# **CITRUS WATERWORKS, INC.**

June 26, 2025

FILED 6/27/2025 DOCUMENT NO. 05283-2025 FPSC - COMMISSION CLERK

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

*Re:* Docket 20250075 – WU - Application for Staff Assisted Rate Case (SARC) in Citrus County by Citrus Waterworks, Inc. – Response to Staff First Data Request

Dear Commission Clerk,

Citrus Waterworks, Inc. (Citrus) hereby submits its response to Staff First Data Request.

1. <u>Purchased Water:</u> 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.

**<u>Response</u>**: Not applicable. There is no purchased water.

2. <u>Purchased Power:</u> 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:** This was previously to the PSC in response to Audit Request No. 9. However, attached are the requested invoices.

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

**<u>Response</u>**: This was previously to the PSC in response to Audit Request No. 9. However, attached are the requested invoices.

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

**<u>Response</u>:** This was previously to the PSC in response to Audit Request No. 9. However, attached are the requested invoices. These were for FDEP required clearance sample aftermain repairs.

COM 2 Large Maps AFD APA ECO ENG GCL IDM CLK

JUN 27 AMITEL

4939 Cross Bayou Boulevard ~ New Port Richey, FL 34652 Tel: (866) 753-8292 Fax: (727) 848-7701 5. <u>Contractual Services - Other:</u> 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:** This was previously to the PSC in response to Audit Request No. 9. However, attached are the requested invoices. These services are provided through the U.S. Water Services operation and maintenance contract. These include operations, maintenance, meter reading, repairs, etc.

6. <u>Transportation Expenses:</u> 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:** Not applicable. Citrus does not own any vehicles.

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

**Response:** See attached.

8. Copies of monthly operation reports for water from January 1, 2024, to 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 dosages rates (average).

**Response:** See attached.

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

Response: See attached.

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

**Response:** See attached.

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 complaints received during the test year and four years prior to the test year. Please include an explanation of how each complaint was resolved.

**<u>Response</u>**: See attached. The majority of the calls were from Hurricane Helene and main break repairs.

4939 Cross Bayou Boulevard, New Port Richey, Florida 34652 Tel: 727-848-8292 13. A listing of all water assets owned by the utility, including distribution piping, pumping stations, fire hydrants, etc.

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

**<u>Response</u>**: This information is contained in the Annual Reports filed with the Florida Public Service Commission.

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

a) Each of the 4 years prior to the beginning of the test year.b) Test year.c) Present.

**Response:** This utility was purchased on December 28, 2020.

All meters are 5/8 x 34"						
<u>2020 2021 <b>2022 202</b>3 2024</u>						
Residential	151	153	149	162	157	
Commercial	1	1	1	1	1	

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:** This was previously provided in Docket No. 20240111-WU – the Grandfather application. See Document No. 09300-2024. However, the requested maps are attached.

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.

**<u>Response</u>**: The only request was for meter replacements. See Document No. 04245-2025 filed in the docket.

Respectfully Submitted,

Troy Rendell Vice President Investor Owned Utilities //For Citrus Waterworks, Inc.

> 4939 Cross Bayou Boulevard, New Port Richey, Florida 34652 Tel: 727-848-8292

WITHLACOOCHEE RIVER ELECTRIC COOPERATIVE, INC. Your Touchstone Energy* Cooperative 201 P.O. Box 278 · Dade City, Florida 33526-0278	er 93047332 Imber 20089703	Bill Date 12/06/202 Amount Due 47.9 Current Charges Due 12/31/202 District Office Serving You Crystal River
	See Reverse Side For More Informat	ion
Service Address 11927 N ELLSWORTH TER Service Classification General Service Non-Demand		RIC SERVICE
	From To <u>Date Reading</u> 11/04 64080 12/03 64194	Multiplier Dem. Reading KW Demand KWh Used
Comparative Usage Information Average kWh Period Days Per Day A 1.5 percent, but not	Previous Balance Payment	80.68 80.68CR
Period Days Per Day A 1.5 percent, but not Dec 2024 29 4 less than \$5, late charge		0.00
Nov 2024 32 12 will apply to unpaid balances as of 5:00 p.m.		
Dec 2023 32 5 Datances as of 5:00 p.m. on the due date shown		
on this bill. 2 0 0 8 9 7 0 3	Customer Charge Energy Charge 114 KWH @ 0.05 Fuel Adjustment 114 KWH @ 0. FL Gross Receipts Tax State Tax CC Retirement Credit	39.16 017 5.72 03800 4.33 1.26 3.51 6.01CR
You have 24-hour access to manage your account on-line through Smarthub at www.wrec.net. If you would like to make a payment using your credit card, please call	Total Current Charges Total Due E.F	47.97 • T. 47.97
855-938-3431. This number is WREC's Secure Pay-By-Phone system.	Enter	ed: Code Curs
	COA	Code Cins
		ned: LAP
		And the second sec
	Paid	FET 133030
	Date	151301311

DO NOT PAY Total amount will be electronically transferred on or after 12/20/2024

WITHLACOOCHEE RIVER ELECTRIC COOPERATIVE, INC.

Please Detach and Return This Portion With Your Payment To Ensure Accurate Posting.

See Reverse Side For Malling Instructions

Bill Date: 12/06/2024

Use above space for address change ONLY.

District: CR05

- \_\_\_\_\_\_

Electronic Funds Transfer on or after 12/20/2024 TOTAL CHARGES DUE 47.97 DO NOT PAY



Thank you for your payment.

\$

#### Page 1 of 3

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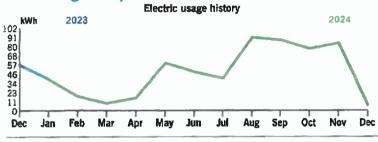
Service address Bill date Dec 23, 2024 For service Nov 21 - Dec 19 CITRUS WATERWORKS INC 29 days 5265 W BANDY LN \*COMM\*

Account number 9100 8516 7134

### **Billing summary**

Previous Amount Due	\$32.94
Payment Received Dec 13	-32.94
Current Electric Charges	30.00
Taxes	2.94
Total Amount Due Jan 13	\$32.94

### Your usage snapshot



Average temperature in degrees

60: 47	n 96	6.9	17	80			79	Ir	6	- 691
	Curren	t Month	Dec	2023	12-	Aonth 1	Jsage	Avg M	onthly	Usage
Electric (kWh)		7		57		576			48	
Avg. Daily (kW	h)	0		2		2				
12-month usage based on most recent history										

Entere	d 🕹
COX	
16.20	
14.3	EFT OIIS24
Date	1/15/54

Mail your payment at least 7 days before the due date or pay instantly at duke-energy.com/billing. Late payments are subject to a \$5.00 or 1.5%, late charge, whichever is greater.

Please return this portion with your payment. Thank you for your business.			Amount of automatic draft		
4	DUKE ENERGY.	Account number 9100 8516 7134	<b>\$32.94</b> by Jan 13	Your payment is scheduled to be made by monthly automatic draft on Jan 13	
	PO Box 1090 Charlotte, NC 28201-1090		\$		
	033249 00000187		ſ₽ <mark>Ĵġ<mark>Ĭ</mark>ġ<mark>Ĭġ</mark>Ĭġ<mark>Ĭ</mark>ġĬĸĬĸĸĬĬĬĸĸĬĬŢĬġĬġĬ</mark>	lijagagalaan <b>i (                                     </b>	
	033249 000000187 •	磁	Duke Energy Paymen PO Box 1094	t Processing	
	4939 CROSS BAYOU BLVD NEW PORT RICHEY FL 34652-3434		Chartotte, NC 28201-	-1094	





Current electric usage for	meter number 1030740	
Actual reading on Dec 19		46616
Previous reading on Nov 21		- 46609
Energy Used		7 kWh
Billed kWh	7.000 kWh	

### **Billing details - Electric**

Billing Period - Nov 21 24 to Dec 19 24	
Meter - 1030740	
Customer Charge	\$16.02
Energy Charge	
7.000 kWh @ 9.419c	0.65
Fuel Charge	
7.000 kWh @ 4.670c	0.33
Asset Securitization Charge	
7.000 kWh @ 0.197c	0.01
Minimum Bill Adjustment	12.99
Total Current Charges	\$30.00

The total charges incurred during this billing period are below the minimum expenses necessary to equitably provide and maintain reliable electric service to all facilities across the state. When the combined monthly customer, energy, fuel, and other charges fall below a \$30 threshold, customers will see the difference noted as a Minimum Bill Adjustment under the Billing Details section. Learn more about the minimum charge adjustment and additional customer charges at duke- energy.com/minimum.

Your current rate is General Service Non-Demand Sec (GS-1).

For a complete listing of all Florida rates and riders, visit dukeenergy.com/rates

Total Taxes	\$2.94
Gross Receipts Tax	0.77
Regulatory Assessment Fee	0.03
State And Other Taxes	\$2.14





#### Page 1 of 3

Service address CITRUS WATERWORKS INC 5335 W BLADE LN PUMP

Thank you for your payment.

\$

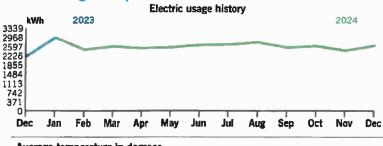
Bill date Dec 27, 2024 For service Nov 23 - Dec 23 31 days

Account number 9100 8512 6911

### **Billing summary**

Previous Amount Due	\$401.23
Payment Received Dec 17	-401.23
Current Electric Charges	394.47
Taxes	38.61
Total Amount Due Jan 17	\$433.08

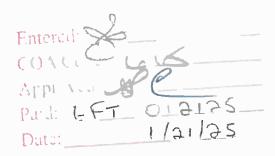
### Your usage snapshot



Average temperature in degrees

NEW PORT RICHEY FL 34652-3434

60 <u>57</u> 57	1.61	77	A 6 70	72 6 36
	<b>Current Month</b>	Dec 2023	12-Month Usage	Avg Monthly Usage
Electric (kWh)	2,649	2,190	31,647	2,637
Avg. Daily (kWh)	85	88	86	
12-month usage	based on most red	cent history		



Mail your payment at least 7 days before the due date or pay instantly at duke-energy.com/billing. Late payments are subject to a \$5.00 or 1.5%, late charge, whichever is greater.

Please return this portion with your payment. Thank you for your business.		ng balan ag balanti " ( 19,093 kC) - Kinin Rei wels, Alikya Bal sadi	Amount of automatic draft		
	DUKE ENERGY.	Account number 9100 8512 6911	<b>\$433.08</b> by Jan 17	Your payment is scheduled to ≿a made by monthly automatic draft on Jan 17	
	Duke Energy Retarn Mail PO Box 1090 Charlotte, NC 28201-1090		\$		
	024694 000001352 ມະຖາງ []]]]]]]]]]]]]]]]]]]]]]]]]]]]]]]]]]]]		<b>İli İli İli İli İli İli İli</b> Duke Energy Paymer PO Box 1094 Charlotte, NC 28201	-	



Current electric us	Current electric usage for meter number 4107759			
Actual reading on D	64400			
Previous reading on Nov 23		- 61751		
Energy Used		2,649 kWh		
Billed kWh	2,649.000 kWh			

### **Billing details - Electric**

Billing Period - Nov 23 24 to Dec 23 24	
Meter - 4107759	
Customer Charge	\$16.02
Energy Charge	
2,649.000 kWh @ 9.419c	249.52
Fuel Charge	
2,649.000 kWh @ 4.670c	123.71
Asset Securitization Charge	
2,649.000 kWh @ 0.197c	5.22
Total Current Charges	\$394.47

Your current rate is General Service Non-Demand Sec (GS-1).

For a complete listing of all Florida rates and riders, visit dukeenergy.com/rates

Total Taxes	\$38.61
Gross Receipts Tax	10.12
Regulatory Assessment Fee	0.34
State And Other Taxes	\$28.15





Page 1 of 3

Service address CITRUS WATERWORKS INC 5265 W BANDY LN \*COMM\*

Thank you for your payment.

ending September 30, 2024).

Duke Energy Florida utilized fuel in the following proportions to generate your power: Coal 8.5%, Purchased Power 4.4%, Gas 81.1%, Oil 0.1%, Nuclear 0%, Solar 5.9% (For prior 12 months

\$

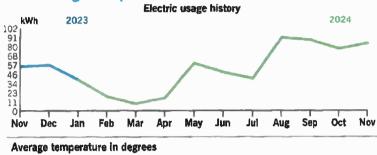
Bill date	Nov 22, 2024
For service	Oct 24 - Nov 20
	28 days

Account number 9100 8516 7134

### **Billing summary**

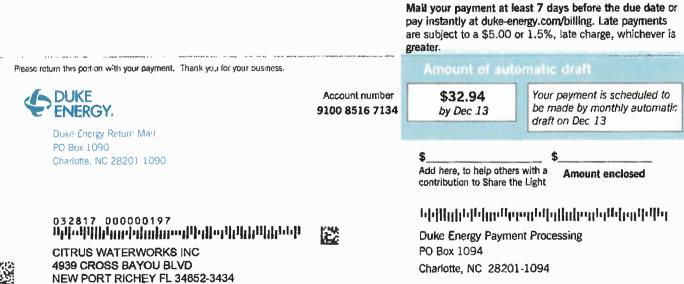
Previous Amount Due	\$32.93
Payment Received Nov 15	-32.93
Current Electric Charges	30.00
Taxes	2.94
Total Amount Due Dec 13	\$32.94

#### Your usage snapshot



64 6C	5 60		/52 B B	6
	<b>Current Month</b>	Nov 2023	12-Month Usage	Avg Monthly Usage
Electric (kWh)	84	55	626	52
Avg. Daily (kWh)	3	2	2	
12-month usage	based on most re	cent history		

1910000033-0000355 9 alp-65833-00000197







Current electric usage for meter number 1030740				
Actual reading on Nov 20 46609		46609		
Previous reading on Oct 24			- 46525	
Energy Used			84 kWh	
Billed kWh	_84.000 kWh			-

### **Billing details - Electric**

Customer Charge Energy Charge	\$16.02
84.000 kWh @ 9.419c	7.91
Fuel Charge 84.000 kWh @ 4.670c	3.92
Asset Securitization Charge	5.32
84.000 kWh @ 0.197c	0.17
Minimum Bill Adjustment	1.98
Total Current Charges	\$30.0

The total charges incurred during this billing period are below the minimum expenses necessary to equitably provide and maintain reliable electric service to all facilities across the state. When the combined monthly customer, energy, fuel, and other charges fall below a \$30 threshold, customers will see the difference noted as a Minimum Bill Adjustment under the Billing Details section. Learn more about the minimum charge adjustment and additional customer charges at duke- energy.com/minimum.

Your current rate is General Service Non-Demand Sec (GS-1).

For a complete listing of all Florida rates and riders, visit dukeenergy.com/rates

Total Taxes	\$2.94
Gross Receipts Tax	0.77
Regulatory Assessment Fee	0.03
State And Other Taxes	\$2.14





Thank you for your payment.

ending September 30, 2024).

\$

Page 1 of 3

Account number 9100 8512 6911

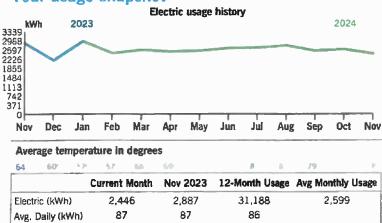
Service address	Bill date	Nov 26, 2024
CITRUS WATERWORKS INC	For service	Oct 26 - Nov 22
5335 W BLADE LN		28 days
PUMP		

Duke Energy Florida utilized fuel in the following proportions to generate your power: Coal 8.5%, Purchased Power 4.4%, Gas 81.1%, Oil 0.1%, Nuclear 0%, Solar 5.9% (For prior 12 months

#### **Billing summary**

Previous Amount Due	\$431.01
Payment Received Nov 19	-431.01
Current Electric Charges	365.46
Taxes	35.77
Total Amount Due Dec 17	\$401.23

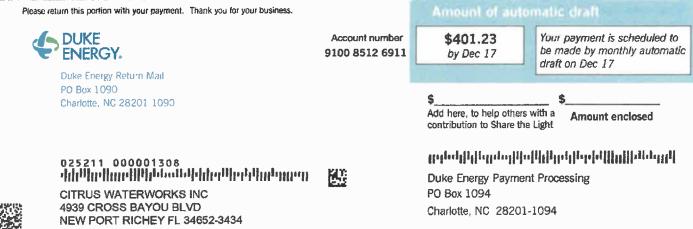
### Your usage snapshot



64 6U	17 37	100			19 7
	Current	Month	Nov 2023	12-Month Usage	Avg Monthly Usage
Electric (kWh)	2,4	46	2,887	31,188	2,599
Avg, Daily (kWl	h) 8	7	87	86	
12-month usa	e based on	most re	cent history		



Mail your payment at least 7 days before the due date or pay instantly at duke-energy.com/billing. Late payments are subject to a \$5.00 or 1.5%, late charge, whichever is greater.







Current electric usage for meter number 4107759								
Actual reading on	Nov 22	61751						
Previous reading o	- 59305							
Energy Used		2,446 kWh						
Billed kWh	2,446.000 kWh							

### **Billing details - Electric**

Billing Period - Oct 26 24 to Nov 22 24	
Meter - 4107759	
Customer Charge	\$16.02
Energy Charge	
2,446.000 kWh @ 9.419c	230.39
Fuel Charge	
2,446.000 kWh @ 4.670c	114.23
Asset Securitization Charge	
2,446.000 kWh @ 0.197c	4.82
Total Current Charges	\$365.46

Your current rate is General Service Non-Demand Sec (GS-1).

For a complete listing of all Florida rates and riders, visit dukeenergy.com/rates

Total Taxes	\$35.77
Gross Receipts Tax	9.38
Regulatory Assessment Fee	0.32
State And Other Taxes	\$26.07



WITHLACOOCHEE RIVER ELECTRIC COOPERATIVE, INC. Your Toucheanse Energy Cooperative Cooperat	r 93047332 A mber 20089703 C	Bill Date 11/07/202 mount Due 80.6 Current Charges Due 12/02/202 District Office Serving You Crystal River
	See Reverse Side For More Information	
Service Address 11927 N ELLSWORTH TER	ELECTRI	C SERVICE
Service Classification General Service Non-Demand	From To	itiplier Dem. Reading KW Demand KWh Used
Comparative Usage Information Average kWh Pariod Days Per Day Nov 2024 32 12 Iss than \$5, late charge	Previous Balance Payment Balance Forward	64.62 64.62CR 0.00
Oct 2024       29       8         Nov 2023       29       7         will apply to unpaid balances as of 5:00 p.m. on the due date shown on this bill.         2       0       8         2       0       8       9       7         3       3	Customer Charge Energy Charge 390 KWH @ 0.0501 Fuel Adjustment 390 KWH @ 0.03 FL Gross Receipts Tax State Tax	39.16 7 19.57 800 14.82 1.89 5.24
You have 24-hour access to manage your account on-line through Smarthub at www.wrec.net. If you would like to make a payment using your credit card, please call 855-938-3431. This number is WREC's	Total Current Charges Total Due E.F.T	80.68 80.68
Secure Pay-By-Phone system.	)	2015 2015 2015 2017 1122217

DO NOT PAY Total amount will be electronically transferred on or after 11/22/2024.

WITHLACOOCHEE RIVER ELECTRIC

P.O. Box 278 • Dade City, Florida 33526-0278

Please Detach and Return This Portion With Your Payment To Ensure Accurate Posting.

See Reverse Side For Mailing Instructions

Bill Date: 11/07/2024

Use above space for address change ONLY.

District: CR05

 Electronic Funds Transfer on or after 11/22/2024 TOTAL CHARGES DUE 80.68 DO NOT PAY

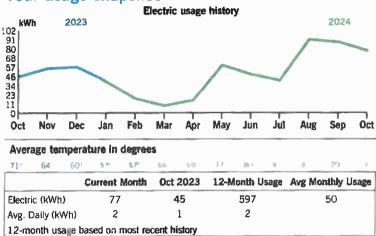


### **Billing summary**

Previous Amount Due	\$32.94
Payment Received Oct 15	-32.94
Current Electric Charges	30.00
Taxes	2.93
Total Amount Due Nov 15	\$32.93

### Your usage snapshot

NEW PORT RICHEY FL 34652-3434



## Your Energy Bill

CITRUS WATERWORKS INC

Service address

5265 W BANDY LN

#### Bill date Oct 25, 2024 For service Sep 21 - Oct 23 33 days

Page 1 of 3

Account number 9100 8516 7134



\*COMM\*

#### Thank you for your payment.

Learn how to lower your bill with an online or free on-site Business Energy Check. This no-cost analysis provides you with specific tips on how to save energy and qualify for valuable rebates for energysavings measures. You may also qualify for a FREE Commercial Energy Savings Kit. Go to duke-energy.com/FreeBizCheck or email prescriptiveincentives@duke-energy.com.

To help us repair malfunctioning streetlights, quickly: 1. Visit dukeenergy.com/lightrepair 2. Provide us with the light's location and your contact information. 3. Specific addresses, landmarks and directions work best.



Mail your payment at least 7 days before the due date or pay instantly at duke-energy.com/billing. Late payments are subject to a \$5.00 or 1.5%, late charge, whichever is greater.

Picase rei	lum this portion with your payment. Thank you for your business.	, ya ka sa ka ka ka ka ka ka ka ka ka ka ka ka ka	Amount of automatic draft				
4	DUKE ENERGY.	Account литьег 9100 8516 7134	<b>\$32.93</b> by Nov 15	Your payment is scheduled to be made by monthly automatic draft on Nov 15			
	Ouke Energy Return Mail PO Box 1090 Charlotte, NC 28201-1090		\$ Add here, to help othe contribution to Share t				
	022930 000005305 		l <b>iiiniiiiniiniiniiinii</b> Duke Energy Paym PO Box 1094 Charlotte, NC 2820				



Current electric usage for meter number 1030740								
Actual reading on Oct 2	3	46525						
Previous reading on Ser	- 46448							
Energy Used		77 kWh						
Billed kWh	77.000 kWh							

### **Billing details - Electric**

Billing Period - Sep 21 24 to Oct 23 24	
Meter - 1030740	
Customer Charge	\$16.02
Energy Charge	
77.000 kWh @ 9.419c	7.25
Fuel Charge	
77.000 kWh @ 4.670c	3.60
Asset Securitization Charge	
77.000 kWh @ 0.197c	0.15
Minimum Bill Adjustment	2.98
Total Current Charges	\$30.00

The total charges incurred during this billing period are below the minimum expenses necessary to equitably provide and maintain reliable electric service to all facilities across the state. When the combined monthly customer, energy, fuel, and other charges fall below a \$30 threshold, customers will see the difference noted as a Minimum Bill Adjustment under the Billing Details section. Learn more about the minimum charge adjustment and additional customer charges at duke-energy.com/minimum.

Your current rate is General Service Non-Demand Sec (GS-1).

For a complete listing of all Florida rates and riders, visit dukeenergy.com/rates

Total Taxes	\$2.93
Gross Receipts Tax	0.77
Regulatory Assessment Fee	0.03
State And Other Taxes	\$2.13





duke-energy.com 877.372.8477

## Your Energy Bill

Page 1 of 3

Service address CITRUS WATERWORKS INC 5335 W BLADE LN PUMP Bill date Oct 29, 2024 For service Sep 25 - Oct 25 31 days

Account number 9100 8512 6911

### **Billing summary**

Total Amount Due Nov 19	\$431.01
Taxes	38.42
Current Electric Charges	392.59
Payment Received Oct 17	-420.85
Previous Amount Due	\$420.85

### Your usage snapshot

				Ē	lectric	usage	histor	Y				
	/h	2023									2024	
3339 2968 2597 2226 1855 1484 1113 742 371 0 0 0 0 0 0 0 0 0	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	lut	Aug	Sep	Oct
Ave	age ter	nperat	ure in	degree	s			-		_		
71	64 <sup>s</sup>	60°	5	57	14			<b>9</b> 1	- 6		3	9
		C	urrent	Month	Oct	2023	12-M	onth U	sage	Avg Mo	nthly U	sage
Elect	ic (kWł	1)	2,6	36	2,5	591	3	81,629		2	2,636	

86

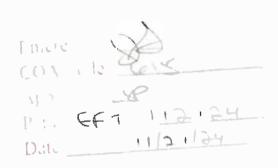
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# \$

Thank you for your payment.

Learn how to lower your bill with an online or free on-site Business Energy Check. This no-cost analysis provides you with specific tips on how to save energy and qualify for valuable rebates for energysavings measures. You may also qualify for a FREE Commercial Energy Savings Kit. Go to duke-energy.com/FreeBizCheck or email prescriptiveincentives@duke-energy.com.

To help us repair malfunctioning streetlights, quickly: 1. Visit dukeenergy.com/lightrepair 2. Provide us with the light's location and your contact information. 3. Specific addresses, landmarks and directions work best.



Mail your payment at least 7 days before the due date or pay instantly at duke-energy.com/billing. Late payments are subject to a \$5.00 or 1.5%, iate charge, whichever is greater.

Please return this portion with your payment. Thank you for your business.

85

12-month usage based on most recent history



Avg. Daily (kWh)

Duke Energy Return Mail PO Box 1090 Charlotte, NC 28201-1090



Duke Energy Payment Processing PO Box 1094 Charlotte, NC 28201-1094



88910085126911000660000000000000004310100000431012

E.



Current electric usa	ectric usage for meter number 4107759								
Actual reading on Oc	t 25	59305							
Previous reading on t	Sep 25	- 56669							
Energy Used		2,636 kWh							
Billed kWh	2,636.000 kWh								

## **Billing details - Electric**

Billing Period - Sep 25 24 to Oct 25 24	
Meter - 4107759	
Customer Charge	\$16.02
Energy Charge	
2,636.000 kWh @ 9.419c	248.28
Fuel Charge	
2,636.000 kWh @ 4.670c	123.10
Asset Securitization Charge	
2,636.000 kWh @ 0.197c	5.19
Total Current Charges	\$392.59

Your current rate is General Service Non-Demand Sec (GS-1). For a complete listing of all Florida rates and riders, visit dukeenergy.com/rates

Total Taxes	\$:	38.42
Gross Receipts Tax	10.08	
Regulatory Assessment Fee	0.34	
State And Other Taxes	\$28.00	



COOPERATIVE, INC.	Account Number 21515 Meter Number 930473 Customer Number 200897	332 703	An Cu	l Date nount Due Irrent Charges Du		0/08/20 64. 0/29/20				
Your Touchstone Energy* Cooperative X	Customer Name CITRU	Ime CITRUS WATER WORKS INC District Office Serving You Crystal River								
		Reverse Side For Me	ore Information	0.90						
Service Address 11927 N ELLSWORTH Service Classification General Service Non-D		ELECTRIC SERVICE								
	<u>Date</u> 09/04	Reading Date 63466 10/03	Reading   Multi 63690		KW Demand	<u>kWh Use</u> 224				
Deriod         Days         Per Day         WHE           Period         Days         Per Day         A 1.5 p           Oct         2024         29         8         less that           Sep         2024         30         6         will app	LLS ARE DUE IN RENDERED ercent, but not an \$5, late charge ply to unpaid es as of 5:00 p.m.			(	61. <b>43C</b> R	61.43 0.00				
	Energy Cl Fuel Adju	harge 224 KWH ustment 224 K Receipts Tax	WH @ 0.038	1	39.16 11.24 8.51 1.51 4.20					
You have 24-hour access to man account on-line through Smarthu www.wrec.net. If you would like f ayment using your credit card, 155-938-3431. This number is V	to make a please call	r <b>rent Charg</b> es e	E.F.T.			64.62 64.62				
ecure Pay-By-Phone system.			Entered	201						
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	Totol		DO N	OT PAY						
	Total	amount will be el	ectronically tra	insferred on or aff	ler 10/20/20	)24				
WITHLACOOCHEE RIVER ELECTRIC COOPERATIVE, INC.	Please Det	amount will be el ach and Retum This Po nent To Ensure Accurate	rtion With	See Reverse \$	Side For Mailing					
	Please Det	<b>ach and Return</b> This Po	rtion With		Side For Mailing					
COOPERATIVE, INC. Your Touchstone Energy* Cooperative A	Please Det Your Paym	<b>ach and Return</b> This Po	rtion With Posting.	See Reverse \$	Side For Mailing					
COOPERATIVE, INC. YOUR Touchstone Energy* Cooperative A	Please Det Your Paym	ach and Return This Po nent To Ensure Accurate	ortion With Posting.	See Reverse S Bill Date: 10/0	Side For Mailing 9 <b>8/2024</b>	Instruction				
COOPERATIVE, INC.	Please Det Your Paym Use above sp	ach and Return This Po nent To Ensure Accurate	cition With Posting. ÓNLY. <b>Electronic</b>	See Reverse \$	Side For Mailing 9 <b>8/2024</b>	Instructions				



CITRUS WATERWORKS INC 5265 W BANDY LN Page 1 of 3

DTHANNA

10440

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#### Service address

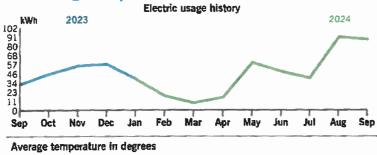
Bill date Sep 24, 2024 For service Aug 23 - Sep 20 29 days

Account number 9100 8516 7134

### **Billing summary**

Total Amount Due Oct 15	\$32.94
Taxes	2.94
Current Electric Charges	30.00
Payment Received Sep 16	-32.94
Previous Amount Due	\$32.94

### Your usage snapshot



78 71*	64	60	5P	574	- 66		7	86	1		Ply
		Current	Month	Sep	2023	12-M	onth	Usage	Avg	Monthly	Usage
Electric (kW	'h)	88	3	3	32		565			47	
Avg. Daily (	kWh)	3			1		2				
12-month I	sape	hased on	most re-	cent hi	istory						



\*COMM\*

Thank you for your payment.

Know what's below. Call before you dig. Always call 811 before you dig, it's the law. Making this free call at least two full working days before you dig gets utility lines marked and helps protect you from injury and expense. Call 811 or visit Call811.com.

To help us repair malfunctioning streetlights, quickly: 1. Visit dukeenergy.com/lightrepair 2. Provide us with the light's location and your contact information. 3. Specific addresses, landmarks and directions work best.

Fntered St
LON Code Dues
Approved: NP C
Paid LIT 101724
Date. 1-1-124

Mail your payment at least 7 days before the due date or pay Instantily at duke-energy.com/billing. Late payments are subject to a \$5.00 or 1.5%, late charge, whichever is greater.

Please return this portion with your payment. Thank you for your business. **DUKE** Your payment is scheduled to Account number \$32.94 be made by monthly automatic 9100 8516 7134 **FNERGY** by Oct 15 draft on Oct 15 Duke Energy Return Mail PO Box 1090 \$ Charlotte, NC 28201-1090 Add here, to help others with a Amount enclosed contribution to Share the Light ┎┎╜╸┛╵╬╍<sub>┛</sub>╬<sub>╋</sub>╬┟╢╕╢╎<sub>╞</sub>┓╍╞╢┑╜╕╍┖╺╠╢┑╍╕╤╕╩╗╤╌╻╗╹╍╌╸┙┙╔╢╍╹╏╷╺┨╷╢┪╍╢╢╹┓ 033866 000000179 <u>■\\}</u> **Duke Energy Payment Processing** 



PO Box 1094 Charlotte, NC 28201-1094

A89100A516713400066000000000000000329400000032946



Current electric usage for meter number 1030740										
Actual reading on Se	p 20	46448								
Previous reading on /	Aug 23	- 46360								
Energy Used		88 kWh								
Billed kWh	88.000 kWh									

### **Billing details - Electric**

Total Current Charges	\$30.00
Minimum Bill Adjustment	1.41
88.000 kWh @ 0.197c	0.17
Asset Securitization Charge	
88.000 kWh @ 4.670c	4.11
Fuel Charge	
88.000 kWh @ 9.419c	8.29
Energy Charge	
Customer Charge	\$16.02
Meter - 1030740	
Billing Period - Aug 23 24 to Sep 20 24	

The total charges incurred during this billing period are below the minimum expenses necessary to equitably provide and maintain reliable effective service to all facilities across the state. When the combined monthly customer, energy, fuel, and other charges fall below a \$30 threshold, customers will see the difference noted as a Minimum Bill Adjustment under the Billing Details section. Learn more about the minimum charge adjustment and additional customer charges at duke- energy.com/minimum.

Your current rate is General Service Non-Demand Sec (GS-1).

For a complete listing of all Florida rates and riders, visit dukeenergy.com/rates

Total Taxes	\$2.94
Gross Receipts Tax	0.77
Regulatory Assessment Fee	0.03
State And Other Taxes	\$2.14





Page 1 of 3

Service address CITRUS WATERWORKS INC 5335 W BLADE LN PUMP

Bill date Sep 26, 2024 For service Aug 27 - Sep 24 29 days

Account number 9100 8512 6911

### **Billing summary**

Previous Amount Due	\$454.76
Payment Received Sep 18	-454.76
Current Electric Charges	383.32
Taxes	37.53
Total Amount Due Oct 17	\$420.85

### Your usage snapshot

					Ē	lectric	usage	histor	y				
8 339	Wh		2023				-					2024	
968 597 226 855		-	$\sim$	$\checkmark$						_			-
484 113 742 371 0- Sej	0	Oct	Nov	Dec	Jan	Feb	Mar	Apr	Мау	Jun		Aug	Sep
AV	era	ge tei	nperat		degree	5							
_78		71	64	601	5.2	51	P <sub>1</sub>	L.Y	25	117			14
			Ċ	urrent	Month	Sep	2023	12-M	onth U	sage	Avg Mo	inthly U	lsage
Elec	stric	: (kWh	)	2,57	71	2,	651	3	31,584		1	2,632	
Avg	. D	aily (k	₩h)	89	9	8	36		87				
12-	ma	nth us	age bas	sed on	most re	cent h	istory						

# \$

Thank you for your payment.

Know whats below. Call before you dig. Always call 811 before you dig, it's the law. Making this free call at least two full working days before you dig gets utility lines marked and helps protect you from injury and expanse. Call 811 or visit Call811.com.

To help us repair malfunctioning streetlights, quickly: 1. Visit dukeenergy.com/lightrepair 2. Provide us with the light's location and your contact information. 3. Specific addresses, landmarks and directions work best.

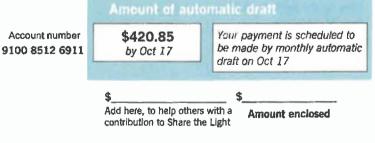
Entered COAC	france
Applis	sd: up (
Paid: Date:	10/21/24

Mail your payment at least 7 days before the due date or pay instantly at duke-energy.com/billing. Late payments are subject to a \$5.00 or 1.5%, late charge, whichever is greater.

Please return this portion with your payment. Thank you for your business.



Duke Energy Return Mail PO Box 1090 Charlotte, NC 28201-1090



### ┑╻╎**╻╕╎╿╿╎╸╕╽┑╎╸╕╻╸╡╸╎╎**╏╴╸╸╸**╞╕┪┫┫╽╵╕╕┇╞╸╬┧╸┨┧╎╶╶┤┙╎╕╎╏┊╎**╻╸╏

Duke Energy Payment Processing PO Box 1094 Charlotte, NC 28201-1094

#### 889100851269110006600000000000000420857

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### Your usage snapshot - Continued

Current electric usage for meter number 4107759				
Actual reading on Sep 24 56669				
Previous reading on Aug 27		- 54098		
Energy Used		2,571 kWh		
Billed kWh	2,571.000 kWh			

## **Billing details - Electric**

Billing Period - Aug 27 24 to Sep 24 24	
Meter - 4107759	
Customer Charge	\$16.02
Energy Charge	
2,571.000 kWh @ 9.419c	242.17
Fuel Charge	
2,571.000 kWh @ 4.670c	120.07
Asset Securitization Charge	
2,571.000 kWh @ 0.197c	5.06
Total Current Charges \$383.	

Your current rate is General Service Non-Demand Sec (GS-1).

For a complete listing of all Florida rates and riders, visit duke-energy.com/rates

State And Other Taxes Regulatory Assessment Fee	\$27.36 0.33
Gross Receipts Tax	9.84
Total Taxes	\$37.53

WITHLACOOCHEE RIVER ELECTRIC COOPERATIVE, INC. Your Touchatone Energy Cooperative Cooperative P.O. Box 278 - Dade City, Florida 33528-0278	er 93047332 mber 20089703	Amount Current	Due	9/09/202 61.4 0/01/202
	See Reverse Side For More I	nformation	0.,0	
Service Address 11927 N ELLSWORTH TER Service Classification General Service Non-Demand	From To	ELECTRIC SERV	/ICE	
	Date Reading Date Rea	ding <u>Multiplier</u> 466 '	Dem. Reading KW Demand	<u>kWh Used</u> 191
Comparative Usage information Average kWh Period Days Per Day Sep 2024 30 6 less than \$5, late charge	Previous Balance Payment Balance Forward		59,98CR	59.98 0.00
Aug 2024335Sep 20233410on the due date shown on this bill.	Customer Charge		39,16	
	Energy Charge 191 KWH @ Fuel Adjustment 191 KWH FL Gross Receipts Tax State Tax	0.05017 @ 0.03800	9.58 7.26 1.44 3.99	
You have 24-hour access to manage your account on-line through Smarthub at www.wrec.net. If you would like to make a payment using your credit card, please call 855-938-3431. This number is WREC's	Total Current Charges Total Due	E.F.T.		61.43 61.43
Secure Pay-By-Phone system.	1 mici.	X		
	C(14)	orte Co	5	
	P.d	LY T	023035-	
	Date		9/20/07	
	Total amount will be electr	DO NOT P onically transfe		24
WITHLACOOCHEE RIVER ELECTRIC	Please <b>Detach and Return This</b> Portion Your P <b>ayment To Ensure Accurate</b> Post		See Reverse Side For Mailing	Instructions
Your Touchstone Energy Cooperative XXX P.O Box 276 - Dade City, Florida 33526-0278		Bi	ll Date: 09/09/2024	
District: CR05	Úse above space for address change ONL	Υ.		
وق 2151511     CR05       وق 2151511     CR05		Electronic Fun	ds Transfer on or after 09 RGES DUE DO NOT PAY	/20/2024 61.43
NEW PORT RICHEY FL 34652-3434 	նիչին կոլի			



Thank you for your payment.

ending June 30, 2024).

started: duke-energy.com/MySolution

\$

Page 1 of 3

Service address	Bill date	Aug 28, 2024
CITRUS WATERWORKS INC	For service	Jul 26 - Aug 26
5335 W BLADE LN		32 days
PUMP		

Duke Energy Florida utilized fuel in the following proportions to generate your power: Coal 8.7%, Purchased Power 6.2%, Gas 79.5%, Oil 0.1%, Nuclear 0%, Solar 5.5% (For prior 12 months

Energy Review: Our team of Business Energy Advisors is here to connect you with personalized energy solutions and rebates. Get

Account number 9100 8512 6911

### **Billing summary**

Previous Amount Due	\$440.33
Payment Received Aug 19	-440.33
Current Electric Charges	414.22
Taxes	40.54
Total Amount Due Sep 18	\$454.76

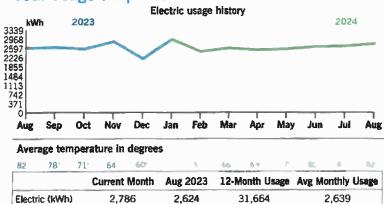
#### Your usage snapshot

87

12-month usage based on most recent history

Avg. Daily (kWh)

Å



85

86

- 0
Intered States
concients
Approved: P
Paul LET 07302
Date. 9/24/21

Mail your payment at least 7 days before the due date or

		pay instantly at duke-en	ergy.com/billing. Late payments or 1.5%, late charge, whichever is
Please return this portion with your payment. Thank you for your pusiness.	då ådgliftingtersonn om ver 17777 pro d pp ake gå	Amount of auto	matic draft
DUKE ENERGY.	Account number 9100 8512 6911	<b>\$454.76</b> by Sep 18	Your payment is scheduled to be made by monthly automatic draft on Sep 18
Duke Energy Return Mail PO Box 1090 Charlotte, NC 28201 1090		\$ Add here, to help others contribution to Share the	\$
024571 000003572 		Duke Energy Paymer PO Box 1094 Charlotte, NC 28201	-



duke-energy.com



Current electric usage for meter number 4107759			
Actual reading on	Aug 26	54098	
Previous reading on Jul 26		- 51312	
Energy Used		2,786 kWh	
Billed kWh	2,786.000 kWh		

## **Billing details - Electric**

Billing Period - Jul 26 24 to Aug 26 24	
Meter - 4107759	
Customer Charge	\$16.02
Energy Charge	
2,786.000 kWh @ 9.419c	262.41
Fuel Charge	
2,786.000 kWh @ 4.670c	130.11
Asset Securitization Charge	
2,786.000 kWh @ 0.204c	5.68
Total Current Charges	

### **Billing details - Taxes**

Total Taxes	\$40.54
Gross Receipts Tax	10.63
Regulatory Assessment Fee	0.36
State And Other Taxes	\$29.55

Your current rate is General Service Non-Demand Sec (GS-1).

For a complete listing of all Florida rates and riders, visit dukeenergy.com/rates





Page 1 of 3

Service address CITRUS WATERWORKS INC 5265 W BANDY LN \*COMM\*

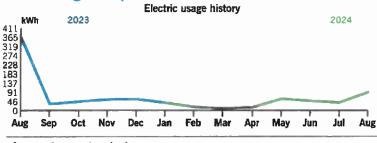
Bill date Aug 26, 2024 For service Jul 24 - Aug 22 30 days

Account number 9100 8516 7134

### **Billing summary**

Total Amount Due Sep 16	\$32.94
Taxes	2.94
Current Electric Charges	30.00
Payment Received Aug 15	-26.04
Previous Amount Due	\$26.04

### Your usage snapshot



Average temperature in degrees

NEW PORT RICHEY FL 34652-3434

82	7	71	64	60*	57	- fm	69	1	80		67
			Current	Month	Aug 2023	12-N	lonth U	sage	Avg Mo	onthly	Usage
Electr	ic (kWh	)	9:	1	365		509			42	
Avg. (	Daity (k)	Nh)	3		11		1				
12-m	onth us	age t	based on	most re	cent history						

# \$

Thank you for your payment.

Duke Energy Florida utilized fuel in the following proportions to generate your power: Coal 8.7%, Purchased Power 6.2%, Gas 79.5%, Oil 0.1%, Nuclear 0%, Solar 5.5% (For prior 12 months ending June 30, 2024).

Energy Review: Our team of Business Energy Advisors is here to connect you with personalized energy solutions and rebates. Get started: duke-energy.com/MySolution

Entered	33
Approved	C. S.
Paid:	9/12/24

Mail your payment at least 7 days before the due date or pay instantly at duke-energy.com/billing. Late payments are subject to a \$5.00 or 1.5%, late charge, whichever is greater.

Please return this portion with your payment. Thank you for your business. DUKE Account number Your payment is scheduled to \$32.94 ENERGY. 9100 8516 7134 be made by monthly automatic by Sep 16 draft on Sep 16 Duke Energy Return Mail PO Box 1090 \$ Charlotte, NC 28201-1090 Add here, to help others with a Amount enclosed contribution to Share the Light وموافقها والمتقاف والتقابين والمتراقي والمتقا فتتقا والمتعالية والمتعاقية والمتعافية والمت 033678 000000179 <u>┾╍┰┧╍┋╟┎┲╛╸╎║╹╸╘╍╝╢┊</u>╝╢╸╷╼╍╝╢<sub>┇</sub>╝╢╸╸╙┟<sub>┇</sub>╙╴╢┟<mark>┊╝┓╻╝╢╻╷</mark>┠║<sub>┇╝╽</sub> L. **Duke Energy Payment Processing** CITRUS WATERWORKS INC PO Box 1094 4939 CROSS BAYOU BLVD

Charlotte, NC 28201-1094





Current electric usage for	meter number 1030740		
Actual reading on Aug 22		46360	
Previous reading on Jul 24		- 46269	
Energy Used		91	kWh
Billed kWh	91.000 kWh		

### **Billing details - Electric**

Billing Period - Jul 24 24 to Aug 22 24	
Meter - 1030740	
Customer Charge	\$16.02
Energy Charge	
91.000 kWh @ 9.419c	8.56
Fuel Charge	
91.000 kWh @ 4.670c	4.25
Asset Securitization Charge	
91.000 kWh @ 0.204c	0.19
Minimum Bill Adjustment	0.98
Total Current Charges	\$30.00

The total charges incurred during this billing period are below the minimum expenses necessary to equitably provide and maintain reliable electric service to all facilities across the state. When the combined monthly customer, energy, fuel, and other charges fall betow a \$30 threshold, customers will see the difference noted as a Minimum Bill Adjustment under the Billing Details section. Learn more about the minimum charge adjustment and additional customer charges at duke- energy.com/minimum.

Your current rate is General Service Non-Demand Sec (GS-1).

For a complete listing of all Florida rates and riders, visit dukeenergy.com/rates

Total Taxes	\$2.94
Gross Receipts Tax	0.77
Regulatory Assessment Fee	0.03
State And Other Taxes	\$2.14



COOPERATIVE, INC. Your Touchstone Energy" Cooperative 7	Meter Numbe Customer Num Customer Nam	mber 20089703	Cycle ( ER WORKS	Amoun	t Due Charges Due <u>District Office Serving Y</u>	08/08/202 59.9 08/30/202 оц
		See Reverse	Side For More	Information	Crystal River	
	SWORTH TER			ELECTRIC SER	ICE	
Service Classification General Servi	ice Non-Demand	From <u>Date Reading</u> 07/03 63099		iding <u>Multiplier</u> 275	Dem. Reading KW Deman	d <u>kWh Used</u> 176
Comparative Usage Information Average kWh Period Days Per Day Aug 2024 33 5 Jul 2024 28 4 Aug 2023 29 9	BILLS ARE DUE WHEN RENDERED A 1.5 percent, but not less than \$5, late charge will apply to unpaid balances as of 5:00 p.m.	Previous Balan Payment Balance Forwar			54.76CR	54.76 0.00
2 0 0 8 9 7 0	on the due date shown on this bill.	Customer Charg Energy Charge Fuel Adjustmen FL Gross Recei State Tax	176 KWH @ t 176 KWH	0.05017 @ 0.03800	<b>39.16</b> <b>8.83</b> 6.69 1.40 3.90	
You have 24-hour access account on-line through Si www.wrec.net. If you woul payment using your credit	marthub at Id like to make a	Total Current Total Due	Charges	E.F.T.		59.98 59.98
44-209-7166. This numb Secure Pay-By-Phone sys	per is WREC's		Intered: ( TOA Cod	S-	p	
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		Total amount	t will be elect	DO NOT F ronically transfe	PAY rred on or after 08/23/	2024.
WITHLACOOCHEE RIVER EL	ECTRIC	Total amount Please Detach and R Your Payment To En	atum This Portion	ronically transfe		
		Please Detach and R	atum This Portion	ronically transfe	rred on or after 08/23/	
COOPERATIVE, INC.		Please Detach and R	etum This Portion sure Accurate Pos	With sting.	rred on or after 08/23/ See Reverse Side For Malk	
COOPERATIVE, INC. Your Touchstone Energy' Cooperative X PO Box 278 • Dade City, Florida 33526		Please Detach and R Your Payment To En	etum This Portion sure Accurate Pos	vWith sting. Y.	rred on or after 08/23/ See Reverse Side For Malk	ng Instructions



Thank you for your payment.

directions work best.

\$

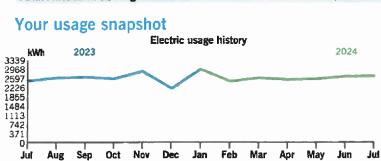
Page 1 of 3

Service address	Bill date	Jul 29, 2024
CITRUS WATERWORKS INC	For service	Jun 25 - Jul 25
5335 W BLADE LN		31 days
PUMP		
	Account number	100 8512 6911

To help us repair malfunctioning streetlights, quickly: 1. Visit dukeenergy.com/lightrepair 2. Provide us with the light's location and your contact information. 3. Specific addresses, landmarks and

#### **Billing summary**

Previous Amount Due	\$437.34
Payment Received Jul 17	-437.34
Current Electric Charges	401.07
Taxes	39.26
Total Amount Due Aug 19	\$440.33



#### Average temperature in degrees

Oct Nov

Sep

Aug

Jul

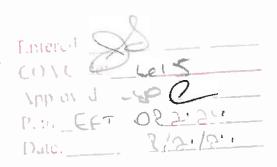
Jan

Mar

Apr

Jun

	Cultant Month	301 2023	12-morali Osage	Arg monully osage
Electric (kWh)	2,694	2,500	31.502	2,625
Avg. Daily (kWh)	87	86	86	
12-month usage	based on most rec	cent history		



Mail your payment at least 7 days before the due date or

			ergy.com/billing. Late payments or 1.5%, late charge, whichever is
Please return this portion with your payment. Thank you for your business.	Account number	Amount of auto	Your payment is scheduled to be made by monthly automatic
Duke Energy Return Mail PO Box 1090 Charlotte, NC 28201-1090	9100 8512 6911	by Aug 19  \$ Add here, to help others contribution to Share the	draft on Aug 19 \$ with a Amount enclosed
024986 000003789 111111111111111111111111111111111111	巖	<b>Hullin III III III III</b> Duke Energy Paymer PO Box 1094 Charlotte, NC 28201	Ū

889100851269110006600000000000004403300000440336

N.



Current electric	usage for meter number 4107	759
Actual reading on	Jul 25	51312
Previous reading of	in Jun 25	- 48618
Energy Used		2,694 kWh
Billed kWh	2,694.000 kWh	

## **Billing details - Electric**

Billing Period - Jun 25 24 to Jul 25 24	
Meter - 4107759	
Customer Charge	\$16.02
Energy Charge	
2,694.000 kWh @ 9.419c	253.74
Fuel Charge	
2,694.000 kWh @ 4.670c	125.81
Asset Securitization Charge	
2,694.000 kWh @ 0.204c	5.50
Total Current Charges	\$401.07

## **Billing details - Taxes**

Total Taxes	\$39.26
Gross Receipts Tax	10.29
Regulatory Assessment Fee	0.35
State And Other Taxes	\$28.62

Your current rate is General Service Non-Demand Sec (GS-1).

For a complete listing of all Florida rates and riders, visit duke-energy.com/rates





Page 1 of 3

Service address	Bill date	Jul 25, 2024
CITRUS WATERWORKS INC	For service	Jun 21 - Jul 23
5265 W BANDY LN		33 days
*COMM*		

Account number 9100 8516 7134

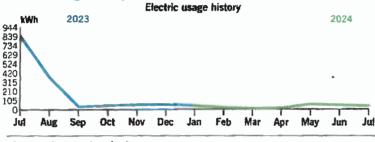
To help us repair malfunctioning streetlights, quickly: 1. Visit dukeenergy.com/lightrepair 2. Provide us with the light's location and your contact information. 3. Specific addresses, landmarks and directions work best.

#### **Billing summary**

Total Amount Due Aug 15	\$26.04
Taxes	2.94
Current Electric Charges	30.00
Payment Received	0.00
Previous Amount Due	\$-6.90

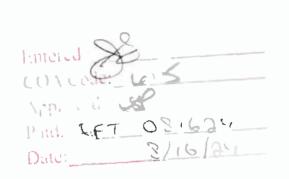
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#### Your usage snapshot



#### Average temperature in degrees

81.	82*	78	71	647	60	57	57	64			6.7	R.
			Current	Month	Jul	2023	12-N	ionth l	Jsage	Avg M	onthly	Usage
Electr	ic (kWh	)	40	0	8	39		783			65	
Avg. E	Daily (k)	Nh)	1		:	29		2				
12-m	onth us	age t	based on	most re	ce <u>nt</u> h	istory						_



Mail your payment at least 7 days before the due date or pay instantly at duke-energy.com/billing. Late payments are subject to a \$5.00 or 1.5%, late charge, whichever is greater.

Please return this portion with your payment. Thank you for your business. Account number Your payment is scheduled to \$26.04 ENERGY. be made by monthly automatic 9100 8516 7134 by Aug 15 draft on Aug 15 Duke Energy Return Mail PO Box 1090 Charlotte NC 28201-1090 Add here, to help others with a Amount enclosed contribution to Share the Light <u>ى ئى بەر ئەترار ئەترى بەترى بەترى ئەترى ئەترى ئەر يى بەر يەترى بەترى ئەترى بەترى بەترى بەترى بەترى بەترى بەتر</u> 033886 000000159 53

Duke Energy Payment Processing PO Box 1094 Charlotte, NC 28201-1094





Current electric usage for	meter number 1030740		
Actual reading on Jul 23		46269	
Previous reading on Jun 21		- 46229	
Energy Used		40	kWh
Billed kWh	40.000 kWh		

### **Billing details - Electric**

Billing Period - Jun 21 24 to Jul 23 24		
Meter - 1030740		
Customer Charge	\$16.02	
Energy Charge		
40.000 kWh @ 9.419c	3.78	
Fuel Charge		
40.000 kWh @ 4.670c	1.87	
Asset Securitization Charge		
40.000 kWh @ 0.204c	80.0	
Minimum Bill Adjustment	8.25	
Total Current Charges		\$30.00

The total charges incurred during this billing period are below the minimum expenses necessary to equitably provide and maintain reliable electric service to all facilities across the state. When the combined monthly customer, energy, fuel, and other charges fall below a \$30 threshold, customers will see the difference noted as a Minimum Bill Adjustment under the Billing Details section. Learn more about the minimum charge adjustment and additional customer charges at duke- energy.com/minimum.

Your current rate is General Service Non-Demand Sec (GS-1).

For a complete listing of all Florida rates and riders, visit dukeenergy.com/rates

Total Taxes	5	\$2. <del>9</del> 4
Gross Receipts Tax	0.77	
Regulatory Assessment Fee	0.03	
State And Other Taxes	\$2.14	



WITHLACOOCHEE RIVER ELECTRIC		r 93047332 nber 20089703	Amoun Current	t Due	)7/09/202 54.7 )7/31/202
Your Touchstone Energy Cooperative 2027 P.O. Box 278 • Dade City, Florida 33526-0278	Customer Nan	ne CITRUS WATER WORKS	S INC	District Office Serving You Crystal River	<u> </u>
		See Reverse Side For More	a Information	Ciystal Kiver	
ervice Address 11927 N ELLSWORT ervice Classification General Service Non-	1	From To	ELECTRIC SER	/ICE	
		Date <u>Reading</u> Date Re	ading Multiplier	Dem. Reading KW Demand	<u>kWhUsed</u> 122
Average kWh Wh <u>Period Days Per Day</u> A 1.5 Jul 2024 28 4 less t	BILLS ARE DUE HEN RENDERED percent, but not han \$5, late charge pply to unpa(d	Previous Balance Payment Balance Forward		58.44CR	58.44 0.00
Tul 2023 30 8 balan	ces as of 5:00 p.m. e due date shown is bill.	Customer Charge Energy Charge 122 KWH ( Fuel Adjustment 122 KWH FL Gross Receipts Tax State Tax		39.16 6.12 4.64 1.28 3.56	
ou have 24-hour access to ma ccount on-line through Smarth ww.wrec.net. If you would like ayment using your credit card	anage your nub at to make a , please call	Total Current Charges Total Due	E.F.T.		54.76 54.76
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		Total amount will be elec	DO NOT I		024.
WITHLACOOCHEE RIVER ELECTRIC	c	Please Detach and Return This Porti Your Payment To Ensure Accurate P		See Reverse Side For Mailing	) Instructions
Your Touchstone Energy Cooperative XIII P.O. Box 278 • Dade City, Flonda 33526-0278			В	ill Date: 07/09/2024	
District: CR05		Use above space for address change O	NŁY.		
17:					
			Electronic Fur	ids Transfer on or after 0	7/26/202
ب ₩ 2151511	CR05		TOTAL OUT	BOES DUE	E4 7
・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・	S INC _VD		TOTAL CHA	RGES DUE DO NOT PAY	54.7



Page 1 of 3

Service address CITRUS WATERWORKS INC 5335 W BLADE LN PUMP Bill date Jun 26, 2024 For service May 25 - Jun 24 31 days

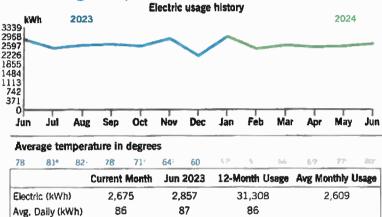
Account number 9100 8512 6911

#### **Billing summary**

Previous Amount Due	\$438.60
Payment Received Jun 19	-438.60
Current Electric Charges	398.36
Taxes	38.98
Total Amount Due Jul 17	\$437.34

#### Your usage snapshot

12-month usage based on most recent history

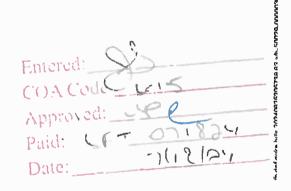


5

Thank you for your payment.

On May 7, 2024, the Florida Public Service Commission approved Duke Energy's request for a mid-course correction of its 2024 fuel cost recovery factors. As a result, commercial and industrial bills are decreasing between 3.5% and 7.0% with the new rate effective June 2024 (specific bill impact varies depending on several factors). To learn more about this adjustment visit duke-energy.com/ FuelUpdateBiz

To help us repair malfunctioning streetlights, quickly: 1. Visit dukeenergy.com/lightrepair 2. Provide us with the light's location and your contact information. 3. Specific addresses, landmarks and directions work best.



Mail your payment at least 7 days before the due date or pay instantly at duke-energy.com/billing. Late payments are subject to a \$5.00 or 1.5%, late charge, whichever is greater.

Please return this portion with your payment. Thank you for your business. Amount of automatic draft DUKE Account number \$437.34 Your payment is scheduled to be made by monthly automatic 9100 8512 6911 ENERGY. by Jul 17 draft on Jul 17 Duke Energy Return Mail PO Box 1090 ŝ \$\_ Charlotte, NC 28201-1090 Add here, to help others with a Amount enclosed contribution to Share the Light ॏक़ड़ॻॖॏॷऄऀ<u>ॻॷॷॖक़</u>ज़ॻॏॖढ़ॻज़ॖऄढ़ज़ज़ॖख़ढ़ढ़ढ़ढ़ढ़ॻॖॖॖऻढ़ढ़ऻॖढ़य़ॖॏक़ढ़ऻॶॷज़ज़क़क़ॱ॒ॿऻॖक़ॗॖऻऀढ़ 025015 000003675 Ě. **Duke Energy Payment Processing** CITRUS WATERWORKS INC PO Box 1094 4939 CROSS BAYOU BLVD Charlotte, NC 28201-1094 NEW PORT RICHEY FL 34652-3434



Current electric u	isage for meter number 4107	759
Actual reading on . Previous reading of		48618 - 45943
Energy Used		2,675 kWh
Billed kWh	2,675.000 kWh	

### **Billing details - Electric**

Billing Period - May 25 24 to Jun 24 24	
Meter - 4107759	
Customer Charge	\$16.02
Energy Charge	
2,675.000 kWh @ 9.419c	251.96
Fuel Charge	
2,675.000 kWh @ 4.670c	124.92
Asset Securitization Charge	
2,675.000 kWh @ 0.204c	5.46
Total Current Charges	\$398.36

Billing details - Taxes

Total Taxes	\$38.98
Gross Receipts Tax	10.22
Regulatory Assessment Fee	0.35
State And Other Taxes	\$28.41

Your current rate is General Service Non-Demand Sec (GS-1).

For a complete listing of all Florida rates and riders, visit dukeenergy.com/rates





**Billing summary** 

Payment Received

**Current Electric Charges** 

**Credit Amount, Do Not Pay** 

Your usage snapshot

Sep

78<sup>.</sup>

12-month usage based on most recent history

**Current Month** 

48

2

Oct

715

Nov

644

2023

Aug

82

Average temperature in degrees

**Electric usage history** 

Dec

60

Jun 2023

119

4

Jan

8.75

Feb

47

1,582

4

Mar

12-Month Usage Avg Monthly Usage

ADr

Previous Amount Due

Taxes

Jul

81°

Electric (kWh)

Avg. Daily (kWh)

Jun

78

## Your Energy Bill

Page 1 of 3

Service address CITRUS WATERWORKS INC 5265 W BANDY LN \*COMM\*

\$-39.84

0.00

30.00

2.94

\$-6.90

2024

May Jun

132

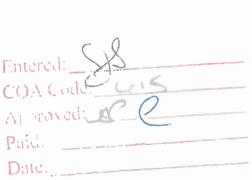
80

Bill date Jun 24, 2024 For service May 23 - Jun 20 29 days

Account number 9100 8516 7134

On May 7, 2024, the Florida Public Service Commission approved Duke Energy's request for a mid-course correction of its 2024 fuel cost recovery factors. As a result, commercial and industrial bills are decreasing between 3.5% and 7.0% with the new rate effective June 2024 (specific bill impact varies depending on several factors). To learn more about this adjustment visit duke-energy.com/ **FuelUpdateBiz** 

To help us repair malfunctioning streetlights, quickly: 1. Visit dukeenergy.com/lightrepair 2. Provide us with the light's location and your contact information. 3. Specific addresses, landmarks and directions work best.



Mail your payment at least 7 days before the due date or pay instantly at duke-energy.com/billing. Late payments are subject to a \$5.00 or 1.5%, late charge, whichever is greater. Please return this portion with your payment. Thank you for your business. Account number No payment is required at this \$0.00 **ENERGY** time. 9100 8516 7134 **Duke Energy Return Mail** PO Box 1090 Charlotte, NC 28201 1090 Add here, to help others with a Amount enclosed contribution to Share the Light 034146 000000174 المعادلية ومعمور والقابية والمتباع والمتباد والمعمولات والمعالية والمعام والمعام والمعام والمعام والمعام والمعام **Duke Energy Payment Processing** CITRUS WATERWORKS INC

PO Box 1094 Charlotte, NC 28201-1094

4939 CROSS BAYOU BLVD NEW PORT RICHEY FL 34652-3434

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h def duke bils.20240621211919.67, ab-68291-000000174



Current electric usa	ge for meter number 10307	740
Actual reading on Jur Previous reading on M		46229 - <b>4</b> 6181
Energy Used		48 kWh
Billed kWh	48.000 kWh	

#### **Billing details - Electric**

Billing Period - May 23 24 to Jun 20 24	
Meter - 1030740	
Customer Charge	\$16.02
Energy Charge	
48.000 kWh @ 9.419c	4.52
Fuel Charge	
48.000 kWh @ 4.670c	2.24
Asset Securitization Charge	
48.000 kWh @ 0.204c	0.10
Minimum Bill Adjustment	7.12
Total Current Charges	\$30.0

The total charges incurred during this billing period are below the minimum expenses necessary to equitably provide and maintain reliable electric service to all facilities across the state. When the combined monthly customer, energy, fuel, and other charges fall below a \$30 threshold, customers will see the difference noted as a Minimum Bill Adjustment under the Billing Details section. Learn more about the minimum charge adjustment and additional customer charges at duke- energy.com/minimum.

Your current rate is General Service Non-Demand Sec (GS-1).

For a complete listing of all Florida rates and riders, visit dukeenergy.com/rates

Total Taxes	\$2.94
Gross Receipts Tax	0.77
Regulatory Assessment Fee	0.03
State And Other Taxes	\$2.14



COOPERATIVE, INC.		93047332 hber 20089703	Cycle		Bill Date Amount Current	-	_	6/10/20 58. 7/01/20
Your Touchstone Energy Cooperative	Customer Nan	ne CITRUS WAT	ER WORKS	S INC			e Serving You al River	
		See Reverse	Side For More	e Informati	ion	Oryste		
iervice Address 11927 N ELLSWORTH iervice Classification General Service Non-I			<b>.</b>	ELECT	RIC SERV	NÇE		
		From <u>Date Reading</u> 05/03 62817		eading 2977	Multiplier	<u>Dem. Reading</u>	KW Demand	<u>kWh Use</u> 160
Comparative Gaage Information	BILLS ARE DUE HEN RENDERED	Previous Balar	Ce					59.50
Period Davs Per Day A1.5	percent, but not han \$5, late charge	Payment Balance Forwar	d			5	59.50CR	0.00
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	e due date shown							
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		Fuel Adjustmen	t 160 KW				6.08	
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		Total amount	will be elec				er 06/21/20	)24.
		Total amount	will be elec				er 06/21/20	)24.
WITHLACOOCHEE RIVER ELECTRIC		Please <b>Detach and R</b>	etum This Portk	on With		rred on or aft	er 06/21/20 Side For Mailing	
WITHLACOOCHEE RIVER ELECTRIC COOPERATIVE, INC.			etum This Portk	on With		rred on or aft		
COOPERATIVE, INC.		Please <b>Detach and R</b>	etum This Portk	on With	y transfe	rred on or aft	Side For Mailing	
COOPERATIVE, INC.		Please <b>Detach and R</b>	etum This Portk	on With	y transfe	rred on or aft See Reverse S	Side For Mailing	
COOPERATIVE, INC.		Please <b>Detach and R</b>	eturn This Portk sure Accurate Po	on With osting.	y transfe	rred on or aft See Reverse S	Side For Mailing	
COOPERATIVE, INC.		Please <b>Detach and R</b> Your Payment To En	eturn This Portk sure Accurate Po	on With osting.	y transfe	rred on or aft See Reverse S	Side For Mailing	
COOPERATIVE, INC. Your Touchstone Energy' Cooperative Con P.O. Box 278 - Dade City, Florida 33526-0278		Please <b>Detach and R</b> Your Payment To En	eturn This Portk sure Accurate Po	on With osting.	y transfe	rred on or aft See Reverse S	Side For Mailing	
COOPERATIVE, INC. Your Touchstone Energy Cooperative Co P.O. Box 278 - Dade City, Florida 33528-0278		Please <b>Detach and R</b> Your Payment To En	eturn This Portk sure Accurate Po	on With osting.	y transfe Bil	rred on or aft See Reverse S	Side For Mailing <b>0/2024</b>	Instruction
COOPERATIVE, INC. Your Touchstone Energy' Cooperative Con P.O. Box 278 - Dade City, Florida 33526-0278	CR05 5 INC	Please <b>Detach and R</b> Your Payment To En	eturn This Portk sure Accurate Po	on With osting.	y transfe Bil	rred on or aft See Reverse S II Date: 06/1	Side For Mailing <b>0/2024</b> n or after <b>06</b>	Instruction



Page 1 of 3

Service address CITRUS WATERWORKS INC 5265 W BANDY LN \*COMM\*

Bill date May 24, 2024 For service Apr 23 - May 22 30 days

#### Account number 9100 8516 7134

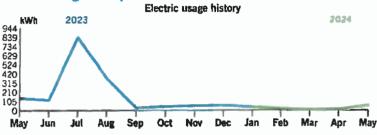
Duke Energy Florida utilized fuel in the following proportions to generate your power: Coal 8.7%, Purchased Power 6.8%, Gas 79.4%, Oil 0.1%, Nuclear 0%, Solar 5% (For prior 12 months ending March 31, 2024).

Biz Energy Review: You need energy-saving solutions that fit your business, not someone else's. Let a Business Energy Advisor connect you with equipment upgrades and rebates at duke-energy.com/ **MySolution** 

#### **Billing summary**

Credit Amount, Do Not Pay	\$-39.84
Taxes	2.94
Current Electric Charges	30.00
Payment Received	0.00
Previous Amount Due	\$-72.78

#### Your usage snapshot



#### Average temperature in degrees

74'	78°	81	82	78 <sup>.</sup>	71.	64	60"	9	58	-	64	1
			Current	Month	May	2023	12·M	ionth l	Isage	Avg Mo	onthly	Usage
Electr	ic (kWh	)	59	)	1	39		1,653			138	
Avg. (	Daily (k)	Wh)	2			4		5				
12-m	12-month usage based on most recent history											

Current dy \$32

Date

Mail your payment at least 7 days before the due date or pay instantly at duke-energy.com/billing. Late payments are subject to a \$5.00 or 1.5%, late charge, whichever is greater.

time.

Please return this portion with your payment. Thank you for your business.



Duke Energy Return Mail PO Box 1090 Charlotte, NC 28201-1090

032448 000001270

Account number

9100 8516 7134

Amount due

\$0.00

Add here, to help others with a Amount enclosed contribution to Share the Light

No payment is required at this

#### ╶╏╷╍╫╗┥╗╢╔╣╺╍╷┤╺╸┧╸╕╗┍╛╍╍╢╢┝<mark>╔</mark>╫┽┥╗╻╕┫┛╢╢╝╺╢╔╗╢┽╕╟╸╽┍╕╟╕╝╝╕╖╝╗╝

**Duke Energy Payment Processing** PO Box 1094 Charlotte, NC 28201-1094



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8891008516713400066000000000000003294000000006



Current electric usage for	meter number 1030740	
Actual reading on May 22 Previous reading on Apr 23		46181 - 46122
Energy Used		59 kWh
Billed kWh	59.000 kWh	

#### **Billing details - Electric**

Billing Period - Apr 23 24 to May 22 24	
Meter - 1030740	
Customer Charge	\$16.02
Energy Charge	
59.000 kWh @ 9.419c	5.56
Fuel Charge	
59.000 kWh @ 5.247c	3.10
Asset Securitization Charge	
59.000 kWh @ 0.204c	0.12
Minimum Bill Adjustment	5.20
Total Current Charges	\$30.00

The total charges incurred during this billing period are below the minimum expenses necessary to equitably provide and maintain reliable electric service to all facilities across the state. When the combined monthly customer, energy, fuel, and other charges fall below a \$30 threshold, customers will see the difference noted as a Minimum Bill Adjustment under the Billing Details section. Learn more about the minimum charge adjustment and additional customer charges at duke- energy.com/minimum.

Your current rate is General Service Non-Demand Sec (GS-1).

For a complete listing of all Florida rates and riders, visit duke-energy.com/rates

Total Taxes	\$2.94
Gross Receipts Tax	0.77
Regulatory Assessment Fee	0.03
State And Other Taxes	\$2.14





Page 1 of 3

Service address **CITRUS WATERWORKS INC** 5335 W BLADE LN PUMP

Bill date May 29, 2024 For service Apr 25 - May 24 30 days

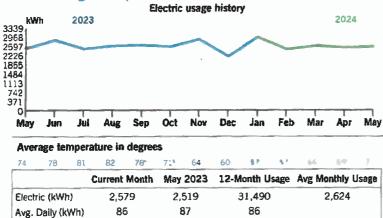
Account number 9100 8512 6911

#### **Billing summary**

Previous Amount Due	\$433.23
Payment Received May 17	-433.23
Current Electric Charges	399.50
Taxes	39.10
Total Amount Due Jun 19	\$438.60

#### Your usage snapshot

12-month usage based on most recent history





Thank you for your payment.

Duke Energy Florida utilized fuel in the following proportions to generate your power: Coal 8.7%, Purchased Power 6.8%, Gas 79.4%, Oil 0.1%, Nuclear 0%, Solar 5% (For prior 12 months ending March 31, 2024).

Biz Energy Review: You need energy-saving solutions that fit your business, not someone else's. Let a Business Energy Advisor connect you with equipment upgrades and rebates at duke-energy.com/ MySolution

Entered:	2
Approved: Co	e C
	062121

Mail your payment at least 7 days before the due date or

			pay instantly at duke-energy.com/billing. Late payments are subject to a \$5.00 or 1.5%, late charge, whichever is greater.			
Please	e return this partien with your payment. Thank you for your business.	Amount of automatic draft				
4	ENERGY.	Account number 9100 8512 6911	<b>\$438.60</b> by Jun 19	Your payment is scheduled to be made by monthly automatic draft on Jun 19		
	Duke Energy Return Mail PO Box 1090 Charlotte, NC 28201-1090		\$ Add here, to help other contribution to Share ti	ss		
	025629_000003710 դոլլ[[][][][][][][][[][][[][][][]][][][][		lingriniriji politing Duke Energy Payme PO Box 1094 Charlotte, NC 2820	-		

4939 CROSS BAYOU BLVD NEW PORT RICHEY FL 34652-3434



Current electric usage for meter number 4107759					
Actual reading on May 2445943Previous reading on Apr 25- 43364					
Energy Used		2,579 kWh			
Billed kWh	2,579.000 kWh				

#### **Billing details - Electric**

Billing Period - Apr 25 24 to May 24 24					
Meter - 4107759					
Customer Charge	\$16.02				
Energy Charge					
2,579.000 kWh @ 9.419c	242.90				
Fuel Charge					
2,579.000 kWh @ 5.247c	135.32				
Asset Securitization Charge					
2,579.000 kWh @ 0.204c	5.26				
Total Current Charges	\$39 <del>9</del> .50				

Your current rate is General Service Non-Demand Sec (GS-1).

For a complete listing of all Florida rates and riders, visit dukeenergy.com/rates

Total Taxes	\$39.10
Gross Receipts Tax	10.25
Regulatory Assessment Fee	0.35
State And Other Taxes	\$28.50



COOPERATIVE, INC.	Account Number 2151511 Meter Number 93047332 Customer Number 20089703	Curre	unt Due	05/08/202 59.( 05/29/202
Your Touchstone Energy*Cooperative 2017 P.O. Box 278 • Dade City, Florida 33526-0278	Customer Name CITRUS WATEF	R WORKS INC	District Office Serving You Crystal River	Ц
ervice Address 11927 N ELLSWORTH		ie For More Information		
service Classification General Service Non-De	(	ELECTRIC SE	RVICE	
	<u>Date</u> <u>Reading</u> 04/03 62646 ( 0	Date Reading Multiplic	er Dem. Reading KW Demand	<u>kWh Use</u> 171
Average kWh WHE	LS ARE DUE N RENDERED Previous Balance ercent, but not Payment	8	58.05CR	58.05
May 2024 30 6 less tha Apr 2024 29 5 will app	n \$5, late charge <b>Balance Forward</b> Ny to unpaid Is as of 5:00 p.m.			0.00
	due date shown bill. Energy Charge 1	71 KWH @ 0.05017 171 KWH @ 0.03800 ts Tax	39.16 8.58 6.50 1.39 3.87	
You have 24-hour access to mar ccount on-line through Smarthu ww.wrec.net. If you would like t ayment using your credit card, p 44-209-7166. This number is W	b at o make a blease cali	narges E.F.T.		59.50 59.50
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WITHLACOOCHEE RIVER ELECTRIC	Please Detach and Refu Your Payment To Ensur		See Reverse Side For Mailin	g Instruction
COOPERATIVE, INC.			Dill Datas 05/09/2024	
COOPERATIVE, INC. Your Touchstone Energy Cooperative 201 P.O. Box 278 • Dede City, Florida 33526-0278			Bill Date: 05/08/2024	
Your Touchstone Energy" Cooperative	Use above space for addre		Bill Date: 05/08/2024	
Your Touchstone Energy Cooperative 2021 P.O. Box 278 - Dade City, Florida 33526-0278	Use above space for addre		Bill Date: 05/08/2024	
Your Touchstone Energy Cooperative 2021 P.O. Box 278 - Dade City, Florida 33526-0278	Use above space for addre	ss change ONLY. Electronic F	unds Transfer on or after 0	
Your Touchstone Energy Cooperative P.O. Box 278 - Dade City, Florida 33526-0278 District: CR05	CR05 INC	ss change ONLY. Electronic F		5/24/202 59.5



Page 1 of 3

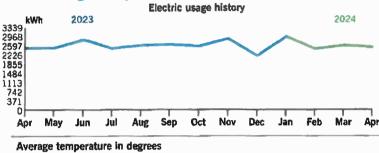
Service address CITRUS WATERWORKS INC 5335 W BLADE LN PUMP Bill date Apr 26, 2024 For service Mar 26 - Apr 24 30 days

Account number 9100 8512 6911

#### **Billing summary**

Previous Amount Due	\$445.09
Payment Received Apr 17	-445.09
Current Electric Charges	394.61
Taxes	38.62
Total Amount Due May 17	\$433.23

#### Your usage snapshot



71 74 78: 811 821 78 73 641 60\* 4.2 Apr 2023 12-Month Usage Avg Monthly Usage Current Month 2,520 31,430 2,619 2,546 Electric (kWh) 85 87 86 Avg. Daily (kWh) 12-month usage based on most recent history

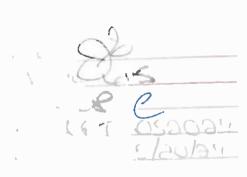
\$

Thank you for your payment.

Know what's below. Call before you dig. Always call 811 before you dig, it's the law. Making this free call at least Two full Business days before you dig gets utility lines marked and helps protect you from injury and expense. Call 811 or visit sunshine811.com.

Make a Clean Energy Impact by purchasing renewable energy certificates with Duke Energy and match your organization's electricity usage with zero-emissions energy. Visit duke-energy.com/ CEI to learn more.

To help us repair malfunctioning streetlights, quickly: 1. Visit dukeenergy.com/lightrepair 2. Provide us with the light's location and your contact information. 3. Specific addresses, landmarks and directions work best.



Mail your payment at least 7 days before the due date or pay instantly at duke-energy.com/billing. Late payments are subject to a \$5.00 or 1.5%, late charge, whichever is greater.

Please return this portion with your payment. Thank you for your business. DUKE Account number \$433.23 Your payment is scheduled to be made by monthly automatic ENERGY. 9100 8512 6911 by May 17 draft on May 17 Duke Energy Return Mail PO Box 1090 Charlotte, NC 28201-1090 Add here, to help others with a Amount enclosed contribution to Share the Light 024723 000004158 بغمار بالألبا فألدت أبرا بالبسي والمارية بالأبار البارك البراية فتدغ Duke Energy Payment Processing PO Box 1094 **CITRUS WATERWORKS INC** 4939 CROSS BAYOU BLVD Charlotte, NC 28201-1094 NEW PORT RICHEY FL 34652-3434





1	Current electric usage for meter number 4107759					
	Actual reading on Apr 24 43364 Previous reading on Mar 26 - 40818					
1	Flevious leading on man	20	- 40010			
I	Energy Used		2,546 kWh			
Billed kWh 2,546.000 kWh						

# **Billing details - Electric**

Billing Period - Mar 26 24 to Apr 24 24	
Meter - 4107759	
Customer Charge	\$16.02
Energy Charge	
2,546.000 kWh @ 9.419c	239.81
Fuel Charge	
2,546.000 kWh @ 5.247c	133.59
Asset Securitization Charge	
2,546.000 kWh @ 0.204c	5.19
Total Current Charges	\$394.61

Your current rate is General Service Non-Demand Sec (GS-1).

For a complete listing of all Florida rates and riders, visit dukeenergy.com/rates

Total Taxes	\$38.62		
Gross Receipts Tax	10.13		
Regulatory Assessment Fee	0.34		
State And Other Taxes	\$28,15		





Page 1 of 3

Service address **CITRUS WATERWORKS INC** 5265 W BANDY LN \*COMM\*

Bill date Apr 24, 2024 For service Mar 22 - Apr 22 32 days

Account number 9100 8516 7134

Know what's below. Call before you dig. Always call 811 before you dig, its the law. Making this free call at least Two full Business days before you dig gets utility lines marked and helps protect you from injury and expense. Call 811 or visit sunshine811.com.

Make a Clean Energy Impact by purchasing renewable energy certificates with Duke Energy and match your organization's electricity usage with zero-emissions energy. Visit duke-energy.com/ CEI to learn more.

To help us repair malfunctioning streetlights, quickly: 1. Visit dukeenergy.com/lightrepair 2. Provide us with the light's location and your contact information. 3. Specific addresses, landmarks and directions work best.

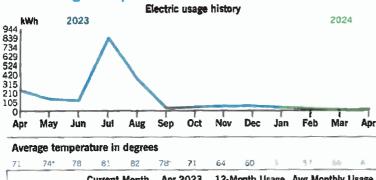
Entered S	X	/	
CONCrde Applexed		e	
Paid			
Date			

# b.def.duke bills.20240423222839.48.ap-88269-000000174

**Billing summary** 

Previous Amount Due	\$-105.73
Payment Received	0.00
Current Electric Charges	30.00
Taxes	2.95
Credit Amount, Do Not Pay	\$-72.78

#### Your usage snapshot

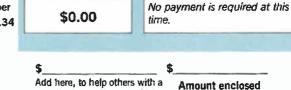


71	74*	78	81	82	781	71	64	60	5	5.2	- 44/	A
			Current	Month	Apr	2023	12-N	tonth L	Isage	Avg M	onthly	Usage
Electr	ric (kWh)		16	5	2	38		1,733			144	
Avg. I	Daily (kWl	h)	1			8		5				
12-m	ionth usag	ge k	based on	most re	cent h	istory						

#### Mail your payment at least 7 days before the due date or pay instantly at duke-energy.com/billing. Late payments are subject to a \$5.00 or 1.5%, late charge, whichever is greater.

Please return this portion with your payment. Thank you for your business. Account number DUKE **ENERGY** 9100 8516 7134

Duke Energy Return Mail PO Bux 1090 Charlotte, NC 28201-1090



contribution to Share the Light

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**CITRUS WATERWORKS INC** 4939 CROSS BAYOU BLVD NEW PORT RICHEY FL 34652-3434

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**Duke Energy Payment Processing** PO Box 1094 Charlotte, NC 28201-1094



Current electric usage for meter number 1030740						
Actual reading on Apr 22 46122 Previous reading on Mar 22 - 46106						
Energy Used		16 kWh				
Billed kWh 16.000 kWh						

#### Billing details - Electric

Billing Period - Mar 22 24 to Apr 22 24		
Meter - 1030740		
Customer Charge	\$16.02	
Energy Charge		
16.000 kWh @ 9.419c	1.51	
Fuel Charge		
16.000 kWh @ 5.247c	0.84	
Asset Securitization Charge		
16.000 kWh @ 0.204c	0.03	
Minimum Bill Adjustment	11.60	
Total Current Charges	\$	30.00

The total charges incurred during this billing period are below the minimum expenses necessary to equitably provide and maintain reliable electric service to all facilities across the state. When the combined monthly customer, energy, fuel, and other charges fall below a \$30 threshold, customers will see the difference noted as a Minimum Bill Adjustment under the Billing Details section. Learn more about the minimum charge adjustment and additional customer charges at duke- energy.com/minimum.

Your current rate is General Service Non-Demand Sec (GS-1).

For a complete listing of all Florida rates and riders, visit dukeenergy.com/rates

Total Taxes	\$2.95
Gross Receipts Tax	0.77
Regulatory Assessment Fee	0.03
State And Other Taxes	\$2.15



COOPERATIVE, INC. Meter Number Customer Nu	er 93047332 mber 20089703	cle 05	Bill Dat Amoun Current			4/08/2024 58.05 14/30/2024
Your Touchstone Energy* Cooperative Constant Customer Na P.O. Box 278 • Dade City, Florida 33526-0278	me CITRUS WATER WC	RKS INC			e Serving You	
1	See Reverse Side For	More Informa	ation	Crystz	al River	
Service Address 11927 N ELLSWORTH TER Service Classification General Service Non-Demand	_		TRIC SERV	/ICE		
	From <u>Date</u> <u>Reading</u> ( <u>Date</u> 03/05 62490 04/03	To <u>Reading</u> 62646	<u>Multiplier</u>	<u>Dem. Reading</u>	KW Demand	<u>kWh Used</u> 156
Comparative Usage Information Average kWh Period Days Per Day A 1.5 percent, but not	Previous Balance Payment				5.91CR	55.91
Apr 2024 29 5 less than \$5, late charge Mar 2024 29 5 will apply to unpaid balance as a 5 50 a m	m.j m					0.00
Apr 2023 32 8 Datances as or 5:00 p.m. on the due date shown on this bill.	Customer Charge Energy Charge 156 K Fuel Adjustment 156 FL Gross Receipts T State Tax	KWH @ 0.		3	89.16 7.83 5.93 1.36 3.77	
You have 24-hour access to manage your account on-line through Smarthub at www.wrec.net. If you would like to make a payment using your credit card, please call 344-209-7166. This number is WREC's Secure Pay-By-Phone system.	Total Current Charg Total Due		F.T.			58,05 58.05
*** ATTENTION *** The 2023 Capital Credits assigned amount or this account is \$86.61. These credits are not refundable at this time nor can they be applied toward the balance owed.		1 ( o 14- 1 2d 1 ( )	.00	11912		
Capital Credits will be refunded as approved by the Cooperative's Board of Frustees and in compliance of our nortgage agreement with the United States Government.	Total amount will be	[	DO NOT F	PAY		)24
WITHLACOOCHEE RIVER ELECTRIC	Please Detach and Return This Your Payment To Ensure Accu				Side For Mailing	Instructions
Your Touchstone Energy Cooperative And And And And And And And And And And			Bi	ill Date: 04/0	18/2024	
District: CR05	Use above space for address char	nge ONLY.				
କଳ୍ଳ 2151511 CR05 ୍ର୍ୟୁ CITRUS WATER WORKS INC ସୁ 4939 CROSS BAYOU BLVD				ids Transfer of RGES DUE DO NOT I		4/19/202 58.0
••••••••••••••••••••••••••••••••••••••	ունիլում			DO NOT		



Page 1 of 3

#### Service address CITRUS WATERWORKS INC 5335 W BLADE LN PUMP

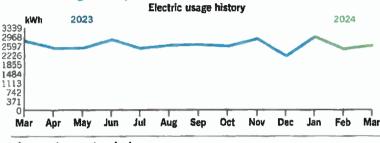
Bill date Mar 27, 2024 For service Feb 24 - Mar 25 31 days

Account number 9100 8512 6911

#### **Billing summary**

Previous Amount Due	\$422.24
Payment Received Mar 19	-422.24
Current Electric Charges	405.47
Taxes	39.62
Total Amount Due Apr 17	\$445.09

#### Your usage snapshot



#### Average temperature in degrees

66	71*	74º	78	81	82'	78	71•	64	60*	5	57	6 P
			Current	Month	Mar	2023	12-N	lonth L	Isage	Avg M	lonthly	Usage
Electr	ic (kWh	1)	2,6	19	2,	807		31,404	ŀ		2,617	
Avg. I	Daily (k)	Wh)	84	4	8	38		86				
12-m	onth us	age b	ased on	most re	cent h	istory						

# \$

Thank you for your payment.

Important power line safety reminder. Stay away from power lines. Do not work near overhead lines. Always assume that downed lines are energized and dangerous. Report downed power lines to Duke Energy immediately by calling 800-228-8485.

National Renewable Energy Day is March 21, so there's no better time to sign up for Clean Energy Connection and support solar energy without rooftop panels. Learn more at duke-energy.com/ Celebrate.

Learn how to lower your bill with an online or free on-site Business Energy Check. This no-cost analysis provides you with specific tips on how to save energy and qualify for valuable rebates for energysavings measures. You may also qualify for a FREE Commercial Energy Savings Kit, Go to duke-energy.com/FreeBizCheck or email prescriptiveincentives@duke-energy.com.

Intered. COA Cod	-Xy=-)
Approved	SC.
Paid:	EFT OVISBU
Date	1/10/24

Mail your payment at least 7 days before the due date or pay instantly at duke-energy.com/billing. Late payments are subject to a \$5.00 or 1.5%, late charge, whichever is greater.

Please return this portion with your payment. Thank you for your business. Your payment is scheduled to Account number \$445.09 **DUKE** be made by monthly automatic ENERGY 9100 8512 6911 by Apr 17 draft on Apr 17 **Duke Energy Return Mail** PO Box 1090 Ś Charlotte, NC 28201-1090 Add here, to help others with a Amount enclosed contribution to Share the Light ]#uzaguzgA#gz4jugu]##ag4z#gz#uzg8#fa#at###ajgEze1#aggg1@a4[7]aa[84 024930 000004319 ĴĸĬĮŨĬ<sub>Ĭ</sub>ŬĨĬĬŧĮĸĨ<u>Ĭ</u>Ĭ<mark>ŢĨ</mark>ŦŖĮĸĸĊĬĮĊĴĮĬĸŧĬĸŧĔĸŦŢĬĬċ<u>Ĭ</u>ĮĸĬĸĸĬŬĬŢŦĬĸĬŬĬŢĸ 民

CITRUS WATERWORKS INC 4939 CROSS BAYOU BLVD NEW PORT RICHEY FL 34652-3434

**Duke Energy Payment Processing** PO Box 1094 Charlotte, NC 28201-1094

#### AA9100A5126911000660000000000000445090000445094





Current electric u	isage for meter number 4107	759
Actual reading on Previous reading o		40818 - 38199
Energy Used		2,619 kWh
Billed kWh	2,619.000 kWh	

#### **Billing details - Electric**

Billing Period - Feb 24 24 to Mar 25 24	
Meter - 4107759	
Customer Charge	\$16.02
Energy Charge	
2,619.000 kWh @ 9.419c	246.69
Fuel Charge	
2,619.000 kWh @ 5.247c	137.42
Asset Securitization Charge	
2,619.000 kWh @ 0.204c	5.34
Total Current Charges	\$405.47

Your current rate is General Service Non-Demand Sec (GS-1).

For a complete listing of all Florida rates and riders, visit dukeenergy.com/rates

Total Taxes	\$39.62
Gross Receipts Tax	10.40
Regulatory Assessment Fee	0.30
State And Other Taxes	\$28.92





Page 1 of 3

Service address	
CITRUS WATERWORKS INC	
5265 W BANDY LN	
*COMM*	

Bill date Mar 25, 2024 For service Feb 22 - Mar 21 29 days

Account number 9100 8516 7134

Important power line safety reminder. Stay away from power lines. Do not work near overhead lines. Always assume that downed lines are energized and dangerous. Report downed power lines to Duke Energy immediately by calling 800-228-8485.

National Renewable Energy Day is March 21, so there's no better time to sign up for Clean Energy Connection and support solar energy without rooftop panels. Learn more at duke-energy.com/ Celebrate.

Learn how to lower your bill with an online or free on-site Business Energy Check. This no-cost analysis provides you with specific tips on how to save energy and qualify for valuable rebates for energysavings measures. You may also qualify for a FREE Commercial Energy Savings Kit. Go to duke-energy.com/FreeBizCheck or email prescriptiveincentives@duke-energy.com.

Fintered \_ COA Code Cons Approved: JE C Paid. Date:

 Mail your payment at least 7 days before the due date or pay instantly at duke-energy.com/billing. Late payments are subject to a \$5.00 or 1.5%, late charge, whichever is greater.

 Please return this portion with your payment. Thank you for your business.

 Account number 9100 8516 7134

 Duke Energy Return Mail PO Box 1090

S\_\_\_\_\_\_

 Add here, to help others with a contribution to Share the Light

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Duke Energy Payment Processing PO Box 1094 Charlotte, NC 28201-1094

#### **Billing summary**

Credit Amount, Do Not Pay	\$-105.73
Taxes	2.93
Current Electric Charges	30.00
Payment Received	0.00
Previous Amount Due	\$-138.66

#### Your usage snapshot

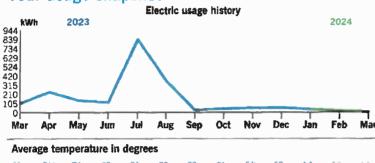
Charlotte, NC 28201-1090

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CITRUS WATERWORKS INC 4939 CROSS BAYOU BLVD

NEW PORT RICHEY FL 34652-3434

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66*	71*	74	78	81	82	78	71	64	60	6.2	- n	2.7
			Current	Month	Mar	2023	1 <b>2</b> -N	fonth U	sage	Avg M	onthly	Usage
Electr	ic (kWh)		9		1	08		1,955			163	
Avg. (	Daily (kW	h)	0			4		5				
12-m	onth usag	ze b	ased on	most re	cent h	istory		_				

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Q.





Current electric usage for	neter number 1030740	
Actual reading on Mar 21 Previous reading on Feb 22		46106 - 46097
Energy Used		9 kWh
Billed kWh	9.000 kWh	

#### **Billing details - Electric**

Billing Period - Feb 22 24 to Mar 21 24		
Meter - 1030740		
Customer Charge	\$16.02	
Energy Charge		
9.000 kWh @ 9.419c	0.84	
Fuel Charge		
9.000 kWh @ 5.247c	0.47	
Asset Securitization Charge		
9.000 kWh @ 0.204c	0.02	
Minimum Bill Adjustment	12.65	
Total Current Charges	\$30.	.00

The total charges incurred during this billing period are below the minimum expenses necessary to equitably provide and maintain reliable electric service to all facilities across the state. When the combined monthly customer, energy, fuel, and other charges fall below a \$30 threshold, customers will see the difference noted as a Minimum Bill Adjustment under the Billing Detaits section. Learn more about the minimum charge adjustment and additional customer charges at duke- energy.com/minimum.

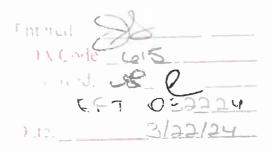
Your current rate is General Service Non-Demand Sec (GS-1).

For a complete listing of all Florida rates and riders, visit dukeenergy.com/rates

Total Taxes	\$2.93
Gross Receipts Tax	0.77
Regulatory Assessment Fee	0.02
State And Other Taxes	\$2.14



COOPERATIVE, INC.	ccount Numb leter Number ustomer Num ustomer Nam	93047332 Iber 20089703	Cycle 05 ER WORKS INC	Bill Date Amount Current	Due	03/08/2024 55.91 04/01/2024
		See Reverse	Side For More Inform	nation		
Service Address 11927 N ELLSWORTH TE Service Classification General Service Non-Demo		From Date Reading	ELE To <u>Date Reading</u>	CTRIC SERV	CE Dem. Reading   KW Demand	kWh Used
		02/05 62359	03/05 62490	INCILIDITE!	pant reduing rev Danang	131
Period     Days     Per Day     A 1.5 perconstruction       Mar     2024     29     5     less than \$       Feb     2024     32     5     will apply \$	cent, but not	Previous Balar Payment Balance Forwar	lce		57.89CR	57.89 0.00
	ue date shown II.	Customer Charge Energy Charge Fuel Adjustmer FL Gross Recei State Tax	131 RWH @ 0.0 t 131 KWH @ 0		39.16 6.57 5.24 1.31 3.63	
You have 24-hour access to mana account on-line through Smarthub www.wrec.net. If you would like to	age your at	Total Current Total Due		F.T.		55.91 55.91



DO NOT PAY Total amount will be electronically transferred on or after 03/22/2024.

Please Detach and Return This Portion With Your Payment To Ensure Accurate Posting. See Reverse Side For Mailing Instructions

Bill Date: 03/08/2024

Use above space for address change ONLY.

AWE

payment using your credit card, please call 844-209-7166. This number is WREC's

\*\*\* ATTENTION \*\*\* Plan to attend WREC's 77th Annual Meeting on Wednesday, April 17, 2024. Registration: 4:30 p.m. to 6:15 p.m. The Bar Code above will be used for registration. Present the top portion of

your bill along with photo ID to register. See the enclosed Newsletter for additional

WITHLACOOCHEE RIVER ELECTRIC

Your Touchstone Energy Cooperative

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

COOPERATIVE, INC.

**District: CR05** 

Secure Pay-By-Phone system.

information.

Electronic Funds Transfer on or after 03/22/202 TOTAL CHARGES DUE 55.9 DO NOT PAY

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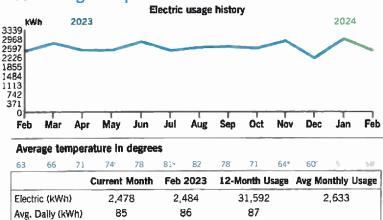
Page 1 of 3

Service address	Bill date	Feb 27, 2024
CITRUS WATERWORKS INC	For service	Jan 26 - Feb 23
5335 W BLADE LN		29 days
PUMP		
	Account number	100 8512 6911

#### Billing summary

Total Amount Due Mar 19	\$422.24
Taxes	37.59
Current Electric Charges	384.65
Payment Received Feb 20	-502.26
Previous Amount Due	\$502.26

#### Your usage snapshot



12-month usage based on most recent history

# \$

Thank you for your payment.

Duke Energy Florida utilized fuel in the following proportions to generate your power: Coal 8.5%, Purchased Power 7.8%, Gas 78.8%, Oil 0.1%, Nuclear 0%, Solar 4.8% (For prior 12 months ending December 31, 2023).

Entered Date

Mail your payment at least 7 days before the due date or pay instantly at duke-energy.com/billing. Late payments are subject to a \$5.00 or 1.5%, late charge, whichever is greater.

Please return this portion with your payment. Thank you for your business. Your payment is scheduled to DUKE Account number \$422.24 be made by monthly automatic ENERGY. 9100 8512 6911 by Mar 19 draft on Mar 19 Duke Energy Return Mail PO Box 1090 \$ Charlotte, NC 28201-1090 Add here, to help others with a Amount enclosed contribution to Share the Light ╷╷╕┇╖┋╍╓┨╷┑┓┓┠╍╍╏╷╍╍╞┠╍╝┱┛╠┋╔╢┍╍┸╢╍╏╖╗┲╍╕┇╒╍┓╍┚╍║╏║║║ 025229 000004415 \_<u>}</u>

32 **CITRUS WATERWORKS INC** 4939 CROSS BAYOU BLVD NEW PORT RICHEY FL 34652-3434

**Duke Energy Payment Processing** PO Box 1094 Charlotte, NC 28201-1094



AA9100A512L911000LL00000000000000422240000042224A



Current electric u	sage for meter number 4107	759
Actual reading on i Previous reading o		38199 - 35721
Energy Used		2,478 kWh
Billed kWh	2,478.000 kWh	

## **Billing details - Electric**

Billing Period - Jan 26 24 to Feb 23 24	
Meter - 4107759	
Customer Charge	\$16.02
Energy Charge	
2,478.000 kWh @ 9.419c	233.41
Fuel Charge	
2,478.000 kWh @ 5.247c	130.02
Asset Securitization Charge	
2,478.000 kWh @ 0.210c	5.20
Total Current Charges	\$384.65

Your current rate is General Service Non-Demand Sec (GS-1).

For a complete listing of all Florida rates and riders, visit dukeenergy.com/rates

Total Taxes		\$37.59
Gross Receipts Tax	9.87	
Regulatory Assessment Fee	0.28	
State And Other Taxes	\$27.44	





Page 1 of 3

Service address	Bill date	Feb 23, 2024
CITRUS WATERWORKS INC	For service	Jan 24 - Feb 21
5265 W BANDY LN		29 days
*COMM*		
	Account number §	9100 8516 7134

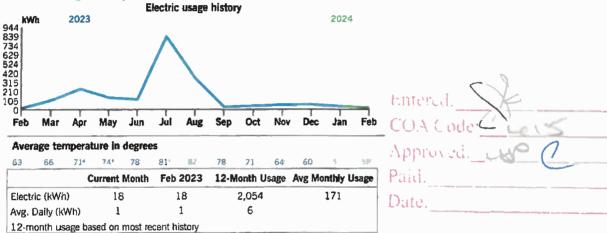
#### **Billing summary**

Previous Amount Due	\$-171.60
Payment Received	0.00
Current Electric Charges	30.00
Taxes	2.94
Credit Amount, Do Not Pay	\$-138.66

Duke Energy Florida utilized fuel in the following proportions to generate your power: Coal 8.5%, Purchased Power 7.8%, Gas 78.8%, Oil 0.1%, Nuclear 0%, Solar 4.8% (For prior 12 months ending December 31, 2023).

Mail your payment at least 7 days before the due date or

#### Your usage snapshot



pay instantly at duke-energy.com/billing. Late payments are subject to a \$5.00 or 1.5%, late charge, whichever is greater. Please return this portion with your payment. Thank you for your business. No payment is required at this Account number \$0.00 time. ENERGY. 9100 8516 7134 Duke Energy Return Mail PO Box 1090 5 Charlotte, NC 28201-1090 Add here, to help others with a Amount enclosed contribution to Share the Light <u>╢╡┎║╡╡╕┍╢┍╷╷╷╢╢╎</u>╡╸╢╷╢┼╢╷╔╗<sup>┥</sup>╢╷╝╵╢┍╢┍╢┍╟║╵╖╎┤║╎ 034346 000000168 #U-\$a1aar4U-\$1a1183\$\$\$a13a44U-\$1a4a183a1a433b1a184U+\$1a411614 陞 Duke Energy Payment Processing PO Box 1094 **CITRUS WATERWORKS INC** 4939 CROSS BAYOU BLVD Charlotte, NC 28201-1094 NEW PORT RICHEY FL 34652-3434



autone eteodite nonge int			
Actual reading on Feb 21 Previous reading on Jan 24		46097 - 46079	
Energy Used		18 kWh	
Billed kWh	18.000 kWh		
	-		

#### **Billing details - Electric**

Billing Period - Jan 24 24 to Feb 21 24								
Meter - 1030740								
Customer Charge	\$16.02							
Energy Charge								
18.000 kWh @ 9.419c	1.70							
Fuel Charge								
18.000 kWh @ 5.247c	0.94							
Asset Securitization Charge								
18.000 kWh @ 0.210c	0.04							
Minimum Bill Adjustment	11.30							
Total Current Charges	\$30	0.00						

The total charges incurred during this billing period are below the minimum expenses necessary to equitably provide and maintain reliable electric service to all facilities across the state. When the combined monthly customer, energy, fuel, and other charges fall below a \$30 threshold, customers will see the difference noted as a Minimum Bill Adjustment under the Billing Details section. Learn more about the minimum charge adjustment and additional customer charges at duke- energy.com/minimum.

Your current rate is General Service Non-Demand Sec (GS-1).

For a complete listing of all Florida rates and riders, visit dukeenergy.com/rates

Total Taxes	\$2.94
Gross Receipts Tax	0.77
Regulatory Assessment Fee	0.02
State And Other Taxes	\$2.15



WITHLACOOCHEE RIVER ELECTRIC COOPERATIVE, INC. Your Touchatone Energy Cooperative Cooperat	ber 93047332 Amour lumber 20089703 Curren	
Service Address 11927 N ELLSWORTH TER	See Reverse Side For More Information	
Service Classification General Service Non-Demand	ELECTRIC SER	VICE
	Date Reading Date Reading Multiplier 01/04 62208 02/05 62359	Dem. Reading KW Demand kWh Used 151
Comparative Usage Information Average kWh     BILLS ARE DUE WHEN RENDERED       Period     Days     Per Day       Feb     2024     32     5       Jan     2024     31     4       Feb     2023     28     8	п.	55.71 55.71CR 0.00
on the due date shown on this bill. 2 0 0 8 9 7 0 3	Customer Charge Energy Charge 151 KWH @ 0.05017 Fuel Adjustment 151 KWH @ 0.04000 FL Gross Receipts Tax State Tax	39.16 7.58 6.04 1.35 3.76
You have 24-hour access to manage your account on-line through Smarthub at www.wrec.net. If you would like to make a payment using your credit card, please cal 844-209-7166. This number is WREC's	Total Current Charges Total Due E.F.T.	57.89 57.89

Fintered:	W.	
COA Code	:	215
Approved:	. SP	e
Paid:	LET	00323.
Date:		2 - 3 211

DO NOT PAY Total amount will be electronically transferred on or after 02/23/2024

Please Detach and Return This Portion With Your Payment To Ensure Accurate Posting. See Reverse Side For Mailing Instructions

Bill Date: 02/08/2024

Use above space for address change ONLY.

District: CR05

Secure Pay-By-Phone system.

WITHLACOOCHEE RIVER ELECTRIC

Your Touchstone Energy Cooperative

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

17

COOPERATIVE, INC.

% 2151511 **CR05** CITRUS WATER WORKS INC 4939 CROSS BAYOU BLVD NEW PORT RICHEY FL 34652-3434 8301 ੑਗ਼੶ੑਗ਼੶ੑਗ਼ੑਗ਼੶ਗ਼ਗ਼ਗ਼੶ਗ਼ਗ਼੶੶

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Electronic Funds Transfer on or after 02/23/202/ TOTAL CHARGES DUE 57.8 DO NOT PAY



Page 1 of 3

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Service address CITRUS WATERWORKS INC For 5265 W BANDY LN \*COMM\*

Bill date Jan 25, 2024 For service Dec 21 - Jan 23 34 days

Account number 9100 8516 7134

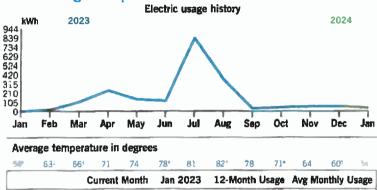
#### **Billing summary**

Previous Amount Due	\$-204.53
Payment Received	0.00
Current Electric Charges	30.00
Taxes	2.93
Credit Amount, Do Not Pay	\$-171.60

#### Your usage snapshot

Electric (kWh)

Avg. Daily (kWh)



0

0

39

1

12-month usage based on most recent history

2,054

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Entered _	yn-		
COA Ced	e: Les	5	
Approved	. <u></u>	P	
Paid:		$\subseteq$	
Date:			

2.93

Mail your payment at least 7 days before the due date or pay instantly at duke-energy.com/billing. Late payments are subject to a \$5.00 or 1.5%, late charge, whichever is greater.

		5 outer.	
Please return this portion with your payment. Thank you for your business.	and a first of the second set	Amount due	
DUKE ENERGY.	Account number 9100 8516 7134	\$0.00	No payment is required at this time.
Duke Energy Return Mail PO Box 1090 Charlotte, NC 28201-1090		\$ Add here, to help others contribution to Share th	
033562 000001130 	巖	ווויזיויזיזיזין און אין אין אין אין אין אין אין אין אין אי	<b>լիքեսկլիսունեն լի</b> պիկլինենեսվիլին nt Processing

171

Duke Energy Payment Processing PO Box 1094 Charlotte, NC 28201-1094

#### 88910085167134000660000000000000003293000000000



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## Your usage snapshot - Continued

Current electric usage for meter number 1030740								
Actual reading on Jan 23 Previous reading on Dec 2	91	46079 - 46040						
Energy Used		- 40040 39 kWh						
Billed kWh	39.000 kWh							

#### **Billing details - Electric**

Billing Period - Dec 21 23 to Jan 23 24	
Meter - 1030740	
Customer Charge	\$16.02
Energy Charge	
39.000 kWh @ 9.419c	3.67
Fuel Charge	
39.000 kWh @ 5.247c	2.05
Asset Securitization Charge	
39.000 kWh @ 0.210c	0.08
Minimum Bill Adjustment	8.18
Total Current Charges	\$30.00

The total charges incurred during this billing period are below the minimum expenses necessary to equitably provide and maintain reliable electric service to all facilities across the state. When the combined monthly customer, energy, fuel, and other charges fall below a \$30 threshold, customers will see the difference noted as a Minimum Bill Adjustment under the Billing Details section. Learn more about the minimum charge adjustment and additional customer charges at duke- energy.com/minimum.

Your current rate is General Service Non-Demand Sec (GS-1).

For a complete listing of all Florida rates and riders, visit dukeenergy.com/rates

Total Taxes	\$2.93
Gross Receipts Tax	0.77
Regulatory Assessment Fee	0.02
State And Other Taxes	\$2.14

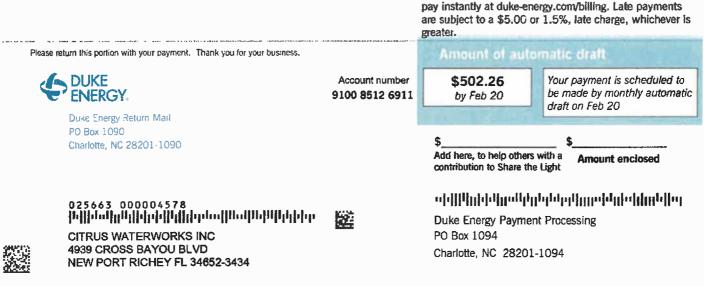


3 2 1 Jan Avera	age temp	lar Apr erature in 6' 71 Current	May degree 74 Month	78-	Jui 81 2023	Aug 82 12-N	Sep 78 Ionth U	71*		60 <sup>,</sup>		Appi vou se C Paid EEI CABBEY Date. 2/92/84
1 Jan Avera	age temp	erature in	degree	s						60'		Annu sec
1 0 Jan					101	Aug	Jch					
	Pak A		Address of	1				Oct	Nov	Dec	Jan	
3					1	-						Futered M COACode: 415
5										2		
9 8 7 6	_	~		$\sim$	_				$\sim$			
kWI		ge sna 123			usage	histor	у			202	9	
Total	Amour	nt Due Fo	ab 20							\$50	2.26	
Taxe		-								4	4.72	
		ric Charg		•							7.54	Thank you for your payment.
		ount Due Received		8						\$40	1.71	\$
	-	mmai										
												PUMP Account number 9100 8512 69
												CITRUS WATERWORKS INC For service Dec 23 - Jan 5335 W BLADE LN 34 d
	Lat 16	<b>KE</b> ERGY.	877.	372.8	477							Service address Bill date Jan 29, 20
C	- PINP		duke									

מבשרטטעע שנינים ישי עד בענדענקליטענען יווין ייזייי

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Mail your payment at least 7 days before the due date or





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#### Your usage snapshot - Continued

Current electric usage for meter number 4107759							
Actual reading on J Previous reading on		35721 - 32753					
Energy Used		2,968 kWh					
Billed kWh	2,968.000 kWh						

# **Billing details - Electric**

Billing Perlod - Dec 23 23 to Jan 25 24	
Meter - 4107759	
Customer Charge	\$16.02
Energy Charge	
2,968.000 kWh @ 9.419c	279.56
Fuel Charge	
2,968.000 kWh @ 5.247c	155.73
Asset Securitization Charge	
2,968.000 kWh @ 0.210c	6.23
Total Current Charges	\$457.54

Your current rate is General Service Non-Demand Sec (GS-1).

For a complete listing of all Florida rates and riders, visit dukeenergy.com/rates

Total Taxes	\$44.72
Gross Receipts Tax	11.74
Regulatory Assessment Fee	0.34
State And Other Taxes	\$32.64

۲								
COOPERATIVE INC TAME	Meter Numbe	ber <b>2151511</b> r 93047332 nber 20089703	Cycle	9 05	Bill Dat Amoun Current			01/09/202 55.7 01/31/202
Your Touchstone Energy* Cooperative Touchstone Energy* P.O. Box 278 • Dade City, Florida 33526-0278	Customer Nar	me CITRUS WAT	ER WOR	KS INC		District Office	Serving You	1
Service Address 11927 N ELLSWORTH		See Reverse	Side For M	ore inform	ation	•		
Service Address 11927 N ELLSWORTH Service Classification General Service Non-D		From	Т		CTRIC SERV	/ICE		
P	ILLS ARE DUE	Date         Reading           12/04         62079	<u>Date</u> 01/04	Reading 62208	Muttiplier	Dem. Reading	KW Demand	<u>kWh Used</u> 129
Average kWh WH	EN RENDERED	Previous Balas Payment	nce				4.65CR	54.65
Jan 2024 31 4 less th Dec 2023 32 5 will ap	percent, but not an \$5, late charge ply to unpaid	Balance Forwar	rđ			-	4.03CK	0.00
on the	es as of 5:00 p.m. due date shown					_		
on this 2 0 0 8 9 7 0 3	s bill.	Customer Charge Energy Charge Fuel Adjustmen FL Gross Recei State Tax	129 KWE nt 129 B	KWH @ O		3	89.16 6.47 5.16 1.30 3.62	
You have 24-hour access to ma account on-line through Smarth		Total Current Total Due	Charges		f. <b>T</b> .			55.71 55.71
www.wrec.net. If you would like payment using your credit card,			E	intered		ым.		
844-209-7166. This number is \			С	OAC	: ode:	MV		
Secure Pay-By-Phone system.			A	nnac	:d:	Certify		
			P	rid.	L.		6	
			D	oto:	(- (- (1	012	424	
		Total amoun		ł	DO NOT F			)24.
WITHLACOOCHEE RIVER ELECTRIC		Please <b>Detach and F</b> Your Payment To Er				See Reverse S	Side For Mailing	Instructions
Your Touchstone Energy* Cooperative 🔊					Bi	II Date: 01/0	9/2024	
District: CR05		Use above space for ad	dress change	ONLY.				
∞ % 2151511	CR05					ds Transfer on	or after 01	
CITRUS WATER WORKS	INC			TO	TAL CHA	RGES DUE	PAY	55.71
NEW PORT RICHEY FL 3	34652-3434	. .1 <sub>5</sub> 1 <sub>1</sub> 1.]]]]]]]						
					0002151	<b>51100</b> 00055	71000005	57100



ACCOUNTS PAYABLE

4939 Cross Bayou Blvd

GABAY-B76

**USWS - US WATER SERVICES - JOE** 

New Port Richey FL 34652-3434

Sold To: 507375

Hawkins, Inc. 2381 Rosegate Roseville, MN 55113 Phone: (612) 331-6910

#### Original

# INVOICE

Total Invoice	\$118.00		
Invo:ce Number	6853072		
Invoice Date	8/30/24		
Sales Order Number/Type	<b>46</b> 13687	SL	
Brench Plant	76		
Shipment Number	5497916		

413970 Ship To:

**USWS -CITRUS WATERWORKS -JOE GABAY** 5335 W Blade Ln **CITRUS WATERWORKS WTP2** Dunnellon FL 34433-2607

		1 LB BLK (Mini-Bulk)			40.0000	GA			386.8 GW	
1.000	41930	Azone - EPA Reg. No. 78	370-1	N	40.0000	GA	\$2.9500	GA	386.8 LB	\$118.00
Line #	Item Number	Rem Name/ Description		Tax	Qiy Shippeo	Trans UGM	umi Pric <mark>a</mark>	Phee UON	Weight NetGress	Extended Prce
9/29/24	Net 30	PPD Origin	HWTG							351
Net Due	Date Trims	FOB Description	Ship Via		Çı	istomer @	1 # 	P	O Release	Sales Agent #

\*\*\*\*\*\*\*\*\*\* Receive Your Invoice Via Email \*\*\*\*\*\*\*\*\*\*\*

Please contact our Accounts Receivable Department via email at Credit.Dept@Hawkinsinc.com or call 612-331-6910 to get it setup on your account.

Enter 3 Vers WP

<sup>o</sup> age 1 of 1	Tax F	Rate	Sales Tax		Invoice Tota		\$118.0
	0 %		\$0.00		mvoice rota	18	\$110.0
No Discounts on Freight MPORTANT, All products are sold webout warran by lond and purchasses will by over own 1 leferma sustability of such products for their own fister warrants innel all goods soverad by this inverce- roducted in complance with the requirements all the abor Standards Act of 1928 as emended 5	use vise Film	CHECK REMITT Hawkins, Inc P.O. Box 86026 Minneapolis, M	3	FINANCIAL INSTIT US Bank 800 Nicol'et Mali Minneapolis, MN		ACH PAYMENTS: CTX (Corporate Trade Exchange) is our pre remember to incrude in the addendum th pertaining to the payment For other than CTX, the remit to informate	e document numbers
apocheairy declams and axcludes any warranty merchanialEly and any warranty of fitness for a particu- purpose NG CLAMB FOR LOSS, DAMAGE OR LEAKAGE ALLOWED AFTER DELIVERY IS MADE IN GOOD		Email. Credit E	ACT INFORMATION: Pept@Hawkinsing.com (612) 617-8581	Account Name Account # ABA/Routing # Swift Code#	Hawkins, Inc 180120759469 091000022 USØKU\$44IMT	Credit Dept@Hawkinsinc.com CASH IN ADVANCE/EFT PAYMENTS Please tist the Hawkins, Inc. sales order nu	· ·
ONDITION		Fax Number:	(612) 225-6702	Type of Account	Corporate Checking	order number if the invoke has not been i	processed vet

the constructor and subcontractor and subcorrections and problements of at orrespondences of subcontractor and subcontractors a www.hawkinsinc.com

Page: 1

152.74

Invoice Number:	SI105382
Invoice Date:	10/2 <b>9/2024</b>
Due Date	11/28/2024

All pricing anticipates payment by check or ACH. Due to additional cost incurred, services paid by credit card will require an additional 5% processing fee.

76.37

Bill To: Citrus Waterworks, Inc. 4939 Cross Bayou Boulevard Attn: Joe Gabay New Port Richey, FL 34652

NEW PORT RICHEY, FL 34652

Job Number Job Descript			Customer ID P.O. Number WA:	C00958	
Date	Item/Description	Task Number	Qty. Unit	Unit Price	Total Price
9/30/2024	Total Coliform-BWN Backwater Heights	1002	4 Each	10.00	40.00
10/1/2024	Total Coliform-BWN Backwater Heights	1002	4 Each	10.00	40.00

1002

 10/1/2024
 Total Coliform-BWN Backwater Heights

 10/1/2024
 USW Certified Operator – Sample Collection & Courier

C 11 # 1157

2 Hour

Subtotal:	<b>232.74</b>
Total Sales Tax:	0.00
Total USD:	<b>232.74</b>
Adjustments:	0.00
Amount Due:	232.74

 Phone:
 (727) 848-8292 Ext. 219

 Toll Free:
 (866) 753-8292 Ext. 219

 Email:
 ar@uswatercorp.net



Page: 1

152.74

Invoice Number	SI105384
Invoice Date:	10/29/2024
Due Date	11/28/2024

All pricing anticipates payment by check or ACH. Due to additional cost incurred, services paid by credit card will require an additional 5% processing fee.

76.37

Bill To: Citrus Waterworks, Inc. 4939 Cross Bayou Boulevard Attn: Joe Gabay New Port Richey, FL 34652

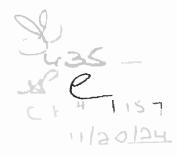
USW Certified Operator - Sample Collection & Courier

10/1/2024

NEW PORT RICHEY, FL 34652

Job Number: J02144 Job Description: Citrus Waterworks, Inc.			Customer ID P.O. Number WA:	C00958	
Date	Item/Description	Task Number	Qty. Unit	Unit Price	Total Price
9/30/2024	Total Coliform-BWN Ellsworth Point	1002	3 Each	10.00	30.00
10/1/2024	Total Coliform-BWN Elisworth Point	1002	3 Each	10.00	30.00

1002



2 Hour

Subtotal:	<b>212.74</b>
Total Sales Tax:	0.00
Total USD:	<b>212.74</b>
Adjustments:	0.00
Amount Due:	212.74

 Phone:
 (727) 848-8292 Ext. 219

 Toll Free:
 (866) 753-8292 Ext. 219

 Email:
 ar@uswatercorp.net



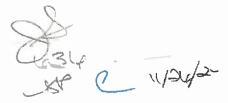
Page: 1

Invoice Number:	SI107022
Invoice Date:	12/1/2024
Due Date	12/31/2024

All pricing anticipates payment by check or ACH. Due to additional cost incurred, services paid by credit card will require an additional 5% processing fee.

Bill To: Citrus Waterworks, Inc. 4939 Cross Bayou Boulevard Attn: Joe Gabay New Port Richey, FL 34652

Job Number: J02144 Job Description: Citrus Waterworks, Inc.			Customer ID P.O. Number WA:	C00958	
Date	Item/Description	Task Number	Qty. Unit	Unit Price	Total Price
12/1/2024	Citrus Waterworks - Monthly Water TP Ops - Annual	1005	1 EA	2,648.64	2,648.64



2,648.64 0.00

Subtotal:

		Total Sales Tax:	0.00
Phone: (727) 848-82 Toll Free: (866) 753-82 Email: ar@uswaterc	92 Ext. 219	<b>Total USD:</b> Adjustments:	<b>2,648.64</b> 0.00
	. <b>r</b>	Amount Due:	2,648.64



1000

Contract \$31,783.80 Monthly Contact \$2,648.65

Page: 1

Invoice Number:	SI105584
Invoice Date:	11/1/2024
Due Date	12/1/2024

All pricing anticipates payment by check or ACH. Due to additional cost incurred, services paid by credit card will require an additional 5% processing fee.

Bill To: Citrus Waterworks, Inc. 4939 Cross Bayou Boulevard Attn: Joe Gabay New Port Richey, FL 34652

4939 CROSS BAYOU BOULEVARD

NEW PORT RICHEY, FL 34652

s. Water

vices Corporation

Job Number: J02144 Job Description: Citrus Waterworks, Inc.			Customer ID P.O. Number WA:	C00958	
Date	Item/Description	Task Number	Qty. Unit	Unit Price	Total Price
11/1/2024	Citrus Waterworks - Monthly Water TP Ops - Annual Contract \$31,783.80 Monthly Contact \$2,648.65	1005	1 Each	2,648.64	2,648.64

	Subtotal: Total Sales Tax:	<b>2,648.64</b> 0.00
Phone: (727) 848-8292 Ext. 219 Toll Free: (866) 753-8292 Ext. 219 Email: ar@uswatercorp.net	Total USD: Adjustments:	<b>2,648.64</b> 0.00
	Amount Due:	2,648.64

Page: 1

Invoice Number:	SI104047
Invoice Date:	10/1/2024
Due Date	10/31/2024

All pricing anticipates payment by check or ACH. Due to additional cost incurred, services paid by credit card will require an additional 5% processing fee.

Bill To: Citrus Waterworks, Inc. 4939 Cross Bayou Boulevard Attn: Joe Gabay New Port Richey, FL 34652

10/1/2024	Citrus Waterworks - Monthly Water TP Ops - Annual	1005	1 Each	2,648.64	2,648.64
Date	Item/Description	Task Number	Qty. Unit	Unit Price	Total Price
Job Number: J02144 Job Description: Citrus Waterworks, Inc.			Customer ID P.O. Number WA:	C00958	

Contract \$31,783.80 Monthly Contact \$2,648.65



D 'c:

Phone:	(727) 848-8292 Ext. 219
Toll Free:	(866) 753-8292 Ext. 219
Email:	ar@uswatercorp.net

Subtotal:	<b>2,648.64</b>
Total Sales Tax:	0.00
Total USD:	<b>2,648.64</b>
Adjustments:	0.00
Amount Due:	2,648.64





Page: 1

Invoice Number:	SI101540
Invoice Date:	9/1/2024
Due Date	10/1/2024

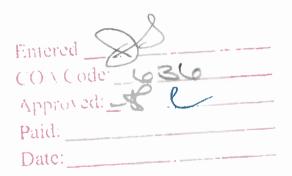
All pricing anticipates payment by check or ACH. Due to additional cost incurred, services paid by credit card will require an additional 5% processing fee.

Bill To: Citrus Waterworks, Inc. 4939 Cross Bayou Boulevard Attn: Joe Gabay New Port Richey, FL 34652

NEW PORT RICHEY, FL 34652

9/1/2024	Citrus Waterworks - Monthly Water TP Ops - Annual	1005	1 Each	2.648.64	2,648,64
Date	Item/Description	Task Number	Qty. Unit	Unit Price	Total Price
Job Number: J02144 Job Description: Citrus Waterworks, Inc.			Customer ID P.O. Number WA:	C00958	

Contract \$31,783.80 Monthly Contact \$2,648.65



Subtotal:

2,648.64

	Total Sales Tax:	0.00
rt. 219 rt. 219	Total USD:	2,648.64
net	Adjustments:	0.00
	Amount Due:	2,648.64

 Phone:
 (727) 848-8292 Ext. 219

 Toll Free:
 (866) 753-8292 Ext. 219

 Email:
 ar@uswatercorp.net

Page: 1

Invoice Number:	SI100259
Invoice Date:	8/1/2024
Due Date 🦂	8/31/2024

All pricing anticipates payment by check or ACH. Due to additional cost incurred, services paid by credit card will require an additional 5% processing fee.

Bill To: Citrus Waterworks, Inc. 4939 Cross Bayou Boulevard Attn: Joe Gabay New Port Richey, FL 34652

<u>S. Water</u>°

Services Corporation 4939 CROSS BAYOU BOULEVARD

NEW PORT RICHEY, FL 34652

Job Numbe Job Descrip			Customer ID P.O. Number WA:	C00958	
Date	Item/Description	Task Number	Qty. Unit	Unit Price	Total Price
8/1/2024	Citrus Waterworks - Monthly Water TP Ops - Annual Contract \$31,783.80 Monthly Contact \$2,648.65	1005	1 Each	2,648.64	2,648.64

Entered.	$\Delta$	
COA Co	de Clesta	
Approve	it epe	
Puid:		
Date:		

Subtotal:

2,648.64

	Total Sales Tax:	0.00
Phone; (727) 848-8292 Ext. 219 Toll Free: (866) 753-8292 Ext. 219 Ernail: ar@uswatercorp.net	Total USD: Adjustments:	<b>2,648.64</b> 0.00
	Amount Due:	2,648.64

Page: 1

Invoice Number:	SI98044
Invoice Date:	7/1/2024
Due Date	7/31/2024

All pricing anticipates payment by check or ACH. Due to additional cost incurred, services paid by credit card will require an additional 5% processing fee.

Customer ID C00958

Bill To: Citrus Waterworks, Inc. 4939 Cross Bayou Boulevard Attn: Joe Gabay New Port Richey, FL 34652

Contract \$31,783.80 Monthly Contact \$2,648.65

I.S. Water

Services Corporation

4939 CROSS BAYOU BOULEVARD

NEW PORT RICHEY, FL 34652

Job Number: J02144 Job Description: Citrus Waterworks, Inc.		P.O. Number WA:			
Date	item/Description	Task Number	Qty. Unit	Unit Price	Total Price
7/1/2024	Citrus Waterworks - Monthly Water TP Ops - Annual	1005	1 Each	2,548.64	2,648.64

Entered:	
COA Code 636	
Approved:	
Paid:	
Dau	

Phone:	(727) 848-8292 Ext. 219
Toll Free:	(866) 753-8292 Ext. 219
Email:	ar@uswatercorp.net

Subtotal:	<b>2,648.64</b>		
Total Sales Tax:	0.00		
Total USD:	<b>2,648.64</b>		
Adjustments:	0.00		
Amount Due:	2,648.64		

Page: 1

Invoice Number:	\$195956
Invoice Date:	6/1/2024
Due Date	7/1/2024

All pricing anticipates payment by check or ACH. Due to additional cost incurred, services paid by credit card will require an additional 5% processing fee.

Bill To: Citrus Waterworks, Inc. 4939 Cross Bayou Boulevard Attn: Joe Gabay New Port Richey, FL 34652

Job Numbe Job Descrip			Customer ID P.O. Number WA:	C00958	
Date	Item/Description	Task Number	Qty. Unit	Unit Price	<b>Total Price</b>
6/1/2024	Citrus Waterworks - Monthly Water TP Ops - Annual Contract \$31,783.80 Monthly Contact \$2,648.65	1005	1 Each	2,648.64	2,648.64

Entered: _	00		
COA Code:	$\leq$	636	
Approved:			
Paid:			
Date.		و معرفتها و مراجع المراجع و مرود مرود م	

Subtotal:

2,648.64 0.00

	Total Sales Tax:	0.00
Phone: (727) 848-8292 Ext. 219 Toll Free: (866) 753-8292 Ext. 219 Email: ar@uswatercorp.net	- <b>Total U\$D;</b> Adjustments:	<b>2,648.64</b> 0.00
	Amount Due:	2,648.64



Page: 1

Invoice Number:	SI94278
Invoice Date:	5/1/2024
Due Date	5/31/2024

All pricing anticipates payment by check or ACH. Due to additional cost incurred, services paid by credit card will require an additional 5% processing fee.

Bill To: Citrus Waterworks, Inc. 4939 Cross Bayou Boulevard Attn: Joe Gabay New Port Richey, FL 34652

5/1/2024	Citrus Waterworks - Monthly Water TP Ops - Annual	1005	1 Each	2,648.64	2,648.64
	Contract \$31,783.80 Monthly Contact \$2,648,65				

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CONCO	· Cresto	
App in 23	SE C	
Partes -	formal hargedrones, descention and constraints	
Date	Suggetry by the second second second second	

	Subtotal: Total Sales Tax;	<b>2,648.64</b> 0.00
Phone: (727) 848-8292 Ext. 219 Toll Free: (866) 753-8292 Ext. 219 Email: ar@uswatercorp.net	<b>Total USD:</b> Adjustments:	<b>2,648.64</b> 0.00
	Amount Due:	2,648.64



NEW PORT RICHEY, FL 34652

Page: 1

Invoice Number:	SI92230
Invoice Date:	4/1/2024
Due Date	5/1/2024

All pricing anticipates payment by check or ACH. Due to additional cost incurred, services paid by credit card will require an additional 5% processing fee.

Bill To: Cltrus Waterworks, Inc. 4939 Cross Bayou Boulevard Attn: Joe Gabay New Port Richey, FL 34652

Job Numbe Job Descrip			Customer ID P.O. Number WA:	C00958	
Date	Item/Description	Task Number	Qty. Unit	Unit Price	Total Price
4/1/2024	Citrus Waterworks - Monthly Water TP Ops - Annual Contract \$31,783.80 Monthly Contact \$2,648.65	1005	1 Each	2,648.64	2,648.64

Entered: C	E'
COA Code	LEZLO
Approved:	e p
Paid:	
Date:	

Subtotal:	<b>2,648.64</b>
Total Sales Tax:	0.00
Total USD:	<b>2,648.64</b>
Adjustments:	0.00
Amount Due:	2,648.64

 Phone:
 (727) 848-8292 Ext. 219

 Toll Free:
 (866) 753-8292 Ext. 219

 Email:
 ar@uswatercorp.net



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4

Page: 1

Invoice Number.	SI90685
Invoice Date:	3/1/2024
Due Date	3/31/2024

All pricing anticipates payment by check or ACH. Due to additional cost incurred, services paid by credit card will require an additional 5% processing fee.

Bill To: Citrus Waterworks, Inc. 4939 Cross Bayou Boulevard Attn: Joe Gabay New Port Richey, FL 34652

Job Number: J02144 Job Description: Citrus Waterworks, Inc.			Customer ID P.O. Number WA:	C00958	
Date	Item/Description	Task Number	Qty. Unit	Unit Price	Total Price
3/1/2024	Citrus Waterworks - Monthly Water TP Ops - Annual Contract \$30,786.36 Monthly Contact \$2,565.53	1005	1 Each	2,565.53	2,565.53

Ented \_\_\_\_\_ Arproved: 19 P.13 Date\_\_\_\_\_

Subtotal:	2,565.53
Total Sales Tax:	0.00
Total USD:	<b>2,565.53</b>
Adjustments:	0.00
Amount Due:	2,565.53

 Phone:
 (727) 848-8292 Ext. 219

 Toll Free:
 (866) 753-8292 Ext. 219

 Email:
 ar@uswatercorp.net

U.S. Water Services Corporation 4939 CROSS BAYOU BOULEVARD NEW PORT RICHEY, FL 34652

Page: 1

Invoice Number:	Si89055
Invoice Date:	2/1/2024
Due Date	3/2/2024

All pricing anticipates payment by check or ACH. Due to additional cost incurred, services paid by credit card will require an additional 5% processing fee.

Bill To: Citrus Waterworks, Inc. 4939 Cross Bayou Boulevard Attn: Joe Gabay New Part Richey, FL 34652

Customer ID C00958 Job Number: J02144 P.O. Number Job Description: Citrus Waterworks, Inc. WA: Date Item/Description **Task Number** Qty. Unit **Unit Price Total Price** 1005 1 Each 2,565.53 2,565.53

2/1/2024 Citrus Waterworks - Monthly Water TP Ops - Annual Contract \$30,786.36 Monthly Contact \$2,565.53

Entered	$\Diamond$	
CONCORE	0636	
Approved	LP	
Paid		
Date		

Phone:	(727) 848-8292 Ext. 219
Toll Free:	(866) 753-8292 Ext. 219
Email:	ar@uswatercorp.net

Subtotal:	<b>2,565.53</b>
Total Sales Tax:	0.00
Total USD:	<b>2,565.53</b>
Adjustments:	0.00
Amount Due:	2,565.53







Page: 1

Invoice Number:	SI86960
Invoice Date:	1/1/2024
Due Date	1/31/2024

All pricing anticipates payment by check or ACH. Due to additional cost incurred, services paid by credit card will require an additional 5% processing fee.

Bill To: Citrus Waterworks, Inc. 4939 Cross Bayou Boulevard Attn: Joe Gabay New Port Richey, FL 34652

Job Numbe Job Descrip			Customer ID P.O. Number WA:	C00958	
Date	Item/Description	Task Number	Qty. Unit	Unit Price	Total Price
1/1/2024	Citrus Waterworks - Monthly Water TP Ops - Annual Contract \$30,786.36 Monthly Contact \$2,565.53	1005	1 Each	2,565.53	2,565.53

Entered.	rV
COA Code.	636
Approved A	NP
Paid:	
Date	

Subtotal:	<b>2,565.53</b>
Total Sales Tax:	0.00
Total USD:	<b>2,565.53</b>
Adjustments:	0.00
Amount Due:	2,565.53

 Phone:
 (727) 848-8292 Ext. 219

 Toll Free:
 (866) 753-8292 Ext. 219

 Email:
 ar@uswatercorp.net

Citrus Waterworks is a water system comprised of two (2) water systems:

Backwater Heights, Florida Department of Environmental Protection Public Water System Permit Number 609-0099. This system has a capacity of 0.100 MGD and it has two (2) interconnected plants.

Ellsworth Point, Florida Department of Environmental Protection Public Water System Permit Number 609-0523. This system has a capacity of 0.086 MGD with one (1) plant.

There are no Department of Health or Water Management permits associated with this system.

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

System Name: Ellsworth Point Subdivision		PWS I.D. #: <u>609-0523</u>
System Type (check one):	Nontransient Noncommunity	Transient Noncommunity
Address: 11927 N. Ellsworth Terrace		
City: Dunnellon	ZIP Code: <u>3443</u> 3	3
Phone # Fax #:	E-Mail Address:	
SAMPLE INFORMATION (to be completed by sampler)		
Sample Number:Sample Number:Sample Number:		Sample Time: 220 AM PM (Circle One)
Sample Location (be specific) : EIISWORTH	Point Well-POE	Location Code:
Disinfectant Residual (Required when reporting results for trihal	omethanes and haloacetic acids): $1.82$ mg/L	Field pH: 7.8/22°C
Sample Type (Check Only One)	Reason(s) for Sample	e (Check all that apply)
Distribution	Routine Compliance with 62-550	Replacement (of Invalidated Sample)
Entry Point (to Distribution)	Confirmation of MCL Exceedance	Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	Composite of Multiple Sites*	Clearance (permitting)
Raw (at well or intake)	Other	
Max Residence Time	Sampling Procedure Used or Other Comme	nts:
Ave Residence Time	Annual	-105
Near First Customer	Innual sam	ptes-Primary's Becondan is 1 kcs/Raris
	*See 62-550.500(6) for recurrements and restricti And 32-550.512(3) for nitrate or nitrite exceedan	ons. "See C2-550.350(4) for requirements and
I,	SAMPLER CERTIFICATIO	, do HEREBY CERTIFY
$\circ \circ \circ \circ \circ \circ \circ \circ \circ \circ \circ \circ \circ \circ \circ \circ \circ \circ \circ $		4/10/24
Signature:	Date:	
Certified Operator #: $\underline{1373535}$ Phone #: $\underline{(352)}$	651-4028 Sample	r's Fax #:
Sampler's E-mail: <u>acovell@usu</u>	iater corp.net	

	CERTIFICATION	INFORMATION:	ho completed b	v lah _ nlaas	se type or print legit	Ade
LABURAIURT	CERTIFICATION	INFURMATION	o pe completeo p	iy iao – pieas	se type of print legit	луј

Lab Name: Advanced Environmental Laboratories, Inc. Florida DOH Certifica	tion #:E84589 Certification Expiration Date:06/30/2024
	ATTACH CURRENT DOH ANALYTE SHEET*
Address: 9610 Princess Palm Ave, Tampa, FL 33619	Phone #: (813) 630-9616
Were any analyses subcontracted Ves If yes, please provid	e DOH certification number(s): E82001,E82574
	ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB
ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received:	04/11/2024
PWS ID: (From Page 1): 6010523 Sample Number (From Page	1): T2408590001 Lab Assigned Report # Or Job ID: T2408590
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.	C. (Check all that apply):
Inorganics Synthetic Organics Volatile Organics	Disinfection Byproducts Radionuclides Secondaries
All except Asbestos All 30	Trihalomethanes Single Sample All 14
Partial All Except Dioxin Partial	Haloacetic Acids Qtrly Composite* Partial
Vitrate Partial	Chlorite
Vitrite Dioxin Only	Bromate
Asbestos LAB CERTIFI	CATION
I, Sarah Noonan ,	Project Manager , do HEREBY CERTIFY
I, Sarah Noonan , (Print Name	Project Manager , do HEREBY CERTIFY (Print Title)
(Print Name that all attached analytical data are correct and unless noted meet all requirements of the	(Print Title)
(Print Name	(Print Title)
(Print Name that all attached analytical data are correct and unless noted meet all requirements of the	(Print Title) National Environmental Laboratory Accreditation Conference (NELAC). Date: Date:
(Print Name that all attached analytical data are correct and unless noted meet all requirements of the Signature: * Failure to provide a valid and current Florida DOH lab certification number and a curre possible enforcement against the public water system for failure to sample, and may re	(Print Title) National Environmental Laboratory Accreditation Conference (NELAC). Date:
(Print Name that all attached analytical data are correct and unless noted meet all requirements of the Signature: * Failure to provide a valid and current Florida DOH lab certification number and a curre possible enforcement against the public water system for failure to sample, and may re ** Please provide radiological sample dates & locations for each guarter.	(Print Title) National Environmental Laboratory Accreditation Conference (NELAC). Date: 05/01/2024 nt Analyte Sheet for the attached analysis results will result in rejection of the report, esult in notification of the DOH Bureau of Laboratory Services. S FOR NITRATE OR NITRITE MCL EXCEEDANCES
(Print Name that all attached analytical data are correct and unless noted meet all requirements of the Signature: * Failure to provide a valid and current Florida DOH lab certification number and a curre possible enforcement against the public water system for failure to sample, and may re ** Please provide radiological sample dates & locations for each quarter. CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HR	(Print Title) National Environmental Laboratory Accreditation Conference (NELAC). Date: 05/01/2024 nt Analyte Sheet for the attached analysis results will result in rejection of the report, esult in notification of the DOH Bureau of Laboratory Services. S FOR NITRATE OR NITRITE MCL EXCEEDANCES (Non-detects reported as "BDL" or with a "<" are not acceptable.)
(Print Name that all attached analytical data are correct and unless noted meet all requirements of the Signature: * Failure to provide a valid and current Florida DOH lab certification number and a curre possible enforcement against the public water system for failure to sample, and may re ** Please provide radiological sample dates & locations for each quarter. CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HR NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH "U" QUALIFIER.	(Print Title) National Environmental Laboratory Accreditation Conference (NELAC). Date: 05/01/2024 nt Analyte Sheet for the attached analysis results will result in rejection of the report, esult in notification of the DOH Bureau of Laboratory Services. S FOR NITRATE OR NITRITE MCL EXCEEDANCES (Non-detects reported as "BDL" or with a "<" are not acceptable.) s necessary)
(Print Name that all attached analytical data are correct and unless noted meet all requirements of the Signature: * Failure to provide a valid and current Florida DOH lab certification number and a curre possible enforcement against the public water system for failure to sample, and may re ** Please provide radiological sample dates & locations for each quarter. CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HR NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH "U" QUALIFIER. COMPLIANCE DETERMINATION(to be completed by DEP or DOH attach notes as	(Print Title) National Environmental Laboratory Accreditation Conference (NELAC). Date: 05/01/2024 nt Analyte Sheet for the attached analysis results will result in rejection of the report, esult in notification of the DOH Bureau of Laboratory Services. S FOR NITRATE OR NITRITE MCL EXCEEDANCES (Non-detects reported as "BDL" or with a "<" are not acceptable.) s necessary)

be replaced with acceptable results from samples collected during the same monitoring period.

# INORGANIC CONTAMINANTS 62-550.310(1)

PWS ID (From Page 1): 090523

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1040	Nitrate (as N)	10	mg/L	0.31		SM 4500NO3-F	0.092	04/12/2024	14:48	E84589
1041	Nitrite (as N)	1	mg/L	0.081	U	SM 4500NO3-F	0.081	04/12/2024	14:48	E84589
1005	Arsenic	0.01	mg/L	0.00025	U	EPA 200.8	0.00025	04/15/2024	13:34	E82574
1010	Barium	2	mg/L	0.0030	U	EPA 200.7	0.0030	04/17/2024	11:39	E84589
1015	Cadmium	0.005	mg/L	0.00025	U	EPA 200.8	0.00025	04/15/2024	13:34	E82574
1020	Chromium	0.1	mg/L	0.00050	U	EPA 200.8	0.00050	04/15/2024	13:34	E82574
1024	Cyanide	0.2	mg/L	0.0040	U	SM 4500-CN-E	0.0040	04/17/2024	13:35	E84589
1025	Fluoride	4	mg/L	0.40	U	EPA 300.0	0.40	04/25/2024	15:34	E84589
1030	Lead	0.015	mg/L	0.00050	U	EPA 200.8	0.00050	04/15/2024	13:34	E82574
1035	Mercury	0.002	mg/L	0.000011	U.	EPA 245.1	0.000011	04/17/2024	10:19	E84589
1036	Nickel	0.1	mg/L	0.0012	U	EPA 200.8	0.0012	04/15/2024	13:34	E82574
1045	Selenium	0.05	mg/L	0.0012	U	EPA 200.8	0.0012	04/15/2024	13:34	E82574
1052	Sodium	160	mg/L	4.5		EPA 200.7	0.80	04/17/2024	11:39	E84589
1074	Antimony	0.006	mg/L	0.0010	U	EPA 200.8	0.0010	04/15/2024	13:34	E82574
1075	Beryllium	0.004	mg/L	0.0020	U	EPA 200.7	0.0020	04/17/2024	11:39	E84589
1085	Thallium	0.002	mg/L	0.00025	U	EPA 200.8	0.00025	04/15/2024	13:34	E82574

Page: 7 of 15

\*Results must be reported with appropriate qualifiers in accordance with Florida Administration Code Rule 62-160, Table1. Results qualified with A, F, H, N, O, T, Z, ?, \*, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

# SECONDARY CONTAMINANTS 62-550.320

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1002	Aluminum	0.2	mg/L	0.021	U	EPA 200.7	0.021	04/17/2024	11:39	E84589
1017	Chloride	250	mg/L	6.9	I	EPA 300.0	2.0	04/25/2024	15:34	E84589
1022	Copper	1	mg/L	0.0016	I	EPA 200.8	0.0010	04/15/2024	13:34	E82574
1025	Fluoride	2	mg/L	0.40	U	EPA 300.0	0.40	04/25/2024	15:34	E84589
1028	Iron	0.3	mg/L	0.0067	U	EPA 200.7	0.0067	04/17/2024	11:39	E84589
1032	Manganese	0.05	mg/L	0.0010	U	EPA 200.8	0.0010	04/15/2024	13:34	E82574
1050	Silver	0.1	mg/L	0.00050	U	EPA 200.8	0.00050	04/15/2024	13:34	E82574
1055	Sulfate	250	mg/L	12		EPA 300.0	2.0	04/25/2024	15:34	E84589
1095	Zinc	5	mg/L	0.050	U	EPA 200.7	0.050	04/17/2024	11:39	E84589
1905	Color	15	CU	5.0	I	SM 2120 B	4.3	04/12/2024	08:30	E84589
1920	Odor	3	TON	1.0	U	SM 2150 B	1.0	04/11/2024	17:00	E84589
1925	pH (field pH from page 1)	6.5 - 8,5		7.86	Q	SM 4500H+B		04/12/2024	10:00	E84589
1930	Total Dissolved Solids	500	mg/L	90		SM 2540 C	10	04/14/2024	16:00	E84589
2905	Foaming Agents	0.5	mg/L	0.041	I	SM 5540 C	0.040	04/12/2024	09:00	E82001

Page: 8 of 15

\*Results must be reported with appropriate qualifiers in accordance with Florida Administration Code Rule 62-160, Table1. Results qualified with A, F, H, N, O, T, Z, ?, \*, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

# RADIONUCLIDES 62-550.310(6)

Report Number / Job ID: T2408590001

PWS ID (From Page 1): 6090523

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Analysis Error	Analysis Date	Analysis Time	DOH Lab Certification #
4006	Combined Uranium	30	ug/L	0.20	U	EPA 200.8	0.20	1		04/15/2024	13:34	E82574

\*\* If the result exceeds 5 pCi/L, a measurement for radium-226 is required. Uranium is reported separately under Contam ID 4006.

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

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

Page: 9 of 15

\*Results must be reported with appropriate qualifiers in accordance with Florida Administration Code Rule 62-160, Table1. Results qualified with A, F, H, N, O, T, Z, ?, \*, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

#### VOLATILE ORGANICS 62-550.310(4)(a)

Report Number / Job ID: T2408590001

PWS ID (From Page 1): 6090523

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Analysis Date	Analysis Time	DOH Lab Certification #
2378	1,2,4-Trichlorobenzene	70	ug/L	0.44	U	EPA 524.2	0.44	0.5	04/16/2024	21:08	E84589
2380	cis-1,2-Dichloroethylene	70	ug/L	0.27	U	EPA 524.2	0.27	0.5	04/16/2024	21:08	E84589
2955	Xylenes (total)	10000	ug/L	0.44	U	EPA 524.2	0.44	0.5	04/16/2024	21:08	E84589
2964	Dichloromethane	5	ug/L	0.44	U	EPA 524.2	0.44	0.5	04/16/2024	21:08	E84589
2968	o-Dichlorobenzene	600	ug/L	0.39	U	EPA 524.2	0.39	0.5	04/16/2024	21:08	E84589
2969	para-Dichlorobenzene	75	ug/L	0.33	U	EPA 524.2	0.33	0.5	04/16/2024	21:08	E84589
2976	Vinyl Chloride	1	ug/L	0.29	U	EPA 524.2	0.29	0.5	04/16/2024	21:08	E84589
2977	1,1-Dichloroethylene	7	ug/L	0.22	υ	EPA 524.2	0.22	0.5	04/16/2024	21:08	E84589
2979	trans-1,2-Dichloroethylene	100	ug/L	0.21	U	EPA 524.2	0.21	0.5	04/16/2024	21:08	E84589
2980	1,2-Dichloroethane	3	ug/L	0.24	U	EPA 524.2	0.24	0.5	04/16/2024	21:08	E84589
2981	1,1,1-Trichloroethane	200	ug/L	0.29	U	EPA 524.2	0.29	0.5	04/16/2024	21:08	E84589
2982	Carbon tetrachloride	3	ug/L	0.25	U	EPA 524.2	0.25	0.5	04/16/2024	21:08	E84589
2983	1,2-Dichloropropane	5	ug/L	0.26	U	EPA 524.2	0.26	0.5	04/16/2024	21:08	E84589
2984	Trichloroethylene	3	ug/L	0.14	U	EPA 524.2	0.14	0.5	04/16/2024	21:08	E84589
2985	1,1,2-Trichloroethane	5	ug/L	0.27	U	EPA 524.2	0.27	0.5	04/16/2024	21:08	E84589
2987	Tetrachloroethylene	3	ug/L	0.42	U	EPA 524.2	0.42	0.5	04/16/2024	21:08	E84589
2989	Monochlorobenzene	100	ug/L	0.36	U	EPA 524.2	0.36	0.5	04/16/2024	21:08	E84589
2990	Benzene	1	ug/L	0.26	U	EPA 524.2	0.26	0.5	04/16/2024	21:08	E84589
2991	Toluene	1000	ug/L	0.33	U	EPA 524.2	0.33	0.5	04/16/2024	21:08	E84589
2992	Ethylbenzene	700	ug/L	0.31	U	EPA 524.2	0.31	0.5	04/16/2024	21:08	E84589
2996	Styrene	100	ug/L	0.25	U	EPA 524.2	0.25	0.5	04/16/2024	21:08	E84589

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

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



# Advanced Environmental Laboratories, Inc.

 Itemonte Springs:
 380 Northlake Blvd., Suite 1048 • Attamonte Springs, FL 32701 • 407.937.1594 • Fax 407.937.1597

 Inserville:
 4965 SW 41st Blvd. • Gainesville, FL 32608 • 352.377.2349 • Fax 352.395.8639

 Cksonville:
 6881 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354

Tramar: 10200 USA Today Way • Miramar, FL 33025 • 954.889.2288 • Fax 954.889.2281

Ilahassee: 2639 North Monroe Street, Suite D • Tallahassee, FL 32303 • 850.219.6274 • Fax 850.219.6275

mpa: 9610 Princess Palm Ave. • Tampa, FL 33619 • 613.630.9616 • Fax 613.630.4327

Client Name:	US Water Services	Project	t Name:	Elisworth	n Point			BOTTLE SIZE & TYPE										
Address:	4939 Cross Bayou Boulevard	Projec	Number or or Number:	WTP				108 ZIZ C										NUMBER
New	Port Richey, FL 34652	FDEP F	Facility No:	609-052	3			G										W
Phone:	866-753-8292	Projec	ct Address;					ANALYSIS REQUIRED	<u>.</u>									
FAX:	727-849-4219	Specia	I Instru	uctions:			7	ğ	gan		S							<u> </u>
Contact:	Melisa Rotteveel		Cl2-1.82					N N	Primary Inorganic		Secondary Contaminants	oha						2
Sampled By:	A. COVEL 1 B23535	ph- te	omperature	22	00			/SIS	2		mir	Alp	226	228	E			Ľ۵
Turn Around Time	: STANDARD RUSH	7.8		2 2	C			AL	ma	Q	Secondary Contamina	Gross Alpha	RAD 226	RAD 228	Uranium			LA I
Page: 1	_of _1	ADaF	т		the	r		AN	Pri	VOC	ပိုလို	ō	A.	A	5			LABORATORY I.D.
SAMPLE ID	SAMPLE DESCRIPTION		Grab Comp	SAMP	LING	MATRIX	NO. COUNT	PRESER- VATION	Ice	16	la	160	lce	lce	lce			LA
B	POE	1	Grab	4.10.24	1720	DW	6		X	X	Х	Х	Х	X	X			an 100
								134										
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	= wastewater SW = surface water GW = gr		Temp from	the second second second second second second second second second second second second second second second se	0 = 01	A=ar S	O = sod s	And in case of the local division of the loc	e re require	-		e: 1= 1C	and the local division of	-	then recei			im Thiosulfate) legrees celcius)
1	Last revised 04/30/2015	л <b>о</b> Ц	r canp ir ci		evice used	for measuri	ng Temp by					sed) J:					A M: 3A	
Feet	nguished by Date Time		Rep	lowed by		Date	Time			1.1		the second second second second second second second second second second second second second second second s	And in case of the local division in which the local division in t	the second second second second second second second second second second second second second second second s	VATER		1.16.40	1.036
1020	C. C. 000, 4.10.24 1845	1	1A.	2 4	+114	24	09:1		PW	S ID:								
2	11 24 14:00	2	0	2	( (	9.103	n 140	yp.		t Person:					Phone:			
3								1		of Water								

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

System Name: Ellsworth Point Subdivision		PWS I.D. #: <u>609-0523</u>
System Type (check one):	Nontransient Noncommunity	Transient Noncommunity
Address: 11927 N. Ellsworth Terrace		
City: Dunnellon	ZIP Code: <u>34433</u>	}
Phone # Fax #:	E-Mail Address:	
SAMPLE INFORMATION (to be completed by sampler)	11/10/01	
Sample Number: str B 124(859DOI Sam		Sample Time: 120 AM PM (Circle One)
Sample Location (be specific) : Elloworth	Point Well-POE	Location Code:
Disinfectant Residual (Required when reporting results for trihal	omethanes and haloacetic acids): 1,82 mg/L	Field pH: 7.8/22°C
Sample Type (Check Only One)	Reason(s) for Sample	e (Check ail that apply)
	Routine Compliance with 62-550	Replacement (of Invalidated Sample)
Entry Point (to Distribution)	Confirmation of MCL Exceedance*	Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	Composite of Multiple Sites**	Clearance (permitting)
Raw (at well or intake)	Other	
Max Residence Time	Sampling Procedure Used or Other Comme	nts:
Ave Residence Time	According	-1050
Near First Customer	Innual sam	ptes-Primary's / Secondary's / Vacs/Racis
	*See 62-550.500 6) for recuirements and restrict And 62-550.512(3) for nitrate or nitrite exceedance	
	SAMPLER CERTIFICATIO	DN .
1. Angela Lovell	Operate	, do HEREBY CERTIFY
that the above public water system and sample collection info	rmation is complete and correct. (Print T	rtie)
Signature: <u>QCCeel</u>	Date:	4/10/24
Certified Operator # 573535Phone #: (352)	(051-4028 Sample	r's Fax #:
Sampler's E-mail:	sater corpinet	

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

Lab Name: KNL Environn	nental Testing	Florida DOH Certifica	tion #: E84025	Certification Expiration	Date: June Renewal
		_	ATTACH CURRENT DO	- DH ANALYTE SHEET*	
Address: 3202 N. Florida	Ave. Tampa, FL 336	03	Phone #: 813-229-287	9	
Were any analyses subcon					
				SHEET FOR EACH SUBC	
	(to be completed by lab)	Date Sample(s) Rece	tived:4-15-24	1	
PWS ID (From Pg 1):	0523Sample # (f	From Pg 1):	08590 La	ab Assigned Report # or	Job ID: 24,6748
Group(s) Analyzed & Resul					
Inorganics Alt Except Asbestos Partial Nitrate Nitrate Asbestos	Synthetic Organics   All 30   All Except Dioxin   Partial   Dioxin Only	<u>Volatile Organics</u> All 21 Partial	Disinfection Byproducts Trihalomethanes Haloacetic Acids Chlorite Bromate	Radionuclides ØSingle Sample ØQtrly Composite**	<u>Secondaries</u> All 14 Partisl
		LAB ÇE	RTIFICATION		
I, Thomas J. Wee	ks		Laboratory Director		, do HEREBY CERTIFY
	(Print Name)		(Print Title)	Li abantan Anoroditation (	Conference (NELAC)
that all attached analytical data					
Signature:		4	Date:	-30-24	
possible enforcement again: ** Please provide radiological : C	d current Florida DOH lab c st the public water system f sample dates & locations fo ONFIRMATION & NOTIFIC/	vertification number and a or failure to sample, and or each quarter. ATION IS REQUIRED WIT		attached analysis results w DOH Bureau of Laborator	ICES
COMPLIANCE DETERMIN		-			
Sample Collection & Analys	sis Satisfactory: 🗌 Yes 🗌	No	Replacement Sample	or Report Requested (circ	se or highlight group(s) above)
Person Notified:		_Date Notified:	DEP/DOH Review	ing Official:	
Nebortary Format 62-550 730					

KNL Environmental Testing 3202 N. Florida Ave. Tampa, FL 33603

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

# RADIONUCLIDES 62-550.310(6)

KNL Report Number/Job ID: 24.6748 PWS ID(From Page 1): 609 0523

Client ID: AEL-Tampa // T2408590

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	RDL	Analysis Error	Analysis Date	Analysis Time	DOH Lab Certification #
<u> </u>				Result		IVICTION	IVILL		LIIVI	Lynne	LILLAW	
4002	Gross Alpha (incl Uranium)	15 ***	pCi/L	0.7	U	EPA 900.0	0.7	3	0.6	4-27-24	0453	E84025
4020	Radium-226	5	pCi/L	0.4	I	EPA 903.0 *****	0.2	1	0.2	4-26-24	1311	E84025
4030	Radium-228		pCi/L	0.7	U	EPA Ra-05	0.7	1	0.6	4-24-24	1636	E84025

Reporting Format 62-550.730 Effective January 1995, Revised February 2010.

\* Qualifier Codes: U = indicates that the compound was analyzed for but not detected.

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

\*\* If the result exceeds 5 pCi/L, a measurement for radium-226 is required. Uranium is reported separately under Contam ID 4006.

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

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

\*\*\*\*\* 97% carrier recovery

Page of

Test results meet all requirements of the 2016 TNI standards. Statement of estimated uncertainty available upon request. Test results refer only to sample(s) listed. Contact person: Thomas Weeks (813) 229-2879.

Approved by:

Thomas J. Weeks Laboratory Director

	R 4-25 24.6748	5
Rivensed Environmental Laboretories, Int	Image: State in the state	
Advanced Environmental Lab	Project Nema: T2408590	
Tampa FI 33619 813-630-9616		UMBER
813-630-4327 mcammarata@aeilab.com		
t ITIme: Патанdard Пrubh R	Even though matche WA please include DW report elong with EVN report EVEN though matche WA please include DW report elong with EVN report CDADaPT DEQuis D Other	ABUKATORY
LE ID SAMPLE DESCRIPTION	Image: Comp date     Image: Comp date <td>2022</td>	2022
TZ408590.	FHDZH. 1920 DW XXX	7
		-
		-
WW = wastewater SW = suiteoo water GW = ground a Dyes DNo DTemp taken from sample Form last rayland 08/07/2019	d water       DW = difficting water       9 = oil       A = air       BC = studge       Preservation Code:       1 = los H=(HEI)       8 = (HESO4)       N = (HEO3)       T = (Sodium Thiseuliate)         Image: transport of the studge       Image: transport of t	1.
Relinquished by: Dale Time . Källijh Pesqualiti	Received by: Dale Time FOR DRINKING WATER USE: " (When PWs Information no) obbrivites supplied)PWs ID:	
	Contact Person: Phone :	·• · ··



#### Workorder: Ellsworth Point (T2408590)

May 01, 2024

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

RE: Workorder: T2408590 Ellsworth Point

Dear Melisa Rotteveel:

Enclosed are the analytical results for sample(s) received by the laboratory on Thursday April 11, 2024. Results reported herein conform to the most current NELAC standards, where applicable, unless otherwise narrated in the body of the report. The analytical results for the samples contained in this report were submitted for analysis as outlined by the Chain of Custody and results pertain only to these samples.

FINAL

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

Sincerely,

Sarah Noonan

Sarah Noonan, Project Manager SNoonan@aeliab.com

Wednesday, May 1, 2024 3:18:52 PM Dates and times are displayed using (-04:00) Page 1 of 15

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Advanced Environmental Laboratories, Inc 9610 Princess Palm Ave Tampa, FL 33619 Payments: P.O. Box 551580 Jacksonville, FL 32255-1580 Phone: (813) 630-9616 Fax: (813) 630-4327

#### FINAL

Workorder: Ellsworth Point (T2408590)

## Sample Summary

Lab ID	Sample ID	Matrix	Method	Date Collected	Date Received	Analytes Reported	Basis
T2408590001	POE	DW	EPA 200.7	04/10/2024 17:20	04/11/2024 16:29	6	NA
T2408590001	POE	DW	EPA 200.8	04/10/2024 17:20	04/11/2024 16:29	12	NA
T2408590001	POE	DW	EPA 245.1	04/10/2024 17:20	04/11/2024 16:29	1	NA
T2408590001	POE	DW	EPA 300.0	04/10/2024 17:20	04/11/2024 16:29	3	NA
T2408590001	POE	DW	EPA 524.2	04/10/2024 17:20	04/11/2024 16:29	21	NA
T2408590001	POE	DW	SM 2120 B	04/10/2024 17:20	04/11/2024 16:29	1	NA
T2408590001	POE	DW	SM 2150 B	04/10/2024 17:20	04/11/2024 16:29	1	NA
T2408590001	POE	DW	SM 2540 C	04/10/2024 17:20	04/11/2024 16:29	1	NA
T2408590001	POE	DW	SM 4500-CN-E	04/10/2024 17:20	04/11/2024 16:29	1	NA
T2408590001	POE	DW	SM 4500H+B	04/10/2024 17:20	04/11/2024 16:29	1	NA
T2408590001	POE	DW	SM 4500NO3-F	04/10/2024 17:20	04/11/2024 16:29	2	NA
T2408590001	PÓE	WD	SM 5540 C	04/10/2024 17:20	04/11/2024 16:29	1	NA

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**FINAL** 

Workorder: Ellsworth Point (T2408590)

# Workorder Summary

#### **Method** Comments

COLR-SM-W

#### **Batch Comments**

#### WCAg/15772 - Surfactant-MBAS, SM5540C, Water

T2408611 was received by the lab past the recommended holding time. The analysis was performed as soon as possible after receipt by the laboratory. The data is qualified to indicate the holding time violation.

#### WCAt/29070 - NO3,NO2 SM4500NO3F,Water

The matrix spike recoveries of Nitrate T2408528001 (MS -12% and MSD 87%)). Recovery in the Laboratory Control Sample (LCS) were acceptable, which indicates the analytical batch was in control. The matrix spike outliers suggest a potential low bias in this matrix. No further corrective action was required.

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**FINAL** 

Workorder: Ellsworth Point (T2408590)

### **QC Results Qualifiers**

#### Parameter Qualifiers

	U	The compound was analyzed for but not detected.
	I	The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.
	Q	Missed Hold Time
L	ab Qualifiers	3
	<u>^</u>	

G	DOH Certification #E82001 (FL NELAC) AEL-Gainesville
J	DOH Certification #E82574 (FL NELAC) AEL-Jacksonville DOD-ELAP Certification #L23-514 (ISO/IEC 17025;2017) AEL-Jacksonville
Т	DOH Certification #E84589 (FL NELAC) AEL-Tampa

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I. General Information for th	e Month/Year of: January 2024								
A. Public Water System (PWS									
	Point Sub			1	tification Number: 609-0523				
PWS Type: Commun			NonCommunity [] Consecutive						
and the second s	ections at End of Month: 25	Total Po	Total Population Served at End of Month: 84						
Territoria da anticia da la compañía de la compañía de la compañía de la compañía de la compañía de la compañía	Vaterworks Inc								
the second	n Purviance			Jtility Manager					
	Address: 4939 Cross Bayou Boulevard			State: FL	Zip Code: 34652				
Contact Person's Telepho	one Number: 866-753-8292	Contact I	Person's Fax Numbe	er: 727-848-7701					
Contact Person's Email A	ddress: spurviance@uswatercorp.net								
B. Water Treatment Plant Infe	ormation								
Plant Name: WTP				Plant Telephon	e Number:				
Plant Address: 11927 N.	Ellsworth Terrace	City: D	Junnellon	Zip Code: 34433					
Type of water treated by	Plant: [X] Raw Ground [] Purchase	d Finished Water							
Permitted Maximum Day	Operating Capacity of Plant, gallons per day: 8	6000			4				
Plant Category (per subse	ection 62-699.310(4), F.A.C.): V	Plant Cla	Plant Class (per subsection 62-699.310(4), F.A.C.): D						
Licensed Operators:	Name:	License Class	License Number	Day(s)/Shift(s) W	Vorked				
Lead/Chief Operators:	Wendell Leigh	C	14711						
Other Operators:	Jeffrey Hines	A	19837						
1 Start Start Start	Jessie Jose Hinojosa	C	28938						
and the second second	·								
				_					
			-						

#### 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.

Wendell Leigh	2/6/2024	Wendell Leigh	C 14711
Signature and Date		Printed or Typed Name	License Number
DEP Form 62-555 900(300)			
Effective August 28, 2003		Page 1	

leans of	Achieving	Four-Log V	Year of: /irus Inactivation	/Removal *	Free Chlorin	e Chlo	orine Dioxide		Ozone	Combined	Chlorine (C	Chloramines)			
	et Radiatio Disinfectant			ther (Discribe) stribution System:	Х	Free Chlorine	Combine	d Chlorin	e (Chloramines)		Chlorir	e Dioxide			
													R. T. S.		
	_ I_		-	- 1	al a sur		V Dose, to Demonstrate Fou	r-Log Virus In	activation, if Applicable*	122	-	UV Dose			
Day of the Month	Days Plant Staffed or visited by operator Place "X"	Hours Plant in Operation	Net Quantity of Finished Water Produced, gall	Peak Flow Rate, and	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mgr L	CT Calci Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided	Temp of Water. °C	pH of Water, if Applicable	M minum CT Required, mg- mir/L	Lowest Operating UV Dose, mW- sec/cm <sup>2</sup>		Lowest Residual Disinfectant Concentration at Remote Point n Distribution System, mg/L	Emergency or Abnorms Operating Conditions: Rep or Maintenance Work th Involves Taking Water System Components Out Operation	
1	X	24	4,450		1.61								1.18		
2		24	4,450												
3	X	24	4,300		1.60								1.40		
4		24	4,300												
5	X	24	4,900		1.44								0.96		
<u>6</u> 7		24	4,900		1										
8	X	24	4,900		1.71			1					1.01		
9		24	3,950		1.71								1.01		
9 10	X	24 24	3,950		1.76	1				1			0.97		
11		24	6,400 6,400		1.70								0.97		
12	X	24	4.700		1.87					1	1		1.04		
13		24	4,700		1.07					1			1.04		
14		24	4,700							1					
15	X	24	3.500		1.19						1		0.98		
16		24	3,500		1					1	1				
17	X	24	3,550		1.84						j		1.15		
18		24	3.550								1	1			
19	X	24	3.633		2.00								1.01		
20		24	3.633								1				
21		24	3,633					1			<u>i</u>				
22		24	3,450		1.72							1	1.03		
23	<u> </u>	24	3,450		1										
24		24	4,000		2.10								1.13		
25		24	4,000				9					l			
26		24	3,667		2.08		1			]			1.16		
27	1	24	3,667		<u> </u>	1	1				<u> </u>				
28	37	24	3,667		0.04	1		1	1		1		1.50		
29	X	24	4,000		2.04	ç		1			1		1.59		
30		24	4,000		1.41	1	1	1					0.96	1	
31 Iotal		24	3,550 129,450		1.41			l	<u> </u>	J	1		0.90		



I. General Information for th	ne Month/Year of: February 2024								
A. Public Water System (PWS	S) Information								
Processor - N	n Point Sub			PWS Identification Number: 609-0523					
PWS Type: Commu		NonCor		Consecutive					
	ections at End of Month: 25	Total Po	Total Population Served at End of Month: 84						
PWS Owner: Citrus V									
and the second sec	n Purviance	Source -		Utility Manager					
Pre	Address: 4939 Cross Bayou Boulevard		w Port Richey	State: FL Zip Code: 34652					
	one Number: 866-753-8292	Contact I	erson's Fax Numb	er: 727-848-7701					
Contact Person's Email A	ddress: spurviance@uswatercorp.net								
B. Water Treatment Plant Inf	ormation								
Plant Name: WTP			Plant Telephone Number:						
Plant Address: 11927 N.	Ellsworth Terrace	City: D	unnellon	State: FL Zip Code: 34433					
Type of water treated by	Plant: [X] Raw Ground [] Purchased	Finished Water							
Permitted Maximum Day	Operating Capacity of Plant, gallons per day: 860	)00							
	ection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): D						
Licensed Operators:	Name:	License Class		Day(s)/Shift(s) Worked					
Lead/Chief Operators:	Wendell Leigh	C	14711						
Other Operators:	Jeffrey Hines	Ā	19837						
	Jessie Jose Hinojosa	C	28938						
State of the second state of the									
	Lan way was and a set of the set	_							
and the man and a strain and the									
Lead/Chief Operators:	Wendell Leigh Jeffrey Hines Jessie Jose Hinojosa	C A	14711 19837						

#### 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.

Wendell Leigh

3/7/2024

Wendell Leigh

C 14711

Signature and Date DEP Form 62-555 900(300) Effective August 28, 2003

Printed or Typed Name

License Number

Page 1

	ntification I Poi <mark>nt</mark> Sub		609-05	523 WTP										
II. Daily	Data for t	he Month/		February 2										
	-	•	firus Inactivation		Free Chlorir	e Chle	orine Dioxide		Ozone	Combined	Chlorine (C	Chloramines)		
	et Radiatio Disinfectant			ther (Discribe)	,	K Free Chlorine	Combine	d Chlorin	e (Chloramines)		Chlorin	e Dioxide		
													1997	
		1000	14 - 2 1 -			CT Cabulations of	UV Dose, to Demonstrate For	- Los Vinus la	nactivation if Annkashlat					1
	1	1.1		1000		CT Calculations of a		I-LOE VILLS I	Lacuvation, if Applicable		-	UV Dose	XI DOWN	Emergency or Abnormal
Day of the Month	Days Plant Staffed or visited by operator Place "X"	Hours Plant in Operation	Net Quantity of Finished Water Produced gal	Peak Flow Rate, and	Lowest Residual Disinfectant Concentration (C) Before or a First Customer During Peak Flow, mg/L		Lowest CT Provided Before or at First Customer During Peak Flow, mu-min/L	Temp of Water. °C	pH of Water, if Applicable	M namum C I Required, mg- min/L	Lowest Operating UV Dose, mW- sec/cm <sup>T</sup>	Minmum UV Dose Required, mW-sec/cm <sup>2</sup>	C Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Operating Conditions, Rep or Maintenance Work the Involves Taking Water
1		24	3,550											
2	X	24	3,900		2.10								1.20	
3		24	3,900											
4		24	3,900											
5	X	24	3,750		2.10								1.10	
6		24	3.750					1	1	Ī				
7	X	24	4,000		0.80		1						0.90	
8		24	4,000											
9	X	24	4,300		3.00								1.70	
10		24	4,300											
11		24	4,300											
12	X	24	4,100		2.50								1.90	
13		24	4,100											
14	X	24	4,100		1.60								1.10	
15		24	4,100		<u> </u>			]	]	1				]
16	X	24	3,967		1.40					1			1.10	
<u>    17     </u>		24	3,967											
18	1	24	3,967							1				
19	X	24	3,850		2.40								1.50	
20	<u> </u>	24	3.850											
21	X	24	3,450		2.40								1.80	
22		24	3,450						]		I			
23	X	24	3,900		2.60					1	[	<u> </u>	1.50	
24		24	3,900					ļ			1			
25		24	3,900		1						ļ			
26	X	24	3,900		2.50			1					2.00	
27		24	3,900						1					
28	X	24	4,000		2.20								2.10	
29		24	4,000											
30							1				1			
31								]			J			
Total	_		114,051											
Average			3,933											
Maximu	ım		4,300											



I. General Information for th	e Month/Year of: March 2024			
A. Public Water System (PWS	S) Information			
PWS Name: Ellsworth	Point Sub			PWS Identification Number: 6090523
PWS Type: Commun		NonCo	mmunity []	Consecutive
Number of Service Conn	ections at End of Month: 25	Total P	opulation Served at	End of Month: 84
PWS Owner: Citrus W				
	n Purviance	Contact 1	Person's Title:	Utility Manager
	Address: 4939 Cross Bayou Boulevard		and the second s	State: FL Zip Code: 34652
Contact Person's Telepho	one Number: 866-753-8292	Contact 1	Person's Fax Numb	er: <b>727-848-77</b> 01
Contact Person's Email A	ddress: spurviance@uswatercorp.net			
B. Water Treatment Plant Infe	ormation			
Plant Name: WTP				Plant Telephone Number:
Plant Address: 11927 N.	Ellsworth Terrace	City: I	Junnellon	State: FL Zip Code: 34433
Type of water treated by	Plant: [X] Raw Ground [] Purchased	d Finished Water		
Permitted Maximum Day	Operating Capacity of Plant, gallons per day: 86	6000		
	ection 62-699.310(4), F.A.C.): V		ss (per subsection (	52-699.310(4), F.A.C.): D
Licensed Operators:	Name:	License Class		Day(s)/Shift(s) Worked
Lead/Chief Operators:	Angela Covell	B	23535	
Other Operators:	Jessie Jose Hinojosa	С	28938	
	Name and Marine			
	Y			
the set of the set of the				
II. Certification by Lead Chie	of Operator			

#### 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.

Angela Coxell

4/2/2024

Angela Covell

B 23535

Signature and Date DEP Form 62-555 900(300) Effective August 28, 2003

Printed or Typed Name

License Number

Page 1

			i car of: /irus Inactivation		Free Chlorin	e Chle	orine Dioxide		Ozone	Combined	Chlorine (C	Chloramines)		
	t Radiatio			ther (Discribe) stribution System:		Free Chlorine	Combine	d Chlorin	e (Chloramines)		Chlorin	e Dioxide		
The th L	MICCIAI	Resolution	radinalice in Di	stribution oyacin.		Thee Chilofille	Combined	d Ciucani	e (Chiorannines)		Chiorn	e Dioxide		
			1. 1. 1. 1.			CTC between and	8: D D							
						CT Calculations of C	IV Dose, to Demonstrate Fou ulations	E-LOE VINS IN	activation, if Applicable*			UV Dose		Emergency or Abnorma
Day of the Month	Days Plant Staffed or visited by operator Place "X"	Hours Plant m Operation	Net Quantity of Funshed Water Produced, ml	Peak Flow Rate, and	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow.	Desnfectant Contact I are (1) at C Measurement Point D Peak Flow manutes	During Peak Flow,	Temp of	PH of Water, & Applicable	Minimum C'l Required, mg- min/L	Lowest Operating UV Dose mW- scc/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>	Lowest Residual Distribution Concentration at Remote Point in Distribution System, ang L	Operating Conditions; Rep or Mantenance Work th Involves Taking Water
1	Х	24	3,700		0.60								0.20	
2		24	3,700											
3		24	3,700											
4	X	24	3,950		2.50								2.10	
5		24	3,950											
6	X	24	4.000		2.40	<u> </u>							2.90	
7		24	4,000											
8	X	24	4,433		2.50								1.90	
9		24	4,433											
10		24	4,433											
11	X	24	4,450		2.80								1.90	
12		24	4,450											
13	X	24	5,350		2.72								1.60	
14		24	5.350											-
15	X	24	4,933		2.65								1.80	
16		24	4,933			l								
17		24	4,933											
18	X	24	6,600		1.10								0.41	
19		24	6,600											
20	X	24	4.150		2.68					1			1.49	
21		24	4 150											
22	X	24	4,167		2.68								1.96	
23		24	4,167					-						
24		24	4,167											
25	X	24	3.550		1.49								1.02	
26		24	3,550									[		
27	X	24	3,450		2.00								1.82	
28		24	3,450					1						
29	X	24	4.267		1.42								0.99	
30		24	4.267				1	1	1					
31		24	4.267			1								1
Total			135,500											
Average			4,371											



I. General Information for th	e Month/Year of: April 2024									
A. Public Water System (PWS										
PWS Name: Ellsworth	Point Sub			PWS Identif	ication Number: 6090523					
PWS Type: Commun		NonCon	-	Consecu	tive					
	ections at End of Month: 25	Total Po	Total Population Served at End of Month: 84							
PWS Owner: Citrus V				45.5						
Contact Person: Sharo		Contact P	erson's Title: U	Jtility Manager						
	Address: 4939 Cross Bayou Boulevard	City: New	w Port Richey	State: FL	Zip Code: 34652					
Contact Person's Telepho	one Number: 866-753-8292	Contact P	'erson's Fax Numbe	er: 727-848-7701						
Contact Person's Email A	ddress: spurviance@uswatercorp.net									
B. Water Treatment Plant Inf	ormation									
Plant Name: WTP				Plant Telephone	Number:					
Plant Address: 11927 N.	Ellsworth Terrace	City: D	unnellon	State: FL	Zip Code: 34433					
Type of water treated by	Plant: [X] Raw Ground [] Purchased Fir	nished Water								
Permitted Maximum Day	Operating Capacity of Plant, gallons per day: 86000									
Plant Category (per subse	ection 62-699.310(4), F.A.C.): V	Plant Clas	ss (per subsection 6	2-699.310(4), F.A.C.	): D					
Licensed Operators:	Name:	icense Class	License Number	Day(s)/Shift(s) Wo	orked					
Lead/Chief Operators:	Angela Covell	В	23535							
Other Operators:	Jessie Jose Hinojosa	С	28938							

#### II. Certification by Lead/Chief Operator

I the undersigned water treatment plant operator licensed in Florida, an 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.

Angela Covell Signature and Date

5/7/2024

Angela Covell

**B** 23535

DEP Form 62-555 900(300) Effective August 28, 2003 Printed or Typed Name

License Number

	Achieving	Four-Log	Year of: Virus Inactivation/		Free Chlorin	e Chlo	rine Dioxide		Ozone	Combined	Chlorine (O	Chloramines)		
ltraViole ype of D	et Radiation Disinfectant	n : Residual M	Otl Iaintained in Dist	her (Discribe) tribution System:	λ	Free Chlorine	Combined	l Chlorin	e (Chloramines)		Chlorir	ne Dioxide		
- 10	200			5.177 3.5	Barrien	and the second					200	a verte a la	Tal	
Dayofthe 0	1		1.6.11	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										
	Days Plant					CT Cale				UV Dose				Emergency or Abnormal Operating Conditions: Rep
	Staffed or visited by operator	Hours Plant in	Net Quantity of Finished Water		Lowest Residual Dismicciant Concentration (C) Before or at First Customer During Peak	at C Measurement Point	During Peak Flow,	Temp of		Minimum CT Required, mg-	Lowest Operating UV Dose, mW-	Mmimum UV Dose Required	Lowest Residual Disinfectant Concentration at Remote Point	or Maintenance Work that Involves Taking Water System Components Out of
1	Pince "X" X	Operation 24	Produced, gal 4,100	Peak Flow Rate, gpd	Flow, mg/L 1.09	During Peak Flow, minutes	mg-mn/L	water "C	pH of Water, if Applicable	mm/L	sec/cm <sup>2</sup>	mW-sec/cm <sup>2</sup>	in Distribution System, me/L 0.82	Operation
2		24	4,100											
3	X	24	3,200		0.73								0.51	
4		24	3,200			ļ								
5	X	24	4,300		2.77								1.98	
6		24	4,300											
7		24	4,300											
8	X	24	2,700		1.92								1.35	
9		24	2,700				-							
10	X	24	4,350		2.71								1.89	
11		24	4,350											
12	X	24	3,567		0.97								0.62	
13		24	3,567											
14		24	3,567											
15	X	24	5,150		0.83								0.59	
16		24	5,150											
17	X	24	6,200		3.21								2.29	
18		24	6,200											
19	X	24	4,267		2.49								1.87	
20		24	4.267								1			1
21		24	4,267											
22	X	24	4,350		1.83						1		1.49	
23	1	24	4,350				1							
24	X	24	5,800		1.70		1				1		1.27	1
25	 	24	5,800			1						1	1 11	
26		24	5,600		1.83	1	1				1		1.41	
27		24	5,600							T	1	1		<u> </u>
28		24	5,600		1.50	1					1		1.02	
29		24	9,100		1.50	1						1	1.03	
30	1	24	9,100			l		1	1			1		
31 Potel	1		143,102			<u> </u>	1		1			1	1	1
Fotal														
verage			4,770											



I. General Information for th	e Month/Year of: May 2024				
A. Public Water System (PWS	S) Information				
PWS Name: Ellsworth	Point Sub			PWS Identi	fication Number: 6090523
PWS Type: Commun		NonCor		Consecu	
Number of Service Conn	ections at End of Month: 25	Total Po	opulation Served at	t End of Month: 84	
	Vaterworks Inc				
Contact Person: Sharo				Utility Manager	
	Address: 4939 Cross Bayou Boulevard		w Port Richey	State: FL	Zip Code: 34652
	one Number: 866-753-8292	Contact I	Person's Fax Numb	per: 727-848-7701	
Contact Person's Email A	ddress: spurviance@uswatercorp.net				
B. Water Treatment Plant Infe	ormation				
Plant Name: WTP				Plant Telephone	Number:
Plant Address: 11927 N.	Ellsworth Terrace	City: D	Junnellon	State: FL	Zip Code: 34433
Type of water treated by	Plant: [X] Raw Ground [] Purchased	I Finished Water			
Permitted Maximum Day	Operating Capacity of Plant, gallons per day: 86	000			
	ection 62-699.310(4), F.A.C.): V		ss (per subsection (	62-699.310(4), F.A.C	C.): D
Licensed Operators:	Name:	License Class	License Number	Day(s)/Shift(s) W	orked
Lead/Chief Operators:	Angela Covell	B	23535		
Other Operators:	Jessie Jose Hinojosa	С	28938		
the second second second					
and the state of the					
the second second second second					
the second second second					

#### II. Certification by Lead Chief Operator

Effective August 28, 2003

I the undersigned water treatment plant operator **licensed** in **Florida**, and 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.

Angela Canell 6/1/2024		Angela Covell	<b>B</b> 23535
Signature and Date		Printed or Typed Name	License Number
DEP Form 62-555 900(300)			

ay of the Month 1 2	Days Plant Staffind or visited by operator Place "X"	Residual M	Aaintained in Di	stribution System:		K Free Chlorine	Combine	d Chlorin	e (Chloramines)		Chlorin	e Dioxide		
Month	Staffed or visited by operator Place "X"										Cintorin	Diomac		
Month	Staffed or visited by operator Place "X"				CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									
Month	Staffed or visited by operator Place "X"		-		CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable* CT Calculations							UV Daw		
	X	Hours Plant m Operation		Peak Flow Rate, press	Lowest Residual Dismectant Concentration (C) Before or a First Customer During Peak Flow of L		Lowest CT Provided Before or at First Customer During Peak Flow	Temp of	pH of Water, if Applicable	Minimum CT Required, mg- min/L	Lowest Operating UV Dose, mW- sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mult.	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
2	11	24	4,150		1.26								0.83	
		24	4,150					1						
3	X	24	4,833		3.11		1						3.19	
4		24	4,833						1					
5		24	4,833											
6	X	24	4.7.50		3.02								2.89	
7		24	4,750											
8	X	24	3.850		2.06			]					1.72	
9		24	3,850											
10	_X	24	5 033		2.06				<u> </u>				1.85	
11		24	5.033											
12		24	5,033											
13	X	24	3 150		1.52								1.39	
14		24	3,150											
15	X	24	3,250		1.48			1					1.39	
16		24	3,250					1	1					
17	X	24	3,300		0.89								0.62	
18		24	3,300						1					
19		24	3,300			-				<u> </u>				
20	<u>X</u>	24	4,300		0.65		1						0.35	1
21		24	4,300				1		1					
22	X	24	4.250		1.96								1.13	
23		24	4,250						<u> </u>					
24	X	24	4.600		1.87			-					1.61	
25	_	24	4.600						1	1				
26		24	4.600					1	7					
27	X	24	3,600		1.56							1	1.41	
28		24	3,600					1	5					
29	X	24	3,400		1.46								1.32	
30		24	3,400			1	1			1				1
31	X	24	3,400		1.25					1			0.33	
'otal .verage	5-44-44		126,098											



I. Gen	neral Information for th	e Month/Year of: June 2024				
A. Publ	ic Water System (PWS	6) Information				
$\mathbf{PV}$	VS Name: Ellsworth	Point Sub			PWS Identif	fication Number: 6090523
	VS Type: Commun		NonCon	munity []	Consecu	tive
Nu	umber of Service Conn	ections at End of Month: 25	Total Po	pulation Served at l	End of Month: 84	
		Vaterworks Inc				
Co	ontact Person: Sharo	n Purviance	Contact P	erson's Title: U	Itility Manager	
		Address: 4939 Cross Bayou Boulevard	City: New	v Port Richey	State: FL	Zip Code: 34652
Co	ontact Person's Telepho	one Number: 866-753-8292	Contact P	erson's Fax Numbe	r: 727-848-7701	
Co	ontact Person's Email A	ddress: spurviance@uswatercorp.net				
B. Wate	er Treatment Plant Info	ormation				d
Pla	ant Name: WTP				Plant Telephone	Number:
Pla	ant Address: 11927 N.	Ellsworth Terrace	City: D	unnellon	State: FL	Zip Code: 34433
Ту	pe of water treated by	Plant: [X] Raw Ground [] Purchased	d Finished Water			
Pe	ermitted Maximum Day	Operating Capacity of Plant, gallons per day: 86	000			
		ection 62-699.310(4), F.A.C.): V		s (per subsection 65	2-699.310(4), F.A.C.	.): D
Lic	censed Operators:	Name:	License Class	License Number	Day(s)/Shift(s) We	orked
Le	ad/Chief Operators:	Angela Covell	В	23535		
Ot	her Operators:	Jessie Jose Hinojosa	С	28938		
6		La manager and a manager and a manager				
100		h				
1.00						
-						
IL Co	rtification by Low/Chi	of Oscaratory				

#### II. Certification by Lead Chief Operator

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Angela Covell

7/8/2024

Angela Covell

**B** 23535

Signature and Date DEP Form 62-555 900(300) Effective August 28, 2003

Printed or Typed Name

License Number

Page 1

leans of .		F ur-Log V	icar of: firus I activ, tion Ot		Free Chlorin	e Chlo	rine Dioxide		Ozone	Combined (	Chlorine (C	Inloramines)		
				stribution System:	X	Free Chlorine	Combine	l Chlorin	e (Chloramines)		Chlorir	e Dioxide		
					CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, #Applicable*								4	
	Days Plant		-		1		CT Calculations			1	-	UV Dose		Emergency or Abnorma Operating Conditions. Rep
Day of the Month	Staffed or visited by operator Place X	Hours Plant m	Net Quantity of Finished Water Produced and		Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak	at C Measurement Point	During Peak Flow,	Temp of		Minimum CT Required, mg-	Lowest Operating UV Dose, mW- sec/cm <sup>2</sup>	Minmum UV Dose Required,		or Maintenance Work the Involves Taking Water System Components Out
l	PMCC A	Operation 24	4,933	Peak Flow Rate. pd	Flow, and I	Durm Peak Flow minutes	nie min/L	Water, "C	pH of Water, if Applicable	min/L	sec/cm	mW-sec/cm <sup>2</sup>	n Distribution Synthem, purf.	Operation
2		24	4,933							1		-		
3	X	24	3,100		1.40		1						1.26	
4		24	3,100				1			1				
5	X	24	3.900		1.29		1						0.96	
6		24	3,900		1						ĺ			
7	X	24	4 600		1.69						1		1.42	
8		24	4,600											
9		24	4,600											
10	X	24	3,650		1.51								1.38	
11		24	3.650											
12	X	24	3 400		1.69								1.56	
13		24	3.400											
14	X	24	4.067		1.54								1.46	
15	<u> </u>	24	4,067											
16		24	4 067			1								
17	X	24	3,300		1.41								1.33	
18		24	3,300											
19	X	24	3,600		1.39	1		-			1	1	1.23	
20		24	3,600								1			
21	X	24	3,300		1.42							[	1.26	
22		24	3.300								l			
23	1	24	3,300			1								
24	X	24	2,850	-	1.39	1						}	1.28	
25		24	2,850				1				1			1
26	X	24	3,500		1.39	1			1		1	1	1.31	-
27		24	3,500								1		1.00	
28	X	24	3,967		1.31	1			1	1		1	1.22	
29		24	3,967		1				1					
30		24	3,967		1	1						1		
31			110.000						-			1		
Fotal			112,268											
Average	_		3,742											



		PWS Identifi	ication Number: 6090523
		Consecu	tive
Total Popul	ation Served at	t End of Month: 84	
Contact Perso	on's Title:	Utility Manager	
City: New Po	ort Richey	State: FL	Zip Code: 34652
Contact Perso	on's Fax Numb	per: 727-848-7701	
		Plant Telephone	Number:
City: Dunn	ellon	State: FL	Zip Code: 34433
shed Water			
Plant Class (	er subsection	62-699.310(4), F.A.C.	): D
ense Class Lie	ense Number	Day(s)/Shift(s) Wo	rked
B	23535		
C	28938		
	Total Popula         Contact Perso         City: New Po         Contact Perso         City: Dunn         shed Water         Plant Class (pense Class Lieg         B	Contact Person's Title: City: New Port Richey Contact Person's Fax Numb City: Dunnellon shed Water Plant Class (per subsection ense Class License Number B 23535	NonCommunity       I       Consecu         Total Population Served at End of Month:       84         Contact Person's Title:       Utility Manager         City:       New Port Richey       State:         FL       Contact Person's Fax Number:       727-848-7701         Plant Telephone         City:       Dunnellon       State:         Shed       Water       Plant Class (per subsection 62-699.310(4), F.A.C.         ense Class       License Number       Day(s)/Shift(s) Wo         B       23535       Day(s)/Shift(s) Wo

#### 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.

Angela Covell

8/7/2024

Angela Covell

B 23535

Signature and Date DEP Form 62-555 900(300) Effective August 28, 2003

Printed or Typed Name

License Number

Page 1

leans of ltraViole	Achieving t Radiatio	Four-Log V n		/Removal * ther (Discribe)	Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)									
ype of L	hsinlectant	Residual N	Auntained in Dis	tribution System:		Free Chlorine	Combined	d Chlorin	e (Chloramines)		Chlorin	e Dioxide		
	1												1.	
Day of the Month			-		CT Calculations, or UV Dose, to Demonstrate Four-Los Virus Inactivation, if Applicable* CT Calculations							UV Dose		
	Days Plant Staffed or visited by operator Place "X"	ed or ed by rator Hours Plant n	Net Quantity of rs Plant n Finished Water peration Produced, set	Peak Flow Rate, and	Lowest Residual Dumfectant Concentration (C) Before or at First Customer During Peak Flow, me L		Lowest C'I Fravided	Temp of	PH of Water, if Applicable	Minimum CT Required, mg- min/1.	Lowest Operating UV Dose mW- scc/cm <sup>2</sup>	Minimum UV Dose Required. mW-sec/cm <sup>2</sup>	Lowest Resultal Disinfectant Concentration at Remote Point in Distribution System, mg1.	Emergency or Abnormal Operating Conditions: Repar or Maintenance Work that Involves Taking Water System Components Out of Operation
1	X	24	3,450		1.45								0.98	
2		24	3,450											
3	X	24	4,450		1.19								0.95	
4		24	4,450											
5	X	24	3,933		1.50								1.00	
6		24	3.933											
7		24	3,933											
8	X	24	3 350		1.34					1			1.19	
9		24	3,350									1		
10	X	24	4,150		1.10								0.91	
11		24	4,150							1				
12	X	24	4,300		1.41								1.26	
13		24	4,300											
14		24	4,300											
15	X	24	3,900		0.78								0.66	
16		24	3,900					1		1				
17	X	24	4,250		1.58			1					1.32	
18		24	4,250											
19	X	24	5,033		1.50								1.36	
20		24	5.033					1						
21		24	5,033											
22	X	24	4,700		1.46							1	1.11	
23		24	4,700					1						
24	X	24	4,350		1.31								1.18	
25	1	24	4,350											
26	X	24	4,833		1.40		_			-			1.26	
27		24	4,833									1		
28	1	24	4.833						1		[			
29	X	24	4 250	<u></u>	1.15						1		0.98	
30	1	24	4,250											
31	X.	24	4,750		1.52								1.39	
Total			132,747											



A. Public Water System (PWS) Information           PWS Name:         Ellsworth Point Sub         PWS Identification Number:         6090523           PWS Type:         Community [X]         NonTransitent []         NonCommunity []         Consecutive	3
	3
PWS Type: Community [X] NonTransitent [] NonCommunity [] Consecutive	
Number of Service Connections at End of Month: 25 Total Population Served at End of Month: 84	
PWS Owner: Citrus Waterworks Inc	
Contact Person: Sharon Purviance Contact Person's Title: Utility Manager	
Contact Person's Mailing Address: 4939 Cross Bayou Boulevard City: New Port Richey State: FL Zip Code: 34652	
Contact Person's Telephone Number: 866-753-8292 Contact Person's Fax Number: 727-848-7701	
Contact Person's Email Address: spurviance@uswatercorp.net	
B. Water Treatment Plant Information	
Plant Name: WTP Plant Telephone Number:	
Plant Address: 11927 N. Ellsworth Terrace City: Dunnellon State: FL Zip Code: 34433	
Type of water treated by Plant: [X] Raw Ground [] Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 86000	
Plant Category (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.): D	
Licensed Operators: Name: License Class License Number Day(s)/Shift(s) Worked	
Lead/Chief Operators: Angela Covell B 23535	
Other Operators: Jessie Jose Hinojosa C 28938	
II. Contification by Lovel Chief Onversion	

#### 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.

Angela Covell

9/5/2024

Angela Covell

**B** 23535

Signature and Date DEP Form 62-555 900(300) Effective August 28, 2003

Printed or Typed Name

License Number

Ellsworth		he Month/	60905 Year of: Virus Inactivation	WTP August 202	4 Free Chlorin	e Chlo	rine Dioxide		Ozone	Combined	Chlorine ((	Chloramines)		
UltraViole	t Radiatio	20	0	ther (Discribe)						Combined				
Type of D	Disinfectan	t Residual N	Aaintained in Di	stribution System:	X	Free Chlorine	Combine	d Chlorin	e (Chloramines)	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	Chlorir	e Dioxide		
1	5-5-5		1										a second	
- 17				the second second		CT Calculations or U CT Calcu	V Dose, to Demonstrate I ou	ar-Log Virus L	activation, if Applicable*		-	UV Dose		
Day of the Month	Days Plant Staffed or visited by operator Place "X"	Hours Plant in Operation	Net Quantity of Finished Water Produced.	Peak Flow Rate, and	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, the L	Disinfectant Contact Time (T)	Lowest CT Provided	Temp of	pH of Water, if Applicable	Minimum CT Required, mg- mn/L	Lowest Operating UV Dose, mW- sec/cm <sup>2</sup>		Lowest Residual Disinfectant Concentration at Remote Point a Distribution System, may L	Emergency or Abnormal Operating Conditions; Repar or Maintenance Work that Involves Taking Water System Components Out of Operation
1		24	4,750											
2	X	24	5,067		1.42								1.11	
3		24	5,067											
4		24	5,067											
5	X	24	4,650		1.65								1.41	
6	-	24	4.650											
7	X	24	4,700		1.43				1				1.10	
8		24	4,700											
9	X	24	5,100		1.25	1							1.03	
10		24	5,100											
11		24	5,100							1	1			
12	X	24	5,300		1.55								1.36	
13		24	5,300											
14	X	24	4,900		1.20					1			1.02	
15		24	4,900											
16	X	24	6,133		1.27								1.10	
17		24	6,133											<u> </u>
18		24	6,133					1			İ			
19		24	4,900		1.20	<u> </u>							1.03	
20		24	4.900									<u> </u>		
21	X	24	5,200		1.15								0.96	
22		24	5,200											
23	X	24	5,433		1.11							l	0.89	
24		24	5,433					-						
25	<u> </u>	24	5,433											
26	X	24	5,450		1.48			1					1.32	
27		24	5,450										<u> </u>	
28		24	5,550		1.52		<u> </u>						1.41	
29		24	5,550					1				1		
30	x	24	6,233		1.46		]	1	L		1		1.29	
31		24	6,233				]							
Total			163,715											
Average			5,281											
Maximu	ım		6,233											



6090523
3

#### 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.

Angela Covell

10/7/2024

Angela Covell

B 23535

Signature and Date DEP Form 62-555 900(300) Effective August 28, 2003 Printed or Typed Name

License Number

leans of	Achieving	Four-Log	/irus Inactivation	September	Free Chlorin	ie Chło	nine Dioxide		Ozone	Combined	Chlorine (C	hloramines)		
ItraViole	et Radiatio	n	C	Other (Discribe)										
ype of I	Disinfectant	t Residual I	Aaintained in Di	istribution System:		K Free Chlorine	Combine	d Chlorin	e (Chloramines)		Chlorin	e Dioxide		
	1 112													1. 1. 1. 1.
	1.561					CT Calculations or U CT Calcu	N Dose, to Demonstrate Fou	er-Log Virus In	activation, if Applicable*			UV Dose	1	14 A 15
	Days Plant					Ci Cale			-			UV Dose		Emergency or Abnorma Operating Conditiona; Rep
	Staffed or visited by		Net Quantity of		Lowest Residual Damfortant Concentration (C) Before or at	Disinfectant Contact Time (T)	Lowest CI Provided Before or at First Customer		ALC: NOTE: N	Manamum CT	Lowest Operating UV		Lowest Residual Disinfectant	or Maintenance Work th Involves Taking Water
Day of the Month	operator Place "X"	Hours Plant in Operation	Finished Water Produced and	Peak Flow Rate, and	First Customer During Peak Flow, might	at C Measurement Point During Peak Flow, minutes	During Peak Flow,	Temp of	pH of Water, if Applicable	Required, mg- min/L	Dose, mW- sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>	Concentration at Remote Point in Distribution System, mp/L.	System Components Out
1		24	6,233							1				
2	X	24	5,300		1.18						[		0.95	
3	[	24	5,300								1			
4	X	24	6,550		1.32								0.91	
5		24	6,550											
6	X	24	5,933	· ·	1.20								1.11	
7		24	5,933											1
8		24	5,933											
9	X	24	5.650		1.28								1.22	
10		24	5,650							1				
11	X	24	5,850		0.95						1		0.82	
12		24	5,850											
13	X	24	6.967		1.20								0.49	1
14		24	6,967							1	]			
15	1	24	6,967											
16	X	24	5,900		1.26					1			1.18	
17		24	5,900											
18	X	24	6.400		1.18						1		1.09	
19		24	6,400											
20	X	24	7.033		1.23			1	2				1.11	
21		24	7,033								1			
22		24	7,033											
23	X	24	6,700		1.28		1		<u> </u>		1		1.16	1
24	-	24	6,700					-						
25	X	24	4,350		1.34			1					1.21	
26		24	4,350					-						
27	1	24	2,900					1		-			1.07	
28	X	24	7.500		1.46	l.							1.37	
29		24	7,500				1		]					
30	X	24	10,400		1.22	-		1			1	1	1.11	
31	1		107 700			1						L		
Fotal			187,732											



I. General Information for th	e Month/Year of: October 2024									
A. Public Water System (PWS										
The second secon	n Point Sub			PWS Iden	tification Number: 6090523					
PWS Type: Commun		NonCor	NonCommunity [] Consecutive							
The second second	ections at End of Month: 25	Total Po	Total Population Served at End of Month: 84							
PWS Owner: Citrus V	A second s									
Contact Person: Sharo	on Purviance	Contact I	Person's Title: U	tility Manager						
Contact Person's Mailing	Address: 4939 Cross Bayou Boulevard	City: Ne	w Port Richey	State: FL	Zip Code: 34652					
Contact Person's Telepho	one Number: 866-753-8292	Contact I	erson's Fax Numbe	r: 727-848-7701						
Contact Person's Email A	address: spurviance@uswatercorp.net	50 B								
B. Water Treatment Plant Inf	ormation									
Plant Name: WTP				Plant Telephon	e Number:					
Plant Address: 11927 N.	Ellsworth Terrace	City: D	unnellon	State: FL	Zip Code: 34433					
Type of water treated by	Plant: [X] Raw Ground [] Purchase	d Finished Water								
Permitted Maximum Day	y Operating Capacity of Plant, gallons per day: 8	5000 .								
Plant Category (per subse	ection 62-699.310(4), F.A.C.): V	Plant Cla	ss (per subsection 63	2-699.310(4), F.A.	C.): D					
Licensed Operators:	Name:	License Class	License Number	Day(s)/Shift(s) W	Vorked					
Lead/Chief Operators:	Angela Covell	B	23535							
Other Operators:	Jessie Jose Hinojosa	C	28938							
II Contification by Lord Chi	of Onversion									

#### 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.

Angela Covell

11/4/2024

Angela Covell

**B** 23535

Signature and Date

DEP Form 62-555 900(300) Effective August 28, 2003

Printed or Typed Name

License Number

			Year of: /irus Inactivation		Free Chlorin	e Chio	rine Dioxide		Ozone	Combined	Chlorine (C	Inloramines)		
	et Radiatio	-		ther (Discribe)	The entern		into provide		C. Marcella C. Mar	combined	0	2110110110100		
ype of L	Disinfectant	t Residual M	faintained in Di	stribution System:	2	Free Chlorine	Combine	d Chlorin	e (Chloramines)		Chlorir	ne Dioxide		
							V Dose, to Demonstrate For	r-Log Virus In	activation, if Applicable*	2 New 1				
	Days Plant				1	CT Calcu	ulations			1		UV Dose		Emergency or Abnorma Operating Conditions: Rep
Day of the	Staffed or visited by operator	Hours Plant m	Net Quantity of Finished Water		Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak	at C Measurement Point	During Peak Flow,	Temp of		Mmmum C1 Required, mg-	Lowest Operating UV Dose, mW-	Minimum UV Dose Required,	Lowest Residual Disinfectant Concentration at Remote Point	or Maintenance Work th Involves Taking Water System Components Out
Month 1	Place "X"	Operation 24	Produced 1 10,400	Peak Flow Rate, and	Flow md	During Peak Flow, minutes	our min/L	Water, °C	pH of Water, if Applicable	mm/L	sec/cm <sup>2</sup>	mW-sec/cm <sup>2</sup>	in Distribution System, mg/L	Operation
2	X	24	12.850		1.65								1.42	
3	1	24	12,850		1					1				
4	X	24	19,600		1.64					1			1.50	
5		24	19,600			1				1				
6		24	19.600		1					1	1	1		
7	X	24	20,700		1.71					1			1.68	
8		24	20,700		1									]
9	X	24	28,250		1.49			1		Ì			1.26	
10		24	28,250							1				1
11	X	24	30.467		1.52					1			1.41	
12		24	30,467											
13		24	30.467							Ì				
14	X	24	4,300		1.23								1.11	
15		24	4,300											
16	X	24	2,850		1.21								1.12	
17		24	2 850											
18	X	24	3,700		1.15								0.96	
19		24	3,700											
20		24	3.700				and the second sec							
21	X	24	3,550		1.36						1		1.21	
22		24	3,550											
23	X	24	3,300		1.28								1.17	
24		24	3,300											
25	X	24	3 200		1.26								1.13	
26	ļ	24	3 200											
27		24	3,200											
28	X	24	3,050		1.24			1					1.16	
29	1	24	3,050						1					
30	X	24	2.400		1.23			1	1	1			1.09	
31		24	2,400											
Fotal			343,801											
Average			11,090											
Maxim	un		30,467											



I. (	General Information for th	ie Month/Year of: November 2024	1								
A. P	ublic Water System (PWS	S) Information									
		n Point Sub			PWS Iden	tification Number: 6090523					
	PWS Type: Commun		NonCon	nmunity []	Conse	cutive					
		ections at End of Month: 25	Total Po	Total Population Served at End of Month: 84							
	PWS Owner: Citrus V	A CONTRACTOR OF A CONTRACTOR OF									
	and a stand stan	on Purviance	Contact P	erson's Title: 1	Utility Manager						
		Address: 4939 Cross Bayou Boulevard	City: Nev	v Port Richey	State: FL	Zip Code: 34652					
	Contact Person's Telepho	one Number: 866-753-8292	Contact P	erson's Fax Numb	er: 727-848-7701						
	Contact Person's Email A	address: spurviance@uswatercorp.net									
B. V	Vater Treatment Plant Inf	ormation									
	Plant Name: WTP		-		Plant Telephon	ne Number:					
	Plant Address: 11927 N.	Ellsworth Terrace	City: D	unnellon	State: FL	Zip Code: 34433					
	Type of water treated by	Plant: [X] Raw Ground [] Purc	hased Finished Water								
	Permitted Maximum Day	y Operating Capacity of Plant, gallons per day	y: 86000								
	Plant Category (per subse	ection 62-699.310(4), F.A.C.): V	Plant Clas	s (per subsection t	52-699.310(4), F.A.	C.): D					
	Licensed Operators:	Name:	License Class		Day(s)/Shift(s) W						
	Lead/Chief Operators:	Angela Covell	В	23535							
	Other Operators:	Jessie Jose Hinojosa	С	28938							
		Real Reality and Antonia and Antonia and Antonia									
TT	Contification by Level Chi	of Orecombon									

#### 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.

Angela Covell

12/3/2024

Angela Covell

**B** 23535

Signature and Date DEP Form 62-555 900(300) Effective August 28, 2003

Printed or Typed Name

License Number

			Year of: /ir <mark>us</mark> Inactivation		Free Chlorin	e Chlo	rine Dioxide		Ozone	Combined	Chlorine (C	Chloramines)		
	t Radiatio			ther (Discribe)				1011			<u> </u>	D: 11		
ype of L	Isinfectant	Residual M	Auntained in Di	stribution System:		K Free Chlorine	Combine	d Chlorin	e (Chloramines)		Chlorin	e Dioxide		
			-			CT Calculations or U CT Calcu	V Dose, to Demonstrate Fou	r-Log Vrus In	activation, if Applicable*			UV Dow		
Day of the Month	Days Plant Staffed or visited by operator Place "X"	Hours Plant in Operation	Net Quantity of Finished Water Produced, 201	Peak Flow Rate, 1994	Lowest Residual Dismfectant Concentration (C) Before or at First Customer During Peak Flow, J.		Lowest CT Provided	Temp of Water, °C	pH of Water, if Applicable	Minmum C'I Required mg- min/L	Lowest Operating UV Dose, mW- scc/cm <sup>2</sup>		Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnorma Operating Conditions. Rep or Maintenauce Work the Involves Taking Water System Components Out Operation
1	X	24	3,050		0.90								0.75	
2		24	3,050											
3	X	24	2,900		1.15					1			0.91	
4		24	2,900		1					1			1	
5	1	24	2,900							1				
6	X	24	3.200		0.91					Ì			0.76	
7		24	3.200											
8	X	24	2,867		1.52								1.29	
9	1	24	2,867											
10		24	2,867					1						
11	X	24	2,850		1.34								1.17	
12		24	2,850		1									
13	X	24	3,000		1.47								1.32	
14		24	3,000					]						
15	X	24	3,433		1.41								1.26	
16		24	3.433											
17		24	3,433											
18	X	24	3,500		1.31		]				1		1.17	1
19		24	3,500											
20	X	24	3,750		2.03		1						1.86	
21		24	3,750											
22	X	24	5,000		1.82								1.71	
23		24	5,000											
24		24	5 000											
25	X	24	3,100		1.68	1							1.49	
26		24	3,100											
27	X	24	3,450		1.77								1.49	1
28		24	3 450											
29	X	24	3,050		1.64								1.43	
<u>30</u> 31		24	3.050								1			
Total			100,500		<u> </u>			_	1	1		,	1	
Average			3,350											



I. General Information for th	ne Month/Year of: December 2024									
A. Public Water System (PWS	S) Information									
	n Point Sub			PWS Identi	fication Number: 6090523					
PWS Type: Commun		and a second second second second second second second second second second second second second second second	NonCommunity [] Consecutive							
	ections at End of Month: 25	Total Po	pulation Served at	End of Month: 84						
PWS Owner: Citrus V										
Contact Person: Sharo	n Purviance	Contact I	erson's Title: U	Itility Manager						
Contact Person's Mailin,	Address: 4939 Cross Bayou Boulevard	City: Ne	w Port Richey	State: FL	Zip Code: 34652					
Contact Person's Telepho	one Number: 866-753-8292	Contact I	erson's Fax Numbe	er: 727-848-7701						
Contact Person's Email A	ddress: spurviance@uswatercorp.net									
B. Water Treatment Plant Inf	ormation									
Plant Name: WTP				Plant Telephone	Number:					
Plant Address: 11927 N.	Ellsworth Terrace	City: D	unnellon	State: FL	Zip Code: 34433					
Type of water treated by	Plant: [X] Raw Ground [] Purchased	Finished Water								
Permitted Maximum Da	y Operating Capacity of Plant, gallons per day: 860	00			· · ·					
Plant Category (per subse	ection 62-699.310(4), F.A.C.): V	Plant Cla	Plant Class (per subsection 62-699.310(4), F.A.C.): D							
Licensed Operators:	Name:	License Class		Day(s)/Shift(s) W						
Lead/Chief Operators:	Angela Covell	В	23535							
Other Operators:	Jessie Jose Hinojosa	С	28938							
	and and a second and a second se									
Plant Name: WTP Plant Address: 11927 N. Type of water treated by Permitted Maximum Da Plant Category (per subso Licensed Operators: Lead/Chief Operators:	Ellsworth Terrace Plant: [X] Raw Ground [] Purchased y Operating Capacity of Plant, gallons per day: 860 ection 62-699.310(4), F.A.C.): V Name: Angela Covell	Finished Water 00 Plant Cla License Class B	ss (per subsection 6 License Number 23535	2-699.310(4), F.A.C	Zip Code: 34433					

#### II. Certification by Lead Chief Operator

I the undersigned water treatment plant operator licensed in Florida, an 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.

Angela Covell

1/6/2025

Angela Covell

**B** 23535

Signature and Date DEP Form 62-555 900(300) Effective August 28, 2003

Printed or Typed Name

License Number

Plant Name: Ellsworth Point Sub

## 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? [X] No [] Yes, and the polymer dose and the acrylamide level in the polymer are as fol

	Polymer Dose, ppm =	Acrylamide Level, %†
B.	Is any polymer containing the monomer epichlorohydrin used at the water treatmen polymer are as follows:	t plant? [X] No [] Yes and the polymer dose and the epichlorohydrin level in the
	Polymer Dose, ppm =	Epichlorohydrin Level, %† -
C.	Is any iron or manganese sequestrant used at the water treatment plant? [X] 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 ma	r/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.

	ntification i Point Sub	Number:	60905	23 WTP										
II. Daily	Data for t	ne Month/Y	Year of	December		_								
			Virus Inactivation		Free Chlorin	e Chlo	orine Dioxide		Ozone	Combined	Chlorine (C	Chloramines)		
	et Radiation			ther (Discribe) stribution System:	3	Free Chlorine	Combine	d Chlorin	e (Chloramines)		Chlorir	ne Dioxide		
110 01 1	-istinec and			striptition of stems		crice enforme	Combine	a contorn.	ie (entorminines)		Cilloni	ie bloxide	3 12 19 23	
	Den 1	1												
					CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable* CT Calculations UV Dose UV Dose							Emergency or Abnormal		
	Days Plant Staffed or						Lowest CT Provided	1.000			Lowest			Operating Conditions; Repa
	visited by		Net Quantity of		Lowest Residual Disinfectant Concentration (C) Before or at	Disinfectant Contact Time (I)	Before or at First Customer			Minimum CT	Operating UV		Lowest Residual Disinfectant	or Maintenance Work that Involves Taking Water
Day of the Month	operator Place "X"	Hours Plant m Operation	Fmished Water Produced 11	Peak Flow Rate and	First Customer During Peak Flow, mg L	at C Measurement Point During Peak Flow minutes	Durng Peak Flow,	Temp of Water, °C	pH of Water, if Applicable	Required, mg- mm/L	Dose mW- sec/cm <sup>2</sup>	mW-sec/cm <sup>2</sup>	Concentration at Remote Point in Distribution System, rag L	System Components Out o Operation
1	X	24	3,233		1.48			-					0.95	
2		24	3,233											
3		24	3,233					1				1		
4	X	24	3,300		1.55								1.32	
5		24	3,300				1							
6	X	24	4.033		1.69								1.57	
7		24	4,033											
8		24	4,033											
9	X	24	3,850		1.27								1.10	
10		24	3,850											
11	X	24	4,300		1.51								1.19	
12		24	4,300											
13	X	24	4.033		1.44								1.21	
14		24	4,033			}								
15		24	4,033											
16	X	24	2,550		1.34						1		1.17	
17		24	2,550											
18	X	24	3 250		1.29								1.07	
19		24	3,250											
20	X	24	3,633		1.44								1.19	
21	2	24	3,633											
22		24	3,633					<u> </u>						
23	X	24	2,500		1.33								1.32	
24		24	2,500											
25	X	24	3,750		1.38								1.26	
26		24	3,750					<u> </u>						
27	X	24	3,533		1.29					l			1.02	
28		24	3,533											
29	İ	24	3,533											]
30	X	24	3,100		1.41								1.24	
31		24	3,100											
Total			108,595											
Average			3,503											
Maximu	ım		4,300											

System Name: Backwater Heights		PWS I.D. #: <u>609-0099</u>
System Type (check one):	Nontransient Noncommunity	Transient Noncommunity
Address: -5335 Weet Blade Lane W Bandy L	A / Well I PCE	
City: Dunnellon	ZiP Code: <u>3443</u>	3
Phone # Fax #:	E-Mail Address:	
SAMPLE INFORMATION (to be completed by sampler)		
Sample Number:	le Date: 4/8/24	_Sample Time:_1205AM Mcircle One)
Sample Location (be specific): Backwater H	Kights Well I POE	Location Code:
Disinfectant Residual (Required when reporting results for trihalo	omethanes and haloacetic acids):2.28 mg/L	Field pH: 7.5/24,6°C
Sample Type (Check Only One)	Reason(s) for Sample	e (Check all that apply)
	☑Routine Compliance with 62-550	Replacement (of Invalidated Sample)
Entry Point (to Distribution)	Confirmation of MCL Exceedance*	Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	Composite of Multiple Sites	Clearance (permitting)
Raw (at well or intake)	Other	
Max Residence Time	Sampling Procedure Used or Other Comme	ents:
Ave Residence Time	$\hat{\mathbf{r}}$	
Near First Customer	Primary's/Secondary's	I Vocis/Rods
	S 513-550,500,600 (000) sequencents and as incl And 31 U.C.,112(1) for the also while providen	ici Ceo 61-550,350(4) for laquiniments had ces http:// rocutis.page.tor.cach.site
I. <u>Angela</u> Corlel (Print Name)	(Print T	3535 do HEREBY CERTIFY
that the above public water system and sample collection infor	mation is complete and correct.	1.101
Signature:	Date:	4/8/24
Certified Operator #: <u>B23535</u> Phone #: (352)	651-4028 Sample	r's Fax #:
Sampler's E-mail: <u>ACOVELOUSWater</u>	Corpinet	

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

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

Lab Name: Advanced Env	vironmental Laboratories, In	c. Florida DOH Certifica	ation #: E82001	Certification Expiration Date:	06/30/2024
			ATTACH CURRENT	DOH ANALYTE SHEET	
Address: 4965 SW 41st	Blvd, Gainesville, FL 3260	3	Phone #: (352) 37	7-2349	
Were any analyses subco	ontracted Ves	lo If yes, please provid	le DOH certification nu	mber(s):64589,E82535,E82	574
			ATTACH DOH ANAL	YTE SHEET FOR EACH SUBCO	NTRACTED LAS
ANALYSIS INFORMATIC	ON (to be completed by lab)	Date Sample(s) Received:	04/09/2024		
PWS ID: (From Page 1):	6090099	Sample Number (From Page	1): <u>G2403604001</u>	Lab Assigned Report # Or Job	ID: <u>G2403604</u>
Group(s) Analyzed & Res	ults attached for compliance	with Chapter 62-550, F.A	.C. (Check all that apply):		
Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts	Radionuclides	Secondaries
All except Asbestos	Ali 30	All 21	Trihalomethanes	Single Sample	All 14
Partial	All Except Dioxin	Partial	Haloacetic Acids	Qtrly Composite*	✓ Partial
V Nitrate	Partial		Chlorite		
Vitrite	Dioxin Only		Bromate		
Asbestos		LAB CERTIFI	CATION		
<b>I</b> ,	Madeline Lynch	1	Project Mana	ger , da	HEREBY CERTIFY
l,	Madeline Lynch (Print Name		Project Mana (Print Title)	ger, do	HEREBY CERTIFY
	(Print Name	d meet all requirements of the	(Print Title)	ger, do	
that all attached analytical da	(Print Name	d meet all requirements of the	(Print Title)		
that all attached analytical da Signature:	(Print Name ata are correct and unless note (acleline Lynch and current Florida DOH lab of ainst the public water system for al sample dates & locations for	ertification number and a curre or failure to sample, and may r each quarter.	(Print Title) National Environmental I Date: ent Analyte Sheet for the a esult in notification of the	aboratory Accreditation Conferen 05/13/2024 attached analysis results will result DOH Bureau of Laboratory Servic	ce (NELAC).
that all attached analytical da Signature: * Failure to provide a valid a possible enforcement aga ** Please provide radiologica	(Print Name ata are correct and unless note (acleline aynch and current Florida DOH lab co ainst the public water system for al sample dates & locations for CONFIRMATION & NOTIFICATI	ertification number and a curre r failure to sample, and may r each quarter. ON IS REQUIRED WITHIN 24 HR	(Print Title) National Environmental I Date: ent Analyte Sheet for the a esult in notification of the RS FOR NITRATE OR NITRI	Laboratory Accreditation Conferen 05/13/2024 attached analysis results will result DOH Bureau of Laboratory Servic TE MCL EXCEEDANCES	ce (NELAC).
that all attached analytical da Signature: * Failure to provide a valid a possible enforcement aga ** Please provide radiologica NON-DETECTS	(Print Name ata are correct and unless note (acluline aynch and current Florida DOH lab cu ainst the public water system for al sample dates & locations for CONFIRMATION & NOTIFICATION 3 ARE TO BE REPORTED AS TH	ertification number and a curre or failure to sample, and may r each quarter. ON IS REQUIRED WITHIN 24 HR E MDL WITH "U" QUALIFIER.	(Print Title) National Environmental I Date: ent Analyte Sheet for the a esult in notification of the ts FOR NITRATE OR NITRI (Non-detects reported as "E	aboratory Accreditation Conferen 05/13/2024 attached analysis results will result DOH Bureau of Laboratory Servic	ce (NELAC).
that all attached analytical da Signature:	(Print Name ata are correct and unless note (ackline Lynch) and current Florida DOH lab co ainst the public water system for al sample dates & locations for CONFIRMATION & NOTIFICATION B ARE TO BE REPORTED AS THE NATION(to be completed by the	ertification number and a curre or failure to sample, and may r each quarter. ON IS REQUIRED WITHIN 24 HR E MDL WITH "U" QUALIFIER.	(Print Title) National Environmental I Date: ent Analyte Sheet for the a esult in notification of the ts FOR NITRATE OR NITRI (Non-detects reported as "E s necessary)	aboratory Accreditation Conferen 05/13/2024 attached analysis results will result DOH Bureau of Laboratory Servic TE MCL EXCEEDANCES 3DL" or with a "<" are not acceptable.)	ce (NELAC). t in rejection of the report, es.
that all attached analytical da Signature: * Failure to provide a valid a possible enforcement aga ** Please provide radiologica NON-DETECTS	(Print Name ata are correct and unless note (ackline Lynch) and current Florida DOH lab co ainst the public water system for al sample dates & locations for CONFIRMATION & NOTIFICATION B ARE TO BE REPORTED AS THE NATION(to be completed by the	ertification number and a curre or failure to sample, and may r each quarter. ON IS REQUIRED WITHIN 24 HR E MDL WITH "U" QUALIFIER. DEP or DOH attach notes as	(Print Title) National Environmental I Date: ent Analyte Sheet for the a esult in notification of the ts FOR NITRATE OR NITRI (Non-detects reported as "E s necessary) Replacement Sample of	Laboratory Accreditation Conferen 05/13/2024 attached analysis results will result DOH Bureau of Laboratory Servic TE MCL EXCEEDANCES	ce (NELAC). t in rejection of the report, es.
that all attached analytical da Signature:	(Print Name ata are correct and unless note (achiling Jynch) and current Florida DOH lab or ainst the public water system for al sample dates & locations for <b>CONFIRMATION &amp; NOTIFICATION</b> <b>3 ARE TO BE REPORTED AS THE</b> <b>NATION</b> (to be completed by it ysis Satisfactory: Yes [	ertification number and a curre or failure to sample, and may r each quarter. ON IS REQUIRED WITHIN 24 HR E MDL WITH "U" QUALIFIER. DEP or DOH attach notes as No Date Notified: Page	(Print Title) National Environmental I Date: ent Analyte Sheet for the a esult in notification of the ts FOR NITRATE OR NITRI (Non-detects reported as "E s necessary) Replacement Sample o DEP. e: 6 of 14	aboratory Accreditation Conferen 05/13/2024 attached analysis results will result DOH Bureau of Laboratory Servic TE MCL EXCEEDANCES BDL" or with a "<" are not acceptable.) or Report Requested (circle or high	ice (NELAC). t in rejection of the report, es.

be replaced with acceptable results from samples collected during the same monitoring period.

INORGANIC CONTAMINANTS 62-550.310(1)

Report Number / Job ID: G2403604001

PWS ID (From Page 1): 6090099

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1040	Nitrate (as N)	10	mg/L	1.5		EPA 300.0	0.10	04/09/2024	23:11	E82001
1041	Nitrite (as N)	1	mg/L	0.10	U	EPA 300.0	0.10	04/09/2024	23:11	E82001
1005	Arsenic	0.01	mg/L	0.00025	U	EPA 200.8	0.00025	04/15/2024	12:54	E82574
1010	Barium	2	mg/L	0.0044	I	EPA 200.7	0.0030	04/19/2024	16:05	E82535
1015	Cadmium	0.005	mg/L	0.00025	U	EPA 200.8	0.00025	04/15/2024	12:54	E82574
1020	Chromium	0.1	mg/L	0.0050	U	EPA 200.7	0.0050	04/19/2024	16:05	E82535
1024	Cyanide	0.2	mg/L	0.0040	U	SM 4500-CN-E	0.0040	04/16/2024	13:37	E84589
1025	Fluoride	4	mg/L	0.10	U	EPA 300.0	0.10	04/09/2024	23:11	E82001
1030	Lead	0.015	mg/L	0.00050	U	EPA 200.8	0.00050	04/15/2024	12:54	E82574
1035	Mercury	0.002	mg/L	0.000025	U	EPA 245.1	0.000025	04/17/2024	12:12	E82535
1036	Nickel	0.1	mg/L	0.0080	U	EPA 200.7	0.0080	04/19/2024	16:05	E82535
1045	Selenium	0.05	mg/L	0.0012	U	EPA 200.8	0.0012	04/15/2024	12:54	E82574
1052	Sodium	160	mg/L	8.1		EPA 200.7	0.80	04/19/2024	16:05	E82535
1074	Antimony	0.006	mg/L	0.0010	U	EPA 200.8	0.0010	04/15/2024	12:54	E82574
1075	Beryllium	0.004	mg/L	0.0020	U	EPA 200.7	0.0020	04/19/2024	16:05	E82535
1085	Thailium	0.002	mg/L	0.00025	U	EPA 200.8	0.00025	04/15/2024	12:54	E82574

Page: 7 of 14

\*Results must be reported with appropriate qualifiers in accordance with Florida Administration Code Rule 62-160, Table1. Results qualified with A, F, H, N, O, T, Z, ?, \*, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

SECONDARY CONTAMINANTS 62-550.320 Report Number / Job ID: G2403604001

PWS ID (From Page 1): 6090099

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1002	Aluminum	0.2	mg/L	0.024	U	EPA 200.7	0.024	04/19/2024	16:05	E82535
1017	Chloride	250	mg/L	8.8	1	EPA 300.0	4.0	04/09/2024	23:11	E82001
1022	Copper	1	mg/L	0.0050	U	EPA 200.7	0.0050	04/19/2024	16:05	E82535
1025	Fluoride	2	mg/L	0.10	U	EPA 300.0	0.10	04/09/2024	23:11	E82001
1028	Iron	0.3	mg/L	0.038	U	EPA 200.7	0.038	04/19/2024	16:05	E82535
1032	Manganese	0.05	mg/L	0.0050	U	EPA 200.7	0.0050	04/19/2024	16:05	E82535
1050	Silver	0.1	mg/L	0.00050	U	EPA 200.8	0.00050	04/15/2024	12:54	E82574
1055	Sulfate	250	mg/L	13		EPA 300.0	2.0	04/09/2024	23:11	E82001
1095	Zinc	5	mg/L	0.050	U	EPA 200.7	0.050	04/19/2024	16:05	E82535
1905	Color	15	cu	5.0	U	SM 2120 B	5.0	04/10/2024	10:15	E82001
1925	pH (field pH from page 1)	6.5 - 8.5		7.48	Q	SM 4500H+B	0.10	04/10/2024	15:15	E82001
1930	Total Dissolved Solids	500	mg/L	97		SM 2540 C	5.0	04/10/2024	08:15	E82001
2905	Foaming Agents	0.5	mg/L	0.061	I	SM 5540 C	0.040	04/10/2024	11:00	E82001

Reporting Format 62-550.730 Effective January 1995, Revised December 2012 Page: 8 of 14

\*Results must be reported with appropriate qualifiers in accordance with Florida Administration Code Rule 62-160, Table1, Results qualified with A, F, H, N, O, T, Z, ?, \*, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

## RADIONUCLIDES 62-550.310(6)

#### Report Number / Job ID: G2403604001

PWS ID (From Page 1): 6090091

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Analysis Error	Analysis Date	Analysis Time	DOH Lab Certification #
4006	Combined Uranium	30	ug/L	0.20	U	EPA 200.8	0.20	1		04/15/2024	12:54	E82574

\*\* If the result exceeds 5 pCi/L, a measurement for radium-226 is required. Uranium is reported separately under Contam ID 4006.

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

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

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\*Results must be reported with appropriate qualifiers in accordance with Florida Administration Code Rule 62-160, Table1. Results qualified with A, F, H, N, O, T, Z, ?, \*, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

#### VOLATILE ORGANICS 62-550.310(4)(a)

Report Number / Job ID: G2403604001

PWS ID (From Page 1): 609099

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Analysis Date	Analysis Time	DOH Lab Certification #
2378	1,2,4-Trichkorobenzene	70	ug/L	0.44	U	EPA 524.2	0.44	0.5	04/20/2024	03:01	E84589
2380	cis-1,2-Dichloroethylene	70	ug/L	0.27	U	EPA 524.2	0.27	0.5	04/20/2024	03:01	E84589
2955	Xylenes (total)	10000	ug/L	0.44	U	EPA 524.2	0.44	0.5	04/20/2024	03:01	E84589
2964	Dichloromethane	5	ug/L	0.44	U	EPA 524.2	0.44	0.5	04/20/2024	03:01	E84589
2968	o-Dichlorobenzene	600	ug/L	0.39	U	EPA 524.2	0.39	0.5	04/20/2024	03:01	E84589
2969	para-Dichlorobenzene	75	ug/L	0.33	U	EPA 524.2	0.33	0.5	04/20/2024	03:01	E84589
2976	Vinyl Chloride	1	ug/L	0.29	U	EPA 524.2	0.29	0.5	04/20/2024	03:01	E84589
2977	1,1-Dichloroethylene	7	ug/L	0.22	U	EPA 524.2	0.22	0.5	04/20/2024	03:01	E84589
2979	trans-1,2-Dichloroethylene	100	ug/L	0.21	U	EPA 524.2	0.21	0.5	04/20/2024	03:01	E84589
2980	1,2-Dichloroethane	3	ug/L	0.24	U	EPA 524.2	0.24	0.5	04/20/2024	03:01	E84589
2981	1,1,1-Trichloroethane	200	ug/L	0.29	U	EPA 524.2	0.29	0.5	04/20/2024	03:01	E84589
2982	Carbon tetrachloride	3	ug/L	0.25	U	EPA 524.2	0.25	0.5	04/20/2024	03:01	E84589
2983	1,2-Dichloropropane	5	ug/L	0.26	U	EPA 524.2	0.26	0.5	04/20/2024	03:01	E84589
2984	Trichloroethylene	3	ug/L	0.14	U	EPA 524.2	0.14	0.5	04/20/2024	03:01	E84589
2985	1,1,2-Trichloroethane	5	ug/L	0.27	U	EPA 524.2	0.27	0.5	04/20/2024	03:01	E84589
2987	Tetrachloroethylene	3	ug/L	0.42	U	EPA 524.2	0.42	0.5	04/20/2024	03:01	E84589
2989	Monochlorobenzene	100	ug/L	0.36	U	EPA 524.2	0.36	0.5	04/20/2024	03:01	E84589
2990	Benzene	1	ug/L	0.26	U	EPA 524.2	0.26	0.5	04/20/2024	03:01	E84589
2991	Toluene	1000	ug/L	0.33	U	EPA 524.2	0.33	0.5	04/20/2024	03:01	E84589
2992	Ethylbenzene	700	ug/L	0.31	U	EPA 524.2	0.31	0.5	04/20/2024	03:01	E84589
2996	Styrene	100	ug/L	0.25	U	EPA 524.2	0.25	0.5	04/20/2024	03:01	E84589

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

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\*Results must be reported with appropriate qualifiers in accordance with Florida Administration Code Rule 62-160, Table1. Results qualified with A, F, H, N, O, T, Z, ?, \*, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.



New Port Richey, FL 34652

**Client Name:** 

Address:

tamonte Springs: 380 Nonhlake Blvd., Suite 1048 • Altamonte Springs, FL 32701 • 407.837.1594 • Fax 407.937.1597

cksonville: 6681 Southpoint Pkwy. - Jacksonville, FL 32216 - 904.363.9350 - Fax 904.363.9354

ramar: 10200 USA Today Way • Miramar, FL 33025 • 954.889.2288 • Fax 954.889.2281

Ilahassee: 2839 North Monroe Street, Suite D . Tallahassee, FL 32303 . 850.219.6274 . Fax 850.219.6275 mpa: 9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327

US Water Services	Project Name: Backwater Heights 1	TLE PE								
4939 Cross Bayou Boulevard	P.O. Number or Project Number: WTP	BOTTI								3ER
Port Richey, FL 34652	FDEP Facility No: 609-0099	G								IME
866-753-8292	Project Address;		ic.							ź
727-849-4219	Special Instructions:		gan		ß					ġ
Melisa Rotteveel		SRE	lou	a	ant	oha	~			ž

Site-Address:

<sup>o</sup> hone:	866-753-8292	Projec	1 Address;					IRI	<u>.</u>										ž
AX:	727-849-4219	Specia	I Instru	ctions:		C 1	- 7 16	REQUIRI	Jan		w								ġ
Contact:	Melisa Rotteveel	1			/	62	.= 2,28		oro		ant	ha							5
lampled By:	A. Covell		mperature		7.5			Sis	Primary Inorganic		hin	Alp	26	58	E				Ю
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Page: 1	_of _1	ADaF	т	Duis	ther			ANALYSIS	Prir	VOC	Secondary Contaminants	Gross Alpha	RAD 226	RAD 228	Uranium				RO I
SAMPLE ID	SAMPLE DESCRIPTION	4	Grab Comp	SAMP	PLING	MATRIX	NO. COUNT	PRESER- VATION											LABORATORY
A	POE		Grab	4.8.2	IZOS	DW	6		Х	X	Х	Х	Х	X	Х			4	001
:																			
	= wastewater SW = surface water GW = p				O = oil	A=air Si	D = soil Si		the second second second second second second second second second second second second second second second s	_		e: l=ice			_	Contract of the local division of the local	T = (Sodi	_	-
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3				-iq-		<u></u>	1.4.00		Supplier										

System Name: Backwater Heights		PWS I.D. #: 609-0099
System Type (check one):	Nontransient Noncommunity	Transient Noncommunity
Address: -5335 West Blade Lane W Bundy L	A INEILI POE	
City: Dunnellon	ZIP Code: 34433	· · · · · · · · · · · · · · · · · · ·
Phone # Fax #:	E-Mail Address:	
SAMPLE INFORMATION (to be completed by sampler)		•
Sample Number: G_2403604001 Samp	le Date: 4/8/24	_Sample Time: 1205 AM Mcircle One)
Sample Location (be specific) : Backwater H	eights well I POE	Location Code:
Disinfectant Residual (Required when reporting results for trihad	methanes and haloacetic acids);2:28 mg/L	Field pH: 7.5/24,6°C
Sample Type (Check Only One)	Reason(s) for Sample	e (Check all that apply)
	MRoutine Compliance with 62-550	Replacement (of Invalidated Sample)
Entry Point (to Distribution)	Confirmation of MCL Exceedance*	Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	Composite of Multiple Sites	Clearance (permitting)
Raw (at well or intake)	Other	
Max Residence Time	Sampling Procedure Used or Other Comme	nts:
Ave Residence Time		
Near First Customer	Primary's/Secondary	s/Vocs/Rads
	See 62-550.500(6) for requirements and restrict And 87-550.512(3) for nitrate or nitritle exceedant	ons *See 62-550,550(4) for regulitements and
I. Angela Coules		do HEREBY CERTIFY
that the above public water system and sample collection info	mation is complete and correct.	
Signature:	Date:	4/8/24
Certified Operator #: <u>B23535</u> Phone #: <u>(352)</u>	651-4028 Sample	r's Fax #:
Sampler's E-mail: <u>A COVEI@USwater</u>	corpinet	

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

LABORATORY CERTIFICATION INFORMATION (to be	completed by lab – please type or print legibly)	
Lab Name: KNL Environmental Testing Flori	da DOH Certification #: E84025	Certification Expiration Date: June Renewal
,	ATTACH CURRENT DO	ANALYTE SHEET*
Address: 3202 N. Florida Ave. Tampa, FL 33603	Phone #: 813-229-2879	
Were any analyses subcontracted?  Yes  No If yes,	please provide DOH certification number(s):	
-	ATTACH DOH ANALYTE S	HEET FOR EACH SUBCONTRACTED LAB*
ANALYSIS INFORMATION (to be completed by lab) Date	Sample(s) Received:4-17-24	
PWS ID (From Pg 1): 6090099 Sample # (From Pg	a 1): <u>624031004001</u> Lat	Assigned Report # or Job ID: 24- 1945
Group(s) Analyzed & Results attached for compliance with	h Chapter 62-550, F.A.C. (Check all that apply):	
Inorganics       Synthetic Organics       Volat         All Except Asbestos       All 30       All         Partial       All Except Dioxin       Pa         Nitrate       Partial       Partial         Nitrite       Dioxin Only       Asbestos		Radionuclides     Secondaries       Single Sample     All 14       Qtrly Composite**     Partial
	LAB CERTIFICATION	
I, Thomas Weeks	Laboratory Director	, do HEREBY CERTIFY
(Print Name)	(Print Title)	
that all attached analytical data are correct and unless noted me	et all requirements of the National Environmental	Laboratory Accreditation Conference (NELAC).
Signature:	Date:5~	1-24
	re to sample, and may result in notification of the I	OOH Bureau of Laboratory Services.
COMPLIANCE DETERMINATION (to be completed by DEP	or DOH attach notes as necessary)	
Sample Collection & Analysis Satisfactory: Yes No	Replacement Sample or	Report Requested (circle or highlight group(s) above)
Person Notified:Date	Notified: DEP/DOH Reviewing	g Official:
Reporting Format 62-550.730 Effective January 1995, Revised December 2012	Page 2 of 9	

## RADIONUCLIDES 62-550.310(6)

KNL Report Number/Job ID: 24.6945 PWS ID(From Page 1): 609C099

Client ID: AEL-Gainesville // BACKWATER 1 // G2403604001

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier *	Analytical Method	Lab MDL	RDL	Analysis Error	Analysis Date	Analysis Time	DOH Lab Certification #
4002	Gross Alpha (incl Uranium)	15 ***	pCi/L	0.8	U	EPA 900.0	0.8	3	0.5	4-30-24	1901	E84025
4020	Radium-226	5	pCi/L	0.4	I	EPA 903.0 *****	0.3	1	0.2	4-30-24	1258	E84025
4030	Radium-228	1	pCi/L	0.9	U	EPA Ra-05	0.9	1	0.6	4-29-24	1644	E84025

Reporting Fermat 62-550.730 Effective January 1995, Revised February 2010.

\* Qualifier Codes: U = indicates that the compound was analyzed for but not detected.

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

\*\* If the result exceeds 5 pCi/L, a measurement for radium-226 is required. Uranium is reported separately under Contam ID 4006.

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

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

\*\*\*\*\* 105% carrier recovery

Page of

Test results meet all requirements of the 2016 TNI standards. Statement of estimated uncertainty available upon request. Test results refer only to sample(s) listed. Contact person: Thomas Weeks (813) 229-2879.

Ver homes

Approved by:

Thomas J. Weeks Laboratory Director

	-						Page _1	_of_1		LAB	UMBER:		R	4	-29	
ભમ		6601 Southpoint Pkwy. 9610 Princess Palm Av 4965 SW 41st Blvd C 528 S. North Lake Blvd	ierieside,	FL 32608 • 3	52.377.2349	· Fax 352.39	5.6639 • E8	2001	7,1597• 653	176		é	24.(	<i>.</i> 9.	-29 t5	-
CLIENT NAME:	AEL Gainesville	PROJECT NAME:					-			T	1					
	4965 SW 41st Blvd.	P.O. NUMBER/PROJECT	G-PO-	25	\$07		BOTTLE SIZE A TYPE	4	9				1			1 cc
	Gainesville, FL. 32608	PROJECT LOCATION:					1			-	-				-	
PHONE	352-377-2349	RE	MARKS/SPE	CIAL INSTRUC	TIONS:		REI									l Š
AX:	352-395-6639	Sub to K	NI				ŋ									
TACT:	Desmand Brady		A 3 W Am				RE		80			1				131
Places amail report to:	dbrady@aellab.com	1					Sis	pha l	226/228							<b>K</b>
	TURN AROUND TIME	1					X	Ā	28		1					1 E
	C Rush						ANALYSIS REQUIRED	Gross Alpha	Rads							LABORATORY I.D. NUMBER
SAMPLE ID	SAMPLE DESCRIP		Grab	SAM	PLING	MATRIX	Se Se	HNO3	HNO3							
			Сотр	DATE	TIME	MAINA	PRESER VATION									
G2403604001	BACKWATER1		G	4/8/24	12:05	DW	Call of	X	X							
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Form revised 2/8/0					Device used	l for measuri	ng Temp by		and the second se		and the second second	And in case of the local division of the loc	ELT-1 LT-	2 T: 10	A A: 3A	
	Requished by: Data Time	1 11	ived by:		Data	Time		FC	OR DRIN	KING W/			PWS ID			
1 2	Cutler Fritz 4/10/2024 17:00	1 61	7.1	7.29	500				mact Persor				Phone			
3		1					1		plier of Wat							
4							1		e-Address:							
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Advanced Environmental Laboratories, Inc. 4965 SW 41st BI Gainesville, FL 32608 Payments: P.O. Box 551580 Jacksonville, FL 32255-1580 Phone: (352) 377-2349 Fax: (352) 395-6639

FINAL

#### Workorder: BACKWATER HEIGHTS 1 (G2403604)

May 13, 2024

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

#### RE: Workorder: G2403604 BACKWATER HEIGHTS 1

Dear Melisa Rotteveel:

Enclosed are the analytical results for sample(s) received by the laboratory on Tuesday April 9, 2024. Results reported herein conform to the most current NELAC standards, where applicable, unless otherwise narrated in the body of the report. The analytical results for the samples contained in this report were submitted for analysis as outlined by the Chain of Custody and results pertain only to these samples.

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

Sincerely,

Madeline Lynch

Madeline Lynch, Project Manager MLynch@aellab.com







Advanced Environmental Laboratories, inc. 4965 SW 41st BI Gainesville, FL 32608 Payments: P.O. Box 551580 Jacksonville, FL 32255-1580 Phone: (352) 377-2349 Fax: (352) 395-6639

#### FINAL

#### Workorder: BACKWATER HEIGHTS 1 (G2403604)

#### **Sample Summary**

Lab ID	Sample ID	Matrix	Method	Date Collected	Date Received	Analytes Reported	Basis
G2403604001	BACKWATER1	DW	EPA 200.7	04/08/2024 12:05	04/09/2024 14:40	10	NA
G2403604001	BACKWATER1	DW	EPA 200.8	04/08/2024 12:05	04/09/2024 14:40	8	NA
G2403604001	BACKWATER1	DW	EPA 245.1	04/08/2024 12:05	04/09/2024 14:40	1	NA
G2403604001	BACKWATER1	DW	EPA 300.0	04/08/2024 12:05	04/09/2024 14:40	5	NA
G2403604001	BACKWATER1	DW	EPA 524.2	04/08/2024 12:05	04/09/2024 14:40	21	NA
G2403604001	BACKWATER1	DW	SM 2120 B	04/08/2024 12:05	04/09/2024 14:40	1	NA
G2403604001	BACKWATER1	DW	SM 2540 C	04/08/2024 12:05	04/09/2024 14:40	1	NA
G2403604001	BACKWATER1	DW	SM 4500-CN-E	04/08/2024 12:05	04/09/2024 14:40	1	NA
G2403604001	BACKWATER1	DW	SM 4500H+B	04/08/2024 12:05	04/09/2024 14:40	1	NA
G2403604001	BACKWATER1	DW	SM 5540 C	04/08/2024 12:05	04/09/2024 14:40	1	NA





FINAL

Workorder: BACKWATER HEIGHTS 1 (G2403604)

#### Workorder Summary

**Method Comments** 

COLR-SM-W

#### **Batch Comments**

WCAg/15747 - IC,E300.0,Water

The matrix spike and/or matrix spike duplicate percent recoveries failed for sample G2403505001 for the following analytes: nitrate. The recoveries for the analytes in the CCV were within the method required 90-110% range, indicating the batch was in control. The sample results have been qualified to indicate any matrix interference

WCAg/15748 - .PH,SM4500H+B, Drinking Water

G2403604 was received by the lab past the recommended holding time. The analysis was performed as soon as possible after receipt by the laboratory. The data is qualified to indicate the holding time violation.





Advanced Environmental Laboratories, Inc. 4965 SW 41st BI Gainesville, FL 32608 Payments: P.O. Box 551580 Jacksonville, FL 32255-1580 Phone: (352) 377-2349 Fax: (352) 395-6639

#### FINAL

Workorder: BACKWATER HEIGHTS 1 (G2403604)

### **QC** Results Qualifiers

#### **Parameter Qualifiers**

- U
   The compound was analyzed for but not detected.

   I
   The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.
- Q Missed Hold Time

#### Lab Qualifiers

- G DOH Certification #E82001 (FL NELAC) AEL-Gainesville
- J DOH Certification #E82574 (FL NELAC) AEL-Jacksonville
- J DOD-ELAP Certification #L23-514 (ISO/IEC 17025:2017) AEL-Jacksonville
- M DOH Certification #E82535 (FL NELAC) AEL-Miami
- T DOH Certification #E84589 (FL NELAC) AEL-Tampa



System Name: Backwater Heights		PWS I.D. #: 609-0099
System Type (check one):	Nontransient Noncommunity	Transient Noncommunity
Address: 5335 West Blade Lane		
City: Dunnellon	ZIP Code: 3443	3
Phone # Fax #:	E-Mall Address:	
SAMPLE INFORMATION (to be completed by sampler)	ulaulau	
	le Date: 9/29/29	_Sample Time: 09(5 PM (Circle One)
Sample Location (be specific) : Bass Backwa	ter 2 poe	Location Code:
Disinfectant Residual (Required when reporting results for trihato	methanes and haloacetic acids): 1.6 mg/L	Field pH: 7,9 /20.2°C
Sample Type (Check Only One)	Reason(s) for Sampl	e (Check ali that apply)
Distribution	Routine Compliance with 62-550	Replacement (of Invalidated Sample)
Sentry Point (to Distribution)	Confirmation of MCL Exceedance*	Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	Composite of Multiple Sites**	Ciearance (permitting)
Raw (at well or intake)	Other	ID with
Max Residence Time	Sampling Procedure Used or Other Comme	Inte: Primary's /Secondary's /Vics/Racis
Ave Residence Time		Secolar
Near First Customer	Tri-Annual	Samples
	*Seb 62-550,500/6) for requirements and restrict And 62-550,512(3) for nitrate or nitrite exceedant	
I. <u>Angela Covel</u> (Print Name) that the above public water system and sample collection infor	(Plint T	do HEREBY CERTIFY
Ó OCLAN	·	uladau
Signature:	Date:	
Certified Operator #. <u>B23535</u> Phone #: (352)65	51-4028 Sample	er's Fax #:
Sampler's E-mail: <u>ACOVENQUSWQ</u>	tercorp.net	4

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

LABORATORY CERTIFICATION INFORMATION to be completed by lab - please type or print le	egibly
---	--------

	vironmental Laboratories, Inc	c. Florida DOH Certificat	tion #: E82001	Certification Expiration D	ate: 06/30/2024
			ATTACH CURRENT I	OOH ANALYTE SHEET*	
Address: 4965 SW 41st	t Blvd, Gainesville, FL 32608	k	Phone #: (352) 37	7-2349	
Were any analyses subco	ontracted Ves	No If yes, please provide	e DOH certification nur	nber(s): <u>E84589,E82535</u> ,	E82574
			ATTACH DOH ANAL'	YTE SHEET FOR EACH SUE	SCONTRACTED LAB
ANALYSIS INFORMATIC	ON (to be completed by lab)	Date Sample(s) Received:	04/24/2024		
PWS ID: (From Page 1): _	6090099	Sample Number (From Page	1): <u>G2404193001</u>	_ab Assigned Report # Or	Job ID:G2404193
Group(s) Analyzed & Res	sults attached for compliance	with Chapter 62-550, F.A.	C. (Check all that apply):		
Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts	Radionuclides	Secondaries
All except Asbestos	All 30	All 21	Trihalomethanes	Single Sample	All 14
Partial	All Except Dioxin	Partial	Haloacetic Acids	Qtrly Composite*	Partial
✓ Nitrate	Partial	<u> </u>	Chlorite		
Vitrite	Dioxin Only	ŗ	Bromate		
Asbestos			- CATION		
l,	Madeline Lynch		Project Manag	ger	, do HEREBY CERTIFY
	(Print Name		(Print Title)		
that all attached analytical da	ata are correct and unless noted	d meet all requirements of the	National Environmental L	aboratory Accreditation Confe	erence (NELAC).
Signature:	ladeline Lynch		Date:	05/23/2024	
<ul> <li>Failure to provide a valid possible enforcement again</li> </ul>	and current Florida DOH lab ce ainst the public water system fo cal sample dates & locations for	r failure to sample, and may re	nt Analyte Sheet for the a	ttached analysis results will re	esult in rejection of the report, ervices.
<ul> <li>Failure to provide a valid possible enforcement again</li> </ul>	and current Florida DOH lab ce ainst the public water system fo cal sample dates & locations for	r failure to sample, and may re	nt Analyte Sheet for the a sult in notification of the l	ttached analysis results will re DOH Bureau of Laboratory Se	esult in rejection of the report, ervices.
<ul> <li>Failure to provide a valid possible enforcement aga</li> <li>** Please provide radiologic</li> </ul>	and current Florida DOH lab ce ainst the public water system fo cal sample dates & locations for	r failure to sample, and may re each quarter. DN IS REQUIRED WITHIN 24 HRS	nt Analyte Sheet for the a sult in notification of the l	ttached analysis results will re DOH Bureau of Laboratory Se FE MCL EXCEEDANCES	ervices.
<ul> <li>Failure to provide a valid possible enforcement aga</li> <li>** Please provide radiologic</li> <li>NON-DETECT:</li> </ul>	and current Florida DOH lab ce ainst the public water system fo cal sample dates & locations for CONFIRMATION & NOTIFICATIO	r failure to sample, and may re each quarter. DN IS REQUIRED WITHIN 24 HRS E MDL WITH "U" QUALIFIER.	nt Analyte Sheet for the a sult in notification of the l S FOR NITRATE OR NITRI Non-detects reported as "B	ttached analysis results will re DOH Bureau of Laboratory Se FE MCL EXCEEDANCES	ervices.
<ul> <li>Failure to provide a valid possible enforcement aga</li> <li>** Please provide radiologic</li> <li>NON-DETECT:</li> </ul>	and current Florida DOH lab ce ainst the public water system fo cal sample dates & locations for CONFIRMATION & NOTIFICATION S ARE TO BE REPORTED AS THE INATION(to be completed by E	r failure to sample, and may re each quarter. DN IS REQUIRED WITHIN 24 HRS E MDL WITH "U" QUALIFIER.	nt Analyte Sheet for the a sult in notification of the l S FOR NITRATE OR NITRI (Non-detects reported as "B necessary)	ttached analysis results will re DOH Bureau of Laboratory Se FE MCL EXCEEDANCES	ple.)
<ul> <li>Failure to provide a valid possible enforcement aga ** Please provide radiologic</li> <li>NON-DETECT:</li> <li>COMPLIANCE DETERMINATION</li> </ul>	and current Florida DOH lab ce ainst the public water system fo cal sample dates & locations for CONFIRMATION & NOTIFICATION S ARE TO BE REPORTED AS THE INATION(to be completed by E	r failure to sample, and may re each quarter. DN IS REQUIRED WITHIN 24 HRS E MDL WITH "U" QUALIFIER. DEP or DOH – attach notes as	nt Analyte Sheet for the a sult in notification of the I S FOR NITRATE OR NITRI (Non-detects reported as "B necessary) Replacement Sample of	ttached analysis results will re DOH Bureau of Laboratory Se TE MCL EXCEEDANCES DL <sup>*</sup> or with a "<" are not acceptal	ple.)
<ul> <li>Failure to provide a valid possible enforcement aga</li> <li>Please provide radiologic</li> <li>NON-DETECT:</li> <li>COMPLIANCE DETERMI</li> <li>Sample Collection &amp; Analian</li> </ul>	and current Florida DOH lab ce ainst the public water system fo cal sample dates & locations for CONFIRMATION & NOTIFICATION S ARE TO BE REPORTED AS THE INATION(to be completed by D lysis Satisfactory: Yes	r failure to sample, and may re each quarter. DN IS REQUIRED WITHIN 24 HRS E MDL WITH "U" QUALIFIER. DEP or DOH – attach notes as No Date Notified:	nt Analyte Sheet for the a sult in notification of the I S FOR NITRATE OR NITRI (Non-detects reported as "B necessary) Replacement Sample of	ttached analysis results will re DOH Bureau of Laboratory Se TE MCL EXCEEDANCES DL" or with a "<" are not acceptal r Report Requested (circle or	ple.)

with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

## INORGANIC CONTAMINANTS 62-550.310(1)

Report Number / Job ID: G2404193001

PWS ID (From Page 1): 6090099

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1040	Nitrate (as N)	10	mg/L	1.9		EPA 300.0	0.10	04/24/2024	20:34	E82001
1041	Nitrite (as N)	1	mg/L	0.10	Ų	EPA 300.0	0.10	04/24/2024	20:34	E82001
1005	Arsenic	0.01	mg/L	0.00025	U	EPA 200.8	0.00025	04/29/2024	14:24	E82574
1010	Barium	2	mg/L	0.0030	U	EPA 200.7	0.0030	05/07/2024	16:36	E82535
1015	Cadmium	0.005	mg/L	0.00025	U	EPA 200.8	0.00025	04/29/2024	14:24	E82574
1020	Chromium	0.1	mg/L	0.0050	U	EPA 200.7	0.0050	05/07/2024	16:36	E82535
1024	Cyanide	0.2	mg/L	0.0040	U	SM 4500-CN-E	0.0040	05/04/2024	14:48	E84589
1025	Fluoride	4	mg/L	0.10	U	EPA 300.0	0.10	04/24/2024	20:34	E82001
1030	Lead	0.015	mg/L	0.00050	U	EPA 200.8	0.00050	04/29/2024	14:24	E82574
1035	Mercury	0.002	mg/L	0.000025	U	EPA 245.1	0.000025	05/10/2024	14:09	E82535
1036	Nickel	0.1	mg/L	0.0080	Ų	EPA 200.7	0.0080	05/07/2024	16:36	E82535
1045	Selenium	0.05	mg/L	0.0012	U	EPA 200.8	0.0012	04/29/2024	14:24	E82574
1052	Sodium	160	mg/L	5.7		EPA 200.7	0.80	05/07/2024	16:36	E82535
1074	Antimony	0.006	mg/L	0.0010	U	EPA 200.8	0.0010	04/29/2024	14:24	E82574
1075	Beryllium	0.004	mg/L	0.0020	U	EPA 200.7	0.0020	05/07/2024	16:36	E82535
1085	Thallium	0.002	mg/L	0.00025	U	EPA 200.8	0.00025	04/29/2024	14:24	E82574

Page: 7 of 15

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

SECONDARY CONTAMINANTS 62-550.320

Report Number / Job ID: G2404193001

PWS ID (From Page 1): 60900,99

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1002	Aluminum	0.2	mg/L	0.024	U	EPA 200.7	0.024	05/09/2024	22:46	E82535
1017	Chloride	250	mg/L	6.3	I	EPA 300.0	4.0	04/24/2024	20:34	E82001
1022	Copper	1	mg/L	0.0050	U	EPA 200.7	0.0050	05/07/2024	16:36	E82535
1025	Fluoride	2	mg/L	0.10	U	EPA 300.0	0.10	04/24/2024	20:34	E82001
1028	Iron	0.3	mg/L	0.038	U	EPA 200.7	0.038	05/07/2024	16:36	E82535
1032	Manganese	0.05	mg/L	0.0050	U	EPA 200.7	0.0050	05/07/2024	16:36	E82535
1050	Silver	0.1	mg/L	0.00050	U	EPA 200.8	0.00050	04/29/2024	14:24	E82574
1055	Sulfate	250	mg/L	2.8	I	EPA 300.0	2.0	04/24/2024	20:34	E82001
1095	Zinc	5	mg/L	0.050	υ	EPA 200.7	0.050	05/07/2024	16:36	E82535
1905	Color	15	CU	5.0		SM 2120 B	5.0	04/25/2024	10:28	E82001
1920	Odor	3	TON	1.0	Ų	SM 2150 B	1.0	04/25/2024	09:11	E82001
1925	pH (field pH from page 1)	6.5 - 8.5		8.04	Q	SM 4500H+B	0.10	04/25/2024	10:30	E82001
1930	Total Dissolved Solids	500	mg/L	100		SM 2540 C	5.0	04/29/2024	14:10	E82001
2905	Foaming Agents	0.5	mg/L	0.073	I	SM 5540 C	0.040	04/25/2024	09:00	E82001

Page: 8 of 15

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

## RADIONUCLIDES 62-550.310(6)

Report Number / Job ID: G2404193001

PWS ID (From Page 1): 6090099

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Analysis Error	Analysis Date	Analysis Time	DOH Lab Certification #
4006	Combined Uranium	30	ug/L	0.20	U	EPA 200.8	0.20	1		04/29/2024	14:24	E82574

\*\* If the result exceeds 5 pCi/L, a measurement for radium-226 is required. Uranium is reported separately under Contam ID 4006.

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

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

Page: 9 of 15

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

### VOLATILE ORGANICS 62-550.310(4)(a)

Report Number / Job ID: \_\_\_\_G2404193001

PWS ID (From Page 1): 6090099

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Analysis Date	Analysis Time	DOH Lab Certification #
2378	1,2,4-Trichlorobenzene	70	ug/L	0.44	U	EPA 524.2	0.44	0.5	05/07/2024	02:31	E84589
2380	cis-1,2-Dichloroethylene	70	ug/L	0.27	U	EPA 524.2	0.27	0.5	05/07/2024	02:31	E84589
2955	Xylenes (total)	10000	ug/L	0.44	U	EPA 524.2	0.44	0.5	05/07/2024	02:31	E84589
2964	Dichloromethane	5	ug/L	0.44	U	EPA 524.2	0.44	0.5	05/07/2024	02:31	E84589
2968	o-Dichlorobenzene	600	ug/L	0.39	U	EPA 524.2	0.39	0.5	05/07/2024	02:31	E84589
2969	para-Dichlorobenzene	75	ug/L	0.33	U	EPA 524.2	0.33	0.5	05/07/2024	02:31	E84589
2976	Vinyl Chloride	1	ug/L	0.29	U	EPA 524.2	0.29	0.5	05/07/2024	02:31	E84589
2977	1,1-Dichloroethylene	7	ug/L	0.22	U	EPA 524.2	0.22	0.5	05/07/2024	02:31	E84589
2979	trans-1,2-Dichloroethylene	100	ug/L	0.21	U	EPA 524.2	0.21	0.5	05/07/2024	02:31	E84589
2980	1,2-Dichioroethane	3	ug/L	0.24	U	EPA 524.2	0.24	0.5	05/07/2024	02:31	E84589
2981	1,1,1-Trichloroethane	200	ug/L	0.29	U	EPA 524.2	0.29	0.5	05/07/2024	02:31	E84589
2982	Carbon tetrachloride	3	ug/L	0.25	U	EPA 524.2	0.25	0.5	05/07/2024	02:31	E84589
2983	1,2-Dichloropropane	5	ug/L	0.26	U	EPA 524.2	0.26	0.5	05/07/2024	02:31	E84589
2984	Trichloroethylene	3	ug/L	0.14	U	EPA 524.2	0.14	0.5	05/07/2024	02:31	E84589
2985	1,1,2-Trichloroethane	5	ug/L	0.27	U	EPA 524.2	0.27	0.5	05/07/2024	02:31	E84589
2987	Tetrachloroethylene	3	ug/L	0.42	U	EPA 524.2	0.42	0.5	05/07/2024	02:31	E84589
2989	Monochlorobenzene	100	ug/L	0.36	U	EPA 524.2	0.36	0.5	05/07/2024	02:31	E84589
2990	Benzene	1	ug/L	0.26	U	EPA 524.2	0.26	0.5	05/07/2024	02:31	E84589
2991	Toluene	1000	ug/L	0.33	U	EPA 524.2	0.33	0.5	05/07/2024	02:31	E84589
2992	Ethylbenzene	700	ug/L	0.31	U	EPA 524.2	0.31	0.5	05/07/2024	02:31	E84589
2996	Styrene	100	ug/L	0.25	U	EPA 524.2	0.25	0.5	05/07/2024	02:31	E84589

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

Page: 10 of 15

\*Results must be reported with appropriate qualifiers in accordance with Florida Administration Code Rule 62-160, Table1. Results qualified with A, F, H, N, O, T, Z, ?, \*, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

## OTHER CONTAMINANTS

Report Number / Job ID: G2404193001

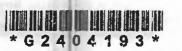
PWS ID (From Page 1): 6090099

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
	Bromide	N/A	mg/L	0	U	EPA 300.0		04/24/2024	20:34	
	Nitrate + Nitrite	N/A	mg/L	1.88		EPA 300.0	0.20	04/24/2024	20:34	E82001
	Orthophosphate	N/A	mg/L	0.25		EPA 300.0	0.10	04/24/2024	20:34	E82001

Page: 11 of 15

\*Results must be reported with appropriate qualifiers in accordance with Florida Administration Code Rule 62-160, Table1. Results qualified with A, F, H, N, O, T, Z, \*, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.





 tamonte Springs;
 380 Northlake Blvd., Suite 1048 • Altamonte Springs, FL 32701 • 407.937,1594 • Fax 407.937,1597

 The ville;
 4965 SW 41st Blvd. • Gainesville, FL 32608 • 362.377,2349 • Fax 362.395.6639

 Cksonville;
 6681 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.383.9350 • Fax 904.383.9354

ramar, 10200 USA Today Way • Miramar, FL 33025 • 954.889.2288 • Fax 954.889.2281 Ilahassee: 2639 North Monroe Street, Suite D • Tallahassee, FL 32303 • 850.219.6274 • Fax 850.219.6275 mpa: 9510 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327

Client Name:	US Water Services	Project Name	Backwater	Heights 2		P	SIZE & SIZE & TYPE											
Address:	4939 Cross Bayou Boulevard	P.O. Number of Project Number	WTP			100												Ë
New	v Port Richey, FL 34652	FDEP Facility No					C											NH NH
Phone:	866-753-8292	Project Address	1				ANALYSIS REQUIRED	<u>.</u>										Г
FAX:	727-849-4219	Special Instru C ( z =	uctions: Co	lector	did no	-10	ğ	gan		U)								<u>n</u>
Contact:	Melisa Rotteveel	Cla	= 1,64	ul boti	tes units	n	R.	Ď		y ant	ha							X
Sampled By: B23	535 A. COVELL	Mit. Der Chiefe CPS	A.	ry prod	~/		SIS	ح ۲		dar min	Alp	26	28	2				ЧO НO
Turn Around Time	e: STANDARD RUSH	7.9 20	0,29				ALY	Primary Inorganic	0	Secondary Contaminants	SSC	RAD 226	RAD 228	Uranium				<b>K</b> AT
Page: 1		ADaPT	UIS	Dther			AN	Pri	VOC	S Se	Gross Alpha	RA	RA	5				LABORATORY I.D. NUMBER
SAMPLE ID	SAMPLE DESCRIPTIC	ON Grab Comp	SAMPLIN DATE	IG M		NO. DUNT	PRESER-											Ī
C	POE	Grab	4.24.24 0	915 0	w	6		Х	X	Х	Х	Х	X	X			0	01
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																		_
						-												
													1					_
Matrix Code: WW	I = wastewater SW = surface water GN =	ground water DW = d	rinking water C	×oli A≖	air SO = t	solt SL :	≍ siluagi	6	Preserv	ation Cod	e: talc	e H=(HC	l i) S ≈ (H:	2SO4) N	= (HNO3)	) T = (Sodi	ium Thiosu	ilfate)
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2 0	Le UZU		ga	ca	12/24 14	150			l Person:					Phone:				
3	6 Plant		6	4				Supplier										
4	1.140							Site-A	ddress:									_

	PUBLIC WATER SYSTEM INFORMATION	(to be completed by a	sampler - please ty	pe or print legibly
--	---------------------------------	-----------------------	---------------------	---------------------

System Name: Backwater Heights		PWS I.D. #: 609-0099
System Type (check one):	Nontranslent Noncommunity	Transient Noncommunity
Address: 5335 Weet Blade Lane		
City: Dunnellon	ZIP Code: 3443	3
Phone # Fax #:	E-Mail Address:	
SAMPLE INFORMATION (to be completed by sampler)		
Sample Number: <u>G2404193001</u> Sam		_Sample Time: 0915 MPM (Circle One)
Sample Location (be specific) : Bass Backwo	ter 2 poe	Location Code:
Disinfectant Residual (Required when reporting results for trihat	omethanes and haloacetic acids): $l_{\cdot} \omega mg/L$	Location Code: Field pH: 7,9 /20.2°C
Sample Type (Check Only One)	Reason(s) for Sampl	e (Check all that apply)
Distribution	Routine Compliance with 62-550	Replacement (of Invalidated Sample)
Sentry Point (to Distribution)	Confirmation of MCL Exceedance	Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	Composite of Multiple Sites**	Clearance (permitting)
Raw (at well or Intake)	Other	
Max Residence Time	Sampling Procedure Used or Other Comme	ents: Primary's /Sciondary's Nucis /Rads
Ave Residence Time	To Annual	Sandar
Near First Customer	Tri-Annual	Samples
	*See 62-550.500(6) for requirements and restrict And 52-550.512(3) for nitrate or nitrite exc-edan	
I. Angela Covell (Print Name)	(Plint T	do HEREBY CERTIFY
that the above public water system and sample collection info	imation is complete and correct.	uloulou
Signature:	- Date:	4/24/24
Certified Operator #: <u>B23535</u> Phone #: <u>(352)</u> 6	51-4028 Sample	er's Fax #:
Sampler's E-mail: <u>ACOVELLO USUX</u>	Hercorp.net	

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

Lab Name: KNL Environmental Testing	Florida DOH Certificati	on #: <u>E84025</u>	_Certification Expiration	Date: June Renewal
		ATTACH CURRENT DO	OH ANALYTE SHEET*	
Address: 3202 N. Florida Ave. Tampa, FL 33	603	Phone #: 813-229-287	9	
Were any analyses subcontracted?  Yes XNo	If yes, please provide DO	OH certification number(s)	):	
		ATTACH DOH ANALYTE	SHEET FOR EACH SUB	CONTRACTED LAB*
ANALYSIS INFORMATION (to be completed by lab	Date Sample(s) Receiv	ved: 57-24		
PWS ID (From Pg 1): 6090019 Sample #				Job ID: 24, 8058
Group(s) Analyzed & Results attached for complia	nce with Chapter 62-550,	F.A.C. (Check all that apply):		
Inorganics     Synthetic Organics       All Except Asbestos     All 30       Partial     All Except Dioxin       Nitrate     Partial       Nitrite     Dioxin Only       Asbestos     All So	All 21 Partial	Disinfection Byproducts Trihalomethanes Haloacetic Acids Chlorite Bromate	Radionuclides Single Sample Qtrly Composite**	Secondaries
	LAB CER	TIFICATION		
I, Thomas Weeks		Laboratory Director		, do HEREBY CERTIFY
(Print Name)	8 . 3	(Print Title)		
that all attached analytical data are correct and unless n	oted meet all requirements (			Conference (NELAC).
Signature:		Date:5	1-21-24	
<ul> <li>Failure to provide a valid and current Florida DOH lab possible enforcement against the public water system</li> <li>Please provide radiological sample dates &amp; locations</li> </ul>	for failure to sample, and m for each quarter.	ay result in notification of the	DOH Bureau of Laborato	ry Services.
CONFIRMATION & NOTIFIC NON-DETECTS ARE TO BE REPORT		IN 24 HRS FOR NITRATE OF "QUALIFIER, (Non-detects reg		
COMPLIANCE DETERMINATION (to be completed	by DEP or DOH attach no	otes as necessary)		
Sample Collection & Analysis Satisfactory: Yes	]No	_ Replacement Sample of	or Report Requested (cir	cle or highlight group(s) above)
Person Notified:	Date Notified:	DEP/DOH Reviewi	ng Official:	
Reporting Format 62-550.730 Effective January 1995, Revised December 2012	Page	2 of 9		

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

# RADIONUCLIDES 62-550.310(6)

KNL Report Number/Job ID: 24.8058 PWS ID(From Page 1): 6090099

Client ID: AEL-Gainesville // POE // G2404193001

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier *	Analytical Method	Lab MDL	RDL	Analysis Error	Analysis Date	Analysis Time	DOH Lab Certification
4002	Gross Alpha (incl Uranium)	15 ***	pCi/L	0.8	U	EPA 900.0	0.8	3	0.5	5-10-24	0028	E84025
4020	Radium-226	5	pCi/L	0.4	Ŭ	EPA 903.0 *****	0.4	1	0.2	5-15-24	1252	E84025
4030	Radium-228	]	pCi/L	0.7	I	EPA Ra-05	0.7	1	0.5	5-20-24	1316	E84025

Reporting Format 62-550.730 Effective January 1995, Revised February 2010.

\* Qualifier Codes: U = indicates that the compound was analyzed for but not detected.

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

\*\* If the result exceeds 5 pCi/L, a measurement for radium-226 is required. Uranium is reported separately under Contam ID 4006.

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

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

\*\*\*\*\* 81% carrier recovery

Page of

Test results meet all requirements of the 2016 TNI standards. Statement of estimated uncertainty available upon request. Test results refer only to sample(s) listed. Contact person: Thomas Weeks (813) 229-2879.

Approved by:

Thomas J. Weeks Laboratory Director

E	Balvanced Environmental Leboratories, Inc.	<ul> <li>☐ 6601 Southpoint Plow;</li> <li>☐ 9510 Princess Paim A:</li> <li>☑ 4865 SW 4114 Bind. • (</li> <li>☑ 528 S, North Lake Bivo</li> </ul>	Satiesville,	FL 32808 + 3	52.377.2349	- Fex 352.39	5.6639 · E8	• E62574 64589 12001	37.1597• E	LAB NUMBER:	24	.8058	5-17	þ
CLIENT NAME:	AEL Gainesville	PROJECT NAME:					造하는							
ADORESS:	4965 SW 41st Blvd.	P.O. NUMBER/PROJECT	G-PO-	26	051		BOTTLE SIZE & TYPE	9	9				E E	
	Gainesville, FL 32608	PROJECT LOCATION:					A							
PHONE:	352-377-2349	RE	MARKS/SPE	CIAL INSTRUC	CTIONS:		L E							
AX	352-395-6639	Sub to K	NI				S						d	
CONTACT:	Desmond Brady						RE		00					
to:	dbrady@aeilab.com	_					SIS	pha	22				H H	
	TURN AROUND TIME:	-					Ľ	Ā	สี				E E	
STANDARD	):	-					ANALYSIS REQUIRED	Gross Alpha	Rads 226/228				LABORATORY I.D. NUMBER	
SAMPLE ID	SAMPLE DESCR	IPTION	Grab	SAM	PLING	MATRIX	MESER-	HNOS	HNO3					
			Comp	DATE	TIME	BALLINA	MAN							
G2404193001	POE		G	4/24/24	9:15	DW	のためな	X	X					
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FINAL

## Workorder: BACKWATER HEIGHTS 2 (G2404193)

May 23, 2024

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

#### RE: Workorder: G2404193 BACKWATER HEIGHTS 2

Dear Melisa Rotteveel:

Enclosed are the analytical results for sample(s) received by the laboratory on Wednesday April 24, 2024. Results reported herein conform to the most current NELAC standards, where applicable, unless otherwise narrated in the body of the report. The analytical results for the samples contained in this report were submitted for analysis as outlined by the Chain of Custody and results pertain only to these samples.

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

Sincerely,

Madeline Lynch

Madeline Lynch, Project Manager MLynch@aeliab.com

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





Advanced Environmental Laboratories, Inc. 4965 SW 41st BI Gainesville, FL 32608 Payments: P.O. Box 551580 Jacksonville, FL 32255-1580 Phone: (352) 377-2349 Fax: (352) 395-6639

# FINAL

Workorder: BACKWATER HEIGHTS 2 (G2404193)

# Sample Summary

Lab ID	Sample ID	Matrix	Method	Date Collected	Date Received	Analytes Reported	Basis
G240 <b>41930</b> 01	BACKWATER-POE	DW	EPA 200.7	04/24/2024 09:15	04/24/2024 14:50	10	NA
G240 <b>41930</b> 01	BACKWATER-POE	DW	EPA 200.8	04/24/2024 09:15	04/24/2024 14:50	8	NA
G2404193001	BACKWATER-POE	DW	EPA 245.1	04/24/2024 09:15	04/24/2024 14:50	1	NA
G2404193001	BACKWATER-POE	DW	EPA 300.0	04/24/2024 09:15	04/24/2024 14:50	8	NA
G2404193001	BACKWATER-POE	DW	EPA 524.2	04/24/2024 09:15	04/24/2024 14:50	21	NA
G2404193001	BACKWATER-POE	DW	SM 2120 B	04/24/2024 09:15	04/24/2024 14:50	1	NA
G2404193001	BACKWATER-POE	DW	SM 2150 B	04/24/2024 09:15	04/24/2024 14:50	1	NA
G2404193001	BACKWATER-POE	DW	SM 2540 C	04/24/2024 09:15	04/24/2024 14:50	1	NA
G2404193001	BACKWATER-POE	DW	SM 4500-CN-E	04/24/2024 09:15	04/24/2024 14:50	1	NA
G2404193001	BACKWATER-POE	DW	SM 4500H+B	04/24/2024 09:15	04/24/2024 14:50	1	NA
G2404193001	BACKWATER-POE	DW	SM 5540 C	04/24/2024 09:15	04/24/2024 14:50	1	NA





FINAL

Workorder: BACKWATER HEIGHTS 2 (G2404193)

# Workorder Summary

Method Comments				
COLR-SM-W				

#### **Batch Comments**

WCAg/15953 - .PH,SM4500H+B, Drinking Water

G2404193 was received by the lab past the recommended holding time. The analysis was performed as soon as possible after receipt by the laboratory. The data is qualified to indicate the holding time violation.







Advanced Environmental Laboratories, Inc. 4965 SW 41st BI Gainesville, FL 32608 Payments: P.O. Box 551580 Jacksonville, FL 32255-1580 Phone: (352) 377-2349 Fax: (352) 395-6639

FINAL

Workorder: BACKWATER HEIGHTS 2 (G2404193)

# **QC Results Qualifiers**

# **Parameter Qualifiers**

U	The compound was analyzed for but not detected.
I	The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.
Q	Missed Hold Time
Lab Qualifier:	5
G	DOH Certification #E82001 (FL NELAC) AEL-Gainesville
G^	Not Certified
ŀ	DOH Certification #E82574 (FL NELAC) AEL-Jacksonville DOD-ELAP Certification #L23-514 (ISO/IEC 17025:2017) AEL-Jacksonville
М	DOH Certification #E82535 (FL NELAC) AEL-Miami

T DOH Certification #E84589 (FL NELAC) AEL-Tampa







ommunit blic Wat	edWater Production Water System (CW) er System (PWS) Nat	S) Name: me:		January 20 Backwater 609-0099	Heights					
	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
Day f Month	Public Water System 100,000 Public Water System	100,000		1					1	
Day 1	500	26,800	1							27,300
Day 2	500	26,800								27,300
Day 3	350	24,600								24,950
Day 4	350	24,600		-						24,950
Day 5	67	26,433								26,500
Day 6	67	26,433								26,500
Day 7	67	26,433								26,500
Day 8	400	21,350								21,750
Day 9	400	21,350								21,750
Day 10	200	30,250								30,450
Day 11	200	30,250								30,450
Day 12	333	25,700								26,033
Day 18	333	25,700								26,033
Day 14	333	25,700				_				26,033
Day 15	0	24,900					_			24,900
Day 16	0	24,900				-				24,900
Day 17	3,250	29,200	_							32,450
Day 18	3,250	29,200								32,450
Day 19	467	26,133								26,600
Day 20	467	26,133								26,600
Day 21	467	26,133								26,600
Day 22	0	25,850								25,850
Day 23	0	25,850								25,850
Day 24	600	25,700								26,300
Day 25	600	25,700								26,300
Day 26	367	26,233						had .		26,600
Day 27	367	26,233								26,600
Day 28	367	26,233								26,600
Day 29	850	27,150								28,000
Day 30	850	27,150								28,000
Day 31	700	25,650					-			26,350
Total										827,449
Avg.										26,692
Min										32,450

alles Departon



I. General Information for th					
A. Public Water System (PWS	5) Information				
	er Heights			PWS Ident	tification Number: 609-0099
PWS Type: Commun		NonCor	mmunity []	Consec	cutive
Number of Service Conn	ections at End of Month: 107	Total P	opulation Served at	End of Month: 26	57
PWS Owner: Citrus V	Vaterworks Inc.				
Contact Person: Sharo	n Purviance	Contact I	Person's Title: U	Utility Manager	
<b>Contact Person's Mailing</b>	Address: 4939 Cross Bayou Boulevard	City: Ne	w Port Richey	State: FL	Zip Code: 34652
Contact Person's Telepho	one Number: 866-753-8292	Contact I	Person's Fax Numbe	er: 727-848-7701	
Contact Person's Email A	ddress: spurviance@uswatercorp.net				
B. Water Treatment Plant Inf	ormation				
Plant Name: WTP 1				Plant Telephon	e Number:
Plant Address: 5335 We	st Blade Lane	City: D	Dunnellon	State: FL	Zip Code: 34433
Type of water treated by	Plant: [X] Raw Ground [] Purchased	l Finished Water			
Permitted Maximum Day	v Operating Capacity of Plant, gallons per day: 10	0000			
Plant Category (per subse	ection 62-699.310(4), F.A.C.): D	Plant Cla	ss (per subsection 6	2-699.310(4), F.A.	C.): V
Licensed Operators:	Name:	License Class	License Number	Day(s)/Shift(s) W	Vorked
Lead/Chief Operators:	Wendell Leigh	С	14711		
Other Operators:	Jeffrey Hines	A	19837		
	Jessie Jose Hinojosa	С	28938		
II. Conditionations for Found/Chil				the second second second second second second second second second second second second second second second se	

## 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 vears.

Wendell Leigh

2/7/2024

Wendell Leigh

Printed or Typed Name

C 14711

Signature and Date DEP Form 62-555 900(300) Effective August 28, 2003

D .

Page 1

			i'car of: ' <mark>irus Inactivatio</mark> r		z+ Free Chlorin	e Chlo	rine Dioxide		Ozone	Combined (	Chlorine (C	Chloramines)		
	et Radiation			ther (Discribe) stribution System:		Free Chlorine	Combine	d Chlorin	e (Chloramines)		Chluric	e Dioxide		
ype or L	715HILECCALL	Nesidual N	Taimained in Di	stributon system.		rice Chiofine	Companie	1 Chiorin	e (Chiorannines)	-	Chiom	le Dioxide		
	1					-								
	1.1		L			C1 Calculations or U CT Calcu	V Dose to Demonstrate Foundations	r-Log Vrus in	activation a Applicable"			UV Dose		Emergency or Abnormal
Day of the Month	Days Plant Staffed or visited by operator Place "X"	Hours Plant in Operation	Net Quantity of Finished Water Produced, and	Peak Flow Rate, and	Lowest Residual Dismitotant Concernation (C) Before or at First Customer During Peak Flow. 1	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest C1 Provided Before or at First Customer During Peak Flow, m-min/L	Iemp of Water °C	pH of Water, if Applicable	Minimum CT Required, mg- min/L	Lowest Operating UV Dose, mW- sec/cm <sup>2</sup>	Minimum UV Dose Required. mW-sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, rug/L-	Operating Conditions Rep. or Maintenance Work that Involves Taking Water
1	X	24	500		1.78								1.31	
2		24	500											
3	X	24	350		1.52								1.22	
4	1	24	350											
5	X	24	67		1.99								1.78	
6		24	67											
7		24	67											
8	X	24	400		2.28								1.82	
9		24	400										1	
10	X	24	200		3.45								1.76	
11		24	200											
12	X	24	333		2.56								1.70	
13	Ļ	24	333											
14		24	333										1	
15	X	24	0		2.82								2.12	
16	<u> </u>	24	0										-	
17	X	24	3,250		2.98								2.01	
18		24	3,250					1						
19	X	24	467		1.40			-					2.61	
20		24	467											
21		24	467											
22	<u>X</u>	24	0		1.85								2.21	
23		24	0			1						4		
24	X	24	600		3.49								2.01	
25	1	24	600									1		
26	X	24	367		2.17								2.21	
27		24	367											
28		24	367									1		
29	X	24	850		1.74					-			1.51	
30		24	850				1	1	1			1		
31	X	24	700		1.86								1.28	
otal			16,702											
verage			539											



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

#### See Page 4 for instructions

I. General Information for the	e Month/Year of: January 2024				
A. Public Water System (PWS	3) Information				
PWS Name: Backwate				PWS Iden	tification Number: 609-0099
PWS Type: Commun		NonCor	nmunity []	Conse	cutive
the second second second second second second second second second second second second second second second se	ections at End of Month: 107	Total Po	pulation Served at	End of Month: 26	67
PWS Owner: Citrus W	/aterworks Inc.				
	n Purviance	Contact I	Person's Title:	Utility Manager	
	Address: 4939 Cross Bayou Boulevard	City: Ne	w Port Richey	State: FL	Zip Code: 34652
Contact Person's Telepho	one Number: 866-753-8292	Contact I	Person's Fax Numb	er: 727-848-7701	
Contact Person's Email A	ddress: spurviance@uswatercorp.net				
B. Water Treatment Plant Info	ormation				77 TRAN
Plant Name: WTP 2				Plant Telephon	ne Number:
Plant Address: 5335 Wes	st Blade Lane	City: D	unnellon	State: FL	Zip Code: 34433
Type of water treated by I	Plant: [X] Raw Ground [] Purchased	d Finished Water			
Permitted Maximum Day	Operating Capacity of Plant, gallons per day: 10	0000	-		
	ction 62-699.310(4), F.A.C.): D		ss (per subsection 6	62-699.310(4), F.A.	C.): V
Licensed Operators:	Name:	License Class	License Number	Day(s)/Shift(s) W	Vorked
Lead/Chief Operators:	Wendell Leigh	C	14711		
Other Operators:	Jeffrey Hines	A	19837		
	Jessie Jose Hinojosa	C	28938		
the former when					
2.4					
		1			

#### 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.

Wendell Leigh	2/7/2024	Wendell Leigh	C 14711
Signature and Date		Printed or Typed Name	License Number
DEP Form 62-555 900(300)			
Effective August 28, 2003		Page 1	

	-	*	Virus Inactivation,		Free Chlorin	e Chlo	rine Dioxide		Ozone	Combined	Chlorine (C	Chloramines)		
	et Radiatio Disinfectant			her (Discribe) stribution System:	,	K Free Chlorine	Combined	d Chlorin	e (Chloramines)		Chlorir	ne Dioxide		
										1.23				
							V Dose to Demonstrate Fou	r-Log Virus In	activation, if Applicable*		1			1 10
	Days Plant		-		1	CT Calc	lations			1		UV Dose		Emergency or Abnormal
Day of the Month	Staffed or visited by operator Place "X"	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, and	Lowest Residual Distributant Concentration (C) Before or at First Customer During Peak Flow, mp/L		Lowest C1 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 <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Operating Conditions; Repr or Maintenance Work tha Involves Taking Water System Components Out of Operation
1	X	24	26,800		1.84								1.78	
2	1	24	26,800											
3	X	24	24,600		1.65								1.52	
4		24	24,600											
5	X	24	26,433		3.16								1.99	
6		24	26,433							1				
7		24	26,433											
8	X	24	21,350		2.68								2.28	
9		24	21,350											
10	X	24	30,250		2.83								3.45	
11		24	30,250					1						
12	X	24	25,700		2.87								2.56	
13	1	24	25,700											
14		24	25,700											
15	X	24	24,900		3.24								2.82	
16		24	24,900											
17	X	24	29,200		3.25								2.98	
18		24	29,200											
_19	X	24	26,133		3.29								1.40	
20	<u> </u>	24	26,133						J					
21		24	26,133					ļ						
22	X	24	25,850		3.45								1.85	
23	<u> </u>	24	25.850							<u> </u>				
24	X	24	25,700		3.35					-			3.49	
25	1	24	25.700				1							1
26		24	26,233		3.29								2.17	
27	1	24	26,233			1								
28		24	26,233				r				1		· · · · · · · · · · · · · · · · · · ·	
29		24	27,150		1.78		· · · · · · · · · · · · · · · · · · ·					I	1.74	
30		24	27.150							1	<u> </u>			1
31	X	24	25,650		3.18								1.86	
otal			810,747											



	v <u>Water System</u> (CV ter System (PWS) N	lame:		February 2 Backwater I 609-0099	Heights					
	Plant 1 Name WTP 1	Plant 2 Name WTP 2	Plant 3 Name	Plant 4 Name	Plant 5 Name	Plant <u>6 N</u> ame	Plant 7 Name	Plant 8 Name	Plant 9 Name	Total
Day of Month	Public Water Syste 100.000	100,000								
	Public Water Syste								-april Barakanan	
Day 1	700	25,650								26,350
Day 2	1,567	26,300								27,867
Day 3	1,567	26,300								27,867
Day 4	1,567	26,300								27,867
Day 5	200	24,900			1					25,100
Day 6	200	24,900								25,100
Day 7	350	25,750								26,100
Day 8	350	25,750			1				-	26,100
Day 9	0	17,367								17,367
Day 10	0	17,367			I					17,367
Day 11	0	17,367				-				17,367
Day 12	: 0	16,850								16,850
Day 13	0	16,850					1			16,850
Day 14	0	17,800								17,800
Day 15	0	17,800				1				17,800
Day 16	0	17,400								17,400
Day 17	0	17,400								17,400
Day 18	0	17,400								17,400
Day 19	0	17,400	_							17,400
Day 20	0	17,400		-						17,400
Day 21	0	19,000								19,000
Day 22	0	19,000								19,000
Day 23	33	18,400								18,433
Day 24	33	18,400								18,433
Day 25	33	18,400	1	-						18,433
Day 26	260	16,450					-			16,710
Day 27	260	18,650		-			-			18,910
Day 28	0	18,650		-		-				18,650
Day 29	0	18,650			-					18,650
Day 30	v	10,000		-		-				10,000
Day 30 Day 31										
Total	-		1	-	1					586,971
Avg.										20,240
Min	-									and the second se
IVIII										27,867





I. General Information for t					
A. Public Water System (PW					
	er Heights			PWS Identifie	cation Number: 609-0099
PWS Type: Commu			nmunity []	Consecut	ive
	nections at End of Month: 107	Total Po	pulation Served at	End of Month: 267	
PWS Owner: Citrus					
Contact Person: Shar		Contact I	erson's Title: U	Utility Manager	
	Address: 4939 Cross Bayou Boulevard	City: Net	w Port Richey	State: FL	Zip Code: 34652
Contact Person's Teleph	one Number: 866-753-8292	Contact H	erson's Fax Numbe	er: 727-848-7701	
Contact Person's Email	Address: spurviance@uswatercorp.net		-		
B. Water Treatment Plant In	formation				
Plant Name: WTP 1				Plant Telephone N	Number:
Plant Address: 5335 W	est Blade Lane	City: D	unnellon	State: FL	Zip Code: 34433
Type of water treated by	Plant: [X] Raw Ground [] Purchased	Finished Water			
Permitted Maximum Da	y Operating Capacity of Plant, gallons per day: 10	0000			
	ection 62-699.310(4), F.A.C.): D		ss (per subsection 6	52-699.310(4), F.A.C.)	: V
Licensed Operators:	Name:	License Class	License Number	Day(s)/Shift(s) Wor	ked
Lead/Chief Operators:	Wendell Leigh	C	14711		
Other Operators:	Jeffrey Hines	A	19837		
	Jessie Jose Hinojosa	C	28938		
	I X				
	- inclusion	_			
the state in the state					
				_	
Contact Person's Teleph Contact Person's Email B. Water Treatment Plant In Plant Name: WTP 1 Plant Address: 5335 W Type of water treated by Permitted Maximum Da Plant Category (per subs Licensed Operators: Lead/Chief Operators:	one Number: 866-753-8292 Address: spurviance@uswatercorp.net formation est Blade Lane Plant: [X] Raw Ground [] Purchased w Operating Capacity of Plant, gallons per day: 10 ection 62-699.310(4), F.A.C.): D Name: Wendell Leigh Jeffrey Hines Jessie Jose Hinojosa	Contact F City: D Finished Water 0000 Plant Cla License Class C A	Person's Fax Number unnellon ss (per subsection 6 License Number 14711 19837	er: 727-848-7701 Plant Telephone N State: FL 52-699.310(4), F.A.C.)	Number: Zip Code: 34433 : V

## II. Certification by Lead/Chief Operator

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Wendell Leigh

3/5/2024

Wendell Leigh

Printed or Typed Name

C 14711

Signature and Date DEP Form 62-555 900(300)

Effective August 28, 2003

Page 1

PWS Ider Backwater	ntification )	Number:	609-0	099 WTP 1										
III. Daily	Data for t	he Month/	Year of:	February 2										
UltraViole	et Radiatio	n		Other (Discribe)	Free Chlorir		orine Dioxide			Combined		Chloramines)		
Type of D	Disinfectant	t Residual 1	Maintained in D	istribution System:	2	K Free Chlorine	Combine	d Chlorin	e (Chloramines)		Chlori	ne Dioxide	1	
	-	3.75												1000
		1			1	CT Calculations, or U CT Calc	JV Dose, to Demonstrate Fou	ur-Log Virus In	nactivation, if Applicable*			UV Dose		
	Days Plant					Citat	- 10 - 10		1.			UV Done	1 - 3 C. 10 H L	Emergency or Abnormal Operating Conditions, Repa
Day of the	Staffed or visited by operator	Hours Plant m	Net Quantity of Finished Water		Lowest Residual Disinfectant Concentration (C) Before or a First Customer During Peak	Disinfectant Contact Time (1) at C Measurement Point	Lowest CT Provided Before or at First Customer During Peak Flow,	Temp of		Minimum CT Required, mg-	Lowest Operating UV Dose, mW-	Minimum UV Dose Required.	Lowest Residual Disinfectant Concentration at Remote Point	or Maintenance Work that Involves Taking Water System Components Out o
Month	Place "X"	Operation	Produced, gal	Peak Flow Rate, and	Flow, mg/L	During Peak Flow, minutes	mg-mm/L	Water, °C	pH of Water, if Applicable	mar/L	sec/cm <sup>2</sup>	mW-sec/cm <sup>2</sup>	in Distribution System, mg/L	Operation
$\frac{1}{2}$	X	24 24	700		1.36			-					1.27	
3	Λ	24			1.30		1	-					1.27	
4		24	1,567 1,567			1	1	-						
5	X	24	200		1.67			1		1			1.70	
6		24	200		1.07		1	-	1	1			1.76	
7	X	24	350		0.97		1	-		-			1.87	
8		24	350		0.57								1.07	
9	X	24	0		2.00		1	1		1		1	1.32	
10	21	24	0		2.00			1					1.02	
11	1	24	0		1					1				
12	X	24	0		1.28			1					0.89	
13		24	0		1.20					-			0.05	
14	X	24	0		0.75			1					1.25	
1.5		24	0					1					1120	
16	X	24	0		1.36								0.92	
17		24	0											
18		24	0											Í
19	X	24	0		1.28								1.01	Í.
20		24	0											
21	X	24	0		1.00								0.44	
22		24	0											
23	X	24	33		1.54								1.21	
24		24	33											
25		24	33											
26	<u> </u>	24	260		1.58								2.23	
27		24	260											
28		24	0	1										
29		24	0											
30		<u> </u>								1				
31										I				
Total			7,120											
Average			246											
Maximu	un		1,567											



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

## See Page 4 for instructions

ne Month/Year of: February 2024								
er Heights			PWS Ident	ification Number: 609-0099				
	Total Po	pulation Served at ]	End of Month: 26	57				
			tility Manager					
				Zip Code: 34652				
one Number: 866-753-8292	Contact I	erson's Fax Numbe	r: 727-848-7701					
ddress: spurviance@uswatercorp.net								
ormation								
			Plant Telephon	e Number:				
st Blade Lane	City: D	unnellon	State: FL	Zip Code: 34433				
Plant: [X] Raw Ground [] Purchas	ed Finished Water							
Operating Capacity of Plant, gallons per day:	100000							
ection 62-699.310(4), F.A.C.): D	Plant Cla	ss (per subsection 65	2-699.310(4), F.A.	C.): V				
Name:	License Class							
Wendell Leigh	C	14711						
Jeffrey Hines	Α	19837						
Jessie Jose Hinojosa	C	28938						
	A							
	S) Information er Heights hity [X] NonTransitent [] ections at End of Month: 107 Vaterworks Inc. n Purviance Address: 4939 Cross Bayou Boulevard one Number: 866-753-8292 address: spurviance@uswatercorp.net ormation st Blade Lane Plant: [X] Raw Ground [] Purchass v Operating Capacity of Plant, gallons per day: ection 62-699.310(4), F.A.C.): D Name: Wendell Leigh Jeffrey Hines	S) Information er Heights hity [X] NonTransitent [] NonCorrections at End of Month: 107 Total Po Vaterworks Inc. n Purviance Contact F Address: 4939 Cross Bayou Boulevard City: New one Number: 866-753-8292 Contact F address: spurviance@uswatercorp.net ormation City: D Plant: [X] Raw Ground [] Purchased Finished Water v Operating Capacity of Plant, gallons per day: 100000 ection 62-699.310(4), F.A.C.): D Plant Class Wendell Leigh C Jeffrey Hines A	S) Information         er Heights         hity [X] NonTransitent []       NonCommunity []         ections at End of Month: 107       Total Population Served at 1         Vaterworks Inc.       Total Population Served at 1         n Purviance       Contact Person's Title: U         Address: 4939 Cross Bayou Boulevard       City: New Port Richey         one Number: 866-753-8292       Contact Person's Fax Number         address: spurviance@uswatercorp.net       Contact Person's Fax Number         ormation       St Blade Lane         st Blade Lane       City: Dunnellon         Plant:       [X] Raw Ground       Purchased Finished Water         v Operating Capacity of Plant, gallons per day: 100000       Plant Class (per subsection 62         cetion 62-699.310(4), F.A.C.): D       Plant Class (per subsection 62         Name:       License Class       License Number         Wendell Leigh       C       14711         Jeffrey Hines       A       19837	S) Information       PWS Ident         er Heights       PWS Ident         hity [X]       NonTransitent []       NonCommunity []       Consec         ections at End of Month:       107       Total Population Served at End of Month:       26         Vaterworks Inc.       n       Purviance       Contact Person's Title:       Utility Manager         Address:       4939 Cross Bayou Boulevard       City: New Port Richey       State:       FL         One Number:       866-753-8292       Contact Person's Fax Number:       727-848-7701         Address:       spurviance@uswatercorp.net       Contact Person's Fax Number:       727-848-7701         oddress:       spurviance@uswatercorp.net       City:       Dunnellon       State:       FL         ormation       Plant Telephon       State:       FL       Plant Telephon       State:       FL         v Operating Capacity of Plant, gallons per day:       100000       State:       FL       Plant Class (per subsection 62-699.310(4), F.A.O.): D       Plant Class (per subsection 62-699.310(4), F.A.O.): None:       License Class       License Number       Day(s)/Shift(s) W         Wendell Leigh       C       14711       A       19837       Day(s)/Shift(s)				

#### II. Certification by Lead/Chief Operator

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Wendell Leigh

3/5/2024

Wendell Leigh

C 14711

0/0/2024

Chuch Leigh

Signature and Date DEP Form 62-555 900(300) Effective August 28, 2003 Printed or Typed Name

License Number

PWS Idea Backwate	ntification l	Number:	609-00	)99 WTP 2										
		he Month/	Year of:		024									
			irus Inactivation	n/Removal *	Free Chlorin	e Chlo	orine Dioxide		Ozone	Combined	Chlorine (	Chloramines)		
	et Radiatio			ther (Discribe)			C		e (Chloramines)			<b>D</b> '		
Type of L	Isinecian	Residual	framamed in D	isumuuon system:		K Free Chlorine	Combine	a Chiorin	e (Chioramines)		Chlorn	ne Dioxide		
														125/18
						CT Calculations, or L CT Calcu	IV Dose, to Demonstrate Fou	r-Log Varus (r	activation, if Applicable*	1000		UV Dose		
	Days Plant							1				Contraction of the second		Emergency or Abnormal Operating Conditions, Repai
	Staffed or visited by	1.	Net Quantity of		Lowest Residual Disinfectant Concentration (C) Before or at	Disinfectant Contact Time (T)	Lowest CT Provided Before or at First Customer		10 2018	Minimum CT	Lowest Operating UV		Lowest Residual Disinfectant	or Maintenance Work that Involves Taking Water
Day of the Month	operator Place "X"	Hours Plant m Operation	Finished Water Produced, gal	Peak Flow Rate, and	First Customer During Peak Flow, mg/L	at C Measurement Point During Peak Flow, minutes	During Peak Flow,	Temp of Water, °C	pH of Water, if Applicable	Required mg- mm/L	Dose, mW- sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>	Concentration at Remote Point in Distribution System, mg/L	System Components Out of Opteration
1		24	25,650					]						
2	X	24	26,300		3.05			j					1.36	
3	]	24	26,300					1						
4		24	26,300											
5	X	24	24,900		3.06								1.67	
6		24	24,900					I		1				
7	X	24	25,750		3.09			]					0.97	
8		24	25,750											
9	X	24	17,367		2.56			_					2.00	
10		24	17,367					I			Ì			
11		24	17,367					1						
12	X	24	16,850		0.26								1.28	
13		24	16,850											l
14		24	17,800		1.49								0.75	
15		24	17,800											1
16	<u> </u>	24	17,400		0.97								1.36	
17		24	17,400											
18	<u> </u>	24	17,400											
19	X	24	17,400		1.35				j				1.28	
20	<u> </u>	24	17.400											
21	X	24	19,000		0.20								1.00	
22		24	19,000			<u> </u>		1						
23	x	24	18,400		3.70			1			1		1.54	
24	<u> </u>	24	18,400			<u> </u>					-			
25	L	24	18,400					1						
26	X	24	16,450		2.95					1			1.58	
27	1	24	18,650					1			1			
28	1	24	18,650		1	1				<u> </u>	1			ī
29		24	18,650								t			l
30		1									1			1
31	1		770.077					1						
Total			579,851											
Average			19,995											
Maximu	m		26,300											



olic Wat	v Water System (C er System (PWS) N	Name:		Backwater 6090099						
	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	Plaut 9 Name	Total
Day f Month	100.000	em (PW'S) Name: 100,000 em (PWS) Name:		1		1		]		
Day 1	0	16,833			· T					16,833
Day 2	0	16,833								16,833
Day 3	0	16,833					-			16,833
Day 4	50	16,750								16,800
Day 5	50	16,750								16,800
Day 6	100	17,750			-			F		17,850
Day 7	100	17,750		-				1		17,850
Day 8	100	17,233								17,333
Day 9	100	17,233							-	17,333
Day 10	100	17,233								17,333
Day 11	0	19,900			1		-			19,900
Day 12	0	19,900								19,900
Day 13	0	20,900								20,900
Day 14	0	20,900								20,900
Day 15	0	18,667								18,667
Day 16	0	18,667								18,667
Day 17	0	18,667	1							18,667
Day 18	0	19,700					1			19,700
Day 19	0	19,700	1				2			19,700
Day 20	0	20,500								20,500
Day 21	0	20,500						1		20,500
Day 22	0	19,333								19,333
Day 23	0	19,333								19,333
Day 24	0	19,333								19,333
Day 25	0	18,550								18,550
Day 26	0	18,550								18,550
Day 27	0	18,500						1		18,500
Day 28	0	18,500								18,500
Day 29	0	22,433								22,433
Day 30	0	22,433								22,433
Day 31	0	22,433								22,433
Total	1								1	589,197
Avg.										19,006
Min	1									22,433



I. General Information for th		2024				
A. Public Water System (PWS						
	er Heights			14 AV 1.	PWS Idea	ntification Number: 6090099
PWS Type: Commun		[]	NonC	Community []	Conse	ecutive
Number of Service Conn	ections at End of Month: 107		Total	Population Served a	at End of Month: 2	267
where we are set of th	Vaterworks Inc.					
Contact Person: Sharo	n Purviance		Contac	t Person's Title:	Utility Manager	
Contact Person's Mailing	Address: 4939 Cross Bayou Boule	vard	City: N	New Port Richey	State: FL	Zip Code: 34652
Contact Person's Telepho	one Number: 866-753-8292		Contac	t Person's Fax Num	ber: 727-848-7701	
Contact Person's Email A	ddress: spurviance@uswaterco	rp.net				
B. Water Treatment Plant Inf	ormation					
Plant Name: WTP 1					Plant Telepho	ne Number:
Plant Address: 5335 We	st Blade Lane		City:	Dunnellon	State: FL	Zip Code: 34433
Type of water treated by	Plant: [X] Raw Ground	[] Purchased Finish	ed Wate	er		
Permitted Maximum Day	y Operating Capacity of Plant, gallor	ns per day: 100000				
	ection 62-699.310(4), F.A.C.): D		Plant C	Class (per subsection	62-699.310(4), F.A	L.C.): V
Licensed Operators:	Name:	Licen	se Class	License Numbe	r Day(s)/Shift(s)	Worked
Lead/Chief Operators:	Angela Covell		B	23535		
Other Operators:	Jessie Jose Hinojosa		С	28938		
1				_		
1. 1. X						
		and the second se				

## 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.

Angela Covell

4/2/2024

Angela Covell

Printed or Typed Name

**B** 23535

Signature and Date DEP Form 62-555 900(300) Effective August 28, 2003

License Number

leans of	Achieving	Four-Log V	irus Inactivation	March 202 /Removal *	Free Chlorin	e Chlo	rine Dioxide		Ozone	Combined	Chlorine (C	(hloramines)		
IltraViol	et Radiatio	n	0	ther (Discribe)										
ype of I	Disinfectant	t Residual N	Aaintained in Di	stribution System:	?	K Free Chlorine	Combine	d Chlorin	e (Chloramines)		Chlorin	e Dioxide		
						CT Calculations, or U CT Calcu	IV Dosc, to Demonstrate For ulations	ur-Lo Virus In	activation, if Applicable*	-		UV Dose		
Day of the Month	Days Plant Staffed or visited by operator Place "X"	Hours Plant in	Not Quantity of Finished Water Produced, gal		Lowest Residual Disinfictant Concentration (C) Before or a First Customer During Peak	Disinfectant Contact Time (T) at C Measurement Point	Lowest CT Provided Before or at First Customer During Peak Flow,	Temp of		Minimum CT Required, mg-		Minimum UV Dose Required,	Lowest Residual Disinfectant Concentration at Remote Point	
1	X	Operation 24	O O	Peak Flow Rate, gpd	Flow mg/L 1.58	During Peak Flow, minutes	itus man/L	Water, "C	pH of Water, if Applicable	min/L	sec/cm <sup>2</sup>	mW-sec/cm <sup>2</sup>	in Distribution System, mgl. 1.25	Operation
2	-	24	0		1.00			1					T (20)	
3	1	24	0											
4	X	24	50		1.53						1		1.24	
5		24	50						1		1			
6	X	24	100		2.11		1	]					1.62	
7		24	100					1						
8	X	24	100		1.80		1						1.32	
9	]	24	100											
10		24	100											
11	X	24	0		1.58								1.12	
12		24	01					1						
13	X	24	0		2.45					1			1.83	
14		24	0					-						
15	X	24	0		2.65								1.95	
16		24	0											
17		24	0					<u> </u>						
18	X	24	0		2.71			<u> </u>					1.89	
19		24	0											
20	X	24	0		2.69	1		1	1	1	<u> </u>		1.83	
21		24	0		0.51		1							
22	X	24	0		2.71								1.92	
23		24	0						1					
24	v	24	0		1.50	1		-					1.01	
25 26	X	24	0		1.59			1	1	1	1		1.21	
26	v	24	01		9.01					-			2.69	
27	X	<u>24</u> 24	0		3.21	1	1	1	1		1		2.09	
20	X	24	0		1.88		1	1	<u> </u>				1.42	
30	<u>A</u>	24	0		1,00			1		-			1.42	3
31	1	24	0											
otal			600				1		1	1				
			19											



I. General Information for th	e Month/Year of: March 2024				
A. Public Water System (PWS	S) Information				
PWS Name: Backwate	er Heights			PWS Identification Number: 609	90099
PWS Type: Commun		NonCor	nmunity []	Consecutive	
Number of Service Conn	ections at End of Month: 107	Total Po	pulation Served at 1	End of Month: 267	
PWS Owner: Citrus V	Vaterworks Inc.				
Contact Person: Sharo	n Purviance	Contact I	Person's Title: U	Utility Manager	
<b>Contact Person's Mailing</b>	Address: 4939 Cross Bayou Boulevard			State: FL Zip Code: 34652	_
Contact Person's Telepho	one Number: 866-753-8292	Contact I	Person's Fax Numbe	er: 727-848-7701	
Contact Person's Email A	ddress: spurviance@uswatercorp.net				
B. Water Treatment Plant Infe	ormation				
Plant Name: WTP 2				Plant Telephone Number:	
Plant Address: 5335 We	st Blade Lane	City: D	unnellon	State: FL Zip Code: 34433	
Type of water treated by	Plant: [X] Raw Ground [] Purchased	Finished Water			
Permitted Maximum Day	Operating Capacity of Plant, gallons per day: 100	000		4	
Plant Category (per subse	ection 62-699.310(4), F.A.C.): D	Plant Cla	ss (per subsection 62	52-699.310(4), F.A.C.): V	
Licensed Operators:	Name:	License Class	License Number	Day(s)/Shift(s) Worked	
Lead/Chief Operators:	Angela Covell	В	23535		
Other Operators:	Jessie Jose Hinojosa	С	28938		
and the second sec					

## II. Certification by Lead/Chief Operator

I the undersigned water treatment plant operator licensed in Florida, and 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.

Angela	Covell
1 magoou	Christon

4/2/2024

Angela Covell

B 23535

Signature and Date

DEP Form 62-555 900(300) Effective August 28, 2003 Printed or Typed Name

License Number

PWS Ider Backwater	ntification l r Heights	Number:	60900	99 WTP 2										
III. Daily	Data for t	he Month/	Year of:	March 202					_	_				
	Achieving et Radiatio		Virus Inactivation	n/Removal * http://Discribe	Free Chlorin	e Chle	orine Dioxide		Ozone	Combined	Chlorine (O	Chloramines)		
				stribution System:	2	K Free Chlorine	Combine	d Chlorin	e (Chloramines)		Chlorin	ne Dioxide		
12	227	100			1211/2010	and see the se					14111			
	10 10		10.50			CT Calculations, or L	V Dose, to Demonstrate For	ur-Log Virus Is	nactivation, if Applicable*				AF 12 MA	
	Days Plant	156			A State State	CT Calc			- Addressed	1		UV Dose		Emergency or Abnormal
Day of the	Staffed or visited by operator	Hours Plant in	Net Quantity of Finished Water		First Customer During Peak		Lowest CT Provided Before or at First Customer During Peak Flow.	Temp of		Minimum CT Required, mg-	Lowest Operating UV Dose, mW-	Minimum UV Dose Required,		Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of
Month 1	Place "X"	Operation 24	Produced, gal 16,833	Peak Flow Rate, gpd	Plow, mg/L 2,20	During Peak Flow, minutes	mg-min/L,	Water. °C	pH of Water, & Applicable	mn/L	sec/cm <sup>2</sup>	mW-sec/cm <sup>2</sup>	in Distribution System, mg/L	Operation
2	Λ	24	16,833		2.20				1				1.58	
3		24	16,833											
4	X	24	16,750		2.40			-					1.53	
5		24	16,750		2.30	1		1					1.00	
6	X	24	17,750		2.50					1			2.11	
7	1	24	17,750		2.00							i	2.11	
8	X	24	17,233		2.70			1			1		1.80	
9	1	24	17,233		2			1			1	1	1.00	
10	1	24	17,233					1						
11	X	24	19,900		1.70			1					1.58	
12		24	19,900					<u>i</u>						
13	X	24	20,900		1.86			1		1			2.45	
14		24	20,900						1					
15	X	24	18,667		2.10					Î			2.65	
16		24	18,667											
17		24	18,667											
18	X	24	19,700		2.69								2.71	
19		24	19,700						1					
20	X	24	20.500		3.32								2.69	
21		24	20,500											
22	X	24	19,333		2.80						<u> </u>		2.71	
23		24	19,333				<u> </u>							
24		24	19,333			5								
25	X	24	18,550		1.72								1.59	
26		24	18,550											
27	x	24	18,500		2.52								3.21	1
28		24	18,500			·								
29	<u>X</u>	24	22,433		1.85								1.88	
30		24	22,433				1							
31		24	22,433											
Total			588,597											
Average			18,987											
Maximu	m		22,433											



	v Water System (CW er System (PWS) Nat	me:		Backwater I 6090099				Annual of Annual State		
	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
Day of Month	Public Water System 100,000 Public Water System	100,000		1	<u> </u>	1		1		
Day 1	900	19,050		1	1	1	1	1		19,950
Day 2	900	19,050								19,950
Day 3	0	17,900								17,900
Day 4	T O	17,900								17,900
Day 5	700	24,167								24,867
Day 6	0	24,167							1	24,167
Day 7	0	24,167								24,167
Day 8	450	20,550								21,000
Day 9	450	20,550	-							21,000
Day 10	0	19,850								19,850
Day 11	0	19,850								19,850
Day 12	0	22,867					-			22,867
Day 13	0	22,867								22,867
Day 14	0	22,867								22,867
Day 15	400	20,350								20,750
Day 16	400	20,350							1	20,750
Day 17	450	22,050						1. WAYNEL MAL 1. 1.		22,500
Day 18	450	22,050								22,500
Day 19	933	21,600			1					22,533
Day 20	450	21,600		-	-		1			22,050
Day 21	450	21,600	_							22,050
Day 22	50	22,050								22,100
Day 23	50	22,050								22,100
Day 24	2,700	27,050								29,750
Day 25	2,700	27,050								29,750
Day 26	3,433	23,900								27,333
Day 27	2,700	23,900	-							26,600
Day 28	2,700	23,900								26,600
Day 29	600	22,950								23,550
Day 30	600	22,950								23,550
Day 31										
Total		and the second	1-1-1-121	-	1	-				683,668
Avg.										22,789
Min	1									29,750

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I. General Information for th					
A. Public Water System (PWS					
	er Heights			PWS Iden	tification Number: 6090099
PWS Type: Commun		NonCor	nmunity []	Conse	cutive
Number of Service Conn	ections at End of Month: 107	Total Po	pulation Served at	End of Month: 2	67
PWS Owner: Citrus V	Vaterworks Inc.				
Contact Person: Sharo	n Purviance	Contact I	erson's Title:	Utility Manager	
Contact Person's Mailing	Address: 4939 Cross Bayou Boulevard	City: Ne	w Port Richey	State: FL	Zip Code: 34652
Contact Person's Telepho	one Number: 866-753-8292	Contact I	erson's Fax Numb	er: 727-848-7701	
Contact Person's Email A	ddress: spurviance@uswatercorp.net				
B. Water Treatment Plant Inf	ormation				
Plant Name: WTP 1				Plant Telephor	ne Number:
Plant Address: 5335 We	st Blade Lane	City: D	unnellon	State: FL	Zip Code: 34433
Type of water treated by	Plant: [X] Raw Ground [] Purchase	d Finished Water	Term Fortune (agent 1881)		
Permitted Maximum Day	Operating Capacity of Plant, gallons per day: 1	00000			
	ection 62-699.310(4), F.A.C.): D		ss (per subsection (	52-699.310(4), F.A.	C.): V
Licensed Operators:	Name:	License Class	License Number	Day(s)/Shift(s) V	Vorked
Lead/Chief Operators:	Angela Covell	В	23535		
Other Operators:	Jessie Jose Hinojosa	C	28938		
ALC: SALE REAL					
and the second sec					
Contract of the second second					
and the second second					
II. Certification by Lead/Chi	of Operator				

## 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.

Angela Covell Signature and Date

5/7/2024

Angela Covell

B 23535

DEP Form 62-555 900(300) Effective August 28, 2003

Printed or Typed Name

Page 1

Mean of UltraViol	Achieving et Radiation	Four-Log V n		/Removal * ther (Discribe)	Free Chlorin		orine Dioxíde		Ozone	Combined	Chlorine (O	Chloramines)		
Fype of I	Disinfectant	Residual M	faintained in Dis	stribution System:		K Free Chlorine	Combine	l Chlorin	e (Chloramines)		Chlorit	e Dioxide	1	
	1.		-			CT Calculations, or U CT Calc	IV Dose, to Demonstrate For	r-Log Virus In	nactivation, if Applicable*			UV Dusc	-	
	Days Plant				1	Cicae						0.4 0016		Emergency or Abnorma Operating Conditions, Rep
	Staffed or visited by		Net Quantity of		Lowest Residual Disinfectant Concentration (C) Before or at	Disinfectant Contact Time (T)	Lowest CT Provided Before or at First Customer			Mmimum CT	Lowest Operating UV		Lowest Residual Disinfectant	or Mantenance Work the Involves Taking Water
Day of the Month	operator Place "X"	Hours Plant in Operation	Finished Water Produced	Peak Flow Rate, and	First Customer During Peak Flow mail	at C Measurement Point During Peak Flow minutes	During Peak Flow	Temp of Water, °C	pH of Water. If Applicable	Required, mg- mm/L	Dose, mW- sec/cm <sup>2</sup>	Minimum UV Dose Required mW-sec/cm <sup>2</sup>	Concentration at Remote Point an Distribution System, mpl.	System Components Out Occusion
1	X	24	900		1.20								1.04	
2		24	900											
3	X	24	0		1.90								1.54	
4		24	0							1				
5	X	24	700		1.57					1			1.13	
6	1	24	0											
7		24	0											
8	X	24	450		3.35								0.59	
9		24	450											
10	X	24	0		2.25								1.42	
11		24	0											
12	X	24	0		1.32			-					0.81	
13		24	0			8				,				1
14		24	0		1						L			
15	X	24	400		1.39							L	0.92	
16		24	400		1		1			<u> </u>				
17	X	24	450		1.93								1.40	
18	1	24	450				1					1		
19	X	24	933		1.65								1.31	
20	1	24	450				1			1				
21	1	24	450		1									
22	X	24	50		1.58								1.19	
23	1 17	24	50		1.40	1				1		1	0.00	
24	X	24	2,700		1.40					1	1		0.92	
25 26	v	24	2,700		1.00		1						1.17	
20		24	3,433		1.59			-			1		1.17	
27	1	$\begin{array}{c c} 24 \\ 24 \end{array}$	2,700 2,700					-		1	Į.	1		
28		24	600		1.94	1				1	1	1	1.51	
30	Λ	24	600		1.94	1		-			1	1	1.01	
31	Ī	24	000		1	1			1		<u>.</u>		1	
Total	-		22,466		<u> </u>	1	1		4	-			1	
Average			749											
Maximu			3,433											



I. General Information for th					
Public Water System (PW) PWS Name: Backwate					27 - N - 1 - C00000
	er Heights nity [X] NonTransitent []	NL C	<u> </u>		ntification Number: 6090099
	nity [X] NonTransitent [] nections at End of Month: 107	respect on the second	nmunity []		ecutive
	Vaterworks Inc.	1 otal P	opulation Served at 2	End of Month: 2	207
	n Purviance	Conteneor .		Itility Manager	C1 0 1 0/050
	Address: 4939 Cross Bayou Boulevard			State: FL	Zip Code: 34652
	one Number: 866-753-8292	Contact I	Person's Fax Numbe	r: 727-848-7701	
Contact Person's Email A					
. Water Treatment Plant Inf	formation				
Plant Name: WTP 2				Plant Telepho	ne Number:
Plant Address: 5335 We	est Blade Lane	City: D	unnellon	State: FL	Zip Code: 34433
Type of water treated by	Plant: [X] Raw Ground [] Purchas	ed Finished Water			
Permitted Maximum Da	y Operating Capacity of Plant, gallons per day:				
	ection 62-699.310(4), F.A.C.): D		ss (per subsection 6	2-699.310(4), F.A	.C.): V
Licensed Operators:	Name:	License Class	License Number		
Lead/Chief Operators:	Angela Covell	B	23535		
Other Operators:	Jessie Jose Hinojosa	C	28938		
and a second second					
Castification by Lond Chi	ro				

#### 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.

Angela Covell Signature and Date

5/7/2024

Angela Covell

**B** 23535

\_\_\_\_

nigeta Coven

Printed or Typed Name

License Number

DEP Form 62-555 900(300) Effective August 28, 2003

leans of		Four-Log V	rear of: /īrus Inactivatior O		Free Chlorin	e Chlo	rine Dioxide		Ozone	Combined (	Chlorine (C	Chloramines)		
				stribution System:	Σ	Free Chlorine	Combine	l Chlorin	e (Chloramines)		Chlorit	ne Dioxide	<u></u>	
	1.1													
	1					CT Calculations or U	IV Dose to Demonstrate Fou	r-Log Virus fr	activation, if Applicable*	-				
	Days Plant		-		1	CT Cale	dations					UV Dose		Emergency or Abnorm
Day of the	Staffed or visited by operator	Hours Plant in	Net Quantity of Finished Water		Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak	at C Measurement Point	During Peak Flow,	Temp of		Minimum CT Required, mg-	Lowest Operating UV Dose, mW-	Mmmmm UV Dose Required.	Lowest Residual Disinfectant Concentration at Romote Point	Operating Conditions Re or Maintenance Work th Involves Taking Water System Components Out
Month	Place X" X	Operation 24	Produced 19,050	Peak Flow Rate, and	Flow mg/L 1.42	Dur Peak Flow moutes	mp mm/L	Water, °C	pH of Water, if Applicable	mun/L	sec/cm <sup>2</sup>	mW-sec/cm <sup>2</sup>	in Distribution System 1.20	Operation
2		24	19,050		1.72							1	1.20	
3	X	24	17,900		2.02					1			1.90	
4		24	17,900		2.02								1/0	
5	X	24	24,167		1.85	1		-					1.57	
6	1	24	24,167		1.00					1	-		1.07	
7	1	24	24,167		1									
8	X	24	20,550		1.80				1	1			3.35	
9	1	24	20,550			-							0.00	
10	X	24	19.850		2.10					1			2.25	
11	1	24	19.850		2.10					1			2.20	
12	X	24	22.867		1.98					1			1.32	
13	1	24	22,867		1			-					1.02	
14		24	22,867		1									
15	X	24	20,350		1.85			1					1.39	
16	1	24	20.350				1					Ī		
17	X	24	22.050		1.94					1			1.93	
18	1	24	22.050									Ì		
19	X	24	21,600		1.29								1.65	
20	į	24	21,600											
21		24	21 600											
22	X	24	22 050		1.18	-							1.58	
23		24	22 050											
24	X	24	27,050		1.58								1.40	
25	1	24	27,050											
26	X	24	23,900		1.19					1			1.59	
27		24	23,900											
28	ļ	24	23,900											
29	X	24	22 950		1.65								1.94	
30		24	22,950											
31														1
otal			661,202											
verage			22,040											
Iaximu			27,050											



	· Wa <u>ter System (C'</u> er System (PWS) N	Name:	- g	Backwater 6090099						
	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
Day f Month	Public Water Syst 100,000 Public Water Syst	cm (PWS) Name: 100,000 tem (PWS) Name:	-	T		1	<u> </u>	<u> </u>		
Day 1	3,050	26,400			-				antananan angar keramana _a	29,450
Day 2	3,050	26,400								29,450
Day 3	1,267	24,167						+		25,434
Day 4	3,050	24,167								27,217
Day 5	3,030	24,167								27,217
Day 6	400	25,050	-							25,450
Day 7	400	25,050		1						25,450
Day 8	150	24,350								24,500
Day 9	150	24,350			1					24,500
Day 10	467	24,533	-					1	1	25,000
Day 11	150	24,533								24,683
Day 12	150	24,533				1				24,683
Day 13	800	19,950								20,750
Day 14	800	19,950								20,750
Day 15	0	23,650				1				23,650
Day 16	0	23,650				1				23,650
Day 17	0	22,000								22,000
Day 18	0	22,000								22,000
Day 19	0	22,000								22,000
Day 20	1,000	25,700						hann		26,700
Day 21	1,000	25,700								26,700
Day 22	150	21,000							1	21,150
Day 23	150	21,000								21,150
Day 24	667	24,433					-			25,100
Day 25	150	24,433								24,583
Day 26	150	24,433					Ť			24,583
Day 27	950	23,350								24,300
Day 28	950	23,350								24,300
Day 29	400	24,150				-				24,550
Day 30	400	24,150		_		-				24,550
Day 31	763	23,750								24,513
Total										760,013
Avg.										24,517
Min	1									29,450



I. General Information for th A. Public Water System (PWS					
	er Heights			PWS Ide	entification Number: 6090099
PWS Type: Commun		NonCo	mmunity []		ecutive
Number of Service Conn	ections at End of Month: 107		opulation Served at l	End of Month:	267
PWS Owner: Citrus W	Vaterworks Inc.			and the Marine Section of	
Contact Person: Sharon	n Purviance	Contact	Person's Title: U	Itility Manager	
Contact Person's Mailing	Address: 4939 Cross Bayou Boulevard	City: Ne	w Port Richey	State: FL	Zip Code: 34652
Contact Person's Telepho	one Number: 866-753-8292	Contact	Person's Fax Numbe	er: 727-848-7701	
Contact Person's Email A	ddress: spurviance@uswatercorp.net				
B. Water Treatment Plant Info	ormation				
Plant Name: WTP 1				Plant Telepho	one Number:
Plant Address: 5335 We	st Blade Lane	City: I	Dunnellon	State: FL	Zip Code: 34433
Type of water treated by		sed Finished Water			
Permitted Maximum Day	Operating Capacity of Plant, gallons per day:	100000			
	ection 62-699.310(4), F.A.C.): D		ss (per subsection 65	2-699.310(4), F.A	A.C.): V
Licensed Operators:	Name:	License Class	License Number	Day(s)/Shift(s)	Worked
Lead/Chief Operators:	Angela Covell	B	23535		
Other Operators:	Jessie Jose Hinojosa	C	28938		
	P 12				

#### 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.

Angela Covell

6/1/2024

Angela Covell

Printed or Typed Name

B 23535

Signature and Date DEP Form 62-555 900(300) Effective August 28, 2003

Page 1

	ntification l	Number:	609009											
Backwater		he Month?	icar of:	WTP 1 May 2024										
			'irus Inactivation		Free Chlorin	e Chlo	orine Dioxide		Ozone	Combined	Chlorine (O	Chloramines)		
	t Radiatio			ther (Discribe) stribution System:		K Free Chlorine	Combine		ne (Chloramines)		Chlorid	ne Dioxide		
type of D	ASILIÇCIALI	Residual N	ramaned in Dr	surbution system:		Y Free Chiorine	Combine	a Chiorir	ie (Chioramines)		Cniom	ne Dioxide		1.000
		100												
1					-	CT Calcuations, or C	IV Dose to Demonstrate Foundations	IT-LO VIUS I	nactivation, if Applicable			UV Dose		Emergency or Abnonnal
Day of the Month	Days Plant Staffed or visited by operator Place "X"	Hours Plant in Operation	Net Quantity of Finished Water Produced, and	Peak Flow Rate, and	Lowest Residual Dumfectant Concentration (C) Before or as First Customer During Peak Flow, and L	Demfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, ma-min/L	Temp of	pH of Water, #Applicable	Minimum CT Required mg- min/L	Lowest Operating UV Dose, mW- sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>	Lowest Residual Dunitectant Concentration at Remote Point in Distribution System, mg/L	Operating Conditions, Repa or Mantenance Work that Involves Taking Water
1	X	24	3,050		2.42								1.81	
2		24	3,050											
3	X	24	1,267		2.36								1.74	
4	1	24	3,050											
5		24	3,050					-						
6	<u> </u>	24	400		1.53								0.92	
7		24	400					1	l					
8	X	24	150		1.57							]	0.87	
9		24	150											
10	X	24	467		1.31			<u> </u>					0.75	
11		24	150											
12		24	150					-						
13	X	24	800		1.35			1		1		<u> </u>	0.81	
14	1	24	800		1			ļ						
15	X	24	0		1.51	<u> </u>	<u> </u>	1		1	<u> </u>	1	1.42	
16		24	0				<u> </u>	1			]	1		
17	<u> </u>	24	0		1.27						<u> </u>		1.18	1
18		24	0			1	<u> </u>		<u> </u>	1	1			
19		24	0		1 1 0 0		1		l <u> </u>		1		0.65	ļ
<u>20</u> 21		24	1,000		1.02		1	1		1	1		0.65	
21 22		24	1,000		1.11	1	<u> </u>	1	1		1		0.81	
23		24	<u> </u>		1.11		1						0.01	<u></u>
23	X	24	667		1.14				1				0.93	
24	A	24	150		1.14		1		<u> </u>				0.90	
2.5		24	150							1		1		
20	X	24	950		2.04		1	-			1		1.81	
28	<u>A</u>	24	950		2.04		1				1		1 101	
20	x	24	400		1.56			-			Ì		1.32	
30		24	400		1.00		1		1				1.02	· · · ·
31	x	24	763	and the sec	1.46						1		1.28	
Total			23,664						<u>.</u>					
Average			763											
Maximu			3,050											



I. General Information for th	ne Month/Year of: May 2024				
A. Public Water System (PWS	S) Information				
PWS Name: Backwate				PWS Iden	tification Number: 6090099
	nity [X] NonTransitent []	NonCo	nmunity []	Conse	cutive
Number of Service Conn	ections at End of Month: 107	Total P	opulation Served at l	End of Month: 2	67
PWS Owner: Citrus V	Vaterworks Inc.				
Contact Person: Sharo	n Purviance	Contact	Person's Title: U	Itility Manager	
	Address: 4939 Cross Bayou Boulevard			State: FL	Zip Code: 34652
Contact Person's Telepho	one Number: 866-753-8292	Contact 1	Person's Fax Numbe	er: 727-848-7701	
Contact Person's Email A	ddress: spurviance@uswatercorp.net		<b>N</b> ,		
B. Water Treatment Plant Infe	ormation				
Plant Name: WTP 2				Plant Telephor	ne Number:
Plant Address: 5335 We	st Blade Lane	City: I	Junnellon	State: FL	Zip Code: 34433
Type of water treated by	Plant: [X] Raw Ground [] Purchase	ed Finished Water			
Permitted Maximum Day	Operating Capacity of Plant, gallons per day: 1	00000		2	
	ection 62-699.310(4), F.A.C.): D		ss (per subsection 6	2-699.310(4), F.A.	.C.): V
Licensed Operators:	Name:	License Class	License Number		
Lead/Chief Operators:	Angela Covell	B	23535		
Other Operators:	Jessie Jose Hinojosa	C	28938		
	the second second second second second second second second second second second second second second second se				
				-	

## II. Certification by Lead/Chief Operator

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Angela Covell	6/1/2024	Angela Covell	<b>B</b> 23535
Signature and Date		Printed or Typed Name	License Number
DEP Form 62-555 900(300)			
Effective August 28, 2003		Page 1	

leans of			Year of: Firus Inactivation	av 2024 A/Removal *	Free Chlorin	e Chlo	rine Dioxide		Ozone	Combined	Chlorine (C	Chloramines)		
	et Radiatio			ther (Discribe) stribution System:							011	D. 11		
peor	Ismecian	Residual r	viaintained in Di	surbution System:		Free Chlorine	Combined	1 Chlorin	e (Chloramines)		Chlorin	e Dioxide		N-1
	1.1.1													
	-					CT Calculations, or L CT Calc	IV Dose, to Demonstrate Fou ulations	r-Log Virus In	activation, if Applicable*			UV Dose		Emergency or Abnorm
Day of the Month	Days Plant Staffed or visited by operator Place "X"	Hours Plant in Operation	Net Quantity of Finished Water Produced Fil	Peak Flow Rate, and	Lowest Residual Disinfectant Concontration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point Dui Peak Flow minutes	Lowest CT Provided Bofore or at First Customer During Peak Flow, nsg-min/L	Temp of Water, °C	pH of Water, #Applicable	Minimum CT Required, mg- min/L	Lowest Operating UV Dose, mW- sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>	Lowest Residual Distributant Concentration at Remote Point in Distribution System, mp/L	Operating Conditions, Rep or Maintenance Work the Involves Taking Water System Components Out Operation
1	X	24	26,400		1.50								1.10	
2		24	26,400											
3	X	24	24,167		1.70								1.05	
4		24	24,167		1					T				
5		24	24,167											
6	X_	24	25.050		1.50					ļ			1,19	
7		24	25.050					<u> </u>						
8	X	24	24,350		1.50						<u> </u>		1.21	
9		24	24,350											
10	X	24	24,533		1.50					L			1.07	
11		24	24,533											
12	1	24	24,533		<u></u>			L						
13	X	24	19,950		1.30						1		0.86	
14		24	19,950				1							
15	X	24	23,650		1.70								1.43	
16	N/	24	23,650		1 70	1								
17	<u> </u>	24	22,000		1.50		1						1.26	
18		24	22,000		1		1	<u> </u>	1					
19		24	22,000		1.00	l							1.17	
<u>20</u> 21		24	25,700		1.00				[				1.15	
21	v	24	25,700		1.00		l		ī				0.00	
22	X	24	21,000		1.00	l		1					0.99	
<u></u> 24		<u>24</u> 24	21,000		1.10						1		0.07	
<u></u> 25	<u>A</u>	24	24,433 24,433		1.10								0.97	
<u>25</u> 26		24	24,433		1	l	1			1				
20	X	24 24	24,433		2.10	L		1					1.91	
28		24			2.10		1						1.91	
20	X	24	23,350 24,150		1.50		l	1	1	1			1.38	
30	1	24	24,150			1	1	<u> </u>			1		1.30	
31	X	24	23,750		1.30		Ī				<u> </u>		0.99	
'otal		24	736,349		1.00		L				1		0.33	



	v Water System (C er System (PWS) I	Name:		Backwater 1 6090099	Heights					
	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
Day f Month	100,000	tem (PW'S) Name: 100,000 tem (PWS) Name:	[·····	.T						alamanga a <u>anakanan</u> arawa
Day 1	300	26,033		1					***** <b>*</b>	26,333
Day 2	300	26,033								26,333
Day 3	750	23,300					-			24,050
Day 4	750	23,300		_	1	i i		-		24,050
Day 5	4,100	26,450			-					30,550
Day 6	4,100	26,450								30,550
Day 7	1,667	30,467								32,134
Day 8	1,667	30,467								32,134
Day 9	1,667	30,467								32,134
Day 10	0	23,400					1			23,400
Day 11	0	23,400								23,400
Day 12	650	23,150		-			-			23,800
Day 13	650	23,150					·			23,800
Day 14	733	25,000	1					·		25,733
Day 15	733	25,000				_				25,733
Day 16	733	25,000								25,733
Day 17	1,050	24,550								25,600
Day 18	1,050	24,550				~				25,600
Day 19	1,200	24,800							-	26,000
Day 20	1,200	24,800								26,000
Day 21	1,500	24,667								26,167
Day 22	1,500	24,667								26,167
Day 23	1,500	24,667			1					26,167
Day 24	300	20,950								21,250
Day 25	300	20,950				-				21,250
Day 26	0	21,850								21,850
Day 27	0	21,850	<i>n</i>							21,850
Day 28	1 0	20,200								20,200
Day 29	0	20,200			_			4440 A		20,200
Day 30	0	20,200								20,200
Day 31										
Total	T									758,368
Avg.										25,279
Min										32,134





I, General Information for th					
. Public Water System (PW)					
	er Heights			PWS Ider	ntification Number: 6090099
PWS Type: Commu		NonCom	nunity []	Conse	ecutive
	nections at End of Month: 107	Total Pop	ulation Served at 1	End of Month: 2	67
PWS Owner: Citrus V	Vaterworks Inc.				
Contact Person: Share	on Purviance	Contact Pe	rson's Title: U	Itility Manager	
<b>Contact Person's Mailing</b>	Address: 4939 Cross Bayou Boulevard	City: New	Port Richey	State: FL	Zip Code: 34652
Contact Person's Teleph	one Number: 866-753-8292	Contact Pe	rson's Fax Numbe	r: 727-848-7701	
Contact Person's Email A	Address: spurviance@uswatercorp.net				farding a
3. Water Treatment Plant Inf	ormation				
Plant Name: WTP 1				Plant Telephor	ne Number:
Plant Address: 5335 We	est Blade Lane	City: Du	nnellon	State: FL	Zip Code: 34433
Type of water treated by	Plant: [X] Raw Ground [] Purch	nased Finished Water			
Permitted Maximum Da	v Operating Capacity of Plant, gallons per day:	: 100000			
	ection 62-699.310(4), F.A.C.): D		(per subsection 62	2-699.310(4), F.A	.C.): V
Licensed Operators:	Name:	the same a second secon	License Number		
Lead/Chief Operators:	Angela Covell	B	23535		
Other Operators:	Jessie Jose Hinojosa	С	28938		
		and the second s		1	
TT O SE S T T TYPE	C 13				

#### 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.

Angela Covell

7/8/2024

Angela Covell

B 23535

Signature and Date

Printed or Typed Name

DEP Form 62-555 900(300) Effective August 28, 2003

Page 1

II. Daily Means of UltraViol	Achieving et Radiatio	Four-Log V n		1/Removal * ther (Discribe)	Free Chlorir		orine Dioxide			Combined		Chloramines)		
Type of L	Disinfectant	Residual M	Maintained in Di	stribution System:	2	K Free Chlorine	Combine	d Chlorin	e (Chloramines)		Chlori	ne Dioxide		
	100	1 214											3	
	1.1.2		1			CT Calculations, or U CT Calc	JV Dose to Demonstrate Foundations	r-Log Virus II	nactivation, if Applicable*	-		UV Dose		Emergency or Abnormal
Day of the Month	Days Plant Staffed or visited by operator Place "X"	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Pcak Flow Rate, apd	Lowest Residual Demfectant Concentration (C) Before or a First Customer During Peak Flow, and L	Disinfectant Contact Time (T) at C Measurement Point D Peak Flow, menutes	Lowest CT Provided Before or at First Customer During Peak Flow, mm mm/L	Temp of	pH of Water, s'Applicable	Manimum CT Required mg- min/L	Lowest Operating UV Dose, mW- sec/cm <sup>2</sup>	Minimum UV Dose Required mW-sec/cm <sup>2</sup>	Lowest Residual Dainfectant Concentration at Remote Point in Distribution System, mp/L	Operating Conditions; Repa or Mantenance Work that Involves Taking Water
1		24	300				1							
2		24	300											
3	X	24	750		1.49								1.31	
4		24	750											
5	X	24	4,100		2.05								0.67	1
6	1	24	4.100							ļ				
7	<u>x</u>	24	1,667		1.57								1.29	
8		24	1,667					1						
9		24	1,667								1			
10	X	24	0		1.48								1.16	
11		24	0											
12	X	24	650		1.69								1.41	
13		24	650		<u> </u>						1			
14	X	24	733		1.26								1.10	
15		24	733					1		<u> </u>				
16		24	733					-		Į				
17	X	24	1,050		1.14								0.96	
		24	1,050							<u> </u>				
19	X	24	1,200		1.75								1.42	
20		24	1.200			1			1	1	1			
21	X	24	1,500		1.49					<u> </u>			1.28	
22		24	1,500					1		1				-
23	1	24	1.500											<u>.</u>
24	X	24	300		1.51								0.42	
25	1	24	300											
26	X	24	0		1.67		1			-			1.38	
27	1	24	0				+			1				
28		24	0		2.34				1	1			2.18	
29	1	24	0				1				1			
30		24	0								1			
31	1					1								l
Total			28,400											
Average	-		947											
Maximu	սո		4,100											



I. General Information for th	ne Month/Year of: June 2024								
A. Public Water System (PW)	S) Information								
	er Heights			PWS Ider	ntification Number: 6090099				
PWS Type: Commun		NonCo	NonCommunity [] Consecutive						
Number of Service Conn	nections at End of Month: 107	Total P	Total Population Served at End of Month: 267						
PWS Owner: Citrus V									
Contact Person: Sharo	on Purviance	Contact Person's Title: Utility Manager							
<b>Contact Person's Mailing</b>	Address: 4939 Cross Bayou Boulevard	City: Ne	City: New Port Richey State: FL Zip Code: 34652						
Contact Person's Telepho	one Number: 866-753-8292	Contact 1	Contact Person's Fax Number: 727-848-7701						
Contact Person's Email A	Address: spurviance@uswatercorp.net								
B. Water Treatment Plant Inf	ormation								
Plant Name: WTP 2		-	Plant Telephone Number:						
Plant Address: 5335 We	est Blade Lane	City: I	unnellon	State: FL	Zip Code: 34433				
Type of water treated by	Plant: [X] Raw Ground [] Purchased	d Finished Water							
Permitted Maximum Da	v Operating Capacity of Plant, gallons per day: 10	. 00000							
Plant Category (per subs	ection 62-699.310(4), F.A.C.): D	Plant Cla	ss (per subsection 62	-699.310(4), F.A	.C.): V				
Licensed Operators:	Name:	License Class	License Num or	Day(s)/Shift(s) Worked					
Lead/Chief Operators:	Angela Covell	В	23535						
Other Operators:	Jessie Jose Hinojosa	C	28938						

## 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.

Angela Covell

Angela Covell

**B** 23535

7/8/2024

Signature and Date

DEP Form 62-555 900(300) Effective August 28, 2003

Printed or Typed Name

License Number

Acans of Achieving Four-Log Virus Inactivation/Remov IltraViolet Radiation Other (D				/Removal * ther (Discribe)	(Discribe)									
Type of I	Disinfectant	Residual N	faintained in Di	stribution System:	>	K Free Chlorine	Combine	d Chlorin	e (Chloramines)		Chlorir	ne Dioxide		
Day of the	- 3		-	CT Calculations, or UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable* CT Calculations UV Dose										
	Days Plant Staffed or visited by operator Place "X"	Hours Plant m	Net Quantity of Finished Water	Peak Flow Rate, and	Lowest Residual Deinfectant Concentration (C) Before or at First Customer During Peak	Disinfectant Contact Time (T) at C Measurement Point	Lowest CT Provided Before or at First Customer During Peak Flow.	Temp of		Minimum CT Required, mg-	Lowest Operating UV Dose, mW- ssc/cm <sup>2</sup>	Minimum UV Dose Required,	Lowest Residual Disinfectant Concentration at Remote Point	Emergency or Abnormal Operating Conditions. Repai or Maintenance Work that Involves Taking Water System Components Out o
1	1 por a	Operation 24	Produced and 26,033	reak riow rate	Flow mg/L	Durse Peak Flow, minutes	ing-mn/L	Water, °C	PH of Water, # Applicable	min/L	Sec/cm	mW-sec/cm <sup>2</sup>	m Distribution States, and L	Operation
2	-	24	26,033				1		1					
3	X	24	23,300		1.32			1		1			1.49	1
4		24	23,300			1		1						1
5	X	24	26,450		1.48	1		1					2.05	
6	1	24	26,450		1		1							
7	X	24	30,467		1.65				1				1.57	
8		24	30,467						[				1	
9	1	24	30,467											
10	X	24	23,400		1.41					1			1.48	
11		24	23,400											
12	X	24	23,150		1.72								1.69	
13		24	23,150											
14	X	24	25,000		0.95								1.26	
15		24	25,000	_				1						
16		24	25,000											
17	X	24	24,550		0.93								1.14	
18		24	24,550											
19	X	24	24,800		1.63								1.75	
20		24	24.800											1
21	X	24	24,667		1.11								1.49	
22		24	24,667									-		
23		24	24,667			1								
24	X	24	20.950		0.99			1					1.51	
25		24	20,950											
26	X	24	21,850		1.50		1						1.67	
27		24	21,850											
28	X	24	20,200		1.80			1					2.34	
29		24	20,200											
30	1	24	20,200				1							
31														
fotal			729,968											
Average	the second second second second second second second second second second second second second second second se		24,332											
laximu	nn		30,467											



	v Water <u>System (CW</u> er System (PWS) Na	me:		Backwater 6090099						
	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
Day of Month		100,000	I	I		1				
Day 1	0	26,000	1	1	1					26,000
Day 2	0	26,000	-		_					26,000
Day 3	50	30,300		-						30,350
Day 4	50	30,300								30,350
Day 5	1,567	28,267								29,834
Day 6	50	28,267			-					23,304
Day 7	50	28,267							-	28,317
Day 8	0	28,000				-	-			28,000
Day 9	0	28,000	-							28,000
Day 10	800	30,450								31,250
Day 11	800	30,450		-		_				31,250
Day 12	1,900	32,267			_					34,167
Day 13	800	32,267					-			33,067
Day 14	800	32,267				-				33,067
Day 15	0	25,100				1				25,100
Day 16	0	25,100								25,100
Day 17	750	27,550				-				28,300
Day 18	750	27,550				_				28,300
Day 19	1,500	28,733			-				n - 1, AAR 980	30,233
Day 20	750	28,733	-							29,483
Day 21	750	28,733								29,483
Day 22	600	26,750					_			27,350
Day 23	600	26,750								27,350
Day 24	650	26,450								27,100
Day 25	650	26,450			1					27,100
Day 26	833	28,333		-						29,166
Day 27	650	28,333								28,983
Day 28	650	28,333							- 14 million and 14	28,983
Day 29	1,000	27,750			-					28,750
Day 30	1,000	27,750								28,750
Day 31	850	29,750								30,600
Total				-	1	1		-		898,100
Avg.	1									28,971
Min										34,167





I. General Information for th	e Month/Year of: July 2024				
A. Public Water System (PWS	i) Information				
PWS Name: Backwate				PWS Identi	fication Number: 6090099
PWS Type: Commun		The second second second second second second second second second second second second second second second se	mmunity []	Consect	
	ections at End of Month: 107	Total <b>P</b>	opulation Served at	End of Month: 26	7
	/aterworks Inc.				
	n Purviance			Jtility Manager	
	Address: 4939 Cross Bayou Boulevard	· · · · · · · · · · · · · · · · · · ·		State: FL	Zip Code: 34652
Contact Person's Telepho	one Number: 866-753-8292	Contact I	Person's Fax Numbe	er: 727-848-7701	
Contact Person's Email A	ddress: spurviance@uswatercorp.net				
B. Water Treatment Plant Infe	ormation				
Plant Name: WTP 1				Plant Telephone	e Number:
Plant Address: 5335 We	st Blade Lane	City: D	Dunnellon	State: FL	Zip Code: 34433
Type of water treated by	Plant: [X] Raw Ground [] Purchased	Finished Water			
Permitted Maximum Day	Operating Capacity of Plant, gallons per day: 100	0000			
Plant Category (per subse	ction 62-699.310(4), F.A.C.): D	Plant Cla	ss (per subsection 6	52-699.310(4), F.A.C	C.): V
Licensed Operators:	Name:	License Class	License Number	Day(s)/Shift(s) W	orked
Lead/Chief Operators:	Angela Covell	В	23535		
Other Operators:	Jessie Jose Hinojosa	C	28938		
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	21				
a to an an an an					

### 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.

Angela Covell

8/7/2024

Angela Covell

B 23535

Signature and Date DEP Form 62-555 9000

1 1 111

Printed or Typed Name

License Number

DEP Form 62-555 900(300) Effective August 28, 2003

ItraViole	t Radiation	n		/Removal * ther (Discribe)	Free Chlorin	e Chle	orine Dioxide		Ozone	Combined	Chlorine (C	Chloramines)		
pe of D	Disinfectant	Residual M	faintained in Di	stribution System:	>	Free Chlorine	Combine	d Chlorin	e (Chloramines)		Chlorin	ne Dioxide		
	1					CT Calculations, or I	JV Dose, to Demonstrate Fou	r-Log Virus In	activation, if Applicable*					
		10-1	Net Quantity of Finished Water Produced, gal			CT Calc		-		-	0.0	UV Dose		Emergency or Abnormal
Day of the Month	Days Plant Staffed or visited by operator Place "X"	Hours Plant in Operation		Peak Flow Rate, and	Lowest Residual Disinfectant Concentration (C) Before or at First Cuatomer During Peak Flow, mg/L		Lowest CT Provided Before or at First Customer During Peak Flow, me-ma/L	Temp of	pH of Water, if Applicable	Minimum CT Required, mg- mm/L	Lowest Operating UV Dose, mW- sec/cm <sup>2</sup>	Minimum UV Dose Required. mW-sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Operating Conditions, Re or Maintenance Work f Involves Taking Wate System Components Ou Operation
1	X	24	0		1.92								1.55	
2		24	0											
3	X	24	50		1.85								1.70	
4		24	50											
5	X	24	1,567		2.00								1.50	
6		24	50					-						
7		24	50											
8	X	24	0		1.42								1.31	
9		24	0											
10	X	24	800		1.94								1.76	
11		24	800											
12	X	24	1,900		1.42		-						1.31	
13		24	800					-						
14		24	800											
15	X	24	0		1.39		1						1.28	
16		24	0				1							
17	X	24	750		1.67					-			1.49	
18		24	750											
19	X	24	1,500		1.48								1.32	
20		24	750											1
21		24	750					-			<u> </u>			
22	<u>X</u>	24	600		1.22								0.61	
23		24	600											
_24	X	24	650		1.34								1.16	
25		24	650											
26	X	24	833		1.36								1.21	
27		24	650											
28		24	650					1						
29	X	24	1,000		1.52								1.36	
30		24	1,000											
31	X	24	850		1.35							}	1.19	
otal			18,850											



I. General Information for th	ne Month/Year of: July 2024				
A. Public Water System (PWS					
PWS Name: Backwate				PWS Ide	ntification Number: 6090099
PWS Type: Commun			mmunity []	3 <del></del>	ecutive
	ections at End of Month: 107	Total P	opulation Served at	End of Month: 2	267
PWS Owner: Citrus V				Normal National Advances	
Contact Person: Sharo	A a submitted matching			Itility Manager	
	Address: 4939 Cross Bayou Boulevard			State: FL	Zip Code: 34652
-	one Number: 866-753-8292	Contact 2	Person's Fax Numbe	er: 727-848-7701	
Contact Person's Email A	ddress: spurviance@uswatercorp.net				
B. Water Treatment Plant Inf	ormation				
Plant Name: WTP 2				Plant Telepho	ne Number:
Plant Address: 5335 We	st Blade Lane	City: I	Junnellon	State: FL	Zip Code: 34433
Type of water treated by	Plant: [X] Raw Ground [] Purcha	ased Finished Water			
Permitted Maximum Day	v Operating Capacity of Plant, gallons per day:	100000			
Plant Category (per subse	ection 62-699.310(4), F.A.C.): D	Plant Cla	ss (per subsection 6	2-699.310(4), F.A	C.): V
Licensed Operators:	Name:	License Class	License Number	Day(s)/Shift(s)	Worked
Lead/Chief Operators:	Angela Covell	B	23535		
Other Operators:	Jessie Jose Hinojosa	C	28938		
and the second sec					

## II. Certification by Lead/Chief Operator

Effective August 28, 2003

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.

Angela Covell 8/7/2024		Angela Covell	<b>B</b> 23535
Signature and Date		Printed or Typed Name	License Number
DEP Form 62-555 900(300)			

eans of	Achieving t Radiation	Four-Log V	i'ear of: 'irus Inactivation Ot	/Removal * ther (Discribe)	Free Chlorin	e Chlo	rine Dioxide		Ozone	Combined	Chlorine (C	Chloramines)		
pe of D	isinfectant	Residual M		stribution System:	Х	Free Chlorine	Combined	l Chlorin	e (Chloramines)		Chlorin	e Dioxide		
		-	1											A State
	1					CT Calculations, or L	V Dose, to Demonstrate Fou	r-Log Virus In	activation, if Applicable*	aline a	13-13-			1
	D	1	1000			CT Calc	alations			1		UV Dose	2.50 5 7 5 3	Emergency or Abnorma
ay of the Month	Days Plant Staffed or visited by operator Place "X"	Hours Plant in Operation		Peak Flow Rate, and	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 C I Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of	pH of Water, if Applicable	Minimum CT Required, mg- min/L	Lowest Operating UV Dose, mW- sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-see/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Operating Conditions; Rep or Maintenance Work th Involves Taking Water System Components Out Operation
1	Х	24	26,000		1.90								1.41	
2		24	26,000											
3	X	24	30,300		1.70								1.45	
4		24	30,300											
5	X	24	28,267		1.65					]			1.00	
6		24	28,267											
7		24	28,267											
8	X	24	28,000		3.00						]		2.41	
9		24	28,000							1				
10	x	24	30,450		2.10			]					1.86	
11		24	30,450							1				
12	X	24	32,267		1.60								1.39	-
13		24	32,267							1	1			
14		24	32,267					1						
15	x	24	25,100		1.50								1.29	
16		24	25,100							1				
17	x	24	27,550		1.70								1.59	
18_		24	27,550					1						
19	x	24	28,733		1.50					1			1.41	
20		24	28.733					1			ļ	1		
21		24	28,733					1			]			
22	X	24	26,750		0.30			1			Ī		0.61	
23		24	26,750				<u></u>			1				
24	x	24	26,450		1.21			1		1			1.09	
25		24	26,450					1				•		
26	x	24	28,333		1.56			1					1.32	
27		24	28,333		1.00		1	<u> </u>					1.04	
28		24	28,333				1							
29	X	24	27,750		1.43			1			1		1.29	ĺ
30		24	27,750		1							1	1.20	
31	x	24	29,750		1.50		1	1			1		1.36	
otal			879,250		1 1.4/0	3	1	3			<u> </u>	1	1.00	1
verage	Let		28,363											



	w Water System (C' er System (PWS) M	Name:	Aug 71-0	Backwater 6090099	Heights					
	Plant 1 Name WTP 1	Plant 2 Name WTP 2	Plant <u>3 Name</u>	Plant 4 Name	Plant 5 Name	Plant 6 Name	Plant 7 Name	Plant 8 Name	Plant 9 Name	Total
Day f Month	Public Water Syst	tem (PWS) Name: 100,000							1	
David		tem (PWS) Name:			1			100.00		
Day 1	850	29,750								30,600
Day 2	1,233	25,300								26,533
Day 3	1,233	25,300					_			26,533
Day 4	1,233	25,300								26,533
Day 5	550	28,900								29,450
Day 6	550	28,900				_				29,450
Day 7	1,950	25,650								27,600
Day 8	1,950	25,650								27,600
Day 9	2,500	30,300								32,800
Day 10	2,500	30,300								32,800
Day 11	2,500	30,300								32,800
Day 12	2,850	31,300					1			34,150
Day 13	2,850	31,300								34,150
Day 14	4,550	31,050					Ī			35,600
Day 15	4,550	31,050					1			35,600
Day 16	2,900	30,633								33,533
Day 17	2,900	30,633					1			33,533
Day 18	2,900	30,633					l.			33,533
Day 19	1,900	28,000		1			1			29,900
Day 20	1,900	28,000								29,900
Day 21	2,050	28,950								31,000
Day 22	2,050	28,950								31,000
Day 23	2,167	29,767					1			31,934
Day 24	2,167	29,767					1			31,934
Day 25	2,167	29,767			1					31,934
Day 26	2,850	30,400					i			33,250
Day 27	2,850	30,400					1			33,250
Day 28	0	30,750								30,750
Day 29	0	30,750								30,750
Day 30	5,067	33,000								38,067
Day 31	5,067	33,000								38,067
Total	T				1					984,534
Avg.										31,759
Min										38,067





I. General Information for th		2024				
A. Public Water System (PWS						17 h h h h h h h h h h h h h h h h h h h
	er Heights	r 1	N. C			tification Number: 6090099
	nity [X] NonTransitent		NonCom		Conse	
10 De L.	ections at End of Month: 107		Total Po	pulation Served at	End of Month: 26	67
3d provide	Vaterworks Inc.		1			
Contact Person: Sharo					Utility Manager	
	Address: 4939 Cross Bayou Boule	evard			State: FL	Zip Code: 34652
	one Number: 866-753-8292		Contact Pe	erson's Fax Numb	er: 727-848-7701	
Contact Person's Email A		rp.net				
B. Water Treatment Plant Inf	ormation					
Plant Name: WTP 1					Plant Telephon	ne Number:
Plant Address: 5335 We	st Blade Lane		City: Du	mnellon	State: FL	Zip Code: 34433
Type of water treated by	Plant: [X] Raw Ground	[] Purchased Finishe	ed Water			
Permitted Maximum Day	Operating Capacity of Plant, gallo	ns per day: 100000				
Plant Category (per subse	ection 62-699.310(4), F.A.C.): D		Plant Class	s (per subsection 6	52-699.310(4), F.A.	C.): V
Licensed Operators:	Name:	Licens	se Class	License Number	Day(s)/Shift(s) W	Vorked
Lead/Chief Operators:	Angela Covell	a di targan sa	В	23535		
Other Operators:	Jessie Jose Hinojosa		С	28938		
and the second second						
II. Contifications for I and/Chi	12.43					

### II. Certification by Lead/Chief Operator

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Angela Covell Signature and Date

9/5/2024

Angela Covell

B 23535

Printed or Typed Name

License Number

DEP Form 62-555 900(300) Effective August 28, 2003

	r Heights	he Month/	Year of:	WTP 1 August 209										
leans of	Achieving	F ur-Log V	irus Inactivation	/Removal *	Free Chlorin	e Chk	orine Dioxide		Ozone	Combined	Chlorine (C	Chloramines)		
IltraViole	et Radiatio	n	Ot	her (Discribe)										
ype of L	Disinfectant	t Residual M	faintained in Dis	stribution System:		K Free Chlorine	Combine	d Chlorin	e (Chloramines)		Chlorir	ne Dioxide	1	
	1133													
	1.					CT Calculations, or t CT Calc	UV Dose to Demonstrate Fou	r-Log Virus In	activation, if Applicable*			UV Date		
	Days Plant			1. F								C P ISON		Emergency or Abnorma Operating Conditions: Rep
	Staffed or visited by		Net Quantity of		Lowest Residual Disinfectant Concentration (C) Before or at	Disinfectant Contact Time (T	Lowest CT Provided Before or at First Customer			Manaman CT	Lowest Operating UV		Lowest Residual Disinfectant	or Mantenance Work the Involves Taking Water
Day of the Month	operator Place "X"	Hours Plant in Operation	Finished Water Produced, gal	Peak Flow Rate, and	First Customer During Peak Flow, star/L	at C Measurement Point During Peak Flow, minutes	During Peak Flow,	Temp of	pH of Water, if Applicable	Required, mg- mm/L	Dose, mW- see/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>	Concentration at Remote Point in Distribution System, mg/L	System Components Out Operation
1		24	850							1				
2	X	24	1,233		1.07		1						0.96	
3	1	24	1,233											
4		24	1,233											
5	X	24	550		1.45								1.06	
6		24	550								-			
7	X	24	1,950		1.06								1.01	
8		24	1,950											
9	X	24	2,500		1.31								1.15	
10		24	2,500				1							
11		24	2,500											
12	X	24	2,8.50		0.91								0.68	
13		24	2,850											
14	X	24	4,550		0.73								0.46	
15	-	24	4,550											
16	X	24	2,900		0.98						1		0.67	
17		24	2,900								-			
18		24	2,900					1			1	1		
19	X	24	1,900		2.31		1					1	0.40	
20		24	1,900			1	1							
21	X	24	2,050		0.91	1	1				[		0.76	
22	v	24	2,050		1.40	1			1	1			1.01	•
23	X	24	2,167		1.42	1	1						1.21	
24	1	24	2,167			<u> </u>								
25 96	v	24	2,167		1 1 1	1	1			<u> </u>	l		Δ <u>νο</u>	
26 27	X	24	2,850		1.11	1	1		l		1		0.89	
27 28	v	1	2,850		1.41			1			1	1	1.10	
<u>28</u> 29	X	24	0		1.41		1	<u> </u>			1	I	1.19	
<u>29</u> 30	x	24	5,067		0.81			1	1		i		0.53	
<u>31</u>	<u> </u>	24	5.067		V.81				1				0.33	
o I Fotal	1	24	70,784						1		1	<u> </u>	<u> </u>	<u> </u>
verage			2,283											
Aaximu			5,067											



I. General Information for th	e Month/Year of: August 2024				
A. Public Water System (PWS	i) Information				
PWS Name: Backwate	er Heights			PWS Iden	tification Number: 6090099
PWS Type: Commun			mmunity []	Conse	
Number of Service Conn	ections at End of Month: 107	Total <b>P</b>	opulation Served at 1	End of Month: 20	67
PWS Owner: Citrus W					
Contact Person: Sharo	n Purviance			Itility Manager	
<b>Contact Person's Mailing</b>	Address: 4939 Cross Bayou Boulevard	City: Ne	ew Port Richey	State: FL	Zip Code: 34652
Contact Person's Telepho	one Number: 866-753-8292	Contact	Person's Fax Numbe	er: 727-848-7701	
Contact Person's Email A	ddress: spurviance@uswatercorp.net				
B. Water Treatment Plant Info	ormation				
Plant Name: WTP 2				Plant Telephor	ne Number:
Plant Address: 5335 We	st Blade Lane	City: I	Dunnellon	State: FL	Zip Code: 34433
Type of water treated by	Plant: [X] Raw Ground [] Purchase	d Finished Water			
Permitted Maximum Day	Operating Capacity of Plant, gallons per day: 10	00000			-
Plant Category (per subse	ection 62-699.310(4), F.A.C.): D	Plant Cla	ass (per subsection 6)	2-699.310(4), F.A.	C.): V
Licensed Operators:	Name:	License Class	License Number		
Lead/Chief Operators:	Angela Covell	B	23535	1	
Other Operators:	Jessie Jose Hinojosa	C	28938		
and the state of the state of the					

### 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.

Angela Covell	9/5/2024	Angela Covell	B 23535
Signature and Date		Printed or Typed Name	License Number
DEP Form 62-555 900(300)			
Effective August 28, 2003		Page 1	

PWS Ider Backwater		Number:	609009	99 WTP 2										
		he Month/	Year of:		24									
			firus Inactivation		Free Chlorin	e Chle	orine Dioxide		Ozone	Combined	Chlorine (	Chloramines)		
	t Radiatio			ther (Discribe) stribution System:	,	Free Chlorine	Combine	d Chlorin	e (Chloranines)		Chloriu	ne Dioxide		
- jpc or D	- infreedan			sunzalization System.	1	The chiant	Commune	u canoni.	e (Canton annui Car		Cantonia	R DRANC		
137		572-21	5300			(m.g. ). )							- C. 65 (1)	1330 9331
						CT Calculations of CT Calc	JV Dose, to Demonstrate Fou	IF-LON VIUS D	Incuration, I Applicable*			UV Dose		Emergency or Abnormal
Day of the Month	Days Plant Staffed or visited by operator Place "X"	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, and	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	During Peak Flow,	Temp of Water, °C	pH of Water, of Applicable	Manimum CT Required, mg- min/L	Lowest Operating UV Dose, mW- sec/cm <sup>2</sup>	Minimum UV Dose Required. mW-sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Operating Conditions: Repa or Maintenance Work that Involves Taking Water System Components Out o Operation
1		24	29,750											
2	X	24	25,300		1.06								1.07	
3		24	25,300	wa										
4		24	25,300								[			
5	X	24	28,900		1.51						1		1.45	
6	1	24	28,900						]					
7	<u> </u>	24	25,650		1.16			1					1.06	
8		24	25,650					ļ						
9	X	24	30,300		1.20								1.31	
10		24	30,300											
11		24	30,300								İ			
12	X	24	31,300		1.25								0.91	
13		24	31.300					ļ			1			
14	X	24	31,050		1.12						[	ļ	0.73	
15		24	31,050									<u> </u>		
16	X	24	30,633		1.32	1					j		0.98	
17	<u> </u>	24	30,633									Ì		
18		24	30,633					[			]			
19	X	24	28,000		1.15								2.31	
20		24	28,000											
21	X	24	28,950		1.28								0.91	
22		24	28,950											ļ
23	X	24	29,767		1.25			[					1.42	ļ
24		24	29,767			1								
25	Ì	24	29,767				[		1					ļ
26	x	24	30,400		1.41			1		1	1		1.11	
27		24	30,400											]
28	X	24	30,750		1.31								1.41	
29		24	30,750											
30	x	24	33,000		2.11								0.81	
31		24	33,000											]
Total			913,750											
Average			29,476											
Maximu	m		33,000											



munit	hedWater Production v Water System ( <u>CW</u> ter System (PWS) Nat	S) Name:		September Backwater 1 6090099	2024 Heights							
	WTP 1	Plant 2 Name WTP 2	Plant 3 Name	Plant 4 Name	Plant <u>5</u> Name	Plant 6 Name	Plant 7 Name	Plant 8 Name	Plant 9 Name	Total		
Day f Month	Public Water System 100,000 Public Water System	100,000		<u> </u>			*	·				
Day 1	5,066	33,000			1					38,066		
Day 2	4,400	28,000				-				32,400		
Day 3	4,400	28,000								32,400		
Day 4	700	32,750	-							33,450		
Day 5	700	32,750	1							33,450		
Day 6	367	29,967								30,334		
Day 7	700	29,967								30,667		
Day 8	700	29,967								30,667		
Day 9	650	28,400								29,050		
Day 10	650	28,400								29,050		
Day 11	0	29,100			4			-		29,100		
Day 12	0	29,100								29,100		
Day 13	2,800	34,233								37,033		
Day 14	2,800	34,233								37,033		
Day 15	2,800	34,233	1							37,033		
Day 16	7,666	26,300	1							33,966		
Day 17	7,666	26,300								33,966		
Day 18	1,150	28,100								29,250		
Day 19	1,150	28,100								29,250		
Day 20	1,833	30,600			1					32,433		
Day 21	1,833	30,600				1				32,433		
Day 22	1,833	30,600								32,433		
Day 23	2,433	28,450								30,883		
Day 24	2,433	28,450								30,883		
Day 25	1,000	20,150								21,150		
Day 26	1,000	20,150								21,150		
Day 27	8,600	92,200					-			100,800		
Day 28	1,950	30,350								32,300		
Day 29	1,950	30,350								32,300		
Day 30	500	27,950								28,450		
Day 31												
Total	T			-			4			1,010,480		
Avg.										33,683		
Min										100,800		





L General Information for the A. Public Water System (PWS)		r 2024			
	er Heights			PWS Ide	entification Number: 6090099
PWS Type: Commu		l NonCo	mmunity []		secutive
	ections at End of Month: 107		opulation Served at		
	Vaterworks Inc.				
Contact Person: Sharo	n Purviance	Contact	Person's Title: U	Jtility Manager	
Contact Person's Mailing	Address: 4939 Cross Bayou Boulevar	d City: N		State: FL	Zip Code: 34652
	one Number: 866-753-8292	and the second se	Person's Fax Numbe		
Contact Person's Email A	ddress: spurviance@uswatercorp.i	net			
B. Water Treatment Plant Inf	ormation				
Plant Name: WTP 1				Plant Telepho	one Number
Plant Address: 5335 We	st Blade Lane	City:	Dunnellon	State: FL	Zip Code: 34433
Type of water treated by		Purchased Finished Water			
Permitted Maximum Day	Operating Capacity of Plant, gallons p				
	ection 62-699.310(4), F.A.C.): D		ass (per subsection 6	2-699.310(4), F./	A.C.): V
Licensed Operators:	Name:	License Class	License Number		
Lead/Chief Operators:	Angela Covell	B	23535	25 4 9 (0)/ 5144 (0)	
Other Operators:	Jessie Jose Hinojosa	С	28938		
A REAL PROPERTY AND					
and the second second					
a start the second second second second second second second second second second second second second second s					

### II. Certification by Lead/Chief Operator

I the undersigned water treatment plant operator licensed in Florida, and 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.

Angela Covell

10/7/2024

Angela Covell

Printed or Typed Name

B 23535

Signature and Date DEP Form 62-555 900(300)

Effective August 28, 2003

Page 1

License Number

leans of	Achieving et Radiatio	Four-Log V	rus Inactivation	September /Removal * ther (Discribe)	Free Chlorin	e Chlo	orine Dioxide		Ozone	Combined	Chlorine (C	Thloramines)		
				stribution System:	X	Free Chlorine	Combine	d Chlorin	e (Chloramines)		Chlorir	e Dioxide		
						CT Calculations, or U	V Dose to Demonstrate Fou	r-Los Virus In	activation, if Applicable*					
						CT Calc					-	UV Dose		Emergency or Abnon
Day of the Month	Days Plant Staffed or visited by operator Place "X"	Hours Plant m Operation	Net Quantity of Finished Water Produce 11	Peak Flow Rate, and	Lowest Residual Destrictant Concentration (C) Before or at First Customer During Peak Flow, mg/L		Lowest C'1 Provided Before or at First Customer During Peak Flow may may L	Temp of	pH of Water, if Applicable	Minimum CT Required mg- min/L	Lowest Operating UV Dose, mW- sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-soc/cm <sup>2</sup>	Lowest Residual Damfectant Concentration at Remote Point in Distribution S. Man.	Operating Conditions, R or Maintenance Work Involves Taking Wat System Components O Operation
1		24	5,066											
2	X	24	4,400		1.04								1.63	
3		24	4,400											
4	X	24	700		1.00								0.87	
5		24	700					1						
6	X	24	367		0.76								0.71	
7		24	700					1			-		1	
8		24	700				1							
9	X	24	650		1.42								1.29	
10	**	24	650											l
11	X	24	0		1.62						-		1.46	
12		24	0								-	1	1.00	
13 14	X	24	2,800		1.44								1.36	
14	1	24	2,800											
16	X	24 24	2,800 7,666		1.47			1			1		1.39	
17		24	7,666		1.47						-		1.39	
18	x	24	1,150		1.36			1		1	1	1	1.27	
19		24	1,150		1.00			1		1	1		1.27	
20	x	24	1.833		1.52								1.41	
20	1	24	1,833		1.02		1						1,41	
21	1	24	1,833								1			
23	x	24	2,433		1.34		1						1.21	
23	A	24	2,433		1.04		1				1	1	1.21	
25	X	24	1,000		1.42	1						1	1.33	
26	1	24	1,000		1-14									
27	1	24	8,600			1		1						
28	X	24	1,950		1.11	3					1		0.92	1
29	1	24	1,950											
30	X	24	500		1.69								1.43	1
31														
otal			69,730											
verage			2,324											



. General Information for th	ie Month/Year of: September 2024				
Public Water System (PWS	S) Information				
PWS Name: Backwate	er Heights			PWS Ide	ntification Number: 6090099
PWS Type: Commu		NonCo	nmunity []	Conse	ecutive
	ections at End of Month: 107	Total P	opulation Served at	End of Month: 2	267
PWS Owner: Citrus V			-		
	n Purviance	Contact 1	Person's Title: U	Itility Manager	
	Address: 4939 Cross Bayou Boulevard	City: Ne	w Port Richey	State: FL	Zip Code: 34652
Contact Person's Telepho	one Number: 866-753-8292	Contact 1	Person's Fax Numbe	er: 727-848-7701	
Contact Person's Email A	address: spurviance@uswatercorp.net				
Water Treatment Plant Inf	ormation				
Plant Name: WTP 2				Plant Telepho	one Number:
Plant Address: 5335 We	st Blade Lane	City: I	Junnellon	State: FL	Zip Code: 34433
Type of water treated by	Plant: [X] Raw Ground [] Purcha	sed Finished Water			
Permitted Maximum Day	y Operating Capacity of Plant, gallons per day:	100000			
	ection 62-699.310(4), F.A.C.): D		ss (per subsection 6	2-699.310(4), F.A	C.): V
Licensed Operators:	Name:	License Class	License Number	Day(s)/Shift(s)	Worked
Lead/Chief Operators:	Angela Covell	B	23535	property and the second s	
Other Operators:	Jessie Jose Hinojosa	C	28938		
				_	

### 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.

Angela	Covell

10/7/2024

Angela Covell

B 23535

Signature and Date DEP Form 62-555 900(300) Effective August 28, 2003

Printed or Typed Name

License Number

eans of	Achieving	Four-Log V	Virus Inactivation	Removal *	2024 Free Chlorin	e Chlo	rinc Dioxide		Ozone	Combined	Chlorine (C	hloramines)		
traViol	et Radiation	n	O	her (Discribe)										
pe of I	Disinfectant	Residual M	faintained in Dis	tribution System:	X	Free Chlorine	Combine	1 Chlorin	e (Chloramines)		Chlorir	e Dioxide		
			15. P											
		22.03	-			CT Calculations, or U CT Calcu	V Dose, to Demonstrate Fou	r-Log Virus In	activation, if Applicable*			UV Dose		Emergency or Abnormal Operating Conditions, Repa or Maintenance Work that Involves Taking Water System Components Out o Operation
Day of the Month	Days Plant Staffed or visited by operator Place "X"	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, god	Lowest Residual Disartectant Concentration (C) Before or at First Customer During Peak Flow, mg/L.		Lowest CT Provided	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required mg- min/L	Lowest Operating UV Dose. mW- sec/cm <sup>2</sup>		Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	
1		24	33,000											
2	X	24	28,000		2.04								1.04	
3		24	28,000											
4	X	24	32,750		1.45								1.00	
5		24	32,750											
6	X	24	29,967		1.78								0.76	
7		24	29,967										1	
8		24	29,967											
9	X	24	28,400		1.76								1.42	
10		24	28,400											
11	X	24	29,100		2.24								1.62	
12		24	29,100											
13	X	24	34,233		1.82								1.44	
14		24	34,233											
15		24	34,233											
16		24	26,300		1.54						1		1.47	
17		24	26,300											
18	X	24	28,100		1.36							1	1.36	
19		24	28,100			1	1						1.50	
20	X	24	30,600		1.55			1		1	1		1.52	1
21	1	24	30,600							1				
22	X	24	30,600			<u> </u>	T			1	1	<u> </u>	1.04	
23	X	24	28,450		1.57	1	1			1		l	1.34	1
24	N N	24	28,450		1.01	l					1		1.40	
25		24	20,150		1.81			1		1			1.42	
26		24	20,150							1				1
27 28	v	24	92,200		1.49						1		111	
28 29	X	<u>24</u> 24	<u>30,350</u> 30,350		1.43		1						1.11	
29 30	x	24	27,950		1.70	ĵ	l			1		1	1.69	1
31	<u> </u>	24	<u> </u>		1.70			1	-	1	1		1.09	
otal	1		940,750			l				1		1	<u> </u>	1
verage			31,358											
verage Iaximu			92,200											



	Water System (C er System (PWS) M	Name:		Backwater 1 6090099	Heights					
	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
Day f Month	Public Water Syst 100,000 Public Water Syst	em (PWS) Name: 100,000 em (PWS) Name:		I		I			L	
Day 1	500	27,950								28,450
Day 2	150	26,350								26,500
Day 3	150	26,350								26,500
Day 4	967	28,900								29,867
Day 5	967	28,900				-				29,867
Day 6	967	28,900								29,867
Day 7	1,200	27,750								28,950
Day 8	1,200	27,750								28,950
Day 9	1,100	32,600								33,700
Day 10	0	33,300								33,300
Day 11	700 ·	28,800								29,500
Day 12	700	28,800								29,500
Day 13	700	28,800						Trease and Addition		29,500
Day 14	1,500	29,350	-							30,850
Day 15	1,500	29,350								30,850
Day 16	700	29,300						-		30,000
Day 17	700	29,300								30,000
Day 18	2,267	31,333								33,600
Day 19	2,267	31,333								33,600
Day 20	2,267	31,333					Reveal .			33,600
Day 21	350	31,000								31,350
Day 22	350	31,000								31,350
Day 23	1,000	28,350								29,350
Day 24	1,000	28,350								29,350
Day 25	1,500	30,000								31,500
Day 26	1,500	30,000						-		31,500
Day 27	1,500	30,000								31,500
Day 28	700	28,050								28,750
Day 29	700	28,050							ĺ	28,750
Day 30	: 1,200	25,800								27,000
Day 31	1,200	25,800								27,000
Total										934,351
Avg.										30,140
Min										33,700





I. General Information for th		r 2024				
A. Public Water System (PW)						
and the second sec	er Heights				PWS Ide	ntification Number: 6090099
	nity [X] NonTransitent	[]	NonComm	aunity []	Cons	ecutive
Number of Service Conr	acctions at End of Month: 107		Total Pop	lation Served a	at End of Month: 2	267
PWS Owner: Citrus V	Vaterworks Inc.					
Contact Person: Share	n Purviance		Contact Per	son's Title:	Utility Manager	
Contact Person's Mailing	Address: 4939 Cross Bayou Boule	vard	City: New	Port Richey	State: FL	Zip Code: 34652
Contact Person's Telepho	one Number: 866-753-8292		Contact Per	son's Fax Num	ber: 727-848-7701	
Contact Person's Email A	Address: spurviance@uswatercom	rp.net				
B. Water Treatment Plant Inf	ormation					
Plant Name: WTP 1					Plant Telepho	one Number:
Plant Address: 5335 We	est Blade Lane		City: Dur	nellon	State: FL	Zip Code: 34433
Type of water treated by	Plant: [X] Raw Ground	] Purchased Finishe	ed Water			1
Permitted Maximum Da	v Operating Capacity of Plant, gallon	s per day: 100000				
	ection 62-699.310(4), F.A.C.): D		Plant Class	(per subsection	62-699.310(4), F.A	A.C.): V
Licensed Operators:	Name:	Licens			er Day(s)/Shift(s)	
Lead/Chief Operators:	Angela Covell	77	B	23535		
Other Operators:	Jessie Jose Hinojosa		С	28938		
Ouler Operators:	Jessie 10se Hillojosa			20300		

### II. Certification by Lead/Chief Operator

I the undersigned water treatment plant operator licensed in Florida, and 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.

Angela Covell Signature and Date

11/4/2024

Angela Covell

Printed or Typed Name

B 23535

DEP Form 62-555 900(300) Effective August 28, 2003

License Number

leans of A	Achieving		/irus Inactivation/		Free Chlorin	e Chlo	orine Dioxide		Ozone	Combined	Chlorine (O	hloramines)		
	t Radiation			her (Discribe) tribution System:	X	Free Chlorine	Combine	d Chlorin	e (Chloramines)		Chlorin	e Dioxide		
													E. Then	
	- 10		120500-01			CT Calculations, or U CT Calcu	IV Dose, to Demonstrate Fou	r-Log Virus In	activation, if Applicable*			UV Dose		
Day of the Month	Days Plant Staffed or visited by operator Place "X"	Hows Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, and	Lowest Residual Diamfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (1)	Lowest CT Provided	Temp of Water. °C	pH of Water, «Applicable	Minimum CT Required, mg- e mm/L	Lowest Operating UV Dose, mW- sec/cm <sup>2</sup>	Minimum UV Dove Required, mW-sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnorma Operating Conditions. Rep or Maintenance Work the Involves Faking Water System Components Out Operation
1		24	500											
2	<u>X</u>	24	150		1.64								1.47	
3		24	150											
4	X	24	967		1.66								1.52	
5		24	967											
6		24	967											
7	<u> </u>	24	1,200		1.24	1							0.98	
8		24	1,200					-						
9	X	24	1,100		1.52						1		1.36	
10	X	24	0		1.54					-			1.31	
11	X	24	700		1.44								1.23	
12		24	700											
13		24	700							-				
14	X	24	1,500		1.53								1.48	
15		24	1,500											
16	X	24	700		1.65				1				1.49	
17		24	700							-			1.00	
18	<u> </u>	24	2,267		1.21		1						1.03	
19		24	2,267			1								
20		24	2.267		1.50	1	1	1			1		1.00	
21	X	24	350		1.52			1			1		1.36	
22	**	24	350		1.00			1			1		1 19	
23	X	24	1,000		1.28	[		1			2		1.13	
24		24	1,000		1.00	1		1			1		1.10	
25	X	24	1,500		1.26				1			1	1.10	1
26		24	1,500			1	1		-				1	
27		24	1,500					1			1		1.00	1
28	X	24	700		1.33	1		1	Ī	1	1	l	1.09	
29		24	700						•		]		1.10	
30	<u> </u>	24	1,200		1.25	1	1						1.12	
31	1	24	1,200					}	1					
Fotal			31,502											
Average			1,016											



L General Information for th	ne Month/Year of: October 2024				
A. Public Water System (PWS					
PWS Name: Backwate	er Heights				ntification Number: 6090099
PWS Type: Commun		NonCor	and the second se		ecutive
Number of Service Conn	ections at End of Month: 107	Total Po	pulation Served at	End of Month: 2	267
PWS Owner: Citrus V	Vaterworks Inc.				
Contact Person: Sharo	n Purviance	Contact I	Person's Title:	Utility Manager	
	Address: 4939 Cross Bayou Boulevard		-	State: FL	Zip Code: 34652
Contact Person's Telepho	one Number: 866-753-8292	Contact I	erson's Fax Numb	er: 727-848-7701	
Contact Person's Email A	ddress: spurviance@uswatercorp.net				
B. Water Treatment Plant Inf	ormation				
Plant Name: WTP 2				Plant Telepho	one Number:
Plant Address: 5335 We	est Blade Lane	City: D	unnellon	State: FL	Zip Code: 34433
Type of water treated by	Plant: [X] Raw Ground [] Purch	ased Finished Water			
Permitted Maximum Day	y Operating Capacity of Plant, gallons per day:	100000			
	ection 62-699.310(4), F.A.C.): D		ss (per subsection (	62-699.310(4), F.A	A.C.): V
Licensed Operators:	Name:	License Class	License Number	Day(s)/Shift(s)	Worked
Lead/Chief Operators:	Angela Covell	В	23535		
Other Operators:	Jessie Jose Hinojosa	С	28938		

## II. Certification by Lead/Chief Operator

Effective August 28, 2003

I the unde signed 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.

Angela Covell	11/4/2024	Angela Covell	B 23535
Signature and Date		Printed or Typed Name	License Number
DEP Form 62-555 900(300)			

leans of	Achieving	Four-Log V	Year o <u>l</u> Firus Inactivation	/Removal *	Free Chlorin	e Chlo	rine Dioxide		Ozone	Combined (	Chlorine (O	Chloramines)		
ltraViole	et Radiatio Disinfectant	n t Residual M		ther (Discribe) stribution System:	x	Free Chlorine	Combine	l Chlorin	e (Chloramines)		Chlorit	ne Dioxide		
1.2.01.2														
						CT Calculations, or U	V Dose to Demonstrate Fou	r-Loir Virus In	sotivation, if Applicable*					
			-		1	CT Calc					-	UV Dose		
Day of the Month	Days Plant Staffed or visited by operator Place "X"	Hows Plant in Operation	Net Quantity of Finished Water Produce 1	Pcak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow mat	Disinfectant Contact Time (1) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, marmavL	Temp of	PH of Water, it Applicable	Manimum CT Required, mg- mig/L	Lowest Operating UV Dose. mW- sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>	Lowest Residual Damfectant Concentration at Remote Point in Distribution System, mark	
1		24	27,950											
2	X	24	26,350		1.69								1.64	
3	-	24	26,350											1
4	X	24	28,900		1.64								1.66	l
5		24	28,900								\$			
6		24	28,900						1			1		
7	X	24	27,750		1.59	1		1			1	1	1.24	
8	1	24	27,750			1	1	1	1					
9	X	24	32,600		1.62	1					1		1.52	
10	X	24	33,300		1.58						1		1.54	
11	X	24	28,800		1.38					-			1.44	
12		24	28,800			1								
13		24	28,800		1.75								1.53	
14	X	24	29,350		1.75	1			i		1		1.33	
15 16	X	24	29,350 29,300		1.82				1				1.65	
17		24	29,300		1.02	1	1	1	1				1.00	
18	Iv	24	31,333		1.76			•			1		1.21	
19	1	24	31,333		1.70								1.21	
20	1	24	31,333				1	1		1	1			
21	X	24	31,000		1.53			1	1	1			1.52	
22		24	31,000		1.00									
23	X	24	28,350		1.32			I			1		1.28	
24		24	28,350		1 104			1						
25	X	24	30,000		1.29								1.26	
26	1	24	30,000											
27		24	30,000											
28	X	24	28,050		1.18		1	1					1.33	
29	1	24	28,050								-		1	
30	X	24	25,800		1.03								1.25	
31		24	25,800											
Total			902,849											
Average	3		29,124											
Maximu			33,300											



nununity	edWater Producti / Water System (C er System (PWS) M	on for the Month Ye WS) Name: Name:	ear of	November Backwater 1 6090099					* mat 1 5	
	Plant 1 Name WTP 1	Plant 2 Name WTP 2	Plant 3 Name	Plant 4 Name	Plant <u>5 Name</u>	Plant <u>6 Name</u>	Plant 7 Name	Plant 8 Name	Plant 9 Name	Total
Day f Month	100.000	tem (PWS) Name: 100,000				1				
		tem (PWS) Name:		<u>e.</u>						
Day 1	550	28,550								29,100
Day 2	550	28,550	_							29,100
Day 3	1,233	28,000								29,233
Day 4	1,233	28,000								29,233
Day 5	1,233	28,000								29,233
Day 6	2,750	30,050								32,800
Day 7	2,750	30,050							1	82,800
Day 8	2,767	28,867								31,634
Day 9	2,767	28,867								31,634
Day 10	2,767	28,867								31,634
Day 11	2,500	28,500		1						31,000
Day 12	2,500	28,500							4	31,000
Day 13	2,700	28,500					_			31,200
Day 14	2,700	28,500								31,200
Day 15	2,667	27,900								30,567
Day 16	2,667	27,900								30,567
Day 17	2,667	27,900								30,567
Day 18	800	28,100				-				28,900
Day 19	800	28,100								28,900
Day 20	850	25,850								26,700
Day 21	850	25,850								26,700
Day 22	967	28,300						1		29,267
Day 23	967	28,300								29,267
Day 24	967	28,300								29,267
Day 25	0	22,200	1				-			22,200
Day 26	0	22,200								22,200
Day 20 Day 27	200	21,050		-						21,250
Day 27 Day 28	200	21,050							-	21,250
Day 20 Day 29		19,050								19,050
	0				-					19,050
Day 30	. 0	19,050								19,030
Day 31	-			_	_		_			042 509
Total										846,503
Avg.										28,217
Min										32,800





I. General Information for th	e Month/Year of: November 2024				
A. Public Water System (PWS	S) Information				
PWS Name: Backwate	er Heights				ntification Number: 6090099
PWS Type: Commun		NonCor	1	Conse	
	ections at End of Month: 107	Total Pe	pulation Served at	End of Month: 2	67
PWS Owner: Citrus V	Vaterworks Inc.				
Contact Person: Sharo	n Purviance	Contact I		Jtility Manager	
<b>Contact Person's Mailing</b>	Address: 4939 Cross Bayou Boulevard	City: Net	w Port Richey	State: FL	Zip Code: 34652
Contact Person's Telepho	one Number: 866-753-8292	Contact H	erson's Fax Numbe	er: 727-848-7701	
Contact Person's Email A	ddress: spurviance@uswatercorp.net				
B. Water Treatment Plant Inf	ormation				
Plant Name: WTP 1				Plant Telephor	ne Number:
Plant Address: 5335 We	est Blade Lane	City: D	unnellon	State: FL	Zip Code: 34433
Type of water treated by	Plant: [X] Raw Ground [] Purchas	sed Finished Water			
Permitted Maximum Day	y Operating Capacity of Plant, gallons per day:	100000			
	ection 62-699.310(4), F.A.C.): D		ss (per subsection 6	2-699.310(4), F.A	.C.): V
Licensed Operators:	Name:	License Class	License Number	Day(s)/Shift(s) V	Worked
Lead/Chief Operators:	Angela Covell	B	23535		
Other Operators:	Jessie Jose Hinojosa	C	28938		
and the second second					
		T- breat			
H. C					provide the second second second second second second second second second second second second second second s

#### II. Certification by Lead/Chief Operator

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Angela Covell Signature and Date

12/3/2024

Angela Covell

B 23535

DEP Form 62-555 900(300) Effective August 28, 2003 Printed or Typed Name

License Number

	Achieving t Radiation		irus Inactivation,	/Removal * her (Discribe)	Free Chlorin	e Chle	orine Dioxide		Ozone	Combined	Chlorine (C	Chloramines)		
				tribution System:	Х	Free Chlorine	Combine	d Chlorin	e (Chloramines)		Chlorin	e Dioxide		
	1 4 30												10	
100		ed or ed by rator Hours Plant in	1	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable* UV Dose UV Dose							UV Dose	1		
Day of the Month	Days Plant Staffed or visited by operator Place "X"		Net Quantity of Finished Water Produced, gol	Peak Flow Rate, and	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (7)	Lowest CT Provided	Temp of Water, °C	pH of Water, t'Applicable	Minimum CT Required mg- min/L	Lowest Operating UV Dose, mW- sec/cm <sup>2</sup>	AND STORES	Lowest Rendual Disinfectant Concentration at Remote Point in Distribution System, mp/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	Х	24	550		1.38			1					1.24	
2	1	24	550											
3	X	24	1,233		1.21			1					1.09	
4		24	1,233											
5		24	1,233											
6	X	24	2,750		1.28					1			1.16	
7		24	2,750											
8	X	24	2,767		1.73								1.62	
9		24	2,767								]			
10		24	2,767											
_11	X	24	2,500		1.15								0.97	
12		24	2,500							1				
13	<u> </u>	24	2,700		1.07	1					1	<u> </u>	0.88	
14		24	2,700								]			
15	<u> </u>	24	2,667		0.74	e	1	1					0.55	
16		24	2,667							<u> </u>	1	1	<u> </u>	
17		24	2,667				1			1		<u> </u>	1.80	
18	X	24	800		1.65	1				1	1		1.36	
19		24	800			1	<u> </u>	1		<u> </u>			1.40	
20	X	24	850		1.74	<u> </u>	1	<u> </u>		<u> </u>			1.48	
21		24	850		1.05					1			1 17	i
22 23	X	24	967		1.35								1.17	
<u>23</u> 24		24	967		1	1	<u> </u>	1	1					
24 25	x	24 24	967		1.46			1	1	1			1.23	
25	Λ	24 24	0		1.46			<u> </u>					1.20	
20	X	<u>24</u> 24	200		1.82								1.67	
27	Λ	24 24	200		1.02									
28	x	24	0		1.61	]				1			1.39	
30		24	0				1				-			1
31	1	2.4				1	1	1		1				
Total			43,602		1									
Average			1,453											
Maximu			1,100											



I. General Information for th	ie Month/Year of: Novem	nber 2024				
A. Public Water System (PWS	S) Information					
PWS Name: Backwate	er Heights				PWS Iden	atification Number: 6090099
PWS Type: Commun		[]	the second second second second second second second second second second second second second second second se	nmunity []	Conse	
Number of Service Conn	ections at End of Month: 107		Total Po	opulation Served at	End of Month: 2	67
PWS Owner: Citrus V	Vaterworks Inc.					
Contact Person: Sharo	n Purviance		Contact I	Person's Title:	<b>Utility Manager</b>	
<b>Contact Person's Mailing</b>	Address: 4939 Cross Bayou Boule	evard			State: FL	Zip Code: 34652
Contact Person's Telepho	one Number: 866-753-8292		Contact I	Person's Fax Numb	er: 727-848-7701	
Contact Person's Email A	Address: spurviance@uswaterco	orp.net				
B. Water Treatment Plant Inf	ormation					
Plant Name: WTP 2					Plant Telephon	ne Number:
Plant Address: 5335 We	st Blade Lane		City: D	unnellon	State: FL	Zip Code: 34433
Type of water treated by	Plant: [X] Raw Ground	[] Purchased Finish	ed Water			
Permitted Maximum Day	y Operating Capacity of Plant, gallo	ns per day: 100000				
Plant Category (per subse	ection 62-699.310(4), F.A.C.): D		Plant Cla	ss (per subsection (	52-699.310(4), F.A.	.C.): V
Licensed Operators:	Name:	Licen	se Class	License Number	Day(s)/Shift(s) V	Vorked
Lead/Chief Operators:	Angela Covell	1	В	23535		
Other Operators:	Jessie Jose Hinojosa		С	28938		
		~				
the second second						

#### II. Certification by Lead/Chief Operator

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Angela Covell

12/3/2024

Angela Covell

B 23535

Signature and Date DEP Form 62-555 900(300)

Effective August 28, 2003

Printed or Typed Name

License Number

leans of	Achieving	Four-Log V	'irus Inactivation/		Free Chlorin	e Chlo	rine Dioxide		Ozone	Combined	Chlorine (O	Chloramines)		
	et Radiation Disinfectant			her (Discribe) tribution System:	Х	Free Chlorine	Combine	d Chlorin	e (Chloranines)		Chlorir	ne Dioxide		
							2						-	
			-				V Dose, to Demonstrate Fou	r-Log Vaus In	activation, if Applicable*					
	Days Plant					CT Calcu	lations			T		UV Dose		Emergency or Abnorma Operating Conditions. Rep
Day of the Month	Staffed or visited by operator Place "X"	Hours Plant in Operation	Net Quantity of Finished Water Produce	Peak Flow Rate, gpd	Lowest Residual Diamfectant Concentration (C) Before or at First Customer During Peak Flow, mr/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-mm/L	Temp of	pH of Water, if Applicable	Minumum CT Required, mg- min/L.	Lowest Operating UV Dose, mW- sec/cm <sup>2</sup>	Minmum UV Dose Required. mW-sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Remote Point in Distribution S	or Maintenance Work th Involves Taking Water System Components Out
1	X	24	28,550	TORK I NOW PARE, MAN	2.02	Die by I Cak I DW, Garden	- THE THEFT	I man c	Pri or water, a repatable	1		Min accord	1.38	- OF GROOD
2		24	28,550		1			1						
3	X	24	28,000		1.32								1.21	
4		24	28,000											
5		24	28,000				1							
6	X	24	30,050		0.87			1					1.28	
7		24	30,050											
8	X	24	28,867		1.61								1.73	
9		24	28,867											
10		24	28 867											
11	X	24	28,500		1.26		1						1.15	
12		24	28,500			[								
13	X	24	28,500		1.22								1.07	
14		24	28,500											
15	X	24	27,900		1.04								0.74	
16		24	27,900			1								
17		24	27,900											
18	X	24	28,100		1.63	]							1.65	
19		24	28,100											
20	X	24	25.850		1.65	1	1						1.74	
21		24	25.850			]								
22	X	24	28,300		1.57								1.35	
23		24	28,300					1						
24	1	24	28,300				1							
25	X	24	22.200		1.02								1.46	1
26		24	22,200							-				
27	X	24	21,050		1.65								1.82	
28		24	21,050						1					1
29	X	24	19,050		1.63								1.61	
30	<u> </u>	24	19.050							1		1		
31	1	!	802,901		1			1	1	.1	1	1	1	-
Fotal														
Average Maximu			26,763 30,050											



munit	nedWater Production w Water System (CW er System (PWS) Na	S) Name:	ai or	December Backwater J 6090099						
	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
Day Month	Public Water System 100,000 Public Water System	100,000	1						1	
Day 1	0	22,333								22,333
Day 2	0	22,333								22,333
Day 3	0	22,333								22,333
Day 4	0	21,100								21,100
Day 5	0	21,100				ļ				21,100
Day 6	167	21,333			1	1				21,500
Day 7	167	21,333								21,500
Day 8	167	21,333								21,500
Day 9	150	20,650			-					20,800
Day 10	150	20,650								20,800
Day 11	+ 0	20,450		1						20,450
Day 12	0	20,450					-			20,450
Day 13	0	21,600				~~~~				21,600
Day 14	0	21,600					1			21,600
Day 15	0	21,600								21,600
Day 16	0	19,800								19,800
Day 17	0	19,800								19,800
Day 18	150	22,600								22,750
Day 19	150	22,600								22,750
Day 20	0	22,267								22,267
Day 21	0	22,267								22,267
Day 22	0	22,267		1						22,267
Day 23	0	17,600								17,600
Day 24	0	17,600								17,600
Day 25	150	25,050								25,200
Day 26	150	25,050								25,200
Day 27	0	21,500								21,500
Day 28	0	21,500								21,500
Day 29	0	21,500								21,500
Day 30	0	19,750								19,750
Day 31	0	19,750								19,750
Total										662,500
Avg.										21,371
Min										25,200



I. General Information for th	e Month/Year of: December 2024			
A. Public Water System (PWS				
PWS Name: Backwate	- The second second second second second second second second second second second second second second second			PWS Identification Number: 6090099
	hity [X] NonTransitent []		nmunity []	Consecutive
	ections at End of Month: 107	Total Po	opulation Served at	End of Month: 267
PWS Owner: Citrus W				
Contact Person: Sharo			and the property of the second s	Utility Manager
	Address: 4939 Cross Bayou Boulevard	City: Ne	w Port Richey	State: FL Zip Code: 34652
Contact Person's Telepho	one Number: 866-753-8292	Contact 1	Person's Fax Numb	er: 727-848-7701
Contact Person's Email A	ddress: spurviance@uswatercorp.net			
B. Water Treatment Plant Infe	ormation			
Plant Name: WTP 1				Plant Telephone Number:
Plant Address: 5335 We	st Blade Lane	City: D	Junnellon	State: FL Zip Code: 34433
Type of water treated by	Plant: [X] Raw Ground [] Purchased Fi	nished Water		
Permitted Maximum Day	Operating Capacity of Plant, gallons per day: 10000	0		
Plant Category (per subse	ection 62-699.310(4), F.A.C.): D	Plant Cla	ss (per subsection (	52-699.310(4), F.A.C.): V
Licensed Operators:	Name:	icense Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operators:	Angela Covell	В	23535	
Other Operators:	Jessie Jose Hinojosa	С	28938	
			_	
II. Certification by Lead/Chi	of Operator			

#### 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.

Angela	Covell
--------	--------

1/6/2025

Angela Covell

**B** 23535

Signature and Date

Printed or Typed Name

License Number

DEP Form 62-555 900(300) Effective August 28, 2003

PWS Identification Number: 609	90099
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Plant Name: Backwater Heights

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? [X] No [] Yes, and the polymer dose and the acrylamide level in the polymer are as fol

	Polymer Dose, ppm =	Acrylamide Level, %†
B.	Is any polymer containing the monomer epichlorohydrin used at the water treatmen polymer are as follows:	plant? [X] No [] Yes and the polymer dose and the epichlorohydrin level in the
	Polymer Dose, ppm =	Epichlorohydrin Level, %† -
C.	Is any iron or manganese sequestrant used at the water treatment plant? [X] 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 ma	z/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.* 

			icar of: Trus Inactivation/	Removal *	Free Chlorin	e Chlo	orine Dioxide		Ozone	Combined	Chlorine ((	Chloramines)	Sin an in	
ltraViolet ype of Di	t Radiation	ı Residual M	Ot faintained in Dis	her (Discribe) tribution System:	x	Free Chlorine	Combine	l Chlorin	e (Chloramines)		Chlorir	e Dioxide		
	1	dini-									1.27			-4.5
	1	13.2		in the set	1. 5° date		IV Dose, to Domonstrate Fou	-Log Virus In	activation, if Applicable*			1910		1.1.
Day of the Month	Days Plant Staffied or visited by operator Place "X"	Hours Plant in Operation	Net Quantity of Finished Water Produced, pp1	Peak Flow Rate, and	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	CT Cale Disinfectant Contact Time (T) at C Measurement Pont During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow,	Temp of Water, *C	pH of Water, if Applicable	Minimum CT Required, mg- mit/L		UV Dose Minimum UV Dose Required, mW-sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnorma Operating Conditions, Rep or Maintenance Work th Involves Taking Water System Components Out Operation
1	X	24	0		2.12						1		1.41	
2		24	0						A	1	1			
3	N/	24	0		1			1			-		1.50	
4	X	24 24	0		1.90					1	1		1.52	
5		24	167		2.11		1	1		1	1		1.73	
7	<u>A</u>	24	167		4.11			1			1		1.70	
8		24	167			1								
9	x	24	150		1.63	B							1.49	
10		24	150		1		1	í		Î				
11	X	24	0		1.67					1			1.48	
12		24	0											
13	Х	24	0		1.45						1		1.29	
14		24	0					1		<u> </u>		<u> </u>		
15		24	0									·		
16	X	24	0		1.65	[				1	<u> </u>		1.39	
17		24	0					1		1	1			
18	X	24	150		1.40		<u>)</u>	<u> </u>		1	1		1.11	
19	X	24	150		1 1 10	1		1					1.32	1
20 21	X	24 24	0		1.48	1	1	1		<u> </u>	<u> </u>		1.02	1
21 22		24	0				1			1		· · · · · · · · · · · · · · · · · · ·		
22	X	24	0		1.72								1.19	
24	<u> </u>	24	0		1.12		1			]				
25	X	24	150		1.53		1				Ì	<u> </u>	1.87	
26		24	150						1	Î	Ì			
27	X	24	0		1.73								1.55	
28		24	0											
29		24	0											
30	X	24	0		1.81	]							1.63	
31		24	0				Ĩ							
`otal			1,401											
verage			45											



I. General Information for t	he Month/Year of: December 2024			
A. Public Water System (PW)	S) Information			
PWS Name: Backwat	er Heights			PWS Identification Number: 6090099
PWS Type: Commu	the second second second second second second second second second second second second second second second se		mmunity []	Consecutive
	nections at End of Month: 107	Total P	opulation Served at	End of Month: 267
	Waterworks Inc.			
Contact Person: Share				Itility Manager
Contact Person's Mailing	Address: 4939 Cross Bayou Boulevard	- and the summer of		State: FL Zip Code: 34652
Contact Person's Teleph	one Number: 866-753-8292	Contact.	Person's Fax Numbe	er: 727-848-7701
Contact Person's Email A	Address: spurviance@uswatercorp.net			
B. Water Treatment Plant Inf	formation			
Plant Name: WTP 2				Plant Telephone Number:
Plant Address: 5335 We	est Blade Lane	City: I	Dunnellon	State: FL Zip Code: 34433
Type of water treated by	Plant: [X] Raw Ground [] Purchase	ed Finished Water		
Permitted Maximum Da	y Operating Capacity of Plant, gallons per day: 1	.00000		
Plant Category (per subs	ection 62-699.310(4), F.A.C.): D	Plant Cla	ass (per subsection 6	2-699.310(4), F.A.C.): V
Licensed Operators:	Name:	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operators:	Angela Covell	B	23535	
Other Operators:	Jessie Jose Hinojosa	C	28938	
	logare, man			
II Certification by Lead/Ch				

#### II. Certification by Lead/Chief Operator

Effective August 28, 2003

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.

Angela Coxell	1/6/2025	Angela Covell	B 23535
Signature and Date		Printed or Typed Name	License Number
DEP Form 62-555 900(300)			

Plant Name: Backwater Heights

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? [X] No [] Yes, and the polymer dose and the acrylamide level in the polymer are as fol

	Polymer Dose, ppm =	Acrylamide Level, %†			
B.	Is any polymer containing the monomer epichlorohydrin used at the water treatmen polymer are as follows:	t plant? [X] No [ ] Yes and the polymer dose and the epichlorohydrin level in the			
	Polymer Dose, ppm –	Epichlorohydrin Level, %† -			
C. Is any iron or manganese sequestrant used at the water treatment plant? [X] No [] Yes and the type of sequestrant, sequestrant dose, etc., are as follow					
	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 m	g/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.

ur-Log Vi	Car of: Trus Inactivation/Re Othe	emoval * r (Discribe)	Free Chlorine	e Chlo	orine Dioxide		Ozone	Combined (	Chlorine (C	Chloramines)	•	
lesidual M	faintained in Distri		X	Free Chlorine	Combined	d Chlorine	e (Chloramines)		Chlorin	e Dioxide		
				CT Calculations, or U	IV Dose, to Demonstrate Fou	r-Lou Virus Ind	activation, if Applicable*					
				CT Calc		T				UV Dost		Emergency or Abnorma
ours Plant in Operation	Net Quantity of Finshed Water Produced, pail I	Peak Flow Rate, 1996	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,	Temp. of	pH of Water, if Applicable	Minimum CT Required, mg- mm/L	Lowest Operating UV Dose, mW- sec/cm <sup>2</sup>	Minimum UV Dose Required mW-sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Operating Conditions, Rep or Maintenance Work the Involves Taking Water System Components Out Operation
24	22,333	Car F DW Rate, 1979	2.02	During reak riow, minutes	Italy L.	Haldi, C	TIOL WARL & APPLADE		activiti	in w-sectori	2.12	OFLIGHT
24	22,333				Í	į į		1	Ì			
24	22,333	~ ~ ~										
24	21,100		1.92								1.90	
24	21,100											
24	21.333		1.86								2.11	
24	21,333						_					
24	21,333				1				1			
	20,650		1.71								1.63	
24	20,650											
24	20,450		1.65								1.67	
24	20,450								<u> </u>			
24	21,600		1.39								1.45	
24	21,600											
24	21,600							<u> </u>			<u> </u>	
24	19,800		1.62								1.65	
24	19,800					1						
24	22,600		1.68								1.40	
24	22,600											
24	22.267		1.38						1		1.48	
24	22,267				<u> </u>			-				ļ
24	22,267					ļ						
_24	17,600		1.42		<u> </u>				1	1	1.72	
24	17,600			8		1		<u> </u>	ļ		1	
24	25,050		1.46		1						1.53	
24	25,050								<u> </u>			
24	21,500		1.43			l ī					1.73	
24	21,500		1			1					1	
24	21,500							l			1.01	
24	19,750		1.63					1			1.81	
24	19,750					<u> </u>				ļ		
24		661,099 21,326 25,050	661,099 21,326	661,099 21,326	661,099 21,326	661,099 21,326	661,099 21,326	661,099 21,326	661,099 21,326	661,099 21,326	661,099 21,326	661,099 21,326

Account	Route	Label		Date	Resolution
54826133	Citrus Waterworks	F 5.0 No Water - Sewer / Service Interruption	OPdsawyer 05/02/2022: TARRA C/I TO REPORT NO WATER FOR DUNELLEN: NO WATER IN DUNNELLON. TECH SHOULD BE ON SCENE INSPECTING NO WATER ISSUE. NO UPDATES FOR WHEN WATER WILL BE RESTORED. NFAN	05/02/2022 04:17 PM	Hydro tank exploded due to tree falling. Tank eventually replaced.
54828770	Citrus Waterworks	F 5.0 No Water - Sewer / Service Interruption	OPIdrost 10/26/2022: GEORGE CALLED IN - LOW TO NO WATER PRESSURE FOR LAST HR. CALLED JGONZALEZ, WILL HAVE SOMEONE HEAD OVER TO INSPECT. SUBMITTED S/O. INFORMED GEORGE. NFAN	10/26/2022 01:17 PM	Lost system pressure yesterday evening due to a bad breaker and wire underground going to our well. Had system PSI back up to normal around 2100. Lost system pressure yesterday evening due to a bad breaker
54826534	Citrus Waterworks	F 5.0 No Water - Sewer / Service Interruption	OPdjohnson 10/26/2022: JANILEE CI BECAUSE NO WATER. I ADV WILL CALL TECHS. NFAN	10/26/2022 01:50 PM	and wire underground going to our well. Had system PSI back up to normal around 2100. Lost system pressure yesterday evening due to a bad breaker
54826136	Citrus Waterworks	F 5.0 No Water - Sewer / Service Interruption	OPdjohnson 10/26/2022: CUST LMOM ABOUR NO WATER AND BILL NOT DUE YET. I CALLED. NO ANSWER. LMOM. I ADV TECHS RESONDING TO REPORTS OF NO WATER IN THE AREA. NO UPDATES YET. I ADV CAN CALL BACK IF HAS QU	10/26/2022 02:00 PM	and wire underground going to our well. Had system PSI back up to normal around 2100. Lost system pressure yesterday evening due to a bad breaker
54826162	Citrus Waterworks	F 5.0 No Water - Sewer / Service Interruption	OPdsawyer 10/26/2022: MISS L C/I NO WATER. ADV JUST RCVD INFO THAT TECHS ARE INVESTIGATING PROBLEM. ALSO, SHE ASKED FOR BAL. PROVIDED INFO. NFAN	10/26/2022 02:22 PM	and wire underground going to our well. Had system PSI back up to normal around 2100 Lost system pressure yesterday evening due to a bad breaker
54826625	Citrus Waterworks	F 5.0 No Water - Sewer / Service Interruption	OPdjohnson 10/26/2022: MEGAN LMOM ABOUT NO WATER. I CALLED. I ADV OUTAGE IN ARE NO ETA YET. NFAN	10/26/2022 03:37 PM	and wire underground going to our well. Had system PSI back up to normal around 2100. Lost system pressure yesterday evening due to a bad breaker
54826097	Citrus Waterworks	F 5.0 No Water - Sewer / Service Interruption	OPdsawyer 10/26/2022: CUST C/I REPORTING NO WATER. ADV THAT TECHS ARE ON IT. A WELL MOTOR SHORTED CAUSING LOSS OF WATER PRESSURE/NO WATER. THERE IS A BWN. NFAN	10/26/2022 03:55 PM	and wire underground going to our well. Had system PSI back up to normal around 2100. Lost system pressure yesterday evening due to a bad breaker and wire underground going to our well. Had system PSI back
54826112	Citrus Waterworks	F 5.0 No Water - Sewer / Service Interruption	OPdjohnson 10/26/2022: ROSE LMOM ABOUT NO WATER. I CALLED. IA DV OUTAGE IN AREA NO ETA. NFAN	10/26/2022 04:14 PM	up to normal around 2100. System lost pressure due to a bad breaker and wire at the well.
54826146	Citrus Waterworks	F 5.1 Pressure Issue	OPdjohnson 10/26/2022: BETH CI ABOUT LOW PRESURE I ADV WILL CHECK WITH TECHS SUBMITTED SO TO INSPECT, NFAN OPtweldhouse 02/06/2023: LINDA CI STATING HER WATER WAS WORKING AND THEN SHUT OFF. SHE HAD A LITTLE LEAK OUT, SO		System PSI was restored yesterday evening by 2100. HAD A 2 INCH LEAK WHICH CAUSED PRESSURE LOSS. SPOKE
54826061	Citrus Waterworks	F 5.0 No Water - Sewer / Service Interruption	FILLED OUT TO CHECK WATER. OPacater 02/06/2023 LINDA CI SIX ING HER WATE	02/06/2023 09:44 AM	
54826061	Citrus Waterworks	F 5.0 No Water - Sewer / Service Interruption	YET. NFAN	02/06/2023 11:36 AM	1
54828278	Citrus Waterworks	F 5.0 No Water - Sewer / Service Interruption	OPacarter 02/06/2023: LUCIE CI ABOUT LOW PRESSURE/ NO WATER. I ADV TECHS WERE WORKING ON IT. NFAN OPacarter 07/26/2023: LL CI TO LET US KNOW THEY ARE EXPERIANCING A LACK OF WATER PRESSURE THEN WATER LOSS	02/06/2023 11:57 AM	HAD A 2 INCH LEAK WHICH CAUSED PRESSURE LOSS. pipe was repaired and leak was fixed completed by Jason Losch
548 <b>26370</b>	Citrus Waterworks	F 5.0 No Water - Sewer / Service Interruption	COMPLETELY. NFAN	07/26/2023 12:07 PM	XXXX USWealicea 08/08/2023: OWNER OANH TRAN CALLED STATING NO WATER AT THE PROPERTY - I CALLED FIELD TECH TO CONFIRM WHY THE CUSTOMER IS WITHOUT WATER- SPOKE WITH JUAN GONZALES REGARDING THE SITUATION THERE IS A METER TO THE ADDRESS PIPE HAS BEEN SEVERED ON THE CUSTOMERS SIDE TECHS HAVE BEEN TO THIS PROPERTY TWICE TO INFORM OWNER THEY NEED A PLUMBER WHEN THE METER IS TURNED ON IT WILL SPIN VERY FAST.
54831393	Citrus Waterworks	F 5.0 No Water - Sewer / Service Interruption	USWealicea 08/09/2023; OWNER OANH TRAN CALLED STATING NO WATER AT THE PROPERTY - I CALLED FIELD TECH TO CONFIRM WHY THE CUSTOMER IS WITHOUT WATER- SPOKE WITH JUAN GONZALES REGARDING THE SITUATION THER	08/09/2023 01:51 PM	TRIED CALLING THE OWNER AT 727-226-7245 NO ANSWER VM IS FULL.
54826094	Citrus Waterworks	F 5.0 No Water - Sewer / Service Interruption	OPdsawyer 09/27/2024: ALLEN C/B 3RD TIME COMPLAINING OF BEING DIRTY, NO WATER, ETC. ADV AGAIN, POWER OUTAGE AT PLANT - HE WILL BE ON BWN. AROUED HOW LCAN HE BE ON BWN WHEN HE HAS NO WATER AND TECHS SHLD HAVE GENERATORS AT PLANT AS HE LIVES ACROSS STREET FROM PLANT AND ON SAME POWER GRID AS PLANT. ADV THAT TECHS HAVE BEEN CONTACTED. CONTINUED TO ARGUE DON'T WE KNOW HOW IMPORTANT WATER IS AND HE'S TRIED TO CONTACT EMERGENCY PH# NO ONE ANSWERS. ADV I UNDERSTAND AND HAVE BEEN IN SAME SITUATION - BUT HE CONTINUED TO ARGUE AND ADV HIM WILL END CALL. ENDED CALL. NFAN		Hurricane Helene caused power outage at plant. Water restored after power was restored.
		F 5.0 No Water - Sewer / Service Interruption	OPaochoa 09/27/2024: DONNA CI ADV SHE STILL HAS NO WATER. ADV THEY ARE WORKING ON GETTING GENERATORS OUT THERE AND SHOULD BE ON IN A COUPLE HOURS. NFAN.		Hurricane Helene caused power outage at plant. Water restored after power was restored.
54826046	Citrus Waterworks	F 5.0 No Water - Sewer / Service Interruption	OPacarter 09/27/2024: GARY CI TO LET US KNOW OF A TREE DOWN ON THE WATER PLANT. NFAN	09/27/2024 12:00 PM	Hurricane Helene caused power outage at plant. Water restored after power was restored.
54826141	Citrus Waterworks	F 5.0 No Water - Sewer / Service Interruption	OPacarter 09/27/2024: LESLIE CI TO SEE IF THERE IS ANY UPDATE ON THE WATER OUTAGE. NFAN	09/27/2024 12:31 PM	Hurricane Helene caused power outage at plant. Water restored after power was restored.
54826178	Citrus Waterworks	F 5.0 No Water - Sewer / Service Interruption	OPdsawyer 09/27/2024: CUST C/I NO WATER. ADV STORM TOOK OUT POWER WHICH AFFECTS WATER PLANT. TECHS ARE WORKING ON IT AND IT IS WIDE-SPREAD. BWN WHEN WATER RESTORED. NFAN	09/27/2024 01:43 PM	Hurricane Helene caused power outage at plant. Water restored after power was restored.
54826103	Citrus Waterworks	F 5.0 No Water - Sewer / Service Interruption	OPacarter 09/27/2024; KATHYLEE CI TO SEE WHEN WATER WILL BE RESTORED, NFAN OPdsawyer 09/27/2024; HOLLY C/I STILL NO WATER. ADV STORM KNOCKED OUT POWER IN PLANT, WAITING FOR POWER	09/27/2024 01:58 PM	Hurricane Helene caused power outage at plant. Water restored after power was restored. Hurricane Helene caused power outage at plant. Water
54826391	Citrus Waterworks	F 5.0 No Water - Sewer / Service Interruption	AND/OR INSTALLING GENERATOR. NO ETA AT THIS TIME. NFAN	09/27/2024 02:10 PM	restored after power was restored. Hurricane Helene caused power outage at plant. Water
54826117	Citrus Waterworks	F 5.0 No Water - Sewer / Service Interruption	OPacarter 09/27/2024: ROY CI TO MAKE SURE WE KNEW ABOUT THE OUTAGE. NFAN	09/27/2024 02:12 PM	restored after power was restored.

1		OPdjotnson 09/27/2024: DONNA CI ABOUT NO WATER. I ADV TECHS ARE WORKING ON RESTORING WATER IT IS THIER HIGHEST		Hurricane Helene caused power outage at plant. Water
54826066 Citrus Waterworks	F 5.0 No Water - Sewer / Service Interruption	PRIORITY. NFAN	09/27/2024 02:54 PM	restored after power was restored.
				Hurricane Helene caused power outage at plant, Water
54830857 Citrus Waterworks	F 5.0 No Water - Sewer / Service Interruption	OPacarter 09/27/2024: JAYMEE CI FOR UPDATE OF WHEN WATER WILL BE RESTORED. NFAN	09/27/2024 03:17 PM	restored after power was restored.
54825141 Citrus Waterworks	F 5.0 No Water - Sewer / Service Interruption	OPacarter 09/27/2024: LESLIE CI TO SEE IF THERE IS ANY UPDATE ON THE WATER OUTAGE. NFAN	09/27/2024 03:35 PM	Hurricane Helene caused power outage at plant. Water restored after power was restored.
54525141 Citida Waterworks	1 3.5 No Water - Sewer / Service Interruption	OF OCALE I US 2//2024, LESLE OF TO SEE IF THERE IS ANY OF DATE ON THE WATER OUTAGE, WHAN	03/27/2024 03:35 PM	Hurricane Helene caused power outage at plant. Water
54826128 Citrus Waterworks	F 5.0 No Water - Sewer / Service Interruption	OPacarter 09/27/2024: BETTY CI TO SEE IF THERE IS ANY UPDATE ON THE WATER OUTAGE. NFAN	09/27/2024 03:40 PM	restored after power was restored.
		OPacarter 09/27/2024: WILLIAM CI UPSET THEY STILL HAVE NO WATER. I ADV WE HAVE NO UPDATES ON THE REPAIRS. HE WAS		Hurricane Helene caused power outage at plant. Water
54826182 Citrus Waterworks	F 5.0 No Water - Sewer / Service Interruption	ANGRY AND WANTING A NUMBER WHERE HE CAN GET ANSWERS. I GAVE HIM THE EMERGANCY # THAT HE	09/27/2024 06:43 PM	restored after power was restored.
				Toilet problem. Advised customer to contact plumber to
54832958 Citrus Waterworks	F 5.0 No Water - Sewer / Service Interruption	OPacarter 02/20/2025: GABRIELLA CI BC SHE HAS NO WATER, SUBMITTED SO, NFAN	02/20/2025 04:21 PM	inspect the toilet. Read is 0140460.
54826046 Citrus Waterworks	F 5.1 Pressure Issue	OPLOROST 01/25/2021: GARY CALLED IN - VERY LOW WATER PRESSURE, CAN'T EVEN TAKE A SHOWER, FOR OVER 24 HRS NOW. HAPPENED LAST WEEK AS WELL BUT CORRECTED ITSELF. SUBMITTED 5/0, NFAN	01/25/2021 08:59 AM	spoke with customer he said the water pressure seemed to be working , i did a flow test and it was 42Jennifer l.
04020040 Citids Haterworks	1 0.11 (6330)6 (330)6	OPcbrann 06/29/2021: SPK TO LINDA MINOR @352-489-3240;SHE WAS CALLING TO SAY THE WATER PRESSURE IS ONLY A	01/25/2021 06:59 AM	there low pressure is something in the house its just in the
54826178 Citrus Waterworks	F 5.1 Pressure issue	TRICKLE SINCE 6-26-21;S/O CREATED;NFAN	06/29/2021 05:30 PM	
				Pressure is 35psi at well, customer wasn't home, talked to
!				brother, he said the pressure is good at the moment. Jessie
54826122 Citrus Waterworks	F 5.1 Pressure issue	OPmrodgers 09/02/2021: KATHLEEN CALLED VERY LOW PRESSURE; OPmrodgers 09/02/2021: S/O COMPLETE	09/02/2021 09:56 AM	Hinojosa 09/07/21XXXX
		OPcbrann 09/02/2021: RTRN VM TO KATHLEEN COLLINS @352-489-1280;SHE WAS CALLING ON LOW PRESSURE;I ADV S/O		Pressure is 35psi at well, customer wasn't home, talked to
54826122 Citrus Waterworks	E 5.1 Pressure issue	SUBMITTED FOR 9-3-21;ADV I ALSO LEFT THE TECH JEFF HINES A MSG @352-549-0228;	09/02/2021 04·37 PM	brother, he said the pressure is good at the moment. Jessie Hinojosa 09/07/21XXXX
				pressure is normal, the system is running temporally on backup
54826120 Citrus Waterworks	F 5.1 Pressure Issue	OPmrodgers 09/07/2021: SIDNEY CALLED LOW PRESSURE S/O COMPLETE	09/07/2021 08:54 AM	well until repairs can be made at primary well. Read- 0091150
54826120 Citrus Waterworks	E 5 1 Brossuro Issuo	OPIdrost 09/09/2021: SIDNEY CALLED IN FOR RESULTS OF S/O. NO NOTES YET. CALLED JHINES - WILL MAKE SURE SOMEONE IS OUT W/IN THE NEXT 1-2 HRS TO COMPLETE. ASKED JHINES TO HAVE SOMEONE NOTIFY SIDNEY WHEN	00/00/2021 10:27 AM	pressure is normal, the system is running temporally on backup
104020120 Citius Waterworks	1 3.1 F(6350) 6 15506	OPdjohnson 05/02/2022: CUST REPORTED LOW PRESSURE. I ADV HAVE GOTTEN SOME CALLS OF NO WATER, CONFIREM JUST	09/09/2021 10:57 AM	well until repairs can be made at primary well. Read- 0091150 the plant went down it was not from nothing at there house we
54826142 Citrus Waterworks	F 5.1 Pressure Issue	LOW PRESSURE. I ADV WIL SUBTI SO TO INSPECT PRESSURE. NFAN	05/02/2022 03:46 PM	are on back plant wtp we are working on plant
		OPdjohnson 06/28/2022: LUCIE CI. STATED PRESSUR ONLY AT ABOUT 20PSI. HE STATED IS NORMALLY AROUN 45PSI. I ADV		
54828278 Citrus Waterworks	F 5.1 Pressure issue	POSSIBLE SINCE THIS IS A TIME WHEM MORE PEOPLE ARE HOME THAT MORE PEOPLE ARE USING WATER.	06/28/2022 05:30 PM	psi was 45 no leaks completed by Juan at 4:44 pm XXXX
E 40000000 010 010 0	55.40	Opjaczarnik 06/29/2022: LUCIE CALLED IN TO CHECK ON PRESSURE STATUS; ADV S/O DISPATCHED BUT NO NOTES TO		
54828278 Citrus Waterworks	F 5.1 Pressure Issue	INCIDICATE IT WAS COMPLETED; CUSOMER ADV THAT TECH CAME OUT LAST NIGHT AND INDICATED A POSSIBLE	06/29/2022 06:46 AM	
		OPIdrost 06/29/2022: GEORGE CALLED IN, LM. SAID PRESSURE IS LOW. CALLED BACK, PRESSURE WAS A BIT BETTER. WAS		did pressure check at the house psi is 25 and removed meter and check psi at meter spud and psi is 41 issue is after meter
54828770 Citrus Waterworks	F 5.1 Pressure Issue	THROUGHOUT HOUSE, COULD HARDLY RUN WATER IN SINK, NO ABILITY TO TAKE A SHOWER, CHKD AGAIN.	06/29/2022 07:57 AM	completed by Jason Losch at 2:37 pm XXXX
		OPdjohnson 02/06/2023: GEORGE LMOM ABOUT PRESSURE ISSURE. I CALLED. I ADV TECHS WORKING ON LEAK AT PLANT. IA DV		·····
54828770 Citrus Waterworks		WATER SHOULD BE RESTORED SOON. NFAN	02/06/2023 12:00 PM	Leak at plant. Water restored after repair.
		OPtveldhouse 03/17/2023: KATHLEEN CI BECAUSE LOW PRESSURE. SUPERVISOR AWARE AND SENDING TECHS OUT. NFAN		Dump truck ran over line - repair made to 2" water line
54826119 Citrus Waterworks	F 5.1 Pressure issue	OPdsawyer 03/17/2023: THERESA C/I THAT THERE WAS VERY LITTLE PRESSURE. S/O SUBMTD. NFAN	03/17/2023 08:54 AM	Dump truck ran over line - repair made to 2" water line
54826083 Citrus Waterworks	F 5 1 Pressure Issue	OPdsawyer 03/17/2023: HELEN C/I TO REPORT LOW PRESSURE, ADV DUE TO MAIN BREAK/CRACK, TECHS ARE WORKING ON IT. NO ETA, NFAN	03/17/2023 09:38 AM	Dump truck ran over line - repair made to 2" water line
	1 3.1 ( 1633016 13306		03/17/2023 03.36 AM	Spoke with homeowner and repaired the broken 2" water main
1				that the dump truck ran over. Repair was completed on 3/17
ļ		OPdsawyer 03/17/2023: CHAZ C/I THAT A DUMPTRUCK DROVE OVER WATER LINE AND CRACKED PIPE. EMAILED TECH FOR S/O		before 1200, pressure was restored to the residents house
54828125 Citrus Waterworks	18.2 Main Break	AND SUBMTD. S/O. NFAN	03/17/2023 02:42 PM	shortly after the repair was complete.
54000007 O'true Mister and				talk to customer about issue with pressure need to add another
54826067 Citrus Waterworks	r 5.1 Pressure Issue	OPdsawyer 04/05/2023: KELVIN WILSON C/I LOW WATER PRESS ISSUE FOR A MONTH. S/O SUBMTD. NFAN OPtveldhouse 06/13/2023: RICK CI SAID HE HAS LOSS OF WATER PRESSURE AND WATER IS TRICKLING OUT. SAID IT HAS BEEN	04/05/2023 09:20 AM	service line to help with issue xxxx
54826134 Citrus Waterworks	F 5.1 Pressure Issue	ABOUT A HALF HOUR. FILLED OUT SO.	06/13/2023 02:58 PM	tech spoke w/customer about water problemall is good now
		OPtveldhouse 06/23/2023: LUCIE CI TO REPORT LOSS OF PRESSURE. HE SAID THERE IS AN ELECTRICAL OUTAGE TO THE AREA		F
54828278 Citrus Waterworks	F 5.1 Pressure Issue	AND WE ARE TO HAVE A BACK UP POWER SOURCE. ADV CUST HE CAN CALL CORP OFFICE BUT I CAN FI	06/23/2023 02:46 PM	psi was 45 no leaks completed by Juan at 4:44 pm XXXX
				water is on check psi at the house psi is 25 removed meter and
54000400 O'	5.5.4 B	OPdsawyer 07/20/2023: KATHLEEN C/I THAT PRESSURE IS LOW SINC 7/16/23 WHEN THERE WAS A MASSIVE POWER OUTAGE		did psi is 41 customer issues is after meter spud completed by
54826122 Citrus Waterworks	F 5.1 Pressure Issue	DUE TO DRUNK DRIVER HITING POWERPOLE. S/O SUBMTD. NFAN	07/20/2023 09:33 AM	Jason Losch at 3:00 pm XXXX
		OPtveldhouse 07/20/2023: GEORGE CI BECAUSE THERE HAS BEEN A DROP IN PRESSURE FOR THE LAST 3 DAYS. FILLED OUT SO,		did pressure check at the house psi is 25 and removed meter and check psi at meter spud and psi is 41 issue is after meter
54828770 Citrus Waterworks	F 5.1 Pressure Issue	NFAN		completed by Jason Losch at 2:37 pm XXXX
	F 5.1 Pressure Issue	OPaochoa 04/09/2025: KEVIN CI ADV HE HAS BEEN HAVING LOW PRESSURE FOR A WEEK NOW. FILLED S/O		water pressure is normal at both plants
54826061 Citrus Waterworks	F 5.1 Pressure Issue	opjbuck 04/15/2025: LINDA CI BC SHE HAS HAD LOW PRESSURE FOR 2-3 WEEKS, PUT IN SO NFAN	04/15/2025 07:47 AM	Meter Changed out
		OPaochoa 04/16/2025: LINDA CI SAID THEY REPLACED METER BUT SHE STILL HAS NO PRESSURE. LET SUPE KNOE SENT TECHS		
54826061 Citrus Waterworks	F 5.1 Pressure Issue	OUT.	04/16/2025 02:44 PM	Meter Changed out

E4820001 Citrue Webserveder	C E 4 Deseuve levue			per Citrus tech, water pressure was 45 psi. Spoke with customer and explained to her that she may need a plumber to take a look. They need to look at everything inside to figure out
54826061 Citrus Waterworks	r 5.1 Pressure Issue	OPdsawyer 04/24/2025: LINDA C/I THAT SHE IS STILL EXPERIENCING LOW PRESSURE. S/O SUBMTD	04/24/2025 09:02 AM	
		OPIdrost 05/14/2021: ROY CALLED IN TO REPORT HE BELIEVES THERE MAY BE A MAIN BREAK NEAR MAILBOX ON RIGHT HAND		Alex Heinzlman received a call on May 15, 2021 about a leak.
54826117 Citrus Waterworks	l 8.2 Main Break	SIDE - WATER SEEPING AND BUBBLING. NOTICED WHEN HE WAS MOWING THIS MORNING. CONTACTING JHI	05/14/2021 11:17 AM	He fixed the leak at 5222 W Evita LnJennifer Luby
		opckaliszewski 04/29/2024: MIKE CI SAID RIGHT AROUND THE CORNER FROM HIS HOUSE THERE IS A GOOD SIZED LEAK		
54827578 Citrus Waterworks	i 8.2 Main Break	COMING FROM A PIPE. I GAVE HIM THE EMERGENCY NUMBER TO CALL. NFAN	04/29/2024 06:37 PM	Main Break was repaired
54826176 Citrus Waterworks	l 8.2 Main Break	OPdjohnson 10/11/2024: CUST CI TO REPORT 2 MAIN BREAKS DOWN THE STREET, SO SUBMITTED, NFAN	10/11/2024 09:48 AM	Main Break was repaired
				Dave Schirmer provided following notes on service call: "I just came back from the customer's house , he stated that it has
		Opjaczarnik 10/19/2021: HOLLY CALLED REGARDING WATER QUALITY; SHE ADV GREY WATER SINCE YESTERDAY (10/18); ADV		cleared up some. I asked for a sample to test ph and chlorine
54826391 Citrus Waterworks	J 9.0 Water Quality	WOULD SEND S/O TO TECH TO INSPECT;	10/19/2021 07:33 AM	which came back as 7.0 and .60
				I explained to the customer that air in the water will cause it to
				look cloudy. He stated that he noticed it mostly in the tub or
				large body of water. I encouraged him to call back if it
54828278 Citrus Waterworks	J 9.0 Water Quality	OPaochoa 09/30/2024: NAVID CI ADV SINCE WATER WAS TURNED PON ITS BEEN CLOUDY. FILLED S/O. NFAN.	09/30/2024 03:07 PM	continues or gets worse." - JH

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