	City: Lady Lake State: FL Zip Code:			
Type of water treated by Plant: <input checked="" type="checkbox"/> Raw Ground <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 1238400				
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C			
Licensed Operators:	Name:	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operators:	Frank Huguley	C	29403	
Other Operators:	Curtis Carter	C	25257	

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 1 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 standard 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 rate, and (2) if applicable, appropriate treatment process performance records. Further more, I agree to provide these additional operations records to the PWS owner so that the PWS owner can retain them, together with copies of this report, at a convenient location for the last ten years.

Frank Huguley 6/4/2024
 Signature and Date

Frank Huguley
 Printed or Typed Name

C 29403
 License Number

III. Daily Data for the Month/Year of: May 2024

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

UltraViolet Radiation Other (Discribe)

Type of Disinfectant Residual Maintained in Distribution System: X 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/cm ²	Minimum UV Dose Required, mW-sec/cm ²		
1	X	24	8,520		1.50								1.10	
2	X	24	7,790		1.10								1.00	
3	X	24	2,817		1.30								1.00	
4	X	24	4,099		1.20								1.00	
5	X	24	6,949		1.20								1.00	
6	X	24	3,585		1.40								1.10	
7	X	24	5,785		1.50								1.10	
8	X	24	16,500		1.40								1.00	
9	X	24	0		0.70								0.60	
10	X	24	0		0.70								0.60	
11	X	24	0		0.70								0.65	
12	X	24	0		0.70								0.60	
13		24	0											
14	X	24	0		0.80								0.60	
15	X	24	0		1.00								0.80	
16	X	24	0		0.80								0.80	
17	X	24	0		1.50								1.20	
18	X	24	0		1.30								1.20	
19	X	24	0		1.30								1.10	
20	X	24	0		0.90								0.60	
21	X	24	0		1.60								1.30	
22	X	24	0		1.00								0.80	
23	X	24	0		1.70								1.40	
24	X	24	0		0.70								0.60	
25	X	24	0		0.80								0.80	
26	X	24	0		1.30								1.30	
27	X	24	0		1.50								1.50	
28	X	24	0		1.60								1.60	
29	X	24	0		1.30								1.20	
30	X	24	0		1.20								1.20	
31	X	24	0		1.60								1.70	
Total			56,045											
Average			1,808											
Maximum			16,500											



See Page 4 for instructions

I. General Information for the Month/Year of: June 2024

A. Public Water System (PWS) Information

Form with fields for PWS Name, Type, Identification Number, Contact Person, etc.

B. Water Treatment Plant Information

Form with fields for Plant Name, Address, Capacity, Operators, License Class, etc.

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 1 of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date: Frank Huguley, 7/8/2024

Printed or Typed Name: Frank Huguley

License Number: C 29403

III. Daily Data for the Month/Year of: June 2024

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

UltraViolet Radiation Other (Discribe)

Type of Disinfectant Residual Maintained in Distribution System: X 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/cm ²	Minimum UV Dose Required, mW-sec/cm ²		
1	X	24	411,000	2520000	2.00	4	8.00	28	8.87	2.0			1.70	
2	X	24	534,000	2520000	1.40	4	5.60	24	8.94	2.2			1.10	
3	X	24	349,000	2520000	1.70	4	6.80	31	8.69	2.0			1.50	
4	X	24	505,000	2520000	1.80	4	7.20	29	8.68	2.0			1.50	
5	X	24	476,000	2520000	2.00	4	8.00	31	8.39	2.0			1.70	
6	X	24	439,000	2520000	1.90	4	7.60	31	8.41	2.0			1.60	
7	X	24	410,000	2520000	1.90	4	7.60	33	8.75	2.0			1.60	
8	X	24	520,000	2520000	1.80	4	7.20	33	8.41	2.0			1.60	
9	X	24	304,000	2520000	1.80	4	7.20	33	8.40	2.0			1.50	
10	X	24	507,000	2520000	1.20	4	4.80	26	8.91	2.0			1.60	
11	X	24	241,000	2520000	1.20	4	4.80	29	8.86	2.0			1.00	
12	X	24	559,000	2520000	1.30	4	5.20	26	8.98	2.0			1.10	
13	X	24	411,000	2520000	1.00	4	4.00	28	8.98	2.0			1.00	
14	X	24	454,000	2520000	2.20	4	8.80	28	8.91	2.0			1.70	
15	X	24	277,000	2520000	1.70	4	6.80	32	8.90	2.0			1.50	
16	X	24	434,000	2520000	1.70	4	6.80	24	8.93	2.2			1.60	
17	X	24	333,000	2520000	1.50	4	6.00	32	8.61	2.0			1.40	
18	X	24	439,000	2520000	2.20	4	8.80	28	8.84	2.0			1.70	
19	X	24	345,000	2520000	1.50	4	6.00	29	8.87	2.0			1.40	
20	X	24	399,000	2520000	1.30	4	5.20	28	8.90	2.0			1.20	
21	X	24	221,000	2520000	2.00	4	8.00	28	8.81	2.0			1.50	
22	X	24	344,000	2520000	2.00	4	8.00	28	8.37	2.0			1.50	
23	X	24	437,000	2520000	2.00	4	8.00	28	8.25	2.0			1.20	
24	X	24	250,000	2520000	1.10	4	4.40	32	8.65	2.0			1.00	
25	X	24	324,000	2520000	1.10	4	4.40	28	8.85	2.0			1.00	
26	X	24	161,000	2520000	2.20	4	8.80	28	8.89	2.0			2.20	
27	X	24	466,000	2520000	1.60	4	6.40	26	8.75	2.0			1.50	
28	X	24	279,000	2520000	1.80	4	7.20	33	8.82	2.0			1.50	
29	X	24	280,000	2520000	1.90	4	7.60	27	8.81	2.0			1.50	
30	X	24	355,000	2520000	1.80	4	7.20	25	8.87	2.0			1.50	
31														

Total	11,464,000
Average	382,133
Maximum	559,000



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 2024

A. Public Water System (PWS) Information

Table with PWS details: PWS Name: Water Oak Utility Inc., PWS Identification Number: 3354010, PWS Type: Community [X], NonTransient [], NonCommunity [], Consecutive, Number of Service Connections at End of Month: 1026, Total Population Served at End of Month: 1465, PWS Owner: Sun Communities Inc., Contact Person: Lara Parker, Contact Person's Title: General Manager, Contact Person's Mailing Address: 27777 Franklin Road, City: Southfield, State: MI, Zip Code: 48034, Contact Person's Telephone Number: 352-753-3000, Contact Person's Fax Number: 352-750-3859, Contact Person's Email Address: mharmon1@suncommunities.com

B. Water Treatment Plant Information

Table with Water Treatment Plant details: Plant Name: WIP #2, Plant Telephone Number, Plant Address: 106 Evergreen Lane, City: Lady Lake, State: FL, Zip Code, Type of water treated by Plant: [X] Raw Ground [] Purchased Finished Water, Permitted Maximum Day Operating Capacity of Plant, gallons per day: 1238400, Plant Category (per subsection 62-699.310(4), F.A.C.): V, Plant Class (per subsection 62-699.310(4), F.A.C.): C, Licensed Operators table with columns: Name, License Class, License Number, Day(s)/Shift(s) Worked. Includes Frank Huguley (C, 29403) and Curtis Carter (C, 25257).

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 1 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 standard 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 rate, and (2) if applicable, appropriate treatment process performance records. Further more, I agree to provide these additional operations records to the PWS owner so that the PWS owner can retain them, together with copies of this report, at a convenient location for the last ten years.

Frank Huguley 7/8/2024
Signature and Date

Frank Huguley
Printed or Typed Name

C 29403
License Number

III. Daily Data for the Month/Year of: June 2024

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

UltraViolet Radiation Other (Discribe)

Type of Disinfectant Residual Maintained in Distribution System: X 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/cm ²	Minimum UV Dose Required, mW-sec/cm ²		
1	X	24	0		1.60								1.60	
2	X	24	0		1.50								1.50	
3	X	24	0		1.40								1.40	
4	X	24	0		1.50								1.50	
5	X	24	0		1.40								1.30	
6	X	24	0		1.30								1.30	
7	X	24	0		1.10								1.00	
8	X	24	0		1.40								1.40	
9	X	24	0		1.40								1.40	
10	X	24	0		1.40								1.40	
11	X	24	0		1.40								1.40	
12	X	24	0		1.20								1.00	
13	X	24	0		1.20								1.10	
14	X	24	0		1.30								1.30	
15	X	24	0		1.20								1.20	
16	X	24	0		1.20								1.20	
17	X	24	0		1.20								1.20	
18	X	24	0		1.30								1.30	
19	X	24	0		1.20								1.20	
20	X	24	0		1.20								1.20	
21	X	24	0		1.20								1.20	
22	X	24	0		1.20								1.20	
23	X	24	0		1.20								1.20	
24	X	24	0		0.90								0.90	
25	X	24	0		0.90								0.90	
26	X	24	106,240		1.30								1.30	
27	X	24	0		1.70								1.50	
28	X	24	0		1.70								1.40	
29	X	24	0		1.70								1.40	
30	X	24	0		1.60								1.20	
31														

Total	106,240
Average	3,541
Maximum	106,240



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

See page 2 for instructions

Daily Finished Water Production for the Month Year of	June 2024
Community Water System (CWS) Name:	Water Oak Utility Inc.
Public Water System (PWS) Name:	3354010

Day of Month	Plant 1 Name	Plant 2 Name	Plant 3 Name	Plant 4 Name	Plant 5 Name	Plant 6 Name	Plant 7 Name	Plant 8 Name	Plant 9 Name	Total
	WTP #1	WTP #2								
	Public Water System (PWS) Name:									
	1,080,000	1,238,400								
	Public Water System (PWS) Name:									
Day 1	411,000	0								411,000
Day 2	534,000	0								534,000
Day 3	349,000	0								349,000
Day 4	505,000	0								505,000
Day 5	476,000	0								476,000
Day 6	439,000	0								439,000
Day 7	410,000	0								410,000
Day 8	520,000	0								520,000
Day 9	304,000	0								304,000
Day 10	507,000	0								507,000
Day 11	241,000	0								241,000
Day 12	559,000	0								559,000
Day 13	411,000	0								411,000
Day 14	454,000	0								454,000
Day 15	277,000	0								277,000
Day 16	434,000	0								434,000
Day 17	333,000	0								333,000
Day 18	439,000	0								439,000
Day 19	345,000	0								345,000
Day 20	399,000	0								399,000
Day 21	221,000	0								221,000
Day 22	344,000	0								344,000
Day 23	437,000	0								437,000
Day 24	250,000	0								250,000
Day 25	324,000	0								324,000
Day 26	161,000	106,240								267,240
Day 27	466,000	0								466,000
Day 28	279,000	0								279,000
Day 29	280,000	0								280,000
Day 30	355,000	0								355,000
Day 31										
Total										11,570,240
Avg.										385,675
Min										559,000





08-08-2024

DIVISION OF WATER
RESOURCE MANAGEMENT

See Page 4 for instructions

I. General Information for the Month/Year of: July 2024

A. Public Water System (PWS) Information

PWS Name: Water Oak Utility Inc.	PWS Identification Number: 3354010
PWS Type: Community <input checked="" type="checkbox"/> NonTransient <input type="checkbox"/> NonCommunity <input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month: 1026	Total Population Served at End of Month: 1465
PWS Owner: Sun Communities Inc.	
Contact Person: Lara Parker	Contact Person's Title: General Manager
Contact Person's Mailing Address: 27777 Franklin Road	City: Southfield State: MI Zip Code: 48034
Contact Person's Telephone Number: 352-753-3000	Contact Person's Fax Number: 352-750-3859
Contact Person's Email Address: mharmon1@suncommunities.com	

B. Water Treatment Plant Information

Plant Name: WTP #1	Plant Telephone Number:			
Plant Address: 106 Evergreen Lane	City: Lady Lake State: FL Zip Code: 32159			
Type of water treated by Plant: <input checked="" type="checkbox"/> Raw Ground <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 1080000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C			
Licensed Operators:	Name:	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operators:	Frank Huguley	C	29403	
Other Operators:	Curtis Carter	C	25257	
	William Wilson	C	28408	

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 standard 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 rate, and (2) if applicable, appropriate treatment process performance records. Further more, I agree to provide these additional operations records to the PWS owner so that the PWS owner can retain them, together with copies of this report, at a convenient location for the last ten years.

Frank Huguley

8/8/2024

Frank Huguley

C 29403

Signature and Date

Printed or Typed Name

License Number

III. Daily Data for the Month/Year of: July 2024

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

UltraViolet Radiation Other (Discribe)

Type of Disinfectant Residual Maintained in Distribution System: X 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/cm ²	Minimum UV Dose Required, mW-sec/cm ²		
1	X	24	263,000	2520000	1.70	4	6.80	32	8.79	2.0		1.50		
2	X	24	405,000	2520000	2.20	4	8.80	30	8.82	2.0		1.70		
3	X	24	293,000	2520000	1.70	4	6.80	33	8.87	2.0		1.50		
4	X	24	283,000	2520000	1.50	4	6.00	30	8.94	2.0		1.20		
5	X	24	199,000	2520000	1.20	4	4.80	32	8.89	2.0		1.00		
6	X	24	364,000	2520000	1.20	4	4.80	31	8.86	2.0		1.00		
7	X	24	452,000	2520000	1.60	4	6.40	31	8.41	2.0		1.20		
8	X	24	236,000	2520000	1.90	4	7.60	29	8.87	2.0		1.50		
9	X	24	323,000	2520000	1.60	4	6.40	29	8.81	2.0		1.20		
10	X	24	319,000	2520000	1.90	4	7.60	30	8.86	2.0		1.50		
11	X	24	318,000	2520000	1.90	4	7.60	24	8.83	2.2		1.50		
12	X	24	312,000	2520000	1.50	4	6.00	30	8.84	2.0		1.20		
13	X	24	278,000	2520000	1.50	4	6.00	28	8.84	2.0		1.10		
14	X	24	366,000	2520000	2.20	4	8.80	25	8.98	2.0		1.70		
15	X	24	301,000	2520000	1.80	4	7.20	33	8.79	2.0		1.40		
16	X	24	269,000	2520000	1.90	4	7.60	29	8.82	2.0		1.50		
17	X	24	247,000	2520000	1.70	4	6.80	33	8.86	2.0		1.20		
18	X	24	278,000	2520000	1.70	4	6.80	29	8.91	2.0		1.30		
19	X	24	271,000	2520000	1.90	4	7.60	30	8.93	2.0		1.50		
20	X	24	269,000	2520000	1.50	4	6.00	32	8.87	2.0		1.30		
21	X	24	288,000	2520000	1.60	4	6.40	30	8.64	2.0		1.20		
22	X	24	230,000	2520000	2.00	4	8.00	30	8.90	2.0		1.50		
23	X	24	340,000	2520000	1.90	4	7.60	33	8.76	2.0		1.50		
24	X	24	234,000	2520000	1.60	4	6.40	32	8.85	2.0		1.30		
25	X	24	300,000	2520000	1.90	4	7.60	28	8.80	2.0		1.40		
26	X	24	270,000	2520000	1.90	4	7.60	32	8.90	2.0		1.40		
27	X	24	236,000	2520000	2.00	4	8.00	30	8.76	2.0		1.40		
28	X	24	285,000	2520000	1.70	4	6.80	28	8.52	2.0		1.40		
29	X	24	225,000	2520000	1.90	4	7.60	31	8.80	2.0		1.40		
30	X	24	213,000	2520000	1.40	4	5.60	32	8.83	2.0		1.10		
31	X	24	332,000	2520000	2.10	4	8.40	29	8.81	2.0		1.60		

Total	8,999,000
Average	290,290
Maximum	452,000



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 2024

A. Public Water System (PWS) Information

PWS Name: Water Oak Utility Inc.	PWS Identification Number: 3354010
PWS Type: Community <input checked="" type="checkbox"/> NonTransient <input type="checkbox"/>	NonCommunity <input type="checkbox"/> Consecutive
Number of Service Connections at End of Month: 1026	Total Population Served at End of Month: 1465
PWS Owner: Sun Communities Inc.	
Contact Person: Lara Parker	Contact Person's Title: General Manager
Contact Person's Mailing Address: 27777 Franklin Road	City: Southfield State: MI Zip Code: 48034
Contact Person's Telephone Number: 352-753-3000	Contact Person's Fax Number: 352-750-3859
Contact Person's Email Address: mharmon1@suncommunities.com	

B. Water Treatment Plant Information

Plant Name: WIP #2	Plant Telephone Number:			
Plant Address: 106 Evergreen Lane	City: Lady Lake State: FL Zip Code:			
Type of water treated by Plant: <input checked="" type="checkbox"/> Raw Ground <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 1238400				
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C			
Licensed Operators:	Name:	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operators:	Frank Huguley	C	29403	
Other Operators:	Curtis Carter	C	25257	
	William Wilson	C	28408	

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 1 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 standard 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 rate, and (2) if applicable, appropriate treatment process performance records. Further more, I agree to provide these additional operations records to the PWS owner so that the PWS owner can retain them, together with copies of this report, at a convenient location for the last ten years.

Frank Huguley 8/8/2024
 Signature and Date

Frank Huguley
 Printed or Typed Name

C 29403
 License Number

III. Daily Data for the Month/Year of: July 2024

Means of Achieving Four-Log Virus Inactivation/Removal *

Free Chlorine

Chlorine Dioxide

Ozone

Combined Chlorine (Chloramines)

UltraViolet Radiation Other (Discribe)

Type of Disinfectant Residual Maintained in Distribution System:

X 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/cm ²	Minimum UV Dose Required, mW-sec/cm ²		
1	X	24	0		1.70								1.30	
2	X	24	0		1.70								1.30	
3	X	24	52,930		1.70								1.40	
4	X	24	16,450		1.70								1.30	
5	X	24	33,710		1.20								1.00	
6	X	24	10		1.20								1.00	
7	X	24	1,300		1.20								1.00	
8	X	24	0		1.40								1.00	
9	X	24	0		1.30								1.00	
10	X	24	0		1.40								1.00	
11	X	24	0		1.50								1.20	
12	X	24	0		1.50								1.10	
13	X	24	0		1.40								1.10	
14	X	24	0		1.40								1.30	
15	X	24	0		1.60								1.30	
16	X	24	0		1.60								1.40	
17	X	24	0		1.50								1.20	
18	X	24	0		1.50								1.20	
19	X	24	0		1.40								1.10	
20	X	24	0		1.40								1.10	
21	X	24	0		1.60								1.30	
22	X	24	0		1.30								1.00	
23	X	24	0		1.80								1.50	
24	X	24	0		1.60								1.20	
25	X	24	0		1.60								1.20	
26	X	24	0		1.60								1.20	
27	X	24	0		1.30								1.00	
28	X	24	0		1.50								1.20	
29	X	24	0		1.50								1.20	
30	X	24	0		1.10								0.90	
31	X	24	0		1.40								1.00	
Total			104,400											
Average			3,368											
Maximum			52,930											



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

See page 2 for instructions

Daily Finished Water Production for the Month Year of	July 2024
Community Water System (CWS) Name:	Water Oak Utility Inc.
Public Water System (PWS) Name:	3354010

Day of Month	Plant 1 Name	Plant 2 Name	Plant 3 Name	Plant 4 Name	Plant 5 Name	Plant 6 Name	Plant 7 Name	Plant 8 Name	Plant 9 Name	Total
	WTP #1	WTP #2								
	Public Water System (PWS) Name:									
	1,080,000	1,238,400								
	Public Water System (PWS) Name:									
Day 1	263,000	0								263,000
Day 2	405,000	0								405,000
Day 3	293,000	52,930								345,930
Day 4	283,000	16,450								299,450
Day 5	199,000	33,710								232,710
Day 6	364,000	10								364,010
Day 7	452,000	1,300								453,300
Day 8	236,000	0								236,000
Day 9	323,000	0								323,000
Day 10	319,000	0								319,000
Day 11	318,000	0								318,000
Day 12	312,000	0								312,000
Day 13	278,000	0								278,000
Day 14	366,000	0								366,000
Day 15	301,000	0								301,000
Day 16	269,000	0								269,000
Day 17	247,000	0								247,000
Day 18	278,000	0								278,000
Day 19	271,000	0								271,000
Day 20	269,000	0								269,000
Day 21	288,000	0								288,000
Day 22	230,000	0								230,000
Day 23	340,000	0								340,000
Day 24	234,000	0								234,000
Day 25	300,000	0								300,000
Day 26	270,000	0								270,000
Day 27	236,000	0								236,000
Day 28	285,000	0								285,000
Day 29	225,000	0								225,000
Day 30	213,000	0								213,000
Day 31	332,000	0								332,000
Total										9,103,400
Avg.										293,658
Min										453,300





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

RECEIVED

09-05-2024

DIVISION OF WATER RESOURCE MANAGEMENT

See Page 4 for instructions

I. General Information for the Month/Year of: August 2024

A. Public Water System (PWS) Information

PWS Name: Water Oak Utility Inc.	PWS Identification Number: 3354010
PWS Type: Community <input checked="" type="checkbox"/> NonTransient <input type="checkbox"/> NonCommunity <input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month: 1026	Total Population Served at End of Month: 1465
PWS Owner: Sun Communities Inc.	
Contact Person: Lara Parker	Contact Person's Title: General Manager
Contact Person's Mailing Address: 27777 Franklin Road	City: Southfield State: MI Zip Code: 48034
Contact Person's Telephone Number: 352-753-3000	Contact Person's Fax Number: 352-750-3859
Contact Person's Email Address: mharmon1@suncommunities.com	

B. Water Treatment Plant Information

Plant Name: WTP #1	Plant Telephone Number:			
Plant Address: 106 Evergreen Lane	City: Lady Lake State: FL Zip Code: 32159			
Type of water treated by Plant: <input checked="" type="checkbox"/> Raw Ground <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 1080000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C			
Licensed Operators:	Name:	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operators:	Frank Huguley	C	29403	
Other Operators:	Curtis Carter	C	25257	
	William Wilson	C	28408	

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 standard 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 rate, and (2) if applicable, appropriate treatment process performance records. Further more, I agree to provide these additional operations records to the PWS owner so that the PWS owner can retain them, together with copies of this report, at a convenient location for the last ten years.

Frank Huguley 9/5/2024
Signature and Date

Frank Huguley
Printed or Typed Name

C 29403
License Number

III. Daily Data for the Month/Year of: August 2024

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

UltraViolet Radiation Other (Discribe)

Type of Disinfectant Residual Maintained in Distribution System: X 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/cm ²	Minimum UV Dose Required, mW-sec/cm ²		
1	X	24	226,000	2520000	1.80	4	7.20	31	8.84	2.0		1.30		
2	X	24	280,000	2520000	1.70	4	6.80	33	8.83	2.0		1.40		
3	X	24	178,000	2520000	1.60	4	6.40	31	8.62	2.0		1.30		
4	X	24	251,000	2520000	1.80	4	7.20	25	8.65	2.0		1.40		
5	X	24	213,000	2520000	1.70	4	6.80	25	8.85	2.0		1.40		
6	X	24	74,000	2520000	1.70	4	6.80	32	8.87	2.0		1.40		
7	X	24	152,000	2520000	1.60	4	6.40	32	8.86	2.0		1.20		
8	X	24	100,000	2520000	1.60	4	6.40	32	8.88	2.0		1.20		
9	X	24	101,000	2520000	1.80	4	7.20	27	8.87	2.0		1.30		
10	X	24	265,000	2520000	1.60	4	6.40	32	8.84	2.0		1.30		
11	X	24	238,000	2520000	1.70	4	6.80	31	8.82	2.0		1.40		
12	X	24	211,000	2520000	1.80	4	7.20	31	8.91	2.0		1.50		
13	X	24	289,000	2520000	1.40	4	5.60	30	8.91	2.0		1.00		
14	X	24	245,000	2520000	1.70	4	6.80	31	8.88	2.0		1.40		
15	X	24	236,000	2520000	1.60	4	6.40	29	8.86	2.0		1.30		
16	X	24	528,000	2520000	1.60	4	6.40	30	8.82	2.0		1.20		
17	X	24	278,000	2520000	1.60	4	6.40	31	8.55	2.0		1.30		
18	X	24	384,000	2520000	2.10	4	8.40	25	8.64	2.0		1.60		
19	X	24	0	2520000	1.70	4	6.80	32	8.93	2.0		1.40		
20	X	24	98,000	2520000	1.30	4	5.20	33	8.92	2.0		1.00		
21	X	24	304,000	2520000	1.70	4	6.80	33	8.94	2.0		1.30		
22	X	24	264,000	2520000	1.60	4	6.40	27	8.87	2.0		1.40		
23	X	24	306,000	2520000	1.30	4	5.20	30	8.82	2.0		1.50		
24	X	24	245,000	2520000	1.70	4	6.80	31	8.76	2.0		1.30		
25	X	24	476,000	2520000	1.70	4	6.80	30	8.79	2.0		1.40		
26	X	24	185,000	2520000	1.20	4	4.80	28	8.84	2.0		1.00		
27	X	24	375,000	2520000	1.50	4	6.00	27	8.89	2.0		1.30		
28	X	24	166,000	2520000	2.10	4	8.40	31	8.90	2.0		1.70		
29	X	24	355,000	2520000	2.20	4	8.80	26	8.88	2.0		1.90		
30	X	24	350,000	2520000	1.70	4	6.80	30	8.83	2.0		1.40		
31	X	24	332,000	2520000	1.60	4	6.40	30	8.82	2.0		1.30		
Total			7,705,000											
Average			248,548											
Maximum			528,000											



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: August 2024

A. Public Water System (PWS) Information

PWS Name: Water Oak Utility Inc.	PWS Identification Number: 3354010
PWS Type: Community <input checked="" type="checkbox"/> NonTransient <input type="checkbox"/>	NonCommunity <input type="checkbox"/> Consecutive
Number of Service Connections at End of Month: 1026	Total Population Served at End of Month: 1465
PWS Owner: Sun Communities Inc.	
Contact Person: Lara Parker	Contact Person's Title: General Manager
Contact Person's Mailing Address: 27777 Franklin Road	City: Southfield State: MI Zip Code: 48034
Contact Person's Telephone Number: 352-753-3000	Contact Person's Fax Number: 352-750-3859
Contact Person's Email Address: mharmon1@suncommunities.com	

B. Water Treatment Plant Information

Plant Name: WIP #2	Plant Telephone Number:			
Plant Address: 106 Evergreen Lane	City: Lady Lake State: FL Zip Code:			
Type of water treated by Plant: <input checked="" type="checkbox"/> Raw Ground <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 1238400				
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C			
Licensed Operators:	Name:	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operators:	Frank Huguley	C	29403	
Other Operators:	Curtis Carter	C	25257	
	William Wilson	C	28408	

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 1 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 standard 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 rate, and (2) if applicable, appropriate treatment process performance records. Further more, I agree to provide these additional operations records to the PWS owner so that the PWS owner can retain them, together with copies of this report, at a convenient location for the last ten years.

Frank Huguley 9/5/2024
Signature and Date

Frank Huguley
Printed or Typed Name

C 29403
License Number

PWS Identification Number: 3354010

Water Oak Utility Inc. WTP #2

III. Daily Data for the Month/Year of: August 2024

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

UltraViolet Radiation Other (Discribe)

Type of Disinfectant Residual Maintained in Distribution System: X 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/cm ²	Minimum UV Dose Required, mW-sec/cm ²		
1	X	24	0		1.50								1.20	
2	X	24	0		1.40								1.00	
3	X	24	0		1.40								1.10	
4	X	24	0		1.10								0.90	
5	X	24	0		1.40								1.00	
6	X	24	202,250		1.30								1.00	
7	X	24	67,630		0.40								0.40	
8	X	24	125,850		1.40								1.10	
9	X	24	278,230		1.40								1.10	
10	X	24	0		1.50								1.00	
11	X	24	0		1.40								1.10	
12	X	24	0		1.50								1.00	
13	X	24	0		1.70								1.40	
14	X	24	0		1.60								1.40	
15	X	24	44,750		1.50								1.20	
16	X	24	68,280		2.20								1.80	
17	X	24	0		2.20								1.70	
18	X	24	0		2.20								1.80	
19	X	24	249,890		2.20								1.80	
20	X	24	298,090		1.30								1.00	
21	X	24	7,400		1.80								1.40	
22	X	24	0		2.20								2.20	
23	X	24	0		2.20								2.20	
24	X	24	0		2.20								2.20	
25	X	24	0		2.20								2.20	
26	X	24	0		2.20								2.20	
27	X	24	0		2.20								2.20	
28	X	24	0		2.20								2.20	
29	X	24	0		2.20								2.20	
30	X	24	0		2.20								2.20	
31	X	24	0		2.20								2.20	

Total	1,342,370
Average	43,302
Maximum	298,090



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

See page 2 for instructions

Daily Finished Water Production for the Month Year of August 2024
 Community Water System (CWS) Name: Water Oak Utility Inc.
 Public Water System (PWS) Name: 3354010

Day of Month	Plant 1 Name	Plant 2 Name	Plant 3 Name	Plant 4 Name	Plant 5 Name	Plant 6 Name	Plant 7 Name	Plant 8 Name	Plant 9 Name	Total
	WTP #1	WTP #2								
	Public Water System (PWS) Name:									
	1,080,000	1,238,400								
	Public Water System (PWS) Name:									
Day 1	226,000	0								226,000
Day 2	280,000	0								280,000
Day 3	178,000	0								178,000
Day 4	251,000	0								251,000
Day 5	213,000	0								213,000
Day 6	74,000	202,250								276,250
Day 7	152,000	67,630								219,630
Day 8	100,000	125,850								225,850
Day 9	101,000	278,230								379,230
Day 10	265,000	0								265,000
Day 11	238,000	0								238,000
Day 12	211,000	0								211,000
Day 13	289,000	0								289,000
Day 14	245,000	0								245,000
Day 15	236,000	44,750								280,750
Day 16	528,000	68,280								596,280
Day 17	278,000	0								278,000
Day 18	384,000	0								384,000
Day 19	0	249,890								249,890
Day 20	98,000	298,090								396,090
Day 21	304,000	7,400								311,400
Day 22	264,000	0								264,000
Day 23	306,000	0								306,000
Day 24	245,000	0								245,000
Day 25	476,000	0								476,000
Day 26	185,000	0								185,000
Day 27	375,000	0								375,000
Day 28	166,000	0								166,000
Day 29	355,000	0								355,000
Day 30	350,000	0								350,000
Day 31	332,000	0								332,000
Total										9,047,370
Avg.										291,851
Min										596,280





See Page 4 for instructions

I. General Information for the Month/Year of: September 2024

A. Public Water System (PWS) Information

PWS Name: Water Oak Utility Inc.		PWS Identification Number: 3354010	
PWS Type: Community <input checked="" type="checkbox"/>	NonTransient <input type="checkbox"/>	NonCommunity <input type="checkbox"/>	Consecutive <input type="checkbox"/>
Number of Service Connections at End of Month: 1026		Total Population Served at End of Month: 1465	
PWS Owner: Sun Communities Inc.			
Contact Person: Lara Parker		Contact Person's Title: General Manager	
Contact Person's Mailing Address: 27777 Franklin Road		City: Southfield	State: MI Zip Code: 48034
Contact Person's Telephone Number: 352-753-3000		Contact Person's Fax Number: 352-750-3859	
Contact Person's Email Address: mharmon1@suncommunities.com			

B. Water Treatment Plant Information

Plant Name: WTP #1		Plant Telephone Number:		
Plant Address: 106 Evergreen Lane		City: Lady Lake	State: FL Zip Code: 32159	
Type of water treated by Plant: <input checked="" type="checkbox"/> Raw Ground <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 1080000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators:	Name:	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operators:	Frank Huguley	C	29403	
Other Operators:	Curtis Carter	C	25257	
	William Wilson	C	28408	

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 1 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 standard 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 rate, and (2) if applicable, appropriate treatment process performance records. Further more, I agree to provide these additional operations records to the PWS owner so that the PWS owner can retain them, together with copies of this report, at a convenient location for the last ten years.

<i>Frank Huguley</i>	10/8/2024	Frank Huguley	C 29403
Signature and Date		Printed or Typed Name	License Number

III. Daily Data for the Month/Year of: September 2024

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

UltraViolet Radiation Other (Discribe)

Type of Disinfectant Residual Maintained in Distribution System: X 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/cm ²	Minimum UV Dose Required, mW-sec/cm ²		
1	X	24	289,000	2520000	1.40	4	5.60	30	8.67	2.0		1.20		
2	X	24	192,000	2520000	1.80	4	7.20	31	8.78	2.0		1.60		
3	X	24	289,000	2520000	1.60	4	6.40	30	8.88	2.0		1.30		
4	X	24	237,000	2520000	1.70	4	6.80	30	8.87	2.0		1.40		
5	X	24	219,000	2520000	1.30	4	5.20	28	8.85	2.0		1.20		
6	X	24	231,000	2520000	1.50	4	6.00	30	8.83	2.0		1.40		
7	X	24	327,000	2520000	1.60	4	6.40	30	8.79	2.0		1.30		
8	X	24	242,000	2520000	1.60	4	6.40	30	8.84	2.0		1.40		
9	X	24	201,000	2520000	2.10	4	8.40	29	8.87	2.0		1.60		
10	X	24	227,000	2520000	2.20	4	8.80	30	8.85	2.0		1.60		
11	X	24	240,000	2520000	2.20	4	8.80	28	8.88	2.0		1.80		
12	X	24	258,000	2520000	1.80	4	7.20	26	8.92	2.0		1.60		
13	X	24	229,000	2520000	1.40	4	5.60	27	8.92	2.0		1.20		
14	X	24	244,000	2520000	1.90	4	7.60	29	8.72	2.0		1.40		
15	X	24	233,000	2520000	1.70	4	6.80	29	8.64	2.0		1.40		
16	X	24	203,000	2520000	1.80	4	7.20	30	8.91	2.0		1.70		
17	X	24	363,000	2520000	1.40	4	5.60	29	8.81	2.0		1.60		
18	X	24	269,000	2520000	1.80	4	7.20	32	8.96	2.0		1.70		
19	X	24	303,000	2520000	1.90	4	7.60	29	8.87	2.0		1.70		
20	X	24	322,000	2520000	2.10	4	8.40	31	8.90	2.0		1.70		
21	X	24	266,000	2520000	1.80	4	7.20	31	8.82	2.0		1.60		
22	X	24	345,000	2520000	2.00	4	8.00	28	8.67	2.0		1.70		
23	X	24	235,000	2520000	1.90	4	7.60	32	8.86	2.0		1.70		
24	X	24	323,000	2520000	2.00	4	8.00	30	8.93	2.0		1.70		
25	X	24	231,000	2520000	2.00	4	8.00	29	8.86	2.0		1.60		
26	X	24	226,000	2520000	1.60	4	6.40	26	8.92	2.0		1.50		
27	X	24	283,000	2520000	1.70	4	6.80	29	8.96	2.0		1.50		
28	X	24	259,000	2520000	1.60	4	6.40	30	8.76	2.0		1.30		
29	X	24	251,000	2520000	1.70	4	6.80	29	8.81	2.0		1.40		
30	X	24	190,000	2520000	1.50	4	6.00	32	8.85	2.0		1.30		
31														

Total	7,727,000
Average	257,567
Maximum	363,000



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 2024

A. Public Water System (PWS) Information

PWS Name: Water Oak Utility Inc.	PWS Identification Number: 3354010
PWS Type: Community <input checked="" type="checkbox"/> NonTransient <input type="checkbox"/> NonCommunity <input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month: 1026	Total Population Served at End of Month: 1465
PWS Owner: Sun Communities Inc.	
Contact Person: Lara Parker	Contact Person's Title: General Manager
Contact Person's Mailing Address: 27777 Franklin Road	City: Southfield State: MI Zip Code: 48034
Contact Person's Telephone Number: 352-753-3000	Contact Person's Fax Number: 352-750-3859
Contact Person's Email Address: mharmon1@suncommunities.com	

B. Water Treatment Plant Information

Plant Name: WTP #2	Plant Telephone Number:
Plant Address: 106 Evergreen Lane	City: Lady Lake State: FL Zip Code:
Type of water treated by Plant: <input checked="" type="checkbox"/> Raw Ground <input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 1238400	
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C
Licensed Operators:	Name: License Class License Number Day(s)/Shift(s) Worked
Lead/Chief Operators:	Frank Huguley C 29403
Other Operators:	Curtis Carter C 25257
	William Wilson C 28408

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 standard 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 rate, and (2) if applicable, appropriate treatment process performance records. Further more, I agree to provide these additional operations records to the PWS owner so that the PWS owner can retain them, together with copies of this report, at a convenient location for the last ten years.

Frank Huguley 10/8/2024
Signature and Date

Frank Huguley
Printed or Typed Name

C 29403
License Number

PWS Identification Number: 3354010

Water Oak Utility Inc. WTP #2

III. Daily Data for the Month/Year of: September 2024

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

UltraViolet Radiation Other (Discribe)

Type of Disinfectant Residual Maintained in Distribution System: X 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/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1	X	24	0		2.20									2.20	
2	X	24	3,680		2.20									2.20	
3	X	24	0		2.20									2.20	
4	X	24	0		2.20									2.20	
5	X	24	0		2.20									2.20	
6	X	24	0		2.20									2.20	
7	X	24	0		2.20									2.20	
8	X	24	0		2.20									2.20	
9	X	24	0		2.20									2.20	
10	X	24	0		2.20									2.20	
11	X	24	0		2.20									2.20	
12	X	24	0		2.20									2.20	
13	X	24	0		2.20									2.20	
14	X	24	0		2.20									2.20	
15	X	24	0		2.20									2.20	
16	X	24	0		2.20									2.20	
17	X	24	0		2.20									2.20	
18	X	24	0		2.20									2.20	
19	X	24	0		2.20									2.20	
20	X	24	0		2.20									2.20	
21	X	24	0		2.20									2.20	
22	X	24	0		2.20									2.20	
23	X	24	0		2.20									2.20	
24	X	24	0		2.20									2.20	
25	X	24	0		2.20									2.20	
26	X	24	0		2.20									2.20	
27	X	24	0		2.20									2.20	
28	X	24	0		2.20									2.20	
29	X	24	0		2.20									2.20	
30	X	24	0		2.20									2.20	
31															

Total	3,680
Average	123
Maximum	3,680



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

See page 2 for instructions

Daily Finished Water Production for the Month Year of	September 2024
Community Water System (CWS) Name:	Water Oak Utility Inc.
Public Water System (PWS) Name:	3354010

Day of Month	Plant 1 Name	Plant 2 Name	Plant 3 Name	Plant 4 Name	Plant 5 Name	Plant 6 Name	Plant 7 Name	Plant 8 Name	Plant 9 Name	Total
	WTP #1	WTP #2								
	Public Water System (PWS) Name:									
	1,080,000	1,238,400								
	Public Water System (PWS) Name:									
Day 1	289,000	0								289,000
Day 2	192,000	3,680								195,680
Day 3	289,000	0								289,000
Day 4	237,000	0								237,000
Day 5	219,000	0								219,000
Day 6	231,000	0								231,000
Day 7	327,000	0								327,000
Day 8	242,000	0								242,000
Day 9	201,000	0								201,000
Day 10	227,000	0								227,000
Day 11	240,000	0								240,000
Day 12	258,000	0								258,000
Day 13	229,000	0								229,000
Day 14	244,000	0								244,000
Day 15	233,000	0								233,000
Day 16	203,000	0								203,000
Day 17	363,000	0								363,000
Day 18	269,000	0								269,000
Day 19	303,000	0								303,000
Day 20	322,000	0								322,000
Day 21	266,000	0								266,000
Day 22	345,000	0								345,000
Day 23	235,000	0								235,000
Day 24	323,000	0								323,000
Day 25	231,000	0								231,000
Day 26	226,000	0								226,000
Day 27	283,000	0								283,000
Day 28	259,000	0								259,000
Day 29	251,000	0								251,000
Day 30	190,000	0								190,000
Day 31										
Total										7,730,680
Avg.										257,689
Min										363,000





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 2024

A. Public Water System (PWS) Information

Form with fields for PWS Name, Type, Connections, Population, Owner, Contact Person, etc.

B. Water Treatment Plant Information

Form with fields for Plant Name, Address, Capacity, Operators, License Class, etc.

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 1 of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date: Frank Huguley, 11/4/2024

Printed or Typed Name: Frank Huguley

RECEIVED 11-08-2024

License Number: C 29403



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 2024

A. Public Water System (PWS) Information

PWS Name: Water Oak Utility Inc.	PWS Identification Number: 3354010
PWS Type: Community <input checked="" type="checkbox"/> NonTransitent <input type="checkbox"/>	NonCommunity <input type="checkbox"/> Consecutive
Number of Service Connections at End of Month: 1026	Total Population Served at End of Month: 1465
PWS Owner: Sun Communities Inc.	
Contact Person: Lara Parker	Contact Person's Title: General Manager
Contact Person's Mailing Address: 27777 Franklin Road	City: Southfield State: MI Zip Code: 48034
Contact Person's Telephone Number: 352-753-3000	Contact Person's Fax Number: 352-750-3859
Contact Person's Email Address: mharmon1@suncommunities.com	

B. Water Treatment Plant Information

Plant Name: WIP #2	Plant Telephone Number:			
Plant Address: 106 Evergreen Lane	City: Lady Lake State: FL Zip Code:			
Type of water treated by Plant: <input checked="" type="checkbox"/> Raw Ground <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 1238400				
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C			
Licensed Operators:	Name:	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operators:	Frank Huguley	C	29403	
Other Operators:	Curtis Carter	C	25257	
	William Wilson	C	28408	

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 1 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 standard 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 rate, and (2) if applicable, appropriate treatment process performance records. Further more, I agree to provide these additional operations records to the PWS owner so that the PWS owner can retain them, together with copies of this report, at a convenient location for the last ten years.

Frank Huguley 11/4/2024
 Signature and Date

Frank Huguley
 Printed or Typed Name

C 29403
 License Number

III. Daily Data for the Month/Year of: October 2024

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

UltraViolet Radiation Other (Discribe)

Type of Disinfectant Residual Maintained in Distribution System: X 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/cm ²	Minimum UV Dose Required, mW-sec/cm ²		
1	X	24	0		2.20								2.20	
2	X	24	0		2.20								2.20	
3	X	24	0		2.20								2.20	
4	X	24	0		2.20								2.20	
5	X	24	0		2.20								2.20	
6	X	24	0		2.20								2.20	
7	X	24	0		2.20								2.20	
8	X	24	0		2.20								2.20	
9	X	24	0		2.20								2.20	
10	X	24	0		2.20								2.20	
11	X	24	0		2.20								2.20	
12	X	24	0		2.20								2.20	
13	X	24	0		2.20								2.20	
14	X	24	0		2.20								2.20	
15	X	24	0		2.20								2.20	
16	X	24	0		2.20								2.20	
17	X	24	0		2.20								2.20	
18	X	24	0		2.20								2.20	
19	X	24	0		2.20								2.20	
20	X	24	0		2.20								2.20	
21	X	24	0		2.20								2.20	
22	X	24	0		2.20								2.20	
23	X	24	0		2.20								2.20	
24	X	24	0		2.20								2.20	
25	X	24	0		1.30								1.30	
26	X	24	0		1.30								1.30	
27	X	24	0		1.30								1.30	
28	X	24	0		2.20								2.20	
29	X	24	4,880		2.20								2.20	
30	X	24	10,870		2.20								2.20	
31	X	24	630		2.20								2.20	
Total			16,380											
Average			528											
Maximum			10,870											



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

See page 2 for instructions

Daily Finished Water Production for the Month Year of	October 2024
Community Water System (CWS) Name:	Water Oak Utility Inc.
Public Water System (PWS) Name:	3354010

Day of Month	Plant 1 Name	Plant 2 Name	Plant 3 Name	Plant 4 Name	Plant 5 Name	Plant 6 Name	Plant 7 Name	Plant 8 Name	Plant 9 Name	Total
	WTP #1	WTP #2								
	Public Water System (PWS) Name:									
	1,080,000	1,238,400								
	Public Water System (PWS) Name:									
Day 1	351,000	0								351,000
Day 2	193,000	0								193,000
Day 3	370,000	0								370,000
Day 4	273,500	0								273,500
Day 5	224,500	0								224,500
Day 6	301,000	0								301,000
Day 7	127,000	0								127,000
Day 8	270,000	0								270,000
Day 9	235,000	0								235,000
Day 10	265,000	0								265,000
Day 11	210,000	0								210,000
Day 12	218,000	0								218,000
Day 13	326,000	0								326,000
Day 14	202,000	0								202,000
Day 15	278,000	0								278,000
Day 16	333,000	0								333,000
Day 17	279,000	0								279,000
Day 18	294,000	0								294,000
Day 19	173,000	0								173,000
Day 20	439,000	0								439,000
Day 21	174,000	0								174,000
Day 22	373,000	0								373,000
Day 23	311,000	0								311,000
Day 24	266,000	0								266,000
Day 25	322,000	0								322,000
Day 26	307,000	0								307,000
Day 27	446,000	0								446,000
Day 28	274,000	0								274,000
Day 29	322,000	4,880								326,880
Day 30	188,000	10,870								198,870
Day 31	443,000	630								443,630
Total										8,804,380
Avg.										284,012
Min										446,000



**12-09-2024****DIVISION OF WATER
RESOURCE MANAGEMENT**

See Page 4 for instructions

I. General Information for the Month/Year of: November 2024**A. Public Water System (PWS) Information**

PWS Name: Water Oak Utility Inc.	PWS Identification Number: 3354010
PWS Type: Community <input checked="" type="checkbox"/> NonTransient <input type="checkbox"/> NonCommunity <input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month: 1026	Total Population Served at End of Month: 1465
PWS Owner: Sun Communities Inc.	
Contact Person: Lara Parker	Contact Person's Title: General Manager
Contact Person's Mailing Address: 27777 Franklin Road	City: Southfield State: MI Zip Code: 48034
Contact Person's Telephone Number: 352-753-3000	Contact Person's Fax Number: 352-750-3859
Contact Person's Email Address: mharmon1@suncommunities.com	

B. Water Treatment Plant Information

Plant Name: WTP #1	Plant Telephone Number:			
Plant Address: 106 Evergreen Lane	City: Lady Lake State: FL Zip Code: 32159			
Type of water treated by Plant: <input checked="" type="checkbox"/> Raw Ground <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 1080000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C			
Licensed Operators:	Name:	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operators:	Frank Huguley	C	29403	
Other Operators:	Curtis Carter	C	25257	
	William Wilson	C	28408	

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 standard 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 rate, and (2) if applicable, appropriate treatment process performance records. Further more, I agree to provide these additional operations records to the PWS owner so that the PWS owner can retain them, together with copies of this report, at a convenient location for the last ten years.

Frank Huguley

12/9/2024

Frank Huguley

C 29403

Signature and Date

Printed or Typed Name

License Number

III. Daily Data for the Month/Year of: November 2024

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

UltraViolet Radiation Other (Discribe)

Type of Disinfectant Residual Maintained in Distribution System: X 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/cm ²	Minimum UV Dose Required, mW-sec/cm ²		
1	X	24	345,000	2520000	1.20	4	4.80	30	8.72	2.0		1.00		
2	X	24	316,000	2520000	1.60	4	6.40	30	8.79	2.0		1.30		
3	X	24	255,000	2520000	1.80	4	7.20	28	8.65	2.0		1.40		
4	X	24	249,000	2520000	1.90	4	7.60	22	9.12	2.6		1.50		
5	X	24	0	2520000	1.80	4	7.20	24	8.94	2.2		1.50		
6	X	24	0	2520000	1.30	4	5.20	27	9.00	2.0		1.00		
7	X	24	0	2520000	1.20	4	4.80	28	8.94	2.0		1.00		
8	X	24	0	2520000	1.20	4	4.80	26	9.05	2.0		1.00		
9	X	24	0	2520000	1.20	4	4.80	26	8.40	2.0		1.00		
10	X	24	0	2520000	1.20	4	4.80	26	8.76	2.0		1.00		
11	X	24	0	2520000	1.20	4	4.80	31	8.90	2.0		1.00		
12	X	24	313,000	2520000	1.20	4	4.80	24	9.00	2.2		1.00		
13	X	24	283,000	2520000	2.00	4	8.00	28	9.00	2.0		1.60		
14	X	24	286,000	2520000	1.90	4	7.60	24	7.73	2.2		1.60		
15	X	24	316,000	2520000	1.70	4	6.80	26	7.71	2.0		1.40		
16	X	24	322,000	2520000	1.70	4	6.80	26	7.75	2.0		1.40		
17	X	24	263,000	2520000	1.80	4	7.20	26	7.81	2.0		1.30		
18	X	24	254,000	2520000	1.40	4	5.60	26	7.72	2.0		1.10		
19	X	24	225,000	2520000	1.30	4	5.20	27	7.84	2.0		1.10		
20	X	24	332,000	2520000	1.70	4	6.80	24	7.71	2.2		1.30		
21	X	24	65,000	2520000	1.70	4	6.80	20	7.87	3.0		1.30		
22	X	24	39,000	2520000	2.00	4	8.00	21	7.91	2.8		1.90		
23	X	24	56,000	2520000	1.80	4	7.20	20	7.78	3.0		1.40		
24	X	24	0	2520000	1.90	4	7.60	20	7.76	3.0		1.50		
25	X	24	0	2520000	1.80	4	7.20	26	97.96	2.0		1.50		
26	X	24	100,000	2520000	1.80	4	7.20	27	7.91	2.0		1.40		
27	X	24	54,000	2520000	2.20	4	8.80	28	7.91	2.0		1.60		
28	X	24	0	2520000	2.10	4	8.40	26	7.89	2.0		1.60		
29	X	24	44,000	2520000	1.90	4	7.60	23	7.96	2.4		1.60		
30	X	24	106,000	2520000	1.90	4	7.60	25	7.82	2.0		1.50		
31														

Total	4,223,000
Average	140,767
Maximum	345,000



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 2024

A. Public Water System (PWS) Information

PWS Name: Water Oak Utility Inc.	PWS Identification Number: 3354010
PWS Type: Community <input checked="" type="checkbox"/> NonTransitent <input type="checkbox"/>	NonCommunity <input type="checkbox"/> Consecutive
Number of Service Connections at End of Month: 1026	Total Population Served at End of Month: 1465
PWS Owner: Sun Communities Inc.	
Contact Person: Lara Parker	Contact Person's Title: General Manager
Contact Person's Mailing Address: 27777 Franklin Road	City: Southfield State: MI Zip Code: 48034
Contact Person's Telephone Number: 352-753-3000	Contact Person's Fax Number: 352-750-3859
Contact Person's Email Address: mharmon1@suncommunities.com	

B. Water Treatment Plant Information

Plant Name: WIP #2	Plant Telephone Number:			
Plant Address: 106 Evergreen Lane	City: Lady Lake State: FL Zip Code:			
Type of water treated by Plant: <input checked="" type="checkbox"/> Raw Ground <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 1238400				
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C			
Licensed Operators:	Name:	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operators:	Frank Huguley	C	29403	
Other Operators:	Curtis Carter	C	25257	
	William Wilson	C	28408	

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 1 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 standard 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 rate, and (2) if applicable, appropriate treatment process performance records. Further more, I agree to provide these additional operations records to the PWS owner so that the PWS owner can retain them, together with copies of this report, at a convenient location for the last ten years.

Frank Huguley 12/9/2024
 Signature and Date

Frank Huguley
 Printed or Typed Name

C 29403
 License Number

PWS Identification Number: 3354010

Water Oak Utility Inc. WTP #2

III. Daily Data for the Month/Year of: November 2024

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

UltraViolet Radiation Other (Discribe)

Type of Disinfectant Residual Maintained in Distribution System: X 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/cm ²	Minimum UV Dose Required, mW-sec/cm ²		
1	X	24	0		2.20								2.20	
2	X	24	0		2.20								2.20	
3	X	24	380		2.20								2.20	
4	X	24	4,440		2.20								2.20	
5	X	24	402,570		1.80								1.50	
6	X	24	262,620		1.20								0.90	
7	X	24	346,550		1.20								1.00	
8	X	24	261,010		1.30								1.00	
9	X	24	373,110		1.30								1.00	
10	X	24	269,790		1.30								1.00	
11	X	24	197,280		1.30								1.00	
12	X	24	34,620		1.30								1.00	
13	X	24	0		1.20								1.20	
14	X	24	0		1.20								1.20	
15	X	24	0		1.20								1.20	
16	X	24	0		1.20								1.20	
17	X	24	0		1.20								1.20	
18	X	24	2,660		1.20								1.20	
19	X	24	0		1.00								1.00	
20	X	24	380		1.00								1.00	
21	X	24	251,740		0.90								0.90	
22	X	24	203,480		2.20								1.80	
23	X	24	255,570		1.40								1.10	
24	X	24	408,820		1.80								1.50	
25	X	24	237,940		1.80								1.50	
26	X	24	328,790		1.80								1.40	
27	X	24	318,580		1.70								1.40	
28	X	24	344,930		1.70								1.30	
29	X	24	296,210		1.60								1.00	
30	X	24	259,400		1.70								1.30	
31														

Total	5,060,870
Average	168,696
Maximum	408,820



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

See page 2 for instructions

Daily Finished Water Production for the Month Year of	November 2024
Community Water System (CWS) Name:	Water Oak Utility Inc.
Public Water System (PWS) Name:	3354010

Day of Month	Plant 1 Name	Plant 2 Name	Plant 3 Name	Plant 4 Name	Plant 5 Name	Plant 6 Name	Plant 7 Name	Plant 8 Name	Plant 9 Name	Total
	WTP #1	WTP #2								
	Public Water System (PWS) Name:									
	1,080,000	1,238,400								
	Public Water System (PWS) Name:									
Day 1	345,000	0								345,000
Day 2	316,000	0								316,000
Day 3	255,000	380								255,380
Day 4	249,000	4,440								253,440
Day 5	0	402,570								402,570
Day 6	0	262,620								262,620
Day 7	0	346,550								346,550
Day 8	0	261,010								261,010
Day 9	0	373,110								373,110
Day 10	0	269,790								269,790
Day 11	0	197,280								197,280
Day 12	313,000	34,620								347,620
Day 13	283,000	0								283,000
Day 14	286,000	0								286,000
Day 15	316,000	0								316,000
Day 16	322,000	0								322,000
Day 17	263,000	0								263,000
Day 18	254,000	2,660								256,660
Day 19	225,000	0								225,000
Day 20	332,000	380								332,380
Day 21	65,000	251,740								316,740
Day 22	39,000	203,480								242,480
Day 23	56,000	255,570								311,570
Day 24	0	408,820								408,820
Day 25	0	237,940								237,940
Day 26	100,000	328,790								428,790
Day 27	54,000	318,580								372,580
Day 28	0	344,930								344,930
Day 29	44,000	296,210								340,210
Day 30	106,000	259,400								365,400
Day 31										
Total										9,283,870
Avg.										309,462
Min										428,790





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

RECEIVED

01-06-2025

DIVISION OF WATER RESOURCE MANAGEMENT

See Page 4 for instructions

I. General Information for the Month/Year of: December 2024

A. Public Water System (PWS) Information

Form with fields for PWS Name, Type, Identification Number, Contact Person, etc.

B. Water Treatment Plant Information

Form with fields for Plant Name, Address, Capacity, Operators, License Class, etc.

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 1 of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date: Frank Huguley, 1/6/2025

Printed or Typed Name: Frank Huguley

License Number: C 29403

PWS Identification Number: 3354010

Plant Name: Water Oak Utility Inc.

WTP #1

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: *

A. Is any polymer containing the monomer acrylamide used at the water treatment plant? No [] Yes, and the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose, ppm =

Acrylamide Level, %†

B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? No [] Yes and the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose, ppm =

Epichlorohydrin Level, %† =

C. Is any iron or manganese sequestrant used at the water treatment plant? No [] Yes and the type of sequestrant, sequestrant dose, etc., are as follows:

Type of Sequestrant (polyphosphate or sodium silicate):

Sequestrant Dose, mg/L of phosphate as PO₄ or mg/L of silicate as SiO₂ =

If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO₂ =

**Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.*

†Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.

III. Daily Data for the Month/Year of: December 2024

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

UltraViolet Radiation Other (Describe)

Type of Disinfectant Residual Maintained in Distribution System: X 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/cm ²	Minimum UV Dose Required, mW-sec/cm ²		
1	X	24	2,000	2520000	1.80	4	7.20	26	7.84	2.0		1.40		
2	X	24	0	2520000	2.20	4	8.80	22	7.97	2.6		1.70		
3	X	24	17,000	2520000	2.10	4	8.40	22	7.88	2.6		1.60		
4	X	24	36,000	2520000	2.00	4	8.00	15	8.03	3.4		1.60		
5	X	24	0	2520000	2.20	4	8.80	26	7.98	2.0		1.70		
6	X	24	0	2520000	1.90	4	7.60	21	8.03	2.8		1.60		
7	X	24	47,000	2520000	2.10	4	8.40	23	7.96	2.4		1.60		
8	X	24	15,000	2520000	2.00	4	8.00	21	7.89	2.8		1.50		
9	X	24	0	2520000	1.90	4	7.60	25	8.04	2.0		1.60		
10	X	24	0	2520000	2.10	4	8.40	26	7.98	2.0		1.70		
11	X	24	0	2520000	2.20	4	8.80	24	8.05	2.2		1.70		
12	X	24	0	2520000	2.20	4	8.80	23	7.99	2.4		1.70		
13	X	24	0	2520000	2.20	4	8.80	24	7.99	2.2		1.80		
14	X	24	55,000	2520000	2.20	4	8.80	24	7.86	2.2		1.70		
15	X	24	0	2520000	2.00	4	8.00	24	7.84	2.2		1.60		
16	X	24	0	2520000	2.00	4	8.00	24	8.05	2.2		1.70		
17	X	24	0	2520000	1.80	4	7.20	23	7.99	2.4		1.50		
18	X	24	0	2520000	2.10	4	8.40	23	8.00	2.4		1.70		
19	X	24	0	2520000	2.20	4	8.80	23	7.94	2.4		1.70		
20	X	24	0	2520000	1.80	4	7.20	27	8.03	2.0		1.50		
21	X	24	0	2520000	1.50	4	6.00	26	8.06	2.0		1.10		
22	X	24	0	2520000	1.60	4	6.40	22	7.84	2.6		1.30		
23	X	24	0	2520000	1.50	4	6.00	25	7.98	2.0		1.30		
24	X	24	0	2520000	1.60	4	6.40	25	8.00	2.0		1.30		
25	X	24	0	2520000	1.60	4	6.40	24	7.98	2.2		1.30		
26	X	24	0	2520000	1.70	4	6.80	24	7.87	2.2		1.40		
27	X	24	0	2520000	1.80	4	7.20	24	7.93	2.2		1.60		
28	X	24	0	2520000	1.70	4	6.80	26	7.75	2.0		1.50		
29	X	24	0	2520000	1.80	4	7.20	26	7.84	2.0		1.50		
30	X	24	0	2520000	1.60	4	6.40	26	8.02	2.0		1.40		
31	X	24	0	2520000	1.50	4	6.00	25	8.01	2.0		1.30		

Total	172,000
Average	5,548
Maximum	55,000



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 2024

A. Public Water System (PWS) Information

PWS Name: Water Oak Utility Inc.	PWS Identification Number: 3354010
PWS Type: Community <input checked="" type="checkbox"/> NonTransitent <input type="checkbox"/>	NonCommunity <input type="checkbox"/> Consecutive
Number of Service Connections at End of Month: 1026	Total Population Served at End of Month: 1465
PWS Owner: Sun Communities Inc.	
Contact Person: Lara Parker	Contact Person's Title: General Manager
Contact Person's Mailing Address: 27777 Franklin Road	City: Southfield State: MI Zip Code: 48034
Contact Person's Telephone Number: 352-753-3000	Contact Person's Fax Number: 352-750-3859
Contact Person's Email Address: mharmon1@suncommunities.com	

B. Water Treatment Plant Information

Plant Name: WIP #2	Plant Telephone Number:			
Plant Address: 106 Evergreen Lane	City: Lady Lake State: FL Zip Code:			
Type of water treated by Plant: <input checked="" type="checkbox"/> Raw Ground <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 1238400				
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C			
Licensed Operators:	Name:	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operators:	Frank Huguley	C	29403	
Other Operators:	Curtis Carter	C	25257	
	William Wilson	C	28408	

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 1 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 standard 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 rate, and (2) if applicable, appropriate treatment process performance records. Further more, I agree to provide these additional operations records to the PWS owner so that the PWS owner can retain them, together with copies of this report, at a convenient location for the last ten years.

Frank Huguley 1/6/2025
 Signature and Date

Frank Huguley
 Printed or Typed Name

C 29403
 License Number

PWS Identification Number: 3354010

Plant Name: Water Oak Utility Inc.

WTP #2

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: *

A. Is any polymer containing the monomer acrylamide used at the water treatment plant? No [] Yes, and the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose, ppm =	Acrylamide Level, %†
---------------------	----------------------

B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? No [] Yes and the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose, ppm =	Epichlorohydrin Level, %† =
---------------------	-----------------------------

C. Is any iron or manganese sequestrant used at the water treatment plant? No [] Yes and the type of sequestrant, sequestrant dose, etc., are as follows:

Type of Sequestrant (polyphosphate or sodium silicate):

Sequestrant Dose, mg/L of phosphate as PO ₄ or mg/L of silicate as SiO ₂ =
--

If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO ₂ =
--

**Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.*

†Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.

III. Daily Data for the Month/Year of: December 2024

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

UltraViolet Radiation Other (Discribe)

Type of Disinfectant Residual Maintained in Distribution System: X 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/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1	X	24	334,790		1.50									1.20	
2	X	24	250,780		1.60									1.20	
3	X	24	243,470		1.60									1.30	
4	X	24	323,920		1.50									1.10	
5	X	24	258,710		1.80									1.60	
6	X	24	339,060		1.80									1.50	
7	X	24	231,460		1.70									1.40	
8	X	24	353,100		1.50									1.30	
9	X	24	280,090		1.60									1.30	
10	X	24	297,970		2.20									1.70	
11	X	24	290,920		2.20									1.70	
12		24	290,920												
13	X	24	334,540		1.70									1.40	
14	X	24	299,440		1.80									1.40	
15	X	24	299,990		1.70									1.40	
16	X	24	231,610		1.90									1.60	
17	X	24	317,090		2.10									1.70	
18	X	24	354,850		1.70									1.50	
19	X	24	187,630		1.80									1.50	
20	X	24	331,870		2.20									1.70	
21	X	24	281,570		2.20									1.70	
22	X	24	255,880		2.00									1.60	
23	X	24	209,340		1.90									1.50	
24	X	24	296,770		1.50									1.30	
25	X	24	296,270		1.40									1.20	
26	X	24	287,580		1.60									1.30	
27	X	24	232,320		1.70									1.40	
28	X	24	329,050		1.60									1.40	
29	X	24	256,250		1.60									1.30	
30	X	24	189,900		1.30									1.00	
31	X	24	323,800		1.40									1.10	
Total			8,810,940												
Average			284,224												
Maximum			354,850												

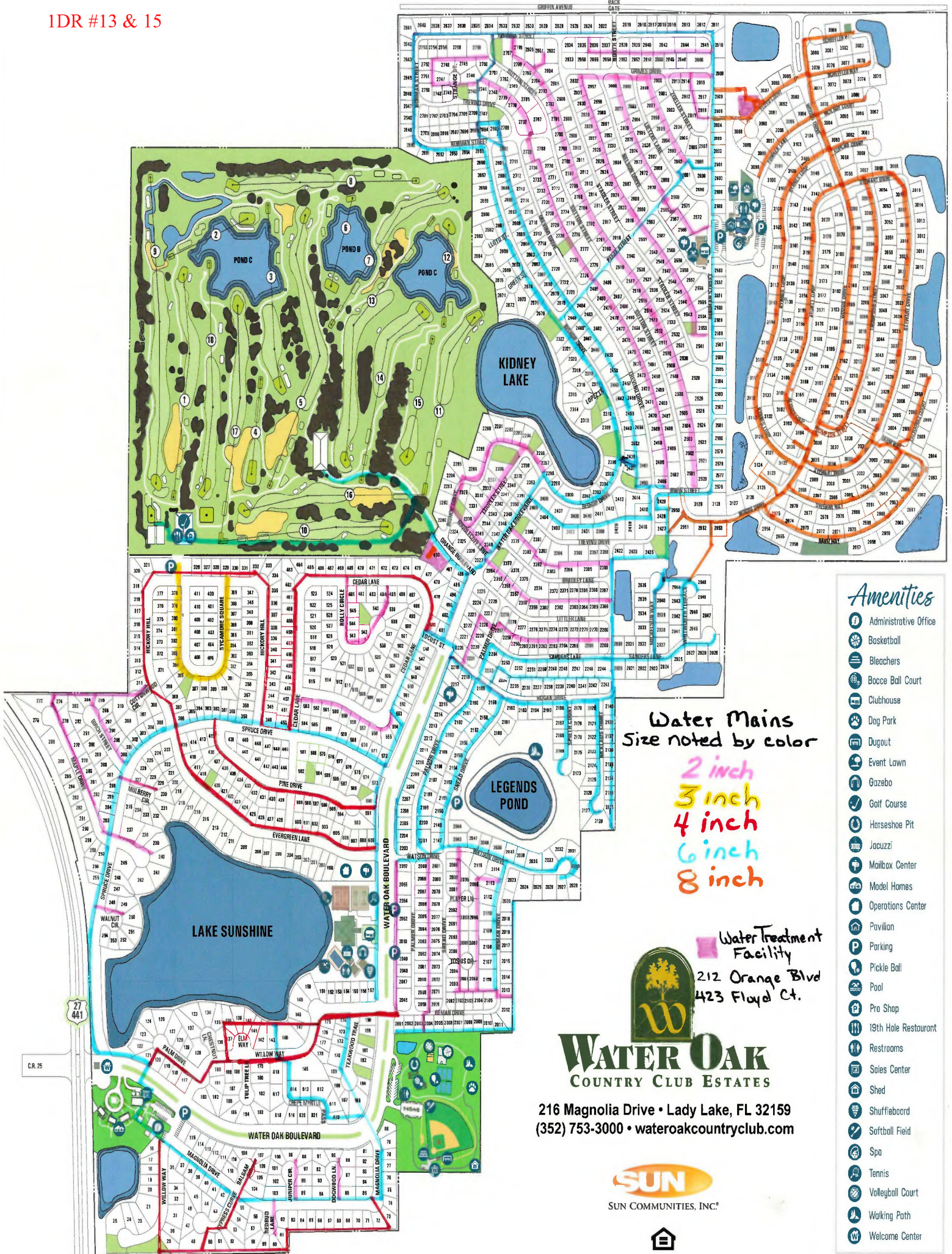


MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE PLANTS

See page 2 for instructions

Daily Finished Water Production for the Month Year of	December 2024
Community Water System (CWS) Name:	Water Oak Utility Inc.
Public Water System (PWS) Name:	3354010

Day of Month	Plant 1 Name	Plant 2 Name	Plant 3 Name	Plant 4 Name	Plant 5 Name	Plant 6 Name	Plant 7 Name	Plant 8 Name	Plant 9 Name	Total
	WTP #1	WTP #2								
	Public Water System (PWS) Name:									
	1,080,000	1,238,400								
	Public Water System (PWS) Name:									
Day 1	2,000	334,790								336,790
Day 2	0	250,780								250,780
Day 3	17,000	243,470								260,470
Day 4	36,000	323,920								359,920
Day 5	0	258,710								258,710
Day 6	0	339,060								339,060
Day 7	47,000	231,460								278,460
Day 8	15,000	353,100								368,100
Day 9	0	280,090								280,090
Day 10	0	297,970								297,970
Day 11	0	290,920								290,920
Day 12	0	290,920								290,920
Day 13	0	334,540								334,540
Day 14	55,000	299,440								354,440
Day 15	0	299,990								299,990
Day 16	0	231,610								231,610
Day 17	0	317,090								317,090
Day 18	0	354,850								354,850
Day 19	0	187,630								187,630
Day 20	0	331,870								331,870
Day 21	0	281,570								281,570
Day 22	0	255,880								255,880
Day 23	0	209,340								209,340
Day 24	0	296,770								296,770
Day 25	0	296,270								296,270
Day 26	0	287,580								287,580
Day 27	0	232,320								232,320
Day 28	0	329,050								329,050
Day 29	0	256,250								256,250
Day 30	0	189,900								189,900
Day 31	0	323,800								323,800
Total										8,982,940
Avg.										289,772
Min										368,100



Water Mains
Size noted by color
2 inch
3 inch
4 inch
6 inch
8 inch

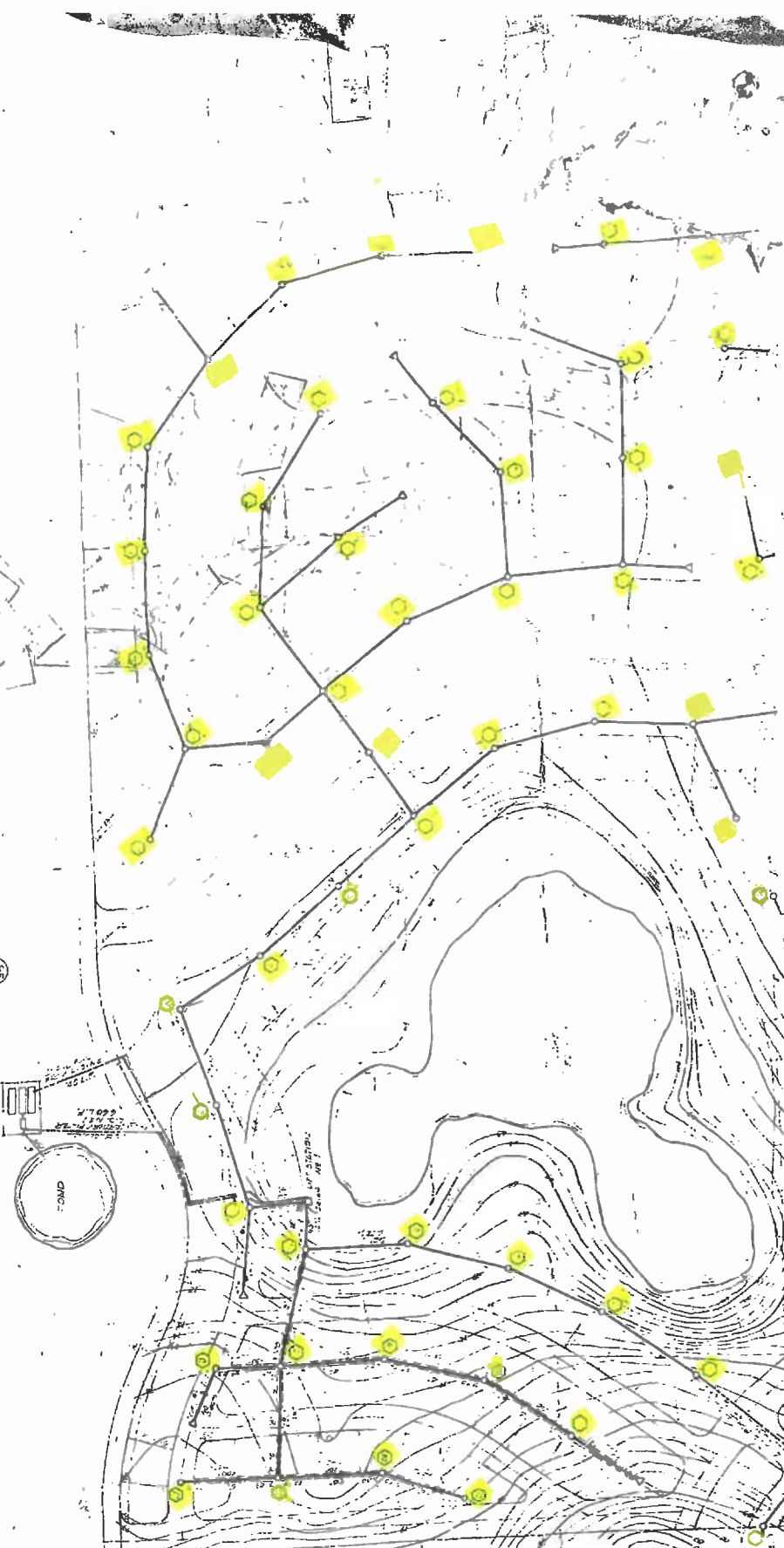
Water Treatment Facility
212 Orange Blvd
423 Floyd Ct.

- ### Amenities
- Administrative Office
 - Basketball
 - Bleachers
 - Bocce Ball Court
 - Clubhouse
 - Dog Park
 - Dugout
 - Event Lawn
 - Gazebo
 - Golf Course
 - Horseshoe Pit
 - Jacuzzi
 - Mailbox Center
 - Model Homes
 - Operations Center
 - Pavilion
 - Parking
 - Pickle Ball
 - Pool
 - Pro Shop
 - 19th Hole Restaurant
 - Restrooms
 - Sales Center
 - Shed
 - Shuffleboard
 - Softball Field
 - Spa
 - Tennis
 - Volleyball Court
 - Walking Path
 - Welcome Center



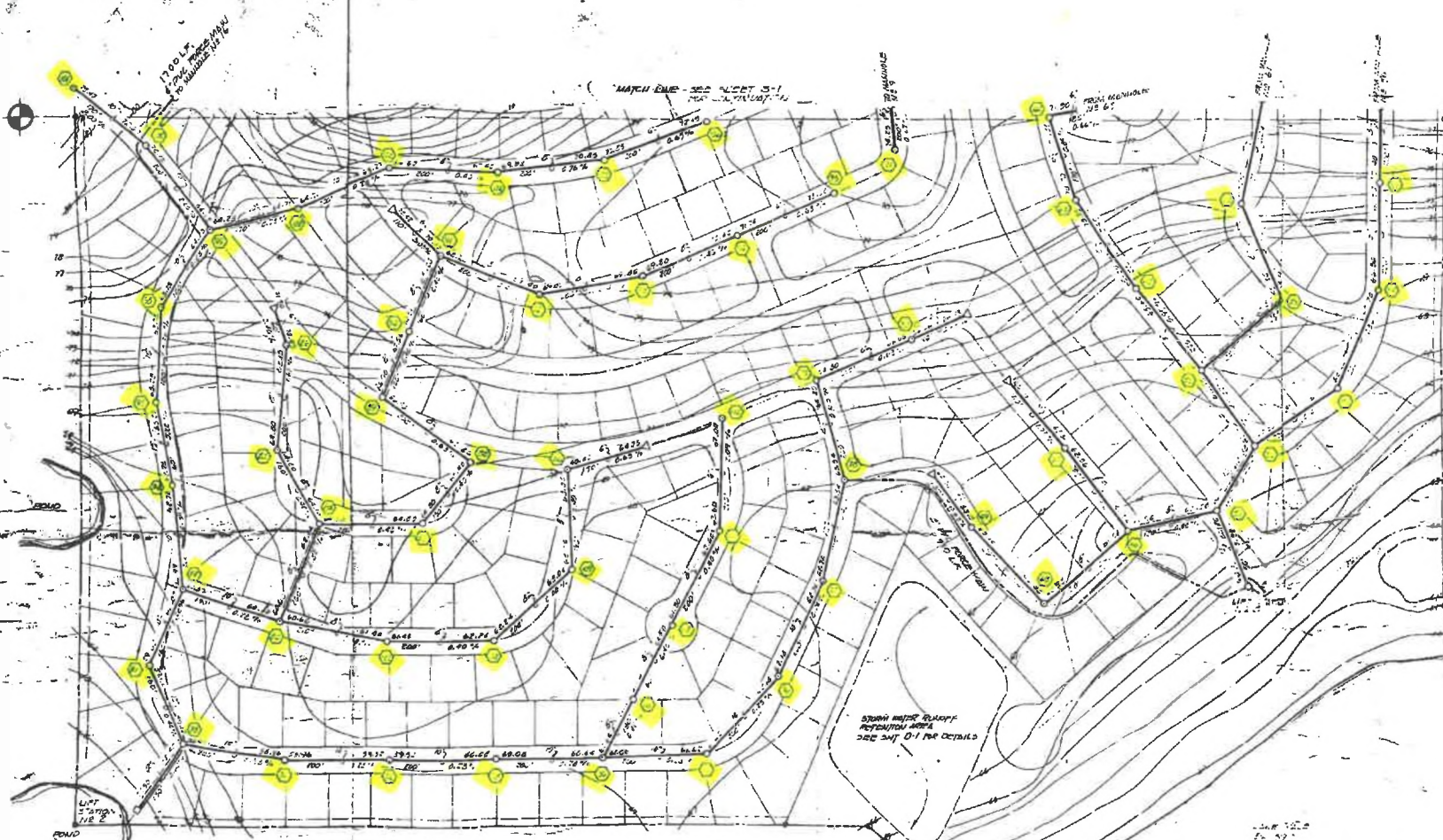
216 Magnolia Drive • Lady Lake, FL 32159
(352) 753-3000 • wateroakcountryclub.com





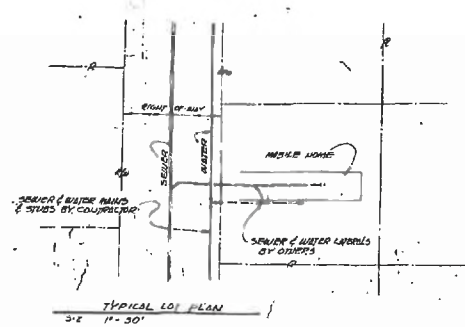
04 Manholes

- GENERAL NOTES
1. RAISED AFTER AND DRAINAGE MANHOLES SHALL BE VERTICAL CLEARANCE. THE DEPTH SHALL BE 10 FEET.
 2. ALL MANHOLES SHALL BE CONCRETE RINGS WITH 10 FEET DEPTH. THE DEPTH SHALL BE MAINTAINED AS ACCORDANCE WITH THE CITY ENGINEER'S REQUIREMENTS.
 3. ALL MANHOLES SHALL BE MAINTAINED AS ACCORDANCE WITH THE CITY ENGINEER'S REQUIREMENTS.
 4. ALL MANHOLES SHALL BE MAINTAINED AS ACCORDANCE WITH THE CITY ENGINEER'S REQUIREMENTS.
 5. ALL MANHOLES SHALL BE MAINTAINED AS ACCORDANCE WITH THE CITY ENGINEER'S REQUIREMENTS.
 6. ALL MANHOLES SHALL BE MAINTAINED AS ACCORDANCE WITH THE CITY ENGINEER'S REQUIREMENTS.



MATCH LINE - SEE SHEET 5-1

STORM WATER RUNOFF
RETENTION AREA
SEE SHEET 0-1 FOR DETAILS



61 Manholes

TECH CORP JOB # 6072

PROJECT TITLE
HOLIDAY LAKES
LAKE COUNTY, FLOR.

DRAWING TITLE
SEWER SYSTEM

TURNKEY
OF LANDLORD

POST OFFICE BOX 7176 LANDLORD, FLORIDA 32119

DATE: 5-7-79



Amenities

-  Administrative Office
-  Basketball
-  Bleachers
-  Bocce Ball Court
-  Clubhouse
-  Dog Park
-  Dugout
-  Event Lawn
-  Golf Course
-  Horseshoe Pit
-  Jacuzzi
-  Mailbox Center
-  Model Homes
-  Operations Center
-  Pavilion
-  Parking
-  Pickle Ball
-  Pool
-  Pro Shop
-  19th Hole Restaurant
-  Restrooms
-  Sales Center
-  Shed
-  Shuffleboard
-  Softball Field
-  Spa
- Tennis
- Volleyball Court
- Walking Path
- Welcome Center



Water Oak

COUNTRY CLUB ESTATES

216 Magnolia Drive • Lady Lake, FL 32159
 (352) 753-3000 • wateroakcountryclub.com





Short Form Construction Contract

To be used for contracts valued under \$500,000.00

OWNER:
Sun Communities Finance, LLC/
Sun Communities, Inc.
27777 Franklin Rd., Suite 300
Southfield, MI 48034

CONTRACT NUMBER: WAT040425

DATE ORDERED: April 4, 2025

CONTRACTOR/SERVICE PROVIDER INSTRUCTIONS
THIS CONTRACT NUMBER MUST APPEAR ON ALL
CORRESPONDENCE, INVOICES, PACKAGES AND
SHIPPING PAPERS RELATING TO THIS CONTRACT.

OWNER'S AGENT & DESIGNATED REPRESENTATIVE:
Paul Jarvis – Sr. Vice President
Amy Herndon – DVP, Operations & Sales
Beth Pogue - RVP, Operations & Sales
Monica Slider - RVP, Operations & Sales
Michelle Harmon - Community Manager

PROJECT: Install New Generator & Automatic Transfer
Switch

SITE: Water Oak Country Club Estates
216 Magnolia Drive
Lady Lake, FL 32159

CONTRACTOR/SERVICE PROVIDER:
RCM Utilities, LLC
1451 Pine Grove Road
Eustis, FL 32726
(352) 561-2990

THE CONTRACTOR/SERVICE PROVIDER AGREES TO PROVIDE ALL NECESSARY LABOR, MATERIAL, EQUIPMENT, TOOLS AND SERVICES AND PERFORM ALL WORK REQUIRED IN CONNECTION WITH THE PROJECT AS FOLLOWS:

Install New Generator and Automatic Transfer Switch	Total
Disassemble terminations and remove existing generator and ATS (Automatic Transfer Switch). Install new 250KW, 480V, diesel driven GENERAC generator with a rented lull. Terminate all wiring at generator and ATS. Proper grounding as required. Electrician and/or Generator technician present during start up with available training.	
Total:	\$148,330.00
THE CONTRACT SUM: \$148,330.00	
COMMENCEMENT DATE: September 1, 2025, estimated	
COMPLETION DATE: September 14, 2025, estimated	

SPECIAL TERMS AND CONDITIONS: It is mutually understood and agreed that if the scope of work as herein described has been started by the Contractor/Service Provider prior to final execution of this Purchase Order and that all terms and conditions as stated herein shall apply to all work or services provided under this Contract.

Contractor/Service Provider's Proposal is to be attached as Exhibit B. This Contract expressly limits acceptance to the terms hereof and the following Terms and Conditions. Any additional terms are rejected, whether or not attached hereto, including any terms set forth in Contractor/Service Provider's Proposal.

- see following page for signatures -

[Signature Page for Construction Contract]

ACCEPTED:

CONTRACTOR/SERVICE PROVIDER:
RCM Utilities, LLC

OWNER:
Sun Communities Finance, LLC

BY: _____

BY: _____

NAME:

NAME: Paul Jarvis

TITLE:

TITLE: Senior Vice President

DATE:

DATE:

TERMS AND CONDITIONS

(Construction Contract)

1. **ACCEPTANCE:** CONTRACTOR/SERVICE PROVIDER SHALL ACCEPT THIS CONTRACT BY SIGNING AND RETURNING THE ACKNOWLEDGMENT COPY HEREOF, OR BY COMMENCEMENT OF ANY SERVICES OR DELIVERY OF ANY GOODS OR EQUIPMENT TO THE SITE. OWNER'S AGENT IS ACTING SOLELY AS AGENT FOR THE OWNER AND SHALL HAVE NO LIABILITY FOR ANY PAYMENT DUE CONTRACTOR/SERVICE PROVIDER FROM THE OWNER.

2. **WORK:**

(a) Contractor/Service Provider shall furnish all labor, materials, tools, equipment, supervision and services necessary to prosecute and complete the Work specified in the Contract Documents listed in Exhibit C (the "Work").

(b) The Contract Documents shall consist of this Contract, exhibits, and the Contractor/Service Provider's proposal attached as Exhibit B (hereinafter, the "Contract"); other documents listed in this Contract; and Modifications issued after execution of this Contract.

(c) The Work shall be performed by the Contractor/Service Provider in a good and workmanlike manner in accordance with the drawings and specifications in the Contract Documents.

(d) Contractor/Service Provider acknowledges that it has reviewed the drawings and specifications and/or instruction provided by the Owner or Owner's Agent, that the same are adequate to allow Contractor/Service Provider to complete the Work.

(e) Contractor/Service Provider acknowledges that it is familiar with the conditions relating to the Work and the Site and with all other matters and conditions which could affect the performance of the Contract and Contractor/Service Provider assumes all risks with regard thereto.

(f) The Work includes all items reasonably inferable from the Contract Documents to produce the results intended. Reasonably inferable as used herein means (i) work which is customarily provided or furnished, in connection with work of a nature or of a quality similar to the Project, and is needed for the proper operation or use of any item of work described, depicted or indicated in the Contract Documents.

(g) The Contractor/Service Provider shall comply with applicable laws, statutes, ordinances, codes, rules and regulations, and lawful orders of public authorities applicable to its performance under this Contract, and with equal employment opportunity programs, and other programs as may be required by governmental and quasi-governmental authorities for inclusion in the Contract Documents.

(h) In the event that a specific requirement of the Work conflicts with applicable laws, regulations or codes, the Contractor/Service Provider shall furnish Work which complies with such laws, regulations, and/or codes. In such case, the Owner shall issue a Change Order to the Contractor/Service Provider unless the Contractor/Service Provider recognized such non-compliance prior to execution of this Contract and failed to notify the Owner.

(i) The Contractor/Service Provider shall obtain all necessary approvals, permits and licenses unless otherwise noted herein.

(g) The Owner and Contractor/Service Provider acknowledge that if the Contractor/Service Provider has commenced work identified in this Contract prior to the execution of this Contract, notwithstanding when such services were provided, all work performed shall be governed by the terms and conditions of this Contract.

3. **TIME OF COMMENCEMENT AND COMPLETION:**

(a) The Contractor/Service Provider shall commence and complete the Work by the date specified on the face hereof. Contractor/Service Provider shall perform the Work at such time and in such order and sequence as is required for the best possible progress of the Work.

(b) Should the Contractor/Service Provider be delayed in the prosecution of the Work by the act or fault of the Owner, the Owner's Agent or of any other contractor or service provider retained by the Owner or by any damage caused by fire, lightning, earthquake, cyclone, unexpected and unusual weather condition, or for any other causes shown to the satisfaction of the Owner's Agent to be without fault or neglect of the Contractor/Service Provider, then the time for completion shall be extended for such reasonable period of time as the Owner's Agent shall determine. No such extension of time shall be allowed unless the Contractor/Service Provider gives the Owner written notice of the delay and claim for extension of time within five (5) days of discovering the event causing a potential delay. The extension of time herein provided for shall be the Contractor/Service Provider's sole and exclusive remedy for any delay and Contractor/Service Provider shall have no claim for damages against the Owner.

(c) Owner shall have the right to order the Contractor/Service Provider to change material supplier and/or substitute materials in the event Owner reasonably believes the Contractor/Service Provider will not be able to complete the Work in accordance with the Project schedule. Any and all additional costs involved due to such changes or substitutions shall be the responsibility of the Contractor/Service Provider.

4. **CHANGES:**

(a) The Owner shall have the right, from time to time, to order changes in the Work, such changes to be effective only upon written change order from Owner ("Change Order"). Any adjustment to the Contract Sum or to the time for completion of the Work shall be made in accordance with the applicable provisions of this Contract and the unit price or other basis set forth in this Contract or on an agreed upon equitable basis.

(b) Change Orders shall be processed as follows:

(i) Promptly after receipt of a Change Order, Contractor shall submit to Owner a detailed statement detailing any necessary adjustment to the Contract Sum (and the various components thereof) and any proposed adjustment in the Project Schedule.

(ii) Owner shall notify Contractor whether the proposed adjustments are acceptable and, if they are, Contractor shall prepare a Change Order for execution by the Owner and the Contractor.

(iii) The amount and adjustment of time set forth in such Change Order shall be deemed to cover all costs and delays to the Contractor associated with the change in Work, including impact costs and delays, and no further or subsequent adjustments to the Contract Sum or the Project Schedule shall be allowed.

(iv) Owner reserves the right to reject any proposal submitted by the Contractor and to have the work done by others.

(c) Notwithstanding any inability to agree upon an adjustment, or the basis for an adjustment, Contractor/Service Provider shall, if directed by Owner, nevertheless proceed in accordance with the change, and the Contract Sum shall be adjusted as reasonably determined by the Owner with any dispute to be resolved after the completion of the Work.

(d) Failure to submit a proposal for an increase in the Contract Sum or the Contract Time within a reasonable period of time after a change, shall conclusively establish that no adjustment in the Contract Sum or Contract Time is justified in respect of such change and any subsequent claims in respect thereof shall be barred.

(e) This Contract may be amended only by a written agreement executed by both parties.

5. CONTRACT SUM AND PAYMENTS:

(a) Owner shall pay Contractor/Service Provider for the full and complete performance of the Work, the Contract Sum specified on the face hereof.

(b) The Contract Sum includes all taxes, including taxes for labor, materials and equipment utilized in connection therewith and all sales, use, personal property, excise and payroll taxes. Upon request by Owner, Contractor/Service Provider shall furnish satisfactory evidence of payment of such taxes.

(c) Unless otherwise specified on the face hereof, on or before the first day of each month, the Contractor/Service Provider shall submit to the Owner's Agent an itemized progress statement showing the amount of labor and materials incorporated in the Work as of the twenty-fifth (25th) day of the preceding month in the form attached as Exhibit M. Stored materials may not be included in such statement without the prior written consent of the Owner's Agent. The Owner shall check such statement and, if found correct, the Owner shall pay the Contractor/Service Provider ninety (90%) percent of the amount thereof, less the aggregate of previous payments. Payment of the retention will be made upon completion of initial punch list of items to still complete and/or correct.

(d) As a condition precedent to all payments hereunder, upon request, the Contractor/Service Provider shall submit a sworn statement setting forth all subcontractors, service providers, material suppliers and laborers who have performed Work or provided materials for the Contractor/Service Provider under this Contract in the form attached as Exhibit O. Partial conditional waivers of lien from Contractor/Service Provider for all work, labor and materials theretofore supplied or performed in the form attached as Exhibit E shall be presented with the first progress payment requests. Starting with the second progress payment request, Contractor/Service Provider shall provide partial unconditional waivers attached as Exhibit F from Contractor/Service Provider, subcontractors, suppliers, and contracted laborers. Full conditional waivers of lien from Contractor/Service Provider for all work, labor and materials theretofore supplied or performed shall be presented with the final payment request in the form attached as Exhibit G.

(e) In exchange for the final payment, Contractor/Service Provider shall present Owner with a full unconditional waiver for all work, labor and materials theretofore supplied or performed at the Project in the form attached as Exhibit H. Contractor/Service Provider warrants that all vendors, suppliers and subcontractors will be paid in full with the funds paid to the Contractor/Service Provider. The Contractor/Service Provider also agrees to provide further evidence as may be required by the Owner or Owner's lender, if any.

(f) Owner shall have the right to withhold payment for defective work not remedied. If any such deficiencies are not promptly corrected after written notice, the Owner may rectify same at the Contractor/Service Provider's expense and deduct all costs and expenses incurred thereby from amounts due the Contractor/Service Provider.

(g) If at any time there shall be evidence of any lien or claim against the Owner or the Site as a result of Contractor/Service Provider's operations, or if there shall be claims of the Owner or any other person against the Contractor/Service Provider, the Owner shall have the right to retain, out of any amount due or to become due to Contractor/Service Provider, an amount sufficient to completely indemnify the Owner against any such lien or claim, including attorneys' fees.

(h) In the event of any dispute between Owner and Contractor/Service Provider, Owner shall be obligated to make all payments due to Contractor/Service Provider over which there is no good faith dispute and Contractor/Service Provider shall not, if it receives such payments, stop the Work or terminate the Contract.

(i) No payment made under this Contract, including final payment, shall be construed to be an acceptance of defective or improper workmanship or materials or certificate of waiver of any claims by the Owner.

6. PROCEDURES:

(a) Unless otherwise provided herein, removal of rubbish and debris caused by the Contractor/Service Provider's Work shall be done by the Contractor/Service Provider whenever required by the Owner. If the Contractor/Service Provider fails to remove rubbish or debris, the Owner's Agent may do so at the Contractor/Service Provider's expense. The Project site shall be maintained in an orderly and clean condition and the Contractor/Service Provider shall leave the Project site, at the completion of the Contractor/Service Provider's Work, free of all rubbish and debris caused by the Contractor/Service Provider and in a condition satisfactory to the Owner's Agent. The Owner's Agent reserves the right to cause all unidentifiable debris to be removed from the Project site and allocate the cost thereof, by way of back charge or otherwise, among the responsible parties.

(b) The Contractor/Service Provider shall promptly submit shop drawings, samples and other submittals required under the Contract Documents expeditiously and in a manner that will not cause delay in the progress of the Work. No extension of time shall be granted for

delay by the Contractor/Service Provider in preparing drawings or in securing approval of the Owner's Agent where such drawings are not properly prepared or when the Contractor/Service Provider, by the exercise of reasonable diligence and judgment, could have anticipated and avoided the delay. No portion of the Work requiring shop drawings, samples or other submittals shall be commenced until the Contractor/Service Provider has submitted, and the Owner's Agent has approved such submittals.

(c) The Contractor/Service Provider, in carrying out its Work, shall take all necessary precautions to properly protect the finished and unfinished work of other trades and adjacent property from interference or damage caused by its operations and further agrees to pay the Owner for any damages or delay that may be caused to such work by the Contractor/Service Provider.

(d) Any workers may be refused admittance to the Project site or may be requested to leave the Project site at any time by the Owner and the Owner shall not be required to have or state any reason for such action. In the event any workers are so barred from the Work, the Contractor/Service Provider shall immediately replace such workers with personnel satisfactory to the Owner.

(e) The Contractor/Service Provider specifically agrees that it is responsible for the protection of its Work until final completion and acceptance thereof by the Owner and that it will make good or replace, at no expense to the Owner, any damage to its Work which occurs prior to said final acceptance.

7. WARRANTY:

(a) Contractor/Service Provider warrants that all of the Work and materials will be as represented, and will conform with plans, specifications and samples, and comply with applicable laws, statutes, ordinances, codes, rules and regulations, or lawful orders of public authorities, will be of sound materials and good workmanship, will be free from defects, will be fit and suitable for the purpose intended and will comply with all of the requirements of this Contract.

(b) The Contractor/Service Provider warrants that title to all Work, including instruments of service will pass to the Owner no later than the time of payment. The Contractor/Service Provider further warrants that, upon submittal of a payment request, all Work shall, be free and clear of liens, claims, security interests or encumbrances in favor of Contractor/Service Provider and all persons or entities entitled to make a claim by reason of having provided labor, materials and equipment relating to the Work.

(c) Without limiting the foregoing, Contractor/Service Provider guarantees the Work for such period as may be provided in the specifications and, in any event, until the expiration of not less than one (1) year from and after completion of the Work and acceptance by the Owner. Contractor/Service Provider shall make all repairs, replacements or adjustment required during the warranty period.

(d) The foregoing warranties shall be in addition to and not in lieu of or in waiver of any other or further warranties or obligations which may be implied by law or which may be provided by any law or regulation.

8. INSURANCE:

(a) Contractor/Service Provider shall maintain and pay for insurance coverage of the types and with the limits set forth on Exhibit A.2, Insurance Requirements, attached hereto and incorporated herein by reference. Such coverage shall be maintained in form and with companies acceptable to the Owner and shall, notwithstanding the requirements of Exhibit A.2, meet the applicable requirements of any governmental authority having jurisdiction over the Work. Each policy of insurance shall name the Owner, Owner's Agent, Owners Lender, if any, and any others named on Exhibit A.2 as additional insureds and shall provide for thirty (30) days' notice of cancellation to Owner and Owner's Agent. Certificates evidencing such insurance shall be delivered to Owner's Agent prior to commencing the Work. In lieu of naming the Owner and the Owner's Agent as additional named insureds, the Contractor/Service Provider may provide an Owner's/Contractor/Service Provider's Protective Policy providing equivalent coverage to all named on Exhibit A.2.

(b) Contractor/Service Provider shall be responsible for any desired coverage against damage or loss to its own materials, facilities, tools, equipment, scaffolds and similar items not covered by the Owner's fire policy.

(c) Owner, Owner's Agent and Contractor/Service Provider waive all rights against each other for damages caused by fire and other perils to the extent covered by the insurance required to be maintained hereunder.

9. INDEMNITY:

(a) Contractor/Service Provider agrees to indemnify, defend and hold harmless the Owner and/or Owner's Agent, Sun Communities, Inc., Sun Communities Operating Limited Partnership, and their agents and employees from and against any claim, cost, expense or liability (including attorneys' fees), whether arising before or after completion of the Contractor/Service Provider Work caused by, arising out of, resulting from the performance of the Work by the Contractor/Service Provider or its subcontractors, service providers, agents and employees. In the case of claims against the Owner, the Owner's Agent, Sun Communities, Inc., Sun Communities Operating Limited Partnership, or their agent and employees by any employee of the Contractor/Service Provider, anyone directly or indirectly employed by it or anyone for whose acts it may be liable, the indemnification obligation under this Paragraph 9 shall not be limited in any way by any limitation on the amount or type of damages, compensation or benefits payable by or for the Contractor/Service Provider under worker's compensation acts, disability benefit acts or other employee benefit acts.

(b) The Contractor/Service Provider shall not permit any contractor, subcontractor, laborer, materialmen, mechanic or similar lien to be filed against any part of the Work or the property for which it has received payment from the Owner. If any such lien is filed on the Project, and if the Contractor/Service Provider does not undertake to cause any such lien to be released or discharged (by payment, bonding or otherwise) within fifteen (15) days of notice from the Owner, the Owner shall have the right to pay all sums necessary to obtain such release or discharge and deduct all amounts so paid, including any attorneys' fees and filing costs, from any amount due the Contractor/Service Provider.

10. **TERMINATION:** The Owner may terminate this Contract for its convenience and without cause upon five (5) days written notice to Contractor/Service Provider. In such event, the Contractor/Service Provider shall be paid for all Work properly completed as of the effective date of termination but Owner shall not be liable for any damages or lost profit.

11. **DEFAULT:** If the Contractor/Service Provider (i) fails to supply the labor, materials, equipment and supervision in sufficient time and quantity to meet the schedule; (ii) causes stoppage or delay of or interference with the Project; (iii) fails in the performance or observance of any of the provisions of this Contract; or (iv) shall file a voluntary petition in bankruptcy; be adjudicated insolvent; or seek or consent to or acquiesce in the appointment of any trustee, receiver or liquidator of any of its assets or property; make an assignment for the benefit of creditors; or make an admission in writing of its inability to pay its debts as they become due, then Owner, after giving the Contractor/Service Provider notice of such default and forty-eight (48) hours within which to cure such default, shall have the right to exercise any one or more of the following remedies:

(a) Require the Contractor/Service Provider utilize, at its own expense, overtime labor (including Saturday and Sunday work) and additional shifts as necessary to overcome any delay attributable to Contractor/Service Provider's default.

(b) Remedy the default by whatever means the Owner's Agent may deem necessary and appropriate including, but not limited to, correcting, furnishing, performing or otherwise completing the Work, or any part thereof, by itself or through others (utilizing where appropriate any materials and equipment previously purchased for the Project) and deduct the cost from any monies due or to become due to Contractor/Service Provider.

(c) Terminate this Contract without waiving or releasing any rights or remedies against Contractor/Service Provider or its sureties, and take possession of the Work, and all materials, equipment, facilities, tools, scaffolds and appliances of the Contractor/Service Provider relating to the Work, for the purposes of completing the Work.

(d) Recover from Contractor/Service Provider all losses, damages, penalties and fines, whether actual or liquidated, direct or consequential, and all reasonable attorneys' fees incurred by Owner as a result of Contractor/Service Provider's default.

The foregoing remedies shall be considered separate and cumulative and shall be in addition to every other remedy provided in this Contract or now or hereafter existing at law or in equity.

12. **OWNERSHIP OF DOCUMENT:**

Drawings and specifications developed by the Contractor/Service Provider as the work product under this Contract shall become the sole property of the Owner free and clear of any retention rights.

13. **CONFIDENTIAL INFORMATION:**

In order for the Contractor/Service Provider to effectively fulfill its obligations under this Contract, it may be necessary for the Owner to disclose confidential or proprietary information. Since it is difficult to separate confidential and proprietary information from that which is not, the Contractor/Service Provider shall instruct its employees, subcontractors, and service providers to regard all information gained by each such person, as a result of services rendered hereunder, as information which is confidential and proprietary to the Owner and not to be disclosed to any organization or individual without the prior consent of the Owner.

14. **OTHER OWNER'S CONTRACTOR/SERVICE PROVIDERS:**

The Owner reserves the right to (i) employ other contractor/service providers at Owner's sole cost and expense, to perform similar work as the Contractor/Service Provider for the Project; and (ii) the Contractor/Service Provider agrees to cooperate fully and to share information with the other contractor/service providers.

15. **NOTICES:**

Any notice from Owner to Contractor/Service Provider or from Contractor/Service Provider to Owner shall be deemed duly served if personally served, if mailed by certified mail, return receipt requested, if sent via overnight courier service, or if sent via facsimile or email to the facsimile number or email address set forth below, and addressed to such party as follows:

If to Contractor/Service Provider: RCM Utilities, LLC
1451 Pine Grove Road
Eustis, FL 32726
(352) 561-2990

If to Owner: Sun Communities, Inc.
dba Water Oak Country Club Estates
216 Magnolia Drive
Lady Lake, FL 32159
Attn: Amy Herndon
Ph: (248) 864-0396
Email: aherndon@suncommunities.com

Either party hereto may change the name, address, or facsimile number of the designee to which notice shall be sent by giving written notice of such change to the other party hereto as hereinbefore provided.

16. **CONSTRUCTION:** This Contract shall not be construed more strictly against one party than the other, merely by virtue of that fact that it may have been prepared by counsel for one of the parties, it being recognized that both Contractor/Service Provider and Owner have contributed substantially and materially to the preparation of this Contract.

17. **COUNTERPARTS:** This Contract may be executed in a number of identical counterparts which, taken together, shall constitute collectively one (1) agreement; but in making proof of this Contract, it shall not be necessary to produce or account for more than one such counterpart.

18. **GOVERNING LAW:** The Contract shall be governed by the law of the place where the Project is located except that, if the parties have selected arbitration as the method of binding dispute resolution, the Federal Arbitration Act shall govern.

19. **SUCCESSORS AND ASSIGNS:** The Owner and Contractor/Service Provider, respectively, bind themselves, their partners, successors, assigns and legal representatives to the covenants, agreements and obligations contained in the Contract Documents. Except that the Owner may assign this Contract to a lender providing financing for the Project, neither party to the Contract shall assign the Contract as a whole without written consent of the other. If either party attempts to make such an assignment without such consent, that party shall nevertheless remain legally responsible for all obligations under the Contract.

20. **ENTIRE AGREEMENT:** This Contract and the documents incorporated herein set forth the entire Contract between the Owner and the Contractor, including the following exhibits.

LIST OF EXHIBITS

- Exhibit A.1 – Omitted/Not Applicable
- Exhibit A.2 – Insurance Requirements
- Exhibit B – Contractor Proposal
- Exhibit C – Contract Documents
- Exhibit D – Change Order
- Exhibit E – Partial Conditional Waiver
- Exhibit F – Partial Unconditional Waiver
- Exhibit G – Full Conditional Waiver
- Exhibit H – Full Unconditional Waiver
- Exhibit I – Omitted/Not Applicable
- Exhibit J – Omitted/Not Applicable
- Exhibit K – Omitted/Not Applicable
- Exhibit L – Omitted/Not Applicable
- Exhibit M – Application for Payment
- Exhibit N – Omitted/Not Applicable
- Exhibit O – Sworn Statement
- Exhibit P – Omitted/Not Applicable

EXHIBIT A.2

**Insurance Requirements
Sun Short Form Construction Contract**

Contractor shall, with respect to the Work, maintain and pay for the following insurance coverages with minimum limits in the respective amounts indicated.

<u>TYPE</u>	<u>MINIMUM LIMIT</u>
(a) Worker's Compensation as required by Law.	Statutory
(b) Employer's Liability. The required Worker's Compensation Insurance shall extend to cover employer's liability.	\$100,000 Each Occurrence
(c) General Liability including: <ul style="list-style-type: none">• Comprehensive Form• Premises – Operations• Completed Operations Liability Products Liability• Contractual Liability for all liability assumed by the Contractor.• Broad Form Property Damage• Independent Contractors• Personal Injury• Explosion & Collapse• Underground	Bodily Injury: \$1,000,000 Each Occurrence \$1,000,000 Annual Aggregate Property Damage: \$1,000,000 Each Occurrence \$2,000,000 Annual Aggregate
(d) Comprehensive Automobile Liability including owned, non-owned and hired vehicles.	Bodily Injury: \$1,000,000 Each Occurrence \$1,000,000 Annual Aggregate Property Damage: \$1,000,000 Each Occurrence \$1,000,000 Annual Aggregate
(e) Excess Liability - Umbrella Form bodily injury and property damage combined.	\$1,000,000 Each Occurrence

All insurance required to be maintained shall list ***Sun Communities Finance, LLC, dba Water Oak Country Club Estates, Sun Communities, Inc., Sun Communities Operating Limited Partnership, Lender, if any, Architect/Engineer, and Agent*** as an additional insured and their members, representatives, agents, employees.

**Request for Taxpayer
 Identification Number and Certification**

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

Before you begin, For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

1 Name of entity/individual. An entity is required. For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.

RCM Utilities, LLC

2 Business name/disregarded entity name, if different from above.

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.

Individual/sole proprietor C corporation S corporation Partnership Trust/estate

LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) **S**

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

Other (see instructions)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____

(Applies to accounts maintained outside the United States.)

5 Address (number, street, and apt. or suite no.). See instructions.

1451 Pine Grove Road

6 City, state, and ZIP code

Eustis, FL 32726

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

____ - ____ - _____

or

Employer identification number

8 2 - 4 1 6 0 7 6 2

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest and dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here *Melissa Moss* Date **1/7/25**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/16/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Brown & Brown Insurance Services, Inc. 1300 Citizens Blvd, Suite 100 Leesburg FL 34748		CONTACT NAME: Alexandrita Altarriba PHONE (A.C. No. Ext): FAX (A.C. No.): E-MAIL ADDRESS: Alexandrita.Altarriba@obrown.com	
INSURED RCM USIns, LLC 1451 Pine Grove Rd Eustis FL 32726		INSURER(S) AFFORDING COVERAGE INSURER A: BITCO General Insurance Corporation INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES CERTIFICATE NUMBER: 26-26 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	FORK WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-2007 <input type="checkbox"/> LOC OTHER	Y	Y	CLP3753375	01/15/2025	01/15/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA OCCUR) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP ADD \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY OTHER	Y	Y	CAP3753376	01/15/2025	01/15/2026	COMBINED SINGLE LIMIT (EA ACCIDENT) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			CUP3753377	01/15/2025	01/15/2026	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/EMBER EXCLUDED? (Mandatory In Fla) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WC3753374	01/15/2025	01/15/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - BA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Rented/Leased Equipment			CLP3753375	01/15/2025	01/15/2026	Limit \$180,000 Deductible \$1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
License: EC13014190, CUC1225240, CFC1431823, EC13006708 & CGC061548

CERTIFICATE HOLDER Water Oak Country Club Estates 216 Magnolia Drive Lady Lake, FL 32180	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Jay's Quality</i>
--	--

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ACORD 25 (2016/03)

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EXHIBIT B

Contractor Proposal



RCM Utilities, LLC
1451 Pine Grove Road
Eustis, FL 32726
352-561-2990
billing@rcmutilities.com

Estimate 29326592
Estimate Date 3/31/2025

Billing Address
Sun Communities
27777 Franklin Road
Southfield, MI 48034 USA

Job Address
Water Oak
106 Evergreen Lane
Lady Lake, FL 32159 USA

Description of work

We are pleased to submit a price on the above referenced project. This project includes providing and installing the electrical components as outlined in the scope below.

INCLUDES:

Disassemble terminations and remove existing generator and ATS.
Install new 250KW, 480V, diesel driven GENERAC generator with a rented lull.
Terminate all wiring at generator and ATS.
Proper grounding as required.
Electrician present during start up.
Generator technician at start up with available training. Training to be on start-up day or owner is to pay GENERAC for another visit.
All work performed to 2023 NEC standards.

Estimated lead time: AFTER APPROVED SUBMITTALS
250KW D - 20-28 weeks
400A ATS - 8-10 weeks

General Conditions:

- Shop drawings and submittals.
- Specification and Notes listed on Plan Sheets.
- Daily clean-up of our trash to G.C. provided dumpster.

Sales Tax Included. Price for the above scope of work: \$148,330.00.

Service #	Description	Quantity	Your Price	Total
Electrical - Service	Electrical Service Work	1.00	\$0.00	\$0.00
Electrical - Service	Electrical Service Work	1.00	\$148,330.00	\$148,330.00
			Sub-Total	\$148,330.00
			Tax	\$0.00
			Total Due	\$148,330.00
			Deposit/Downpayment	\$0.00

Payment is due within 30 days of the date of invoice. Thereafter, monthly finance charges of 1.5% or the maximum allowed by law, whichever is less, will be assessed on unpaid amounts.

ESTIMATE IS VALID FOR 30 DAYS

ESTIMATE INCLUDES ALL APPLICABLE SALES TAXES.

- DUE TO CURRENT MARKET CONDITIONS MATERIAL PRICING IS SUBJECT TO CHANGE. RCM HOLDS THE RIGHT TO REPRICE BASED ON DATE OF ORDER. DATE OF ORDER IS WHEN ALL STAMPED PLANS AND SUBMITTALS ARE RETURNED, NOT THE RELEASE OF PURCHASE ORDER OR SUB CONTRACT.

Force Majeure. Neither party shall be liable in damages nor have the right to terminate this Contract for any delay or default in performing hereunder if such delay or default is caused by conditions beyond their control including, but not limited to natural disasters, including but not limited to ground subsidence or upheaval, acts of God, Government restrictions (including the denial or cancellation of any permits, tax incentive, or other license or approvals), covid-19, labor shortage, material delays, wars, insurrections and/or any other cause beyond the reasonable control of the party whose performance is affected. Furthermore, neither party shall be liable for any failure or delay in performance under this Contract to the extent said failures or delays are proximately caused by those causes beyond that party's reasonable control and occurring without its fault or negligence, including, without limitation, failure of suppliers, subcontractors, and carriers, or any other party to substantially meet its performance obligations under this Contract. The party experiencing the difficulty shall give the other prompt written notice, with details following the occurrence of the cause relied

upon. Dates by which performance obligations are scheduled to be met will be extended for a period equal to the time lost due to any delay so caused. Contractor's failure to perform any term or condition of this Contract because of conditions beyond its control mentioned herein or other conditions that cause delay, damage, or destruction of its work by others shall not be deemed a breach of this Contract.

Material Escalation. The Contract Price for this Project has been calculated based on the current prices for the component building materials. However, the market for these building materials is considered volatile and sudden price increases could occur. Contractor agrees to use its best efforts to obtain the lowest possible prices from available building material suppliers but should there be an increase in the prices of these materials that are purchased after execution of this Contract for use in this Project, then Owner or General Contractor agrees and shall pay the substantiated cost increase to Contractor. Any request or change order for payment of a cost increase shall state the increased cost, the building materials in question, and the source of supply, supported by invoices or bills of sale.

1. This proposal is an offer to enter into a contract, with the mutual promises contained herein constituting valuable and sufficient consideration. The execution of this proposal by the owner listed above (the "Owner") shall constitute acceptance of the offer and formation of contract (the "Contract") between the Owner (the "Owner") and RCM Utilities, LLC. The terms set forth herein, including those after the acceptance signature below and/or on subsequent pages, shall govern the Contract.
2. **Warranty.** The Contractor warrants all supplied materials and workmanship to be free of defects for a period of one year after installation. The Contractor warrants that materials and equipment furnished under the Contract will be new and good quality.
3. **Payment.** The Contractor will invoice the Owner in accordance with the schedule set forth above or, if no terms are set forth above, monthly for work performed during each calendar month. The Owner agrees that there shall be no retainage except as set forth in the schedule above. Payment is due within 30 days of the date of invoice. Thereafter, monthly finance charges of 1.5% or the maximum allowed by law, whichever is less, will be assessed on unpaid amounts.
4. **Time.** The Contractor shall achieve substantial completion of the work within a commercially reasonable time. At the Owner's request, the Contractor shall submit for information a construction schedule for the work, and the Contractor shall revise the schedule at appropriate intervals as required by the conditions of the work. Schedule information set forth above are estimates. The Contractor shall not be responsible for delays caused by circumstances outside the control of the Contractor.
5. **Permits and Approvals.** The Contractor shall secure and pay for the building permits, fees, licenses and inspections by government agencies necessary for proper execution and completion of the work. This responsibility is limited to building permits and, for the avoidance of doubt, does not extend to land use approvals, environmental permits, consumptive use permits, or other governmental approvals outside of building permits.
6. **Contract Documents.** Except as otherwise provided herein, the Owner shall furnish, at its expense, all necessary surveys, plans, drawings, approvals, easements, assignments, and changes required for the construction and use of the improvements. The Owner warrants the information, plans and specifications provided to the Contractor. The Contractor shall be entitled to rely on the plans and drawings supplied by the Owner; the Contractor warrants only that the work will conform to the design documents and shall have no responsibility or obligation arising out of design defects. The Contractor's warranties contained in this Contract exclude remedy for damage or defect caused by abuse, alterations to the work not executed by the Contractor, improper or insufficient maintenance, improper operation, or normal wear and tear.
7. **Termination.** The Contractor may terminate this Contract if the Owner fails to make payment as set forth herein and the failure continues for 10 days after notice, if the Contractor is unable to perform due to the failure of the owner to provide access to the site, necessary approvals, or its efforts to complete the work are frustrated by the actions or omissions of the Owner. In the event the Contractor terminates the Contract, it may recover payment for work executed, included reasonable overhead and profit, costs incurred by reason of such termination, and damages. No refund of payments made by the Owner shall be due as a result of termination under this section.
8. **Governing Law; Venue; Attorney Fees.** This Contract shall be governed by the laws of the state of Florida. Venue for any dispute arising in connection with this Contract shall lie exclusively in the court of appropriate jurisdiction in the county where the work is to be performed. The parties hereby irrevocably waive the right to a jury trial in connection with any matter related to or arising out of this contract or the work performed hereunder and consent to a bench trial in any such action. The prevailing party in any litigation shall be entitled to recover its reasonable attorneys' fees from the other party.
9. **Assignment; Subcontractors.** This Agreement may not be assigned without consent; provided, however that nothing herein shall limit the right of the Contractor to use subcontractors and contract labor in completion of the work. Notwithstanding the foregoing, the Contract may be assigned by the Owner to a lender providing construction financing if the lender has assumed the Owner's rights and obligations under the Contract.
10. **Hazards.** The Owner represents that, except as disclosed in writing, there is no hazardous condition, material or substance at the site of the work. The Owner shall indemnify and hold harmless the Contractor, its subcontractors, agents and employees from and against claims, damages, losses, and expense arising out of or resulting from performance of the work in the affected area if in fact, a hazardous condition, material or substance presents the risk of bodily injury or death and has not been rendered harmless, except to the extent that such damage, loss or expense is due to the fault or negligence of the party seeking indemnity. If, without negligence on the part of the Contractor, the Contractor is held liable by a government agency for the cost of remediation of a hazardous material or substance by reason of performing the work described herein, the Owner shall indemnify the Contractor for all cost and expenses thereby incurred.
11. **Insurance; Beneficiaries.** The Contractor shall maintain appropriate commercial general liability insurance and statutory worker's compensation insurance and will provide certificates of insurance upon the request of the Owner. The Owner shall be responsible for purchasing and maintaining the Owner's usual liability insurance and property insurance until the work is complete. This Contract has no third-party beneficiaries.
12. **Consequential Damages.** The Owner waives claims against the Contractor for consequential damages arising out of or relating to this Contract. This waiver includes damages incurred by Owner for rental expenses, for losses of use, income, profit, financing, business and reputation, and for loss of management or employee productivity or of the services of such persons. This waiver is applicable to damages due to termination.
13. **Entire Agreement; Modifications.** This Contract, together with the information, plans, and specifications provided to the Contractor, constitute the entire agreement. Any previous agreements and understanding between the parties regarding the subject matter of this Contract, whether oral or in writing, are superseded by the Contract. Any amendments, modifications, or change orders must be in writing. Any change orders require the agreement of the Contractor and shall include appropriate modifications to the contract price to include the Contractor's cost of labor, material, equipment, and reasonable overhead and profit.
14. **ANY CLAIMS FOR CONSTRUCTION DEFECTS ARE SUBJECT TO THE NOTICE AND CURE PROVISIONS OF CHAPTER 558, FLORIDA**

STATUTES. 15. ACCORDING TO FLORIDA'S CONSTRUCTION LIEN LAW (SECTIONS 713.001-713.37, FLORIDA STATUTES), THOSE WHO WORK ON YOUR PROPERTY OR PROVIDE MATERIALS AND SERVICES AND ARE NOT PAID IN FULL HAVE A RIGHT TO ENFORCE THEIR CLAIM FOR PAYMENT AGAINST YOUR PROPERTY. THIS CLAIM IS KNOWN AS A CONSTRUCTION LIEN. IF YOUR CONTRACTOR OR A SUBCONTRACTOR FAILS TO PAY SUBCONTRACTORS, SUB-SUBCONTRACTORS, OR MATERIAL SUPPLIERS, THOSE PEOPLE WHO ARE OWED MONEY MAY LOOK TO YOUR PROPERTY FOR PAYMENT, EVEN IF YOU HAVE ALREADY PAID YOUR CONTRACTOR IN FULL. IF YOU FAIL TO PAY YOUR CONTRACTOR, YOUR CONTRACTOR MAY ALSO HAVE A LIEN ON YOUR PROPERTY. THIS MEANS IF A LIEN IS FILED YOUR PROPERTY COULD BE SOLD AGAINST YOUR WILL TO PAY FOR LABOR, MATERIALS, OR OTHER SERVICES THAT YOUR CONTRACTOR OR A SUBCONTRACTOR MAY HAVE FAILED TO PAY. TO PROTECT YOURSELF, YOU SHOULD STIPULATE IN THIS CONTRACT THAT BEFORE ANY PAYMENT IS MADE, YOUR CONTRACTOR IS REQUIRED TO PROVIDE YOU WITH A WRITTEN RELEASE OF LIEN FROM ANY PERSON OR COMPANY THAT HAS PROVIDED TO YOU A "NOTICE TO OWNER." FLORIDA'S CONSTRUCTION LIEN LAW IS COMPLEX, AND IT IS RECOMMENDED THAT YOU CONSULT AN ATTORNEY

Approved By: _____ Date: _____

EXHIBIT C

Contract Documents

The Contract Documents consist of:

- 1. The Construction Contract to which this exhibit is attached
- 2. Contractor's Proposal(s).
- 3. The Construction Drawings and Specifications as prepared by: n/a
- 4. Construction Drawings: n/a

Sheet #	Sheet Title	Revision Date
1	RCM Utilities, LLC- Proposal dated 3/31/2025	

- 5. Separate Specifications, if any: n/a
- 6. Where applicable laws, rules, regulations, ordinances or directives differ from the Construction Documents, construction specifications, addendums and/or supplemental e-mails, if any, produced by the local jurisdiction with authority over the Project, the more stringent of which shall supersede the Construction Documents, construction specifications and addendum(s), if any.

EXHIBIT D

Change Order

Project:	Contract Information:	Change Order Information:
	Contract for:	Change Order No:
	Date:	Date:
Owner:	Architect/Engineer:	Contractor:
	<i>n/a</i>	

The Contract is changed as follows:

The original Contract Sum	\$ _____
The net change from previous authorized Change Orders	\$ _____
The Contract Sum prior to this Change Order	\$ _____
The Contract Sum will increase by this Change Order	\$ _____
The new Contract Sum including this Change Order will be	\$ _____

The Contract Time will increase by _____ (____) days
The new date of Substantial Completion will be _____

NOTE: This Change Order does not include adjustments to the Contract Sum or Guaranteed Maximum Price, or the Contract Time, that have been authorized by a Construction Change Directive until the cost and time have been agreed to by both the Owner and Contractor, in which case a Change Order is executed to supersede the Construction Change Directive.

NOT VALID UNTIL SIGNED BY OWNER AND CONTRACTOR

OWNER:
Sun Communities Finance, LLC

CONTRACTOR:
RCM Utilities, LLC

By: _____
Name/Title: _____
Date: _____

By: _____
Name/Title: _____
Date: _____

EXHIBIT E

Partial Conditional Waiver

I/we, ***RCM Utilities***, have a contract with ***Sun Communities Finance, LLC*** to ***Install New Generator and Automatic Transfer Switch*** for the improvement of the property described as ***Water Oak Country Club Estates, 216 Magnolia Drive, Lady Lake, FL 32159*** and having been paid in the amount of \$_____ hereby, the Lien Claimant's construction lien rights are waived and released against the Property to the amount of \$_____, for labor/materials provided through _____ (date).

This waiver, together with all previous waivers, if any, **(circle one) does/does not** cover all amounts due to Lien Claimant for contract improvement provided through the date shown above.

This waiver is conditioned upon actual payment of the amount shown above.

The person signing this waiver represents and warrants to the Client that (i) he or she is duly authorized and has legal capacity to execute and deliver this Waiver on behalf of the Lien Claimant, (ii) the execution and delivery of this Waiver and the performance of the Lien Claimant's obligations hereunder have been duly authorized, and (iii) this Waiver is a valid and legal agreement binding on the Lien Claimant and enforceable in accordance with its terms.

Pursuant to state law, if applicable, if the owner or lessee of the Property or the owner's or lessee's designee has received a notice of intention to lien, or its equivalent, from the Lien Claimant or if the Lien Claimant is not required to provide one, and the owner, lessee, or designee has not received this Waiver directly from the Lien Claimant, the owner, lessee, or designee may not rely upon it without authentication by Lien Claimant.

Address:

_____ RCM Utilities, LLC

1451 Pine Grove Road
Eustis, FL 32726

By: _____
(Signature of authorized signer)

Telephone: (352) 561-2990

Name: _____
(Printed name of authorized signer and title)

Signed on: _____

Signed and sworn before me this _____ day of _____, 20____

(Signature of Notary Public)

Notary Public in the County of _____, State of _____

My Commission Expires: _____

Acting in the County of _____, State of _____

DO NOT SIGN BLANK OR INCOMPLETE FORMS – RETAIN A COPY FOR YOUR RECORDS

EXHIBIT F

Partial Unconditional Waiver

I/we, **RCM Utilities**, have a contract with **Sun Communities Finance, LLC** to **Install New Generator and Automatic Transfer Switch** for the improvement of the property described as **Water Oak Country Club Estates, 216 Magnolia Drive, Lady Lake, FL 32159** and having been paid in the amount of \$ _____ hereby, the Lien Claimant's construction lien rights are waived and released against the Property to the amount of \$ _____, for labor/materials provided through _____ (date).

This waiver, together with all previous waivers, if any, **(circle one) does/does not** cover all amounts due to Lien Claimant for contract improvement provided through the date shown above.

The person signing this waiver represents and warrants to the Client that (i) he or she is duly authorized and has legal capacity to execute and deliver this Waiver on behalf of the Lien Claimant, (ii) the execution and delivery of this Waiver and the performance of the Lien Claimant's obligations hereunder have been duly authorized, and (iii) this Waiver is a valid and legal agreement binding on the Lien Claimant and enforceable in accordance with its terms.

Pursuant to state law, if applicable, if the owner or lessee of the Property or the owner's or lessee's designee has received a notice of intention to lien, or its equivalent, from the Lien Claimant or if the Lien Claimant is not required to provide one, and the owner, lessee, or designee has not received this Waiver directly from the Lien Claimant, the owner, lessee, or designee may not rely upon it without authentication by Lien Claimant.

Address:

_____ RCM Utilities

1451 Pine Grove Road
Eustis, FL 32726

By: _____
(Signature of authorized signer)

Telephone: (352) 561-2990

Name: _____
(Printed name of authorized signer and title)

Signed on: _____

Signed and sworn before me this _____ day of _____, 20_____

(Signature of Notary Public)

Notary Public in the County of _____, State of _____

My Commission Expires: _____

Acting in the County of _____, State of _____

DO NOT SIGN BLANK OR INCOMPLETE FORMS – RETAIN A COPY FOR YOUR RECORDS

EXHIBIT G

I/we, **RCM Utilities**, have a contract with **Sun Communities Finance, LLC** to **Install New Generator and Automatic Transfer Switch** for the improvement of the property described as **Water Oak Country Club Estates, 216 Magnolia Drive, Lady Lake, FL 32159** and having been fully paid in the amount of **\$148,330.00** and satisfied, all of Lien Claimant's construction lien rights against the Property are hereby waived and released.

This waiver, together with all previous waivers, if any, **(circle one) does/does not** cover all amounts due to Lien Claimant for contract improvement provided through the date shown above.

This waiver is conditioned upon actual payment of the amount shown above.

The person signing this waiver represents and warrants to the Client that (i) he or she is duly authorized and has legal capacity to execute and deliver this Waiver on behalf of the Lien Claimant, (ii) the execution and delivery of this Waiver and the performance of the Lien Claimant's obligations hereunder have been duly authorized, and (iii) this Waiver is a valid and legal agreement binding on the Lien Claimant and enforceable in accordance with its terms.

Pursuant to state law, if applicable, if the owner or lessee of the Property or the owner's or lessee's designee has received a notice of intention to lien, or its equivalent, from the Lien Claimant or if the Lien Claimant is not required to provide one, and the owner, lessee, or designee has not received this Waiver directly from the Lien Claimant, the owner, lessee, or designee may not rely upon it without authentication by Lien Claimant.

Address: _____ RCM Utilities
1451 Pine Grove Road
Eustis, FL 32726
By: _____
(Signature of authorized signer)
Telephone: (352) 561-2990
Name: _____
(Printed name of authorized signer and title)
Signed on: _____

Signed and sworn before me this _____ day of _____, 20____

(Signature of Notary Public)

Notary Public in the County of _____, State of _____

My Commission Expires: _____

Acting in the County of _____, State of _____

DO NOT SIGN BLANK OR INCOMPLETE FORMS – RETAIN A COPY FOR YOUR RECORD

EXHIBIT H

Full Unconditional Waiver

I/we, **RCM Utilities**, have a contract with **Sun Communities Finance, LLC** to **Install New Generator and Automatic Transfer Switch** for the improvement of the property described as **Water Oak Country Club Estates, 216 Magnolia Drive, Lady Lake, FL 32159** and having been fully paid in the amount of **\$148,330.00** and satisfied, all of Lien Claimant's construction lien rights against the Property are hereby waived and released.

The person signing this waiver represents and warrants to the Client that (i) he or she is duly authorized and has legal capacity to execute and deliver this Waiver on behalf of the Lien Claimant, (ii) the execution and delivery of this Waiver and the performance of the Lien Claimant's obligations hereunder have been duly authorized, and (iii) this Waiver is a valid and legal agreement binding on the Lien Claimant and enforceable in accordance with its terms.

Pursuant to state law, if applicable, if the owner or lessee of the Property or the owner's or lessee's designee has received a notice of intention to lien, or its equivalent, from the Lien Claimant or if the Lien Claimant is not required to provide one, and the owner, lessee, or designee has not received this Waiver directly from the Lien Claimant, the owner, lessee, or designee may not rely upon it without authentication by Lien Claimant.

Address: _____ RCM Utilities
1451 Pine Grove Road
Eustis, FL 32726
Telephone: (352) 561-2990

By: _____
(Signature of authorized signer)

Name: _____
(Printed name of authorized signer and title)

Signed on: _____

Signed and sworn before me this _____ day of _____, 20____

(Signature of Notary Public)

Notary Public in the County of _____, State of _____

My Commission Expires: _____

Acting in the County of _____, State of _____

DO NOT SIGN BLANK OR INCOMPLETE FORMS – RETAIN A COPY FOR YOUR RECORD

Lien Waiver Review Checklist

1. Waivers	Checked
1.1 Contractor only to submit Partial Conditional Waiver with first pay application	
1.2 Partial Unconditional Waivers for all subsequent pay applications	
1.2.1 Waivers needed from contractor and all subcontractors and suppliers listed on prior Sworn Statement	
1.2.2 Company name must match exactly	
1.2.3 Date must be same or more recent than the date of last pay application	
1.2.4 Amount must be equal or greater than what shown on last sworn statement	
1.2.5 Circle "Does" in second paragraph	
1.3 Verify Partial Unconditional Waiver for general contractor is on file	
1.4 For final pay application (including release of retainage):	
1.4.1 Full Unconditional Waivers for contractor and all subcontractors/suppliers listed on any sworn statement	
1.4.2 Company name must match exactly	
1.4.3 Verify all waivers are notarized	
1.4.4 Dates must be same or more recent than the date of last pay application	

EXHIBIT M

Application for Payment
(Forms on following pages.)

Payment Application Review Checklist

In addition to the Application for Payment (G702) and Continuation Page (G703), the following documents (unless dictated by statute) must be submitted with each application for payment to constitute a complete Payment Application Packet.

Document List – First and Subsequent Payment Requests	Checked
1. Sworn Statement in the form (<u>Exhibit O</u>)	
2. With the 1 st pay application - Partial Conditional Lien Waiver from the Contractor (<u>Exhibit E</u>)	
3. Starting with the 2 nd pay application – Partial Unconditional Lien Waivers from the Contractor, all 1 st tier subcontractors, suppliers, and contracted labor included in the prior pay application (<u>Exhibit F</u>)	
4. Any additional information that may be requested by Owner or Lender to prove Contractor has paid subcontractors, suppliers, and/or contracted labor	
Document List – Final Payment Request	Checked
1. Sworn Statement in the form (<u>Exhibit O</u>)	
2. Final Certificate of Occupancy or other document issued by the governmental agency	
3. All maintenance and operating manuals	
4. Any guarantees or warranties required by the Contract Documents	
5. Final Payment Receipt and Release (<u>Exhibit N</u>)	
6. Full Conditional Waivers from the Contractor, subcontractors, suppliers, vendors and contracted labor (<u>Exhibit G</u>)	
7. Full Unconditional Waivers from the Contractor, subcontractors, suppliers, vendors and contracted labor (<u>Exhibit H</u>) should be delivered 10 days after final payment	
8. Any additional information that may be requested by Owner or Lender to prove Contractor has paid subcontractors, suppliers, and/or contracted labor	

APPLICATION AND CERTIFICATE FOR PAYMENT AIA DOCUMENT G702 (Instructions on reverse side) PAGE ONE OF PAGES

TO OWNER: PROJECT: APPLICATION NO.: Distribution to:
 PERIOD TO: OWNER
 PROJECT NOS.: ARCHITECT
 CONTRACTOR

FROM CONTRACTOR: VIA ARCHITECT: CONTRACT DATE:

CONTRACT FOR:

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the Contract. Continuation Sheet, AIA Document G703, is attached.

1. ORIGINAL CONTRACT SUM\$ _____
2. Net change by Change Orders\$ _____
3. CONTRACT SUM TO DATE (Line 1 ± 2).....\$ _____
4. TOTAL COMPLETED & STORED TO DATE\$ _____
(Column G on G703)
5. RETAINAGE:
 - a. _____% of Completed Work\$ _____
(Columns D + E on G703)
 - b. _____% of Stored Material\$ _____
(Column F on G703)
 - Total Retainage (Line 5a + 5b or
Total in Column I of G703)\$ _____
6. TOTAL EARNED LESS RETAINAGE\$ _____
(Line 4 less Line 5 Total)
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT
(Line 6 from prior Certificate)\$ _____
8. CURRENT PAYMENT DUE\$
9. BALANCE TO FINISH, INCLUDING RETAINAGE
(Line 3 less Line 6)\$ _____

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Owner		
Total approved this Month		
TOTALS		
NET CHANGES by Change Order		

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work for which previous Certificates for Payment were issued and payments received from the Owner, and that current payment shown herein is now due.

CONTRACTOR:

By: _____ Date: _____
 State of: _____
 County of: _____
 Subscribed and sworn to before
 me this _____ day of _____

Notary Public:
 My Commission expires: _____

ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising this application, the Architect certifies to the Owner that to the best of the Architect's knowledge, information and belief the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED\$ _____
(Attach explanation if amount certified differs from the amount applied for. Initial all figures on this Application and on the Continuation Sheet that are changed to conform to the amount certified.)

ARCHITECT:
 By: _____ Date: _____
 This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment and acceptance of payment are without prejudice to any rights of the Owner or Contractor under this Contract.



CONTINUATION SHEET

AIA DOCUMENT G703 (Instructions on reverse side)

PAGE OF PAGES

AIA Document G702, APPLICATION AND CERTIFICATE FOR PAYMENT, containing Contractor's signed Certification, is attached.

APPLICATION NO.:

In tabulations below, amounts are stated to the nearest dollar.

APPLICATION DATE:

Use Column I on Contracts where variable retainage for line items may apply.

PERIOD TO:

ARCHITECT'S PROJECT NO.:

A ITEM NO.	B DESCRIPTION OF WORK	C SCHEDULED VALUE	D WORK COMPLETED		F MATERIALS PRESENTLY STORED (NOT IN D OR E)	G TOTAL COMPLETED AND STORED TO DATE (D + E + F)		H BALANCE TO FINISH (C - G)	I RETAINAGE (IF VARIABLE) RATE
			D FROM PREVIOUS APPLICATION (D + E)	E THIS PERIOD		% (G ÷ C)			



EXHIBIT O

Sworn Statement
(Form on following pages.)

SWORN STATEMENT CHECKLIST

	Checked
1.1 Verify that Owner, Period, and Application Number are correct	
1.2 Verify statement is signed and notarized	
1.3 Verify the balances in all columns match	
1.3.1 Total Contract Price matches	
1.3.2 Change Orders match	
1.3.3 Total Adjusted Contract Price matches	
1.3.4 Amount Already Paid matches	
1.3.5 Amount Currently Owed matches	
1.3.6 Total Retention Withheld matches	
1.3.7 Balance to Complete matches (balance may be minus retainage)	
1.3.8 Anyone who has submitted a NTO must be listed and provide a lien waiver	
1.4 Owner's Representative has reviewed and approved the Sworn Statement.	

SWORN STATEMENT FOR CONTRACTOR OR SUBCONTRACTOR

Project: _____
Owner: _____
Contractor's Name: _____
Period From: _____
Request No.: Application #1 _____

STATE OF MICHIGAN, COUNTY OF _____

being duly sworn deposes and says:

1) That _____ is the General Contractor for an improvement to the following described real property situated in _____ County, State of Michigan, described as follows:

2) That the following is a statement of each subcontractor and supplier and laborer, for which laborer the payment of wages or fringe benefits and withholdings is due but unpaid, with whom the General Contractor has contracted for performance under the contract with the owner or lessee thereof, and that the amounts due to the persons as of the date hereof are correctly and fully set forth opposite their names as follows:

Table with 12 columns: No., Name of Subcontractor, Improvement Furnished, Original Contract / Budget, Change Orders, Adjusted Contract, Amount Already Paid, Amount Currently Owing, Total Retention Withheld, Balance to Complete, Amount of Laborer Wages Due but Unpaid, Amount of Laborer Fringe Due but unpaid. Includes a TOTALS row at the bottom.

NOTE: SOME COLUMNS ARE NOT APPLICABLE TO ALL PERSONS LISTED.

3) That the contractor has not procured material from, or subcontracted with, any person other than those set forth above and owes no money for the improvement other than the sums set forth above.

4) Deponent further says that he or she makes the foregoing statement as the General Contractor or as _____ of the General Contractor for the purpose of representing to the owner or lessee of the above described premises and his or her agents that the above-described property is free from claims of construction liens, or the possibility of construction liens, except as specifically set forth above and except for claims of construction liens by laborers which may be provided pursuant to the Lien Statute for the State of _____ as amended.

WARNING TO DEPONENT: A PERSON WHO WITH INTENT TO DEFRAUD GIVES A FALSE SWORN STATEMENT IS SUBJECT TO CRIMINAL PENALTIES AS PROVIDED FOR IN THE LIEN STATUTE FOR THE STATE OF TEXAS AS AMENDED.

Date: _____

Subscribed and sworn to before me this ____ day of _____, 2011.

_____, Notary Public, State of _____ County acting in _____ County. My Commission expires _____.



Short Form Construction Contract

To be used for contracts valued under \$500,000.00

OWNER:
Sun Communities Finance, LLC/Sun Communities, Inc.
27777 Franklin Road #300
Southfield, MI 48034

CONTRACT NUMBER: WAT030425

DATE ORDERED: March 4, 2025

OWNER'S AGENT & DESIGNATED REPRESENTATIVE:
Michelle Harmon, General Manager
Beth Pogue, RVP-Operations & Sales
Amy Herndon, DVP-Operations & Sales

CONTRACTOR/SERVICE PROVIDER INSTRUCTIONS
THIS CONTRACT NUMBER MUST APPEAR ON ALL
CORRESPONDENCE, INVOICES, PACKAGES AND
SHIPPING PAPERS RELATING TO THIS CONTRACT.

PROJECT: New 100 HP Pump

CONTRACTOR/SERVICE PROVIDER:
ProPump & Controls
30 Stonecrest Ct.
Shelbyville, KY 40065
(502) 633-0677

SITE: Water Oak Country Club Estates
216 Magnolia Drive
Lady Lake, FL 32159

THE CONTRACTOR/SERVICE PROVIDER AGREES TO PROVIDE ALL NECESSARY LABOR, MATERIAL, EQUIPMENT, TOOLS AND SERVICES AND PERFORM ALL WORK REQUIRED IN CONNECTION WITH THE PROJECT AS FOLLOWS:

New 100 HP Pump	Price per Unit	Qty.	Total
Crane: Crane rental	\$2,000.000	1	\$2,000.00
Sublet: 100HP pump w/ refub head and PB	\$22,540.880	1	\$22,540.88
Labor: Technician labor	\$3,456.000	1	\$3,456.00
Valve, check, wafer, 6", Flomatic 888VFD, #2437VFDH	\$1,011.000	1	\$1,011.00
Bolt, nut, washer, set, for 6" SCV, ZN PI	\$82.370	1	\$82.37
Gasket, flg, 6 in, 150#, 1/16	\$13.970	2	\$27.94
Bolt, nut, washer, set, 1"x3.5", discharge head	\$98.740	1	\$98.74
Boot, motor, MSC 2, medium	\$47.174	3	\$141.52
Misc. installation materials	\$175.00	1	\$175.00
Tax	n/a	n/a	<u>\$1,822.01</u>
GRAND TOTAL			\$31,355.46
THE CONTRACT SUM: \$31,355.46			
COMMENCEMENT DATE: March 12, 2025, <i>estimated</i>			
COMPLETION DATE: March 31, 2025, <i>estimated</i>			

SPECIAL TERMS AND CONDITIONS:

It is mutually understood and agreed that if the scope of work as herein described has been started by the Consultant prior to final execution of this Purchase Order and that all terms and conditions as stated herein shall apply to all work or services provided under this Agreement.

Itemized Proposal to be attached as Exhibit B. All terms and conditions of Sun Communities Short Form Contract take precedence over Contractor/Service Provider terms and conditions as may be noted on the Exhibit B attachment. This contract expressly limits acceptance to the terms hereof, including the attached terms and conditions. Any additional terms are rejected and not incorporated into this contract, including any terms that may be included or attached to Contractor/Service Provider's bid or proposal whether or not attached hereto.

[Signature Page To Follow]

[Signatures Page for Construction Contract]

ACCEPTED:

CONTRACTOR/SERVICE PROVIDER:
ProPump & Controls

OWNER:
Sun Communities Finance, LLC

BY: *Kelly M. Conn*

BY: *Amy Herndon*

NAME: Kelly M Conn

NAME: Amy Herndon

TITLE: Representative

TITLE: DVP-Operations & Sales

DATE: 3/6/25

DATE: Mar 6, 2025

TERMS AND CONDITIONS

1. **ACCEPTANCE:** CONTRACTOR/SERVICE PROVIDER SHALL ACCEPT THIS CONTRACT BY SIGNING AND RETURNING THE ACKNOWLEDGMENT COPY HEREOF, OR BY COMMENCEMENT OF ANY SERVICES OR DELIVERY OF ANY GOODS OR EQUIPMENT TO THE SITE. OWNER'S AGENT IS ACTING SOLELY AS AGENT FOR THE OWNER AND SHALL HAVE NO LIABILITY FOR ANY PAYMENT DUE CONTRACTOR/SERVICE PROVIDER FROM THE OWNER.

2. **WORK:**

(a) Contractor/Service Provider shall furnish all labor, materials, tools, equipment, supervision and services necessary to prosecute and complete the Work specified in the Contract Documents listed in Exhibit C (the "Work").

(b) The Contract Documents shall consist of this Contract, exhibits, and the Contractor/Service Provider's proposal attached as Exhibit B (hereinafter, the "Contract"); other documents listed in this Contract; and Modifications issued after execution of this Contract.

(c) The Work shall be performed by the Contractor/Service Provider in a good and workmanlike manner in accordance with the drawings and specifications in the Contract Documents.

(d) Contractor/Service Provider acknowledges that it has reviewed the drawings and specifications and/or instruction provided by the Owner or Owner's Agent, that the same are adequate to allow Contractor/Service Provider to complete the Work.

(e) Contractor/Service Provider acknowledges that it is familiar with the conditions relating to the Work and the Site and with all other matters and conditions which could affect the performance of the Contract and Contractor/Service Provider assumes all risks with regard thereto.

(f) The Work includes all items reasonably inferable from the Contract Documents to produce the results intended. Reasonably inferable as used herein means (i) work which is customarily provided or furnished, in connection with work of a nature or of a quality similar to the Project and is needed for the proper operation or use of any item of work described, depicted or indicated in the Contract Documents.

(g) The Contractor/Service Provider shall comply with applicable laws, statutes, ordinances, codes, rules and regulations, and lawful orders of public authorities applicable to its performance under this Contract, and with equal employment opportunity programs, and other programs as may be required by governmental and quasi-governmental authorities for inclusion in the Contract Documents.

(h) In the event that a specific requirement of the Work conflicts with applicable laws, regulations or codes, the Contractor/Service Provider shall furnish Work which complies with such laws, regulations, and/or codes. In such case, the Owner shall issue a Change Order to the Contractor/Service Provider unless the Contractor/Service Provider recognized such non-compliance prior to execution of this Contract and failed to notify the Owner.

(i) The Contractor/Service Provider shall obtain all necessary approvals, permits and licenses unless otherwise noted herein.

(g) The Owner and Contractor/Service Provider acknowledge that if the Contractor/Service Provider has commenced work identified in this Contract prior to the execution of this Contract, notwithstanding when such services were provided, all work performed shall be governed by the terms and conditions of this Contract.

3. **TIME OF COMMENCEMENT AND COMPLETION:**

(a) The Contractor/Service Provider shall commence and complete the Work by the date specified on the face hereof. Contractor/Service Provider shall perform the Work at such time and in such order and sequence as is required for the best possible progress of the Work.

(b) Should the Contractor/Service Provider be delayed in the prosecution of the Work by the act or fault of the Owner, the Owner's Agent or of any other contractor or service provider retained by the Owner or by any damage caused by fire, lightning, earthquake, cyclone, unexpected and unusual weather condition, or for any other causes shown to the satisfaction of the Owner's Agent to be without fault or neglect of the Contractor/Service Provider, then the time for completion shall be extended for such reasonable period of time as the Owner's Agent shall determine. No such extension of time shall be allowed unless the Contractor/Service Provider gives the Owner written notice of the delay and claim for extension of time within five (5) days of discovering the event causing a potential delay. The extension of time herein provided for shall be the Contractor/Service Provider's sole and exclusive remedy for any delay and Contractor/Service Provider shall have no claim for damages against the Owner.

(c) Owner shall have the right to order the Contractor/Service Provider to change material supplier and/or substitute materials in the event Owner reasonably believes the Contractor/Service Provider will not be able to complete the Work in accordance with the Project schedule. Any and all additional costs involved due to such changes or substitutions shall be the responsibility of the Contractor/Service Provider.

4. **CHANGES:**

(a) The Owner shall have the right, from time to time, to order changes in the Work, such changes to be effective only upon written change order from Owner ("Change Order"). Any adjustment to the Contract Sum or to the time for completion of the Work shall be made in accordance with the applicable provisions of this Contract and the unit price or other basis set forth in this Contract or on an agreed upon equitable basis.

(b) Change Orders shall be processed as follows:

- (i) Promptly after receipt of a Change Order, Contractor shall submit to Owner a detailed statement detailing any necessary adjustment to the Contract Sum (and the various components thereof) and any proposed adjustment in the Project Schedule.
 - (ii) Owner shall notify Contractor whether the proposed adjustments are acceptable and, if they are, Contractor shall prepare a Change Order for execution by the Owner and the Contractor.
 - (iii) The amount and adjustment of time set forth in such Change Order shall be deemed to cover all costs and delays to the Contractor associated with the change in Work, including impact costs and delays, and no further or subsequent adjustments to the Contract Sum or the Project Schedule shall be allowed.
 - (iv) Owner reserves the right to reject any proposal submitted by the Contractor and to have the work done by others.
- (c) Notwithstanding any inability to agree upon an adjustment, or the basis for an adjustment, Contractor/Service Provider shall, if directed by Owner, nevertheless proceed in accordance with the change, and the Contract Sum shall be adjusted as reasonably determined by the Owner with any dispute to be resolved after the completion of the Work.
- (d) Failure to submit a proposal for an increase in the Contract Sum or the Contract Time within a reasonable period of time after a change, shall conclusively establish that no adjustment in the Contract Sum or Contract Time is justified in respect of such change and any subsequent claims in respect thereof shall be barred.
- (e) This Contract may be amended only by a written agreement executed by both parties.

5. CONTRACT SUM AND PAYMENTS:

- (a) Owner shall pay Contractor/Service Provider for the full and complete performance of the Work, the Contract Sum specified on the face hereof.
- (b) The Contract Sum includes all taxes, including taxes for labor, materials and equipment utilized in connection therewith and all sales, use, personal property, excise and payroll taxes. Upon request by Owner, Contractor/Service Provider shall furnish satisfactory evidence of payment of such taxes.
- (c) Unless otherwise specified on the face hereof, on or before the first day of each month, the Contractor/Service Provider shall submit to the Owner's Agent an itemized progress statement showing the amount of labor and materials incorporated in the Work as of the twenty-fifth (25th) day of the preceding month in the form attached as Exhibit M. Stored materials may not be included in such statement without the prior written consent of the Owner's Agent. The Owner shall check such statement and, if found correct, the Owner shall pay the Contractor/Service Provider ninety (90%) percent of the amount thereof, less the aggregate of previous payments. Payment of the retention will be made upon completion of initial punch list of items to still complete and/or correct.
- (d) As a condition precedent to all payments hereunder, upon request, the Contractor/Service Provider shall submit a sworn statement setting forth all subcontractors, service providers, material suppliers and laborers who have performed Work or provided materials for the Contractor/Service Provider under this Contract in the form attached as Exhibit O. Partial conditional waivers of lien from Contractor/Service Provider for all work, labor and materials theretofore supplied or performed in the form attached as Exhibit E shall be presented with the first progress payment requests. Starting with the second progress payment request, Contractor/Service Provider shall provide partial unconditional waivers attached as Exhibit F from Contractor/Service Provider, subcontractors, suppliers, and contracted laborers. Full conditional waivers of lien from Contractor/Service Provider for all work, labor and materials theretofore supplied or performed shall be presented with the final payment request in the form attached as Exhibit G.
- (e) In exchange for the final payment, Contractor/Service Provider shall present Owner with a full unconditional waiver for all work, labor and materials theretofore supplied or performed at the Project in the form attached as Exhibit H. Contractor/Service Provider warrants that all vendors, suppliers and subcontractors will be paid in full with the funds paid to the Contractor/Service Provider. The Contractor/Service Provider also agrees to provide further evidence as may be required by the Owner or Owner's lender, if any.
- (f) Owner shall have the right to withhold payment for defective work not remedied. If any such deficiencies are not promptly corrected after written notice, the Owner may rectify same at the Contractor/Service Provider's expense and deduct all costs and expenses incurred thereby from amounts due the Contractor/Service Provider.
- (g) If at any time there shall be evidence of any lien or claim against the Owner or the Site as a result of Contractor/Service Provider's operations, or if there shall be claims of the Owner or any other person against the Contractor/Service Provider, the Owner shall have the right to retain, out of any amount due or to become due to Contractor/Service Provider, an amount sufficient to completely indemnify the Owner against any such lien or claim, including attorneys' fees.
- (h) In the event of any dispute between Owner and Contractor/Service Provider, Owner shall be obligated to make all payments due to Contractor/Service Provider over which there is no good faith dispute and Contractor/Service Provider shall not, if it receives such payments, stop the Work or terminate the Contract.
- (i) No payment made under this Contract, including final payment, shall be construed to be an acceptance of defective or improper workmanship or materials or certificate of waiver of any claims by the Owner.

6. PROCEDURES:

- (a) Unless otherwise provided herein, removal of rubbish and debris caused by the Contractor/Service Provider's Work shall be done by the Contractor/Service Provider whenever required by the Owner. If the Contractor/Service Provider fails to remove rubbish or debris, the Owner's Agent may do so at the Contractor/Service Provider's expense. The Project site shall be maintained in an orderly and clean condition and the Contractor/Service Provider shall leave the Project site, at the completion of the Contractor/Service Provider's Work, free

of all rubbish and debris caused by the Contractor/Service Provider and in a condition satisfactory to the Owner's Agent. The Owner's Agent reserves the right to cause all unidentifiable debris to be removed from the Project site and allocate the cost thereof, by way of back charge or otherwise, among the responsible parties.

(b) The Contractor/Service Provider shall promptly submit shop drawings, samples and other submittals required under the Contract Documents expeditiously and in a manner that will not cause delay in the progress of the Work. No extension of time shall be granted for delay by the Contractor/Service Provider in preparing drawings or in securing approval of the Owner's Agent where such drawings are not properly prepared or when the Contractor/Service Provider, by the exercise of reasonable diligence and judgment, could have anticipated and avoided the delay. No portion of the Work requiring shop drawings, samples or other submittals shall be commenced until the Contractor/Service Provider has submitted, and the Owner's Agent has approved such submittals.

(c) The Contractor/Service Provider, in carrying out its Work, shall take all necessary precautions to properly protect the finished and unfinished work of other trades and adjacent property from interference or damage caused by its operations and further agrees to pay the Owner for any damages or delay that may be caused to such work by the Contractor/Service Provider.

(d) Any workers may be refused admittance to the Project site or may be requested to leave the Project site at any time by the Owner and the Owner shall not be required to have or state any reason for such action. In the event any workers are so barred from the Work, the Contractor/Service Provider shall immediately replace such workers with personnel satisfactory to the Owner.

(e) The Contractor/Service Provider specifically agrees that it is responsible for the protection of its Work until final completion and acceptance thereof by the Owner and that it will make good or replace, at no expense to the Owner, any damage to its Work which occurs prior to said final acceptance.

7. **WARRANTY:**

(a) Contractor/Service Provider warrants that all of the Work and materials will be as represented, and will conform with plans, specifications and samples, and comply with applicable laws, statutes, ordinances, codes, rules and regulations, or lawful orders of public authorities, will be of sound materials and good workmanship, will be free from defects, will be fit and suitable for the purpose intended and will comply with all of the requirements of this Contract.

(b) The Contractor/Service Provider warrants that title to all Work, including instruments of service will pass to the Owner no later than the time of payment. The Contractor/Service Provider further warrants that, upon submittal of a payment request, all Work shall, be free and clear of liens, claims, security interests or encumbrances in favor of Contractor/Service Provider and all persons or entities entitled to make a claim by reason of having provided labor, materials and equipment relating to the Work.

(c) Without limiting the foregoing, Contractor/Service Provider guarantees the Work for such period as may be provided in the specifications and, in any event, until the expiration of not less than one (1) year from and after completion of the Work and acceptance by the Owner. Contractor/Service Provider shall make all repairs, replacements or adjustment required during the warranty period.

(d) The foregoing warranties shall be in addition to and not in lieu of or in waiver of any other or further warranties or obligations which may be implied by law or which may be provided by any law or regulation.

8. **INSURANCE:**

(a) Contractor/Service Provider shall maintain and pay for insurance coverage of the types and with the limits set forth on Exhibit A.2, Insurance Requirements, attached hereto and incorporated herein by reference. Such coverage shall be maintained in form and with companies acceptable to the Owner and shall, notwithstanding the requirements of Exhibit A.2, meet the applicable requirements of any governmental authority having jurisdiction over the Work. Each policy of insurance shall name the Owner, Owner's Agent, Owners Lender, if any, and any others named on Exhibit A.2 as additional insureds and shall provide for thirty (30) days' notice of cancellation to Owner and Owner's Agent. Certificates evidencing such insurance shall be delivered to Owner's Agent prior to commencing the Work. In lieu of naming the Owner and the Owner's Agent as additional named insureds, the Contractor/Service Provider may provide an Owner's/Contractor/Service Provider's Protective Policy providing equivalent coverage to all named on Exhibit A.2.

(b) Contractor/Service Provider shall be responsible for any desired coverage against damage or loss to its own materials, facilities, tools, equipment, scaffolds and similar items not covered by the Owner's fire policy.

(c) Owner, Owner's Agent and Contractor/Service Provider waive all rights against each other for damages caused by fire and other perils to the extent covered by the insurance required to be maintained hereunder.

9. **INDEMNITY:**

(a) Contractor/Service Provider agrees to indemnify, defend and hold harmless the Owner and/or Owner's Agent, Sun Communities, Inc., Sun Communities Operating Limited Partnership, and their agents and employees from and against any claim, cost, expense or liability (including attorneys' fees), whether arising before or after completion of the Contractor/Service Provider Work caused by, arising out of, resulting from the performance of the Work by the Contractor/Service Provider or its subcontractors, service providers, agents and employees. In the case of claims against the Owner, the Owner's Agent, Sun Communities, Inc., Sun Communities Operating Limited Partnership, or their agent and employees by any employee of the Contractor/Service Provider, anyone directly or indirectly employed by it or anyone for whose acts it may be liable, the indemnification obligation under this Paragraph 9 shall not be limited in any way by any limitation on the amount or type of damages, compensation or benefits payable by or for the Contractor/Service Provider under worker's compensation acts, disability benefit acts or other employee benefit acts.

(b) The Contractor/Service Provider shall not permit any contractor, subcontractor, laborer, materialmen, mechanic or similar lien to be filed against any part of the Work or the property for which it has received payment from the Owner. If any such lien is filed on the Project, and if the Contractor/Service Provider does not undertake to cause any such lien to be released or discharged (by payment, bonding or otherwise) within fifteen (15) days of notice from the Owner, the Owner shall have the right to pay all sums necessary to obtain such release or discharge and deduct all amounts so paid, including any attorneys' fees and filing costs, from any amount due the Contractor/Service Provider.

10. **TERMINATION:** The Owner may terminate this Contract for its convenience and without cause upon five (5) days written notice to Contractor/Service Provider. In such event, the Contractor/Service Provider shall be paid for all Work properly completed as of the effective date of termination, but Owner shall not be liable for any damages or lost profit.

11. **DEFAULT:** If the Contractor/Service Provider (i) fails to supply the labor, materials, equipment and supervision in sufficient time and quantity to meet the schedule; (ii) causes stoppage or delay of or interference with the Project; (iii) fails in the performance or observance of any of the provisions of this Contract; or (iv) shall file a voluntary petition in bankruptcy; be adjudicated insolvent; or seek or consent to or acquiesce in the appointment of any trustee, receiver or liquidator of any of its assets or property; make an assignment for the benefit of creditors; or make an admission in writing of its inability to pay its debts as they become due, then Owner, after giving the Contractor/Service Provider notice of such default and forty-eight (48) hours within which to cure such default, shall have the right to exercise any one or more of the following remedies:

(a) Require the Contractor/Service Provider utilize, at its own expense, overtime labor (including Saturday and Sunday work) and additional shifts as necessary to overcome any delay attributable to Contractor/Service Provider's default.

(b) Remedy the default by whatever means the Owner's Agent may deem necessary and appropriate including, but not limited to, correcting, furnishing, performing or otherwise completing the Work, or any part thereof, by itself or through others (utilizing where appropriate any materials and equipment previously purchased for the Project) and deduct the cost from any monies due or to become due to Contractor/Service Provider.

(c) Terminate this Contract without waiving or releasing any rights or remedies against Contractor/Service Provider or its sureties, and take possession of the Work, and all materials, equipment, facilities, tools, scaffolds and appliances of the Contractor/Service Provider relating to the Work, for the purposes of completing the Work.

(d) Recover from Contractor/Service Provider all losses, damages, penalties and fines, whether actual or liquidated, direct or consequential, and all reasonable attorneys' fees incurred by Owner as a result of Contractor/Service Provider's default.

The foregoing remedies shall be considered separate and cumulative and shall be in addition to every other remedy provided in this Contract or now or hereafter existing at law or in equity.

12. **OWNERSHIP OF DOCUMENT:**

Drawings and specifications developed by the Contractor/Service Provider as the work product under this Contract shall become the sole property of the Owner free and clear of any retention rights.

13. **CONFIDENTIAL INFORMATION:**

In order for the Contractor/Service Provider to effectively fulfill its obligations under this Contract, it may be necessary for the Owner to disclose confidential or proprietary information. Since it is difficult to separate confidential and proprietary information from that which is not, the Contractor/Service Provider shall instruct its employees, subcontractors, and service providers to regard all information gained by each such person, as a result of services rendered hereunder, as information which is confidential and proprietary to the Owner and not to be disclosed to any organization or individual without the prior consent of the Owner.

14. **OTHER OWNER'S CONTRACTOR/SERVICE PROVIDERS:**

The Owner reserves the right to (i) employ other contractor/service providers at Owner's sole cost and expense, to perform similar work as the Contractor/Service Provider for the Project; and (ii) the Contractor/Service Provider agrees to cooperate fully and to share information with the other contractor/service providers.

15. **NOTICES:**

Any notice from Owner to Contractor/Service Provider or from Contractor/Service Provider to Owner shall be deemed duly served if personally served, if mailed by certified mail, return receipt requested, if sent via overnight courier service, or if sent via facsimile or email to the facsimile number or email address set forth below, and addressed to such party as follows:

If to Contractor/Service Provider:

***ProPump & Controls
30 Stonecrest Ct.
Shelbyville, KY 40065
(502) 633-0677***

If to Owner:

Sun Communities, Inc.
c/o Water Oak Country Club Estates
27777 Franklin Rd., Suite 300
Southfield, MI 48034
Beth Pogue
(248) 208-2500
bpogue@suncommunities.com

Either party hereto may change the name, address, or facsimile number of the designee to which notice shall be sent by giving written notice of such change to the other party hereto as hereinbefore provided.

16. **CONSTRUCTION:** This Contract shall not be construed more strictly against one party than the other, merely by virtue of that fact that it may have been prepared by counsel for one of the parties, it being recognized that both Contractor/Service Provider and Owner have contributed substantially and materially to the preparation of this Contract.

17. **COUNTERPARTS:** This Contract may be executed in a number of identical counterparts which, taken together, shall constitute collectively one (1) agreement; but in making proof of this Contract, it shall not be necessary to produce or account for more than one such counterpart.

18. **GOVERNING LAW:** The Contract shall be governed by the law of the place where the Project is located except that, if the parties have selected arbitration as the method of binding dispute resolution, the Federal Arbitration Act shall govern.

19. **SUCCESSORS AND ASSIGNS:** The Owner and Contractor/Service Provider, respectively, bind themselves, their partners, successors, assigns and legal representatives to the covenants, agreements and obligations contained in the Contract Documents. Except that the Owner may assign this Contract to a lender providing financing for the Project, neither party to the Contract shall assign the Contract as a whole without written consent of the other. If either party attempts to make such an assignment without such consent, that party shall nevertheless remain legally responsible for all obligations under the Contract.

20. **ENTIRE AGREEMENT:** This Contract and the documents incorporated herein set forth the entire Contract between the Owner and the Contractor, including the following exhibits.

LIST OF EXHIBITS

- Exhibit A.1 – Omitted/Not Applicable
- Exhibit A.2 – Insurance Requirements
- Exhibit B – Contractor Proposal
- Exhibit C – Contract Documents
- Exhibit D – Change Order
- Exhibit E – Partial Conditional Waiver
- Exhibit F – Partial Unconditional Waiver
- Exhibit G – Full Conditional Waiver
- Exhibit H – Full Unconditional Waiver
- Exhibit I – Omitted/Not Applicable
- Exhibit J – Omitted/Not Applicable
- Exhibit K – Omitted/Not Applicable
- Exhibit L – Omitted/Not Applicable
- Exhibit M – Application for Payment
- Exhibit N – Omitted/Not Applicable
- Exhibit O – Sworn Statement
- Exhibit P – Omitted/Not Applicable

EXHIBIT A.2

Insurance Requirements Sun Short Form Construction Contract

Contractor shall, with respect to the Work, maintain and pay for the following insurance coverages with minimum limits in the respective amounts indicated.

<u>TYPE</u>	<u>MINIMUM LIMIT</u>
(a) Worker's Compensation as required by Law.	Statutory
(b) Employer's Liability. The required Worker's Compensation Insurance shall extend to cover employer's liability.	\$100,000 Each Occurrence
(c) General Liability including: <ul style="list-style-type: none">• Comprehensive Form• Premises – Operations• Completed Operations Liability Products Liability• Contractual Liability for all liability assumed by the Contractor.• Broad Form Property Damage• Independent Contractors• Personal Injury• Explosion & Collapse• Underground	Bodily Injury: \$1,000,000 Each Occurrence \$1,000,000 Annual Aggregate Property Damage: \$1,000,000 Each Occurrence \$2,000,000 Annual Aggregate
(d) Comprehensive Automobile Liability including owned, non-owned and hired vehicles.	Bodily Injury: \$1,000,000 Each Occurrence \$1,000,000 Annual Aggregate Property Damage: \$1,000,000 Each Occurrence \$1,000,000 Annual Aggregate
(e) Excess Liability - Umbrella Form bodily injury and property damage combined.	\$1,000,000 Each Occurrence

All insurance required to be maintained shall list **Sun Communities Finance, LLC, dba Water Oak Country Club Estates, Sun Communities, Inc., Sun Communities Operating Limited Partnership, Lender, if any, Architect/Engineer, and Agent** as an additional insured and their members, representatives, agents, employees.

EXHIBIT B

Contractor Proposal



ProPump and Controls, Inc.
 30 Stonecrest Ct. Suite 100
 Shelbyville, KY, 40065-8128
 Phone: (502)633-0677 ext

QUOTE

Quote Nbr.: **Q009765**
 Order Date: 2/27/2025
 Valid Until: 3/13/2025
 Sales Person: **ROB DOYER**
 Reference:
 Payment Terms: **Net 30**
 Financing terms available upon request
 For: **Gary Crowell**

FOR:	SHIP TO:	BILL TO:
Water Oak Country Club Estates Chuck Roll, 106 Evergreen Lane, FL 32159 United States of America	Water Oak Country Club Estates 216 Magnolia Dr Lady Lake FL 32159-3238 United States of America	Water Oak Country Club Estates 216 Magnolia Dr Lady Lake FL 32159-3238 United States of America

SCOPE OF WORK:

ProPump & Controls to provide labor and materials for:

Install New 100HP complete pump w rebuilt head and packing box

Test Operations

The quoted price assumes that all components are in proper working order. If any items are found to be weak or defective, the repair or replacement will be quoted in addition to the below cost.

*Applicable Tax, and Freight are not included and will be invoiced upon completion

Quoted amounts in excess of \$10,000 are subject to a 50% deposit to submit approval.

All payments by credit card are subject to a 2.80% service charge without prior agreement.

ProPump & Controls will not make repairs or replacements necessitated by reason of negligence or misuse of the Equipment by people other than ProPump & Controls or its employees, or caused by lightning, electrical storms, or other violent weather or by any other cause beyond ProPump & Controls control. ProPump & Controls will provide such services at the Customers' request and at an additional charge

Quote valid for 15 days.

Please Note: Provided lead times for materials are estimated based on product availability from manufacturers. Lead times are not guaranteed and subject to change.

NO.	ITEM	QTY.	UOM	PRICE	AMOUNT
1	CRANE: Crane Rental	1.000	EA	2,000.000	2,000.00
2	SUBLET: 100HP Pump w refub head and PB	1.000	EA	22,540.880	22,540.88
3	LABOR: Technician Labor	1.000		3,456.000	3,456.00
4	19-003-061: VALVE,CHECK,WAFER,6",FLOMATIC 888VFD, #2437VFDH	1.000	EA	1,011.000	1,011.00
5	400-191-206: BOLT,NUT,WASHER,SET,FOR,6" SCV, ZN PL	1.000	EA	82.370	82.37
6	67-001-041: GASKET,FLG, 6 in, 150#, 1/16	2.000	EA	13.670	27.94
7	400-191-300: BOLT,NUT,WASHER,SET,1"x3.5",Discharge Head	1.000	EA	98.740	98.74
8	36-005-020: BOOT, MOTOR, MSC 2, MEDIUM	3.000	EA	47.174	141.52

Continued...

Page 1 of 4



ProPump and Controls, Inc.
 30 Stonecrest Ct, Suite 100
 Shelbyville, KY, 40065-8128
 Phone: (502)833-0677 ext

QUOTE

Quote Nbr.: Q009765
 Order Date: 2/27/2025
 Valid Until: 3/13/2025
 Sales Person: ROB DOYER
 Reference:
 Payment Terms: Net 30
 Financing terms available upon request
 For: Gary Crowell

9	SOMISC: Misc Installation Materials	1.000	EA	175.000	175.00
---	-------------------------------------	-------	----	---------	--------

Signature: _____

Date: _____

Requested Delivery Date: _____

Quote Total:	29,533.45
Less Discount:	0.00
Tax Total:	1,822.01
Total (USD):	31,355.46
Deposit Due:	

Continued...

Page 2 of 4



ProPump and Controls, Inc.
 30 Stonecrest Ct, Suite 100
 Shelbyville, KY, 40085-8128
 Phone: (502)633-0677 ext

QUOTE

Quote Mbr.: Q009765
 Order Date: 2/27/2025
 Valid Until: 3/13/2025
 Sales Person: ROB DOYER
 Reference:
 Payment Terms: Net 30
 Financing terms available upon request
 For: Gary Crowell

PAYMENT TERMS: All Purchase Orders are subject to acceptance by ProPump & Controls, Inc. Receipt of production deposit, verification of acceptable credit, and confirmation of order are required before production. All orders subject to 50% production deposit. Balance due 30 days from date of invoice.

If shipment or installation of equipment is delayed by customer request at no fault of ProPump & Controls, Inc., customer agrees to amend the contract or purchase order as follows, unless superseded by other terms noted on the accepted contract or agreement.

◦Delayed shipment: Customer agrees to pay any storage fees requested by equipment manufacturer, if applicable.

◦Equipment installation delayed at customer request following shipment: ProPump will furnish equipment and labor to offload equipment and store on site as directed by customer. Equipment and labor costs for the offload shall be additional to the quoted price. ProPump shall invoice customer for 90% of the equipment price, less any previous production deposits, due net 30 days following delivery of product. Balance for equipment and installation labor will be invoiced on completion of work.

Orders placed under Preferred Customer Agreements include all discounts and fee payments.

Please note that all invoices paid by Credit Card are subject to a 2.8% convenience fee without prior agreement.

How to order: Please help us expedite your order by providing the following:

Is this sale taxable? (circle one) Yes No (If the order is non-taxable, a tax exempt certificate for the "ship to" state must be submitted with this order.)

Please return one signed copy of this quotation on acceptance. Merchandise delivered or shipped is due and payable to: ProPump & Controls, Inc. 30 Stonecrest Ct, Suite 100 Shelbyville, KY 40085 Fax number: 502-633-0733 Phone: 800-844-0677.

DELIVERY: Delivery dates are estimates and confirmed shipment cannot be determined until all manufacturing details are known. ProPump & Controls Inc. will make reasonable efforts to establish a delivery schedule after receipt of an executed contract and all approvals. Seller shall not be liable for special or consequential damages caused by delay in delivery. Customer agrees to execute bill and hold contract in the event of order delay.

LATE FEES: Late fee of 1 1/2 % of the unpaid balance will be charged per month on all accounts which are past due, plus any collections or attorney's fees incurred in settlement of past due accounts.

LIEN: Seller retains a security interest in all products sold to buyer until the purchase price and other charges, if any, are paid in full as provided in Article 9 of the Uniform Commercial Code. Seller will file a Mechanics Lien or execute other documents as required to perfect the security interest in the products sold.

TAXES: State, city and local taxes are excluded from the contract price unless otherwise noted. Sales tax will be invoiced on the contract price unless written exemption is provided.

CELL MODEM: Your pump station includes one year of cell modem connection unless otherwise indicated and will automatically renew annually unless you cancel your service. You will be invoiced 30 days prior to renewal with NET 30 terms. Service shall be terminated for non-payment. If you choose not to renew, please notify ProPump & Controls no later than 30 days in advance of your renewal date. If service is terminated for any reason, a reconnection fee of \$375 shall apply plus any unpaid balance.

FACTORY AUTHORIZED WARRANTY: ProPump & Controls, Inc. warrants products manufactured by ProPump and associated component parts and/or labor, for defects in materials and workmanship for a period of one year following date of installation by ProPump, but not later than fifteen months from date of invoice if installed by others.

For products sold by ProPump & Controls, Inc but manufactured wholly by others, ProPump will extend the manufacturer's warranty to the customer, and will assist in handling warranty claims. Standard manufacturer warranties for water pumping systems are one year from date of startup by ProPump, but not later than fifteen months from date of manufacturer's invoice. Provided that all installation and operation responsibilities have been properly performed, manufacturer will provide a replacement part or component during the warranty life. Repairs done at manufacturer's expense must be pre-authorized.

Continued..

Page 3 of 4



ProPump and Controls, Inc.
30 Stonecrest Ct. Suite 100
Shelbyville, KY, 40065-8128
Phone: (502)633-0677 ext

QUOTE

Quote Nbr.:	Q009765
Order Date:	2/27/2025
Valid Until:	3/13/2025
Sales Person:	ROB DOYER
Reference:	
Payment Terms:	Net 30
Financing terms available upon request For:	Gary Crowell

This proposal may contain equipment which requires costly means to remove and replace for service or repair, due to site conditions. ProPump & Controls will not accept liability for any costs associated with the removal or replacement of equipment in difficult-to-access locations, unless specifically agreed to in writing on the original sales proposal. This includes the use of cranes larger than 15 tons, divers, barges, helicopters, or other unusual means. All such extraordinary costs shall be borne by the customer, regardless of the reason necessitating removal of the product from service.

ProPump & Controls, Inc., or its sub-contractors are not responsible for damage to turf or cart paths, provided that Owner's Representative has designated reasonable routes for access to the site, for vehicles including heavy trucks and cranes, and ProPump & Controls, Inc and subcontractor personnel have followed those routes. For access routes which require extraordinary means to traverse, such as wet ground or thin cart paths which may require placement of boards or steel plates to prevent damage, additional costs may be incurred if conditions are not brought to ProPump's attention prior to submitting a proposal.

Warranty may be voided in the event of any of the following:

- Default of any agreement with supplier or manufacturer.
- The misuse, abuse of the pumping equipment outside its intended and specified use.
- Failure to conduct routine maintenance.
- Handling any liquid other than irrigation water.
- Exposure to electrolysis, erosion, or abrasion.
- Presence of destructive gaseous or chemical solutions.
- Over voltage or unprotected low voltage.
- Unprotected electrical phase loss or phase reversal.
- TDS over 1000mg
- PH levels lower than 6.0
- Calcium hardness less than 50 mg/L
- Alkalinity less than 100mg/L
- Chloride and or sulfate ions greater than 50 mg/L each
- Free chlorine or use of other strong biocides.
- Langelier Index from -50 to + 1.5
- Damage occurring when using control panel as service disconnect.

The foregoing constitutes ProPump & Control's sole warranty and has not nor does it make any additional warranty, whether express or implied, with respect to the pumping system or component. ProPump & Controls, Inc. makes no warranty, whether express or implied, with respect to fitness for a particular purpose or merchantability of the pumping system or component. ProPump & Controls, Inc. shall not be liable to purchaser or any other person for any liability, loss, or damage caused or alleged to be caused, directly or indirectly, by the pumping system. In no event shall ProPump & Controls, Inc. be responsible for incidental, consequential, or act of God damages, nor shall manufacturer's liability for damages to purchaser or any other person ever exceed the original factory purchase price.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/26/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).


PRODUCER Wallace Welch & Willingham, Inc. 300 1st Ave. So., 5th Floor Saint Petersburg FL 33701		CONTACT NAME: PHONE (A/C No. Exp): 727-522-7777 FAX (A/C No.): 727-521-2902 E-MAIL ADDRESS: certificates@w3ins.com	
INSURED ProPump & Controls, Inc. 2101 Cantu Ct Sarasota FL 34232		INSURER(S) AFFORDING COVERAGE	
PROP&CO-01		INSURER A: Amerisure Ins. Co., 19488	NAIC #
		INSURER B: Amerisure Mutual Ins. Co., 23396	
		INSURER C: Tokio Marine Specialty Ins. Co., 23850	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES CERTIFICATE NUMBER: 1437975626 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CPP21186270301	10/1/2024	10/1/2025	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY			CA21186260302	10/1/2024	10/1/2025	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			CU21186260301	10/1/2024	10/1/2025	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000
B	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			WC21186260302	10/1/2024	10/1/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
C	<input checked="" type="checkbox"/> Professional Errors & Omissions <input type="checkbox"/> Pollution			PPK2614889 PPK2614889	10/1/2024 10/1/2024	10/1/2025 10/1/2025	Per Incident/Agg \$5,000,000 Per Incident/Agg \$5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Water Oak Estates, Sun Communities, Finance, LLC, Sun Communities, Inc., Sun Communities Operating Limited Partnership, Lender If Any, and agent are additional insured with respect to the General Liability if required by written contract, subject to terms, conditions, and exclusions of the policy. Water Oak Estates, Sun Communities, Finance, LLC, Sun Communities, Inc., Sun Communities Operating Limited Partnership, Lender If Any, and agent are additional insured with respect to Auto Liability if required by written contract, subject to terms, conditions, and exclusions of the policy. Water Oak Estates, Sun Communities, Finance, LLC, Sun Communities, Inc., Sun Communities Operating Limited Partnership, Lender If Any, and agent additional insured on the Umbrella Liability Policy if required by written contract, subject to terms, conditions and exclusions of the policy. Umbrella Liability applies excess of General Liability, Auto Liability and Employers Liability.

CERTIFICATE HOLDER Sun Communities, Inc; Water Oak Estates; Sun Communities Finance, LLC 27777 Franklin Road #300 Southfield MI 48034	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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**Request for Taxpayer
Identification Number and Certification**

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

Before you begin, for guidance related to the purpose of Form W-9, see Purpose of Form, below.

1 Name of entity/individual. An entity is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

PROPUMP AND CONTROLS INC

2 Business name/disregarded entity name, if different from above.

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.

Individual/sole proprietor C corporation S corporation Partnership Trust/estate
 LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____
 Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.
 Other (see instructions)

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3).
 Exempt payee code (if any) _____
 Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____

5b If on line 3a you checked "Partnership" or "Trust/estate" or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. (See instructions.)

5 Address (number, street, and apt. or suite no.). See instructions.
30 STONECREST COURT STE 100

6 City, state, and ZIP code
SHELBYVILLE, KY 40065

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Notes: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number
 _____ - _____ - _____

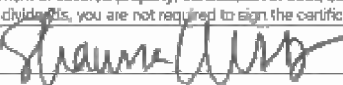
OR
 Employer identification number
27 - 4479000

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person  Date **01-13-25**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 5b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

EXHIBIT C

Contract Documents

The Contract Documents consist of:

1. The Construction Contract to which this exhibit is attached.
2. Contractor's Proposal(s).
3. The Construction Drawings and Specifications as prepared by: N/A
4. Construction Drawings: N/A

Sheet #	Sheet Title	Revision Date
1	Contractor's proposal dated 02/27/25	
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		

5. Separate Specifications, if any:

N/A

6. Where applicable laws, rules, regulations, ordinances or directives differ from the Construction Documents, construction specifications, addendums and/or supplemental e-mails, if any, produced by the local jurisdiction with authority over the Project, the more stringent of which shall supersede the Construction Documents, construction specifications and addendum(s), if any.

EXHIBIT D

Change Order

Project:
(Name, Address)

Contract Information:
Contract for:
Date:

Change Order Information:
Change Order No:
Date:

Owner:
(Name, Address)

Architect/Engineer:
(Name, Address)

Contractor:
(Name, Address)

The Contract is changed as follows:
(Detailed description of change and, if applicable, reference and attach exhibits)

The original Contract Sum	\$ _____
The net change from previous authorized Change Orders	\$ _____
The Contract Sum prior to this Change Order	\$ _____
The Contract Sum will increase by this Change Order	\$ _____
The new Contract Sum including this Change Order will be	\$ _____

The Contract Time will increase by _____ (____) days
The new date of Substantial Completion will be _____

NOTE: This Change Order does not include adjustments to the Contract Sum or Guaranteed Maximum Price, or the Contract Time, that have been authorized by a Construction Change Directive until the cost and time have been agreed to by both the Owner and Contractor, in which case a Change Order is executed to supersede the Construction Change Directive.

NOT VALID UNTIL SIGNED BY OWNER AND CONTRACTOR

OWNER:
(Name)

CONTRACTOR:
(Name)

By: _____
Name/Title: _____
Date: _____

By: _____
Name/Title: _____
Date: _____

EXHIBIT E

Partial Conditional Waiver

I/we, **ProPump & Controls** ("Lien Claimant"), have a contract with **Sun Communities Finance, LLC** ("Client") to complete a **New 100 HP Pump** for the improvement of the property described as **Water Oak Country Club Estates, 216 Magnolia Drive, Lady Lake, FL 32159** ("Property") and having been paid in the amount of \$ _____ hereby, the Lien Claimant's construction lien rights are waived and released against the Property to the amount of \$ _____, for labor/materials provided through _____ (date).

This waiver, together with all previous waivers, if any, **(circle one) does/does not** cover all amounts due to Lien Claimant for contract improvement provided through the date shown above.

This waiver is conditioned upon actual payment of the amount shown above.

The person signing this waiver represents and warrants to the Client that (i) he or she is duly authorized and has legal capacity to execute and deliver this Waiver on behalf of the Lien Claimant, (ii) the execution and delivery of this Waiver and the performance of the Lien Claimant's obligations hereunder have been duly authorized, and (iii) this Waiver is a valid and legal agreement binding on the Lien Claimant and enforceable in accordance with its terms.

Pursuant to state law, if applicable, if the owner or lessee of the Property or the owner's or lessee's designee has received a notice of intention to lien, or its equivalent, from the Lien Claimant or if the Lien Claimant is not required to provide one, and the owner, lessee, or designee has not received this Waiver directly from the Lien Claimant, the owner, lessee, or designee may not rely upon it without authentication by Lien Claimant.

ProPump & Controls

By: *Kelly M Conn*
(Signature of authorized signer)

Address: 30 Stonecrest Ct.
Shelbyville, KY 40065

Name: Kelly M Conn
(Printed name of authorized signer and title)

Telephone: (502) 633-0677

Signed on: _____

Signed and sworn before me this _____ day of _____, 20____

(Signature of Notary Public)

Notary Public in the County of _____, State of _____

My Commission Expires: _____

Acting in the County of _____, State of _____

DO NOT SIGN BLANK OR INCOMPLETE FORMS – RETAIN A COPY FOR YOUR RECORDS

EXHIBIT F

Partial Unconditional Waiver

I/we, **ProPump & Controls** ("Lien Claimant"), have a contract with **Sun Communities Finance, LLC** ("Client") to complete a **New 100 HP Pump** for the improvement of the property described as **Water Oak Country Club Estates, 216 Magnolia Drive, Lady Lake, FL 32159** ("Property") and having been paid in the amount of \$ _____ hereby, the Lien Claimant's construction lien rights are waived and released against the Property to the amount of \$ _____, for labor/materials provided through _____ (date).

This waiver, together with all previous waivers, if any, **(circle one) does/does not** cover all amounts due to Lien Claimant for contract improvement provided through the date shown above.

The person signing this waiver represents and warrants to the Client that (i) he or she is duly authorized and has legal capacity to execute and deliver this Waiver on behalf of the Lien Claimant, (ii) the execution and delivery of this Waiver and the performance of the Lien Claimant's obligations hereunder have been duly authorized, and (iii) this Waiver is a valid and legal agreement binding on the Lien Claimant and enforceable in accordance with its terms.

Pursuant to state law, if applicable, if the owner or lessee of the Property or the owner's or lessee's designee has received a notice of intention to lien, or its equivalent, from the Lien Claimant or if the Lien Claimant is not required to provide one, and the owner, lessee, or designee has not received this Waiver directly from the Lien Claimant, the owner, lessee, or designee may not rely upon it without authentication by Lien Claimant.

ProPump & Controls

By: *Kelly M. Conn*
(Signature of authorized signer)

Address: 30 Stonecrest Ct.
Shelbyville, KY 40065

Name: **Kelly M Conn**
(Printed name of authorized signer and title)

Telephone: (502) 633-0677

Signed on: _____

Signed and sworn before me this _____ day of _____, 20_____

(Signature of Notary Public)

Notary Public in the County of _____, State of _____
My Commission Expires: _____
Acting in the County of _____, State of _____

DO NOT SIGN BLANK OR INCOMPLETE FORMS – RETAIN A COPY FOR YOUR RECORDS

EXHIBIT G

Full Conditional Waiver

I/we, **ProPump & Controls** ("Lien Claimant"), have a contract with **Sun Communities Finance, LLC** ("Client") to complete a **New 100 HP Pump** for the improvement of the property described as **Water Oak Country Club Estates, 216 Magnolia Drive, Lady Lake, FL 32159** ("Property") and having been fully paid in the amount of **\$31,355.46** and satisfied, all of Lien Claimant's construction lien rights against the Property are hereby waived and released.

This waiver, together with all previous waivers, if any, **(circle one) does/does not** cover all amounts due to Lien Claimant for contract improvement provided through the date shown above.

This waiver is conditioned upon actual payment of the amount shown above.

The person signing this waiver represents and warrants to the Client that (i) he or she is duly authorized and has legal capacity to execute and deliver this Waiver on behalf of the Lien Claimant, (ii) the execution and delivery of this Waiver and the performance of the Lien Claimant's obligations hereunder have been duly authorized, and (iii) this Waiver is a valid and legal agreement binding on the Lien Claimant and enforceable in accordance with its terms.

Pursuant to state law, if applicable, if the owner or lessee of the Property or the owner's or lessee's designee has received a notice of intention to lien, or its equivalent, from the Lien Claimant or if the Lien Claimant is not required to provide one, and the owner, lessee, or designee has not received this Waiver directly from the Lien Claimant, the owner, lessee, or designee may not rely upon it without authentication by Lien Claimant.

Address: 30 Stonecrest Ct.
Shelbyville, KY 40065

Telephone: (502) 633-0677

ProPump & Controls
Kelly M. Conn
By: _____
(Signature of authorized signer)
Kelly M Conn
Name: _____
(Printed name of authorized signer and title)
Signed on: _____

Signed and sworn before me this _____ day of _____, 20____

(Signature of Notary Public)

Notary Public in the County of _____, State of _____
My Commission Expires: _____
Acting in the County of _____, State of _____

DO NOT SIGN BLANK OR INCOMPLETE FORMS – RETAIN A COPY FOR YOUR RECORD

EXHIBIT H

Full Unconditional Waiver

I/we, **ProPump & Controls** ("Lien Claimant"), have a contract with **Sun Communities Finance, LLC** ("Client") to complete a **New 100 HP Pump** for the improvement of the property described as **Water Oak Country Club Estates, 216 Magnolia Drive, Lady Lake, FL 32159** ("Property") and having been fully paid in the amount of **\$31,355.46** and satisfied, all of Lien Claimant's construction lien rights against the Property are hereby waived and released.

The person signing this waiver represents and warrants to the Client that (i) he or she is duly authorized and has legal capacity to execute and deliver this Waiver on behalf of the Lien Claimant, (ii) the execution and delivery of this Waiver and the performance of the Lien Claimant's obligations hereunder have been duly authorized, and (iii) this Waiver is a valid and legal agreement binding on the Lien Claimant and enforceable in accordance with its terms.

Pursuant to state law, if applicable, if the owner or lessee of the Property or the owner's or lessee's designee has received a notice of intention to lien, or its equivalent, from the Lien Claimant or if the Lien Claimant is not required to provide one, and the owner, lessee, or designee has not received this Waiver directly from the Lien Claimant, the owner, lessee, or designee may not rely upon it without authentication by Lien Claimant.

ProPump & Controls
By: *Kelly M Conn*
(Signature of authorized signer)
Kelly M Conn
Name: _____
(Printed name of authorized signer and title)
Signed on: _____

Address: 30 Stonecrest Ct.
Shelbyville, KY 40065
Telephone: (502) 633-0677

Signed and sworn before me this _____ day of _____, 20____

(Signature of Notary Public)

Notary Public in the County of _____, State of _____
My Commission Expires: _____
Acting in the County of _____, State of _____

DO NOT SIGN BLANK OR INCOMPLETE FORMS – RETAIN A COPY FOR YOUR RECORD

Lien Waiver Review Checklist

1. Waivers	Checked
1.1 Contractor only to submit Partial Conditional Waiver with first pay application	
1.2 Partial Unconditional Waivers for all subsequent pay applications	
1.2.1 Waivers needed from contractor and all subcontractors and suppliers listed on prior Sworn Statement	
1.2.2 Company name must match exactly	
1.2.3 Date must be same or more recent than the date of last pay application	
1.2.4 Amount must be equal or greater than what shown on last sworn statement	
1.2.5 Circle "Does" in second paragraph	
1.3 Verify Partial Unconditional Waiver for general contractor is on file	
1.4 For final pay application (including release of retainage):	
1.4.1 Full Unconditional Waivers for contractor and all subcontractors/suppliers listed on any sworn statement	
1.4.2 Company name must match exactly	
1.4.3 Verify all waivers are notarized	
1.4.4 Dates must be same or more recent than the date of last pay application	

EXHIBIT M

Application for Payment
(Forms on following pages.)

Payment Application Review Checklist

In addition to the Application for Payment (G702) and Continuation Page (G703),
*the following documents (unless dictated by statute) must be submitted with each application for payment to constitute a complete **Payment Application Packet.***

Document List – First and Subsequent Payment Requests	Checked
1. Sworn Statement in the form (<u>Exhibit O</u>)	
2. With the 1 st pay application - Partial Conditional Lien Waiver from the Contractor (<u>Exhibit E</u>)	
3. Starting with the 2 nd pay application – Partial Unconditional Lien Waivers from the Contractor, all 1 st tier subcontractors, suppliers, and contracted labor included in the prior pay application (<u>Exhibit F</u>)	
4. Any additional information that may be requested by Owner or Lender to prove Contractor has paid subcontractors, suppliers, and/or contracted labor	
Document List – Final Payment Request	Checked
1. Sworn Statement in the form (<u>Exhibit O</u>)	
2. Final Certificate of Occupancy or other document issued by the governmental agency	
3. All maintenance and operating manuals	
4. Any guarantees or warranties required by the Contract Documents	
5. Final Payment Receipt and Release (<u>Exhibit N</u>)	
6. Full Conditional Waivers from the Contractor, subcontractors, suppliers, vendors and contracted labor (<u>Exhibit G</u>)	
7. Full Unconditional Waivers from the Contractor, subcontractors, suppliers, vendors and contracted labor (<u>Exhibit H</u>) should be delivered 10 days after final payment	
8. Any additional information that may be requested by Owner or Lender to prove Contractor has paid subcontractors, suppliers, and/or contracted labor	

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APPLICATION AND CERTIFICATE FOR PAYMENT AIA DOCUMENT G702 (Instructions on reverse side) PAGE ONE OF PAGES

TO OWNER: PROJECT: APPLICATION NO.: Distribution to:
 PERIOD TO: OWNER
 PROJECT NOS.: ARCHITECT
 CONTRACTOR

FROM CONTRACTOR: VIA ARCHITECT: CONTRACT DATE:

CONTRACT FOR:

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the Contract. Continuation Sheet, AIA Document G703, is attached.

1. ORIGINAL CONTRACT SUM\$ _____
2. Net change by Change Orders\$ _____
3. CONTRACT SUM TO DATE (Line 1 ± 2)\$ _____
4. TOTAL COMPLETED & STORED TO DATE\$ _____
(Column G on G703)
5. RETAINAGE:
 - a. _____% of Completed Work\$ _____
(Columns D + E on G703)
 - b. _____% of Stored Material\$ _____
(Column F on G703)
 Total Retainage (Line 5a + 5b or
 Total in Column I of G703)\$ _____
6. TOTAL EARNED LESS RETAINAGE\$ _____
(Line 4 less Line 5 Total)
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT
(Line 6 from prior Certificate)\$ _____
8. CURRENT PAYMENT DUE\$
9. BALANCE TO FINISH, INCLUDING RETAINAGE
(Line 3 less Line 6)\$ _____

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Owner		
Total approved this Month		
TOTALS		
NET CHANGES by Change Order		

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work for which previous Certificates for Payment were issued and payments received from the Owner, and that current payment shown herein is now due.

CONTRACTOR:

By: _____ Date: _____

State of:

County of:

Subscribed and sworn to before
me this _____ day of _____

Notary Public:

My Commission expires: _____

ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising this application, the Architect certifies to the Owner that to the best of the Architect's knowledge, information and belief the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED\$ _____

(Attach explanation if amount certified differs from the amount applied for. Initial all figures on this Application and on the Continuation Sheet that are changed to conform to the amount certified.)

ARCHITECT:

By: _____ Date: _____

This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment and acceptance of payment are without prejudice to any rights of the Owner or Contractor under this Contract.



CONTINUATION SHEET

AIA DOCUMENT G703 (Instructions on reverse side)

PAGE OF PAGES

AIA Document G702, APPLICATION AND CERTIFICATE FOR PAYMENT, containing Contractor's signed Certification, is attached.

In tabulations below, amounts are stated to the nearest dollar.

Use Column I on Contracts where variable retainage for line items may apply.

APPLICATION NO.:

APPLICATION DATE:

PERIOD TO:

ARCHITECT'S PROJECT NO.:

A ITEM NO.	B DESCRIPTION OF WORK	C SCHEDULED VALUE	D WORK COMPLETED		F MATERIALS PRESENTLY STORED (NOT IN D OR E)	G TOTAL COMPLETED AND STORED TO DATE (D+E+F)		H BALANCE TO FINISH (C - G)	I RETAINAGE (IF VARIABLE) RATE
			D FROM PREVIOUS APPLICATION (D + E)	E THIS PERIOD		% (G + C)			



EXHIBIT O

Sworn Statement
(Form on following pages.)

SWORN STATEMENT CHECKLIST

	Checked
1.1 Verify that Owner, Period, and Application Number are correct	
1.2 Verify statement is signed and notarized	
1.3 Verify the balances in all columns match	
1.3.1 Total Contract Price matches	
1.3.2 Change Orders match	
1.3.3 Total Adjusted Contract Price matches	
1.3.4 Amount Already Paid matches	
1.3.5 Amount Currently Owed matches	
1.3.6 Total Retention Withheld matches	
1.3.7 Balance to Complete matches (balance may be minus retainage)	
1.3.8 Anyone who has submitted a NTO must be listed and provide a lien waiver	
1.4 Owner's Representative has reviewed and approved the Sworn Statement.	

SWORN STATEMENT FOR CONTRACTOR OR SUBCONTRACTOR

Project: _____
Owner: _____
Contractor's Name: _____
Period From: _____
Request No.: Application #1 _____

STATE OF MICHIGAN, COUNTY OF _____

being duly sworn deposes and says:

1) That _____ is the General Contractor for an improvement to the following described real property situated in _____ County, State of Michigan, described as follows:

2) That the following is a statement of each subcontractor and supplier and laborer, for which laborer the payment of wages or fringe benefits and withholdings is due but unpaid, with whom the General Contractor has contracted for performance under the contract with the owner or lessee thereof, and that the amounts due to the persons as of the date hereof are correctly and fully set forth opposite their names as follows:

Table with 12 columns: No., Name of Subcontractor, Improvement Furnished, Original Contract / Budget, Change Orders, Adjusted Contract, Amount Already Paid, Amount Currently Owing, Total Retention Withheld, Balance to Complete, Amount of Laborer Wages Due but Unpaid, Amount of Laborer Fringe Due but unpaid. Includes a TOTALS row at the bottom.

NOTE: SOME COLUMNS ARE NOT APPLICABLE TO ALL PERSONS LISTED.

3) That the contractor has not procured material from, or subcontracted with, any person other than those set forth above and owes no money for the improvement other than the sums set forth above.
4) Deponent further says that he or she makes the foregoing statement as the General Contractor or as _____ of the General Contractor for the purpose of representing to the owner or lessee of the above described premises and his or her agents that the above-described property is free from claims of construction liens, or the possibility of construction liens, except as specifically set forth above and except for claims of construction liens by laborers which may be provided pursuant to the Lien Statute for the State of _____ as amended.

WARNING TO DEPONENT: A PERSON WHO WITH INTENT TO DEFRAUD BIVES A FALSE SWORN STATEMENT IS SUBJECT TO CRIMINAL PENALTIES AS PROVIDED FOR IN THE LIEN STATUTE FOT THE STATE OF TEXAS AS AMENDED.

Date: _____

Subscribed and sworn to before me this ____ day of _____, 2011.

_____, Notary Public, State of _____, _____ County acting in _____ County. My Commission expires _____.






WAT New 100HP Pupmp - ProPump and Controls 03 04 25 Signed

Final Audit Report

2025-03-06

Created:	2025-03-06
By:	Leah Meray (lmeray@suncommunities.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAsJEvoedrdXjRFtXsPRyNcz86Ckr7Pdlg

"WAT New 100HP Pupmp - ProPump and Controls 03 04 25 Signed" History

-  Document created by Leah Meray (lmeray@suncommunities.com)
2025-03-06 - 8:09:06 PM GMT- IP address: 69.14.167.220
-  Document emailed to Amy Herndon (aherndon@suncommunities.com) for signature
2025-03-06 - 8:09:44 PM GMT
-  Email viewed by Amy Herndon (aherndon@suncommunities.com)
2025-03-06 - 11:07:52 PM GMT- IP address: 161.123.81.203
-  Document e-signed by Amy Herndon (aherndon@suncommunities.com)
Signature Date: 2025-03-06 - 11:09:01 PM GMT - Time Source: server- IP address: 97.97.39.58
-  Agreement completed.
2025-03-06 - 11:09:01 PM GMT