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September 22, 2025
via efilings

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

Re: Docket No. 20250094-WS – Application for staff-assisted rate case in Polk County by GCP Plantation Landings, LLC

Dear Mr. Teitzman:

On behalf of GCP Plantation Landings, LLC (“Utility”) this letter is the response to Staff’s First Data Request dated August 25, 2025.

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

RESPONSE: These are voluminous files in excel format and will be provided directly to the staff.

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

RESPONSE: Please see Attachment IDR #2 – Purchased Power.

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

RESPONSE: Please see Attachment IDR #3 - Chemical Invoices

4. Sludge Removal Expenses - Total cost and total of quantity of removal of sludge if such work is performed by persons other than owners, stockholders, and employees of the utility during the test year.

RESPONSE: Please see Attachment IDR #4 – Sludge Removal.

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

RESPONSE: Please see Attachment IDR #5 – Contractual Services Testing. The invoice outline provided represents the most detailed information available regarding the testing performed and the associated costs paid to outside laboratories. These invoices are issued directly by the laboratories and serve as the official record of services rendered and amounts charged. No additional documentation or itemization beyond the invoice outline is available.

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

RESPONSE: Please see Attachment IDR # 6 – Contractual Services. In each invoice scenario, the Utility is charging the mowing of the Water Treatment Plant and the Irrigation Inspection to the Utility. The majority of the expense is going to the community as it is outlined on the invoices as Commercial Basic Lawn Maintenance Monthly.

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

RESPONSE: Please reference email sent to auditors on Wed 9/3/2025 4:11 PM titled GCP Audit DR 2 Follow-Up. Personal vehicle mileage is not allocated to the utility because the community has designated work vehicles that are owned, maintained, and used exclusively for community and utility-related tasks. These vehicles are provided to ensure that all work activities, including those specific to the utility, are conducted using community resources. As a result, personal vehicles are not required for utility operations, and therefore no personal mileage expenses are charged to the utility.

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

RESPONSE: Please see Attachment IDR #8 - Sampling

9. Copies of monthly operating reports for water and wastewater from January, 2024, to December 31, 2024 (test year) in Microsoft Excel format, if available, which includes:

FOR WASTEWATER - Total treated, total wash water, total of each chemical in points, chemical dosage rates (average).

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

RESPONSE: Please see Attachments IDR #9 – DMRs and IDR #9 - MORs: These documents cannot be provided in excel format and have been provided in PDF. The chemical dosage rate as referenced on the application is 2.8 parts per million.

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

RESPONSE:

Month	Total Usage Billed
1	1175.51
2	1218.26
3	1460.62
4	1447.17
5	2425.53
6	1608.88
7	2010.5
8	1227.5
9	1555.29
10	1490.38
11	1651.6
12	1734.19

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

RESPONSE:

Plantation Landings WUP No. 20 008753.007 – expires 1-19-2036

Plantation Landings WWTP No. FLA013033 - expires 2-8-2029

12. 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.

13. 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.

RESPONSE: None.

14. A listing of all assets owned by the utility.

Example: 200' – 8" PVC (Sewer)
 250' – 6" PVC Pipe (Water)
 50' – 6" PVC Fire Hydrants (Water)

RESPONSE: The Utility does not have the specific pipe length/sizes. Please see Attachment IDR #14 – Maps, which are all of the system maps in the Utility's possession. Also, see the response to #16 below.

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

a) Each year of the 4 years prior to the beginning of the test year.

i. 2020 - **392 Occupied Sites**

ii. 2021 - **390 Occupied Sites**

iii. 2022 - **392 Occupied Sites**

iv. 2023 - **392 Occupied Sites**

b) The beginning of the last calendar year - **392 Occupied Sites**

c) The end of the last calendar year - **394 Occupied Sites**

d) Present - **394 Occupied Sites (No Vacant Sites as of 9/8/2025)**

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

16. Please provide a copy of the utility's engineering maps for water and wastewater, showing location and size of water and wastewater 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: No current vacant lots. See documents attached in response to IDR #14. No additional information or maps are available. Detailed utility system maps showing shut-off locations and valve lengths are not currently available due to the history of ownership transitions and changes in system management. Over the years, records and mapping resources were not consistently transferred or maintained during these transitions. As a result, the current ownership did not receive complete documentation of the system's infrastructure. While efforts have been made to gather information through field work, maintenance, and historical records, the absence of comprehensive maps reflects a gap in

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the historical recordkeeping rather than a lack of diligence by the current operator. Further, Order No. PSC-1999-1227-PAA-WS reflects that system maps were filed. The Application states that they were Exhibit X to the Application, but were not filed in the docket, so presumably the staff was provided with copies and still in its possession.

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

RESPONSE: Please see Attachment IDR #17 – Pro Forma.

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

Very truly yours,

/s/ Martin S. Friedman
Martin Friedman

MSF:

Cc: Clayton Lewis (via email)

September 22, 2025

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[illegible]

1DR #2 - Purchased Power

<input type="checkbox"/> The Grove at Alta Ridge	\$640.30	\$289.34	Y	412	391	0.74	\$289.34		\$351.05
<input type="checkbox"/> The Hills	\$122.23	\$68.08	Y	97	92	0.74	\$68.08		\$54.15
<input checked="" type="checkbox"/> The Landings at Lake Henry	\$515.97	\$277.50	Y	395	375	0.74	\$277.50		\$238.47
<input type="checkbox"/> The Villas at Calka Pointe	\$147.52	\$81.40	Y	116	110	0.74	\$81.40		\$66.12
<input type="checkbox"/> Themeworld	\$332.11	\$190.18	Y	271	257	0.74	\$190.18		\$141.93
<input type="checkbox"/> Three Lakes	\$389.24	\$215.34	Y	306	291	0.74	\$215.34		\$153.90

Operations

SUN:

Division 06:

Region 28:

Community-

Utility

Rebiling

Services

1

20,176.20

515.97


Resident Util, Rebill Processing and Print Mail

Property

Operations

National Utility Billing Systems: SUN												
December 2023 Invoice		Detail: Submetered Utilities										
Pai	Community	Total Due	Resident Bill	Sub	# of Site	Billed A	Site Rate	Total	Solar	Print Mail	Setup	Professional Service
()	The Landings at Lake Henry	\$535.40	\$277.50	Y	395	375	0.74	\$277.50		\$237.33		\$20.57
<div> <div> Operations SUN : Division 06 : Region 28 : PTL </div> <div> Community - Utility Rebiling Services </div> <div> 1 300.00 514.83 Resident Util, Rebill Processing and Print Mail </div> <div> Property Operations </div> </div>												
<div> <div> Operations SUN : Division 06 : Region 28 : PTL </div> <div> Community - NUBS Professional Services </div> <div> 1 0.00 20.57 Professional Service for Move Out Errors </div> <div> Property Operations </div> </div>												

Operations	SUN : Division 06 : Region 28 : PTL	Community - Utility Rebiling Services	1	250.00	572.87	Resident Util. Rebill Processing and Print Mail	Property Operations
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Operations	SUN ; Division 06 ; Region 28 ; 	Community - Utility Rebiling Services	1	244.02	572.87	Resident Util, Rebill Processing and Print Mail	Property Operations
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REPORT: 10/1/2020

The Landings at Lake Henry

REPORT: 10/1/2020

YTD: \$572.87

YTD: \$296.74



Y	404	401	0.74	\$296.74		\$276.13
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Operations

SUN:

Division 06:

Region 28:



Community -
Utility
Rebiling
Services

1

250.00

572.87 Resident Util. Rebill Processing and Print Mail

Property
Operations



The Landings at Lake Henry

\$572.87 \$296.74

Y	404	401	0.74	\$296.74		\$276.13
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SUN :	Community -	1	(2,856.90)	572.87	Resident Util. Rebill Processing and Print Mail	Property
Division 06 :	Utility					Operations
Region 28 :	Rebiling					
	Services					

The Landings at Lake Henry

\$552.27 | \$296.74

	404	401	0.74	\$296.74		\$255.53
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Operations	SUN :	Community -	1	22.50	552.27	Resident Util. Rebill Processing and Print Mail	Property
	Division 06 :	Utility					Operations
	Region 28 :	Rebiling					
	PTL	Services					

The Landings at Lake Henry

\$551.64

\$296.74



404

401

0.74

\$296.74

\$254.90

Operations

SUN:

Division 06:

Region 28:



Community -
Utility
Rebiling
Services

1

1,318.12

551.64

Resident Util, Rebill Processing and Print Mail

Property
Operations



The Landings at Lake Henry

\$511.41

\$277.50



Y

395

375

0.74

\$277.50

\$233.91

Operations

SUN :

Division 06 :

Region 28 :



Community -
Utility
Rebiling
Services

1

4,053.63

511.41

Resident Util. Rebill Processing and Print Mail

Property
Operations



 The Landings at Lake Henry
7 5 10 15 20 25 30 35 40 45 50 55 60 65 70 75 80 85 90 95 100

\$510.84 \$277.50
444.44 444.44

	395	375	0.74	\$277.50		\$233.34
444.44	444.44	444.44	444.44	444.44	444.44	444.44

Operations	SUN :	Community -	1	15.00	510.84	Resident Util. Rebill Processing and Print Mail	Property
	Division 06 :	Utility					Operations
	Region 28 :	Rebiling					
	PTL	Services					

<input type="checkbox"/>	The Hills	\$122.23	\$68.08	Y	97	92	0.74	\$68.08		\$54.15
<input type="checkbox"/>	The Landings at Lake Henry	\$506.07	\$277.50	Y	395	375	0.74	\$277.50		\$228.57
<input type="checkbox"/>	The Villas at Cala Pointe	\$188.00	\$81.40	Y	116	110	0.74	\$81.40		\$98.60



Operations	SUN:	Community -	1	4,853.91	506.07 Resident Util. Rebill Processing and Print Mail	Property Operations
	Division 06:	Utility				
	Region 28:	Rebiling				
		Services				



<input type="checkbox"/> The Grove at Alta Ridge	\$640.39	\$289.34	Y	412	391	0.74	\$289.34		\$351.05	\$0.00
<input type="checkbox"/> The Hills	\$140.61	\$68.08	Y	97	92	0.74	\$68.08		\$54.15	\$18.38
<input checked="" type="checkbox"/> The Landings at Lake Henry	\$515.40	\$277.50	Y	395	375	0.74	\$277.50		\$237.90	\$0.00
<input type="checkbox"/> The Villas at Calla Pointe	\$165.90	\$81.40	Y	116	110	0.74	\$81.40		\$66.12	\$18.38
<input type="checkbox"/> Themeworld	\$329.83	\$190.18	Y	271	257	0.74	\$190.18		\$139.65	\$0.00
<input type="checkbox"/> Three Lakes	\$372.09	\$215.34	Y	306	291	0.74	\$215.34		\$156.75	\$0.00

Operations	SUN : Division 06 Region 28 : 	Community - Utility Rebiling Services	1	310.00	515.40	Resident Util. Rebill Processing and Print Mail	Property Operations
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Sun Communities, Inc.
Sun-TLP (Consolidated)
GL Detail | Financial
From Jan 2024 to Dec 2024

Subsidiary:	Subsidiary	Property Co	Property Name	Business Ls	Account #	Account No	Transaction Date	Accounting	Header	Main Line	Memo	Document #	Debit	Credit	Balance	Item: Name	Vendor: Loc	Net Asset Asset: ID
0	Sun US	PTL	The Landings at Lake Henry	Utility	6200-307	Sewer Treat Bill	12/22/2023	Mar 2024			WWTP Chlorine	6652032	\$1,026.78		\$1,026.78	FL Utility Company - Sewage Treatment Chemicals	Hawkins, Inc.	
0	Sun US	PTL	The Landings at Lake Henry	Utility	6200-307	Sewer Treat Bill	1/6/2024	Jan 2024			WWTP Chlorine	6659755	\$1,162.88		\$1,162.88	FL Utility Company - Sewage Treatment Chemicals	Hawkins, Inc.	
0	Sun US	PTL	The Landings at Lake Henry	Utility	6200-307	Sewer Treat Bill	1/6/2024	Apr 2024			WWTP Chlorine	6659754	\$346.28		\$346.28	FL Utility Company - Sewage Treatment Chemicals	Hawkins, Inc.	
0	Sun US	PTL	The Landings at Lake Henry	Utility	6200-307	Sewer Treat Bill	2/17/2024	Apr 2024			WWTP Chlorine	6691498	\$1,707.30		\$1,707.30	FL Utility Company - Sewage Treatment Chemicals	Hawkins, Inc.	
0	Sun US	PTL	The Landings at Lake Henry	Utility	6200-307	Sewer Treat Bill	3/2/2024	Apr 2024			WWTP Chlorine	6700972	\$1,128.88		\$1,128.88	FL Utility Company - Sewage Treatment Chemicals	Hawkins, Inc.	
0	Sun US	PTL	The Landings at Lake Henry	Utility	6200-307	Sewer Treat Bill	3/22/2024	Apr 2024			WWTP Chlorine	6715090	\$1,707.30		\$1,707.30	FL Utility Company - Sewage Treatment Chemicals	Hawkins, Inc.	
0	Sun US	PTL	The Landings at Lake Henry	Utility	6200-307	Sewer Treat Bill	4/4/2024	Apr 2024			WWTP Chlorine	6724525	\$414.31		\$414.31	FL Utility Company - Sewage Treatment Chemicals	Hawkins, Inc.	
0	Sun US	PTL	The Landings at Lake Henry	Utility	6200-307	Sewer Treat Bill	4/4/2024	Apr 2024			WWTP Chlorine	6724516	\$1,537.17		\$1,537.17	FL Utility Company - Sewage Treatment Chemicals	Hawkins, Inc.	
0	Sun US	PTL	The Landings at Lake Henry	Utility	6200-307	Sewer Treat Bill	4/13/2024	Apr 2024			WWTP Chlorine	6730995	\$380.29		\$380.29	FL Utility Company - Sewage Treatment Chemicals	Hawkins, Inc.	
0	Sun US	PTL	The Landings at Lake Henry	Utility	6200-307	Sewer Treat Bill	4/13/2024	May 2024			WWTP Chlorine	6733991	\$924.70		\$924.70	FL Utility Company - Sewage Treatment Chemicals	Hawkins, Inc.	
0	Sun US	PTL	The Landings at Lake Henry	Utility	6200-307	Sewer Treat Bill	4/27/2024	May 2024			WWTP Chlorine	6743471	\$618.47		\$618.47	FL Utility Company - Sewage Treatment Chemicals	Hawkins, Inc.	
0	Sun US	PTL	The Landings at Lake Henry	Utility	6200-307	Sewer Treat Bill	5/10/2024	May 2024			WWTP Chlorine	6753648	\$1,298.99		\$1,298.99	FL Utility Company - Sewage Treatment Chemicals	Hawkins, Inc.	
0	Sun US	PTL	The Landings at Lake Henry	Utility	6200-307	Sewer Treat Bill	5/25/2024	Jun 2024			WWTP Chlorine	6767937	\$858.65		\$858.65	FL Utility Company - Sewage Treatment Chemicals	Hawkins, Inc.	
0	Sun US	PTL	The Landings at Lake Henry	Utility	6200-307	Sewer Treat Bill	6/11/2024	Jun 2024			WWTP Chlorine	6779189	\$1,435.09		\$1,435.09	FL Utility Company - Sewage Treatment Chemicals	Hawkins, Inc.	
0	Sun US	PTL	The Landings at Lake Henry	Utility	6200-307	Sewer Treat Bill	6/25/2024	Jul 2024			WWTP Chlorine	6792908	\$1,196.91		\$1,196.91	FL Utility Company - Sewage Treatment Chemicals	Hawkins, Inc.	
0	Sun US	PTL	The Landings at Lake Henry	Utility	6200-307	Sewer Treat Bill	7/18/2024	Aug 2024			WWTP CHLORINE	6813700	\$1,384.05		\$1,384.05	FL Utility Company - Sewage Treatment Chemicals	Hawkins, Inc.	
0	Sun US	PTL	The Landings at Lake Henry	Utility	6200-307	Sewer Treat Bill	8/2/2024	Aug 2024			WWTP Chlorine	6827474	\$1,042.83		\$1,042.83	FL Utility Company - Sewage Treatment Chemicals	Hawkins, Inc.	
0	Sun US	PTL	The Landings at Lake Henry	Utility	6200-307	Sewer Treat Bill	8/23/2024	Sep 2024			WWTP Chlorine	6845808	\$576.26		\$576.26	FL Utility Company - Sewage Treatment Chemicals	Hawkins, Inc.	
0	Sun US	PTL	The Landings at Lake Henry	Utility	6200-307	Sewer Treat Bill	8/28/2024	Sep 2024			Chlorine WWTP	6850056	\$1,388.44		\$1,388.44	FL Utility Company - Sewage Treatment Chemicals	Hawkins, Inc.	
0	Sun US	PTL	The Landings at Lake Henry	Utility	6200-307	Sewer Treat Bill	9/11/2024	Sep 2024			WWTP Chlorine	6859987	\$835.46		\$835.46	FL Utility Company - Sewage Treatment Chemicals	Hawkins, Inc.	
0	Sun US	PTL	The Landings at Lake Henry	Utility	6200-307	Sewer Treat Bill	9/30/2024	Oct 2024			WWTP Chlorine	6877783	\$593.54		\$593.54	FL Utility Company - Sewage Treatment Chemicals	Hawkins, Inc.	
0	Sun US	PTL	The Landings at Lake Henry	Utility	6200-307	Sewer Treat Bill	10/22/2024	Oct 2024			WWTP Chlorine	6890287	\$939.15		\$939.15	FL Utility Company - Sewage Treatment Chemicals	Hawkins, Inc.	
0	Sun US	PTL	The Landings at Lake Henry	Utility	6200-307	Sewer Treat Bill	11/8/2024	Nov 2024			WWTP Chlorine	6910292	\$1,111.95		\$1,111.95	FL Utility Company - Sewage Treatment Chemicals	Hawkins, Inc.	
0	Sun US	PTL	The Landings at Lake Henry	Utility	6200-307	Sewer Treat Bill	11/26/2024	Dec 2024			WWTP Chlorine	6925980	\$1,561.25		\$1,561.25	FL Utility Company - Sewage Treatment Chemicals	Hawkins, Inc.	
0	Sun US	PTL	The Landings at Lake Henry	Utility	6200-307	Sewer Treat Bill	12/12/2024	Dec 2024			Chlorine WWTP	6935919	\$768.34		\$768.34	FL Utility Company - Sewage Treatment Chemicals	Hawkins, Inc.	
0	Sun US	PTL	The Landings at Lake Henry	Utility	6200-307	Sewer Treat Bill	12/27/2024	Dec 2024			WWTP Chlorine	6947454	\$1,388.44		\$1,388.44	FL Utility Company - Sewage Treatment Chemicals	Hawkins, Inc.	
													TOTAL		\$27,329.67			

IDR #3 - Chemical Invoices - Wastewater

Original

INVOICE

Total Invoice **\$1,026.78**
 Invoice Number 6652032
 Invoice Date 12/21/23
 Sales Order Number/Type 4417017 SO
 Branch Plant 76
 Shipment Number 5236245



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

Sold To: 292342
 ACCOUNTS PAYABLE
 THE LANDINGS AT LAKE HENRY
 27777 Franklin Rd Ste 200 SI
 Southfield MI 48034

Ship To: 296619
 THE LANDINGS AT LAKE HENRY - WWTP
 3101 US Hwy 17/92 West
 WWTP
 Haines City FL 33844

Net Due Date	Terms	FOB Description	Ship Via	Customer P.O.#			P O. Release		Sales Agent #
1/20/24	Net 30	PPD Origin	HAWKINS SOUTHEAST FLEET						357
Line #	Item Number	Item Name/ Description	Tax	Qty Shipped	Trans UOM	Unit Price	Price UOM	Weight Net/Gross	Extended Price
1.000	41930	Azone - EPA Reg. No. 7870-1	Y	300.0000	GA	\$3.1800	GA	2,901.0 LB	\$954.00
		1 LB BLK (Mini-Bulk)		300.0000	GA			2,901.0 GW	
1.010	Fuel Surcharge	Freight	Y	1.0000	EA	\$6.0000			\$6.00

***** 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.

Page 1 of 1

Tax Rate Sales Tax
 7 % \$66.78

Invoice Total

\$1,026.78

No Discounts on Freight
IMPORTANT: All products are sold without warranty of any kind and purchasers will, by their own tests, determine suitability of such products for their own use. Seller warrants that all goods covered by this invoice were produced in compliance with the requirements of the Fair Labor Standards Act of 1938, as amended. Seller specifically disclaims and excludes any warranty of merchantability and any warranty of fitness for a particular purpose.
NO CLAIMS FOR LOSS, DAMAGE OR LEAKAGE ALLOWED AFTER DELIVERY IS MADE IN GOOD CONDITION.

CHECK REMITTANCE:

Hawkins, Inc.
 P.O. Box 860263
 Minneapolis, MN 55486-0263

WIRING CONTACT INFORMATION:

Email: Credit.Dept@Hawkinsinc.com

Phone Number: (612) 617-8581
 Fax Number: (612) 225-6702

FINANCIAL INSTITUTION:

US Bank
 800 Nicollet Mall
 Minneapolis, MN 55402

Account Name: Hawkins, Inc.
 Account #: 180120759469
 ABA/Routing #: 091000022
 Swift Code#: USBKUS44MT
 Type of Account: Corporate Checking

ACH PAYMENTS:

CTX (Corporate Trade Exchange) is our preferred method. Please remember to include in the addendum the document numbers pertaining to the payment.
 For other than CTX, the remit to information may be emailed to Credit.Dept@Hawkinsinc.com

CASH IN ADVANCE/EFT PAYMENTS:

Please list the Hawkins, Inc. sales order number or your purchase order number if the invoice has not been processed yet.

This contractor and subcontractor shall abide by the requirements of 41 CFR §60-1.4(a), 60-300.5(a) and 60-741.5(a). These regulations prohibit discrimination against qualified individuals based on their status as protected veterans or individuals with disabilities, and prohibit discrimination against all individuals based on their race, color, religion, sex, or national origin. Moreover, these regulations require that covered prime contractors and subcontractors take affirmative action to employ and advance in employment individuals without regard to race, color, religion, sex, national origin, protected veteran status or disability.

www.hawkinsinc.com

Job# 4038893

Original



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

INVOICE

Total Invoice	\$1,162.88
Invoice Number	6659755
Invoice Date	1/5/24
Sales Order Number/Type	4421272 SO
Branch Plant	76
Shipment Number	5241811

Sold To: **292342**
ACCOUNTS PAYABLE
THE LANDINGS AT LAKE HENRY
27777 Franklin Rd Ste 200 SI
Southfield MI 48034

Ship To: **296619**
THE LANDINGS AT LAKE HENRY - WWTP
3101 US Hwy 17/92 West
WWTP
Haines City FL 33844

Net Due Date	Terms	FOB Description	Ship Via	Customer P.O.#			P O. Release		Sales Agent #
2/4/24	Net 30	PPD Origin	HAWKINS SOUTHEAST FLEET					357	
Line #	Item Number	Item Name/ Description	Tax	Qty Shipped	Trans UOM	Unit Price	Price UOM	Weight Net/Gross	Extended Price
1.000	41930	Azone - EPA Reg. No. 7870-1	Y	340.0000	GA	\$3.1800	GA	3,287.8 LB	\$1,081.20
		1 LB BLK (Mini-Bulk)		340.0000	GA			3,287.8 GW	
1.010	Fuel Surcharge	Freight	Y	1.0000	EA	\$6.0000			\$6.00

***** 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.

Page 1 of 1

Tax Rate Sales Tax
7 % \$75.68

Invoice Total **\$1,162.88**

No Discounts on Freight
IMPORTANT: All products are sold without warranty of any kind and purchasers will, by their own tests, determine suitability of such products for their own use. Seller warrants that all goods covered by this invoice were produced in compliance with the requirements of the Fair Labor Standards Act of 1938, as amended. Seller specifically disclaims and excludes any warranty of merchantability and any warranty of fitness for a particular purpose.
NO CLAIMS FOR LOSS, DAMAGE OR LEAKAGE ALLOWED AFTER DELIVERY IS MADE IN GOOD CONDITION.

CHECK REMITTANCE:

Hawkins, Inc.
P.O. Box 860263
Minneapolis, MN 55486-0263

WIRING CONTACT INFORMATION:

Email: Credit.Dept@Hawkinsinc.com

Phone Number: (612) 617-8581
Fax Number: (612) 225-6702

FINANCIAL INSTITUTION:

US Bank
800 Nicollet Mall
Minneapolis, MN 55402

Account Name: Hawkins, Inc.
Account #: 180120759469
ABA/Routing #: 091000022
Swift Code#: USBKUS44INT
Type of Account: Corporate Checking

ACH PAYMENTS:

CTX (Corporate Trade Exchange) is our preferred method. Please remember to include in the addendum the document numbers pertaining to the payment.
For other than CTX, the remit to information may be emailed to Credit.Dept@Hawkinsinc.com

CASH IN ADVANCE/EFT PAYMENTS:

Please list the Hawkins, Inc. sales order number or your purchase order number if the invoice has not been processed yet.

This contractor and subcontractor shall abide by the requirements of 41 CFR §§60-1.4(a), 60-300.5(a) and 60-741.5(a). These regulations prohibit discrimination against qualified individuals based on their status as protected veterans or individuals with disabilities, and prohibit discrimination against all individuals based on their race, color, religion, sex, or national origin. Moreover, these regulations require that covered prime contractors and subcontractors take affirmative action to employ and advance in employment individuals without regard to race, color, religion, sex, national origin, protected veteran status or disability.

www.hawkinsinc.com

Job# 4078904

Original

INVOICE

Total Invoice **\$346.26**
 Invoice Number 6659754
 Invoice Date 1/5/24
 Sales Order Number/Type 4421271 SO
 Branch Plant 76
 Shipment Number 5241810



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

Sold To: 292342
 ACCOUNTS PAYABLE
 THE LANDINGS AT LAKE HENRY
 27777 Franklin Rd Ste 200 SI
 Southfield MI 48034

Ship To: 296618
 THE LANDINGS AT LAKE HENRY WTP
 3101 US Hwy 17/92 West
 WTP
 Haines City FL 33844

Net Due Date	Terms	FOB Description	Ship Via	Customer P.O.#			P.O. Release		Sales Agent #
2/4/24	Net 30	PPD Origin	HAWKINS SOUTHEAST FLEET						357
Line #	Item Number	Item Name/ Description	Tax	Qty Shipped	Trans UOM	Unit Price	Price UOM	Weight Net/Gross	Extended Price
1.000	41930	Azone - EPA Reg. No. 7870-1	Y	100.0000	GA	\$3.1800	GA	967.0 LB	\$318.00
		1 LB BLK (Mini-Bulk)		100.0000	GA			967.0 GW	
1.010	Fuel Surcharge	Freight	Y	1.0000	EA	\$6.0000			\$6.00

***** 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.

Page 1 of 1

Tax Rate 7 %
 Sales Tax \$22.26

Invoice Total **\$346.26**

No Discounts on Freight
IMPORTANT: All products are sold without warranty of any kind and purchasers will, by their own tests, determine suitability of such products for their own use. Seller warrants that all goods covered by this invoice were produced in compliance with the requirements of the Fair Labor Standards Act of 1938, as amended. Seller specifically disclaims and excludes any warranty of merchantability and any warranty of fitness for a particular purpose.
NO CLAIMS FOR LOSS, DAMAGE OR LEAKAGE ALLOWED AFTER DELIVERY IS MADE IN GOOD CONDITION.

CHECK REMITTANCE:
 Hawkins, Inc.
 P.O. Box 860263
 Minneapolis, MN 55486-0263

WIRING CONTACT INFORMATION:
 Email: Credit.Dept@HawkinsInc.com
 Phone Number: (612) 617-8581
 Fax Number: (612) 225-6702

FINANCIAL INSTITUTION:
 US Bank
 800 Nicollet Mall
 Minneapolis, MN 55402

Account Name: Hawkins, Inc.
 Account #: 180120759469
 ABA/Routing #: 091000022
 Swift Code#: USBKUS44IMT
 Type of Account: Corporate Checking

ACH PAYMENTS:
 CTX (Corporate Trade Exchange) is our preferred method. Please remember to include in the addendum the document numbers pertaining to the payment.
 For other than CTX, the remit to information may be emailed to Credit.Dept@HawkinsInc.com

CASH IN ADVANCE/EFT PAYMENTS:
 Please list the Hawkins, Inc. sales order number or your purchase order number if the invoice has not been processed yet.

This contractor and subcontractor shall abide by the requirements of 41 CFR 550-1.4(a), 60-300.5(a) and 60-741.5(a). These regulations prohibit discrimination against qualified individuals based on their status as protected veterans or individuals with disabilities, and prohibit discrimination against all individuals based on their race, color, religion, sex, or national origin. Moreover, these regulations require that covered prime contractors and subcontractors take affirmative action to employ and advance in employment individuals without regard to race, color, religion, sex, national origin, protected veteran status or disability.

www.hawkinsinc.com

Job# 4078904

Original



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

INVOICE

Total Invoice	\$1,707.30
Invoice Number	6691496
Invoice Date	2/16/24
Sales Order Number/Type	4461899 SL
Branch Plant	76
Shipment Number	5295746

Sold To: **292342**
ACCOUNTS PAYABLE
THE LANDINGS AT LAKE HENRY
27777 Franklin Rd Ste 200 SI
Southfield MI 48034

Ship To: **296619**
THE LANDINGS AT LAKE HENRY - WWTP
3101 US Hwy 17/92 West
WWTP
Haines City FL 33844

Net Due Date	Terms	FOB Description	Ship Via	Customer P.O.#			P.O. Release		Sales Agent #
3/17/24	Net 30	PPD Origin	HWTG						357
Line #	Item Number	Item Name/ Description	Tax	Qty Shipped	Trans UOM	Unit Price	Price UOM	Weight Net/Gross	Extended Price
1.000	41930	Azone - EPA Reg. No. 7870-1	Y	500.0000	GA	\$3.1800	GA	4,835.0 LB	\$1,590.00
		1 LB BLK (Mini-Bulk)		500.0000	GA			4,835.0 GW	
1.010	Fuel Surcharge	Freight	Y	1.0000	EA	\$6.0000			\$6.00

***** 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.

Page 1 of 1

Tax Rate

7 %

Sales Tax

\$111.30

Invoice Total

\$1,707.30

No Discounts on Freight
IMPORTANT: All products are sold without warranty of any kind and purchasers will, by their own tests, determine suitability of such products for their own use. Seller warrants that all goods covered by this invoice were produced in compliance with the requirements of the Fair Labor Standards Act of 1938, as amended. Seller specifically disclaims and excludes any warranty of merchantability and any warranty of fitness for a particular purpose.
NO CLAIMS FOR LOSS, DAMAGE OR LEAKAGE ALLOWED AFTER DELIVERY IS MADE IN GOOD CONDITION.

CHECK REMITTANCE:

Hawkins, Inc.
P.O. Box 860263
Minneapolis, MN 55486-0263

WIRING CONTACT INFORMATION:

Email: Credit.Dept@Hawkinsinc.com

Phone Number: (612) 617-8581

Fax Number: (612) 225-6702

FINANCIAL INSTITUTION:

US Bank
800 Nicollet Mall
Minneapolis, MN 55402

Account Name: Hawkins, Inc.

Account #: 180120759469

ABA/Routing #: 091000022

Swift Code#: USBKUS44IMT

Type of Account: Corporate Checking

ACH PAYMENTS:

CTX (Corporate Trade Exchange) is our preferred method. Please remember to include in the addendum the document numbers pertaining to the payment.

For other than CTX, the remit to information may be emailed to Credit.Dept@Hawkinsinc.com

CASH IN ADVANCE/EFT PAYMENTS:

Please list the Hawkins, Inc. sales order number or your purchase order number if the invoice has not been processed yet.

This contractor and subcontractor shall abide by the requirements of 41 CFR 5500-14(a), 60-300.5(a) and 60-741.5(a). These regulations prohibit discrimination against qualified individuals based on their status as protected veterans or individuals with disabilities, and prohibit discrimination against all individuals based on their race, color, religion, sex, or national origin. Moreover, these regulations require that covered prime contractors and subcontractors take affirmative action to employ and advance in employment individuals without regard to race, color, religion, sex, national origin, protected veteran status or disability.

www.hawkinsinc.com

Job# 4215201

Original



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

INVOICE

Total Invoice	\$1,128.86
Invoice Number	6700972
Invoice Date	3/1/24
Sales Order Number/Type	4471919 SL
Branch Plant	76
Shipment Number	5308984

Sold To: 292342
ACCOUNTS PAYABLE
THE LANDINGS AT LAKE HENRY
27777 Franklin Rd Ste 200 SI
Southfield MI 48034

Ship To: 296619
THE LANDINGS AT LAKE HENRY - WWTP
3101 US Hwy 17/92 West
WWTP
Haines City FL 33844

Net Due Date	Terms	FOB Description	Ship Via	Customer P.O.#			P.O. Release		Sales Agent #
3/31/24	Net 30	PPD Origin	HWTG						357
Line #	Item Number	Item Name/ Description	Tax	Qty Shipped	Trans UOM	Unit Price	Price UOM	Weight Net/Gross	Extended Price
1.000	41930	Azone - EPA Reg. No. 7870-1	Y	330.0000	GA	\$3.1800	GA	3,191.1 LB	\$1,049.40
		1 LB BLK (Mini-Bulk)		330.0000	GA			3,191.1 GW	
1.010	Fuel Surcharge	Freight	Y	1.0000	EA	\$6.0000			\$6.00

***** 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.

Page 1 of 1

Tax Rate Sales Tax
7 % \$73.46

Invoice Total **\$1,128.86**

No Discounts on Freight
IMPORTANT: All products are sold without warranty of any kind and purchasers will, by their own tests, determine suitability of such products for their own use. Seller warrants that all goods covered by this invoice were produced in compliance with the requirements of the Fair Labor Standards Act of 1938, as amended. Seller specifically disclaims and excludes any warranty of merchantability and any warranty of fitness for a particular purpose.
NO CLAIMS FOR LOSS, DAMAGE OR LEAKAGE ALLOWED AFTER DELIVERY IS MADE IN GOOD CONDITION.

CHECK REMITTANCE:
Hawkins, Inc.
P.O. Box 860263
Minneapolis, MN 55486-0263

WIRING CONTACT INFORMATION:
Email: Credit.Dept@HawkinsInc.com
Phone Number: (612) 617-8581
Fax Number: (612) 225-6702

FINANCIAL INSTITUTION:
US Bank
800 Nicollet Mall
Minneapolis, MN 55402

Account Name: Hawkins, Inc.
Account #: 180120759469
ABA/Routing #: 091000022
Swift Code#: USBKUS44IMT
Type of Account: Corporate Checking

ACH PAYMENTS:
CTX (Corporate Trade Exchange) is our preferred method. Please remember to include in the addendum the document numbers pertaining to the payment.
For other than CTX, the remit to information may be emailed to Credit.Dept@HawkinsInc.com

CASH IN ADVANCE/EFT PAYMENTS:
Please list the Hawkins, Inc. sales order number or your purchase order number if the invoice has not been processed yet.

This contractor and subcontractor shall abide by the requirements of 41 CFR §560-1.4(a), 60-300.5(a) and 60-741.5(a). These regulations prohibit discrimination against qualified individuals based on their status as protected veterans or individuals with disabilities, and prohibit discrimination against all individuals based on their race, color, religion, sex, or national origin. Moreover, these regulations require that covered prime contractors and subcontractors take affirmative action to employ and advance in employment individuals without regard to race, color, religion, sex, national origin, protected veteran status or disability.

www.hawkinsinc.com

Job# 4262639

Original



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

INVOICE

Total Invoice	\$1,707.30
Invoice Number	6715980
Invoice Date	3/21/24
Sales Order Number/Type	4485866 SL
Branch Plant	76
Shipment Number	5327763

Sold To: 292342
ACCOUNTS PAYABLE
THE LANDINGS AT LAKE HENRY
27777 Franklin Rd Ste 200 SI
Southfield MI 48034

Ship To: 296619
THE LANDINGS AT LAKE HENRY - WWTP
3101 US Hwy 17/92 West
WWTP
Haines City FL 33844

Net Due Date	Terms	FOB Description	Ship Via	Customer P.O.#			P.O. Release		Sales Agent #
4/20/24	Net 30	PPD Origin	HWTG						357
Line #	Item Number	Item Name/ Description	Tax	Qty Shipped	Trans UOM	Unit Price	Price UOM	Weight Net/Gross	Extended Price
1.000	41930	Azone - EPA Reg. No. 7870-1	Y	500.0000	GA	\$3.1800	GA	4,835.0 LB	\$1,590.00
		1 LB BLK (Mini-Bulk)		500.0000	GA			4,835.0 GW	
1.010	Fuel Surcharge	Freight	Y	1.0000	EA	\$6.0000			\$6.00

***** 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.

Page 1 of 1

Tax Rate Sales Tax
7 % \$111.30

Invoice Total **\$1,707.30**

No Discounts on Freight
IMPORTANT: All products are sold without warranty of any kind and purchasers will, by their own tests, determine suitability of such products for their own use. Seller warrants that all goods covered by this invoice were produced in compliance with the requirements of the Fair Labor Standards Act of 1938, as amended. Seller specifically disclaims and excludes any warranty of merchantability and any warranty of fitness for a particular purpose.
NO CLAIMS FOR LOSS, DAMAGE OR LEAKAGE ALLOWED AFTER DELIVERY IS MADE IN GOOD CONDITION.

CHECK REMITTANCE:

Hawkins, Inc.
P.O. Box 860263
Minneapolis, MN 55486-0263

WIRING CONTACT INFORMATION:

Email: Credit.Dept@HawkinsInc.com
Phone Number: (612) 617-8581
Fax Number: (612) 225-6702

FINANCIAL INSTITUTION:

US Bank
800 Nicollet Mall
Minneapolis, MN 55402

Account Name: Hawkins, Inc.
Account #: 180120759469
ABA/Routing #: 091000022
Swift Code#: USBKUS44IMT
Type of Account: Corporate Checking

ACH PAYMENTS:

CTX (Corporate Trade Exchange) is our preferred method. Please remember to include in the addendum the document numbers pertaining to the payment.
For other than CTX, the remit to information may be emailed to Credit.Dept@HawkinsInc.com

CASH IN ADVANCE/EFT PAYMENTS:

Please list the Hawkins, Inc. sales order number or your purchase order number if the invoice has not been processed yet.

This contractor and subcontractor shall abide by the requirements of 41 CFR §§80-1.4(a), 80-300.5(a) and 80-741.5(a). These regulations prohibit discrimination against qualified individuals based on their status as protected veterans or individuals with disabilities, and prohibit discrimination against all individuals based on their race, color, religion, sex, or national origin. Moreover, these regulations require that covered prime contractors and subcontractors take affirmative action to employ and advance in employment individuals without regard to race, color, religion, sex, national origin, protected veteran status or disability.

www.hawkinsinc.com

Job# 4329951

Original



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

INVOICE

Total Invoice	\$414.31
Invoice Number	6724525
Invoice Date	4/3/24
Sales Order Number/Type	4494305 SL
Branch Plant	76
Shipment Number	5339230

Sold To: 292342
ACCOUNTS PAYABLE
THE LANDINGS AT LAKE HENRY
27777 Franklin Rd Ste 200 SI
Southfield MI 48034

Ship To: 296618
THE LANDINGS AT LAKE HENRY WTP
3101 US Hwy 17/92 West
WTP
Haines City FL 33844

Net Due Date	Terms	FOB Description	Ship Via	Customer P.O.#			P.O. Release		Sales Agent #
5/3/24	Net 30	PPD Origin	HWTG						357
Line #	Item Number	Item Name/ Description	Tax	Qty Shipped	Trans UOM	Unit Price	Price UOM	Weight Net/Gross	Extended Price
1.000	41930	Azone - EPA Reg. No. 7870-1	Y	120.0000	GA	\$3.1800	GA	1,160.4 LB	\$381.60
		1 LB BLK (Mini-Bulk)		120.0000	GA			1,160.4 GW	
1.010	Fuel Surcharge	Freight	Y	1.0000	EA	\$6.0000			\$6.00

***** 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.

Page 1 of 1

Tax Rate Sales Tax
7 % \$26.71

Invoice Total **\$414.31**

No Discounts on Freight
IMPORTANT: All products are sold without warranty of any kind and purchasers will, by their own tests, determine suitability of such products for their own use. Seller warrants that all goods covered by this invoice were produced in compliance with the requirements of the Fair Labor Standards Act of 1938, as amended. Seller specifically disclaims and excludes any warranty of merchantability and any warranty of fitness for a particular purpose.
NO CLAIMS FOR LOSS, DAMAGE OR LEAKAGE ALLOWED AFTER DELIVERY IS MADE IN GOOD CONDITION.

CHECK REMITTANCE:
Hawkins, Inc.
P.O. Box 860263
Minneapolis, MN 55486-0263

WIRING CONTACT INFORMATION:
Email: Credit.Dept@HawkinsInc.com
Phone Number: (612) 617-8581
Fax Number: (612) 225-6702

FINANCIAL INSTITUTION:
US Bank
800 Nicollet Mall
Minneapolis, MN 55402

Account Name: Hawkins, Inc.
Account #: 180120759469
ABA/Routing #: 091000022
Swift Code#: USBKUS44IMT
Type of Account: Corporate Checking

ACH PAYMENTS:
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CASH IN ADVANCE/EFT PAYMENTS:
Please list the Hawkins, Inc. sales order number or your purchase order number if the invoice has not been processed yet.

This contractor and subcontractor shall abide by the requirements of 41 CFR 5580-1.4(a), 80-300.5(a) and 80-741.5(a). These regulations prohibit discrimination against qualified individuals based on their status as protected veterans or individuals with disabilities, and prohibit discrimination against all individuals based on their race, color, religion, sex, or national origin. Moreover, these regulations require that covered prime contractors and subcontractors take affirmative action to employ and advance in employment individuals without regard to race, color, religion, sex, national origin, protected veteran status or disability.

www.hawkinsinc.com

Job# 4374088

Original



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

INVOICE

Total Invoice	\$1,537.17
Invoice Number	6724516
Invoice Date	4/3/24
Sales Order Number/Type	4494268 SL
Branch Plant	76
Shipment Number	5339201

Sold To: 292342
ACCOUNTS PAYABLE
THE LANDINGS AT LAKE HENRY
27777 Franklin Rd Ste 200 SI
Southfield MI 48034

Ship To: 296619
THE LANDINGS AT LAKE HENRY - WWTP
3101 US Hwy 17/92 West
WWTP
Haines City FL 33844

Net Due Date	Terms	FOB Description	Ship Via	Customer P.O.#	P.O. Release	Sales Agent #
5/3/24	Net 30	PPD Origin	HWTG			357

Line #	Item Number	Item Name/Description	Tax	Qty Shipped	Trans UOM	Unit Price	Price UOM	Weight Net/Gross	Extended Price
1.000	41930	Azone - EPA Reg. No. 7870-1	Y	450.0000	GA	\$3.1800	GA	4,351.5 LB	\$1,431.00
		1 LB BLK (Mini-Bulk)		450.0000	GA			4,351.5 GW	
1.010	Fuel Surcharge	Freight	Y	1.0000	EA	\$6.0000			\$6.00

***** 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.

Page 1 of 1

Tax Rate Sales Tax
7 % \$100.17

Invoice Total **\$1,537.17**

No Discounts on Freight
IMPORTANT: All products are sold without warranty of any kind and purchasers will, by their own tests, determine suitability of such products for their own use. Seller warrants that all goods covered by this invoice were produced in compliance with the requirements of the Fair Labor Standards Act of 1938, as amended. Seller specifically disclaims and excludes any warranty of merchantability and any warranty of fitness for a particular purpose.
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CHECK REMITTANCE:
Hawkins, Inc.
P.O. Box 860263
Minneapolis, MN 55486-0263

WIRING CONTACT INFORMATION:
Email: Credit.Dept@HawkinsInc.com

Phone Number: (612) 617-8581
Fax Number: (612) 225-6702

FINANCIAL INSTITUTION:
US Bank
800 Nicollet Mall
Minneapolis, MN 55402

Account Name: Hawkins, Inc.
Account #: 180120759469
ABA/Routing #: 091000022
Swift Code: US8KUS44INT
Type of Account: Corporate Checking

ACH PAYMENTS:
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CASH IN ADVANCE/EFT PAYMENTS:
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www.hawkinsinc.com

Job# 4374088

Original



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

INVOICE

Total Invoice	\$380.29
Invoice Number	6730995
Invoice Date	4/12/24
Sales Order Number/Type	4501204 SL
Branch Plant	76
Shipment Number	5348738

Sold To: 292342
ACCOUNTS PAYABLE
THE LANDINGS AT LAKE HENRY
27777 Franklin Rd Ste 200 SI
Southfield MI 48034

Ship To: 296618
THE LANDINGS AT LAKE HENRY WTP
3101 US Hwy 17/92 West
WTP
Haines City FL 33844

Net Due Date	Terms	FOB Description	Ship Via	Customer P.O.#			P.O. Release		Sales Agent #
5/12/24	Net 30	PPD Origin	HWTG						357
Line #	Item Number	Item Name/ Description	Tax	Qty Shipped	Trans UOM	Unit Price	Price UOM	Weight Net/Gross	Extended Price
1.000	41930	Azone - EPA Reg. No. 7870-1	Y	110.0000	GA	\$3.1800	GA	1,063.7 LB	\$349.80
		1 LB BLK (Mini-Bulk)		110.0000	GA			1,063.7 GW	
1.010	Fuel Surcharge	Freight	Y	1.0000	EA	\$6.0000			\$6.00

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

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or call 612-331-6910 to get it setup on your account.

Page 1 of 1

Tax Rate Sales Tax
7 % \$24.49

Invoice Total **\$380.29**

No Discounts on Freight
IMPORTANT: All products are sold without warranty of any kind and purchasers will, by their own tests, determine suitability of such products for their own use. Seller warrants that all goods covered by this invoice were produced in compliance with the requirements of the Fair Labor Standards Act of 1938, as amended. Seller specifically disclaims and excludes any warranty of merchantability and any warranty of fitness for a particular purpose.
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CHECK REMITTANCE:

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P.O. Box 860263
Minneapolis, MN 55486-0263

WIRING CONTACT INFORMATION:

Email: Credit.Dept@HawkinsInc.com

Phone Number: (612) 617-8581

Fax Number: (612) 225-6702

FINANCIAL INSTITUTION:

US Bank
800 Nicollet Mall
Minneapolis, MN 55402

Account Name: Hawkins, Inc.

Account #: 180120759469

ABA/Routing #: 091000022

Swift Code#: USBKUS44IMT

Type of Account: Corporate Checking

ACH PAYMENTS:

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www.hawkinsinc.com

Job# 4407646

Original



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

INVOICE

Total Invoice	\$924.70
Invoice Number	6733991
Invoice Date	4/12/24
Sales Order Number/Type	4501111 SL
Branch Plant	76
Shipment Number	5348682

Sold To: 292342
ACCOUNTS PAYABLE
THE LANDINGS AT LAKE HENRY
27777 Franklin Rd Ste 200 SI
Southfield MI 48034

Ship To: 296619
THE LANDINGS AT LAKE HENRY - WWTP
3101 US Hwy 17/92 West
WWTP
Haines City FL 33844

Net Due Date	Terms	FOB Description	Ship Via	Customer P.O.#			P.O. Release		Sales Agent #
5/12/24	Net 30	PPD Origin	HWTG						357
Line #	Item Number	Item Name/ Description	Tax	Qty Shipped	Trans UOM	Unit Price	Price UOM	Weight Net/Gross	Extended Price
1.000	41930	Azone - EPA Reg. No. 7870-1	Y	270.0000	GA	\$3.1800	GA	2,610.9 LB	\$858.60
		1 LB BLK (Mini-Bulk)		270.0000	GA			2,610.9 GW	
1.010	Fuel Surcharge	Freight	Y	1.0000	EA	\$6.0000			\$6.00

***** 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.

Page 1 of 1

Tax Rate Sales Tax
7 % \$60.10

Invoice Total **\$924.70**

No Discounts on Freight
IMPORTANT: All products are sold without warranty of any kind and purchasers will, by their own tests, determine suitability of such products for their own use. Seller warrants that all goods covered by this invoice were produced in compliance with the requirements of the Fair Labor Standards Act of 1938, as amended. Seller specifically disclaims and excludes any warranty of merchantability and any warranty of fitness for a particular purpose.
NO CLAIMS FOR LOSS, DAMAGE OR LEAKAGE ALLOWED AFTER DELIVERY IS MADE IN GOOD CONDITION.

CHECK REMITTANCE:
Hawkins, Inc.
P.O. Box 860263
Minneapolis, MN 55486-0263

WIRING CONTACT INFORMATION:
Email: Credit.Dept@HawkinsInc.com
Phone Number: (612) 617-8581
Fax Number: (612) 225-6702

FINANCIAL INSTITUTION:
US Bank
800 Nicollet Mall
Minneapolis, MN 55402

Account Name: Hawkins, Inc.
Account #: 180120759469
ABA/Routing #: 091000022
Swift Code#: USBKUS44IMT
Type of Account: Corporate Checking

ACH PAYMENTS:
CTX (Corporate Trade Exchange) is our preferred method. Please remember to include in the addendum the document numbers pertaining to the payment.
For other than CTX, the remit to information may be emailed to Credit.Dept@HawkinsInc.com

CASH IN ADVANCE/EFT PAYMENTS:
Please list the Hawkins, Inc. sales order number or your purchase order number if the invoice has not been processed yet.

This contractor and subcontractor shall abide by the requirements of 41 CFR 8560-1.4(a), 89-300.5(a) and 60-741.5(a). These regulations prohibit discrimination against qualified individuals based on their status as protected veterans or individuals with disabilities, and prohibit discrimination against all individuals based on their race, color, religion, sex, or national origin. Moreover, these regulations require that covered prime contractors and subcontractors take affirmative action to employ and advance in employment individuals without regard to race, color, religion, sex, national origin, protected veteran status or disability.

www.hawkinsinc.com

Job# 4413615

Original



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

INVOICE

Total Invoice	\$618.47
Invoice Number	6743471
Invoice Date	4/26/24
Sales Order Number/Type	4511948 SL
Branch Plant	76
Shipment Number	5363255

Sold To: 292342
ACCOUNTS PAYABLE
THE LANDINGS AT LAKE HENRY
27777 Franklin Rd Ste 200 SI
Southfield MI 48034

Ship To: 296618
THE LANDINGS AT LAKE HENRY WTP
3101 US Hwy 17/92 West
WTP
Haines City FL 33844

Net Due Date	Terms	FOB Description	Ship Via	Customer P.O.#			P.O. Release		Sales Agent #
5/26/24	Net 30	PPD Origin	HWTG						357
Line #	Item Number	Item Name/ Description	Tax	Qty Shipped	Trans UOM	Unit Price	Price UOM	Weight Net/Gross	Extended Price
1.000	41930	Azone - EPA Reg. No. 7870-1	Y	180.0000	GA	\$3.1800	GA	1,740.6 LB	\$572.40
		1 LB BLK (Mini-Bulk)		180.0000	GA			1,740.6 GW	
1.010	Fuel Surcharge	Freight	Y	1.0000	EA	\$6.0000			\$6.00

***** 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.

Page 1 of 1

Tax Rate Sales Tax
7 % \$40.07

Invoice Total **\$618.47**

No Discounts on Freight
IMPORTANT: All products are sold without warranty of any kind and purchasers will, by their own tests, determine suitability of such products for their own use. Seller warrants that all goods covered by this invoice were produced in compliance with the requirements of the Fair Labor Standards Act of 1938, as amended. Seller specifically disclaims and excludes any warranty of merchantability and any warranty of fitness for a particular purpose.
NO CLAIMS FOR LOSS, DAMAGE OR LEAKAGE ALLOWED AFTER DELIVERY IS MADE IN GOOD CONDITION.

CHECK REMITTANCE:

Hawkins, Inc.
P.O. Box 860263
Minneapolis, MN 55486-0263

WIRING CONTACT INFORMATION:

Email: Credit.Dept@HawkinsInc.com

Phone Number: (612) 617-8581
Fax Number: (612) 225-6702

FINANCIAL INSTITUTION:

US Bank
800 Nikollet Mall
Minneapolis, MN 55402

Account Name: Hawkins, Inc.
Account #: 180120759469
ABA/Routing #: 091000022
Swift Code#: USBKUS44IMT
Type of Account: Corporate Checking

ACH PAYMENTS:

CTX (Corporate Trade Exchange) is our preferred method. Please remember to include in the addendum the document numbers pertaining to the payment. For other than CTX, the remit to information may be emailed to Credit.Dept@HawkinsInc.com

CASH IN ADVANCE/EFT PAYMENTS:

Please list the Hawkins, Inc. sales order number or your purchase order number if the invoice has not been processed yet.

This contractor and subcontractor shall abide by the requirements of 41 CFR §§60-1.4(a), 60-300.5(a) and 60-741.5(a). These regulations prohibit discrimination against qualified individuals based on their status as protected veterans or individuals with disabilities, and prohibit discrimination against all individuals based on their race, color, religion, sex, or national origin. Moreover, these regulations require that covered prime contractors and subcontractors take affirmative action to employ and advance in employment individuals without regard to race, color, religion, sex, national origin, protected veteran status or disability.

www.hawkinsinc.com

Job# 4457271

Original



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

INVOICE

Total Invoice	\$1,298.99
Invoice Number	6753648
Invoice Date	5/10/24
Sales Order Number/Type	4522247 SL
Branch Plant	76
Shipment Number	5376798

Sold To: 292342
ACCOUNTS PAYABLE
THE LANDINGS AT LAKE HENRY
27777 Franklin Rd Ste 200 SI
Southfield MI 48034

Ship To: 296619
THE LANDINGS AT LAKE HENRY - WWTP
3101 US Hwy 17/92 West
WWTP
Haines City FL 33844

Net Due Date	Terms	FOB Description	Ship Via	Customer P.O.#			P.O. Release		Sales Agent #
6/9/24	Net 30	PPD Origin	HWTG						357
Line #	Item Number	Item Name/ Description	Tax	Qty Shipped	Trans UOM	Unit Price	Price UOM	Weight Net/Gross	Extended Price
1.000	41930	Azone - EPA Reg. No. 7870-1	Y	380.0000	GA	\$3.1800	GA	3,674.6 LB	\$1,208.40
		1 LB BLK (Mini-Bulk)		380.0000	GA			3,674.6 GW	
1.010	Fuel Surcharge	Freight	Y	1.0000	EA	\$6.0000			\$6.00

***** 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.

Page 1 of 1

Tax Rate Sales Tax
7 % \$84.59

Invoice Total **\$1,298.99**

No Discounts on Freight
IMPORTANT: All products are sold without warranty of any kind and purchasers will, by their own tests, determine suitability of such products for their own use. Seller warrants that all goods covered by this invoice were produced in compliance with the requirements of the Fair Labor Standards Act of 1938, as amended. Seller specifically disclaims and excludes any warranty of merchantability and any warranty of fitness for a particular purpose.
NO CLAIMS FOR LOSS, DAMAGE OR LEAKAGE ALLOWED AFTER DELIVERY IS MADE IN GOOD CONDITION.

CHECK REMITTANCE:
Hawkins, Inc.
P.O. Box 860263
Minneapolis, MN 55486-0263

WIRING CONTACT INFORMATION:
Email: Credit.Dept@Hawkinsinc.com

Phone Number: (612) 617-8581
Fax Number: (612) 225-6702

FINANCIAL INSTITUTION:
US Bank
800 Nicollet Mall
Minneapolis, MN 55402

Account Name: Hawkins, Inc.
Account #: 180120759469
ABA/Routing #: 091000022
Swift Code#: USBKUS44IMT
Type of Account: Corporate Checking

ACH PAYMENTS:
CTX (Corporate Trade Exchange) is our preferred method. Please remember to include in the addendum the document numbers pertaining to the payment.
For other than CTX, the remit to information may be emailed to Credit.Dept@Hawkinsinc.com

CASH IN ADVANCE/EFT PAYMENTS:
Please list the Hawkins, Inc. sales order number or your purchase order number if the invoice has not been processed yet.

This contractor and subcontractor shall abide by the requirements of 41 CFR 5580-1.4(a), 60-300.5(a) and 60-741.5(a). These regulations prohibit discrimination against qualified individuals based on their status as protected veterans or individuals with disabilities, and prohibit discrimination against all individuals based on their race, color, religion, sex, or national origin. Moreover, these regulations require that covered prime contractors and subcontractors take affirmative action to employ and advance in employment individuals without regard to race, color, religion, sex, national origin, protected veteran status or disability.

www.hawkinsinc.com

Job# 4505865

Original



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

INVOICE

Total Invoice	\$856.65
Invoice Number	6767937
Invoice Date	5/25/24
Sales Order Number/Type	4534309 SL
Branch Plant	76
Shipment Number	5392874

Sold To: 292342
ACCOUNTS PAYABLE
THE LANDINGS AT LAKE HENRY
27777 Franklin Rd Ste 200 SI
Southfield MI 48034

Ship To: 296619
THE LANDINGS AT LAKE HENRY - WWTP
3101 US Hwy 17/92 West
WWTP
Haines City FL 33844

Net Due Date	Terms	FOB Description	Ship Via	Customer P.O.#			P.O. Release		Sales Agent #
6/24/24	Net 30	PPD Origin	HWTG						357
Line #	Item Number	Item Name/ Description	Tax	Qty Shipped	Trans UOM	Unit Price	Price UOM	Weight Net/Gross	Extended Price
1.000	41930	Azone - EPA Reg. No. 7870-1	Y	250.0000	GA	\$3.1800	GA	2,417.5 LB	\$795.00
		1 LB BLK (Mini-Bulk)		250.0000	GA			2,417.5 GW	
1.010	Fuel Surcharge	Freight	Y	1.0000	EA	\$6.0000			\$6.00

***** 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.

Page 1 of 1

Tax Rate Sales Tax
7 % \$55.65

Invoice Total **\$856.65**

IMPORTANT: No Discounts on Freight
All products are sold without warranty of any kind and purchasers will, by their own tests, determine suitability of such products for their own use. Seller warrants that all goods covered by this invoice were produced in compliance with the requirements of the Fair Labor Standards Act of 1938, as amended. Seller specifically disclaims and excludes any warranty of merchantability and any warranty of fitness for a particular purpose.
NO CLAIMS FOR LOSS, DAMAGE OR LEAKAGE ALLOWED AFTER DELIVERY IS MADE IN GOOD CONDITION.

CHECK REMITTANCE:

Hawkins, Inc.
P.O. Box 860263
Minneapolis, MN 55486-0263

WIRING CONTACT INFORMATION:

Email: Credit.Dept@Hawkinsinc.com

Phone Number: (612) 617-8581

Fax Number: (612) 225-6702

FINANCIAL INSTITUTION:

US Bank
800 Nicollet Mall
Minneapolis, MN 55402

Account Name: Hawkins, Inc.

Account #: 180120759469

ABA/Routing #: 091000022

Swift Code#: USBKUS44IMT

Type of Account: Corporate Checking

ACH PAYMENTS:

CTX (Corporate Trade Exchange) is our preferred method. Please remember to include in the addendum the document numbers pertaining to the payment.

For other than CTX, the remit to information may be emailed to Credit.Dept@Hawkinsinc.com

CASH IN ADVANCE/EFT PAYMENTS:

Please list the Hawkins, Inc. sales order number or your purchase order number if the invoice has not been processed yet.

This contractor and subcontractor shall abide by the requirements of 41 CFR §§801.4(a), 80-300.5(a) and 60-741.5(a). These regulations prohibit discrimination against qualified individuals based on their status as protected veterans or individuals with disabilities, and prohibit discrimination against all individuals based on their race, color, religion, sex, or national origin. Moreover, these regulations require that covered prime contractors and subcontractors take affirmative action to employ and advance in employment individuals without regard to race, color, religion, sex, national origin, protected veteran status or disability.

www.hawkinsinc.com

Job# 4563644

Original



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

INVOICE

Total Invoice	\$1,435.09
Invoice Number	6779189
Invoice Date	6/11/24
Sales Order Number/Type	4546213 SL
Branch Plant	76
Shipment Number	5408630

Sold To: **292342**
ACCOUNTS PAYABLE
THE LANDINGS AT LAKE HENRY
27777 Franklin Rd Ste 200 SI
Southfield MI 48034

Ship To: **296619**
THE LANDINGS AT LAKE HENRY - WWTP
3101 US Hwy 17/92 West
WWTP
Haines City FL 33844

Net Due Date	Terms	FOB Description	Ship Via	Customer P.O.#	P.O. Release	Sales Agent #
7/11/24	Net 30	PPD Origin	HWTG			357

Line #	Item Number	Item Name/ Description	Tax	Qty Shipped	Trans UOM	Unit Price	Price UOM	Weight Net/Gross	Extended Price
1.000	41930	Azone - EPA Reg. No. 7870-1	Y	420.0000	GA	\$3.1800	GA	4,061.4 LB	\$1,335.60
		1 LB BLK (Mini-Bulk)		420.0000	GA			4,061.4 GW	
1.010	Fuel Surcharge	Freight	Y	1.0000	EA	\$6.0000			\$6.00

***** 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.

Page 1 of 1

Tax Rate Sales Tax
7 % \$93.49

Invoice Total

\$1,435.09

No Discounts on Freight
IMPORTANT: All products are sold without warranty of any kind and purchasers will, by their own tests, determine suitability of such products for their own use. Seller warrants that all goods covered by this invoice were produced in compliance with the requirements of the Fair Labor Standards Act of 1938, as amended. Seller specifically disclaims and excludes any warranty of merchantability and any warranty of fitness for a particular purpose.
NO CLAIMS FOR LOSS, DAMAGE OR LEAKAGE ALLOWED AFTER DELIVERY IS MADE IN GOOD CONDITION.

CHECK REMITTANCE:

Hawkins, Inc.
P.O. Box 860263
Minneapolis, MN 55486-0263

WIRING CONTACT INFORMATION:

Email: Credit.Dept@HawkinsInc.com

Phone Number: (612) 617-8581

Fax Number: (612) 225-6702

FINANCIAL INSTITUTION:

US Bank
800 Nicollet Mall
Minneapolis, MN 55402

Account Name: Hawkins, Inc.

Account #: 180120759469

ABA/Routing #: 091000022

Swift Code: USBKUS44IMT

Type of Account: Corporate Checking

ACH PAYMENTS:

CTX (Corporate Trade Exchange) is our preferred method. Please remember to include in the addendum the document numbers pertaining to the payment.

For other than CTX, the remit to information may be emailed to Credit.Dept@HawkinsInc.com

CASH IN ADVANCE/EFT PAYMENTS:

Please list the Hawkins, Inc. sales order number or your purchase order number if the invoice has not been processed yet.

This contractor and subcontractor shall abide by the requirements of 41 CFR §§80-1.4(a), 60-300.5(a) and 60-741.5(a). These regulations prohibit discrimination against qualified individuals based on their status as protected veterans or individuals with disabilities, and prohibit discrimination against all individuals based on their race, color, religion, sex, or national origin. Moreover, these regulations require that covered prime contractors and subcontractors take affirmative action to employ and advance in employment individuals without regard to race, color, religion, sex, national origin, protected veteran status or disability.

www.hawkinsinc.com

Job# 4616279

Original



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

INVOICE

Total Invoice **\$1,196.91**
Invoice Number 6792608
Invoice Date 6/25/24
Sales Order Number/Type 4558216 SL
Branch Plant 76
Shipment Number 5424465

Sold To: 292342
ACCOUNTS PAYABLE
THE LANDINGS AT LAKE HENRY
27777 Franklin Rd Ste 200 SI
Southfield MI 48034

Ship To: 296619
THE LANDINGS AT LAKE HENRY - WWTP
3101 US Hwy 17/92 West
WWTP
Haines City FL 33844

Net Due Date	Terms	FOB Description	Ship Via	Customer P.O.#			P.O. Release		Sales Agent #
7/25/24	Net 30	PPD Origin	HWTG						357
Line #	Item Number	Item Name/ Description	Tax	Qty Shipped	Trans UOM	Unit Price	Price UOM	Weight Net/Gross	Extended Price
1.000	41930	Azone - EPA Reg. No. 7870-1	Y	350.0000	GA	\$3.1800	GA	3,384.5 LB	\$1,113.00
		1 LB BLK (Mini-Bulk)		350.0000	GA			3,384.5 GW	
1.010	Fuel Surcharge	Freight	Y	1.0000	EA	\$6.0000			\$6.00

***** 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.

Page 1 of 1

Tax Rate 7 %
Sales Tax \$77.91

Invoice Total **\$1,196.91**

No Discounts on Freight
IMPORTANT: All products are sold without warranty of any kind and purchasers will, by their own tests, determine suitability of such products for their own use. Seller warrants that all goods covered by this invoice were produced in compliance with the requirements of the Fair Labor Standards Act of 1938, as amended. Seller specifically disclaims and excludes any warranty of merchantability and any warranty of fitness for a particular purpose.
NO CLAIMS FOR LOSS, DAMAGE OR LEAKAGE ALLOWED AFTER DELIVERY IS MADE IN GOOD CONDITION.

CHECK REMITTANCE:

Hawkins, Inc.
P.O. Box 860263
Minneapolis, MN 55486-0263

WIRING CONTACT INFORMATION:

Email: Credit.Dept@HawkinsInc.com

Phone Number: (612) 617-8581
Fax Number: (612) 225-6702

FINANCIAL INSTITUTION:

US Bank
800 Nicollet Mall
Minneapolis, MN 55402

Account Name: Hawkins, Inc.
Account #: 180120759469
ABA/Routing #: 091000022
Swift Code#: USBKUS44IMT
Type of Account: Corporate Checking

ACH PAYMENTS:

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CASH IN ADVANCE/EFT PAYMENTS:

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This contractor and subcontractor shall abide by the requirements of 41 CFR §§80.14(a), 80-300.5(a) and 80-741.5(a). These regulations prohibit discrimination against qualified individuals based on their status as protected veterans or individuals with disabilities, and prohibit discrimination against all individuals based on their race, color, religion, sex, or national origin. Moreover, these regulations require that covered prime contractors and subcontractors take affirmative action to employ and advance in employment individuals without regard to race, color, religion, sex, national origin, protected veteran status or disability.

www.hawkinsinc.com

Job# 4667076

Original



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

INVOICE

Total Invoice	\$1,384.05
Invoice Number	6813700
Invoice Date	7/18/24
Sales Order Number/Type	4577862 SL
Branch Plant	76
Shipment Number	5450451

Sold To: 292342
ACCOUNTS PAYABLE
THE LANDINGS AT LAKE HENRY
27777 Franklin Rd Ste 200 SI
Southfield MI 48034

Ship To: 296619
THE LANDINGS AT LAKE HENRY - WWTP
3101 US Hwy 17/92 West
WWTP
Haines City FL 33844

Net Due Date	Terms	FOB Description	Ship Via	Customer P.O.#	P.O. Release	Sales Agent #
8/17/24	Net 30	PPD Origin	HWTG			357

Line #	Item Number	Item Name/ Description	Tax	Qty Shipped	Trans UOM	Unit Price	Price UOM	Weight Net/Gross	Extended Price
1.000	41930	Azone - EPA Reg. No. 7870-1	Y	405.0000	GA	\$3.1800	GA	3,916.4 LB	\$1,287.90
		1 LB BLK (Mini-Bulk)		405.0000	GA			3,916.4 GW	
1.010	Fuel Surcharge	Freight	Y	1.0000	EA	\$6.0000			\$6.00

***** 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.

Page 1 of 1

Tax Rate Sales Tax
7 % \$90.15

Invoice Total **\$1,384.05**

No Discounts on Freight
IMPORTANT: All products are sold without warranty of any kind and purchasers will, by their own tests, determine suitability of such products for their own use. Seller warrants that all goods covered by this invoice were produced in compliance with the requirements of the Fair Labor Standards Act of 1938, as amended. Seller specifically disclaims and excludes any warranty of merchantability and any warranty of fitness for a particular purpose.
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CHECK REMITTANCE:

Hawkins, Inc.
P.O. Box 860263
Minneapolis, MN 55486-0263

WIRING CONTACT INFORMATION:

Email: Credit.Dept@Hawkinsinc.com

Phone Number: (612) 617-8581
Fax Number: (612) 225-6702

FINANCIAL INSTITUTION:

US Bank
800 Nicollet Mall
Minneapolis, MN 55402

Account Name: Hawkins, Inc.
Account #: 180120759469
ABA/Routing #: 091000022
Swift Code#: USBKUS44IMT
Type of Account: Corporate Checking

ACH PAYMENTS:

CTX (Corporate Trade Exchange) is our preferred method. Please remember to include in the addendum the document numbers pertaining to the payment.
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CASH IN ADVANCE/EFT PAYMENTS:

Please list the Hawkins, Inc. sales order number or your purchase order number if the invoice has not been processed yet.

This contractor and subcontractor shall abide by the requirements of 41 CFR §101-11.6(a), §101-11.6(b) and §101-11.6(c). These regulations prohibit discrimination against qualified individuals based on their status as protected veterans or individuals with disabilities, and prohibit discrimination against all individuals based on their race, color, religion, sex, or national origin. Moreover, these regulations require that covered prime contractors and subcontractors take affirmative action to employ and advance in employment individuals without regard to race, color, religion, sex, national origin, protected veteran status or disability.

www.hawkinsinc.com

Job# 53215

Original



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

INVOICE

Total Invoice	\$1,042.83
Invoice Number	6827474
Invoice Date	8/2/24
Sales Order Number/Type	4590706 SL
Branch Plant	76
Shipment Number	5467555

Sold To: **292342**
ACCOUNTS PAYABLE
THE LANDINGS AT LAKE HENRY
27777 Franklin Rd Ste 200 SI
Southfield MI 48034

Ship To: **296619**
THE LANDINGS AT LAKE HENRY - WWTP
3101 US Hwy 17/92 West
WWTP
Haines City FL 33844

Net Due Date	Terms	FOB Description	Ship Via	Customer P.O.#			P.O. Release		Sales Agent #
9/1/24	Net 30	PPD Origin	HWTG						357
Line #	Item Number	Item Name/ Description	Tax	Qty Shipped	Trans UOM	Unit Price	Price UOM	Weight Net/Gross	Extended Price
1.000	41930	Azone - EPA Reg. No. 7870-1	Y	300.0000	GA	\$3.2300	GA	2,901.0 LB	\$969.00
		1 LB BLK (Mini-Bulk)		300.0000	GA			2,901.0 GW	
1.010	Fuel Surcharge	Freight	Y	1.0000	EA	\$6.0000			\$6.00

***** 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.

Page 1 of 1

Tax Rate Sales Tax
7 % \$67.83

Invoice Total **\$1,042.83**

No Discounts on Freight
IMPORTANT: All products are sold without warranty of any kind and purchasers will, by their own tests, determine suitability of such products for their own use. Seller warrants that all goods covered by this invoice were produced in compliance with the requirements of the Fair Labor Standards Act of 1938, as amended. Seller specifically disclaims and excludes any warranty of merchantability and any warranty of fitness for a particular purpose.
NO CLAIMS FOR LOSS, DAMAGE OR LEAKAGE ALLOWED AFTER DELIVERY IS MADE IN GOOD CONDITION.

CHECK REMITTANCE:

Hawkins, Inc.
P.O. Box 860263
Minneapolis, MN 55486-0263

WIRING CONTACT INFORMATION:

Email: Credit.Dept@Hawkinsinc.com

Phone Number: (612) 617-8581

Fax Number: (612) 225-6702

FINANCIAL INSTITUTION:

US Bank
800 Nicollet Mall
Minneapolis, MN 55402

Account Name: Hawkins, Inc.

Account #: 180120759469

ABA/Routing #: 091000022

Swift Code#: USBKUS44IMT

Type of Account: Corporate Checking

ACH PAYMENTS:

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CASH IN ADVANCE/EFT PAYMENTS:

Please list the Hawkins, Inc. sales order number or your purchase order number if the invoice has not been processed yet.

This contractor and subcontractor shall abide by the requirements of 41 CFR 3580-14(a), 3580-300.5(a) and 60-741.5(a). These regulations prohibit discrimination against qualified individuals based on their status as protected veterans or individuals with disabilities, and prohibit discrimination against all individuals based on their race, color, religion, sex, or national origin. Moreover, these regulations require that covered prime contractors and subcontractors take affirmative action to employ and advance in employment individuals without regard to race, color, religion, sex, national origin, protected veteran status or disability.

www.hawkinsinc.com

Job# 113334

Original



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

INVOICE

Total Invoice	\$576.26
Invoice Number	6845806
Invoice Date	8/23/24
Sales Order Number/Type	4607715 SL
Branch Plant	76
Shipment Number	5490106

Sold To: 292342
ACCOUNTS PAYABLE
THE LANDINGS AT LAKE HENRY
27777 Franklin Rd Ste 200 SI
Southfield MI 48034

Ship To: 296619
THE LANDINGS AT LAKE HENRY - WWTP
3101 US Hwy 17/92 West
WWTP
Haines City FL 33844

Net Due Date	Terms	FOB Description	Ship Via	Customer P.O.#			P.O. Release		Sales Agent #
9/22/24	Net 30	PPD Origin	HWTG						357
Line #	Item Number	Item Name/ Description	Tax	Qty Shipped	Trans UOM	Unit Price	Price UOM	Weight Net/Gross	Extended Price
1.000	41930	Azone - EPA Reg. No. 7870-1	Y	165.0000	GA	\$3.2300	GA	1,595.6 LB	\$532.95
		1 LB BLK (Mini-Bulk)		165.0000	GA			1,595.6 GW	
1.010	Fuel Surcharge	Freight	Y	1.0000	EA	\$6.0000			\$6.00

***** 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.

Page 1 of 1

Tax Rate Sales Tax
7 % \$37.31

Invoice Total **\$576.26**

No Discounts on Freight
IMPORTANT: All products are sold without warranty of any kind and purchasers will, by their own tests, determine suitability of such products for their own use. Seller warrants that all goods covered by this invoice were produced in compliance with the requirements of the Fair Labor Standards Act of 1938, as amended. Seller specifically disclaims and excludes any warranty of merchantability and any warranty of fitness for a particular purpose.
NO CLAIMS FOR LOSS, DAMAGE OR LEAKAGE ALLOWED AFTER DELIVERY IS MADE IN GOOD CONDITION.

CHECK REMITTANCE:
Hawkins, Inc.
P.O. Box 860263
Minneapolis, MN 55486-0263

WIRING CONTACT INFORMATION:
Email: Credit.Dept@Hawkinsinc.com
Phone Number: (612) 617-8581
Fax Number: (612) 225-6702

FINANCIAL INSTITUTION:
US Bank
800 Nicollet Mall
Minneapolis, MN 55402

Account Name: Hawkins, Inc.
Account #: 180120759469
ABA/Routing #: 091000022
Swift Code#: USBKUS44IMT
Type of Account: Corporate Checking

ACH PAYMENTS:
CTX (Corporate Trade Exchange) is our preferred method. Please remember to include in the addendum the document numbers pertaining to the payment.
For other than CTX, the remit to information may be emailed to Credit.Dept@Hawkinsinc.com

CASH IN ADVANCE/EFT PAYMENTS:
Please list the Hawkins, Inc. sales order number or your purchase order number if the invoice has not been processed yet.

This contractor and subcontractor shall abide by the requirements of 41 CFR §§801.44(a), 80-300.5(a) and 80-741.5(a). These regulations prohibit discrimination against qualified individuals based on their status as protected veterans or individuals with disabilities, and prohibit discrimination against all individuals based on their race, color, religion, sex, or national origin. Moreover, these regulations require that covered prime contractors and subcontractors take affirmative action to employ and advance in employment individuals without regard to race, color, religion, sex, national origin, protected veteran status or disability.

www.hawkinsinc.com

Job# 190567

Original



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

INVOICE

Total Invoice	\$1,388.44
Invoice Number	6850056
Invoice Date	8/28/24
Sales Order Number/Type	4611057 SL
Branch Plant	76
Shipment Number	5494410

Sold To: 292342
ACCOUNTS PAYABLE
THE LANDINGS AT LAKE HENRY
27777 Franklin Rd Ste 200 SI
Southfield MI 48034

Ship To: 296619
THE LANDINGS AT LAKE HENRY - WWTP
3101 US Hwy 17/92 West
WWTP
Haines City FL 33844

Net Due Date	Terms	FOB Description	Ship Via	Customer P.O.#			P.O. Release		Sales Agent #
9/27/24	Net 30	PPD Origin	HWTG						357
Line #	Item Number	Item Name/ Description	Tax	Qty Shipped	Trans UOM	Unit Price	Price UOM	Weight Net/Gross	Extended Price
1.000	41930	Azone - EPA Reg. No. 7870-1	Y	400.0000	GA	\$3.2300	GA	3,868.0 LB	\$1,292.00
		1 LB BLK (Mini-Bulk)		400.0000	GA			3,868.0 GW	
1.010	Fuel Surcharge	Freight	Y	1.0000	EA	\$6.0000			\$6.00

***** 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.

Page 1 of 1

Tax Rate
7 %

Sales Tax
\$90.44

Invoice Total

\$1,388.44

No Discounts on Freight
IMPORTANT: All products are sold without warranty of any kind and purchasers will, by their own tests, determine suitability of such products for their own use. Seller warrants that all goods covered by this invoice were produced in compliance with the requirements of the Fair Labor Standards Act of 1938, as amended. Seller specifically disclaims and excludes any warranty of merchantability and any warranty of fitness for a particular purpose.
NO CLAIMS FOR LOSS, DAMAGE OR LEAKAGE ALLOWED AFTER DELIVERY IS MADE IN GOOD CONDITION.

CHECK REMITTANCE:

Hawkins, Inc.
P.O. Box 860263
Minneapolis, MN 55486-0263

WIRING CONTACT INFORMATION:

Email: Credit.Dept@HawkinsInc.com

Phone Number: (612) 617-8581
Fax Number: (612) 225-6702

FINANCIAL INSTITUTION:

US Bank
800 Nicollet Mall
Minneapolis, MN 55402

Account Name: Hawkins, Inc.

Account #: 180120759469

ABA/Routing #: 091000022

Swift Code#: USBKUS44INT

Type of Account: Corporate Checking

ACH PAYMENTS:

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CASH IN ADVANCE/EFT PAYMENTS:

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www.hawkinsinc.com

Job# 208075

Original



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

INVOICE

Total Invoice	\$835.46
Invoice Number	6859887
Invoice Date	9/11/24
Sales Order Number/Type	4621300 SL
Branch Plant	76
Shipment Number	5508001

Sold To: 292342
ACCOUNTS PAYABLE
THE LANDINGS AT LAKE HENRY
27777 Franklin Rd Ste 200 SI
Southfield MI 48034

Ship To: 296619
THE LANDINGS AT LAKE HENRY - WWTP
3101 US Hwy 17/92 West
WWTP
Haines City FL 33844

Net Due Date	Terms	FOB Description	Ship Via	Customer P.O.#			P.O. Release		Sales Agent #
10/11/24	Net 30	PPD Origin	HWTG						357
Line #	Item Number	Item Name/ Description	Tax	Qty Shipped	Trans UOM	Unit Price	Price UOM	Weight Net/Gross	Extended Price
1.000	41930	Azone - EPA Reg. No. 7870-1	Y	240.0000	GA	\$3.2300	GA	2,320.8 LB	\$775.20
		1 LB BLK (Mini-Bulk)		240.0000	GA			2,320.8 GW	
1.010	Fuel Surcharge	Freight	Y	1.0000	EA	\$6.0000			\$6.00

***** 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.

Page 1 of 1

Tax Rate Sales Tax
7 % \$54.26

Invoice Total **\$835.46**

Important: No Discounts on Freight
All products are sold without warranty of any kind and purchasers will, by their own tests, determine suitability of such products for their own use. Seller warrants that all goods covered by this invoice were produced in compliance with the requirements of the Fair Labor Standards Act of 1938, as amended. Seller specifically disclaims and excludes any warranty of merchantability and any warranty of fitness for a particular purpose.
NO CLAIMS FOR LOSS, DAMAGE OR LEAKAGE ALLOWED AFTER DELIVERY IS MADE IN GOOD CONDITION.

CHECK REMITTANCE:

Hawkins, Inc.
P.O. Box 860263
Minneapolis, MN 55486-0263

WIRING CONTACT INFORMATION:

Email: Credit.Dept@Hawkinsinc.com

Phone Number: (612) 617-8581

Fax Number: (612) 225-6702

FINANCIAL INSTITUTION:

US Bank
800 Nicollet Mall
Minneapolis, MN 55402

Account Name: Hawkins, Inc.

Account #: 180120759469

ABA/Routing #: 091000022

Swift Code#: USBKUS44IMT

Type of Account: Corporate Checking

ACH PAYMENTS:

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www.hawkinsinc.com

Job# 256428

Original



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

INVOICE

Total Invoice	\$593.54
Invoice Number	6877783
Invoice Date	9/30/24
Sales Order Number/Type	4634729 SL
Branch Plant	76
Shipment Number	5525951

Sold To: 292342
ACCOUNTS PAYABLE
THE LANDINGS AT LAKE HENRY
27777 Franklin Rd Ste 200 SI
Southfield MI 48034

Ship To: 296619
THE LANDINGS AT LAKE HENRY - WWTP
3101 US Hwy 17/92 West
WWTP
Haines City FL 33844

Net Due Date	Terms	FOB Description	Ship Via	Customer P.O.#			P.O. Release		Sales Agent #
10/30/24	Net 30	PPD Origin	HWTG						357
Line #	Item Number	Item Name/ Description	Tax	Qty Shipped	Trans UOM	Unit Price	Price UOM	Weight Net/Gross	Extended Price
1.000	41930	Azone - EPA Reg. No. 7870-1	Y	170.0000	GA	\$3.2300	GA	1,643.9 LB	\$549.10
		1 LB BLK (Mini-Bulk)		170.0000	GA			1,643.9 GW	
1.010	Fuel Surcharge	Freight	Y	1.0000	EA	\$6.0000			\$6.00

***** 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.

Page 1 of 1

Tax Rate Sales Tax
7 % \$38.44

Invoice Total **\$593.54**

No Discounts on Freight
IMPORTANT: All products are sold without warranty of any kind and purchasers will, by their own tests, determine suitability of such products for their own use. Seller warrants that all goods covered by this invoice were produced in compliance with the requirements of the Fair Labor Standards Act of 1938, as amended. Seller specifically disclaims and excludes any warranty of merchantability and any warranty of fitness for a particular purpose.
NO CLAIMS FOR LOSS, DAMAGE OR LEAKAGE ALLOWED AFTER DELIVERY IS MADE IN GOOD CONDITION.

CHECK REMITTANCE:

Hawkins, Inc.
P.O. Box 860263
Minneapolis, MN 55486-0263

WIRING CONTACT INFORMATION:

Email: Credit.Dept@Hawkinsinc.com

Phone Number: (612) 331-6910
Fax Number: (612) 225-6702

FINANCIAL INSTITUTION:

US Bank
800 Nicollet Mall
Minneapolis, MN 55402

Account Name: Hawkins, Inc.
Account #: 180120759469
ABA/Routing #: 091000022
Swift Code#: USBKUS44IMT
Type of Account: Corporate Checking

ACH PAYMENTS:

CTX (Corporate Trade Exchange) is our preferred method. Please remember to include in the addendum the document numbers pertaining to the payment.
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CASH IN ADVANCE/EFT PAYMENTS:

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www.hawkinsinc.com

Job# 324367

Original



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

INVOICE

Total Invoice	\$939.15
Invoice Number	6896287
Invoice Date	10/22/24
Sales Order Number/Type	4652102 SL
Branch Plant	76
Shipment Number	5549309

Sold To: 292342
ACCOUNTS PAYABLE
THE LANDINGS AT LAKE HENRY
27777 Franklin Rd Ste 200 SI
Southfield MI 48034

Ship To: 296619
THE LANDINGS AT LAKE HENRY - WWTP
3101 US Hwy 17/92 West
WWTP
Haines City FL 33844

Net Due Date	Terms	FOB Description	Ship Via	Customer P.O.#			P.O. Release		Sales Agent #
11/21/24	Net 30	PPD Origin	HWTG						357
Line #	Item Number	Item Name/ Description	Tax	Qty Shipped	Trans UOM	Unit Price	Price UOM	Weight Net/Gross	Extended Price
1.000	41930	Azone - EPA Reg. No. 7870-1	Y	270.0000	GA	\$3.2300	GA	2,610.9 LB	\$872.10
		1 LB BLK (Mini-Bulk)		270.0000	GA			2,610.9 GW	
1.010	Fuel Surcharge	Freight	Y	1.0000	EA	\$6.0000			\$6.00

***** 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.

Page 1 of 1

Tax Rate Sales Tax
7 % \$61.05

Invoice Total **\$939.15**

No Discounts on Freight
IMPORTANT: All products are sold without warranty of any kind and purchasers will, by their own tests, determine suitability of such products for their own use. Seller warrants that all goods covered by this invoice were produced in compliance with the requirements of the Fair Labor Standards Act of 1938, as amended. Seller specifically disclaims and excludes any warranty of merchantability and any warranty of fitness for a particular purpose.
NO CLAIMS FOR LOSS, DAMAGE OR LEAKAGE ALLOWED AFTER DELIVERY IS MADE IN GOOD CONDITION.

CHECK REMITTANCE:
Hawkins, Inc.
P.O. Box 860263
Minneapolis, MN 55486-0263

WIRING CONTACT INFORMATION:
Email: Credit.Dept@HawkinsInc.com
Phone Number: (612) 331-6910
Fax Number: (612) 225-6702

FINANCIAL INSTITUTION:
US Bank
800 Nicollet Mall
Minneapolis, MN 55402

Account Name: Hawkins, Inc.
Account #: 180120759469
ABA/Routing #: 091000022
Swift Code#: USBKUS44INT
Type of Account: Corporate Checking

ACH PAYMENTS:
CTX (Corporate Trade Exchange) is our preferred method. Please remember to include in the addendum the document numbers pertaining to the payment.
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CASH IN ADVANCE/EFT PAYMENTS:
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www.hawkinsinc.com

Job# 409692

Original



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

INVOICE

Total Invoice	\$1,111.95
Invoice Number	6910292
Invoice Date	11/8/24
Sales Order Number/Type	4665431 SL
Branch Plant	76
Shipment Number	5567123

Sold To: 292342
ACCOUNTS PAYABLE
THE LANDINGS AT LAKE HENRY
27777 Franklin Rd Ste 200 SI
Southfield MI 48034

Ship To: 296619
THE LANDINGS AT LAKE HENRY - WWTP
3101 US Hwy 17/92 West
WWTP
Haines City FL 33844

Net Due Date	Terms	FOB Description	Ship Via	Customer P.O.#			P.O. Release		Sales Agent #
12/8/24	Net 30	PPD Origin	HWTG						357
Line #	Item Number	Item Name/ Description	Tax	Qty Shipped	Trans UOM	Unit Price	Price UOM	Weight Net/Gross	Extended Price
1.000	41930	Azone - EPA Reg. No. 7870-1	Y	320.0000	GA	\$3.2300	GA	3,094.4 LB	\$1,033.60
		1 LB BLK (Mini-Bulk)		320.0000	GA			3,094.4 GW	
1.010	Fuel Surcharge	Freight	Y	1.0000	EA	\$6.0000			\$6.00

***** 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.

Page 1 of 1

Tax Rate Sales Tax
7 % \$72.35

Invoice Total

\$1,111.95

No Discounts on Freight
IMPORTANT: All products are sold without warranty of any kind and purchasers will, by their own tests, determine suitability of such products for their own use. Seller warrants that all goods covered by this invoice were produced in compliance with the requirements of the Fair Labor Standards Act of 1938, as amended. Seller specifically disclaims and excludes any warranty of merchantability and any warranty of fitness for a particular purpose.
NO CLAIMS FOR LOSS, DAMAGE OR LEAKAGE ALLOWED AFTER DELIVERY IS MADE IN GOOD CONDITION.

CHECK REMITTANCE:
Hawkins, Inc.
P.O. Box 860263
Minneapolis, MN 55486-0263

WIRING CONTACT INFORMATION:
Email: Credit.Dept@Hawkinsinc.com

Phone Number: (612) 331-6910
Fax Number: (612) 225-6702

FINANCIAL INSTITUTION:
US Bank
800 Nicollet Mall
Minneapolis, MN 55402

Account Name: Hawkins, Inc.
Account #: 180120759469
ABA/Routing #: 091000022
Swift Code #: USBKUS44INT
Type of Account: Corporate Checking

ACH PAYMENTS:
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Original



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

INVOICE

Total Invoice	\$1,561.25
Invoice Number	6925980
Invoice Date	11/26/24
Sales Order Number/Type	4678257 SL
Branch Plant	76
Shipment Number	5584238

Sold To: 292342
ACCOUNTS PAYABLE
THE LANDINGS AT LAKE HENRY
27777 Franklin Rd Ste 200 SI
Southfield MI 48034

Ship To: 296619
THE LANDINGS AT LAKE HENRY - WWTP
3101 US Hwy 17/92 West
WWTP
Haines City FL 33844

Net Due Date	Terms	FOB Description	Ship Via	Customer P.O.#			P.O. Release		Sales Agent #
12/26/24	Net 30	PPD Origin	HWTG						357
Line #	Item Number	Item Name/ Description	Tax	Qty Shipped	Trans UOM	Unit Price	Price UOM	Weight Net/Gross	Extended Price
1.000	41930	Azone - EPA Reg. No. 7870-1	Y	450.0000	GA	\$3.2300	GA	4,351.5 LB	\$1,453.50
		1 LB BLK (Mini-Bulk)		450.0000	GA			4,351.5 GW	
1.010	Fuel Surcharge	Freight	Y	1.0000	EA	\$6.0000			\$6.00

***** 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.

Page 1 of 1

Tax Rate Sales Tax
7 % \$101.75

Invoice Total **\$1,561.25**

No Discounts on Freight
IMPORTANT: All products are sold without warranty of any kind and purchasers will, by their own tests, determine suitability of such products for their own use. Seller warrants that all goods covered by this invoice were produced in compliance with the requirements of the Fair Labor Standards Act of 1938, as amended. Seller specifically disclaims and excludes any warranty of merchantability and any warranty of fitness for a particular purpose.
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CHECK REMITTANCE:
Hawkins, Inc.
P.O. Box 860263
Minneapolis, MN 55486-0263

WIRING CONTACT INFORMATION:
Email: Credit.Dept@HawkinsInc.com
Phone Number: (612) 331-6910
Fax Number: (612) 225-6702

FINANCIAL INSTITUTION:
US Bank
800 Nicollet Mall
Minneapolis, MN 55402

Account Name: Hawkins, Inc.
Account #: 180120759469
ABA/Routing #: 091000022
Swift Code#: USBKUS44IMT
Type of Account: Corporate Checking

ACH PAYMENTS:
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www.hawkinsinc.com

Job# 541752

Original



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

INVOICE

Total Invoice	\$766.34
Invoice Number	6935919
Invoice Date	12/12/24
Sales Order Number/Type	4689127 SL
Branch Plant	76
Shipment Number	5598750

Sold To: 292342
ACCOUNTS PAYABLE
THE LANDINGS AT LAKE HENRY
27777 Franklin Rd Ste 200 SI
Southfield MI 48034

Ship To: 296619
THE LANDINGS AT LAKE HENRY - WWTP
3101 US Hwy 17/92 West
WWTP
Haines City FL 33844

Net Due Date	Terms	FOB Description	Ship Via	Customer P.O.#			P.O. Release		Sales Agent #
1/11/25	Net 30	PPD Origin	HWTG						357
Line #	Item Number	Item Name/ Description	Tax	Qty Shipped	Trans UOM	Unit Price	Price UOM	Weight Net/Gross	Extended Price
1.000	41930	Azone - EPA Reg. No. 7870-1	Y	220.0000	GA	\$3.2300	GA	2,127.4 LB	\$710.60
		1 LB BLK (Mini-Bulk)		220.0000	GA			2,127.4 GW	
1.010	Fuel Surcharge	Freight	Y	1.0000	EA	\$6.0000			\$6.00

***** 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.

Page 1 of 1

Tax Rate Sales Tax
7 % \$49.74

Invoice Total **\$766.34**

No Discounts on Freight
IMPORTANT: All products are sold without warranty of any kind and purchasers will, by their own tests, determine suitability of such products for their own use. Seller warrants that all goods covered by this invoice were produced in compliance with the requirements of the Fair Labor Standards Act of 1938, as amended. Seller specifically disclaims and excludes any warranty of merchantability and any warranty of fitness for a particular purpose.
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CHECK REMITTANCE:

Hawkins, Inc.
P.O. Box 860263
Minneapolis, MN 55486-0263

WIRING CONTACT INFORMATION:

Email: Credit.Dept@Hawkinsinc.com

Phone Number: (612) 331-6910
Fax Number: (612) 225-6702

FINANCIAL INSTITUTION:

US Bank
800 Nicollet Mall
Minneapolis, MN 55402

Account Name: Hawkins, Inc.
Account #: 180120759469
ABA/Routing #: 091000022
Swift Code#: USBKUS44IMT
Type of Account: Corporate Checking

ACH PAYMENTS:

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www.hawkinsinc.com

Job# 597686

Original



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

INVOICE

Total Invoice	\$1,388.44
Invoice Number	6947454
Invoice Date	12/27/24
Sales Order Number/Type	4698517 SL
Branch Plant	76
Shipment Number	5610877

Sold To: 292342
ACCOUNTS PAYABLE
THE LANDINGS AT LAKE HENRY
27777 Franklin Rd Ste 200 SI
Southfield MI 48034

Ship To: 296619
THE LANDINGS AT LAKE HENRY - WWTP
3101 US Hwy 17/92 West
WWTP
Haines City FL 33844

Net Due Date	Terms	FOB Description	Ship Via	Customer P.O.#			P.O. Release		Sales Agent #
1/26/25	Net 30	PPD Origin	HWTG						357
Line #	Item Number	Item Name/ Description	Tax	Qty Shipped	Trans UOM	Unit Price	Price UOM	Weight Net/Gross	Extended Price
1.000	41930	Azone - EPA Reg. No. 7870-1	Y	400.0000	GA	\$3.2300	GA	3,868.0 LB	\$1,292.00
		1 LB BLK (Mini-Bulk)		400.0000	GA			3,868.0 GW	
1.010	Fuel Surcharge	Freight	Y	1.0000	EA	\$6.0000			\$6.00

***** 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.

Page 1 of 1

Tax Rate Sales Tax
7 % \$90.44

Invoice Total **\$1,388.44**

No Discounts on Freight
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CHECK REMITTANCE:

Hawkins, Inc.
P.O. Box 860263
Minneapolis, MN 55486-0263

WIRING CONTACT INFORMATION:

Email: Credit.Dept@HawkinsInc.com
Phone Number: (612) 331-6910
Fax Number: (612) 225-6702

FINANCIAL INSTITUTION:

US Bank
800 Nicollet Mall
Minneapolis, MN 55402

Account Name: Hawkins, Inc.
Account #: 180120759469
ABA/Routing #: 091000022
Swift Code#: USBKUS44IMT
Type of Account: Corporate Checking

ACH PAYMENTS:

CTX (Corporate Trade Exchange) is our preferred method. Please remember to include in the addendum the document numbers pertaining to the payment.
For other than CTX, the remit to information may be emailed to Credit.Dept@HawkinsInc.com

CASH IN ADVANCE/EFT PAYMENTS:

Please list the Hawkins, Inc. sales order number or your purchase order number if the invoice has not been processed yet.

This contractor and subcontractor shall abide by the requirements of 41 CFR §101-11.6(a), 60-300.5(a) and 60-741.5(a). These regulations prohibit discrimination against qualified individuals based on their status as protected veterans or individuals with disabilities, and prohibit discrimination against all individuals based on their race, color, religion, sex, or national origin. Moreover, these regulations require that covered prime contractors and subcontractors take affirmative action to employ and advance in employment individuals without regard to race, color, religion, sex, national origin, protected veteran status or disability.

www.hawkinsinc.com

Job# 645867

Sun Communities, Inc.
Sun-TLP (Consolidated)
GL Detail | Financial
From Jan 2024 to Dec 2024

Subsidiary: Subsidiary		Property Cc	Property Name	Business L	Account #	Account Na	Transaction Date	Accounting Header	Mer Line	Memo	Document I	Debit	Credit	Balance	Item: Name	Vendor: Lc	NetAsset	Asset: ID
0	Sun US	PTL	The Landings at Lake Henry	Utility	6200-306	Water Tree Bill	12/22/2023	Mar 2024	WTP Chlorine	6652031	\$312.23			\$312.23	FL Utility Company - Water Treatment Chemicals	Hawkins, Inc.		
0	Sun US	PTL	The Landings at Lake Henry	Utility	6200-306	Water Tree Bill	2/1/2024	Feb 2024	Chlorine WTP	6678774	\$482.36			\$482.36	FL Utility Company - Water Treatment Chemicals	Hawkins, Inc.		
0	Sun US	PTL	The Landings at Lake Henry	Utility	6200-306	Water Tree Bill	3/2/2024	Mar 2024	WTP Chlorine	6700980	\$414.31			\$414.31	FL Utility Company - Water Treatment Chemicals	Hawkins, Inc.		
0	Sun US	PTL	The Landings at Lake Henry	Utility	6200-306	Water Tree Bill	3/22/2024	Mar 2024	WTP Chlorine	6715990	\$618.47			\$618.47	FL Utility Company - Water Treatment Chemicals	Hawkins, Inc.		
0	Sun US	PTL	The Landings at Lake Henry	Utility	6200-306	Water Tree Bill	4/27/2024	May 2024	WTP Chlorine	6743439	\$1,162.88			\$1,162.88	FL Utility Company - Water Treatment Chemicals	Hawkins, Inc.		
0	Sun US	PTL	The Landings at Lake Henry	Utility	6200-306	Water Tree Bill	5/10/2024	May 2024	WTP Chlorine	6753649	\$550.42			\$550.42	FL Utility Company - Water Treatment Chemicals	Hawkins, Inc.		
0	Sun US	PTL	The Landings at Lake Henry	Utility	6200-306	Water Tree Bill	5/25/2024	Jun 2024	WTP Chlorine	6767938	\$720.55			\$720.55	FL Utility Company - Water Treatment Chemicals	Hawkins, Inc.		
0	Sun US	PTL	The Landings at Lake Henry	Utility	6200-306	Water Tree Bill	6/7/2024	Sep 2024	WTP Chlorine	6778032	\$1,707.30			\$1,707.30	FL Utility Company - Water Treatment Chemicals	Hawkins, Inc.		
0	Sun US	PTL	The Landings at Lake Henry	Utility	6200-306	Water Tree Bill	7/18/2024	Aug 2024	WTP CHLORINE	6813701	\$1,503.14			\$1,503.14	FL Utility Company - Water Treatment Chemicals	Hawkins, Inc.		
0	Sun US	PTL	The Landings at Lake Henry	Utility	6200-306	Water Tree Bill	8/28/2024	Sep 2024	Chlorine WTP	6850064	\$1,699.49			\$1,699.49	FL Utility Company - Water Treatment Chemicals	Hawkins, Inc.		
0	Sun US	PTL	The Landings at Lake Henry	Utility	6200-306	Water Tree Bill	9/30/2024	Oct 2024	WTP Chlorine	6877794	\$939.15			\$939.15	FL Utility Company - Water Treatment Chemicals	Hawkins, Inc.		
0	Sun US	PTL	The Landings at Lake Henry	Utility	6200-306	Water Tree Bill	10/22/2024	Oct 2024	WTP Chlorine	6898295	\$524.42			\$524.42	FL Utility Company - Water Treatment Chemicals	Hawkins, Inc.		
0	Sun US	PTL	The Landings at Lake Henry	Utility	6200-306	Water Tree Bill	11/28/2024	Dec 2024	WTP Chlorine	6926001	\$731.78			\$731.78	FL Utility Company - Water Treatment Chemicals	Hawkins, Inc.		
0	Sun US	PTL	The Landings at Lake Henry	Utility	6200-306	Water Tree Bill	12/27/2024	Dec 2024	WTP Chlorine	6947455	\$1,077.39			\$1,077.39	FL Utility Company - Water Treatment Chemicals	Hawkins, Inc.		
												TOTAL		\$12,443.89				

Original



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

INVOICE

Total Invoice	\$312.23
Invoice Number	6652031
Invoice Date	12/21/23
Sales Order Number/Type	4417016 SO
Branch Plant	76
Shipment Number	5236243

Sold To: 292342
ACCOUNTS PAYABLE
THE LANDINGS AT LAKE HENRY
27777 Franklin Rd Ste 200 SI
Southfield MI 48034

Ship To: 296618
THE LANDINGS AT LAKE HENRY WTP
3101 US Hwy 17/92 West
WTP
Haines City FL 33844

Net Due Date	Terms	FOB Description	Ship Via	Customer P.O.#			P.O. Release		Sales Agent #
1/20/24	Net 30	PPD Origin	HAWKINS SOUTHEAST FLEET						357
Line #	Item Number	Item Name/ Description	Tax	Qty Shipped	Trans UOM	Unit Price	Price UOM	Weight Net/Gross	Extended Price
1.000	41930	Azone - EPA Reg. No. 7870-1	Y	90.0000	GA	\$3.1800	GA	870.3 LB	\$286.20
		1 LB BLK (Mini-Bulk)		90.0000	GA			870.3 GW	
1.010	Fuel Surcharge	Freight	Y	1.0000	EA	\$6.0000			\$6.00

***** 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.

Page 1 of 1

Tax Rate

Sales Tax

7 %

\$20.03

Invoice Total

\$312.23

No Discounts on Freight

IMPORTANT: All products are sold without warranty of any kind and purchasers will, by their own tests, determine suitability of such products for their own use. Seller warrants that all goods covered by this invoice were produced in compliance with the requirements of the Fair Labor Standards Act of 1938, as amended. Seller specifically disclaims and excludes any warranty of merchantability and any warranty of fitness for a particular purpose.

NO CLAIMS FOR LOSS, DAMAGE OR LEAKAGE
ALLOWED AFTER DELIVERY IS MADE IN GOOD
CONDITION.

CHECK REMITTANCE:

Hawkins, Inc.
P.O. Box 860263
Minneapolis, MN 55486-0263

WIRING CONTACT INFORMATION:

Email: Credit.Dept@Hawkinsinc.com

Phone Number: (612) 617-8581

Fax Number: (612) 225-6702

FINANCIAL INSTITUTION:

US Bank
800 Nicollet Mall
Minneapolis, MN 55402

Account Name: Hawkins, Inc.

Account #: 180120759469

ABA/Routing #: 091000022

Swift Code#: USBKUS44IMT

Type of Account: Corporate Checking

ACH PAYMENTS:

CTX (Corporate Trade Exchange) is our preferred method. Please remember to include in the addendum the document numbers pertaining to the payment. For other than CTX, the remit to information may be emailed to Credit.Dept@Hawkinsinc.com

CASH IN ADVANCE/EFT PAYMENTS:

Please list the Hawkins, Inc. sales order number or your purchase order number if the invoice has not been processed yet.

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www.hawkinsinc.com

Job# 4038893

Original



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

INVOICE

Total Invoice	\$482.36
Invoice Number	6678774
Invoice Date	1/31/24
Sales Order Number/Type	4450108 SL
Branch Plant	76
Shipment Number	5280328

Sold To: 292342
ACCOUNTS PAYABLE
THE LANDINGS AT LAKE HENRY
27777 Franklin Rd Ste 200 SI
Southfield MI 48034

Ship To: 296618
THE LANDINGS AT LAKE HENRY WTP
3101 US Hwy 17/92 West
WTP
Haines City FL 33844

Net Due Date	Terms	FOB Description	Ship Via	Customer P.O.#			P.O. Release		Sales Agent #
3/1/24	Net 30	PPD Origin	HWTG						357
Line #	Item Number	Item Name/ Description	Tax	Qty Shipped	Trans UOM	Unit Price	Price UOM	Weight Net/Gross	Extended Price
1.000	41930	Azone - EPA Reg. No. 7870-1	Y	140.0000	GA	\$3.1800	GA	1,353.8 LB	\$445.20
		1 LB BLK (Mini-Bulk)		140.0000	GA			1,353.8 GW	
1.010	Fuel Surcharge	Freight	Y	1.0000	EA	\$6.0000			\$6.00

***** 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.

Page 1 of 1

Tax Rate

Sales Tax

7 %

\$31.16

Invoice Total

\$482.36

No Discounts on Freight
IMPORTANT: All products are sold without warranty of any kind and purchasers will, by their own tests, determine suitability of such products for their own use. Seller warrants that all goods covered by this invoice were produced in compliance with the requirements of the Fair Labor Standards Act of 1938, as amended. Seller specifically disclaims and excludes any warranty of merchantability and any warranty of fitness for a particular purpose.
NO CLAIMS FOR LOSS, DAMAGE OR LEAKAGE ALLOWED AFTER DELIVERY IS MADE IN GOOD CONDITION.

CHECK REMITTANCE:

Hawkins, Inc.
P.O. Box 860263
Minneapolis, MN 55486-0263

WIRING CONTACT INFORMATION:

Email: Credit.Dept@HawkinsInc.com

Phone Number: (612) 617-8581

Fax Number: (612) 225-6702

FINANCIAL INSTITUTION:

US Bank
800 Nicollet Mall
Minneapolis, MN 55402

Account Name: Hawkins, Inc.

Account #: 180120759469

ABA/Routing #: 091000022

Swift Code#: USBKUS44IMT

Type of Account: Corporate Checking

ACH PAYMENTS:

CTX (Corporate Trade Exchange) is our preferred method. Please remember to include in the addendum the document numbers pertaining to the payment.
For other than CTX, the remit to information may be emailed to Credit.Dept@HawkinsInc.com

CASH IN ADVANCE/EFT PAYMENTS:

Please list the Hawkins, Inc. sales order number or your purchase order number if the invoice has not been processed yet.

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www.hawkinsinc.com

Job# 4161246

Original



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

INVOICE

Total Invoice	\$414.31
Invoice Number	6700980
Invoice Date	3/1/24
Sales Order Number/Type	4471936 SL
Branch Plant	76
Shipment Number	5309052

Sold To: 292342
ACCOUNTS PAYABLE
THE LANDINGS AT LAKE HENRY
27777 Franklin Rd Ste 200 SI
Southfield MI 48034

Ship To: 296618
THE LANDINGS AT LAKE HENRY WTP
3101 US Hwy 17/92 West
WTP
Haines City FL 33844

Net Due Date	Terms	FOB Description	Ship Via	Customer P.O.#			P.O. Release		Sales Agent #
3/31/24	Net 30	PPD Origin	HWTG						357
Line #	Item Number	Item Name/ Description	Tax	Qty Shipped	Trans UOM	Unit Price	Price UOM	Weight Net/Gross	Extended Price
1.000	41930	Azone - EPA Reg. No. 7870-1	Y	120.0000	GA	\$3.1800	GA	1,160.4 LB	\$381.60
		1 LB BLK (Mini-Bulk)		120.0000	GA			1,160.4 GW	
1.010	Fuel Surcharge	Freight	Y	1.0000	EA	\$6.0000			\$6.00

***** 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.

Page 1 of 1

Tax Rate

Sales Tax

Invoice Total

\$414.31

7 %

\$26.71

No Discounts on Freight

IMPORTANT: All products are sold without warranty of any kind and purchasers will, by their own tests, determine suitability of such products for their own use. Seller warrants that all goods covered by this invoice were produced in compliance with the requirements of the Fair Labor Standards Act of 1938, as amended. Seller specifically disclaims and excludes any warranty of merchantability and any warranty of fitness for a particular purpose.

NO CLAIMS FOR LOSS, DAMAGE OR LEAKAGE
ALLOWED AFTER DELIVERY IS MADE IN GOOD
CONDITION.

CHECK REMITTANCE:

Hawkins, Inc.
P.O. Box 860263
Minneapolis, MN 55486-0263

WIRING CONTACT INFORMATION:

Email: Credit.Dept@Hawkinsinc.com

Phone Number: (612) 617-8581

Fax Number: (612) 225-6702

FINANCIAL INSTITUTION:

US Bank
800 Nicollet Mall
Minneapolis, MN 55402

Account Name: Hawkins, Inc.

Account #: 180120759469

ABA/Routing #: 091000022

Swift Code#: USBKUS44IMT

Type of Account: Corporate Checking

ACH PAYMENTS:

CTX (Corporate Trade Exchange) is our preferred method. Please remember to include in the addendum the document numbers pertaining to the payment. For other than CTX, the remit to information may be emailed to Credit.Dept@Hawkinsinc.com

CASH IN ADVANCE/EFT PAYMENTS:

Please list the Hawkins, Inc. sales order number or your purchase order number if the invoice has not been processed yet.

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www.hawkinsinc.com

Job# 4262639

Original



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

INVOICE

Total Invoice	\$618.47
Invoice Number	6715990
Invoice Date	3/21/24
Sales Order Number/Type	4485888 SL
Branch Plant	76
Shipment Number	5327787

Sold To: 292342
ACCOUNTS PAYABLE
THE LANDINGS AT LAKE HENRY
27777 Franklin Rd Ste 200 SI
Southfield MI 48034

Ship To: 296618
THE LANDINGS AT LAKE HENRY WTP
3101 US Hwy 17/92 West
WTP
Haines City FL 33844

Net Due Date	Terms	FOB Description	Ship Via	Customer P.O.#		P.O. Release		Sales Agent #	
4/20/24	Net 30	PPD Origin	HWTG					357	
Line #	Item Number	Item Name/ Description	Tax	Qty Shipped	Trans UOM	Unit Price	Price UOM	Weight Net/Gross	Extended Price
1.000	41930	Azone - EPA Reg. No. 7870-1	Y	180.0000	GA	\$3.1800	GA	1,740.6 LB	\$572.40
		1 LB BLK (Mini-Bulk)		180.0000	GA			1,740.6 GW	
1.010	Fuel Surcharge	Freight	Y	1.0000	EA	\$6.0000			\$6.00

***** 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.

Page 1 of 1

Tax Rate

Sales Tax

7 %

\$40.07

Invoice Total

\$618.47

No Discounts on Freight
IMPORTANT: All products are sold without warranty of any kind and purchasers will, by their own tests, determine suitability of such products for their own use. Seller warrants that all goods covered by this invoice were produced in compliance with the requirements of the Fair Labor Standards Act of 1938, as amended. Seller specifically disclaims and excludes any warranty of merchantability and any warranty of fitness for a particular purpose.
NO CLAIMS FOR LOSS, DAMAGE OR LEAKAGE ALLOWED AFTER DELIVERY IS MADE IN GOOD CONDITION.

CHECK REMITTANCE:

Hawkins, Inc.
P.O. Box 860263
Minneapolis, MN 55486-0263

WIRING CONTACT INFORMATION:

Email: Credit.Dept@HawkinsInc.com

Phone Number: (612) 617-8581

Fax Number: (612) 225-6702

FINANCIAL INSTITUTION:

US Bank
800 Nicollet Mall
Minneapolis, MN 55402

Account Name: Hawkins, Inc.

Account #: 1801207 59469

ABA/Routing #: 091000022

Swift Code#: USBKUS44IMT

Type of Account: Corporate Checking

ACH PAYMENTS:

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www.hawkinsinc.com

Job# 4329951

Original



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

INVOICE

Total Invoice	\$1,162.88
Invoice Number	6743439
Invoice Date	4/26/24
Sales Order Number/Type	4511849 SL
Branch Plant	76
Shipment Number	5363252

Sold To: 292342
ACCOUNTS PAYABLE
THE LANDINGS AT LAKE HENRY
27777 Franklin Rd Ste 200 SI
Southfield MI 48034

Ship To: 296619
THE LANDINGS AT LAKE HENRY - WWTP
3101 US Hwy 17/92 West
WWTP
Haines City FL 33844

Net Due Date	Terms	FOB Description	Ship Via	Customer P.O.#			P.O. Release		Sales Agent #
5/26/24	Net 30	PPD Origin	HWTG						357
Line #	Item Number	Item Name/ Description	Tax	Qty Shipped	Trans UOM	Unit Price	Price UOM	Weight Net/Gross	Extended Price
1.000	41930	Azone - EPA Reg. No. 7870-1	Y	340.0000	GA	\$3.1800	GA	3,287.8 LB	\$1,081.20
		1 LB BLK (Mini-Bulk)		340.0000	GA			3,287.8 GW	
1.010	Fuel Surcharge	Freight	Y	1.0000	EA	\$6.0000			\$6.00

***** 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.

Page 1 of 1

Tax Rate

Sales Tax

7 %

\$75.68

Invoice Total

\$1,162.88

No Discounts on Freight

IMPORTANT: All products are sold without warranty of any kind and purchasers will, by their own tests, determine suitability of such products for their own use. Seller warrants that all goods covered by this invoice were produced in compliance with the requirements of the Fair Labor Standards Act of 1938, as amended. Seller specifically disclaims and excludes any warranty of merchantability and any warranty of fitness for a particular purpose.

NO CLAIMS FOR LOSS, DAMAGE OR LEAKAGE ALLOWED AFTER DELIVERY IS MADE IN GOOD CONDITION.

CHECK REMITTANCE:

Hawkins, Inc.
P.O. Box 860263
Minneapolis, MN 55486-0263

WIRING CONTACT INFORMATION:

Email: Credit.Dept@Hawkinsinc.com

Phone Number: (612) 617-8581

Fax Number: (612) 225-6702

FINANCIAL INSTITUTION:

US Bank
800 Nicollet Mall
Minneapolis, MN 55402

Account Name: Hawkins, Inc.

Account #: 180120759469

ABA/Routing #: 091000022

Swift Code#: USBKUS44IMT

Type of Account: Corporate Checking

ACH PAYMENTS:

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CASH IN ADVANCE/EFT PAYMENTS:

Please list the Hawkins, Inc. sales order number or your purchase order number if the invoice has not been processed yet.

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www.hawkinsinc.com

Job# 4457271

Original



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

INVOICE

Total Invoice	\$550.42
Invoice Number	6753649
Invoice Date	5/10/24
Sales Order Number/Type	4522251 SL
Branch Plant	76
Shipment Number	5376856

Sold To: 292342
ACCOUNTS PAYABLE
THE LANDINGS AT LAKE HENRY
27777 Franklin Rd Ste 200 SI
Southfield MI 48034

Ship To: 296618
THE LANDINGS AT LAKE HENRY WTP
3101 US Hwy 17/92 West
WTP
Haines City FL 33844

Net Due Date	Terms	FOB Description	Ship Via	Customer P O.#			P.O. Release		Sales Agent #
6/9/24	Net 30	PPD Origin	HWTG						357
Line #	Item Number	Item Name/ Description	Tax	Qty Shipped	Trans UOM	Unit Price	Price UOM	Weight Net/Gross	Extended Price
1.000	41930	Azone - EPA Reg. No. 7870-1	Y	160.0000	GA	\$3.1800	GA	1,547.2 LB	\$508.80
		1 LB BLK (Mini-Bulk)		160.0000	GA			1,547.2 GW	
1.010	Fuel Surcharge	Freight	Y	1.0000	EA	\$6.0000			\$6.00

***** 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.

Page 1 of 1

Tax Rate

Sales Tax

7 %

\$35.62

Invoice Total

\$550.42

No Discounts on Freight
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CHECK REMITTANCE:

Hawkins, Inc.
P.O. Box 860263
Minneapolis, MN 55486-0263

WIRING CONTACT INFORMATION:

Email: Credit.Dept@HawkinsInc.com

Phone Number: (612) 617-8581

Fax Number: (612) 225-6702

FINANCIAL INSTITUTION:

US Bank
800 Nicollet Mall
Minneapolis, MN 55402

Account Name: Hawkins, Inc.

Account #: 180120759469

ABA/Routing #: 091000022

Swift Code#: USBKUS44IMT

Type of Account: Corporate Checking

ACH PAYMENTS:

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CASH IN ADVANCE/EFT PAYMENTS:

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www.hawkinsinc.com

Job# 4505865

Original



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

INVOICE

Total Invoice	\$720.55
Invoice Number	6767938
Invoice Date	5/25/24
Sales Order Number/Type	4534310 SL
Branch Plant	76
Shipment Number	5392875

Sold To: 292342
ACCOUNTS PAYABLE
THE LANDINGS AT LAKE HENRY
27777 Franklin Rd Ste 200 SI
Southfield MI 48034

Ship To: 296618
THE LANDINGS AT LAKE HENRY WTP
3101 US Hwy 17/92 West
WTP
Haines City FL 33844

Net Due Date		Terms	FOB Description	Ship Via	Customer P.O.#			P.O. Release		Sales Agent #
6/24/24		Net 30	PPD Origin	HWTG						357
Line #	Item Number	Item Name/ Description	Tax	Qty Shipped	Trans UOM	Unit Price	Price UOM	Weight Net/Gross	Extended Price	
1.000	41930	Azone - EPA Reg. No. 7870-1	Y	210.0000	GA	\$3.1800	GA	2,030.7 LB	\$667.80	
		1 LB BLK (Mini-Bulk)		210.0000	GA			2,030.7 GW		
1.010	Fuel Surcharge	Freight	Y	1.0000	EA	\$6.0000			\$6.00	

***** 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.

Page 1 of 1

Tax Rate
7 %

Sales Tax
\$46.75

Invoice Total

\$720.55

No Discounts on Freight
IMPORTANT: All products are sold without warranty of any kind and purchasers will, by their own tests, determine suitability of such products for their own use. Seller warrants that all goods covered by this invoice were produced in compliance with the requirements of the Fair Labor Standards Act of 1938, as amended. Seller specifically disclaims and excludes any warranty of merchantability and any warranty of fitness for a particular purpose.
NO CLAIMS FOR LOSS, DAMAGE OR LEAKAGE ALLOWED AFTER DELIVERY IS MADE IN GOOD CONDITION.

CHECK REMITTANCE:
Hawkins, Inc.
P.O. Box 860763
Minneapolis, MN 55486-0263

WIRING CONTACT INFORMATION:
Email: Credit.Dept@HawkinsInc.com

Phone Number: (612) 617-8581
Fax Number: (612) 225-6702

FINANCIAL INSTITUTION:
US Bank
800 Nicollet Mall
Minneapolis, MN 55402

Account Name: Hawkins, Inc.
Account #: 180120759469
ABA/Routing #: 091000022
Swift Code: USBKUS44INT
Type of Account: Corporate Checking

ACH PAYMENTS:
CTX (Corporate Trade Exchange) is our preferred method. Please remember to include in the addendum the document numbers pertaining to the payment.
For other than CTX, the remit to information may be emailed to Credit.Dept@HawkinsInc.com

CASH IN ADVANCE/EFT PAYMENTS:
Please list the Hawkins, Inc. sales order number or your purchase order number if the invoice has not been processed yet.

This contractor and subcontractor shall abide by the requirements of 41 CFR §§60-1.4(a), 60-300.5(a) and 60-741.5(a). These regulations prohibit discrimination against qualified individuals based on their status as protected veterans or individuals with disabilities, and prohibit discrimination against all individuals based on their race, color, religion, sex, or national origin. Moreover, these regulations require that covered prime contractors and subcontractors take affirmative action to employ and advance in employment individuals without regard to race, color, religion, sex, national origin, protected veteran status or disability.

www.hawkinsinc.com

Job# 4563644

Original



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

INVOICE

Total Invoice	\$1,707.30
Invoice Number	6778032
Invoice Date	6/7/24
Sales Order Number/Type	4544280 SL
Branch Plant	76
Shipment Number	5406030

Sold To: 292342
ACCOUNTS PAYABLE
THE LANDINGS AT LAKE HENRY
27777 Franklin Rd Ste 200 SI
Southfield MI 48034

Ship To: 296618
THE LANDINGS AT LAKE HENRY WTP
3101 US Hwy 17/92 West
WTP
Haines City FL 33844

Net Due Date	Terms	FOB Description	Ship Via	Customer P.O.#			P.O. Release		Sales Agent #
7/7/24	Net 30	PPD Origin	HWTG						357
Line #	Item Number	Item Name/ Description	Tax	Qty Shipped	Trans UOM	Unit Price	Price UOM	Weight Net/Gross	Extended Price
1.000	41930	Azone - EPA Reg. No. 7870-1	Y	500.0000	GA	\$3.1800	GA	4,835.0 LB	\$1,590.00
		1 LB BLK (Mini-Bulk)		500.0000	GA			4,835.0 GW	
1.010	Fuel Surcharge	Freight	Y	1.0000	EA	\$6.0000			\$6.00
2.000	43019	Tank, 500 GL Vertical SD	Y	1.0000	EA	\$0.0000	EA	153.0 LB	\$0.00
		900500-A-2100XX1		1.0000	EA			153.0 GW	
Demurrage charges may be invoiced if not returned timely.									
2.001	43020	Tank, 500 GL Vertical SD	N	1.0000	EA	\$0.0000	RT	153.0 LB	\$0.00
		ECH - Used		1.0000	RT			153.0 GW	

Related Order #: 4544280

***** 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.

Page 1 of 1

Tax Rate

Sales Tax

7 %

\$111.30

Invoice Total

\$1,707.30

No Discounts on Freight
IMPORTANT: All products are sold without warranty of any kind and purchasers will, by their own tests, determine suitability of such products for their own use. Seller warrants that all goods covered by this invoice were produced in compliance with the requirements of the Fair Labor Standards Act of 1938, as amended. Seller specifically disclaims and excludes any warranty of merchantability and any warranty of fitness for a particular purpose.
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CHECK REMITTANCE:

Hawkins, Inc.
P.O. Box 860263
Minneapolis, MN 55486-0263

WIRING CONTACT INFORMATION:

Email: Credit.Dept@HawkinsInc.com

Phone Number: (612) 617-8581

Fax Number: (612) 225-6702

FINANCIAL INSTITUTION:

US Bank
800 Nicollet Mall
Minneapolis, MN 55402

Account Name: Hawkins, Inc.

Account #: 180120759469

ABA/Routing #: 091000022

Swift Code#: USBKUS44IMT

Type of Account: Corporate Checking

ACH PAYMENTS:

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CASH IN ADVANCE/EFT PAYMENTS:

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www.hawkinsinc.com

Job# 4611315

Original



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

INVOICE

Total Invoice	\$1,503.14
Invoice Number	6813701
Invoice Date	7/18/24
Sales Order Number/Type	4577863 SL
Branch Plant	76
Shipment Number	5450563

Sold To: 292342
ACCOUNTS PAYABLE
THE LANDINGS AT LAKE HENRY
27777 Franklin Rd Ste 200 SI
Southfield MI 48034

Ship To: 296618
THE LANDINGS AT LAKE HENRY WTP
3101 US Hwy 17/92 West
WTP
Haines City FL 33844

Net Due Date		Terms	FOB Description	Ship Via	Customer P.O.#			P.O. Release		Sales Agent #
8/17/24		Net 30	PPD Origin	HWTG						357
Line #	Item Number	Item Name/ Description	Tax	Qty Shipped	Trans UOM	Unit Price	Price UOM	Weight Net/Gross	Extended Price	
1.000	41930	Azone - EPA Reg. No. 7870-1	Y	440.0000	GA	\$3.1800	GA	4,254.8 LB	\$1,399.20	
		1 LB BLK (Mini-Bulk)		440.0000	GA			4,254.8 GW		
1.010	Fuel Surcharge	Freight	Y	1.0000	EA	\$6.0000			\$6.00	

***** 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.

Page 1 of 1

Tax Rate
7 %

Sales Tax
\$97.94

Invoice Total

\$1,503.14

No Discounts on Freight
IMPORTANT: All products are sold without warranty of any kind and purchasers will, by their own tests, determine suitability of such products for their own use. Seller warrants that all goods covered by this invoice were produced in compliance with the requirements of the Fair Labor Standards Act of 1938, as amended. Seller specifically disclaims and excludes any warranty of merchantability and any warranty of fitness for a particular purpose.

**NO CLAIMS FOR LOSS, DAMAGE OR LEAKAGE
ALLOWED AFTER DELIVERY IS MADE IN GOOD
CONDITION.**

CHECK REMITTANCE:
Hawkins, Inc.
P.O. Box 860263
Minneapolis, MN 55486-0263

WIRING CONTACT INFORMATION:
Email: Credit.Dept@HawkinsInc.com

Phone Number: (612) 617-8581
Fax Number: (612) 225-6702

FINANCIAL INSTITUTION:
US Bank
800 Nicollet Mall
Minneapolis, MN 55402

Account Name: Hawkins, Inc.
Account #: 180120759469
ABA/Routing #: 091000022
Swift Code#: USBKUS44IMT
Type of Account: Corporate Checking

ACH PAYMENTS:
CTX (Corporate Trade Exchange) is our preferred method. Please remember to include in the addendum the document numbers pertaining to the payment.
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CASH IN ADVANCE/EFT PAYMENTS:
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www.hawkinsinc.com

Job# 53215

Original



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

INVOICE

Total Invoice	\$1,699.49
Invoice Number	6850064
Invoice Date	8/28/24
Sales Order Number/Type	4611094 SL
Branch Plant	76
Shipment Number	5494472

Sold To: 292342
ACCOUNTS PAYABLE
THE LANDINGS AT LAKE HENRY
27777 Franklin Rd Ste 200 SI
Southfield MI 48034

Ship To: 296618
THE LANDINGS AT LAKE HENRY WTP
3101 US Hwy 17/92 West
WTP
Haines City FL 33844

Net Due Date	Terms	FOB Description	Ship Via	Customer P.O.#			P.O. Release		Sales Agent #
9/27/24	Net 30	PPD Origin	HWTG						357
Line #	Item Number	Item Name/ Description	Tax	Qty Shipped	Trans UOM	Unit Price	Price UOM	Weight Net/Gross	Extended Price
1.000	41930	Azone - EPA Reg. No. 7870-1	Y	490.0000	GA	\$3.2300	GA	4,738.3 LB	\$1,582.70
		1 LB BLK (Mini-Bulk)		490.0000	GA			4,738.3 GW	
1.010	Fuel Surcharge	Freight	Y	1.0000	EA	\$6.0000			\$6.00

***** 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.

Page 1 of 1

Tax Rate

Sales Tax

Invoice Total

\$1,699.49

7 %

\$110.79

No Discounts on Freight

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NO CLAIMS FOR LOSS, DAMAGE OR LEAKAGE ALLOWED AFTER DELIVERY IS MADE IN GOOD CONDITION.

CHECK REMITTANCE:

Hawkins, Inc.
P.O. Box 860263
Minneapolis, MN 55486-0263

WIRING CONTACT INFORMATION:

Email: Credit.Dept@Hawkinsinc.com

Phone Number: (612) 617-8581

Fax Number: (612) 225-6702

FINANCIAL INSTITUTION:

US Bank
800 Nicollet Mall
Minneapolis, MN 55402

Account Name: Hawkins, Inc.

Account #: 180120759469

ABA/Routing #: 091000022

Swift Code#: USBKUS44IMT

Type of Account: Corporate Checking

ACH PAYMENTS:

CTX (Corporate Trade Exchange) is our preferred method. Please remember to include in the addendum the document numbers pertaining to the payment. For other than CTX, the remit to information may be emailed to Credit.Dept@Hawkinsinc.com

CASH IN ADVANCE/EFT PAYMENTS:

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www.hawkinsinc.com

Job# 208075

Original



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

INVOICE

Total Invoice	\$939.15
Invoice Number	6877794
Invoice Date	9/30/24
Sales Order Number/Type	4634765 SL
Branch Plant	76
Shipment Number	5526009

Sold To: 292342
ACCOUNTS PAYABLE
THE LANDINGS AT LAKE HENRY
27777 Franklin Rd Ste 200 SI
Southfield MI 48034

Ship To: 296618
THE LANDINGS AT LAKE HENRY WTP
3101 US Hwy 17/92 West
WTP
Haines City FL 33844

Net Due Date	Terms	FOB Description	Ship Via	Customer P.O.#			P.O. Release		Sales Agent #
10/30/24	Net 30	PPD Origin	HWTG						357
Line #	Item Number	Item Name/ Description	Tax	Qty Shipped	Trans UOM	Unit Price	Price UOM	Weight Net/Gross	Extended Price
1.000	41930	Azone - EPA Reg. No. 7870-1	Y	270.0000	GA	\$3.2300	GA	2,610.9 LB	\$872.10
		1 LB BLK (Mini-Bulk)		270.0000	GA			2,610.9 GW	
1.010	Fuel Surcharge	Freight	Y	1.0000	EA	\$6.0000			\$6.00

***** 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.

Page 1 of 1

Tax Rate

Sales Tax

7 %

\$61.05

Invoice Total

\$939.15

No Discounts on Freight
IMPORTANT: All products are sold without warranty of any kind and purchasers will, by their own tests, determine suitability of such products for their own use. Seller warrants that all goods covered by this invoice were produced in compliance with the requirements of the Fair Labor Standards Act of 1938, as amended. Seller specifically disclaims and excludes any warranty of merchantability and any warranty of fitness for a particular purpose.
NO CLAIMS FOR LOSS, DAMAGE OR LEAKAGE ALLOWED AFTER DELIVERY IS MADE IN GOOD CONDITION.

CHECK REMITTANCE:

Hawkins, Inc.
P.O. Box 860263
Minneapolis, MN 55486-0263

WIRING CONTACT INFORMATION:

Email: Credit.Dept@Hawkinsinc.com

Phone Number: (612) 331-6910

Fax Number: (612) 225-6702

FINANCIAL INSTITUTION:

US Bank
800 Nicollet Mall
Minneapolis, MN 55402

Account Name: Hawkins, Inc.

Account #: 180120759469

ABA/Routing #: 091000022

Swift Code#: USBKUS44IMT

Type of Account: Corporate Checking

ACH PAYMENTS:

CTX (Corporate Trade Exchange) is our preferred method. Please remember to include in the addendum the document numbers pertaining to the payment.
For other than CTX, the remit to information may be emailed to Credit.Dept@Hawkinsinc.com

CASH IN ADVANCE/EFT PAYMENTS:

Please list the Hawkins, Inc. sales order number or your purchase order number if the invoice has not been processed yet.

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www.hawkinsinc.com

Job# 324367

Original

INVOICE

Total Invoice	\$524.42
Invoice Number	6896295
Invoice Date	10/22/24
Sales Order Number/Type	4652124 SL
Branch Plant	76
Shipment Number	5549337



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

Sold To: 292342
ACCOUNTS PAYABLE
THE LANDINGS AT LAKE HENRY
27777 Franklin Rd Ste 200 SI
Southfield MI 48034

Ship To: 296618
THE LANDINGS AT LAKE HENRY WTP
3101 US Hwy 17/92 West
WTP
Haines City FL 33844

Net Due Date	Terms	FOB Description	Ship Via	Customer P.O.#			P.O. Release		Sales Agent #
11/21/24	Net 30	PPD Origin	HWTG						357
Line #	Item Number	Item Name/ Description	Tax	Qty Shipped	Trans UOM	Unit Price	Price UOM	Weight Net/Gross	Extended Price
1.000	41930	Azone - EPA Reg. No. 7870-1	Y	150.0000	GA	\$3.2300	GA	1,450.5 LB	\$484.50
		1 LB BLK (Mini-Bulk)		150.0000	GA			1,450.5 GW	
1.010	Fuel Surcharge	Freight	Y	1.0000	EA	\$6.0000			\$6.00

***** 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.

Page 1 of 1

Tax Rate

Sales Tax

7 %

\$33.92

Invoice Total

\$524.42

No Discounts on Freight
IMPORTANT: All products are sold without warranty of any kind and purchasers will, by their own tests, determine suitability of such products for their own use. Seller warrants that all goods covered by this invoice were produced in compliance with the requirements of the Fair Labor Standards Act of 1938, as amended. Seller specifically disclaims and excludes any warranty of merchantability and any warranty of fitness for a particular purpose.
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CHECK REMITTANCE:

Hawkins, Inc.
P.O. Box 860263
Minneapolis, MN 55486-0263

WIRING CONTACT INFORMATION:

Email: Credit.Dept@HawkinsInc.com

Phone Number: (612) 331-6910

Fax Number: (612) 225-6702

FINANCIAL INSTITUTION:

US Bank
800 Nicollet Mall
Minneapolis, MN 55402

Account Name: Hawkins, Inc.

Account #: 180120759469

ABA/Routing #: 091000022

Swift Code#: USBKUS44IMT

Type of Account: Corporate Checking

ACH PAYMENTS:

CTX (Corporate Trade Exchange) is our preferred method. Please remember to include in the addendum the document numbers pertaining to the payment.
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www.hawkinsinc.com

Job# 409692

Original



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

INVOICE

Total Invoice	\$731.78
Invoice Number	6926001
Invoice Date	11/26/24
Sales Order Number/Type	4678329 SL
Branch Plant	76
Shipment Number	5584266

Sold To: 292342
ACCOUNTS PAYABLE
THE LANDINGS AT LAKE HENRY
27777 Franklin Rd Ste 200 SI
Southfield MI 48034

Ship To: 296618
THE LANDINGS AT LAKE HENRY WTP
3101 US Hwy 17/92 West
WTP
Haines City FL 33844

Net Due Date	Terms	FOB Description	Ship Via	Customer P.O.#			P.O. Release		Sales Agent #
12/26/24	Net 30	PPD Origin	HWTG						357
Line #	Item Number	Item Name/ Description	Tax	Qty Shipped	Trans UOM	Unit Price	Price UOM	Weight Net/Gross	Extended Price
1.000	41930	Azone - EPA Reg. No. 7870-1	Y	210.0000	GA	\$3.2300	GA	2,030.7 LB	\$678.30
		1 LB BLK (Mini-Bulk)		210.0000	GA			2,030.7 GW	
1.010	Fuel Surcharge	Freight	Y	1.0000	EA	\$6.0000			\$6.00

***** 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.

Page 1 of 1

Tax Rate

Sales Tax

7 %

\$47.48

Invoice Total

\$731.78

No Discounts on Freight

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CHECK REMITTANCE:

Hawkins, Inc.
P.O. Box 860263
Minneapolis, MN 55486-0263

WIRING CONTACT INFORMATION:

Email: Credit.Dept@HawkinsInc.com

Phone Number: (612) 331-6910

Fax Number: (612) 225-6702

FINANCIAL INSTITUTION:

US Bank
800 Nicollet Mall
Minneapolis, MN 55402

Account Name: Hawkins, Inc.

Account #: 180120759489

ABA/Routing #: 091000022

Swift Code#: USBKUS44IMT

Type of Account: Corporate Checking

ACH PAYMENTS:

CTX (Corporate Trade Exchange) is our preferred method. Please remember to include in the addendum the document numbers pertaining to the payment.

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CASH IN ADVANCE/EFT PAYMENTS:

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www.hawkinsinc.com

Job# 541752



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

Original

INVOICE

Total Invoice	\$1,077.39
Invoice Number	6947455
Invoice Date	12/27/24
Sales Order Number/Type	4698520 SL
Branch Plant	76
Shipment Number	5610923

Sold To: 292342
ACCOUNTS PAYABLE
THE LANDINGS AT LAKE HENRY
27777 Franklin Rd Ste 200 SI
Southfield MI 48034

Ship To: 296618
THE LANDINGS AT LAKE HENRY WTP
3101 US Hwy 17/92 West
WTP
Haines City FL 33844

Net Due Date	Terms	FOB Description	Ship Via	Customer P.O.#			P.O. Release		Sales Agent #
1/26/25	Net 30	PPD Origin	HWTG						357
Line #	Item Number	Item Name/ Description	Tax	Qty Shipped	Trans UOM	Unit Price	Price UOM	Weight Net/Gross	Extended Price
1.000	41930	Azone - EPA Reg. No. 7870-1	Y	310.0000	GA	\$3.2300	GA	2,997.7 LB	\$1,001.30
		1 LB BLK (Mini-Bulk)		310.0000	GA			2,997.7 GW	
1.010	Fuel Surcharge	Freight	Y	1.0000	EA	\$6.0000			\$6.00

***** 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.

Page 1 of 1

Tax Rate Sales Tax
7 % \$70.09

Invoice Total **\$1,077.39**

No Discounts on Freight
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CHECK REMITTANCE:

Hawkins, Inc.
P.O. Box 860263
Minneapolis, MN 55486-0263

WIRING CONTACT INFORMATION:

Email: Credit.Dept@Hawkinsinc.com

Phone Number: (612) 331-6910

Fax Number: (612) 225-6702

FINANCIAL INSTITUTION:

US Bank
800 Nicollet Mall
Minneapolis, MN 55402

Account Name: Hawkins, Inc.

Account #: 180120759469

ABA/Routing #: 091000022

Swift Code#: USBKUS44IMT

Type of Account: Corporate Checking

ACH PAYMENTS:

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CASH IN ADVANCE/EFT PAYMENTS:

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www.hawkinsinc.com

Job# 645867

1DR #4 - Sludge Removal

Remit to:

AMERICAN PIPE & TANK, INC

418 CYPRESS ROAD
OCALA, FL 34472

(352) 687-4281

office@americanpipeandtankinc.com



Invoice

Customer No.: THE LANDINGS

Invoice No.: 94175

Bill To:

THE LANDINGS AT LAKE HENRY

27777 FRANKLIN ROAD
SUITE 200 SLOT ame447
SOUTHFIELD, MI 48034

Ship To:

THE LANDINGS AT LAKE HENRY

23 O'hara Drive
HAINES CITY, FL 33844

Date		Terms
01/09/2024		NET 30 DAYS
Purchase Order Number	Order Date	Our Order Number
	01/08/2024	104641
Description		Amount
PUMPED 21,300 G SLUDGE FROM PLANT, TRANSPORTED TO 412BPF FOR TREATMENT AND DISPOSAL		5325.00
FUEL SURCHARGE		330.00
Invoice subtotal		5655.00
Invoice total		5655.00

Past due accounts shall accrue 1 1/2% interest per month (18% annually) on any unpaid balance

Please, put Invoice # on Check for accurate credit of payment.

We appreciate your Business!

Remit to:

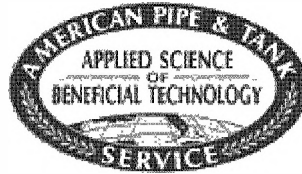
AMERICAN PIPE & TANK, INC

418 CYPRESS ROAD
OCALA, FL 34472

(352) 687-4281

office@americanpipeandtankinc.com

Invoice



Customer No.: THE LANDINGS

Invoice No.: 95289

Bill To:

THE LANDINGS AT LAKE HENRY

27777 FRANKLIN ROAD
SUITE 200 SLOT ame447
SOUTHFIELD, MI 48034

Ship To:

THE LANDINGS AT LAKE HENRY

23 O'hara Drive
HAINES CITY, FL 33844

Date		Terms
04/02/2024		NET 30 DAYS
Purchase Order Number	Order Date	Our Order Number
	04/01/2024	105019
Description		Amount
PUMPED 21,300 G SLUDGE FROM PLANT, TRANSPORTED TO 412BPF FOR TREATMENT AND DISPOSAL		5325.00
FUEL SURCHARGE		330.00
Invoice subtotal		5655.00
Invoice total		5655.00

Past due accounts shall accrue 1 1/2% interest per month (18% annually) on any unpaid balance

Please, put Invoice # on Check for accurate credit of payment.

We appreciate your Business!

Remit to:

AMERICAN PIPE & TANK, INC

418 CYPRESS ROAD
OCALA, FL 34472

(352) 687-4281

office@americanpipeandtankinc.com

Invoice



Customer No.: THE LANDINGS

Invoice No.: 97644

Bill To:

THE LANDINGS AT LAKE HENRY

27777 FRANKLIN ROAD
SUITE 200 SLOT ame447
SOUTHFIELD, MI 48034

Ship To:

THE LANDINGS AT LAKE HENRY

23 O'hara Drive
HAINES CITY, FL 33844

Date		Terms
10/25/2024		NET 30 DAYS
Purchase Order Number	Order Date	Our Order Number
	10/24/2024	107298

Description	Amount
PUMPED 14,200 G SLUDGE FROM PLANT, TRANSPORTED TO 412BPF FOR TREATMENT AND DISPOSAL	3550.00
FUEL SURCHARGE	220.00
Invoice subtotal	3770.00
Invoice total	3770.00

Past due accounts shall accrue 1 1/2% interest per month (18% annually) on any unpaid balance

Please, put Invoice # on Check for accurate credit of payment.

We appreciate your Business!

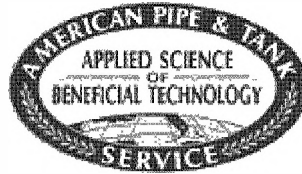
Remit to:

AMERICAN PIPE & TANK, INC

418 CYPRESS ROAD
OCALA, FL 34472

(352) 687-4281

office@americanpipeandtankinc.com



Invoice

Customer No.: THE LANDINGS

Invoice No.: 98144

Bill To:

THE LANDINGS AT LAKE HENRY

27777 FRANKLIN ROAD
SUITE 200 SLOT ame447
SOUTHFIELD, MI 48034

Ship To:

THE LANDINGS AT LAKE HENRY

23 O'hara Drive
HAINES CITY, FL 33844

Date		Terms
12/09/2024		NET 30 DAYS
Purchase Order Number	Order Date	Our Order Number
	12/06/2024	108948

Description	Amount
PUMPED 14,200 G SLUDGE FROM PLANT, TRANSPORTED TO 412BPF FOR TREATMENT AND DISPOSAL	3550.00
FUEL SURCHARGE	220.00
Invoice subtotal	3770.00
Invoice total	3770.00

Past due accounts shall accrue 1 1/2% interest per month (18% annually) on any unpaid balance

Please, put Invoice # on Check for accurate credit of payment.

We appreciate your Business!

Sun Communities, Inc.
Sun-TLP (Consolidated)
GL Detail | Financial
From Jan 2024 to Dec 2024

Subsidiary:	Subsidiary	Property Co	Property Name	Business Line	Account #	Account Name	Transaction Date	Accounting	Header	Mem	Line	Mem	Document N	Debit	Credit	Balance	From:	Name	Department	Vendor:	Log Net	Asset As
9	Sun US	PTL	The Landir Utility	6200-306	Water Treatment Expense	VB Item Ac	8/6/2024	Aug 2024		EPA Serv	10117084			\$1,200.00		\$1,200.00	FL Utility Company - Water Testing		Asset Man: Half Associates, Inc			
9	Sun US	PTL	The Landir Utility	6200-306	Water Treatment Expense	VB Item Ac	8/6/2024	Aug 2024		EPA Serv	10119112			\$104.37		\$104.37	FL Utility Company - Water Testing		Asset Man: Half Associates, Inc			
9	Sun US	PTL	The Landir Utility	6200-306	Water Treatment Expense	Bill	9/24/2024	Sep 2024		WTP Pre	112268			\$1,679.00		\$1,679.00	FL Utility Company - Water Testing			RCM Utilities LLC		
														TOTAL		\$2,983.37						

IDR #5 - Contractual Services Testing



Sun Communities, Inc.
27777 Franklin Road #300
Southfield MI 48034

Invoice Date: 04/07/2024
Invoice: 10117084
Project: 056825.003

Attention: Natasha Rivera, approcessing@suncommunities.com
Project Name: Sun Communities/The Landings at Lake Henry_US EPA Water Service Line Inventory Development

For Professional Services Rendered through: March 24, 2024
US EPA Water Service Line Inventory Development
The Landings at Lake Henry Community, Florida

Lump Sum	Fee	Pct. Comp	Earned To Date	Previous Amount	Current Amount
000100 - The Landings at Lake Henry, Haines City,	6,000.00	20.00	1,200.00	0.00	1,200.00
Total Lump Sum Services:	6,000.00	20.00	1,200.00	0.00	1,200.00

Remaining Fee: 4,800.00

Total Earned to Date: 1,200.00
Less Previous Billed: 0.00
Amount Due this Invoice: 1,200.00

Remit payment to P.O. Box 4897, Dept 331, Houston, TX 77210
Reference Project 056825.003 and Invoice 10117084
Contact Vanessa Gibson at vgibson@halff.com with any billing questions.



Sun Communities, Inc.
27777 Franklin Road #300
Southfield MI 48034

Invoice Date: 05/13/2024
Invoice: 10119112
Project: 056825.003

Attention: Natasha Rivera, approcessing@suncommunities.com
Project Name: Sun Communities/The Landings at Lake Henry_US EPA Water Service Line Inventory Development

For Professional Services Rendered through: April 21, 2024
US EPA Water Service Line Inventory Development
The Landings at Lake Henry Community, Florida

Lump Sum	Fee	Pct. Comp	Earned To Date	Previous Amount	Current Amount
000100 - The Landings at Lake Henry, Haines City,	6,000.00	21.74	1,304.37	1,200.00	104.37
Total Lump Sum Services:	6,000.00	21.74	1,304.37	1,200.00	104.37

Remaining Fee: 4,695.63

Total Earned to Date: 1,304.37
Less Previous Billed: 1,200.00
Amount Due this Invoice: 104.37

Outstanding Invoices:

Number	Date	Balance
10117084	04/07/2024	1,200.00
Total		1,200.00

Remit payment to P.O. Box 4897, Dept 331, Houston, TX 77210
Reference Project 056825.003 and Invoice 10119112
Contact Vanessa Gibson at vgibson@halff.com with any billing questions.



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

Invoice 12268
Invoice Date 9/24/2024
Completed Date 9/4/2024
Customer PO
Payment Term Net 30

Billing Address

Sun Communities
27777 Franklin Road
Southfield, MI 48034 USA

Job Address

The Landings at Lake Henry
23 O'Hara Drive
Haines City, FL 33844 USA

Description of work

Service call to look for leaks at the WTP. Shut water plant down, reviewed for leaks, reviewed sewer plant for leaks, removed and replaced a 2 foot section of 3" air line at the sewer plant, verified no leaks, turned water back on to the community. Waiver attached.

CAPEX Breakdown:

Labor: \$560

Materials: \$1119.00

Sub-Total	\$1,679.00
Total Due	\$1,679.00
Payment	\$0.00

Balance Due \$1,679.00

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



FULL CONDITIONAL WAIVER

RCM Utilities, LLC has a contract with **Landings at Lake Henry** to provide a **service call**, for the improvement of the property described as: **water plant and sewer plant**, has been fully paid and satisfied. By signing this waiver, all out construction lien rights against the described property are waived and released.

This waiver is conditioned on actual payment of **\$1,679.00**

RCM Utilities, LLC further attests that all funds received on this project will be used to pay in full all sub(sub)contractors, suppliers and labor owed money on the above project and hold harmless the property owner from any liens that may arise from the failure to distribute project funds.

Dated: 9/24/2024

/s/ Melissa Moss
Melissa Moss – Controller
RCM Utilities, LLC
100 W. Mills Ave
Eustis, FL 32726

Subsidiary:	Subsidiary	Property Co	Property Na	Business LJ	Account #	Transaction Date	Accounting Header	Month	Line	Memo	Document #	Debit	Credit	Balance	Rem: Name	Vendor: Loc	Net Asset As
9	Sun US	PTL	The Landin Utility	6200-307	Sewer Tree Bill	11/4/2023	Apr	2024		November Operator expense - Sewer	340913	\$1,012.81		\$1,012.81	FL Utility Company - Sewage Treatment Operator Expense		GENERAL UTILITIES C
9	Sun US	PTL	The Landin Utility	6200-307	Sewer Tree Bill	12/4/2023	Feb	2024		November 2023 Operator Expense	341101	\$1,002.74		\$1,002.74	FL Utility Company - Sewage Treatment Operator Expense		GENERAL UTILITIES C
9	Sun US	PTL	The Landin Utility	6200-307	Sewer Tree Bill	1/1/2024	Feb	2024		December 2023 Operator Expense	341279	\$1,028.05		\$1,028.05	FL Utility Company - Sewage Treatment Operator Expense		GENERAL UTILITIES C
9	Sun US	PTL	The Landin Utility	6200-307	Sewer Tree Bill	2/4/2024	Mar	2024		WWTP Operator expense	341453	\$1,206.74		\$1,206.74	FL Utility Company - Sewage Treatment Operator Expense		GENERAL UTILITIES C
9	Sun US	PTL	The Landin Utility	6200-307	Sewer Tree Bill	3/4/2024	Mar	2024		Operations WWTP February	341654	\$972.74		\$972.74	FL Utility Company - Sewage Treatment Operator Expense		GENERAL UTILITIES C
9	Sun US	PTL	The Landin Utility	6200-307	Sewer Tree Bill	4/3/2024	May	2024		WWTP March operation	341844	\$1,885.01		\$1,885.01	FL Utility Company - Sewage Treatment Operator Expense		GENERAL UTILITIES C
9	Sun US	PTL	The Landin Utility	6200-307	Sewer Tree Bill	5/3/2024	May	2024		WWTP April operator services	342044	\$1,057.74		\$1,057.74	FL Utility Company - Sewage Treatment Operator Expense		GENERAL UTILITIES C
9	Sun US	PTL	The Landin Utility	6200-307	Sewer Tree Bill	6/3/2024	Jul	2024		MAY WWTP Operations	342241	\$1,376.27		\$1,376.27	FL Utility Company - Sewage Treatment Operator Expense		GENERAL UTILITIES C
9	Sun US	PTL	The Landin Utility	6200-307	Sewer Tree Bill	7/3/2024	Sep	2024		WWTP Operator expense for June	342429	\$972.74		\$972.74	FL Utility Company - Sewage Treatment Operator Expense		GENERAL UTILITIES C
9	Sun US	PTL	The Landin Utility	6200-307	Sewer Tree Bill	8/3/2024	Sep	2024		August Operator expense for WWTP	342625	\$1,322.26		\$1,322.26	FL Utility Company - Sewage Treatment Operator Expense		GENERAL UTILITIES C
9	Sun US	PTL	The Landin Utility	6200-307	Sewer Tree Bill	9/3/2024	Sep	2024		WWTP Operator expense for August	342799	\$1,062.74		\$1,062.74	FL Utility Company - Sewage Treatment Operator Expense		GENERAL UTILITIES C
9	Sun US	PTL	The Landin Utility	6200-307	Sewer Tree Bill	10/3/2024	Oct	2024		WWTP Operator expense September	343009	\$1,420.05		\$1,420.05	FL Utility Company - Sewage Treatment Operator Expense		GENERAL UTILITIES C
9	Sun US	PTL	The Landin Utility	6200-307	Sewer Tree Bill	11/3/2024	Nov	2024		WWTP Operator Expense	343191	\$965.97		\$965.97	FL Utility Company - Sewage Treatment Operator Expense		GENERAL UTILITIES C
9	Sun US	PTL	The Landin Utility	6200-307	Sewer Tree Bill	12/3/2024	Dec	2024		WWTP Operator expense	343386	\$994.19		\$994.19	FL Utility Company - Sewage Treatment Operator Expense		GENERAL UTILITIES C
														\$16,282.05			

General Utilities
P. O. Box 491221
Leesburg, FL 34749-1221

Invoice

DATE	INVOICE #
11/3/2023	340913
Tele: 352-787-2493	

BILL TO
The Landings at Lake Henry 23 O'hara Drive Haines City, FL 33844

P.O. NO.	TERMS	Tele: 352-787-2493
OCT 2023	Due on receipt	

QUANTITY	DESCRIPTION	RATE	AMOUNT
1	Monthly (2023) Sewer and Water Plant Inspection,	1,110.00	1,110.00
1	Set (2023) Monthly Bacteriological Analysis - Water	110.00	110.00
1	Set (2023) Monthly CBOD/TSS Analysis - Sewer EFFLUENT	50.00	50.00
1	Each (2023) Monthly Fecal Coliform Analysis - Sewer EFFLUENT	40.00	40.00
1	Each (2023) Monthly Nitrate Analysis - Sewer EFFLUENT	60.00	60.00
1	Each (2023) Monthly Southwest Florida Water Management District Report - Water	80.00	80.00
2	Each, Chlorine Injection Point Service, Dismantle, Clean and Place Back in Service, 7 Oct 2023 - WATER	46.00	92.00
1	Pail Chlorine Stix, 6 Oct 2023 - SEWER	193.47	193.47T
2	Each, B50 Belt, Installed 24 Oct 2023 - SEWER	49.55	99.10T
	Florida Sales Tax	7.00%	20.48

*****THANK YOU*****

Please include INVOICE NUMBER on payment

Total \$1,855.05

General Utilities
P. O. Box 491221
Leesburg, FL 34749-1221

Invoice

DATE	INVOICE #
12/3/2023	341101
Tele: 352-787-2493	

BILL TO
The Landings at Lake Henry 23 O'hara Drive Haines City, FL 33844

P.O. NO.	TERMS	Tele: 352-787-2493
NOV 2023	Due on receipt	

QUANTITY	DESCRIPTION	RATE	AMOUNT
1	Monthly (2023) Sewer and Water Plant Inspection,	1,110.00	1,110.00
1	Set (2023) Monthly Bacteriological Analysis - Water	110.00	110.00
1	Set (2023) Monthly CBOD/TSS Analysis - Sewer EFFLUENT	50.00	50.00
1	Each (2023) Monthly Fecal Coliform Analysis - Sewer EFFLUENT	40.00	40.00
1	Each (2023) Monthly Nitrate Analysis - Sewer EFFLUENT	60.00	60.00
1	Each (2023) Monthly Southwest Florida Water Management District Report - Water	80.00	80.00
1	Pail Chlorine Stix, 6 Nov 2023 - SEWER	193.47	193.47T
2	Each, Chlorine Injection Point Service, Dismantle, Clean and Place Back in Service, 27 Nov 2023 - WATER	46.00	92.00
1	Set, 2-day Bacteriological Main Clearance, 2 & 3 Nov 2023	195.00	195.00
	Florida Sales Tax	7.00%	13.54

*****THANK YOU*****

Please include INVOICE NUMBER on payment

Total \$1,944.01

General Utilities
P. O. Box 491221
Leesburg, FL 34749-1221

Invoice

DATE	INVOICE #
12/31/2023	341279
Tele: 352-787-2493	

BILL TO
The Landings at Lake Henry 23 O'hara Drive Haines City, FL 33844

P.O. NO.	TERMS	Tele: 352-787-2493
DEC 2023	Due on receipt	

QUANTITY	DESCRIPTION	RATE	AMOUNT
1	Monthly (2023) Sewer and Water Plant Inspection,	1,110.00	1,110.00
1	Set (2023) Monthly Bacteriological Analysis - Water	110.00	110.00
1	Set (2023) Monthly CBOD/TSS Analysis - Sewer EFFLUENT	50.00	50.00
1	Each (2023) Monthly Fecal Coliform Analysis - Sewer EFFLUENT	40.00	40.00
1	Each (2023) Monthly Nitrate Analysis - Sewer EFFLUENT	60.00	60.00
1	Each (2023) Monthly Southwest Florida Water Management District Report - Water	80.00	80.00
1	Set, 2-day Bacteriological Main Clearance, 13 & 14 Dec 2023 - WATER	195.00	195.00
1	Pail Chlorine Stix, 2 Dec 2023 - SEWER	193.47	193.47T
2	Each, Chlorine Injection Point Service, Dismantle, Clean and Place Back in Service, 27 Dec 2023 - WATER	46.00	92.00
1	Each, KOP Kit pf 120 GPD, K6PHC3, installed #2 pump 27 Dec 2023 - WATER	229.56	229.56T
	Florida Sales Tax	7.00%	29.61
*****THANK YOU*****		Total	
Please include INVOICE NUMBER on payment		\$2,189.64	

General Utilities
P. O. Box 491221
Leesburg, FL 34749-1221

Invoice

DATE	INVOICE #
2/3/2024	341453
Tele: 352-787-2493	

BILL TO
The Landings at Lake Henry 23 O'hara Drive Haines City, FL 33844

P.O. NO.	TERMS	Tele: 352-787-2493
JAN 2024	Due on receipt	

QUANTITY	DESCRIPTION	RATE	AMOUNT
1	Monthly (2024) Sewer and Water Plant Inspection,	1,195.00	1,195.00
1	Set (2024) Monthly Bacteriological Analysis - Water	120.00	120.00
1	Set (2024) Monthly CBOD/TSS Analysis - Sewer EFFLUENT	55.00	55.00
1	Each (2024) Monthly Fecal Coliform Analysis - Sewer EFFLUENT	45.00	45.00
1	Each (2024) Monthly Nitrate Analysis - Sewer EFFLUENT	75.00	75.00
1	Each (2024) Monthly Southwest Florida Water Management District Report - Water	90.00	90.00
1	Set (Year 2024) ANNUAL -- CBOD/TSS Analysis - Sewer INFLUENT - 24 Jan 2024	75.00	75.00
1	Pail Chlorine Stix, 3 Jan 2024 - SEWER	193.47	193.47T
2	Blocked Sludge Return Repair, 19 & 29 Jan 2024	55.00	110.00
2	Each, Chlorine Injection Point Service, Dismantle, Clean and Place Back in Service, 19 Jan 2024 - WATER	49.00	98.00
	Florida Sales Tax	7.00%	13.54

*****THANK YOU***** Please include INVOICE NUMBER on payment	Total \$2,070.01
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General Utilities
P. O. Box 491221
Leesburg, FL 34749-1221

Invoice

DATE	INVOICE #
3/3/2024	341654
Tele: 352-787-2493	

BILL TO
The Landings at Lake Henry 23 O'hara Drive Haines City, FL 33844

P.O. NO.	TERMS	Tele: 352-787-2493
FEB 2024	Due on receipt	

QUANTITY	DESCRIPTION	RATE	AMOUNT
1	Monthly (2024) Sewer and Water Plant Inspection,	1,195.00	1,195.00
1	Set (2024) Monthly Bacteriological Analysis - Water	120.00	120.00
1	Set (2024) Monthly CBOD/TSS Analysis - Sewer EFFLUENT	55.00	55.00
1	Each (2024) Monthly Fecal Coliform Analysis - Sewer EFFLUENT	45.00	45.00
1	Each (2024) Monthly Nitrate Analysis - Sewer EFFLUENT	75.00	75.00
1	Each (2024) Monthly Southwest Florida Water Management District Report - Water	90.00	90.00
1	Pail Chlorine Stix, 3 Feb 2024 - SEWER	193.47	193.47T
1	Set, 2-day Bacteriological Main Clearance, 22 & 23 Feb 2024 - WATER	195.00	195.00
	Florida Sales Tax	7.00%	13.54

*****THANK YOU*****

Please include INVOICE NUMBER on payment

Total

\$1,982.01

General Utilities
P. O. Box 491221
Leesburg, FL 34749-1221

Invoice

DATE	INVOICE #
4/3/2024	341844
Tele: 352-787-2493	

BILL TO
The Landings at Lake Henry 23 O'hara Drive Haines City, FL 33844

P.O. NO.	TERMS	Tele: 352-787-2493
MAR 2024	Due on receipt	

QUANTITY	DESCRIPTION	RATE	AMOUNT
1	Monthly (2024) Sewer and Water Plant Inspection,	1,195.00	1,195.00
1	Set (2024) Monthly Bacteriological Analysis - Water	120.00	120.00
1	Set (2024) Monthly CBOD/TSS Analysis - Sewer EFFLUENT	55.00	55.00
1	Each (2024) Monthly Fecal Coliform Analysis - Sewer EFFLUENT	45.00	45.00
1	Each (2024) Monthly Nitrate Analysis - Sewer EFFLUENT	75.00	75.00
1	Each (2024) Monthly Southwest Florida Water Management District Report - Water	90.00	90.00
1	Pail Chlorine Stix, 5 Mar 2024 - SEWER	193.47	193.47T
2	Each, Chlorine Injection Point Service, Dismantle, Clean and Place Back in Service, 14 Mar 2024 - WATER	49.00	98.00
	Florida Sales Tax	7.00%	13.54

*****THANK YOU***** Please include INVOICE NUMBER on payment	Total \$1,885.01
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General Utilities
P. O. Box 491221
Leesburg, FL 34749-1221

Invoice

DATE	INVOICE #
5/3/2024	342044
Tele: 352-787-2493	

BILL TO
The Landings at Lake Henry 23 O'hara Drive Haines City, FL 33844

P.O. NO.	TERMS	Tele: 352-787-2493
APR 2024	Due on receipt	

QUANTITY	DESCRIPTION	RATE	AMOUNT
1	Monthly (2024) Sewer and Water Plant Inspection,	1,195.00	1,195.00
1	Set (2024) Monthly Bacteriological Analysis - Water	120.00	120.00
1	Set (2024) Monthly CBOD/TSS Analysis - Sewer EFFLUENT	55.00	55.00
1	Each (2024) Monthly Fecal Coliform Analysis - Sewer EFFLUENT	45.00	45.00
1	Each (2024) Monthly Nitrate Analysis - Sewer EFFLUENT	75.00	75.00
1	Each (2024) Monthly Southwest Florida Water Management District Report - Water	90.00	90.00
1	Department of Environmental Protection Inspection, 2 Apr 2024 - SEWER	85.00	85.00
1	Pail Chlorine Stix, 3 Apr 2024 - SEWER	193.47	193.47T
1	Each (Year 2023) ANNUAL EPA Drinking Water Quality Report - WATER - Prepared 2024	330.00	330.00
	Florida Sales Tax	7.00%	13.54

*****THANK YOU***** Please include INVOICE NUMBER on payment	Total \$2,202.01
---	-------------------------

General Utilities
P. O. Box 491221
Leesburg, FL 34749-1221

Invoice

DATE	INVOICE #
6/3/2024	342241
Tele: 352-787-2493	

BILL TO
The Landings at Lake Henry 23 O'hara Drive Haines City, FL 33844

P.O. NO.	TERMS	Tele: 352-787-2493
MAY 2024	Due on receipt	

QUANTITY	DESCRIPTION	RATE	AMOUNT
1	Monthly (2024) Sewer and Water Plant Inspection,	1,195.00	1,195.00
1	Set (2024) Monthly Bacteriological Analysis - Water	120.00	120.00
1	Set (2024) Monthly CBOD/TSS Analysis - Sewer EFFLUENT	55.00	55.00
1	Each (2024) Monthly Fecal Coliform Analysis - Sewer EFFLUENT	45.00	45.00
1	Each (2024) Monthly Nitrate Analysis - Sewer EFFLUENT	75.00	75.00
1	Each (2024) Monthly Southwest Florida Water Management District Report - Water	90.00	90.00
1	Set, 2-day Bacteriological Main Clearance, 18 & 19 May 2024 - WATER	195.00	195.00
1	Pail Chlorine Stix, 8 May 2024 - SEWER	193.47	193.47T
2	Each, Chlorine Foot Valve, with new suction and discharge tubing, Installed 27 May 2024 - SEWER	189.29	378.58T
2	Each, Chlorine Foot Valve, with new suction and discharge tubing, Installed 29 May 2024 - WATER	195.62	391.24T
	Florida Sales Tax	7.00%	67.43

***** THANK YOU *****	Total	\$2,805.72
Please include INVOICE NUMBER on payment		

General Utilities
P. O. Box 491221
Leesburg, FL 34749-1221

Invoice

DATE	INVOICE #
7/3/2024	342429
Tele: 352-787-2493	

BILL TO
The Landings at Lake Henry 23 O'hara Drive Haines City, FL 33844

P.O. NO.	TERMS	Tele: 352-787-2493
JUN 2024	Due on receipt	

QUANTITY	DESCRIPTION	RATE	AMOUNT
1	Monthly (2024) Sewer and Water Plant Inspection,	1,195.00	1,195.00
1	Set (2024) Monthly Bacteriological Analysis - Water	120.00	120.00
1	Set (2024) Monthly CBOD/TSS Analysis - Sewer EFFLUENT	55.00	55.00
1	Each (2024) Monthly Fecal Coliform Analysis - Sewer EFFLUENT	45.00	45.00
1	Each (2024) Monthly Nitrate Analysis - Sewer EFFLUENT	75.00	75.00
1	Each (2024) Monthly Southwest Florida Water Management District Report - Water	90.00	90.00
1	Pail Chlorine Stix, 1 Jun 2024 - SEWER	193.47	193.47T
	Florida Sales Tax	7.00%	13.54

***** THANK YOU ***** Please include INVOICE NUMBER on payment	Total \$1,787.01
--	-------------------------

General Utilities
P. O. Box 491221
Leesburg, FL 34749-1221

Invoice

DATE	INVOICE #
8/3/2024	342625
Tele: 352-787-2493	

BILL TO
The Landings at Lake Henry 23 O'hara Drive Haines City, FL 33844

P.O. NO.	TERMS	Tele: 352-787-2493
JUL 2024	Due on receipt	

QUANTITY	DESCRIPTION	RATE	AMOUNT
1	Monthly (2024) Sewer and Water Plant Inspection,	1,195.00	1,195.00
1	Set (2024) Monthly Bacteriological Analysis - Water	120.00	120.00
1	Set (2024) Monthly CBOD/TSS Analysis - Sewer EFFLUENT	55.00	55.00
1	Each (2024) Monthly Fecal Coliform Analysis - Sewer EFFLUENT	45.00	45.00
1	Each (2024) Monthly Nitrate Analysis - Sewer EFFLUENT	75.00	75.00
1	Each (2024) Monthly Southwest Florida Water Management District Report - Water	90.00	90.00
1	Pail Chlorine Stix, 12 Jul 2024 - SEWER	193.47	193.47T
1	Blower #1 Service, Oil Grease and belt Replacement, B69 - SEWER	335.56	335.56
1	Set (3rd Quarter 2024) Drinking Water Collection, Transport, Analyses & Reporting, Stage 2 Disinfection Byproduct Rule, Total Trihalomethanes and Haloacetic Acids - 24 Jul 2024	388.00	388.00
1	Set, 2-day Bacteriological Main Clearance, 30 & 31 Jul 2024 - WATER	210.00	210.00
2	Each, New Chlorine Injection Point, installed 31 Jul 2024 - WATER	199.50	399.00T
	Florida Sales Tax	7.00%	41.47

*****THANK YOU***** Please include INVOICE NUMBER on payment	Total \$3,147.50
---	-------------------------

General Utilities
P. O. Box 491221
Leesburg, FL 34749-1221

Invoice

DATE	INVOICE #
9/3/2024	342799
Tele: 352-787-2493	

BILL TO
The Landings at Lake Henry 23 O'hara Drive Haines City, FL 33844

P.O. NO.	TERMS	Tele: 352-787-2493
AUG 2024	Due on receipt	

QUANTITY	DESCRIPTION	RATE	AMOUNT
1	Monthly (2024) Sewer and Water Plant Inspection,	1,195.00	1,195.00
1	Set (2024) Monthly Bacteriological Analysis - Water	120.00	120.00
1	Set (2024) Monthly CBOD/TSS Analysis - Sewer EFFLUENT	55.00	55.00
1	Each (2024) Monthly Fecal Coliform Analysis - Sewer EFFLUENT	45.00	45.00
1	Each (2024) Monthly Nitrate Analysis - Sewer EFFLUENT	75.00	75.00
1	Each (2024) Monthly Southwest Florida Water Management District Report - Water	90.00	90.00
1	Pail Chlorine Stix, 7 Aug 2024 - SEWER	193.47	193.47T
2	Each, Chlorine Injection Point Service, Dismantle, Clean and Place Back in Service, 20 Aug 2024	49.00	98.00
10	Each (Year 2024) TRIENNIAL Copper and Lead Analyses and Reporting - WATER - 25 & 26 Jul 2024	75.00	750.00
	Florida Sales Tax	7.00%	13.54

*****THANK YOU***** Please include INVOICE NUMBER on payment	Total \$2,635.01
---	-------------------------

General Utilities
P. O. Box 491221
Leesburg, FL 34749-1221

Invoice

DATE	INVOICE #
10/3/2024	343009
Tele: 352-787-2493	

BILL TO
The Landings at Lake Henry 23 O'hara Drive Haines City, FL 33844

P.O. NO.	TERMS	Tele: 352-787-2493
SEP 2024	Due on receipt	

QUANTITY	DESCRIPTION	RATE	AMOUNT
1	Monthly (2024) Sewer and Water Plant Inspection,	1,195.00	1,195.00
1	Set (2024) Monthly Bacteriological Analysis - Water	120.00	120.00
1	Set (2024) Monthly CBOD/TSS Analysis - Sewer EFFLUENT	55.00	55.00
1	Each (2024) Monthly Fecal Coliform Analysis - Sewer EFFLUENT	45.00	45.00
1	Each (2024) Monthly Nitrate Analysis - Sewer EFFLUENT	75.00	75.00
1	Each (2024) Monthly Southwest Florida Water Management District Report - Water	90.00	90.00
1	Set (Year 2024) TRIENNIAL Inorganic Contaminants Sampling, Transportation, Analyses and Reporting - Drinking Water - 25 Sep 2024	296.00	296.00
1	Set (Year 2024) TRIENNIAL Secondary Chemical Sampling, Analyses and Reporting - Drinking Water - 25 Sep 2024	278.00	278.00
1	Set (Year 2024) TRIENNIAL Volatile Organic Contaminants (VOCs) Sampling, Analyses and Reporting - Drinking Water - 25 Sep 2024	275.00	275.00
1	Set, 2-day Bacteriological Main Clearance, 4 & 5 Sep 2024 - WATER	210.00	210.00
1	Pail Chlorine Stix, 13 Sep 2024 - SEWER	193.47	193.47T
4	Each, Stoddard Replacement Filter, #108, 30 Sep 2024 - SEWER	78.88	315.52T
2	Each, Belt, B60, 30 Sep 2024 - SEWER RAS Blower #1	58.33	116.66T
	Florida Sales Tax	7.00%	43.80

*****THANK YOU***** Please include INVOICE NUMBER on payment	Total \$3,308.45
---	-------------------------

General Utilities
P. O. Box 491221
Leesburg, FL 34749-1221

Invoice

DATE	INVOICE #
11/3/2024	343191
Tele: 352-787-2493	

BILL TO
The Landings at Lake Henry 23 O'hara Drive Haines City, FL 33844

P.O. NO.	TERMS	Tele: 352-787-2493
OCT 2024	Due on receipt	

QUANTITY	DESCRIPTION	RATE	AMOUNT
1	Monthly (2024) Sewer and Water Plant Inspection,	1,195.00	1,195.00
1	Set (2024) Monthly Bacteriological Analysis - Water	120.00	120.00
1	Set (2024) Monthly CBOD/TSS Analysis - Sewer EFFLUENT	55.00	55.00
1	Each (2024) Monthly Fecal Coliform Analysis - Sewer EFFLUENT	45.00	45.00
1	Each (2024) Monthly Nitrate Analysis - Sewer EFFLUENT	75.00	75.00
1	Each (2024) Monthly Southwest Florida Water Management District Report - Water	90.00	90.00
1	Each (Year 2022 through 2024) SOC Reduced Monitoring Waiver in Lieu of SOC Analyses @ \$985.00 - Drinking Water - APPROVED 30 Oct 2024	264.00	264.00
1	Pail Chlorine Stix, 7 Oct 2024 SEWER	193.47	193.47T
1	Each, Chlorine Injection Point Service, Dismantle, Clean and Place Back in Service, 17 Oct 2024 - WATER	49.00	49.00
	Florida Sales Tax	7.00%	13.54

*****THANK YOU***** Please include INVOICE NUMBER on payment	Total \$2,100.01
---	-------------------------

General Utilities
P. O. Box 491221
Leesburg, FL 34749-1221

Invoice

DATE	INVOICE #
12/3/2024	343366
Tele: 352-787-2493	

BILL TO
The Landings at Lake Henry 23 O'hara Drive Haines City, FL 33844

P.O. NO.	TERMS	Tele: 352-787-2493
NOV 2024	Due on receipt	

QUANTITY	DESCRIPTION	RATE	AMOUNT
1	Monthly (2024) Sewer and Water Plant Inspection,	1,195.00	1,195.00
1	Set (2024) Monthly Bacteriological Analysis - Water	120.00	120.00
1	Set (2024) Monthly CBOD/TSS Analysis - Sewer EFFLUENT	55.00	55.00
1	Each (2024) Monthly Fecal Coliform Analysis - Sewer EFFLUENT	45.00	45.00
1	Each (2024) Monthly Nitrate Analysis - Sewer EFFLUENT	75.00	75.00
1	Each (2024) Monthly Southwest Florida Water Management District Report - Water	90.00	90.00
1	Pail Chlorine Stix, 8 Nov 2024 - SEWER	193.47	193.47T
2	Each, Chlorine Dosing Pump, 3-way Discharge Valve, 21 Nov 2024 - WATER	170.25	340.50T
1	Each, Chlorine Injection Point Service, Dismantle, Clean and Place Back in Service, 21 Nov 2024 - WATER	49.00	49.00
1	Set, Chlorine Injection Point with fittings and ball valve, 21 Nov 2024	272.15	272.15T
1	Set, 2-day Bacteriological Main Clearance, 25 & 26 Nov 2024 - WATER	210.00	210.00
	Florida Sales Tax	7.00%	56.43

*****THANK YOU***** Please include INVOICE NUMBER on payment	Total \$2,701.55
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Sun Communities, Inc.
Sun-TLP (Consolidated)
GL Detail | Financial
From Jan 2024 to Dec 2024

Subsidiary:	Subsidiary	Property C	Property Name	Business U	Account #	Account No	Transaction	Date	Accounting Header	Max Use Memo	Document I	Debit	Credit	Business Unit Name	Vendor	Lat	Address	As
9	Sun US	PTL	The Landings at Lake Henry	Utility	6300-026	Lawn Serv	Bill	1/2/2024	May 2024	Utility lawn service January	47027	\$1,125.00		\$1,125.00	FL Utility Company - Lawn Mowing Service	Liberty Lawn Care, LLC		
9	Sun US	PTL	The Landings at Lake Henry	Utility	6300-026	Lawn Serv	Bill	2/2/2024	Feb 2024	Monthly lawn service	47513	\$1,125.00		\$1,125.00	FL Utility Company - Lawn Mowing Service	Liberty Lawn Care, LLC		
9	Sun US	PTL	The Landings at Lake Henry	Utility	6300-026	Lawn Serv	Bill	3/2/2024	Mar 2024	Effluent ponds Dyson Road- March Lawn service	48004	\$1,125.00		\$1,125.00	FL Utility Company - Lawn Mowing Service	Liberty Lawn Care, LLC		
9	Sun US	PTL	The Landings at Lake Henry	Utility	6300-026	Lawn Serv	Bill	4/2/2024	Apr 2024	Lawn service April - Effluent ponds	48526	\$1,125.00		\$1,125.00	FL Utility Company - Lawn Mowing Service	Liberty Lawn Care, LLC		
9	Sun US	PTL	The Landings at Lake Henry	Utility	6300-026	Lawn Serv	Bill	5/2/2024	May 2024	MAYLAWN SERVICES	49099	\$1,125.00		\$1,125.00	FL Utility Company - Lawn Mowing Service	Liberty Lawn Care, LLC		
9	Sun US	PTL	The Landings at Lake Henry	Utility	6300-026	Lawn Serv	Bill	6/1/2024	Jun 2024	Utility Lawn care	49641	\$1,125.00		\$1,125.00	FL Utility Company - Lawn Mowing Service	Liberty Lawn Care, LLC		
9	Sun US	PTL	The Landings at Lake Henry	Utility	6300-026	Lawn Serv	Bill	7/1/2024	Jul 2024	Effluent pond mowing July	50179	\$1,125.00		\$1,125.00	FL Utility Company - Lawn Mowing Service	Liberty Lawn Care, LLC		
9	Sun US	PTL	The Landings at Lake Henry	Utility	6300-026	Lawn Serv	Bill	8/1/2024	Aug 2024	Utility Effluent pond mowing August	50745	\$1,125.00		\$1,125.00	FL Utility Company - Lawn Mowing Service	Liberty Lawn Care, LLC		
9	Sun US	PTL	The Landings at Lake Henry	Utility	6300-026	Lawn Serv	Bill	9/30/2024	Sep 2024	September Utility lawn service	51278	\$1,125.00		\$1,125.00	FL Utility Company - Lawn Mowing Service	Liberty Lawn Care, LLC		
9	Sun US	PTL	The Landings at Lake Henry	Utility	6300-026	Lawn Serv	Bill	10/1/2024	Oct 2024	Lawn mowing service October Effluent ponds	51815	\$1,125.00		\$1,125.00	FL Utility Company - Lawn Mowing Service	Liberty Lawn Care, LLC		
9	Sun US	PTL	The Landings at Lake Henry	Utility	6300-026	Lawn Serv	Bill	11/1/2024	Nov 2024	Utility effluent ponds mowing November	52389	\$1,125.00		\$1,125.00	FL Utility Company - Lawn Mowing Service	Liberty Lawn Care, LLC		
9	Sun US	PTL	The Landings at Lake Henry	Utility	6300-026	Lawn Serv	Bill	12/1/2024	Dec 2024	Effluent pond mowing for December	52887	\$1,125.00		\$1,125.00	FL Utility Company - Lawn Mowing Service	Liberty Lawn Care, LLC		
														\$13,500.00				

IDR #6 - Contractual Services



Liberty Lawn Care, LLC
PO Box 2233
Auburndale, FL 33823
(863) 412-4714

Invoice
23 Ohara Dr

INVOICE NO. ACCOUNT NUMBER

47027 285

INVOICE DATE

01/01/2024

LICENSE

Attn: Natasha Rivera
The Landings at Lake Henry
23 Ohara Dr
Haines City, FL 33844

DUE DATE (NET 29 TERMS)

01/30/2024

AMOUNT DUE

\$3,725.00

The Landings at Lake Henry (Acct #: 285)

ITEM	QUANTITY	PRICE	SUBTOTAL
Commercial Basic Lawn Maint	1	\$2,600.00	\$2,600.00
Mowing Water Treatment Plant	1	\$975.00	\$975.00
Com Irrigation Inspections	1	\$150.00	\$150.00

Additional Notes

Thank you for choosing Liberty Lawn Care!

Subtotals \$3,725.00

Total Discounts \$0.00

Taxes \$0.00

Invoice Total \$3,725.00

Amount Paid \$0.00

Amount Due \$3,725.00



Liberty Lawn Care, LLC
PO Box 2233
Auburndale, FL 33823
(863) 412-4714

Invoice
23 Ohara Dr

INVOICE NO. ACCOUNT NUMBER

47513 285

INVOICE DATE

02/01/2024

LICENSE

**Attn: The Landings at Lake
Henry
The Landings at Lake Henry
23 Ohara Dr
Haines City, FL 33844**

DUE DATE (NET 29 TERMS)

03/01/2024

AMOUNT DUE

\$3,725.00

The Landings at Lake Henry (Acct #: 285)

ITEM	QUANTITY	PRICE	SUBTOTAL
Commercial Basic Lawn Maint	1	\$2,600.00	\$2,600.00
Mowing Water Treatment Plant	1	\$975.00	\$975.00
Com Irrigation Inspections	1	\$150.00	\$150.00

Additional Notes

Thank you for choosing Liberty Lawn Care!

Subtotal \$3,725.00

Total \$0.00

Discounts

Taxes \$0.00

Invoice \$3,725.00

Total

Amount \$0.00

Paid

Amount \$3,725.00

Due



Liberty Lawn Care, LLC
PO Box 2233
Auburndale, FL 33823
(863) 412-4714

Invoice
23 Ohara Dr

INVOICE NO. ACCOUNT NUMBER

48004 285

INVOICE DATE

03/01/2024

LICENSE

Attn: Natasha Rivera
The Landings at Lake Henry
23 Ohara Dr
Haines City, FL 33844

DUE DATE (NET 29 TERMS)

03/30/2024

AMOUNT DUE

\$3,725.00

The Landings at Lake Henry (Acct #: 285)

ITEM	QUANTITY	PRICE	SUBTOTAL
Commercial Basic Lawn Maint	1	\$2,600.00	\$2,600.00
Mowing Water Treatment Plant	1	\$975.00	\$975.00
Com Irrigation Inspections	1	\$150.00	\$150.00

Additional Notes

Thank you for choosing Liberty Lawn Care!

Subtotal \$3,725.00

Total Discounts \$0.00

Taxes \$0.00

Invoice Total \$3,725.00

Amount Paid \$0.00

Amount Due \$3,725.00



Liberty Lawn Care, LLC
PO Box 2233
Auburndale, FL 33823
(863) 412-4714

Invoice
23 Ohara Dr

INVOICE NO. ACCOUNT NUMBER

48526 285

INVOICE DATE

04/01/2024

LICENSE

Attn: Natasha Rivera
The Landings at Lake Henry
23 Ohara Dr
Haines City, FL 33844

DUE DATE (NET 29 TERMS)

04/30/2024

AMOUNT DUE

\$3,725.00

The Landings at Lake Henry (Acct #: 285)

ITEM	QUANTITY	PRICE	SUBTOTAL
Commercial Basic Lawn Maint	1	\$2,600.00	\$2,600.00
Mowing Water Treatment Plant	1	\$975.00	\$975.00
Com Irrigation Inspections	1	\$150.00	\$150.00

Additional Notes

Thank you for choosing Liberty Lawn Care!

Subtotal \$3,725.00

Total Discounts \$0.00

Taxes \$0.00

Invoice Total \$3,725.00

Amount Paid \$0.00

Amount Due \$3,725.00



Liberty Lawn Care, LLC
PO Box 2233
Auburndale, FL 33823
(863) 412-4714

Invoice
23 Ohara Dr

INVOICE NO. ACCOUNT NUMBER

49069 285

INVOICE DATE

05/01/2024

LICENSE

Attn: Natasha Rivera
The Landings at Lake Henry
23 Ohara Dr
Haines City, FL 33844

DUE DATE (NET 29 TERMS)

05/30/2024

AMOUNT DUE

\$3,725.00

The Landings at Lake Henry (Acct #: 285)

ITEM	QUANTITY	PRICE	SUBTOTAL
Commercial Basic Lawn Maint	1	\$2,600.00	\$2,600.00
Mowing Water Treatment Plant	1	\$975.00	\$975.00
Com Irrigation Inspections	1	\$150.00	\$150.00

Additional Notes

Thank you for choosing Liberty Lawn Care!

Subtotal \$3,725.00

Total Discounts \$0.00

Taxes \$0.00

Invoice Total \$3,725.00

Amount Paid \$0.00

Amount Due \$3,725.00



Liberty Lawn Care, LLC
PO Box 2233
Auburndale, FL 33823
(863) 412-4714

Invoice
23 Ohara Dr

INVOICE NO. ACCOUNT NUMBER

49641 285

INVOICE DATE

06/01/2024

LICENSE

Attn: Natasha Rivera
The Landings at Lake Henry
23 Ohara Dr
Haines City, FL 33844

DUE DATE (NET 29 TERMS)

06/30/2024

AMOUNT DUE

\$3,725.00

The Landings at Lake Henry (Acct #: 285)

ITEM	QUANTITY	PRICE	SUBTOTAL
Commercial Basic Lawn Maint	1	\$2,600.00	\$2,600.00
Mowing Water Treatment Plant	1	\$975.00	\$975.00
Com Irrigation Inspections	1	\$150.00	\$150.00

Additional Notes

Thank you for choosing Liberty Lawn Care!

Subtotals	\$3,725.00
Total Discounts	\$0.00
Taxes	\$0.00
Invoice Total	\$3,725.00
Amount Paid	\$0.00
Amount Due	\$3,725.00



Liberty Lawn Care, LLC
PO Box 2233
Auburndale, FL 33823
(863) 412-4714

Invoice
23 Ohara Dr

INVOICE NO. ACCOUNT NUMBER

50179 285

INVOICE DATE

07/01/2024

LICENSE

Attn: Natasha Rivera
The Landings at Lake Henry
23 Ohara Dr
Haines City, FL 33844

DUE DATE (NET 29 TERMS)

07/30/2024

AMOUNT DUE

\$3,725.00

The Landings at Lake Henry (Acct #: 285)

ITEM	QUANTITY	PRICE	SUBTOTAL
Commercial Basic Lawn Maint	1	\$2,600.00	\$2,600.00
Mowing Water Treatment Plant	1	\$975.00	\$975.00
Com Irrigation Inspections	1	\$150.00	\$150.00

Additional Notes

Thank you for choosing Liberty Lawn Care!

Subtotals \$3,725.00

Total Discounts \$0.00

Taxes \$0.00

Invoice Total \$3,725.00

Amount Paid \$0.00

Amount Due \$3,725.00



Liberty Lawn Care, LLC
PO Box 2233
Auburndale, FL 33823
(863) 412-4714

Invoice
23 Ohara Dr

INVOICE NO. ACCOUNT NUMBER

50745 285

INVOICE DATE

08/01/2024

LICENSE

Attn: Natasha Rivera
The Landings at Lake Henry
23 Ohara Dr
Haines City, FL 33844

DUE DATE (NET 29 TERMS)

08/30/2024

AMOUNT DUE

\$3,725.00

The Landings at Lake Henry (Acct #: 285)

ITEM	QUANTITY	PRICE	SUBTOTAL
Commercial Basic Lawn Maint	1	\$2,600.00	\$2,600.00
Mowing Water Treatment Plant	1	\$975.00	\$975.00
Com Irrigation Inspections	1	\$150.00	\$150.00

Additional Notes

Thank you for choosing Liberty Lawn Care!

Subtotals \$3,725.00

Total Discounts \$0.00

Taxes \$0.00

Invoice Total \$3,725.00

Amount Paid \$0.00

Amount Due \$3,725.00



Liberty Lawn Care, LLC
PO Box 2233
Auburndale, FL 33823
(863) 412-4714

Invoice
23 Ohara Dr

INVOICE NO. ACCOUNT NUMBER

51278 285

INVOICE DATE

09/01/2024

LICENSE

Attn: Natasha Rivera
The Landings at Lake Henry
23 Ohara Dr
Haines City, FL 33844

DUE DATE (NET 29 TERMS)

09/30/2024

AMOUNT DUE

\$3,725.00

The Landings at Lake Henry (Acct #: 285)

ITEM	QUANTITY	PRICE	SUBTOTAL
Commercial Basic Lawn Maint	1	\$2,600.00	\$2,600.00
Mowing Water Treatment Plant	1	\$975.00	\$975.00
Com Irrigation Inspections	1	\$150.00	\$150.00

Additional Notes

Thank you for choosing Liberty Lawn Care!

Subtotals \$3,725.00

Total Discounts \$0.00

Taxes \$0.00

Invoice Total \$3,725.00

Amount Paid \$0.00

Amount Due \$3,725.00



Liberty Lawn Care, LLC
PO Box 2233
Auburndale, FL 33823
(863) 412-4714

Invoice
23 Ohara Dr

INVOICE NO. ACCOUNT NUMBER

51815 285

INVOICE DATE

10/01/2024

LICENSE

Attn: Natasha Rivera
The Landings at Lake Henry
23 Ohara Dr
Haines City, FL 33844

DUE DATE (NET 29 TERMS)

10/30/2024

AMOUNT DUE

\$3,725.00

The Landings at Lake Henry (Acct #: 285)

ITEM	QUANTITY	PRICE	SUBTOTAL
Commercial Basic Lawn Maint	1	\$2,600.00	\$2,600.00
Mowing Water Treatment Plant	1	\$975.00	\$975.00
Com Irrigation Inspections	1	\$150.00	\$150.00

Additional Notes

Thank you for choosing Liberty Lawn Care!

Subtotals \$3,725.00

Total \$0.00

Discounts

Taxes \$0.00

Invoice \$3,725.00

Total

Amount \$0.00

Paid

Amount \$3,725.00

Due



Liberty Lawn Care, LLC
PO Box 2233
Auburndale, FL 33823
(863) 412-4714

Invoice
23 Ohara Dr

INVOICE NO. ACCOUNT NUMBER

52389 285

INVOICE DATE

11/01/2024

LICENSE

Attn: Natasha Rivera
The Landings at Lake Henry
23 Ohara Dr
Haines City, FL 33844

DUE DATE (NET 29 TERMS)

11/30/2024

AMOUNT DUE

\$3,725.00

The Landings at Lake Henry (Acct #: 285)

ITEM	QUANTITY	PRICE	SUBTOTAL
Commercial Basic Lawn Maint	1	\$2,600.00	\$2,600.00
Mowing Water Treatment Plant	1	\$975.00	\$975.00
Com Irrigation Inspections	1	\$150.00	\$150.00

Additional Notes

Thank you for choosing Liberty Lawn Care!

Subtotals \$3,725.00

Total \$0.00

Discounts

Taxes \$0.00

Invoice \$3,725.00

Total

Amount \$0.00

Paid

Amount \$3,725.00

Due



Liberty Lawn Care, LLC
PO Box 2233
Auburndale, FL 33823
(863) 412-4714

Invoice
23 Ohara Dr

INVOICE NO. ACCOUNT NUMBER

52887 285

INVOICE DATE

12/01/2024

LICENSE

Attn: Natasha Rivera
The Landings at Lake Henry
23 Ohara Dr
Haines City, FL 33844

DUE DATE (NET 29 TERMS)

12/30/2024

AMOUNT DUE

\$3,725.00

The Landings at Lake Henry (Acct #: 285)

ITEM	QUANTITY	PRICE	SUBTOTAL
Commercial Basic Lawn Maint	1	\$2,600.00	\$2,600.00
Mowing Water Treatment Plant	1	\$975.00	\$975.00
Com Irrigation Inspections	1	\$150.00	\$150.00

Additional Notes

Thank you for choosing Liberty Lawn Care!

Subtotals	\$3,725.00
Total Discounts	\$0.00
Taxes	\$0.00
Invoice Total	\$3,725.00
Amount Paid	\$0.00
Amount Due	\$3,725.00

1DR #8 - Sampling

Tri-Tech Analytical Laboratories, Inc
4403 Vineland Road, Suite B 12
Orlando, Florida 32811
DOH# E83294

DRINKING WATER MICROBIAL SAMPLING COLLECTION
& LABORATORY ANALYSIS MAT
(87-550.730 Rev. 1/01)

25 06
432
(Lab Sticker)
(Lab Sticker)

INITIALS

Lab Receipt Date & Time: 6-18-25 1545
Analysis Date & Time: 6-18-25 1600
Sample Acceptance Criteria:
Sample Preservation: ☒ On Ice ☐ Not On Ice ☒ 2°C
Disinfectant Check: ☐ Not Detected ☐ _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 2506432 Sub-Contract Lab ID:

County: Polk

Analysis Requested: (check all that apply)

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

Public Water System (PWS) Name: Landings At Lake Henry

PWS I.D. 6 5 3 1 0 0 0

PWS Address: 3101 Hwy 17-92

City: Haines City

PWS or PWS Owner's Phone #: 352-787-2493

Fax #: 352-326-8756

Collector: Junior Guy

Collector's Phone #: 352-787-2493

Type of Supply: (check only one)

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

Reason for Sampling: (check all that apply)

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

Sample Collection Date: 18 June 2025 Day 18 of June day

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type ¹	Disin- fectant Residual (mg/L)	pH	Analysis Method(s) ² : 9222 BMF				
						Non- Coliform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage ³	Data Qualifier ⁴	Lab Sample #
1	Well - 1	11:34	R	0.0			A	A		1
2	Well - 2	11:37	R	0.0			A	A		2
3	18 O'HARA DR. OSHB	11:45	D	0.92			A	A		3
4										
5										
6										
7										

Average of disinfectant residuals for distribution routine & repeat samples.⁵
Free chlorine=

0.9

Disinfectant Residual Analysis Method:

☒ DPD Colorimetric ☐ Other: _____

Person performing disinfectant analysis is (see instructions on reverse):

☐ A certified operator (# _____)

☒ Supervised by certified operator (# 0002241)

☐ Employed by a certified lab ☐ Employed by DEP or DOH

☐ Authorized representative of supplier of water

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

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

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

Date Report Issued: 6-19-25

Lab Signature: _____

Title: _____

General Utilities Corporation
P.O. Box 491221
715 W. Main Street
Leesburg, FL 34749-1221

DEP/DOH USE ONLY

- ☐ Satisfactory
- ☐ Replacement Samples Required
- ☐ Incomplete Collection Information
- ☐ Repeat Samples Required

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

¹ For Sample Types see Instructions Item I 16.

² For Analysis Methods see Instructions Item II 6.

³ Please circle appropriate selection.

⁴ Defined in Florida Administrative Code Rule 62-160, Table 1.

⁵ Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

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

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

System Name: GCP PLANTATION LANDING LLC PWS I.D. #: 6531000
System Type (check one): ☒ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity
Address: 3101 US. HWY. 17-92
City: HAINES CITY ZIP Code: 33884
Phone #: (863)216-5997 Fax #: _____ E-Mail Address: SRAYBORN@SUNCOMMUNITIES.COM

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 670-48399-1 Sample Date: 09/25/24 Sample Time: 13:05
Sample Location (be specific): POE-PL Location Code: _____
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): _____ mg/L Field pH: 8.2

Sample Type (Check Only One)

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

Reasons for Sample (Check all that apply)

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

Sampling Procedure Used or Other Comments: _____

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

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

SAMPLER CERTIFICATION

I, Kishan Ramsod, Operator, do HEREBY CERTIFY
(Print Name) (Print Title)

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

Signature: _____ For KR Date: 8 Oct 2024
Certified Operator #: 0002241 Phone #: 352-787-2493 Sampler's Fax #: _____
Sampler's E-mail: _____

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

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

Lab Name: Eurofins Orlando Florida DOH Certification #: E83018 Certification Expiration Date: 06/30/25

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 481 Newburyport Avenue, Altamonte Springs, FL, 32701 Phone #: (407)339-5984

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

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received: 09/25/24

PWS ID (From Page 1): 6531000 Sample Number (From Page 1): 670-48399-1 Lab Assigned Report # or Job ID: 670-48399-1

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

Inorganics

- ☒ All Except Asbestos
☒ Partial
☒ Nitrate
☒ Nitrite
☐ Asbestos

Synthetic Organics

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

Volatile Organics

- ☒ All 21
☐ Partial

Disinfection Byproducts

- ☐ Trihalomethanes
☐ Haloacetic Acids
☐ Chlorite
☐ Bromate

Radionuclides

- ☐ Single Sample
☐ Qtrly Composite**

Secondaries

- ☒ All 14
☐ Partial

LAB CERTIFICATION

I, Shelby Sharpe, Project Manager, do HEREBY CERTIFY
(Print Name) (Print Title)

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

Signature:  Date: 10/04/24

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

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

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

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

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

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

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Format

INORGANIC CONTAMINANTS
62-550.310(1)

Report Number / Job ID: 670-48399-1
PWS ID (From Page 1): 6531000

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	0.20	U	300.0	0.20	09/26/24	19:06	E83018
1041	Nitrite (as N)	1	mg/L	0.20	U	300.0	0.20	09/26/24	19:06	E83018
1005	Arsenic	0.010	mg/L	0.00035	U	200.8	0.00035	09/30/24	15:47	E83018
1010	Barium	2	mg/L	0.020		200.8	0.00033	09/30/24	15:47	E83018
1015	Cadmium	0.005	mg/L	0.00022	U	200.8	0.00022	09/30/24	15:47	E83018
1020	Chromium	0.1	mg/L	0.00059	I	200.8	0.00035	09/30/24	15:47	E83018
1024	Cyanide	0.2	mg/L	0.0050	U	SM 4500 CN E	0.0050	10/03/24	14:03	E83018
1025	Fluoride	4.0	mg/L	0.20	U	300.0	0.20	09/26/24	19:06	E83018
1030	Lead	0.015	mg/L	0.00022	U	200.8	0.00022	09/30/24	15:47	E83018
1035	Mercury	0.002	mg/L	0.00020	U	245.1	0.00020	09/27/24	10:36	E83018
1036	Nickel	0.1	mg/L	0.00082	U	200.8	0.00082	09/30/24	15:47	E83018
1045	Selenium	0.05	mg/L	0.00090	U	200.8	0.00090	09/30/24	15:47	E83018
1052	Sodium	160	mg/L	150		200.7	0.12	09/30/24	12:35	E83018
1074	Antimony	0.006	mg/L	0.00037	U	200.8	0.00037	09/30/24	15:47	E83018
1075	Beryllium	0.004	mg/L	0.00029	U	200.8	0.00029	09/30/24	15:47	E83018
1085	Thallium	0.002	mg/L	0.00031	U	200.8	0.00031	09/30/24	15:47	E83018

* Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, 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.

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

SECONDARY CONTAMINANTS
62-550.320

Report Number / Job ID: 670-48399-1
PWS ID (From Page 1): 6531000

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	0.0031	U	200.8	0.0031	09/30/24	15:47	E83018
1017	Chloride	250	mg/L	38		300.0	0.40	09/26/24	19:06	E83018
1022	Copper	1	mg/L	0.0062		200.8	0.00058	09/30/24	15:47	E83018
1025	Fluoride	2.0	mg/L	0.20	U	300.0	0.20	09/26/24	19:06	E83018
1028	Iron	0.3	mg/L	0.10	I	200.7	0.096	09/30/24	12:35	E83018
1032	Manganese	0.05	mg/L	0.0049		200.8	0.00090	09/30/24	15:47	E83018
1050	Silver	0.1	mg/L	0.000033	U	200.8	0.000033	09/30/24	15:47	E83018
1055	Sulfate	250	mg/L	2.7		300.0	2.0	09/26/24	19:06	E83018
1095	Zinc	5	mg/L	0.0024	I	200.8	0.0012	09/30/24	15:47	E83018
1905	Color, Apparent	15	Color Units	5.0	U	SM 2120B	5.0	09/25/24	20:25	E83018
1920	Odor	3	T.O.N.	1.0	U	SM 2150B	1.0	09/26/24	08:43	E83018
1925	pH (field pH from page 1)	6.5 - 8.5	SU	8.2	Q	SM 4500 H+ B	1.0	10/01/24	20:22	E83018
1930	Total Dissolved Solids	500	mg/L	210		SM 2540C	5.0	10/01/24	12:59	E83018
2905	Foaming Agents	0.5	mg/L	0.20	U	SM 5540C	0.20	09/26/24	16:40	E83018

* Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, 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.

Data Qualifiers and Definitions

Q Method SM 4500 H+ B: Sample held beyond the accepted holding time.

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

VOLATILE ORGANICS
62-550.310(4)(a)

Report Number / Job ID: 670-48399-1

PWS ID (From Page 1): 6531000

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	0.50	U	524.2	0.50	0.5	09/27/24	19:42	E83018
2380	cis-1,2-Dichloroethylene	70	ug/L	0.50	U	524.2	0.50	0.5	09/27/24	19:42	E83018
2955	Xylenes (total)	10,000	ug/L	0.50	U	524.2	0.50	0.5	09/27/24	19:42	E83018
2964	Dichloromethane	5	ug/L	0.50	U	524.2	0.50	0.5	09/27/24	19:42	E83018
2968	o-Dichlorobenzene	600	ug/L	0.50	U	524.2	0.50	0.5	09/27/24	19:42	E83018
2969	para-Dichlorobenzene	75	ug/L	0.50	U	524.2	0.50	0.5	09/27/24	19:42	E83018
2976	Vinyl Chloride	1	ug/L	0.50	U	524.2	0.50	0.5	09/27/24	19:42	E83018
2977	1,1-Dichloroethylene	7	ug/L	0.50	U	524.2	0.50	0.5	09/27/24	19:42	E83018
2979	trans-1,2-Dichloroethene	100	ug/L	0.50	U	524.2	0.50	0.5	09/27/24	19:42	E83018
2980	1,2-Dichloroethane	3	ug/L	0.50	U	524.2	0.50	0.5	09/27/24	19:42	E83018
2981	1,1,1-Trichloroethane	200	ug/L	0.50	U	524.2	0.50	0.5	09/27/24	19:42	E83018
2982	Carbon tetrachloride	3	ug/L	0.50	U	524.2	0.50	0.5	09/27/24	19:42	E83018
2983	1,2-Dichloropropane	5	ug/L	0.50	U	524.2	0.50	0.5	09/27/24	19:42	E83018
2984	Trichloroethylene	3	ug/L	0.50	U	524.2	0.50	0.5	09/27/24	19:42	E83018
2985	1,1,2-Trichloroethane	5	ug/L	0.50	U	524.2	0.50	0.5	09/27/24	19:42	E83018
2987	Tetrachloroethylene	3	ug/L	0.50	U	524.2	0.50	0.5	09/27/24	19:42	E83018
2989	Monochlorobenzene	100	ug/L	0.50	U	524.2	0.50	0.5	09/27/24	19:42	E83018
2990	Benzene	1	ug/L	0.50	U	524.2	0.50	0.5	09/27/24	19:42	E83018
2991	Toluene	1,000	ug/L	0.50	U	524.2	0.50	0.5	09/27/24	19:42	E83018
2992	Ethylbenzene	700	ug/L	0.50	U	524.2	0.50	0.5	09/27/24	19:42	E83018
2996	Styrene	100	ug/L	0.50	U	524.2	0.50	0.5	09/27/24	19:42	E83018

* Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, 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.

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: GCP Plantation Landings, LLC				PERMIT NUMBER: FLA013033				LIMIT: FINAL				REPORT: Monthly	
ADDRESS: C/O Sun Communities, Inc.				FACILITY TYPE: DW				GROUP: Domestic					
27777 Franklin Road, Suite 200				MONITORING GROUP: R-001									
Southfield, MI 48034													
FACILITY: Plantation Landings WWTF				DESCRIPTION: two-cell RIB of 128,000 square feet of bottom surface area									
LOCATION: 3101 Us Highway 17-92 West													
Haines City, FL 33844													
COUNTY: POLK				MONITORING PERIOD: From: 01/01/2024 To: 01/31/2024									
Parameter			Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type	
Flow		Sample Measurement		0.027						0	5 Days/Week	Recording Flow Meter with Totalizer	
PARM Code 50050 Y Mon. Site: FLW-01		Permit Requirement		0.08 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)	
Flow		Sample Measurement		0.032						0	5 Days/Week	Recording Flow Meter with Totalizer	
PARM Code 50050 1 Mon. Site: FLW-01		Permit Requirement		Report (Mo Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)	
BOD, Carbonaceous 5 day, 20C		Sample Measurement					8.2			0	1 Monthly	Grab	
PARM Code 80082 Y Mon. Site: EFA-01		Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Monthly)	(Grab)	
BOD, Carbonaceous 5 day, 20C		Sample Measurement					7.8	7.8		0	1 Monthly	Grab	
PARM Code 80082 A Mon. Site: EFA-01		Permit Requirement					30.0 (Mo Avg)	60.0 (Maximum)	mg/L		(1 Monthly)	(Grab)	

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-01	Sample Measurement					3.3			0	1 Monthly	Grab
	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended PARM Code 00530 A Mon. Site: EFA-01	Sample Measurement					4.8	4.8		0	1 Monthly	Grab
	Permit Requirement					30.0 (Mo Avg)	60.0 (Maximum)	mg/L		(1 Monthly)	(Grab)
Coliform, Fecal PARM Code 74055 Y Mon. Site: EFA-01	Sample Measurement					5			0	1 Monthly	Grab
	Permit Requirement					200.0 (Annl Avg)		#/100mL		(1 Monthly)	(Grab)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-01	Sample Measurement						2		0	1 Monthly	Grab
	Permit Requirement						800.0 (Maximum)	#/100mL		(1 Monthly)	(Grab)
pH PARM Code 00400 A Mon. Site: EFA-01	Sample Measurement				7.1		7.4		0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Chlorine, Total Residual	Sample Measurement				2.2				0	5 Days/Week	Grab
PARM Code 50060 A Add. Desc: For Disinfection Mon. Site: EFA-01	Permit Requirement				0.5 (Minimum)			mg/L		(5 Days/Week)	(Grab)
Nitrogen, Nitrate, Total (as N)	Sample Measurement						0.048		0	1 Monthly	Grab
PARM Code 00620 A Mon. Site: EFA-01	Permit Requirement						12.0 (Maximum)	mg/L		(1 Monthly)	(Grab)
Flow	Sample Measurement	0.032	0.029						0	5 Days/Week	Recording Flow Meter with Totalizer
PARM Code 50050 P Mon. Site: FLW-01	Permit Requirement	Report (Mo Avg)	0.08 (3MonAvg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Percent Capacity, (TMADF /Permitted Capacity) x 100	Sample Measurement						36		0	1 Monthly	Calculated
PARM Code 00180 1 Mon. Site: FLW-01	Permit Requirement						Report (Mo Avg)	percent		(1 Monthly)	(Calculated)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Thomas Felton	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed			TELEPHONE (352) 787-2493	SUBMITTED ON 02/08/2024

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: GCP Plantation Landings, LLC ADDRESS: C/O Sun Communities, Inc. 27777 Franklin Road, Suite 200 Southfield, MI 48034 FACILITY: Plantation Landings WWTF LOCATION: 3101 Us Highway 17-92 West Haines City, FL 33844 COUNTY: POLK	PERMIT NUMBER: FLA013033 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-Q DESCRIPTION: Biosolids Quantity MONITORING PERIOD: From: 01/01/2024 To: 01/31/2024
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Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Landfilled)	Sample Measurement	0				0	1 Monthly	Calculated
PARM Code B0008 + Mon. Site: RMP-02	Permit Requirement	Report (Mo Total)	dry tons				(1 Monthly)	(Calculated)
Biosolids Quantity (Transferred)	Sample Measurement	0				0	1 Monthly	Calculated
PARM Code B0007 + Mon. Site: RMP-01	Permit Requirement	Report (Mo Total)	dry tons				(1 Monthly)	(Calculated)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Thomas Felton	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed	TELEPHONE (352) 787-2493	SUBMITTED ON 02/08/2024
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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: GCP Plantation Landings, LLC ADDRESS: C/O Sun Communities, Inc. 27777 Franklin Road, Suite 200 Southfield, MI 48034 FACILITY: Plantation Landings WWTF LOCATION: 3101 Us Highway 17-92 West Haines City, FL 33844 COUNTY: POLK	PERMIT NUMBER: FLA013033 LIMIT: FINAL REPORT: Annually FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: R-001 DESCRIPTION: two-cell RIB of 128,000 square feet of bottom surface area MONITORING PERIOD: From: 01/01/2024 To: 12/31/2024
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Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement						205		0	1 Annually	Grab
PARM Code 80082 G Add. Desc: Influent Mon. Site: INF-01	Permit Requirement						Report (Maximum)	mg/L		(1 Annually)	(Grab)
Solids, Total Suspended	Sample Measurement						186		0	1 Annually	Grab
PARM Code 00530 G Add. Desc: Influent Mon. Site: INF-01	Permit Requirement						Report (Maximum)	mg/L		(1 Annually)	(Grab)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Thomas Felton	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed			TELEPHONE (352) 787-2493	SUBMITTED ON 02/08/2024

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013033-010-DW3P/NRL		Facility: Plantation Landings WWTF									
Monitoring Period: From: 1 Jan 2024		Through: 31 Jan 2024			Permit Expiration Date: 8-Feb-2029						
	BOD, Carbonaceous 5 day, 20C monthly max: 60 mg/L	Solids, Total Suspended monthly max: 60 mg/L	Coliform, Fecal monthly max: 200 #/100 mL	Chlorine, Total Residual 5 days/wk min: 0.5 mg/L	pH, s.u. 5 days/wk range: (6.0-8.5)	Flow, (Flow thru plant) X 1000 permitted: 80,000 gal	Nitrate (as N) monthly max: 12 mg/L	BOD, Carbonaceous 5 day, 20C mg/L annually	Solids, Total Suspended mg/L annually	Biosolids, Quantity (Transferred) Dry Tons	MLSS ppm
							JAN	JAN			
Code	80082	00530	74055	50060	00400	50050	00620	80082	00530	B0007	AER
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	EFA-1	INF-1	INF-1	RMP-1	
1				2.2	7.4	33					
2				2.2	7.3	28					
3				2.2	7.2	21					
4				2.2	7.3	32					
5				2.2	7.2	30					
6				2.2	7.4	36					
7						35					
8				2.2	7.4	36					
9				2.2	7.3	36					
10				2.2	7.4	30					
11				2.2	7.3	33					
12				2.2	7.2	34					
13				2.2	7.1	31					
14						33					
15				2.2	7.2	33					
16				2.2	7.3	35					
17				2.2	7.3	33					
18				2.2	7.2	32					
19				2.2	7.2	36					
20				2.2	7.3	37					
21						40					
22				2.2	7.2	41					
23				2.2	7.3	30					
24	7.8	4.8	2	2.2	7.2	28		205.0	186.0		
25				2.2	7.3	31					
26				2.2	7.2	33					
27				2.2	7.2	22					
28						29					
29				2.2	7.3	30	0.048				
30				2.2	7.3	34					
31				2.2	7.2	31					
Total	7.8	4.8	GEOMEAN	MIN	7.1	1003	MAX	MAX	MAX	TOTAL DRY TONS	MAX
Mo. Avg.	7.8	4.8	2	2.2	7.4	32	0.048	205.0	186.0	0.00	0
Plant Staffing:											
Day Shift Operator			Class:	C	Cert. #:	0023842	Name:	C. Tanzler			
Evening Shift Operator			Class:	C	Cert. #:	0012637	Name:	T. Levi			
Night Shift Operator			Class:	A	Cert. #:	0014107	Name:	D. Harris			
Lead Operator			Class:	C	Cert. #:	0002817	Name:	T. Felton			

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME:	Sun Communities Inc	PERMIT NUMBER:	FLA013033		
ADDRESS:	27777 Franklin Rd	LIMIT:	FINAL	REPORT:	Monthly
	Southfield, MI 48034	FACILITY TYPE:	DW	GROUP:	Domestic
		MONITORING GROUP:	R-001		
FACILITY:	Plantation Landings WWTF				
LOCATION:	3101 Us Highway 17-92 West	DESCRIPTION:	two-cell RIB of 128,000 square feet of bottom surface area		
	Haines City, FL 33844				
COUNTY:	POLK	MONITORING PERIOD:	From: 02/01/2024 To: 02/29/2024		

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement		0.028						0	5 Days/Week	Recording Flow Meter with Totalizer
PARM Code 50050 Y Mon. Site: FLW-01	Permit Requirement		0.08 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Flow	Sample Measurement		0.032						0	5 Days/Week	Recording Flow Meter with Totalizer
PARM Code 50050 1 Mon. Site: FLW-01	Permit Requirement		Report (Mo Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
BOD, Carbonaceous 5 day, 20C	Sample Measurement					8.1			0	1 Monthly	Grab
PARM Code 80082 Y Mon. Site: EFA-01	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Monthly)	(Grab)
BOD, Carbonaceous 5 day, 20C	Sample Measurement					7.3	7.3		0	1 Monthly	Grab
PARM Code 80082 A Mon. Site: EFA-01	Permit Requirement					30.0 (Mo Avg)	60.0 (Maximum)	mg/L		(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-01	Sample Measurement					3.5			0	1 Monthly	Grab
	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended PARM Code 00530 A Mon. Site: EFA-01	Sample Measurement					3.4	3.4		0	1 Monthly	Grab
	Permit Requirement					30.0 (Mo Avg)	60.0 (Maximum)	mg/L		(1 Monthly)	(Grab)
Coliform, Fecal PARM Code 74055 Y Mon. Site: EFA-01	Sample Measurement					5			0	1 Monthly	Grab
	Permit Requirement					200.0 (Annl Avg)		#/100mL		(1 Monthly)	(Grab)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-01	Sample Measurement						3		0	1 Monthly	Grab
	Permit Requirement						800.0 (Maximum)	#/100mL		(1 Monthly)	(Grab)
pH PARM Code 00400 A Mon. Site: EFA-01	Sample Measurement				7.2		7.6		0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Chlorine, Total Residual PARM Code 50060 A Add. Desc: For Disinfection Mon. Site: EFA-01	Sample Measurement				2.2				0	5 Days/Week	Grab
	Permit Requirement				0.5 (Minimum)			mg/L		(5 Days/Week)	(Grab)
Nitrogen, Nitrate, Total (as N) PARM Code 00620 A Mon. Site: EFA-01	Sample Measurement						0.16		0	1 Monthly	Grab
	Permit Requirement						12.0 (Maximum)	mg/L		(1 Monthly)	(Grab)
Flow PARM Code 50050 P Mon. Site: FLW-01	Sample Measurement	0.032	0.030						0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement	Report (Mo Avg)	0.08 (3MonAvg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Percent Capacity, (TMADF /Permitted Capacity) x 100 PARM Code 00180 1 Mon. Site: FLW-01	Sample Measurement						37		0	1 Monthly	Calculated
	Permit Requirement						Report (Mo Avg)	percent		(1 Monthly)	(Calculated)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Thomas Felton	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed			TELEPHONE (352) 787-2493	SUBMITTED ON 03/14/2024

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Sun Communities Inc ADDRESS: 27777 Franklin Rd Southfield, MI 48034 FACILITY: Plantation Landings WWTF LOCATION: 3101 Us Highway 17-92 West Haines City, FL 33844 COUNTY: POLK					PERMIT NUMBER: FLA013033 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-Q DESCRIPTION: Biosolids Quantity MONITORING PERIOD: From: 02/01/2024 To: 02/29/2024				
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Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Landfilled)	Sample Measurement	0				0	1 Monthly	Calculated
PARM Code B0008 + Mon. Site: RMP-02	Permit Requirement	Report (Mo Total)	dry tons				(1 Monthly)	(Calculated)
Biosolids Quantity (Transferred)	Sample Measurement	0				0	1 Monthly	Calculated
PARM Code B0007 + Mon. Site: RMP-01	Permit Requirement	Report (Mo Total)	dry tons				(1 Monthly)	(Calculated)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Thomas Felton	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed	TELEPHONE (352) 787-2493	SUBMITTED ON 03/14/2024
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DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013033-010-DW3P/NRL		Facility: Plantation Landings WWTF									
Monitoring Period: From: 1 Feb 2024		Through: 29 Feb 2024			Permit Expiration Date: 8-Feb-2029						
	BOD, Carbonaceous 5 day, 20C monthly max: 60 mg/L	Solids, Total Suspended monthly max: 60 mg/L	Coliform, Fecal monthly max: 200 #/100 mL	Chlorine, Total Residual 5 days/wk min: 0.5 mg/L	pH, s.u. 5 days/wk range: (6.0-8.5)	Flow, (Flow thru plant) X 1000 permitted: 80,000 gal	Nitrate (as N) monthly max: 12 mg/L	BOD, Carbonaceous 5 day, 20C mg/L annually	Solids, Total Suspended mg/L annually	Biosolids, Quantity (Transferred) Dry Tons	MLSS ppm
							JAN	JAN			
Code	80082	00530	74055	50060	00400	50050	00620	80082	00530	B0007	AER
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	EFA-1	INF-1	INF-1	RMP-1	
1				2.2	7.3	29					
2				2.2	7.2	30					
3				2.2	7.4	25					
4						29					
5				2.2	7.3	29					
6				2.2	7.4	27					
7				2.2	7.3	32					
8				2.2	7.4	31					
9				2.2	7.3	30					
10				2.2	7.3	24					
11						33					
12				2.2	7.4	33					
13				2.2	7.4	42					
14				2.2	7.5	20					
15				2.2	7.4	31					
16				2.2	7.4	29					
17				2.2	7.5	36					
18						39					
19				2.2	7.6	39					
20				2.2	7.6	37					
21				2.2	7.5	28					
22				2.2	7.4	31					
23				2.2	7.5	41					
24				2.2	7.4	35					
25						22					
26	7.3	3.4	3	2.2	7.3	23					
27				2.2	7.2	40	0.16				
28				2.2	7.3	44					
29				2.2	7.3	33					
Total	7.3	3.4	GEOMEAN	MIN	7.2	922	MAX	MAX	MAX	TOTAL DRY TONS	MAX
Mo. Avg.	7.3	3.4	3	2.2	7.6	32	0.16	0.0	0.0	0.00	0
Plant Staffing:											
Day Shift Operator		Class:	C	Cert. #:	0023842		Name:	C. Tanzler			
Evening Shift Operator		Class:	C	Cert. #:	0012637		Name:	T. Levi			
Night Shift Operator		Class:	A	Cert. #:	0014107		Name:	D. Harris			
Lead Operator		Class:	C	Cert. #:	0002817		Name:	T. Felton			

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME:	Sun Communities Inc	PERMIT NUMBER:	FLA013033		
ADDRESS:	27777 Franklin Rd	LIMIT:	FINAL	REPORT:	Monthly
	Southfield, MI 48034	FACILITY TYPE:	DW	GROUP:	Domestic
		MONITORING GROUP:	R-001		
FACILITY:	Plantation Landings WWTF				
LOCATION:	3101 Us Highway 17-92 West	DESCRIPTION:	two-cell RIB of 128,000 square feet of bottom surface area		
	Haines City, FL 33844				
COUNTY:	POLK	MONITORING PERIOD:	From: 03/01/2024 To: 03/31/2024		

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement		0.028						0	5 Days/Week	Recording Flow Meter with Totalizer
PARM Code 50050 Y Mon. Site: FLW-01	Permit Requirement		0.08 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Flow	Sample Measurement		0.030						0	5 Days/Week	Recording Flow Meter with Totalizer
PARM Code 50050 1 Mon. Site: FLW-01	Permit Requirement		Report (Mo Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
BOD, Carbonaceous 5 day, 20C	Sample Measurement					8.2			0	1 Monthly	Grab
PARM Code 80082 Y Mon. Site: EFA-01	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Monthly)	(Grab)
BOD, Carbonaceous 5 day, 20C	Sample Measurement					8.7	8.7		0	1 Monthly	Grab
PARM Code 80082 A Mon. Site: EFA-01	Permit Requirement					30.0 (Mo Avg)	60.0 (Maximum)	mg/L		(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-01	Sample Measurement					3.6			0	1 Monthly	Grab
	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended PARM Code 00530 A Mon. Site: EFA-01	Sample Measurement					4.2	4.2		0	1 Monthly	Grab
	Permit Requirement					30.0 (Mo Avg)	60.0 (Maximum)	mg/L		(1 Monthly)	(Grab)
Coliform, Fecal PARM Code 74055 Y Mon. Site: EFA-01	Sample Measurement					5			0	1 Monthly	Grab
	Permit Requirement					200.0 (Annl Avg)		#/100mL		(1 Monthly)	(Grab)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-01	Sample Measurement						6		0	1 Monthly	Grab
	Permit Requirement						800.0 (Maximum)	#/100mL		(1 Monthly)	(Grab)
pH PARM Code 00400 A Mon. Site: EFA-01	Sample Measurement				7.3		7.6		0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Chlorine, Total Residual PARM Code 50060 A Add. Desc: For Disinfection Mon. Site: EFA-01	Sample Measurement				2.2				0	5 Days/Week	Grab
	Permit Requirement				0.5 (Minimum)			mg/L		(5 Days/Week)	(Grab)
Nitrogen, Nitrate, Total (as N) PARM Code 00620 A Mon. Site: EFA-01	Sample Measurement						0.19		0	1 Monthly	Grab
	Permit Requirement						12.0 (Maximum)	mg/L		(1 Monthly)	(Grab)
Flow PARM Code 50050 P Mon. Site: FLW-01	Sample Measurement	0.030	0.031						0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement	Report (Mo Avg)	0.08 (3MonAvg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Percent Capacity, (TMADF /Permitted Capacity) x 100 PARM Code 00180 1 Mon. Site: FLW-01	Sample Measurement						39		0	1 Monthly	Calculated
	Permit Requirement						Report (Mo Avg)	percent		(1 Monthly)	(Calculated)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Thomas Felton	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed			TELEPHONE (352) 787-2493	SUBMITTED ON 04/10/2024

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Sun Communities Inc ADDRESS: 27777 Franklin Rd Southfield, MI 48034 FACILITY: Plantation Landings WWTF LOCATION: 3101 Us Highway 17-92 West Haines City, FL 33844 COUNTY: POLK					PERMIT NUMBER: FLA013033 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-Q DESCRIPTION: Biosolids Quantity MONITORING PERIOD: From: 03/01/2024 To: 03/31/2024				
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Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Landfilled)	Sample Measurement	0				0	1 Monthly	Calculated
PARM Code B0008 + Mon. Site: RMP-02	Permit Requirement	Report (Mo Total)	dry tons				(1 Monthly)	(Calculated)
Biosolids Quantity (Transferred)	Sample Measurement	0				0	1 Monthly	Calculated
PARM Code B0007 + Mon. Site: RMP-01	Permit Requirement	Report (Mo Total)	dry tons				(1 Monthly)	(Calculated)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Thomas Felton	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed	TELEPHONE (352) 787-2493	SUBMITTED ON 04/10/2024
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DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013033-010-DW3P/NRL		Facility: Plantation Landings WWTF									
Monitoring Period: From: 1 Mar 2024		Through: 31 Mar 2024			Permit Expiration Date: 8-Feb-2029						
	BOD, Carbonaceous 5 day, 20C monthly max: 60 mg/L	Solids, Total Suspended monthly max: 60 mg/L	Coliform, Fecal monthly max: 200 #/100 mL	Chlorine, Total Residual 5 days/wk min: 0.5 mg/L	pH, s.u. 5 days/wk range: (6.0-8.5)	Flow, (Flow thru plant) X 1000 permitted: 80,000 gal	Nitrate (as N) monthly max: 12 mg/L	BOD, Carbonaceous 5 day, 20C mg/L annually	Solids, Total Suspended mg/L annually	Biosolids, Quantity (Transferred) Dry Tons	MLSS ppm
							JAN	JAN			
Code	80082	00530	74055	50060	00400	50050	00620	80082	00530	B0007	AER
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	EFA-1	INF-1	INF-1	RMP-1	
1				2.2	7.4	22					
2				2.2	7.3	32					
3						32					
4				2.2	7.5	32					
5				2.2	7.4	33					
6				2.2	7.4	31					
7	8.7	4.2	6	2.2	7.3	39					
8				2.2	7.5	31					
9				2.2	7.4	32					
10						33					
11				2.2	7.4	37					
12				2.2	7.6	30					
13				2.2	7.6	26					
14				2.2	7.5	20					
15				2.2	7.5	30					
16				2.2	7.4	26					
17						27					
18				2.2	7.4	33	0.19				
19				2.2	7.4	25					
20				2.2	7.3	33					
21				2.2	7.3	14					
22				2.2	7.3	26					
23				2.2	7.4	30					
24						30					
25				2.2	7.3	25					
26				2.2	7.4	39					
27				2.2	7.5	33					
28				2.2	7.4	36					
29				2.2	7.3	31					
30				2.2	7.4	28					
31						30					
Total	8.7	4.2	GEOMEAN	MIN	7.3	926	MAX	MAX	MAX	TOTAL DRY TONS	MAX
Mo. Avg.	8.7	4.2	6	2.2	7.6	30	0.19	0.0	0.0	0.00	0
Plant Staffing:											
Day Shift Operator		Class:	C	Cert. #:	0023842		Name:	C. Tanzler			
Evening Shift Operator		Class:	C	Cert. #:	0012637		Name:	T. Levi			
Night Shift Operator		Class:	A	Cert. #:	0014107		Name:	D. Harris			
Lead Operator		Class:	C	Cert. #:	0002817		Name:	T. Felton			

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME:	Sun Mouse Mountain RV, LLC	PERMIT NUMBER:	FLA013033		
ADDRESS:	27777 Franklin Rd	LIMIT:	FINAL	REPORT:	Monthly
	Southfield, MI 48034	FACILITY TYPE:	DW	GROUP:	Domestic
		MONITORING GROUP:	R-001		
FACILITY:	Plantation Landings WWTF				
LOCATION:	3101 Us Highway 17-92 West	DESCRIPTION:	two-cell RIB of 128,000 square feet of bottom surface area		
	Haines City, FL 33844				
COUNTY:	POLK	MONITORING PERIOD:	From: 04/01/2024 To: 04/30/2024		

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement		0.028						0	5 Days/Week	Recording Flow Meter with Totalizer
PARM Code 50050 Y Mon. Site: FLW-01	Permit Requirement		0.08 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Flow	Sample Measurement		0.025						0	5 Days/Week	Recording Flow Meter with Totalizer
PARM Code 50050 1 Mon. Site: FLW-01	Permit Requirement		Report (Mo Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
BOD, Carbonaceous 5 day, 20C	Sample Measurement					8.2			0	1 Monthly	Grab
PARM Code 80082 Y Mon. Site: EFA-01	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Monthly)	(Grab)
BOD, Carbonaceous 5 day, 20C	Sample Measurement					8.9	8.9		0	1 Monthly	Grab
PARM Code 80082 A Mon. Site: EFA-01	Permit Requirement					30.0 (Mo Avg)	60.0 (Maximum)	mg/L		(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-01	Sample Measurement					3.6			0	1 Monthly	Grab
	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended PARM Code 00530 A Mon. Site: EFA-01	Sample Measurement					3.6	3.6		0	1 Monthly	Grab
	Permit Requirement					30.0 (Mo Avg)	60.0 (Maximum)	mg/L		(1 Monthly)	(Grab)
Coliform, Fecal PARM Code 74055 Y Mon. Site: EFA-01	Sample Measurement					6			0	1 Monthly	Grab
	Permit Requirement					200.0 (Annl Avg)		#/100mL		(1 Monthly)	(Grab)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-01	Sample Measurement						8		0	1 Monthly	Grab
	Permit Requirement						800.0 (Maximum)	#/100mL		(1 Monthly)	(Grab)
pH PARM Code 00400 A Mon. Site: EFA-01	Sample Measurement				7.1		7.3		0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Chlorine, Total Residual PARM Code 50060 A Add. Desc: For Disinfection Mon. Site: EFA-01	Sample Measurement				2.2				0	5 Days/Week	Grab
	Permit Requirement				0.5 (Minimum)			mg/L		(5 Days/Week)	(Grab)
Nitrogen, Nitrate, Total (as N) PARM Code 00620 A Mon. Site: EFA-01	Sample Measurement						0.32		0	1 Monthly	Grab
	Permit Requirement						12.0 (Maximum)	mg/L		(1 Monthly)	(Grab)
Flow PARM Code 50050 P Mon. Site: FLW-01	Sample Measurement	0.025	0.029						0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement	Report (Mo Avg)	0.08 (3MonAvg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Percent Capacity, (TMADF /Permitted Capacity) x 100 PARM Code 00180 1 Mon. Site: FLW-01	Sample Measurement						36		0	1 Monthly	Calculated
	Permit Requirement						Report (Mo Avg)	percent		(1 Monthly)	(Calculated)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Thomas Felton	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed			TELEPHONE (352) 787-2493	SUBMITTED ON 05/09/2024

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Sun Mouse Mountain RV, LLC ADDRESS: 27777 Franklin Rd Southfield, MI 48034					PERMIT NUMBER: FLA013033 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-Q				
FACILITY: Plantation Landings WWTF LOCATION: 3101 Us Highway 17-92 West Haines City, FL 33844					DESCRIPTION: Biosolids Quantity				
COUNTY: POLK					MONITORING PERIOD: From: 04/01/2024 To: 04/30/2024				

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Landfilled)	Sample Measurement	0				0	1 Monthly	Calculated
PARM Code B0008 + Mon. Site: RMP-02	Permit Requirement	Report (Mo Total)	dry tons				(1 Monthly)	(Calculated)
Biosolids Quantity (Transferred)	Sample Measurement	1.3				0	1 Monthly	Calculated
PARM Code B0007 + Mon. Site: RMP-01	Permit Requirement	Report (Mo Total)	dry tons				(1 Monthly)	(Calculated)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Thomas Felton	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed	TELEPHONE (352) 787-2493	SUBMITTED ON 05/09/2024
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DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013033-010-DW3P/NRL		Facility: Plantation Landings WWTF									
Monitoring Period: From: 1 Apr 2024		Through: 30 Apr 2024			Permit Expiration Date: 8-Feb-2029						
	BOD, Carbonaceous 5 day, 20C monthly max: 60 mg/L	Solids, Total Suspended monthly max: 60 mg/L	Coliform, Fecal monthly max: 200 #/100 mL	Chlorine, Total Residual 5 days/wk min: 0.5 mg/L	pH, s.u. 5 days/wk range: (6.0-8.5)	Flow, (Flow thru plant) X 1000 permitted: 80,000 gal	Nitrate (as N) monthly max: 12 mg/L	BOD, Carbonaceous 5 day, 20C mg/L annually	Solids, Total Suspended mg/L annually	Biosolids, Quantity (Transferred) Dry Tons	MLSS ppm
							JAN	JAN			
Code	80082	00530	74055	50060	00400	50050	00620	80082	00530	B0007	AER
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	EFA-1	INF-1	INF-1	RMP-1	
1				2.2	7.3	15				1.30	
2				2.2	7.3	9					
3				2.2	7.2	30					
4	8.9	3.6	8	2.2	7.3	30					
5				2.2	7.2	35					
6				2.2	7.3	29					
7						23					
8				2.2	7.2	23					
9				2.2	7.1	29					
10				2.2	7.2	30					
11				2.2	7.2	29					
12				2.2	7.3	14					
13				2.2	7.3	23					
14						29					
15				2.2	7.2	29					
16				2.2	7.3	29					
17				2.2	7.2	23					
18				2.2	7.2	23					
19				2.2	7.3	25					
20				2.2	7.3	15					
21						27					
22				2.2	7.3	27					
23				2.2	7.2	27	0.32				
24				2.2	7.3	26					
25				2.2	7.2	20					
26				2.2	7.2	32					
27				2.2	7.3	21					
28						19					
29				2.2	7.2	20					
30				2.2	7.2	33					
Total	8.9	3.6	GEOMEAN	MIN	7.1	744	MAX	MAX	MAX	TOTAL DRY TONS	MAX
Mo. Avg.	8.9	3.6	8	2.2	7.3	25	0.32	0.0	0.0	1.30	0
Plant Staffing:											
Day Shift Operator		Class:	C	Cert. #:	0023842		Name:	C. Tanzler			
Evening Shift Operator		Class:	C	Cert. #:	0012637		Name:	T. Levi			
Night Shift Operator		Class:	A	Cert. #:	0014107		Name:	D. Harris			
Lead Operator		Class:	C	Cert. #:	0002817		Name:	T. Felton			

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME:	Sun Mouse Mountain RV, LLC	PERMIT NUMBER:	FLA013033		
ADDRESS:	27777 Franklin Rd	LIMIT:	FINAL	REPORT:	Monthly
	Southfield, MI 48034	FACILITY TYPE:	DW	GROUP:	Domestic
		MONITORING GROUP:	R-001		
FACILITY:	Plantation Landings WWTF				
LOCATION:	3101 Us Highway 17-92 West	DESCRIPTION:	two-cell RIB of 128,000 square feet of bottom surface area		
	Haines City, FL 33844				
COUNTY:	POLK	MONITORING PERIOD:	From: 05/01/2024 To: 05/31/2024		

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement		0.028						0	5 Days/Week	Recording Flow Meter with Totalizer
PARM Code 50050 Y Mon. Site: FLW-01	Permit Requirement		0.08 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Flow	Sample Measurement		0.020						0	5 Days/Week	Recording Flow Meter with Totalizer
PARM Code 50050 1 Mon. Site: FLW-01	Permit Requirement		Report (Mo Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
BOD, Carbonaceous 5 day, 20C	Sample Measurement					8.3			0	1 Monthly	Grab
PARM Code 80082 Y Mon. Site: EFA-01	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Monthly)	(Grab)
BOD, Carbonaceous 5 day, 20C	Sample Measurement					8.7	8.7		0	1 Monthly	Grab
PARM Code 80082 A Mon. Site: EFA-01	Permit Requirement					30.0 (Mo Avg)	60.0 (Maximum)	mg/L		(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-01	Sample Measurement					3.6			0	1 Monthly	Grab
	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended PARM Code 00530 A Mon. Site: EFA-01	Sample Measurement					2.6	2.6		0	1 Monthly	Grab
	Permit Requirement					30.0 (Mo Avg)	60.0 (Maximum)	mg/L		(1 Monthly)	(Grab)
Coliform, Fecal PARM Code 74055 Y Mon. Site: EFA-01	Sample Measurement					5			0	1 Monthly	Grab
	Permit Requirement					200.0 (Annl Avg)		#/100mL		(1 Monthly)	(Grab)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-01	Sample Measurement						3		0	1 Monthly	Grab
	Permit Requirement						800.0 (Maximum)	#/100mL		(1 Monthly)	(Grab)
pH PARM Code 00400 A Mon. Site: EFA-01	Sample Measurement				7.2		7.5		0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Chlorine, Total Residual PARM Code 50060 A Add. Desc: For Disinfection Mon. Site: EFA-01	Sample Measurement				2.2				0	5 Days/Week	Grab
	Permit Requirement				0.5 (Minimum)			mg/L		(5 Days/Week)	(Grab)
Nitrogen, Nitrate, Total (as N) PARM Code 00620 A Mon. Site: EFA-01	Sample Measurement						0.62		0	1 Monthly	Grab
	Permit Requirement						12.0 (Maximum)	mg/L		(1 Monthly)	(Grab)
Flow PARM Code 50050 P Mon. Site: FLW-01	Sample Measurement	0.020	0.025						0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement	Report (Mo Avg)	0.08 (3MonAvg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Percent Capacity, (TMADF /Permitted Capacity) x 100 PARM Code 00180 1 Mon. Site: FLW-01	Sample Measurement						31		0	1 Monthly	Calculated
	Permit Requirement						Report (Mo Avg)	percent		(1 Monthly)	(Calculated)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Thomas Felton	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed			TELEPHONE (352) 787-2493	SUBMITTED ON 06/11/2024

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Sun Mouse Mountain RV, LLC ADDRESS: 27777 Franklin Rd Southfield, MI 48034 FACILITY: Plantation Landings WWTF LOCATION: 3101 Us Highway 17-92 West Haines City, FL 33844 COUNTY: POLK					PERMIT NUMBER: FLA013033 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-Q DESCRIPTION: Biosolids Quantity MONITORING PERIOD: From: 05/01/2024 To: 05/31/2024				
Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type	
Biosolids Quantity (Landfilled)	Sample Measurement	0				0	1 Monthly	Calculated	
PARM Code B0008 + Mon. Site: RMP-02	Permit Requirement	Report (Mo Total)	dry tons				(1 Monthly)	(Calculated)	
Biosolids Quantity (Transferred)	Sample Measurement	0				0	1 Monthly	Calculated	
PARM Code B0007 + Mon. Site: RMP-01	Permit Requirement	Report (Mo Total)	dry tons				(1 Monthly)	(Calculated)	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Thomas Felton	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed		TELEPHONE (352) 787-2493	SUBMITTED ON 06/11/2024	

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013033-010-DW3P/NRL		Facility: Plantation Landings WWTF									
Monitoring Period: From: 1 May 2024		Through: 31 May 2024			Permit Expiration Date: 8-Feb-2029						
	BOD, Carbonaceous 5 day, 20C monthly max: 60 mg/L	Solids, Total Suspended monthly max: 60 mg/L	Coliform, Fecal monthly max: 200 #/100 mL	Chlorine, Total Residual 5 days/wk min: 0.5 mg/L	pH, s.u. 5 days/wk range: (6.0-8.5)	Flow, (Flow thru plant) X 1000 permitted: 80,000 gal	Nitrate (as N) monthly max: 12 mg/L	BOD, Carbonaceous 5 day, 20C mg/L annually	Solids, Total Suspended mg/L annually	Biosolids, Quantity (Transferred) Dry Tons	MLSS ppm
							JAN	JAN			
Code	80082	00530	74055	50060	00400	50050	00620	80082	00530	B0007	AER
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	EFA-1	INF-1	INF-1	RMP-1	
1				2.2	7.2	40					
2				2.2	7.2	30					
3				2.2	7.3	18					
4				2.2	7.3	19					
5						8					
6				2.2	7.2	8					
7				2.2	7.3	21					
8	8.7	2.6	3	2.2	7.2	17					
9				2.2	7.3	21					
10				2.2	7.2	24					
11				2.2	7.2	20					
12						16					
13				2.2	7.3	16					
14				2.2	7.3	30					
15				2.2	7.4	24					
16				2.2	7.5	23					
17				2.2	7.2	13					
18				2.2	7.3	32					
19						19					
20				2.2	7.2	19					
21				2.2	7.3	24	0.62				
22				2.2	7.2	24					
23				2.2	7.3	19					
24				2.2	7.3	22					
25				2.2	7.2	20					
26						15					
27				2.2	7.3	15					
28				2.2	7.3	33					
29				2.2	7.4	15					
30				2.2	7.3	13					
31				2.2	7.2	16					
Total	8.7	2.6	GEOMEAN	MIN	7.2	634	MAX	MAX	MAX	TOTAL DRY TONS	MAX
Mo. Avg.	8.7	2.6	3	2.2	7.5	20	0.62	0.0	0.0	0.00	0
Plant Staffing:											
Day Shift Operator			Class:	C	Cert. #:	0023842	Name:	C. Tanzler			
Evening Shift Operator			Class:	C	Cert. #:	0012637	Name:	T. Levi			
Night Shift Operator			Class:	A	Cert. #:	0014107	Name:	D. Harris			
Lead Operator			Class:	C	Cert. #:	0002817	Name:	T. Felton			

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME:	Sun Mouse Mountain RV, LLC	PERMIT NUMBER:	FLA013033		
ADDRESS:	27777 Franklin Rd	LIMIT:	FINAL	REPORT:	Monthly
	Southfield, MI 48034	FACILITY TYPE:	DW	GROUP:	Domestic
FACILITY:	Plantation Landings WWTF	MONITORING GROUP:	R-001		
LOCATION:	3101 Us Highway 17-92 West	DESCRIPTION:	two-cell RIB of 128,000 square feet of bottom surface area		
	Haines City, FL 33844				
COUNTY:	POLK	MONITORING PERIOD:	From: 06/01/2024 To: 06/30/2024		

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement		0.027						0	5 Days/Week	Recording Flow Meter with Totalizer
PARM Code 50050 Y Mon. Site: FLW-01	Permit Requirement		0.08 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Flow	Sample Measurement		0.023						0	5 Days/Week	Recording Flow Meter with Totalizer
PARM Code 50050 1 Mon. Site: FLW-01	Permit Requirement		Report (Mo Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
BOD, Carbonaceous 5 day, 20C	Sample Measurement					8.4			0	1 Monthly	Grab
PARM Code 80082 Y Mon. Site: EFA-01	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Monthly)	(Grab)
BOD, Carbonaceous 5 day, 20C	Sample Measurement					9.6	9.6		0	1 Monthly	Grab
PARM Code 80082 A Mon. Site: EFA-01	Permit Requirement					30.0 (Mo Avg)	60.0 (Maximum)	mg/L		(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-01	Sample Measurement					3.6			0	1 Monthly	Grab
	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended PARM Code 00530 A Mon. Site: EFA-01	Sample Measurement					3.8	3.8		0	1 Monthly	Grab
	Permit Requirement					30.0 (Mo Avg)	60.0 (Maximum)	mg/L		(1 Monthly)	(Grab)
Coliform, Fecal PARM Code 74055 Y Mon. Site: EFA-01	Sample Measurement					6			0	1 Monthly	Grab
	Permit Requirement					200.0 (Annl Avg)		#/100mL		(1 Monthly)	(Grab)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-01	Sample Measurement						3		0	1 Monthly	Grab
	Permit Requirement						800.0 (Maximum)	#/100mL		(1 Monthly)	(Grab)
pH PARM Code 00400 A Mon. Site: EFA-01	Sample Measurement				7.2		7.4		0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Chlorine, Total Residual PARM Code 50060 A Add. Desc: For Disinfection Mon. Site: EFA-01	Sample Measurement				2.2				0	5 Days/Week	Grab
	Permit Requirement				0.5 (Minimum)			mg/L		(5 Days/Week)	(Grab)
Nitrogen, Nitrate, Total (as N) PARM Code 00620 A Mon. Site: EFA-01	Sample Measurement						0.11		0	1 Monthly	Grab
	Permit Requirement						12.0 (Maximum)	mg/L		(1 Monthly)	(Grab)
Flow PARM Code 50050 P Mon. Site: FLW-01	Sample Measurement	0.023	0.023						0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement	Report (Mo Avg)	0.08 (3MonAvg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Percent Capacity, (TMADF /Permitted Capacity) x 100 PARM Code 00180 1 Mon. Site: FLW-01	Sample Measurement						28		0	1 Monthly	Calculated
	Permit Requirement						Report (Mo Avg)	percent		(1 Monthly)	(Calculated)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Thomas Felton	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed			TELEPHONE (352) 787-2493	SUBMITTED ON 07/11/2024

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Sun Mouse Mountain RV, LLC ADDRESS: 27777 Franklin Rd Southfield, MI 48034					PERMIT NUMBER: FLA013033 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-Q				
FACILITY: Plantation Landings WWTF LOCATION: 3101 Us Highway 17-92 West Haines City, FL 33844					DESCRIPTION: Biosolids Quantity				
COUNTY: POLK					MONITORING PERIOD: From: 06/01/2024 To: 06/30/2024				

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Landfilled)	Sample Measurement	0				0	1 Monthly	Calculated
PARM Code B0008 + Mon. Site: RMP-02	Permit Requirement	Report (Mo Total)	dry tons				(1 Monthly)	(Calculated)
Biosolids Quantity (Transferred)	Sample Measurement	0				0	1 Monthly	Calculated
PARM Code B0007 + Mon. Site: RMP-01	Permit Requirement	Report (Mo Total)	dry tons				(1 Monthly)	(Calculated)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Thomas Felton	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed	TELEPHONE (352) 787-2493	SUBMITTED ON 07/11/2024
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DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013033-010-DW3P/NRL		Facility: Plantation Landings WWTF									
Monitoring Period: From: 1 Jun 2024		Through: 30 Jun 2024			Permit Expiration Date: 8-Feb-2029						
	BOD, Carbonaceous 5 day, 20C monthly max: 60 mg/L	Solids, Total Suspended monthly max: 60 mg/L	Coliform, Fecal monthly max: 200 #/100 mL	Chlorine, Total Residual 5 days/wk min: 0.5 mg/L	pH, s.u. 5 days/wk range: (6.0-8.5)	Flow, (Flow thru plant) X 1000 permitted: 80,000 gal	Nitrate (as N) monthly max: 12 mg/L	BOD, Carbonaceous 5 day, 20C mg/L annually	Solids, Total Suspended mg/L annually	Biosolids, Quantity (Transferred) Dry Tons	MLSS ppm
								JAN	JAN		
Code	80082	00530	74055	50060	00400	50050	00620	80082	00530	B0007	AER
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	EFA-1	INF-1	INF-1	RMP-1	
1				2.2	7.3	24					
2						20					
3				2.2	7.2	20					
4				2.2	7.3	20					
5				2.2	7.2	22					
6				2.2	7.2	21					
7				2.2	7.3	20					
8				2.2	7.2	22					
9						18					
10				2.2	7.3	18					
11				2.2	7.4	28					
12				2.2	7.3	28					
13				2.2	7.3	23					
14				2.2	7.4	25					
15				2.2	7.3	31					
16						26					
17				2.2	7.3	25					
18				2.2	7.4	33					
19	9.6	3.8	3	2.2	7.3	31					
20				2.2	7.2	21					
21				2.2	7.3	19					
22				2.2	7.3	25					
23						13					
24				2.2	7.4	13					
25				2.2	7.3	23					
26				2.2	7.3	25	0.11				
27				2.2	7.2	18					
28				2.2	7.3	23					
29				2.2	7.2	34					
30											
Total	9.6	3.8	GEOMEAN	MIN	7.2	669	MAX	MAX	MAX	TOTAL DRY TONS	MAX
Mo. Avg.	9.6	3.8	3	2.2	7.4	23	0.11	0.0	0.0	0.00	0
Plant Staffing:											
Day Shift Operator			Class:	C	Cert. #:	0023842	Name:	C. Tanzler			
Evening Shift Operator			Class:	C	Cert. #:	0012637	Name:	T. Levi			
Night Shift Operator			Class:	A	Cert. #:	0014107	Name:	D. Harris			
Lead Operator			Class:	C	Cert. #:	0002817	Name:	T. Felton			

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME:	SUN COMMUNITIES, INC.	PERMIT NUMBER:	FLA013033		
ADDRESS:	27777 Franklin Rd	LIMIT:	FINAL	REPORT:	Monthly
	Southfield, MI 48034	FACILITY TYPE:	DW	GROUP:	Domestic
		MONITORING GROUP:	R-001		
FACILITY:	Plantation Landings WWTF				
LOCATION:	3101 Us Highway 17-92 West	DESCRIPTION:	two-cell RIB of 128,000 square feet of bottom surface area		
	Haines City, FL 33844				
COUNTY:	POLK	MONITORING PERIOD:	From: 07/01/2024 To: 07/31/2024		

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement		0.027						0	5 Days/Week	Recording Flow Meter with Totalizer
PARM Code 50050 Y Mon. Site: FLW-01	Permit Requirement		0.08 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Flow	Sample Measurement		0.027						0	5 Days/Week	Recording Flow Meter with Totalizer
PARM Code 50050 1 Mon. Site: FLW-01	Permit Requirement		Report (Mo Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
BOD, Carbonaceous 5 day, 20C	Sample Measurement					8.4			0	1 Monthly	Grab
PARM Code 80082 Y Mon. Site: EFA-01	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Monthly)	(Grab)
BOD, Carbonaceous 5 day, 20C	Sample Measurement					8.4	8.4		0	1 Monthly	Grab
PARM Code 80082 A Mon. Site: EFA-01	Permit Requirement					30.0 (Mo Avg)	60.0 (Maximum)	mg/L		(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-01	Sample Measurement					3.6			0	1 Monthly	Grab
	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended PARM Code 00530 A Mon. Site: EFA-01	Sample Measurement					3.0	3.0		0	1 Monthly	Grab
	Permit Requirement					30.0 (Mo Avg)	60.0 (Maximum)	mg/L		(1 Monthly)	(Grab)
Coliform, Fecal PARM Code 74055 Y Mon. Site: EFA-01	Sample Measurement					6			0	1 Monthly	Grab
	Permit Requirement					200.0 (Annl Avg)		#/100mL		(1 Monthly)	(Grab)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-01	Sample Measurement						5		0	1 Monthly	Grab
	Permit Requirement						800.0 (Maximum)	#/100mL		(1 Monthly)	(Grab)
pH PARM Code 00400 A Mon. Site: EFA-01	Sample Measurement				7.2		7.5		0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Chlorine, Total Residual	Sample Measurement				2.2				0	5 Days/Week	Grab
PARM Code 50060 A Add. Desc: For Disinfection Mon. Site: EFA-01	Permit Requirement				0.5 (Minimum)			mg/L		(5 Days/Week)	(Grab)
Nitrogen, Nitrate, Total (as N)	Sample Measurement						0.070		0	1 Monthly	Grab
PARM Code 00620 A Mon. Site: EFA-01	Permit Requirement						12.0 (Maximum)	mg/L		(1 Monthly)	(Grab)
Flow	Sample Measurement	0.027	0.023						0	5 Days/Week	Recording Flow Meter with Totalizer
PARM Code 50050 P Mon. Site: FLW-01	Permit Requirement	Report (Mo Avg)	0.08 (3MonAvg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Percent Capacity, (TMADF /Permitted Capacity) x 100	Sample Measurement						23		0	1 Monthly	Calculated
PARM Code 00180 1 Mon. Site: FLW-01	Permit Requirement						Report (Mo Avg)	percent		(1 Monthly)	(Calculated)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Thomas Felton	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed			TELEPHONE (352) 787-2493	SUBMITTED ON 08/12/2024

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: SUN COMMUNITIES, INC. ADDRESS: 27777 Franklin Rd Southfield, MI 48034 FACILITY: Plantation Landings WWTF LOCATION: 3101 Us Highway 17-92 West Haines City, FL 33844 COUNTY: POLK					PERMIT NUMBER: FLA013033 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-Q DESCRIPTION: Biosolids Quantity MONITORING PERIOD: From: 07/01/2024 To: 07/31/2024				
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Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Landfilled)	Sample Measurement	0				0	1 Monthly	Calculated
PARM Code B0008 + Mon. Site: RMP-02	Permit Requirement	Report (Mo Total)	dry tons				(1 Monthly)	(Calculated)
Biosolids Quantity (Transferred)	Sample Measurement	0				0	1 Monthly	Calculated
PARM Code B0007 + Mon. Site: RMP-01	Permit Requirement	Report (Mo Total)	dry tons				(1 Monthly)	(Calculated)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Thomas Felton	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed	TELEPHONE (352) 787-2493	SUBMITTED ON 08/12/2024
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DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013033-010-DW3P/NRL		Facility: Plantation Landings WWTF									
Monitoring Period: From: 1 Jul 2024		Through: 31 Jul 2024			Permit Expiration Date: 8-Feb-2029						
	BOD, Carbonaceous 5 day, 20C monthly max: 60 mg/L	Solids, Total Suspended monthly max: 60 mg/L	Coliform, Fecal monthly max: 200 #/100 mL	Chlorine, Total Residual 5 days/wk min: 0.5 mg/L	pH, s.u. 5 days/wk range: (6.0-8.5)	Flow, (Flow thru plant) X 1000 permitted: 80,000 gal	Nitrate (as N) monthly max: 12 mg/L	BOD, Carbonaceous 5 day, 20C mg/L annually	Solids, Total Suspended mg/L annually	Biosolids, Quantity (Transferred) Dry Tons	MLSS ppm
							JAN	JAN			
Code	80082	00530	74055	50060	00400	50050	00620	80082	00530	B0007	AER
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	EFA-1	INF-1	INF-1	RMP-1	
1				2.2	7.3	43					
2				2.2	7.4	29					
3				2.2	7.3	29					
4				2.2	7.3	25					
5				2.2	7.4	16					
6				2.2	7.4	24					
7						26					
8	8.4	3.0	5	2.2	7.5	26					
9				2.2	7.4	32					
10				2.2	7.5	24	0.070				
11				2.2	7.4	16					
12				2.2	7.5	40					
13				2.2	7.4	16					
14						31					
15				2.2	7.5	31					
16				2.2	7.5	24					
17				2.2	7.4	9					
18				2.2	7.4	19					
19				2.2	7.3	30					
20				2.2	7.2	35					
21						30					
22				2.2	7.3	29					
23				2.2	7.2	25					
24				2.2	7.3	17					
25				2.2	7.2	32					
26				2.2	7.3	30					
27				2.2	7.2	30					
28						29					
29				2.2	7.3	29					
30				2.2	7.2	23					
31				2.2	7.3	23					
Total	8.4	3.0	GEOMEAN	MIN	7.2	822	MAX	MAX	MAX	TOTAL DRY TONS	MAX
Mo. Avg.	8.4	3.0	5	2.2	7.5	27	0.070	0.0	0.0	0.00	0

Plant Staffing:

Day Shift Operator	Class:	C	Cert. #:	0023842	Name:	C. Tanzler
Evening Shift Operator	Class:	C	Cert. #:	0012637	Name:	T. Levi
Night Shift Operator	Class:	A	Cert. #:	0014107	Name:	D. Harris
Lead Operator	Class:	C	Cert. #:	0002817	Name:	T. Felton

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME:	SUN COMMUNITIES, INC.	PERMIT NUMBER:	FLA013033		
ADDRESS:	27777 Franklin Rd	LIMIT:	FINAL	REPORT:	Monthly
	Southfield, MI 48034	FACILITY TYPE:	DW	GROUP:	Domestic
		MONITORING GROUP:	R-001		
FACILITY:	Plantation Landings WWTF				
LOCATION:	3101 Us Highway 17-92 West	DESCRIPTION:	two-cell RIB of 128,000 square feet of bottom surface area		
	Haines City, FL 33844				
COUNTY:	POLK	MONITORING PERIOD:	From: 08/01/2024 To: 08/31/2024		

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement		0.028						0	5 Days/Week	Recording Flow Meter with Totalizer
PARM Code 50050 Y Mon. Site: FLW-01	Permit Requirement		0.08 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Flow	Sample Measurement		0.033						0	5 Days/Week	Recording Flow Meter with Totalizer
PARM Code 50050 1 Mon. Site: FLW-01	Permit Requirement		Report (Mo Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
BOD, Carbonaceous 5 day, 20C	Sample Measurement					8.4			0	1 Monthly	Grab
PARM Code 80082 Y Mon. Site: EFA-01	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Monthly)	(Grab)
BOD, Carbonaceous 5 day, 20C	Sample Measurement					8.2	8.2		0	1 Monthly	Grab
PARM Code 80082 A Mon. Site: EFA-01	Permit Requirement					30.0 (Mo Avg)	60.0 (Maximum)	mg/L		(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-01	Sample Measurement					3.7			0	1 Monthly	Grab
	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended PARM Code 00530 A Mon. Site: EFA-01	Sample Measurement					4.6	4.6		0	1 Monthly	Grab
	Permit Requirement					30.0 (Mo Avg)	60.0 (Maximum)	mg/L		(1 Monthly)	(Grab)
Coliform, Fecal PARM Code 74055 Y Mon. Site: EFA-01	Sample Measurement					4			0	1 Monthly	Grab
	Permit Requirement					200.0 (Annl Avg)		#/100mL		(1 Monthly)	(Grab)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-01	Sample Measurement						7		0	1 Monthly	Grab
	Permit Requirement						800.0 (Maximum)	#/100mL		(1 Monthly)	(Grab)
pH PARM Code 00400 A Mon. Site: EFA-01	Sample Measurement				7.2		7.4		0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Chlorine, Total Residual PARM Code 50060 A Add. Desc: For Disinfection Mon. Site: EFA-01	Sample Measurement				2.2				0	5 Days/Week	Grab
	Permit Requirement				0.5 (Minimum)			mg/L		(5 Days/Week)	(Grab)
Nitrogen, Nitrate, Total (as N) PARM Code 00620 A Mon. Site: EFA-01	Sample Measurement						0.020		0	1 Monthly	Grab
	Permit Requirement						12.0 (Maximum)	mg/L		(1 Monthly)	(Grab)
Flow PARM Code 50050 P Mon. Site: FLW-01	Sample Measurement	0.033	0.028						0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement	Report (Mo Avg)	0.08 (3MonAvg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Percent Capacity, (TMADF /Permitted Capacity) x 100 PARM Code 00180 1 Mon. Site: FLW-01	Sample Measurement						35		0	1 Monthly	Calculated
	Permit Requirement						Report (Mo Avg)	percent		(1 Monthly)	(Calculated)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Thomas Felton	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed			TELEPHONE (352) 787-2493	SUBMITTED ON 09/12/2024

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: SUN COMMUNITIES, INC. ADDRESS: 27777 Franklin Rd Southfield, MI 48034					PERMIT NUMBER: FLA013033 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-Q				
FACILITY: Plantation Landings WWTF LOCATION: 3101 Us Highway 17-92 West Haines City, FL 33844					DESCRIPTION: Biosolids Quantity				
COUNTY: POLK					MONITORING PERIOD: From: 08/01/2024 To: 08/31/2024				

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Landfilled)	Sample Measurement	0				0	1 Monthly	Calculated
PARM Code B0008 + Mon. Site: RMP-02	Permit Requirement	Report (Mo Total)	dry tons				(1 Monthly)	(Calculated)
Biosolids Quantity (Transferred)	Sample Measurement	0				0	1 Monthly	Calculated
PARM Code B0007 + Mon. Site: RMP-01	Permit Requirement	Report (Mo Total)	dry tons				(1 Monthly)	(Calculated)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Thomas Felton	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed	TELEPHONE (352) 787-2493	SUBMITTED ON 09/12/2024
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DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013033-010-DW3P/NRL		Facility: Plantation Landings WWTF									
Monitoring Period: From: 1 Aug 2024		Through: 31 Aug 2024			Permit Expiration Date: 8-Feb-2029						
	BOD, Carbonaceous 5 day, 20C monthly max: 60 mg/L	Solids, Total Suspended monthly max: 60 mg/L	Coliform, Fecal monthly max: 200 #/100 mL	Chlorine, Total Residual 5 days/wk min: 0.5 mg/L	pH, s.u. 5 days/wk range: (6.0-8.5)	Flow, (Flow thru plant) X 1000 permitted: 80,000 gal	Nitrate (as N) monthly max: 12 mg/L	BOD, Carbonaceous 5 day, 20C mg/L annually	Solids, Total Suspended mg/L annually	Biosolids, Quantity (Transferred) Dry Tons	MLSS ppm
								JAN	JAN		
Code	80082	00530	74055	50060	00400	50050	00620	80082	00530	B0007	AER
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	EFA-1	INF-1	INF-1	RMP-1	
1				2.2	7.3	21					
2				2.2	7.2	12					
3				2.2	7.3	30					
4						35					
5				2.2	7.4	35					
6	8.2	4.6	7	2.2	7.3	30					
7				2.2	7.2	27					
8				2.2	7.3	29					
9				2.2	7.2	34					
10				2.2	7.2	27					
11						32					
12				2.2	7.3	31	0.020				
13				2.2	7.2	26					
14				2.2	7.3	31					
15				2.2	7.2	28					
16				2.2	7.3	26					
17				2.2	7.3	28					
18						33					
19				2.2	7.3	32					
20				2.2	7.2	22					
21				2.2	7.3	36					
22				2.2	7.2	40					
23				2.2	7.3	43					
24				2.2	7.4	40					
25						55					
26				2.2	7.3	56					
27				2.2	7.3	35					
28				2.2	7.4	32					
29				2.2	7.3	41					
30				2.2	7.4	40					
31				2.2	7.3	32					
Total	8.2	4.6	GEOMEAN	MIN	7.2	1019	MAX	MAX	MAX	TOTAL DRY TONS	MAX
Mo. Avg.	8.2	4.6	7	2.2	7.4	33	0.020	0.0	0.0	0.00	0
Plant Staffing:											
Day Shift Operator		Class:	C	Cert. #:	0023842	Name:	C. Tanzler				
Evening Shift Operator		Class:	C	Cert. #:	0012637	Name:	T. Levi				
Night Shift Operator		Class:	A	Cert. #:	0014107	Name:	D. Harris				
Lead Operator		Class:	C	Cert. #:	0002817	Name:	T. Felton				

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME:	SUN COMMUNITIES, INC.	PERMIT NUMBER:	FLA013033		
ADDRESS:	27777 Franklin Rd	LIMIT:	FINAL	REPORT:	Monthly
	Southfield, MI 48034	FACILITY TYPE:	DW	GROUP:	Domestic
		MONITORING GROUP:	R-001		
FACILITY:	Plantation Landings WWTF				
LOCATION:	3101 Us Highway 17-92 West	DESCRIPTION:	two-cell RIB of 128,000 square feet of bottom surface area		
	Haines City, FL 33844				
COUNTY:	POLK	MONITORING PERIOD:	From: 09/01/2024 To: 09/30/2024		

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement		0.027						0	5 Days/Week	Recording Flow Meter with Totalizer
PARM Code 50050 Y Mon. Site: FLW-01	Permit Requirement		0.08 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Flow	Sample Measurement		0.026						0	5 Days/Week	Recording Flow Meter with Totalizer
PARM Code 50050 1 Mon. Site: FLW-01	Permit Requirement		Report (Mo Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
BOD, Carbonaceous 5 day, 20C	Sample Measurement					8.3			0	1 Monthly	Grab
PARM Code 80082 Y Mon. Site: EFA-01	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Monthly)	(Grab)
BOD, Carbonaceous 5 day, 20C	Sample Measurement					7.3	7.3		0	1 Monthly	Grab
PARM Code 80082 A Mon. Site: EFA-01	Permit Requirement					30.0 (Mo Avg)	60.0 (Maximum)	mg/L		(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-01	Sample Measurement					3.5			0	1 Monthly	Grab
	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended PARM Code 00530 A Mon. Site: EFA-01	Sample Measurement					2.6	2.6		0	1 Monthly	Grab
	Permit Requirement					30.0 (Mo Avg)	60.0 (Maximum)	mg/L		(1 Monthly)	(Grab)
Coliform, Fecal PARM Code 74055 Y Mon. Site: EFA-01	Sample Measurement					4			0	1 Monthly	Grab
	Permit Requirement					200.0 (Annl Avg)		#/100mL		(1 Monthly)	(Grab)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-01	Sample Measurement						3		0	1 Monthly	Grab
	Permit Requirement						800.0 (Maximum)	#/100mL		(1 Monthly)	(Grab)
pH PARM Code 00400 A Mon. Site: EFA-01	Sample Measurement				7.1		7.5		0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Chlorine, Total Residual PARM Code 50060 A Add. Desc: For Disinfection Mon. Site: EFA-01	Sample Measurement				2.2				0	5 Days/Week	Grab
	Permit Requirement				0.5 (Minimum)			mg/L		(5 Days/Week)	(Grab)
Nitrogen, Nitrate, Total (as N) PARM Code 00620 A Mon. Site: EFA-01	Sample Measurement						0.020		0	1 Monthly	Grab
	Permit Requirement						12.0 (Maximum)	mg/L		(1 Monthly)	(Grab)
Flow PARM Code 50050 P Mon. Site: FLW-01	Sample Measurement	0.026	0.029						0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement	Report (Mo Avg)	0.08 (3MonAvg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Percent Capacity, (TMADF /Permitted Capacity) x 100 PARM Code 00180 1 Mon. Site: FLW-01	Sample Measurement						36		0	1 Monthly	Calculated
	Permit Requirement						Report (Mo Avg)	percent		(1 Monthly)	(Calculated)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Thomas Felton	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed			TELEPHONE (352) 787-2493	SUBMITTED ON 10/14/2024

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: SUN COMMUNITIES, INC. ADDRESS: 27777 Franklin Rd Southfield, MI 48034					PERMIT NUMBER: FLA013033 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-Q				
FACILITY: Plantation Landings WWTF LOCATION: 3101 Us Highway 17-92 West Haines City, FL 33844					DESCRIPTION: Biosolids Quantity				
COUNTY: POLK					MONITORING PERIOD: From: 09/01/2024 To: 09/30/2024				

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Landfilled)	Sample Measurement	0				0	1 Monthly	Calculated
PARM Code B0008 + Mon. Site: RMP-02	Permit Requirement	Report (Mo Total)	dry tons				(1 Monthly)	(Calculated)
Biosolids Quantity (Transferred)	Sample Measurement	0				0	1 Monthly	Calculated
PARM Code B0007 + Mon. Site: RMP-01	Permit Requirement	Report (Mo Total)	dry tons				(1 Monthly)	(Calculated)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Thomas Felton	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed	TELEPHONE (352) 787-2493	SUBMITTED ON 10/14/2024
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DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013033-010-DW3P/NRL		Facility: Plantation Landings WWTF									
Monitoring Period: From: 1 Sep 2024		Through: 30 Sep 2024			Permit Expiration Date: 8-Feb-2029						
	BOD, Carbonaceous 5 day, 20C monthly max: 60 mg/L	Solids, Total Suspended monthly max: 60 mg/L	Coliform, Fecal monthly max: 200 #/100 mL	Chlorine, Total Residual 5 days/wk min: 0.5 mg/L	pH, s.u. 5 days/wk range: (6.0-8.5)	Flow, (Flow thru plant) X 1000 permitted: 80,000 gal	Nitrate (as N) monthly max: 12 mg/L	BOD, Carbonaceous 5 day, 20C mg/L annually	Solids, Total Suspended mg/L annually	Biosolids, Quantity (Transferred) Dry Tons	MLSS ppm
								JAN	JAN		
Code	80082	00530	74055	50060	00400	50050	00620	80082	00530	B0007	AER
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	EFA-1	INF-1	INF-1	RMP-1	
1						17					
2				2.2	7.4	18					
3				2.2	7.3	20					
4				2.2	7.4	29					
5				2.2	7.5	22					
6				2.2	7.5	19					
7				2.2	7.5	20					
8						10					
9				2.2	7.5	11					
10				2.2	7.5	37					
11				2.2	7.1	33					
12				2.2	7.1	37					
13				2.2	7.2	39					
14				2.2	7.2	34					
15						27					
16	7.3	2.6	3	2.2	7.3	28					
17				2.2	7.3	29	0.020				
18				2.2	7.4	26					
19				2.2	7.4	30					
20				2.2	7.3	24					
21				2.2	7.2	28					
22						28					
23				2.2	7.3	27					
24				2.2	7.4	28					
25				2.2	7.3	27					
26				2.2	7.2	24					
27				2.2	7.3	32					
28				2.2	7.4	27					
29						29					
30				2.2	7.3	30					
Total	7.3	2.6	GEOMEAN	MIN	7.1	790	MAX	MAX	MAX	TOTAL DRY TONS	MAX
Mo. Avg.	7.3	2.6	3	2.2	7.5	26	0.020	0.0	0.0	0.00	0
Plant Staffing:											
Day Shift Operator			Class:	C	Cert. #:	0023842	Name:	C. Tanzler			
Evening Shift Operator			Class:	C	Cert. #:	0012637	Name:	T. Levi			
Night Shift Operator			Class:	A	Cert. #:	0014107	Name:	D. Harris			
Lead Operator			Class:	C	Cert. #:	0002817	Name:	T. Felton			

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME:	SUN COMMUNITIES, INC.	PERMIT NUMBER:	FLA013033		
ADDRESS:	27777 Franklin Rd	LIMIT:	FINAL	REPORT:	Monthly
	Southfield, MI 48034	FACILITY TYPE:	DW	GROUP:	Domestic
FACILITY:	Plantation Landings WWTF	MONITORING GROUP:	R-001		
LOCATION:	3101 Us Highway 17-92 West	DESCRIPTION:	two-cell RIB of 128,000 square feet of bottom surface area		
	Haines City, FL 33844				
COUNTY:	POLK	MONITORING PERIOD:	From: 10/01/2024 To: 10/31/2024		

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement		0.027						0	5 Days/Week	Recording Flow Meter with Totalizer
PARM Code 50050 Y Mon. Site: FLW-01	Permit Requirement		0.08 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Flow	Sample Measurement		0.027						0	5 Days/Week	Recording Flow Meter with Totalizer
PARM Code 50050 1 Mon. Site: FLW-01	Permit Requirement		Report (Mo Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
BOD, Carbonaceous 5 day, 20C	Sample Measurement					8.2			0	1 Monthly	Grab
PARM Code 80082 Y Mon. Site: EFA-01	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Monthly)	(Grab)
BOD, Carbonaceous 5 day, 20C	Sample Measurement					7.7	7.7		0	1 Monthly	Grab
PARM Code 80082 A Mon. Site: EFA-01	Permit Requirement					30.0 (Mo Avg)	60.0 (Maximum)	mg/L		(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-01	Sample Measurement					3.6			0	1 Monthly	Grab
	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended PARM Code 00530 A Mon. Site: EFA-01	Sample Measurement					2.6	2.6		0	1 Monthly	Grab
	Permit Requirement					30.0 (Mo Avg)	60.0 (Maximum)	mg/L		(1 Monthly)	(Grab)
Coliform, Fecal PARM Code 74055 Y Mon. Site: EFA-01	Sample Measurement					5			0	1 Monthly	Grab
	Permit Requirement					200.0 (Annl Avg)		#/100mL		(1 Monthly)	(Grab)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-01	Sample Measurement						8		0	1 Monthly	Grab
	Permit Requirement						800.0 (Maximum)	#/100mL		(1 Monthly)	(Grab)
pH PARM Code 00400 A Mon. Site: EFA-01	Sample Measurement				7.2		7.5		0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Chlorine, Total Residual	Sample Measurement				2.2				0	5 Days/Week	Grab
PARM Code 50060 A Add. Desc: For Disinfection Mon. Site: EFA-01	Permit Requirement				0.5 (Minimum)			mg/L		(5 Days/Week)	(Grab)
Nitrogen, Nitrate, Total (as N)	Sample Measurement						0.11		0	1 Monthly	Grab
PARM Code 00620 A Mon. Site: EFA-01	Permit Requirement						12.0 (Maximum)	mg/L		(1 Monthly)	(Grab)
Flow	Sample Measurement	0.027	0.029						0	5 Days/Week	Recording Flow Meter with Totalizer
PARM Code 50050 P Mon. Site: FLW-01	Permit Requirement	Report (Mo Avg)	0.08 (3MonAvg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Percent Capacity, (TMADF /Permitted Capacity) x 100	Sample Measurement						36		0	1 Monthly	Calculated
PARM Code 00180 1 Mon. Site: FLW-01	Permit Requirement						Report (Mo Avg)	percent		(1 Monthly)	(Calculated)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Thomas Felton	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed			TELEPHONE (352) 787-2493	SUBMITTED ON 11/19/2024

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: SUN COMMUNITIES, INC. ADDRESS: 27777 Franklin Rd Southfield, MI 48034 FACILITY: Plantation Landings WWTF LOCATION: 3101 Us Highway 17-92 West Haines City, FL 33844 COUNTY: POLK					PERMIT NUMBER: FLA013033 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-Q DESCRIPTION: Biosolids Quantity MONITORING PERIOD: From: 10/01/2024 To: 10/31/2024				
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Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Landfilled)	Sample Measurement	0.88				0	1 Monthly	Calculated
PARM Code B0008 + Mon. Site: RMP-02	Permit Requirement	Report (Mo Total)	dry tons				(1 Monthly)	(Calculated)
Biosolids Quantity (Transferred)	Sample Measurement	0				0	1 Monthly	Calculated
PARM Code B0007 + Mon. Site: RMP-01	Permit Requirement	Report (Mo Total)	dry tons				(1 Monthly)	(Calculated)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Thomas Felton	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed	TELEPHONE (352) 787-2493	SUBMITTED ON 11/19/2024
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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME:	SUN COMMUNITIES, INC.	PERMIT NUMBER:	FLA013033		
ADDRESS:	27777 Franklin Rd	LIMIT:	FINAL	REPORT:	Monthly
	Southfield, MI 48034	FACILITY TYPE:	DW	GROUP:	Domestic
		MONITORING GROUP:	R-001		
FACILITY:	Plantation Landings WWTF				
LOCATION:	3101 Us Highway 17-92 West	DESCRIPTION:	two-cell RIB of 128,000 square feet of bottom surface area		
	Haines City, FL 33844				
COUNTY:	POLK	MONITORING PERIOD:	From: 11/01/2024 To: 11/30/2024		

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement		0.027						0	5 Days/Week	Recording Flow Meter with Totalizer
PARM Code 50050 Y Mon. Site: FLW-01	Permit Requirement		0.08 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Flow	Sample Measurement		0.026						0	5 Days/Week	Recording Flow Meter with Totalizer
PARM Code 50050 1 Mon. Site: FLW-01	Permit Requirement		Report (Mo Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
BOD, Carbonaceous 5 day, 20C	Sample Measurement					8.3			0	1 Monthly	Grab
PARM Code 80082 Y Mon. Site: EFA-01	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Monthly)	(Grab)
BOD, Carbonaceous 5 day, 20C	Sample Measurement					8.4	8.4		0	1 Monthly	Grab
PARM Code 80082 A Mon. Site: EFA-01	Permit Requirement					30.0 (Mo Avg)	60.0 (Maximum)	mg/L		(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-01	Sample Measurement					3.8			0	1 Monthly	Grab
	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended PARM Code 00530 A Mon. Site: EFA-01	Sample Measurement					4.8	4.8		0	1 Monthly	Grab
	Permit Requirement					30.0 (Mo Avg)	60.0 (Maximum)	mg/L		(1 Monthly)	(Grab)
Coliform, Fecal PARM Code 74055 Y Mon. Site: EFA-01	Sample Measurement					5			0	1 Monthly	Grab
	Permit Requirement					200.0 (Annl Avg)		#/100mL		(1 Monthly)	(Grab)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-01	Sample Measurement						6		0	1 Monthly	Grab
	Permit Requirement						800.0 (Maximum)	#/100mL		(1 Monthly)	(Grab)
pH PARM Code 00400 A Mon. Site: EFA-01	Sample Measurement				7.1		7.4		0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Chlorine, Total Residual	Sample Measurement				2.2				0	5 Days/Week	Grab
PARM Code 50060 A Add. Desc: For Disinfection Mon. Site: EFA-01	Permit Requirement				0.5 (Minimum)			mg/L		(5 Days/Week)	(Grab)
Nitrogen, Nitrate, Total (as N)	Sample Measurement						0.31		0	1 Monthly	Grab
PARM Code 00620 A Mon. Site: EFA-01	Permit Requirement						12.0 (Maximum)	mg/L		(1 Monthly)	(Grab)
Flow	Sample Measurement	0.026	0.026						0	5 Days/Week	Recording Flow Meter with Totalizer
PARM Code 50050 P Mon. Site: FLW-01	Permit Requirement	Report (Mo Avg)	0.08 (3MonAvg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Percent Capacity, (TMADF /Permitted Capacity) x 100	Sample Measurement						33		0	1 Monthly	Calculated
PARM Code 00180 1 Mon. Site: FLW-01	Permit Requirement						Report (Mo Avg)	percent		(1 Monthly)	(Calculated)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Thomas Felton	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed			TELEPHONE (352) 787-2493	SUBMITTED ON 12/10/2024

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: SUN COMMUNITIES, INC. ADDRESS: 27777 Franklin Rd Southfield, MI 48034					PERMIT NUMBER: FLA013033 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-Q				
FACILITY: Plantation Landings WWTF LOCATION: 3101 Us Highway 17-92 West Haines City, FL 33844					DESCRIPTION: Biosolids Quantity				
COUNTY: POLK					MONITORING PERIOD: From: 11/01/2024 To: 11/30/2024				

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Landfilled)	Sample Measurement	0				0	1 Monthly	Calculated
PARM Code B0008 + Mon. Site: RMP-02	Permit Requirement	Report (Mo Total)	dry tons				(1 Monthly)	(Calculated)
Biosolids Quantity (Transferred)	Sample Measurement	0				0	1 Monthly	Calculated
PARM Code B0007 + Mon. Site: RMP-01	Permit Requirement	Report (Mo Total)	dry tons				(1 Monthly)	(Calculated)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Thomas Felton	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed	TELEPHONE (352) 787-2493	SUBMITTED ON 12/10/2024
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DAILY SAMPLE RESULTS - PART B

Permit Number:		FLA013033-010-DW3P/NRL		Facility:		Plantation Landings WWTF					
Monitoring Period:		From: 1 Oct 2024		Through: 31 Oct 2024		Permit Expiration Date:		8-Feb-2029			
	BOD, Carbonaceous 5 day, 20C monthly max: 60 mg/L	Solids, Total Suspended monthly max: 60 mg/L	Coliform, Fecal monthly max: 200 #/100 mL	Chlorine, Total Residual 5 days/wk min: 0.5 mg/L	pH, s.u. 5 days/wk range: (6.0-8.5)	Flow, (Flow thru plant) X 1000 permitted: 80,000 gal	Nitrate (as N) monthly max: 12 mg/L	BOD, Carbonaceous 5 day, 20C mg/L annually	Solids, Total Suspended mg/L annually	Biosolids, Quantity (Transferred) Dry Tons	MLSS ppm
								JAN	JAN		
Code	80082	00530	74055	50060	00400	50050	00620	80082	00530	B0007	AER
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	EFA-1	INF-1	INF-1	RMP-1	
1				2.2	7.4	25					
2				2.2	7.3	26					
3				2.2	7.4	28					
4				2.2	7.3	31					
5				2.2	7.2	24					
6						34					
7				2.2	7.4	34					
8				2.2	7.3	23					
9				2.2	7.4	41					
10				2.2	7.3	35					
11				2.2	7.5	7					
12				2.2	7.5	7					
13						7					
14				2.2	7.4	8					
15				2.2	7.5	22					
16				2.2	7.4	34					
17				2.2	7.3	26					
18				2.2	7.3	37					
19				2.2	7.4	36					
20						35					
21				2.2	7.4	35					
22	7.7	2.6	8	2.2	7.3	27					
23				2.2	7.4	25					
24				2.2	7.3	29				0.88	
25				2.2	7.3	24					
26				2.2	7.4	28					
27						24					
28				2.2	7.2	25					
29				2.2	7.3	30	0.11				
30				2.2	7.2	27					
31				2.2	7.2	30					
Total	7.7	2.6	GEOMEAN	MIN	7.2	824	MAX	MAX	MAX	TOTAL DRY TONS	MAX
Mo. Avg.	7.7	2.6	8	2.2	7.5	27	0.11	0.0	0.0	0.88	0

Plant Staffing:

Day Shift Operator	Class:	C	Cert. #:	0023842	Name:	C. Tanzler
Evening Shift Operator	Class:	C	Cert. #:	0012637	Name:	T. Levi
Night Shift Operator	Class:	A	Cert. #:	0014107	Name:	D. Harris
Lead Operator	Class:	C	Cert. #:	0002817	Name:	T. Felton

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013033-010-DW3P/NRL		Facility: Plantation Landings WWTF									
Monitoring Period: From: 1 Nov 2024		Through: 30 Nov 2024			Permit Expiration Date: 8-Feb-2029						
	BOD, Carbonaceous 5 day, 20C monthly max: 60 mg/L	Solids, Total Suspended monthly max: 60 mg/L	Coliform, Fecal monthly max: 200 #/100 mL	Chlorine, Total Residual 5 days/wk min: 0.5 mg/L	pH, s.u. 5 days/wk range: (6.0-8.5)	Flow, (Flow thru plant) X 1000 permitted: 80,000 gal	Nitrate (as N) monthly max: 12 mg/L	BOD, Carbonaceous 5 day, 20C mg/L annually	Solids, Total Suspended mg/L annually	Biosolids, Quantity (Transferred) Dry Tons	MLSS ppm
								JAN	JAN		
Code	80082	00530	74055	50060	00400	50050	00620	80082	00530	B0007	AER
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	EFA-1	INF-1	INF-1	RMP-1	
1				2.2	7.1	26					
2				2.2	7.2	33					
3						27					
4				2.2	7.4	27					
5				2.2	7.3	27					
6				2.2	7.3	29					
7				2.2	7.2	25					
8				2.2	7.3	26					
9				2.2	7.3	26					
10						30					
11				2.2	7.4	30					
12				2.2	7.4	29					
13	8.4	4.8	6	2.2	7.3	24					
14				2.2	7.3	30					
15				2.2	7.4	28					
16				2.2	7.3	23					
17						21					
18				2.2	7.4	21					
19				2.2	7.3	31					
20				2.2	7.2	17					
21				2.2	7.3	18	0.31				
22				2.2	7.2	23					
23				2.2	7.3	21					
24						32					
25				2.2	7.2	32					
26				2.2	7.3	27					
27				2.2	7.3	11					
28				2.2	7.4	29					
29				2.2	7.3	31					
30				2.2	7.2	23					
Total	8.4	4.8	GEOMEAN	MIN	7.1	777	MAX	MAX	MAX	TOTAL DRY TONS	MAX
Mo. Avg.	8.4	4.8	6	2.2	7.4	26	0.31	0.0	0.0	0.00	0
Plant Staffing:											
Day Shift Operator			Class:	C	Cert. #:	0023842	Name:	C. Tanzler			
Evening Shift Operator			Class:	C	Cert. #:	0012637	Name:	T. Levi			
Night Shift Operator			Class:	A	Cert. #:	0014107	Name:	D. Harris			
Lead Operator			Class:	C	Cert. #:	0002817	Name:	T. Felton			

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME:	SUN COMMUNITIES, INC.	PERMIT NUMBER:	FLA013033		
ADDRESS:	27777 Franklin Rd	LIMIT:	FINAL	REPORT:	Monthly
	Southfield, MI 48034	FACILITY TYPE:	DW	GROUP:	Domestic
		MONITORING GROUP:	R-001		
FACILITY:	Plantation Landings WWTF				
LOCATION:	3101 Us Highway 17-92 West	DESCRIPTION:	two-cell RIB of 128,000 square feet of bottom surface area		
	Haines City, FL 33844				
COUNTY:	POLK	MONITORING PERIOD:	From: 12/01/2024 To: 12/31/2024		

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement		0.027						0	5 Days/Week	Recording Flow Meter with Totalizer
PARM Code 50050 Y Mon. Site: FLW-01	Permit Requirement		0.08 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Flow	Sample Measurement		0.024						0	5 Days/Week	Recording Flow Meter with Totalizer
PARM Code 50050 1 Mon. Site: FLW-01	Permit Requirement		Report (Mo Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
BOD, Carbonaceous 5 day, 20C	Sample Measurement					8.3			0	1 Monthly	Grab
PARM Code 80082 Y Mon. Site: EFA-01	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Monthly)	(Grab)
BOD, Carbonaceous 5 day, 20C	Sample Measurement					8.8	8.8		0	1 Monthly	Grab
PARM Code 80082 A Mon. Site: EFA-01	Permit Requirement					30.0 (Mo Avg)	60.0 (Maximum)	mg/L		(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-01	Sample Measurement					3.6			0	1 Monthly	Grab
	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended PARM Code 00530 A Mon. Site: EFA-01	Sample Measurement					2.6	2.6		0	1 Monthly	Grab
	Permit Requirement					30.0 (Mo Avg)	60.0 (Maximum)	mg/L		(1 Monthly)	(Grab)
Coliform, Fecal PARM Code 74055 Y Mon. Site: EFA-01	Sample Measurement					5			0	1 Monthly	Grab
	Permit Requirement					200.0 (Annl Avg)		#/100mL		(1 Monthly)	(Grab)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-01	Sample Measurement						2		0	1 Monthly	Grab
	Permit Requirement						800.0 (Maximum)	#/100mL		(1 Monthly)	(Grab)
pH PARM Code 00400 A Mon. Site: EFA-01	Sample Measurement				7.2		7.4		0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Chlorine, Total Residual PARM Code 50060 A Add. Desc: For Disinfection Mon. Site: EFA-01	Sample Measurement				2.2				0	5 Days/Week	Grab
	Permit Requirement				0.5 (Minimum)			mg/L		(5 Days/Week)	(Grab)
Nitrogen, Nitrate, Total (as N) PARM Code 00620 A Mon. Site: EFA-01	Sample Measurement						0.12		0	1 Monthly	Grab
	Permit Requirement						12.0 (Maximum)	mg/L		(1 Monthly)	(Grab)
Flow PARM Code 50050 P Mon. Site: FLW-01	Sample Measurement	0.024	0.026						0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement	Report (Mo Avg)	0.08 (3MonAvg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Percent Capacity, (TMADF /Permitted Capacity) x 100 PARM Code 00180 1 Mon. Site: FLW-01	Sample Measurement						32		0	1 Monthly	Calculated
	Permit Requirement						Report (Mo Avg)	percent		(1 Monthly)	(Calculated)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Thomas Felton	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed			TELEPHONE (352) 787-2493	SUBMITTED ON 01/09/2025

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: SUN COMMUNITIES, INC. ADDRESS: 27777 Franklin Rd Southfield, MI 48034 FACILITY: Plantation Landings WWTF LOCATION: 3101 Us Highway 17-92 West Haines City, FL 33844 COUNTY: POLK				PERMIT NUMBER: FLA013033 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-Q DESCRIPTION: Biosolids Quantity MONITORING PERIOD: From: 12/01/2024 To: 12/31/2024			
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Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Landfilled)	Sample Measurement	0.88				0	1 Monthly	Calculated
PARM Code B0008 + Mon. Site: RMP-02	Permit Requirement	Report (Mo Total)	dry tons				(1 Monthly)	(Calculated)
Biosolids Quantity (Transferred)	Sample Measurement	0				0	1 Monthly	Calculated
PARM Code B0007 + Mon. Site: RMP-01	Permit Requirement	Report (Mo Total)	dry tons				(1 Monthly)	(Calculated)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Thomas Felton	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed	TELEPHONE (352) 787-2493	SUBMITTED ON 01/09/2025
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DAILY SAMPLE RESULTS - PART B

Permit Number:		FLA013033-010-DW3P/NRL		Facility:		Plantation Landings WWTF					
Monitoring Period:		From: 1 Dec 2024		Through: 31 Dec 2024		Permit Expiration Date:		8-Feb-2029			
	BOD, Carbonaceous 5 day, 20C monthly max: 60 mg/L	Solids, Total Suspended monthly max: 60 mg/L	Coliform, Fecal monthly max: 200 #/100 mL	Chlorine, Total Residual 5 days/wk min: 0.5 mg/L	pH, s.u. 5 days/wk range: (6.0-8.5)	Flow, (Flow thru plant) X 1000 permitted: 80,000 gal	Nitrate (as N) monthly max: 12 mg/L	BOD, Carbonaceous 5 day, 20C mg/L annually	Solids, Total Suspended mg/L annually	Biosolids, Quantity (Transferred) Dry Tons	MLSS ppm
								JAN	JAN		
Code	80082	00530	74055	50060	00400	50050	00620	80082	00530	B0007	AER
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	EFA-1	INF-1	INF-1	RMP-1	
1				2.2	7.3	22					
2				2.2	7.2	25					
3				2.2	7.3	19					
4				2.2	7.3	22					
5				2.2	7.2	17					
6				2.2	7.2	22	0.12			0.88	
7						23					
8				2.2	7.4	23					
9	8.8	2.6	2	2.2	7.3	22					
10				2.2	7.2	23					
11				2.2	7.3	25					
12				2.2	7.2	20					
13				2.2	7.3	27					
14						22					
15				2.2	7.2	22					
16				2.2	7.3	25					
17				2.2	7.2	19					
18				2.2	7.3	24					
19				2.2	7.2	26					
20				2.2	7.3	23					
21						26					
22				2.2	7.3	25					
23				2.2	7.2	20					
24				2.2	7.2	23					
25				2.2	7.3	28					
26				2.2	7.4	42					
27				2.2	7.3	24					
28						26					
29				2.2	7.4	26					
30				2.2	7.3	24					
31				2.2	7.3	27					
Total	8.8	2.6	GEOMEAN	MIN	7.2	742	MAX	MAX	MAX	TOTAL DRY TONS	MAX
Mo. Avg.	8.8	2.6	2	2.2	7.4	24	0.12	0.0	0.0	0.88	0
Plant Staffing:											
Day Shift Operator			Class:	C	Cert. #:	0023842	Name:	C. Tanzler			
Evening Shift Operator			Class:	C	Cert. #:	0012637	Name:	T. Levi			
Night Shift Operator			Class:	A	Cert. #:	0014107	Name:	D. Harris			
Lead Operator			Class:	C	Cert. #:	0002817	Name:	T. Felton			



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

See page 4 for instructions.

I. General Information for the Month/Year of:		Jan / 2024	
A. Public Water System (PWS) Information			
PWS Name: Plantation Landings (The Landings at Lake Henry 2022)		PWS Identification Number: 6531000	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive <input type="checkbox"/> Limited Use System <input type="checkbox"/> Other			
Number of Service Connections at End of Month: 40		Total Population Served at End of Month: 250	
PWS Owner: Sun Communitites			
Contact Person: T. Felton		Contact Person's Title: Operator	
Contact Person's Mailing Address: P.O. Box 491221		City: Leesburg	State: Florida Zip Code: 34749-1221
Contact Person's Telephone Number: 352-787-2493		Contact Person's Fax Number: 352-326-8756	
Contact Person's E-Mail Address: generalutilities@AOL.com			
B. Water Treatment Plant Information			
Plant Name: (The Landings at Lake Henry 2022)		Plant Telephone Number: 863-424-1407	
Plant Address: 3101 Us Hwy 17-92 West		City: Haines City	State: FL Zip Code: 33844
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 1,008,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Licensed Operators	Name	License Class	License Number Day(s)/Shift(s) Worked
Lead/Chief Operator:	T. Felton	C	0002241 Varies
Other Operators:	D. Harris	A	0014540 Varies
	K. Ramsdood	C	0015224 Varies
	T. Levi	C	0012911 Varies
	M. McNealy	C	0021734 Varies
	C. Tanzler	C	0026255 Varies
	T. Haught	C	0025043 Varies
	N. Hollis, Jr.	B	0013374 Varies

II. Certification by Lead/Chief Operator

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

Signature and Date	1 Feb 2024	Thomas M. Felton	0002241
		Printed or Typed Name	License Number

Plant Name: Plantation Landings

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

[illegible]

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



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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Plantation Landings (The Landings at Lake Henry 2022)		PWS Identification Number: 6531000	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive <input type="checkbox"/> Limited Use System <input type="checkbox"/> Other			
Number of Service Connections at End of Month: 40		Total Population Served at End of Month: 250	
PWS Owner: Sun Communities			
Contact Person: T. Felton		Contact Person's Title: Operator	
Contact Person's Mailing Address: P.O. Box 491221		City: Leesburg	State: Florida Zip Code: 34749-1221
Contact Person's Telephone Number: 352-787-2493		Contact Person's Fax Number: 352-326-8756	
Contact Person's E-Mail Address: generalutilities@AOL.com			

B. Water Treatment Plant Information

Plant Name: (The Landings at Lake Henry 2022)		Plant Telephone Number: 863-424-1407		
Plant Address: 3101 Us Hwy 17-92 West		City: Haines City	State: FL Zip Code: 33844	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 1,008,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	T. Felton	C	0002241	Varies
Other Operators:	D. Harris	A	0014540	Varies
	K. Ramsdod	C	0015224	Varies
	T. Levi	C	0012911	Varies
	M. McNealy	C	0021734	Varies
	C. Tanzler	C	0026255	Varies
	T. Haught	C	0025043	Varies
	N. Hollis, Jr.	B	0013374	Varies

II. Certification by Lead/Chief Operator

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

Signature and Date	1 Mar 2024	Thomas M. Felton	0002241
		Printed or Typed Name	License Number

PWS Identification Number: 6531000

Plant Name: Plantation Landings

III. Daily Data for the Month/Year of Feb / 2024

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (v)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest CT Calculation, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
					CT Calculations						UV Dose			
					Lowest Residual Disinfectant Concentration C Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water °C	PH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	√	24	55000										1.4	
2	√	24	86000										1.3	
3	√	24	79000										1.6	
4	√	24	69000										1.1	BT
5	√	24	72000										1.0	
6	√	24	126000										0.5	
7	√	24	82000										1.0	
8	√	24	82000										0.9	
9	√	24	81000										1.2	
10	√	24	68000										1.4	
11		24	100000											
12	√	24	101000										0.2	
13	√	24	66000										0.4	
14	√	24	63000										0.3	
15	√	24	60000										1.1	
16	√	24	59000										1.3	
17	√	24	50000										1.4	
18		24	129000											
19	√	24	130000										1.6	
20	√	24	92000										1.7	
21	√	24	60000										1.5	
22	√	24	72000										1.0	
23	√	24	64000										1.3	
24	√	24	59000										1.1	
25		24	143000											
26	√	24	144000										1.0	
27	√	24	79000										0.6	
28	√	24	66000										0.7	
29	√	24	80000										1.0	
Total			2417000											
Average			83345											
Maximum			144000											

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



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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Plantation Landings (The Landings at Lake Henry 2022)		PWS Identification Number: 6531000	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive <input type="checkbox"/> Limited Use System <input type="checkbox"/> Other			
Number of Service Connections at End of Month: 40		Total Population Served at End of Month: 250	
PWS Owner: Sun Communitites			
Contact Person: T. Felton		Contact Person's Title: Operator	
Contact Person's Mailing Address: P.O. Box 491221		City: Leesburg	State: Florida Zip Code: 34749-1221
Contact Person's Telephone Number: 352-787-2493		Contact Person's Fax Number: 352-326-8756	
Contact Person's E-Mail Address: generalutilities@AOL.com			

B. Water Treatment Plant Information

Plant Name: (The Landings at Lake Henry 2022)		Plant Telephone Number: 863-424-1407		
Plant Address: 3101 Us Hwy 17-92 West		City: Haines City	State: FL Zip Code: 33844	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 1,008,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	T. Felton	C	0002241	Varies
Other Operators:	D. Harris	A	0014540	Varies
	K. Ramsood	C	0015224	Varies
	T. Levi	C	0012911	Varies
	M. McNealy	C	0021734	Varies
	J. Fixl	C	0024805	Varies
	T. Haught	C	0025043	Varies
	N. Hollis, Jr.	B	0013374	Varies

II. Certification by Lead/Chief Operator

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

Signature and Date	1 Apr 2024	Thomas M. Felton	0002241
		Printed or Typed Name	License Number

PWS Identification Number: 6531000

Plant Name: Plantation Landings

III. Daily Data for the Month/Year of Mar / 2024

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)☐ Ultraviolet Radiation ☐ Other (Describe):Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (v)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest CT Calculation, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
					CT Calculations						UV Dose			
					Lowest Residual Disinfectant Concentration C Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water °C	PH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	✓	24	72000										1.1	
2	✓	24	61000										1.0	
3		24	92000											
4	✓	24	92000										0.3	
5	✓	24	79000										1.5	
6	✓	24	97000										1.3	
7	✓	24	40000										1.4	
8	✓	24	101000										1.0	
9	✓	24	64000										0.9	
10	✓	24	89000										0.8	BT
11	✓	24	89000										0.7	
12	✓	24	82000										0.3	
13	✓	24	111000										0.2	
14	✓	24	71000										0.3	
15	✓	24	81000										0.4	
16	✓	24	70000										1.1	
17		24	85000											
18	✓	24	85000										0.9	
19	✓	24	80000										0.2	
20	✓	24	75000										0.2	
21	✓	24	69000										0.4	
22	✓	24	78000										1.0	
23	✓	24	78000										1.9	
24		24	78000											
25	✓	24	78000										2.0	
26	✓	24	95000										1.7	
27	✓	24	75000										1.8	
28	✓	24	76000										1.8	
29	✓	24	71000										1.7	
30	✓	24	93000										1.9	
31		24	75000											
Total			2407000											
Average			80233											
Maximum			111000											

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



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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Plantation Landings (The Landings at Lake Henry 2022)		PWS Identification Number: 6531000	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive <input type="checkbox"/> Limited Use System <input type="checkbox"/> Other			
Number of Service Connections at End of Month: 40		Total Population Served at End of Month: 250	
PWS Owner: Sun Communitites			
Contact Person: T. Felton		Contact Person's Title: Operator	
Contact Person's Mailing Address: P.O. Box 491221		City: Leesburg	State: Florida Zip Code: 34749-1221
Contact Person's Telephone Number: 352-787-2493		Contact Person's Fax Number: 352-326-8756	
Contact Person's E-Mail Address: generalutilities@AOL.com			

B. Water Treatment Plant Information

Plant Name: (The Landings at Lake Henry 2022)		Plant Telephone Number: 863-424-1407		
Plant Address: 3101 Us Hwy 17-92 West		City: Haines City	State: FL Zip Code: 33844	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 1,008,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	T. Felton	C	0002241	Varies
Other Operators:	D. Harris	A	0014540	Varies
	K. Ramsod	C	0015224	Varies
	T. Levi	C	0012911	Varies
	M. McNealy	C	0021734	Varies
	J. Fixl	C	0024805	Varies
	T. Haught	C	0025043	Varies
	N. Hollis, Jr.	B	0013374	Varies

II. Certification by Lead/Chief Operator

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

Signature and Date	1 May 2024	Thomas M. Felton	0002241
		Printed or Typed Name	License Number

PWS Identification Number: 6531000

Plant Name: Plantation Landings

III. Daily Data for the Month/Year of **Apr** / 2024

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (v)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest CT Calculation, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
					CT Calculations						UV Dose			
					Lowest Residual Disinfectant Concentration C Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water °C	PH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	√	24	146000									1.5		
2	√	24	48000									1.7		
3	√	24	53000									1.8		
4	√	24	99000									1.3		
5	√	24	82000									1.5		
6	√	24	64000									1.2		
7		24	84000											
8	√	24	84000									0.2		
9	√	24	79000									0.4		
10	√	24	76000									1.1		
11	√	24	57000									2.0		
12	√	24	95000									1.7		
13	√	24	80000									1.8		
14	√	24	98000									1.6	BT	
15	√	24	97000									1.2		
16	√	24	79000									1.5		
17	√	24	70000									1.3		
18	√	24	91000									1.3		
19	√	24	94000									1.0		
20	√	24	65000									1.4		
21		24	98000											
22	√	24	98000									1.4		
23	√	24	74000									0.8		
24	√	24	64000									0.7		
25	√	24	92000									0.7		
26	√	24	70000									0.8		
27	√	24	69000									1.1		
28		24	89000											
29	√	24	89000									1.7		
30	√	24	82000									1.6		
Total			2466000											
Average			82200											
Maximum			146000											

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



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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Plantation Landings (The Landings at Lake Henry 2022)		PWS Identification Number: 6531000	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive <input type="checkbox"/> Limited Use System <input type="checkbox"/> Other			
Number of Service Connections at End of Month: 40		Total Population Served at End of Month: 250	
PWS Owner: Sun Communitites			
Contact Person: T. Felton		Contact Person's Title: Operator	
Contact Person's Mailing Address: P.O. Box 491221		City: Leesburg	State: Florida Zip Code: 34749-1221
Contact Person's Telephone Number: 352-787-2493		Contact Person's Fax Number: 352-326-8756	
Contact Person's E-Mail Address: generalutilities@AOL.com			

B. Water Treatment Plant Information

Plant Name: (The Landings at Lake Henry 2022)		Plant Telephone Number: 863-424-1407		
Plant Address: 3101 Us Hwy 17-92 West		City: Haines City	State: FL Zip Code: 33844	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 1,008,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	T. Felton	C	0002241	Varies
Other Operators:	D. Harris	A	0014540	Varies
	K. Ramsod	C	0015224	Varies
	T. Levi	C	0012911	Varies
	M. McNealy	C	0021734	Varies
	J. Fixl	C	0024805	Varies
	T. Haught	C	0025043	Varies
	N. Hollis, Jr.	B	0013374	Varies

II. Certification by Lead/Chief Operator

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

Signature and Date	1 Jun 2024	Thomas M. Felton	0002241
		Printed or Typed Name	License Number

PWS Identification Number: 6531000

Plant Name: Plantation Landings

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

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)☐ Ultraviolet Radiation ☐ Other (Describe):Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (v)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest CT Calculation, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
					CT Calculations						UV Dose			
					Lowest Residual Disinfectant Concentration C Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water °C	PH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	√	24	90000										1.7	
2	√	24	72000										1.8	
3	√	24	96000										1.6	
4	√	24	85000										1.5	
5	√	24	103000										1.1	BT
6	√	24	103000										1.6	
7	√	24	60000										1.6	
8	√	24	71000										1.1	
9	√	24	140000										0.4	
10	√	24	85000										0.7	
11	√	24	51000										1.3	
12		24	94000											
13	√	24	94000										1.6	
14	√	24	62000										1.8	
15	√	24	99000										2.0	
16	√	24	69000										1.8	
17	√	24	84000										2.2	
18	√	24	61000										1.1	
19		24	76000										1.3	
20	√	24	76000										1.4	
21	√	24	71000										1.6	
22	√	24	69000										1.4	
23	√	24	89000										1.3	
24	√	24	63000										1.5	
25	√	24	70000										0.8	
26		24	87000											
27	√	24	87000										3.0	
28	√	24	84000										2.7	
29	√	24	94000										2.2	
30	√	24	88000										2.3	
31	√	24	74000										1.8	
Total			2473000											
Average			82433											
Maximum			140000											

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



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

See page 4 for instructions.

I. General Information for the Month/Year of:		Jun / 2024		
A. Public Water System (PWS) Information				
PWS Name: Plantation Landings (The Landings at Lake Henry 2022)		PWS Identification Number: 6531000		
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive <input type="checkbox"/> Limited Use System <input type="checkbox"/> Other				
Number of Service Connections at End of Month: 40		Total Population Served at End of Month: 250		
PWS Owner: Sun Communitites				
Contact Person: T. Felton		Contact Person's Title: Operator		
Contact Person's Mailing Address: P.O. Box 491221		City: Leesburg	State: Florida Zip Code: 34749-1221	
Contact Person's Telephone Number: 352-787-2493		Contact Person's Fax Number: 352-326-8756		
Contact Person's E-Mail Address: generalutilities@AOL.com				
B. Water Treatment Plant Information				
Plant Name: (The Landings at Lake Henry 2022)		Plant Telephone Number: 863-424-1407		
Plant Address: 3101 Us Hwy 17-92 West		City: Haines City	State: FL Zip Code: 33844	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 1,008,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	T. Felton	C	0002241	Varies
Other Operators:	D. Harris	A	0014540	Varies
	K. Ramsood	C	0015224	Varies
	T. Levi	C	0012911	Varies
	M. McNealy	C	0021734	Varies
	J. Fixl	C	0024805	Varies
	T. Haught	C	0025043	Varies
	N. Hollis, Jr.	B	0013374	Varies

II. Certification by Lead/Chief Operator

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

Signature and Date	1 Jul 2024	Thomas M. Felton	0002241
		Printed or Typed Name	License Number

PWS Identification Number: 6531000					Plant Name: Plantation Landings									
III. Daily Data for the Month/Year of JUN / 2024														
Means of Achieving Four-Log Virus Inactivation/Removal: *					<input type="checkbox"/> Free Chlorine		<input type="checkbox"/> Chlorine Dioxide		<input type="checkbox"/> Ozone		<input type="checkbox"/> Combined Chlorine (Chloramines)			
<input type="checkbox"/> Ultraviolet Radiation <input type="checkbox"/> Other (Describe):														
Type of Disinfectant Residual Maintained in Distribution System:					<input checked="" type="checkbox"/> Free Chlorine		<input type="checkbox"/> Combined Chlorine (Chloramines)		<input type="checkbox"/> Chlorine Dioxide					
Day of the Month	Days Plant Staffed or Visited by Operator (√)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest CT Calculation, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
					CT Calculations					UV Dose				
					Lowest Residual Disinfectant Concentration C Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water °C	PH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	√	24	77000										1.3	
2		24	81000											
3	√	24	81000										1.4	
4	√	24	88000										0.8	
5	√	24	82000										2.2	
6	√	24	90000										2.0	
7	√	24	87000										1.7	
8	√	24	81000										1.9	
9		24	50000											
10	√	24	60000										0.7	BT
11	√	24	80000										2.0	
12	√	24	63000										2.0	
13	√	24	62000										1.8	
14	√	24	81000										1.4	
15	√	24	68000										1.7	
16		24	86000											
17	√	24	86000										1.9	
18	√	24	85000										1.8	
19	√	24	84000										1.5	
20	√	24	72000										1.2	
21	√	24	96000										1.6	
22	√	24	82000										1.4	
23		24	65000											
24	√	24	65000										1.1	
25	√	24	80000										1.6	
26	√	24	82000										1.5	
27	√	24	83000										1.3	
28	√	24	70000										1.0	
29	√	24	72000										1.2	
30		24	75000											
Total			2314000											
Average			77133											
Maximum			96000											
* Refer to the instructions for this report to determine which plants must provide this information.														



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

See page 4 for instructions.

I. General Information for the Month/Year of:		Jul / 2024		
A. Public Water System (PWS) Information				
PWS Name: The Landings at Lake Henry		PWS Identification Number: 6531000		
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive <input type="checkbox"/> Limited Use System <input type="checkbox"/> Other				
Number of Service Connections at End of Month: 40		Total Population Served at End of Month: 250		
PWS Owner: Sun Communitites				
Contact Person: T. Felton		Contact Person's Title: Operator		
Contact Person's Mailing Address: P.O. Box 491221		City: Leesburg	State: Florida Zip Code: 34749-1221	
Contact Person's Telephone Number: 352-787-2493		Contact Person's Fax Number: 352-326-8756		
Contact Person's E-Mail Address: generalutilities@AOL.com				
B. Water Treatment Plant Information				
Plant Name: (The Landings at Lake Henry 2022)		Plant Telephone Number: 863-424-1407		
Plant Address: 3101 Us Hwy 17-92 West		City: Haines City	State: FL Zip Code: 33844	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 1,008,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	T. Felton	C	0002241	Varies
Other Operators:	D. Harris	A	0014540	Varies
	K. Ramsod	C	0015224	Varies
	T. Levi	C	0012911	Varies
	M. McNealy	C	0021734	Varies
	J. Fixl	C	0024805	Varies
	T. Haught	C	0025043	Varies
	N. Hollis, Jr.	B	0013374	Varies

II. Certification by Lead/Chief Operator		
I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.		
Signature and Date	1 Aug 2024 Thomas M. Felton	0002241
	Printed or Typed Name	License Number

PWS Identification Number: 6531000

Plant Name: The Landings at Lake Henry

III. Daily Data for the Month/Year of Jul / 2024

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (v)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest CT Calculation, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
					CT Calculations						UV Dose			
					Lowest Residual Disinfectant Concentration C Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water °C	PH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	√	24	76000										1.8	
2	√	24	77000										1.5	
3	√	24	74000										1.4	
4	√	24	77000										1.2	
5	√	24	57000										1.3	
6	√	24	48000										1.0	
7	√	24	78000										1.3	BT
8	√	24	78000										0.5	
9	√	24	101000										1.1	
10	√	24	37000										0.5	
11	√	24	109000										1.7	
12	√	24	82000										1.9	
13	√	24	90000										2.0	
14		24	75000											
15	√	24	75000										1.1	
16	√	24	81000										1.7	
17	√	24	83000										1.1	
18	√	24	60000										0.5	
19	√	24	64000										0.4	
20	√	24	87000										1.0	
21		24	66000											
22	√	24	66000										0.7	
23	√	24	79000										1.1	
24	√	24	73000										1.2	
25	√	24	53000										0.7	
26	√	24	50000										1.3	
27	√	24	38000										1.6	
28		24	86000											
29	√	24	86000										1.5	
30	√	24	79000										2.0	
31	√	24	55000										1.8	
Total			2185000											
Average			72833											
Maximum			109000											

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



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

See page 4 for instructions.

I. General Information for the Month/Year of:		Aug / 2024		
A. Public Water System (PWS) Information				
PWS Name: The Landings at Lake Henry		PWS Identification Number: 6531000		
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive <input type="checkbox"/> Limited Use System <input type="checkbox"/> Other				
Number of Service Connections at End of Month: 40		Total Population Served at End of Month: 250		
PWS Owner: Sun Communitites				
Contact Person: T. Felton		Contact Person's Title: Operator		
Contact Person's Mailing Address: P.O. Box 491221		City: Leesburg	State: Florida Zip Code: 34749-1221	
Contact Person's Telephone Number: 352-787-2493		Contact Person's Fax Number: 352-326-8756		
Contact Person's E-Mail Address: generalutilities@AOL.com				
B. Water Treatment Plant Information				
Plant Name: (The Landings at Lake Henry 2022)		Plant Telephone Number: 863-424-1407		
Plant Address: 3101 Us Hwy 17-92 West		City: Haines City	State: FL Zip Code: 33844	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 1,008,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	T. Felton	C	0002241	Varies
Other Operators:	D. Harris	A	0014540	Varies
	K. Ramsood	C	0015224	Varies
	T. Levi	C	0012911	Varies
	M. McNealy	C	0021734	Varies
	J. Fixl	C	0024805	Varies
	T. Haught	C	0025043	Varies
	N. Hollis, Jr.	B	0013374	Varies

II. Certification by Lead/Chief Operator

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

Signature and Date	1 Sep 2024	Thomas M. Felton	0002241
		Printed or Typed Name	License Number

PWS Identification Number: 6531000

Plant Name: The Landings at Lake Henry

III. Daily Data for the Month/Year of Aug / 2024

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)☐ Ultraviolet Radiation ☐ Other (Describe):Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (v)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest CT Calculation, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
					CT Calculations						UV Dose			
					Lowest Residual Disinfectant Concentration C Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water °C	PH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	√	24	57000										1.0	
2	√	24	29000										1.3	
3	√	24	45000										1.9	
4	√	24	58000										1.8	BT
5	√	24	58000										1.8	
6	√	24	75000										1.5	
7	√	24	43000										1.9	
8	√	24	67000										1.4	
9	√	24	49000										1.7	
10	√	24	56000										2.2	
11		24	57000											
12	√	24	57000										3.0	
13	√	24	69000										3.1	
14	√	24	64000										2.0	
15	√	24	53000										2.4	
16	√	24	47000										1.3	
17	√	24	68000										1.9	
18		24	79000											
19	√	24	79000										1.4	
20	√	24	62000										1.3	
21	√	24	72000										1.4	
22	√	24	61000										2.0	
23	√	24	60000										1.9	
24	√	24	63000										2.2	
25		24	72000											
26	√	24	72000										2.5	
27	√	24	63000										2.7	
28	√	24	72000										2.4	
29	√	24	62000										2.0	
30	√	24	66000										2.3	
31	√	24	70000										2.2	
Total			1835000											
Average			61167											
Maximum			79000											

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



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

See page 4 for instructions.

I. General Information for the Month/Year of:		Sep / 2024		
A. Public Water System (PWS) Information				
PWS Name: Landings at Lake Henry, The		PWS Identification Number: 6531000		
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive <input type="checkbox"/> Limited Use System <input type="checkbox"/> Other				
Number of Service Connections at End of Month: 40		Total Population Served at End of Month: 250		
PWS Owner: Sun Communitites				
Contact Person: T. Felton		Contact Person's Title: Operator		
Contact Person's Mailing Address: P.O. Box 491221		City: Leesburg	State: Florida Zip Code: 34749-1221	
Contact Person's Telephone Number: 352-787-2493		Contact Person's Fax Number: 352-326-8756		
Contact Person's E-Mail Address: generalutilities@AOL.com				
B. Water Treatment Plant Information				
Plant Name: (The Landings at Lake Henry 2022)		Plant Telephone Number: 863-424-1407		
Plant Address: 3101 Us Hwy 17-92 West		City: Haines City	State: FL Zip Code: 33844	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 1,008,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	T. Felton	C	0002241	Varies
Other Operators:	D. Harris	A	0014540	Varies
	K. Ramsdood	C	0015224	Varies
	T. Levi	C	0012911	Varies
	M. McNealy	C	0021734	Varies
	J. Fixl	C	0024805	Varies
	T. Haught	C	0025043	Varies
	N. Hollis, Jr.	B	0013374	Varies

II. Certification by Lead/Chief Operator

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

Signature and Date	1 Oct 2024	Thomas M. Felton	0002241
		Printed or Typed Name	License Number

PWS Identification Number: 6531000

Plant Name: The Landings at Lake Henry

III. Daily Data for the Month/Year of Sep / 2024

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (v)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest CT Calculation, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
					CT Calculations						UV Dose			
					Lowest Residual Disinfectant Concentration C Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water °C	PH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1		24	28000											
2	✓	24	28000									2.2		
3	✓	24	44000									2.0		
4	✓	24	53000									2.0		
5	✓	24	72000									1.8		
6	✓	24	64000									1.83		
7	✓	24	57000									1.63		
8		24	60000											
9	✓	24	60000									1.48		
10	✓	24	54000									1.40		
11	✓	24	65000									1.9		
12	✓	24	71000									1.5		
13	✓	24	67000									1.8		
14	✓	24	56000									2.2		
15	✓	24	61000									2.2	BT	
16	✓	24	62000									2.2		
17		24	77000											
18	✓	24	70000									2.3		
19	✓	24	52000									1.9		
20	✓	24	62000									1.7		
21	✓	24	73000									1.4		
22		24	77000											
23	✓	24	77000									1.5		
24	✓	24	62000									1.6		
25	✓	24	75000									0.9		
26	✓	24	65000									1.5		
27	✓	24	60000									2.0		
28	✓	24	63000									1.9		
29		24	69000											
30	✓	24	70000									2.3		
Total			1854000											
Average			61800											
Maximum			77000											

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



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

See page 4 for instructions.

I. General Information for the Month/Year of:		Oct / 2024		
A. Public Water System (PWS) Information				
PWS Name: Landings at Lake Henry, The		PWS Identification Number: 6531000		
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive <input type="checkbox"/> Limited Use System <input type="checkbox"/> Other				
Number of Service Connections at End of Month: 40		Total Population Served at End of Month: 250		
PWS Owner: Sun Communitites				
Contact Person: T. Felton		Contact Person's Title: Operator		
Contact Person's Mailing Address: P.O. Box 491221		City: Leesburg	State: Florida Zip Code: 34749-1221	
Contact Person's Telephone Number: 352-787-2493		Contact Person's Fax Number: 352-326-8756		
Contact Person's E-Mail Address: generalutilities@AOL.com				
B. Water Treatment Plant Information				
Plant Name: (The Landings at Lake Henry 2022)		Plant Telephone Number: 863-424-1407		
Plant Address: 3101 Us Hwy 17-92 West		City: Haines City	State: FL Zip Code: 33844	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 1,008,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	T. Felton	C	0002241	Varies
Other Operators:	D. Harris	A	0014540	Varies
	K. Ramsood	C	0015224	Varies
	T. Levi	C	0012911	Varies
	M. McNealy	C	0021734	Varies
	J. Fixl	C	0024805	Varies
	T. Haught	C	0025043	Varies
	N. Hollis, Jr.	B	0013374	Varies

II. Certification by Lead/Chief Operator

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

Signature and Date	1 Nov 2024	Thomas M. Felton	0002241
		Printed or Typed Name	License Number

PWS Identification Number: 6531000

Plant Name: The Landings at Lake Henry

III. Daily Data for the Month/Year of Oct / 2024

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (v)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest CT Calculation, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
					CT Calculations						UV Dose			
					Lowest Residual Disinfectant Concentration C Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water °C	PH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	√	24	65000										1.9	
2	√	24	49000										2.2	
3	√	24	69000										2.2	
4	√	24	59000										2.2	
5	√	24	63000										1.9	
6	√	24	74000										2.0	BT
7	√	24	74000										1.5	
8	√	24	69000										1.7	
9	√	24	56000										1.3	
10	√	24	69000										1.2	
11	√	24	71000										1.0	
12	√	24	57000										0.5	
13		24	16000											
14	√	24	16000										1.5	
15	√	24	41000										1.2	
16	√	24	65000										1.4	
17	√	24	62000										1.0	
18	√	24	73000										1.7	
19	√	24	66000										1.9	
20		24	82000											
21	√	24	82000										1.8	
22	√	24	76000										1.5	
23	√	24	66000										1.2	
24	√	24	66000										1.0	
25	√	24	72000										1.6	
26	√	24	74000										1.1	
27		24	78000											
28	√	24	78000										1.4	
29	√	24	92000										1.2	
30	√	24	81000										1.9	
31	√	24	84000										1.7	
Total			1961000											
Average			65367											
Maximum			92000											

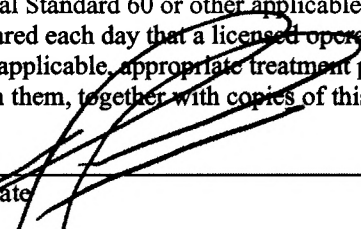
* Refer to the instructions for this report to determine which plants must provide this information.



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

See page 4 for instructions.

I. General Information for the Month/Year of:		Nov / 2024		
A. Public Water System (PWS) Information				
PWS Name: Landings at Lake Henry, The		PWS Identification Number: 6531000		
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive <input type="checkbox"/> Limited Use System <input type="checkbox"/> Other				
Number of Service Connections at End of Month: 40		Total Population Served at End of Month: 250		
PWS Owner: Sun Communitites				
Contact Person: T. Felton		Contact Person's Title: Operator		
Contact Person's Mailing Address: P.O. Box 491221		City: Leesburg	State: Florida Zip Code: 34749-1221	
Contact Person's Telephone Number: 352-787-2493		Contact Person's Fax Number: 352-326-8756		
Contact Person's E-Mail Address: generalutilities@AOL.com				
B. Water Treatment Plant Information				
Plant Name: (The Landings at Lake Henry 2022)		Plant Telephone Number: 863-424-1407		
Plant Address: 3101 Us Hwy 17-92 West		City: Haines City	State: FL Zip Code: 33844	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 1,008,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	T. Felton	C	0002241	Varies
Other Operators:	D. Harris	A	0014540	Varies
	K. Ramsod	C	0015224	Varies
	T. Levi	C	0012911	Varies
	M. McNealy	C	0021734	Varies
	J. Fixl	C	0024805	Varies
	T. Haught	C	0025043	Varies
	N. Hollis, Jr.	B	0013374	Varies

II. Certification by Lead/Chief Operator		
<p>I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.</p>		
Signature and Date	Printed or Typed Name	License Number
 1 Dec 2024	Thomas M. Felton	0002241

PWS Identification Number: 6531000

Plant Name: The Landings at Lake Henry

III. Daily Data for the Month/Year of Nov / 2024

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (v)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest CT Calculation, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
					CT Calculations						UV Dose			
					Lowest Residual Disinfectant Concentration C Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water °C	PH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	√	24	36000									1.7		
2	√	24	75000									1.8		
3	√	24	181000									1.8	BT	
4	√	24	181000									1.3		
5	√	24	53000									1.7		
6	√	24	73000									1.2		
7	√	24	65000									1.4		
8	√	24	65000									1.7		
9	√	24	69000									1.4		
10		24	81000											
11	√	24	81000									1.2		
12	√	24	66000									1.0		
13	√	24	83000									1.6		
14	√	24	87000									1.2		
15	√	24	70000									1.1		
16	√	24	65000									1.5		
17		24	97000											
18	√	24	97000									1.1		
19	√	24	67000									1.0		
20	√	24	64000									0.3		
21	√	24	64000									0.2		
22	√	24	67000									0.5		
23	√	24	55000									1.1		
24		24	85000											
25	√	24	85000									1.0		
26	√	24	72000									1.2		
27	√	24	65000									1.4		
28	√	24	72000									1.7		
29	√	24	83000									1.6		
30	√	24	65000									1.5		
Total			2369000											
Average			78967											
Maximum			181000											

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



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

See page 4 for instructions.

I. General Information for the Month/Year of:		Dec / 2024		
A. Public Water System (PWS) Information				
PWS Name: Landings at Lake Henry, The		PWS Identification Number: 6531000		
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive <input type="checkbox"/> Limited Use System <input type="checkbox"/> Other				
Number of Service Connections at End of Month: 40		Total Population Served at End of Month: 250		
PWS Owner: Sun Communitites				
Contact Person: T. Felton		Contact Person's Title: Operator		
Contact Person's Mailing Address: P.O. Box 491221		City: Leesburg	State: Florida Zip Code: 34749-1221	
Contact Person's Telephone Number: 352-787-2493		Contact Person's Fax Number: 352-326-8756		
Contact Person's E-Mail Address: generalutilities@AOL.com				
B. Water Treatment Plant Information				
Plant Name: (The Landings at Lake Henry 2022)		Plant Telephone Number: 863-424-1407		
Plant Address: 3101 Us Hwy 17-92 West		City: Haines City	State: FL Zip Code: 33844	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 1,008,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	T. Felton	C	0002241	Varies
Other Operators:	D. Harris	A	0014540	Varies
	K. Ramsod	C	0015224	Varies
	T. Levi	C	0012911	Varies
	M. McNealy	C	0021734	Varies
	J. Fixl	C	0024805	Varies
	T. Haught	C	0025043	Varies
	N. Hollis, Jr.	B	0013374	Varies

II. Certification by Lead/Chief Operator

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

Signature and Date	1 Jan 2025	Thomas M. Felton	0002241
		Printed or Typed Name	License Number

PWS Identification Number: 6531000

Plant Name: The Landings at Lake Henry

III. Daily Data for the Month/Year of Dec / 2024

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)☐ Ultraviolet Radiation ☐ Other (Describe):Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

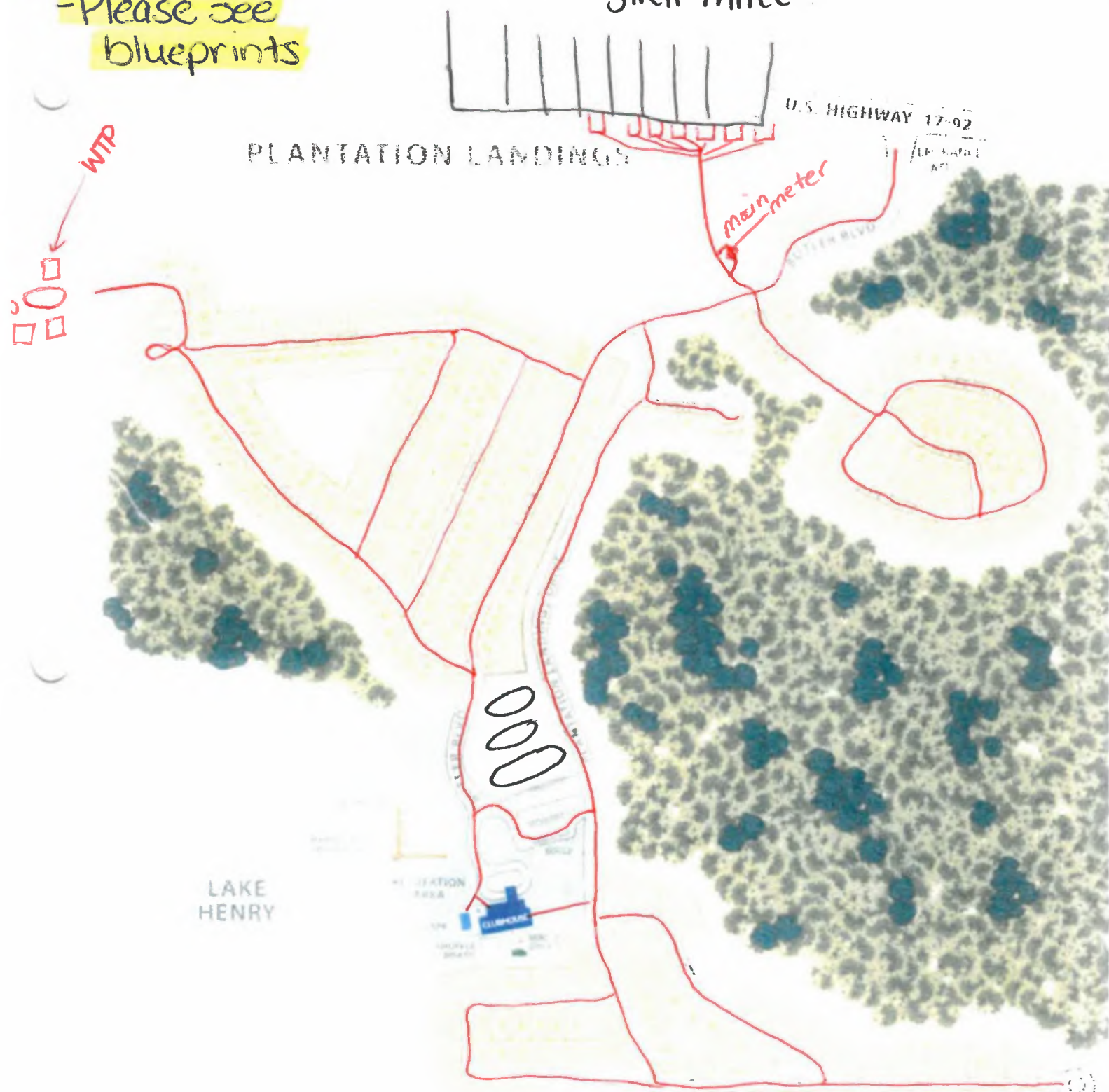
Day of the Month	Days Plant Staffed or Visited by Operator (v)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest CT Calculation, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
					CT Calculations						UV Dose			
					Lowest Residual Disinfectant Concentration C Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water °C	PH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	√	24	22000										1.8	BT
2	√	24	45000										1.2	
3	√	24	45000										1.1	
4	√	24	41000										1.0	
5	√	24	57000										1.3	
6	√	24	49000										1.4	
7		24	61000											
8	√	24	61000										1.2	
9	√	24	56000										1.1	
10	√	24	52000										0.9	
11	√	24	54000										0.8	
12	√	24	60000										1.0	
13	√	24	55000										0.7	
14		24	65000											
15	√	24	65000										1.2	
16	√	24	66000										0.5	
17	√	24	57000										1.1	
18	√	24	53000										1.0	
19	√	24	52000										1.2	
20	√	24	50000										1.1	
21		24	54000											
22	√	24	54000										1.3	
23	√	24	56000										1.0	
24	√	24	53000										0.8	
25	√	24	63000										0.5	
26	√	24	71000										1.0	
27	√	24	52000										0.5	
28		24	60000											
29	√	24	60000										0.7	
30	√	24	56000										1.1	
31	√	24	55000										1.0	
Total			1645000											
Average			54833											
Maximum			71000											

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

Water lines
- Please see blueprints

1DR #14 - System Maps

STRIP MALL



**PLANTATION
LANDINGS**

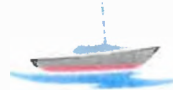
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(800) 759-2229



Solstice Communities is a provider of housing for persons age 55 and older. All permanent n for occupancy. Plans, dimensions and specifications subject to change without notice. Void

Water Shut Off Valves

25 Valves



PLANTATION LANDINGS



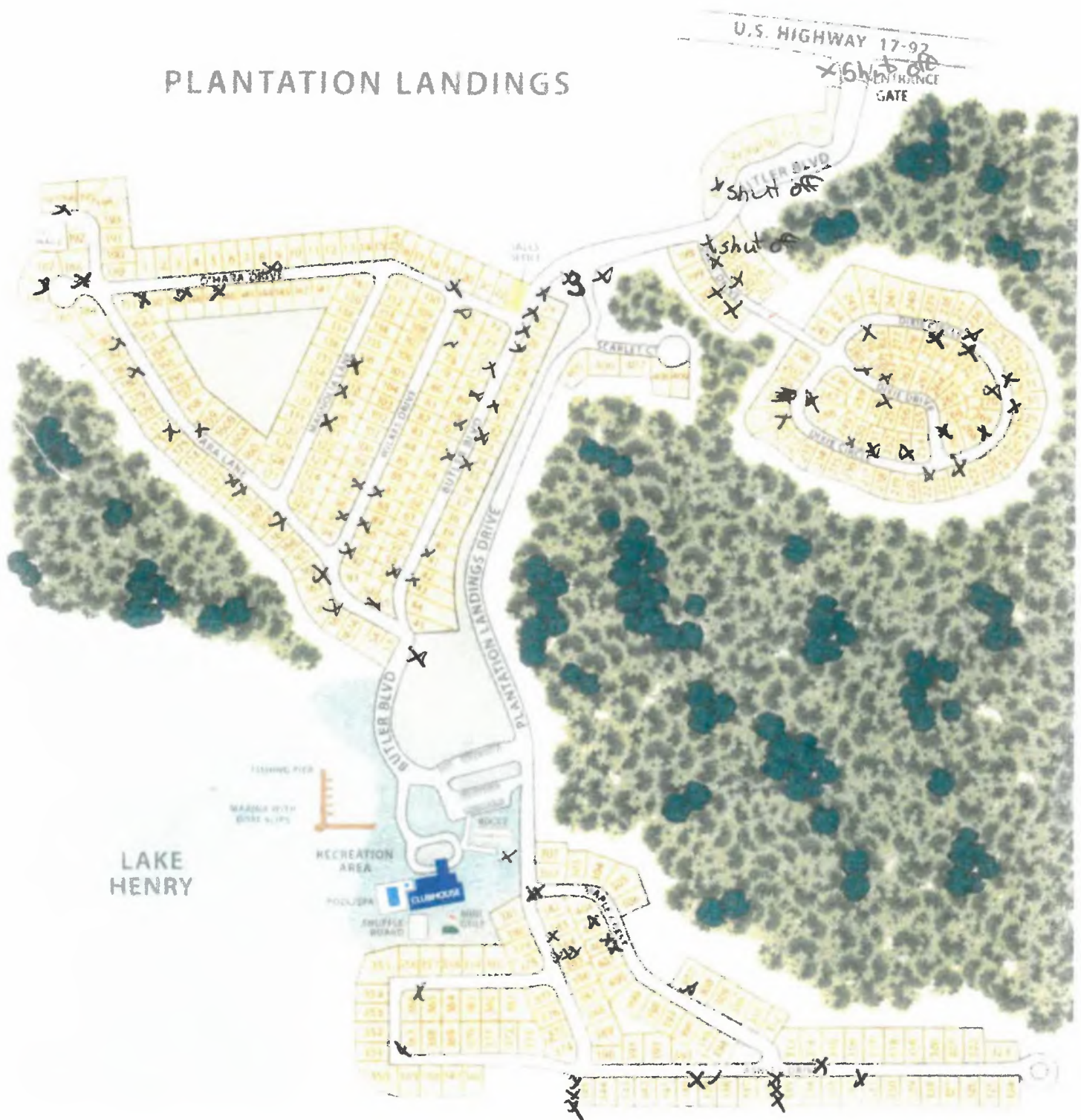
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Waterlines + Locations of Shut off Valves

X = Shut off Valves



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Solstice Communities is a provider of housing for persons age 55 and older. All permanent residents must be 55 years of age or older at the time of occupancy. Plans, dimensions and specifications subject to change without notice. Void where prohibited.

PLANTATION LANDINGS

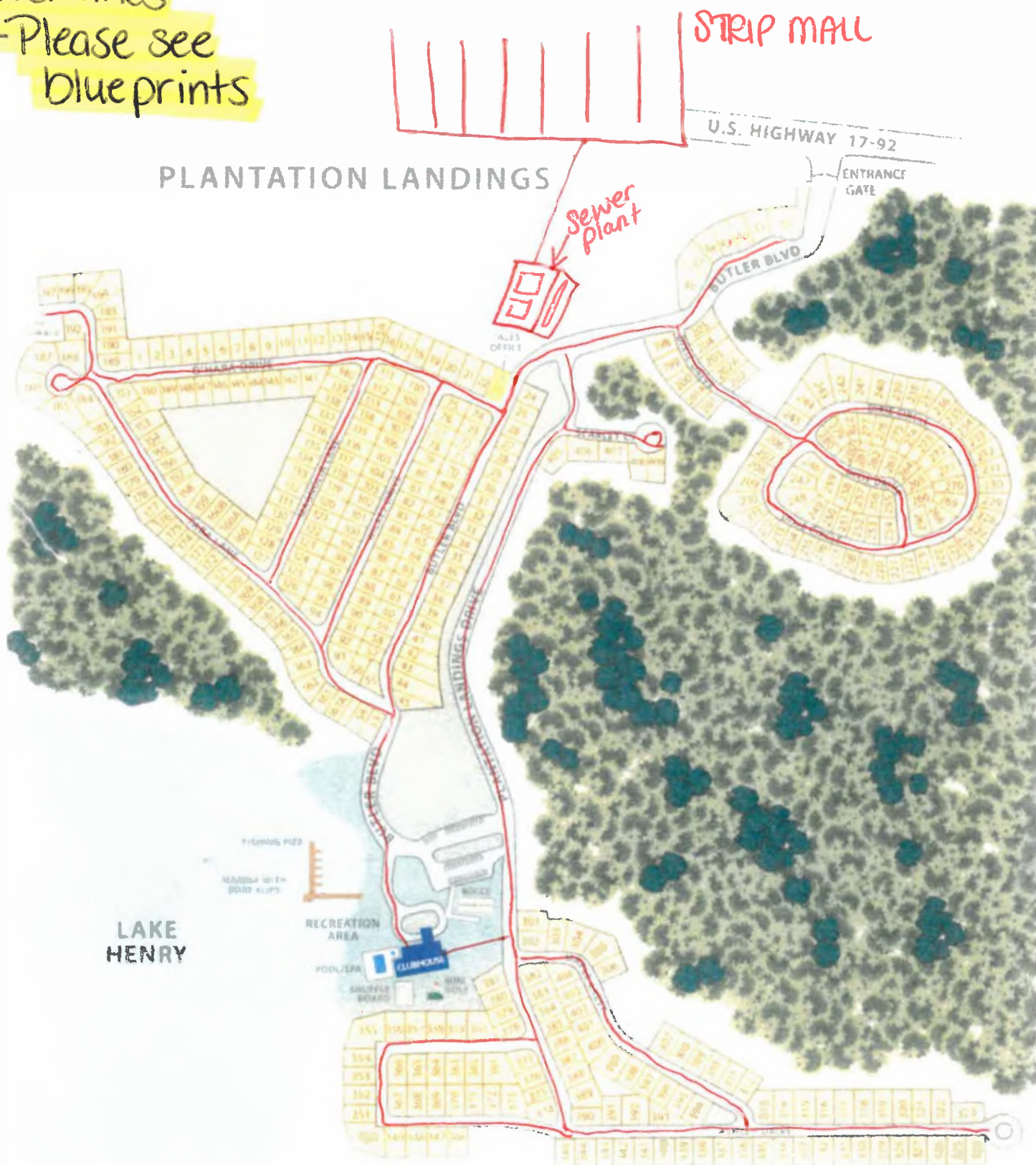


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o Sewer lines
 - Please see
 blueprints



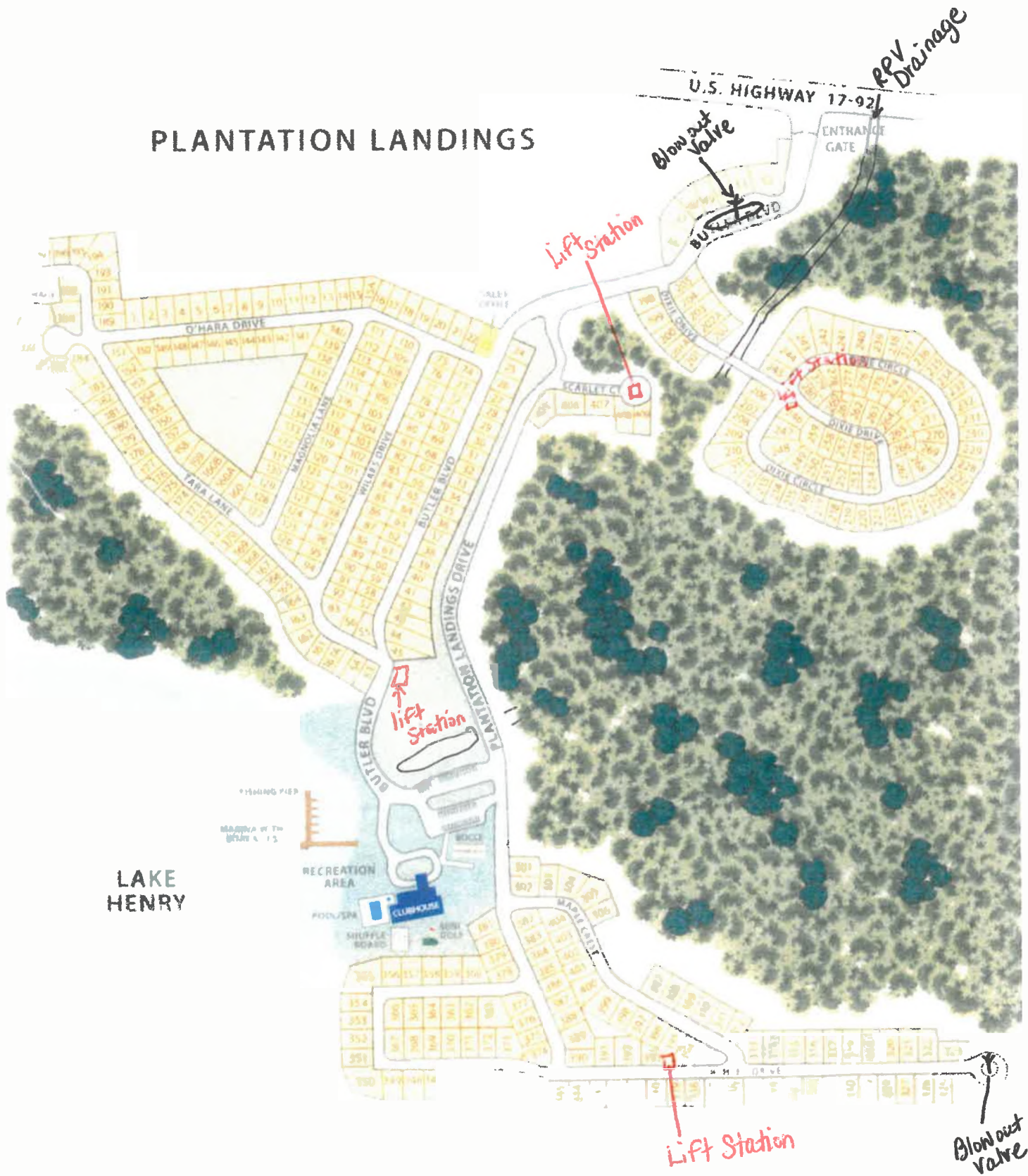
**PLANTATION
 LANDINGS**

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 for occupancy. Plans, dimensions and specifications subject to change without notice. Void

PLANTATION LANDINGS



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RV Storage Area + WTP + WWTP

(3)



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G.A.S. Fire Protection, Inc. (813) 982-2048
Fire Hydrant Locations 11/29/2013

PLANTATION LANDINGS



LAKE HENRY



**PLANTATION
LANDINGS**

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**SOLSTICE
COMMUNITIES**
Celebrate the Good Life

Fire hydrants

PLANTATION LANDINGS



**PLANTATION
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Solstice Communities is a provider of housing for persons age 55 and older. All permanent rental agreements are subject to occupancy. Plans, dimensions and specifications subject to change without notice. Void where prohibited.



THE LANDINGS

AT LAKE HENRY



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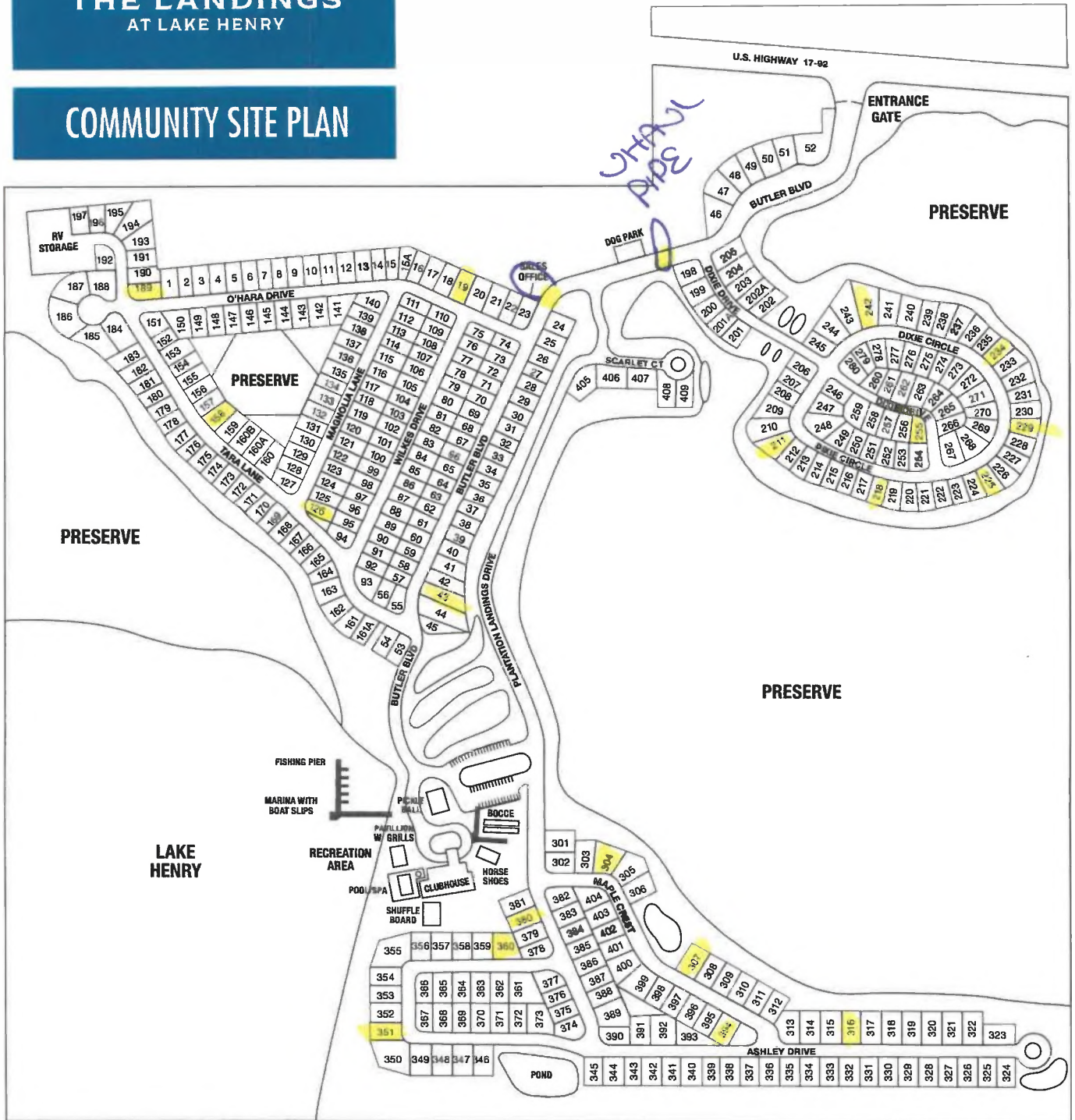
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MANHOLES



COMMUNITY SITE PLAN



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CORNER OF PTL
DRIVE MANHOLE



LIFT STATION 1
LOCK



LIFT STATION 2
ELECTRIC PANEL



LIFT STATION 2
LOCK



LIFT STATION 2
LOCK



LIFT STATION 3
ELECTRIC PANEL



LIFT STATION 3
LOCK



LIFT STATION 4
ELECTRICAL
PANEL



LIFT STATION 4
LOCK



LOT 19
MANHOLE



LOT 34
MANHOLE



LOT 43
MANHOLE



LOT 126
MANHOLE



LOT 158
MANHOLE



LOT 189
MANHOLE



LOT 204 MAPLE
CREST
MANHOLE



LOT 211 DIXIE
MANHOLE



LOT 218 DIXIE
MANHOLE



LOT 225 DIXIE
MANHOLE



LOT 229



LOT 234
MANHOLE



LOT 242 DIXIE



LOT 255 DIXIE
MANHOLE



LOT 306 MAPLE
CREST
MANHOLE



LOT 316
MANHOLE



LOT 350
MANHOLE



LOT 351
MANHOLE



LOT 354 IN
DRIVEWAY
MANHOLE



LOT 360
MANHOLE



LOT 377 IN
DRIVEWAY
MANHOLE



LOT 380
MANHOLE



LOT 390 IN
DRIVEWAY
MANHOLE



LOT 2118 DIXIE
MANHOLE



MAINTENANCE
SHOP



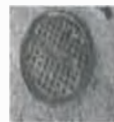
MANHOLE LIFT
STATION 4



MAPS OF
MANHOLES AND
LIFTSTATIONS
AND WTP AND ...



NEXT TO FENCE
BEHIND U HAUL



PTL DRIVE
ACROSS BOCCÉ
BALL MANHOLE



SALES OFFICE
MANHOLE



STORAGE
COMPOUND
GATE



WTP GATE



WWTP PLANT
LOCKED AND
SIGNAGE





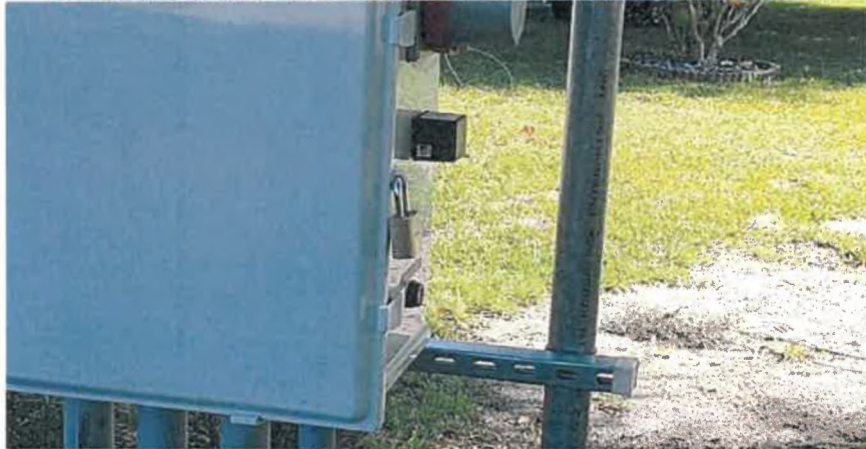




















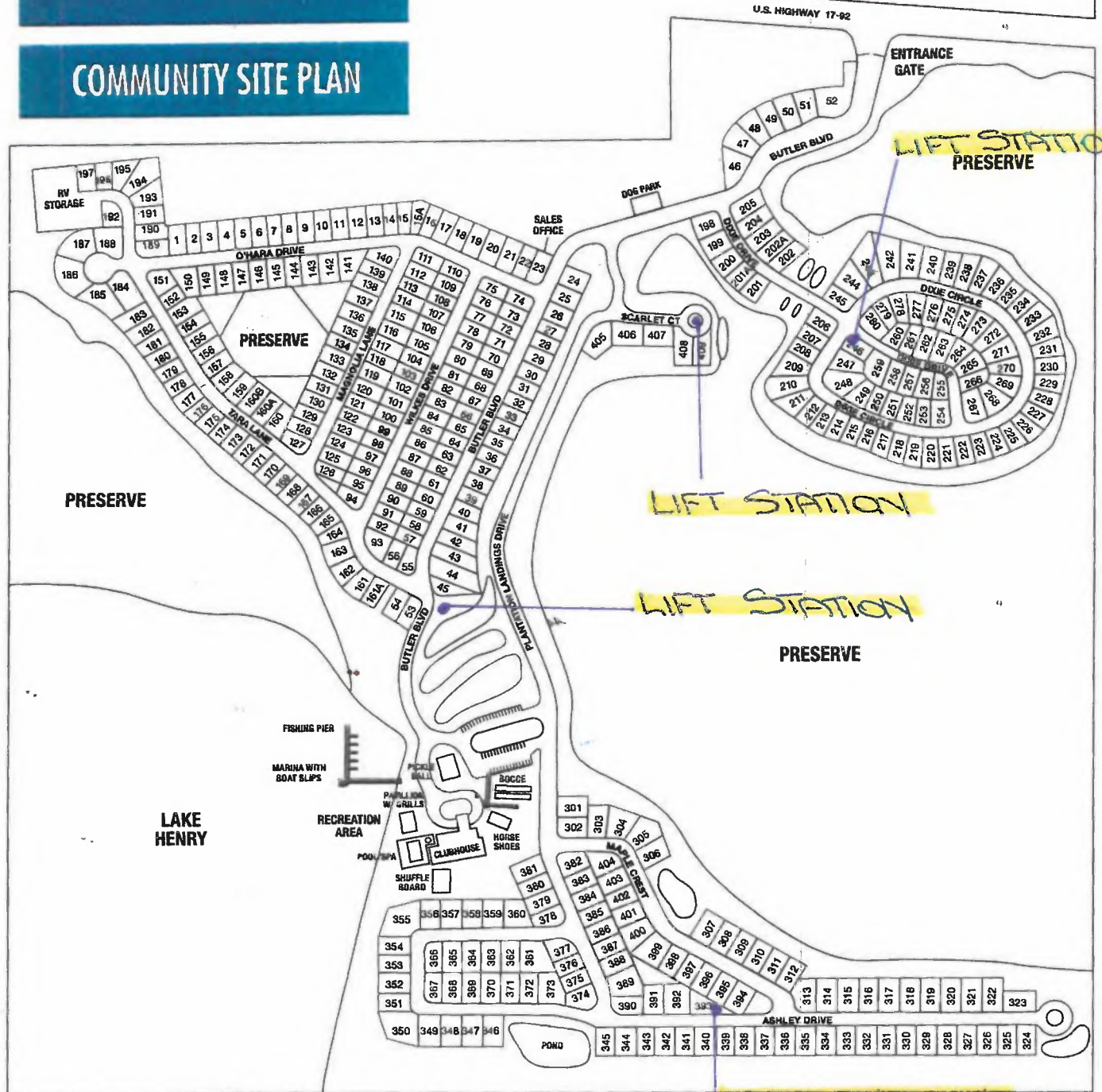


LIFT STATION S



COMMUNITY SITE PLAN

**LIFT STATION ADAPTERS
LOCATED IN MAINTENANCE SHOP
FRONT WALL ABOVE GENERATORS**



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ALTA/ACSM Land Title Survey

Mobile Portfolio 54

Surveyor Certification

Plantation Landings

3101 Hwy 17 / 82 West
Haines City, FL
County of Polk

To: GCP PLANTATION LANDINGS, LLC; GENWORTH LIFE INSURANCE COMPANY; SUN COMMUNITIES OPERATING LIMITED PARTNERSHIP; GREEN COURTE REAL ESTATE PARTNERS, LLC; GREEN COURTE REAL ESTATE PARTNERS II, LLC; GREEN COURTE REAL ESTATE PARTNERS III, LLC AND THEIR RESPECTIVE SUCCESSORS AND ASSIGNS; FIRST AMERICAN TITLE INSURANCE COMPANY; GREEN COURTE PARTNERS, LLC; GCP Plantation Landings, LLC, A DELAWARE LIMITED LIABILITY COMPANY and AMERICAN NATIONAL, LLC. This is to certify that this map or plat and the survey on which it is based were made in accordance with the 2011 Minimum Standard Detail Requirements for ALTA/ACSM Land Title Surveys, jointly established and adopted by ALTA and NSPS, and includes Items 1 (unless prohibited by locality), 2, 3, 4, 6b, 7a, 7b, 7c, 8, 9, 10a, 11a, 13, 15, 16, 17, 18, 19, 20a, 21 (\$1,000,000) of Table A thereof. The field work was completed on August 20, 2014.

Michael E. Petulla
Land Surveyor Number: #4372
in state of Florida
LS #7883
Survey Prepared By:
Michael Petulla, Land Surveying
1 North 1st Street #8
Cocoa Beach, FL 32931
Network reference #20140417-15
Date of Survey August 20, 2014
Date of Last Revision: December 23, 2014



Michael E. Petulla

Title Commitment Legal

The Land referred to in this Commitment is described as follows:

THE LAND REFERRED TO HEREIN BELOW IS SITUATED IN THE COUNTY OF POLK, STATE OF FLORIDA, AND IS DESCRIBED AS FOLLOWS:

COMMENCE AT THE SOUTHWEST CORNER OF THE SOUTHEAST 1/4 OF THE SOUTHWEST 1/4 OF THE NORTHEAST 1/4 OF SECTION 25, TOWNSHIP 27 SOUTH, RANGE 26 EAST, POLK COUNTY, FLORIDA; THENCE RUN NORTH 89°50'54" EAST, A DISTANCE OF 368.37 FEET, TO THE POINT OF BEGINNING; THENCE RUN NORTH 00°07'52" WEST, A DISTANCE OF 70.32 FEET; THENCE RUN SOUTH 79°37'37" EAST ALONG THE SOUTHERLY BOUNDARY LINE OF U.S. 17-92 (STATE ROAD 600), TO THE INTERSECTION OF SAID LINE WITH THE NORTH BOUNDARY LINE OF SAID SOUTH 1/2 OF SECTION 25; THENCE RUN SOUTH 89°50'54" WEST, TO THE POINT OF BEGINNING; AND THAT PART OF THE EAST 1/2 OF THE SOUTH 1/2 OF SECTION 25, TOWNSHIP 27 SOUTH, RANGE 26 EAST, WHICH LIES SOUTH OF U.S. 17-92 (STATE ROAD 600); LESS AND EXCEPT THE FOLLOWING TRACTS OF LAND WHICH ARE DESIGNATED A THROUGH F, INCLUSIVE:

A. EAST 1/2 OF THE NORTHEAST 1/4 OF THE SOUTHEAST 1/4;
B. THE WEST 1/2 OF THE NORTHEAST 1/4 OF THE NORTHEAST 1/4 OF THE SOUTHEAST 1/4;
C. THAT CERTAIN BORROW #7 AND HALL ROUTE DESCRIBED AS PARCEL 32; BEING MORE PARTICULARLY DESCRIBED IN OFFICIAL RECORDS BOOK 782, PAGE 559, OF THE PUBLIC RECORDS OF POLK COUNTY, FLORIDA;
D. THOSE CERTAIN LANDS RETAINED BY ALMA A. LONG IN THAT CERTAIN DEED, DATED RECORDED IN OFFICIAL RECORDS BOOK 2059, PAGE 1820; BEING MORE PARTICULARLY DESCRIBED IN OFFICIAL RECORDS BOOK 2059, PAGE 1822; ALL OF THE PUBLIC RECORDS OF POLK COUNTY, FLORIDA;
E. THE NORTH 208.71 FEET OF THE EASTERLY 869.60 FEET OF THE NORTHEAST 1/4 OF THE SOUTHWEST 1/4 OF SECTION 25; AND
F. THAT CERTAIN PARCEL OF LAND DESCRIBED AS FOLLOWS:

COMMENCE AT THE CENTER OF SECTION 25, TOWNSHIP 27 SOUTH, RANGE 26 EAST, POLK COUNTY, FLORIDA; THENCE RUN SOUTH 00°12'09" EAST, ALONG THE 1/2 LINE, A DISTANCE OF 138.44 FEET; THENCE RUN SOUTH 79°38'00" EAST, A DISTANCE OF 874.55 FEET; THENCE RUN NORTH 00°10'00" WEST, A DISTANCE OF 261.60 FEET; THENCE RUN WESTERLY ALONG THE NORTH BOUNDARY LINE OF THE SOUTH 1/2 OF SAID SECTION 25, TO THE POINT OF BEGINNING, AND

BEIGN AT THE NORTHWEST CORNER OF SECTION 31, TOWNSHIP 27 SOUTH, RANGE 27 EAST, POLK COUNTY, FLORIDA; THENCE RUN SOUTH 00°05'54" WEST, ALONG THE WEST BOUNDARY OF SAID SECTION, A DISTANCE OF 30.00 FEET, TO THE POINT OF BEGINNING; THENCE RUN NORTH 89°38'18" EAST, PARALLEL WITH AND 30.00 FEET SOUTH OF THE NORTH BOUNDARY OF SAID SECTION 31, A DISTANCE OF 558.00 FEET; THENCE RUN SOUTH 00°16'22" WEST, A DISTANCE OF 37.81 FEET; THENCE RUN SOUTH 89°35'00" EAST, A DISTANCE OF 688.0 FEET; THENCE RUN SOUTH 03°00'00" EAST, A DISTANCE OF 295.00 FEET; THENCE RUN NORTH 83°07'00" WEST, A DISTANCE OF 925.0 FEET; THENCE RUN NORTH 04°25'00" EAST, A DISTANCE OF 237.00 FEET; THENCE RUN SOUTH 89°38'18" WEST, A DISTANCE OF 360.00 FEET, TO A POINT ON THE WEST BOUNDARY OF SAID SECTION 31; THENCE RUN NORTH 00°05'54" EAST, ALONG SAID WEST BOUNDARY, A DISTANCE OF 25.00 FEET TO THE POINT OF BEGINNING.

The above described parcel is the same parcel as described in First American Title Insurance Company, Commitment No. 5011612-NCS-650226-29-CH2, bearing an effective date of October 17, 2014.

Notes Corresponding to Schedule B

Numbers correspond with Schedule B exceptions items contained in First American Title Insurance Company, Commitment No. 5011612-NCS-650226-29-CH2, bearing an effective date of October 17, 2014.

9. Easement, granted to Florida Power Corporation, by that certain Distribution Easement, recorded in Book 2552, Page 0157, AFFECTS THE SUBJECT PROPERTY - BLANKET IN NATURE
10. Easement (for ingress and egress), recorded in Book 2759, Page 1914, AFFECTS THE SUBJECT PROPERTY - PLOTTED & SHOWN
11. All of the terms and provisions set forth and contained in the Lease, between Board of Trustees of the Internal Improvement Trust Fund of the State of Florida, as Lessor, and Plantation Landings, Ltd., as Lessee, as evidenced by that certain Sovereignty Submerged Lands Lease Renewal and Modification to Reflect Current Structures (BOT No. 530001003), recorded in Book 0787, Page 1981; as affected by that certain Sovereignty Submerged Lands Lease Renewal and Modification to Reflect Current Structures and Reflect Change in Ownership (BOT No. 530001003), recorded in Book 0881, Page 0303, AFFECTS THE SUBJECT PROPERTY - BLANKET IN NATURE - LAND LEASE AREA IS SHOWN

Encroachment Statement

A There were no visible evidence of any encroachments at the time of survey.

Flood Zone

By graphic plotting only, this property is in Zone "X, A & AE" of the Flood Insurance Rate Map, Community Panel No. 1210500358F, which bears an effective date of 12-20-2000 and is partially in a Special Flood Hazard Area.

Wetlands Note

No evidence of potential wetlands were observed on the subject property at the time the survey was conducted, nor have we received any documentation of any wetlands being located on the subject property.

Utility Notes

UTILITY
The location of utilities shown hereon are from observed evidence of above ground appurtenances only. The surveyor was not provided with underground plans or surface ground markings to determine the location of any subterranean uses.

UTILITY
From observed above ground appurtenances only as shown hereon, gas, electric, storm sewer, sanitary sewer, telephone, and water lines and/or service is available for the subject property within the public right of way of US Highway 17/92.

General Notes

- GN1 The meridian for all bearings shown hereon is the referenced line of subject property, known as being N89°57'28"W, per Book 8656, Page 16 of Polk County Records.
- GN2 There is direct access to the subject property via US Highway 17/92, a public right-of-way.
- GN3 There are 49 regular parking spaces and 3 handicapped parking spaces for a total of 52 parking spaces on the subject property.
- GN4 Parcel Number of subject site: APN: 26-27-25-000000-014020, 26-27-25-000000-021030 & 26-27-31-000000-033010
- GN5 On the date of the field survey there was no observable evidence of earth moving work, building construction, or building additions within recent months.
- GN6 Surveyor is unaware of any changes in street right of way lines, either completed or proposed.
- GN7 On the date of the field survey there was not observable evidence of site used as a solid waste dump, sump or sanitary landfill.
- GN8 The posted address on site is 3101 Hwy 17/92.
- GN9 All field measurements matched record dimensions within the precision requirements of ALTA/ACSM specifications unless otherwise shown.
- GN10 The boundary lines of the Property are contiguous and contains no gpp, gores or overlaps.
- GN11 All roads are private, asphalt right of ways unless otherwise noted.

Zoning Notes

Zoning Classification: RL-1, (Residential Low-1) with PUD 85-24 (Planned Unit Development 85-24 Approval)
Permitted Use: Yes
Building Setbacks: Front=15'; 13' for Lots 198-280
Side=5'; 3' for Lots 28-30, 42-44, 68, 94, 160, 183
Rear=10'; 8' for Lots 198-280
Buffer=30' around Perimeter of Site
Minimum Lot Size: 4,050 Square Feet for Mobile Home Lots on "Phase II" (pud 85-14)
Maximum Density: 6 Units per Acre
Maximum Building Height: 50'
Parking Requirements: 2.5 Parking Spaces per Mobile Home Site
Source: Zoning-Info, Inc.; Oklahoma City, OK, 405-525-2998



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Avon, Ohio 44312
330.294.1077
www.amnatioanal.net

SYMBOL LEGEND

R/W	Right-of-Way
A/L	Adjacent Property Line
E	Centerline
P.O.B.	Place/Point of Beginning
P.O.C.	Place/Point of Commencement
A	Surveyor's Observation
X	Schedule B-Section II Item
Net	Radius
Arc	Arc Length
Δ	Delta Angle
Ch	Chord Length
ChB	Chord Bearing
Calc.	Calculated
Meas.	Measured
D.L.	Dated
(Record)	Actual
N.R.D.	No Recorded Distance
•	Monumentation Found as Noted
•	1/2 or 5/8" Iron Pin
▲	PK/MAG Nail or Railroad Spike
▲	MAG Nail or PK Nail Set
•	Monument Found
•	No. of Regular Parking Spaces
•	No. of Handicap Parking Spaces
•	Manhole
•	Storm Manhole
•	Catch Basin
•	Openout
•	Sanitary Manhole
•	Fire Hydrant
•	Water Stand Pipe
•	Post Indicator Valve
•	Water Valve
•	Water Meter
•	Water Manhole
•	Water Backflow Preventer
•	Water Vault
•	Gas Meter
•	Gas Valve
•	Air Condition Unit
•	Cable T.V. Pedestal
•	Electric Meter
•	Electric Transformer
•	Generator
•	Electric Manhole
•	Electric Vault
•	Telephone Pedestal
•	Telephone Manhole
•	Monitoring Well
•	Utility Vault
•	Underground Utility Marker
•	Ballard Post
•	Handicap Space
•	Sign
•	Mail Box
•	Dumpster Area
•	Wet (As Noted)
•	Ground Light
•	Utility Pole
•	Traffic Pole
•	Flag Pole
•	Light Pole
•	Guy Wire
•	Overhead
•	Fence (As Noted)
•	Overhead Utilities
•	Concrete Area
•	No Parking Area
•	Building Area

GRAPHIC SCALE

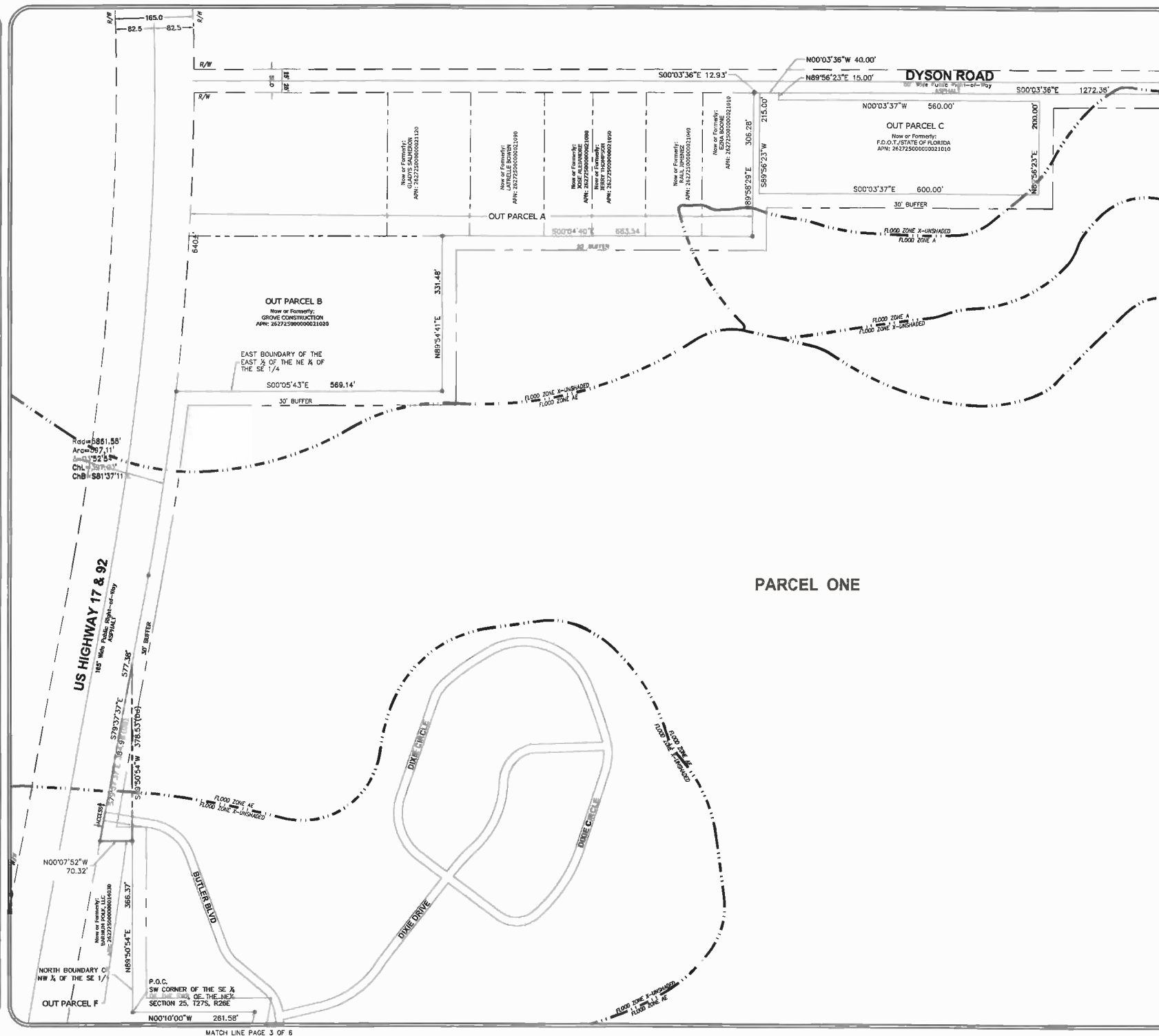
1 INCH = 100 FT.

0 100 200

Plantation Landings

Project #20140417 - Site #15

3101 Hwy 17 / 82 West
Haines City, FL
County of Polk





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SYMBOL LEGEND

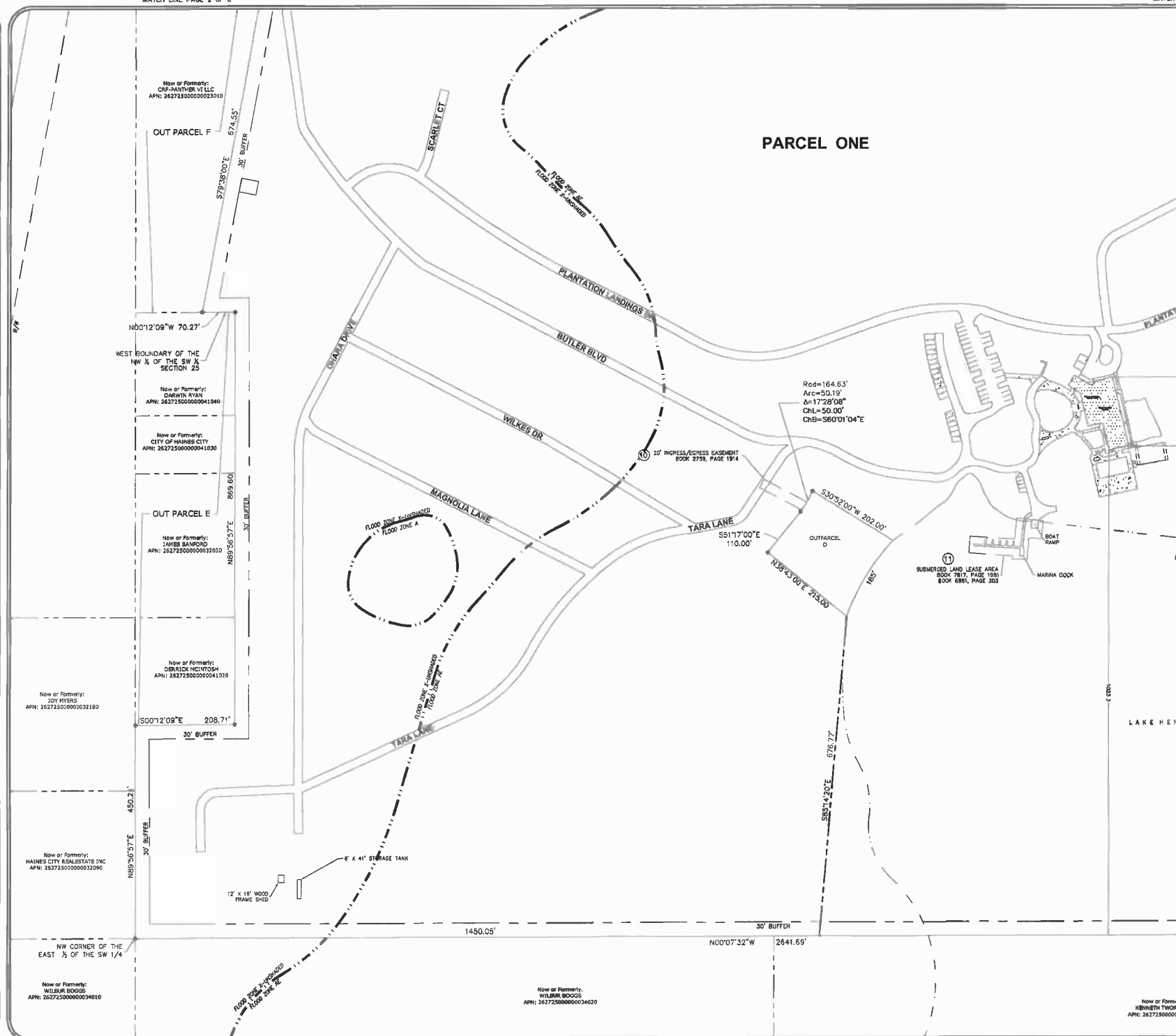
R/W	- Right-of-Way
P/L	- Adjacent Property Line
E	- Centerline
P.O.B.	- Place/Point of Beginning
P.O.C.	- Place/Point of Commencement
(A)	- Surveyor's Observation
(X)	- Schedule B-Section II Item
Rad	- Radius
Arc	- Arc Length
Δ	- Delta Angle
ChL	- Chord Length
ChB	- Chord Bearing
Cnc	- Calculator
Msd.	- Measured
Ds.	- Dead
(Record)	- Actual
N.R.D.	- No Recorded Distance
•	- Monumentation Found as Noted
•	- 1/2" or 5/8" Iron Pin
▲	- PK/MAG Nail or Railroad Spike
▲	- MAG Nail or PK Nail Set
■	- Monument Found
(XX)	- No. of Regular Parking Spaces
(XX)	- No. of Handicap Parking Spaces
●	- Manhole
●	- Storm Manhole
●	- Catch Basin
●	- Cleanout
●	- Sanitary Manhole
●	- Fire Hydrant
●	- Water Stand Pipe
●	- Post Indicator Valve
●	- Water Valve
●	- Water Meter
●	- Water Manhole
●	- Water Backflow Preventer
●	- Water Vault
●	- Gas Meter
●	- Gas Valve
●	- Air Condition Unit
●	- Cable T.V. Pedestal
●	- Electric Meter
●	- Electric Transformer
●	- Generator
●	- Electric Manhole
●	- Electric Vault
●	- Telephone Pedestal
●	- Telephone Manhole
●	- Monitoring Well
●	- Utility Vault
●	- Underground Utility Marker
●	- Bollard Post
●	- Handicap Space
●	- Sign
●	- Mail Box
●	- Dumpster Area
●	- Wall (As Noted)
●	- Ground Light
●	- Utility Pole
●	- Traffic Pole
●	- Flag Pole
●	- Light Pole
●	- Guy Wire
●	- Guardrail
●	- Fence (As Noted)
●	- Overhead Utilities
●	- Caserette Area
●	- No Parking Area
●	- Building Area

GRAPHIC SCALE
1 INCH = 100 FT.

0 100 200

Plantation Landings

Project #20140417 - Sls # 15
3101 Hwy 17 / 82 West
Haines City, FL
County of Polk





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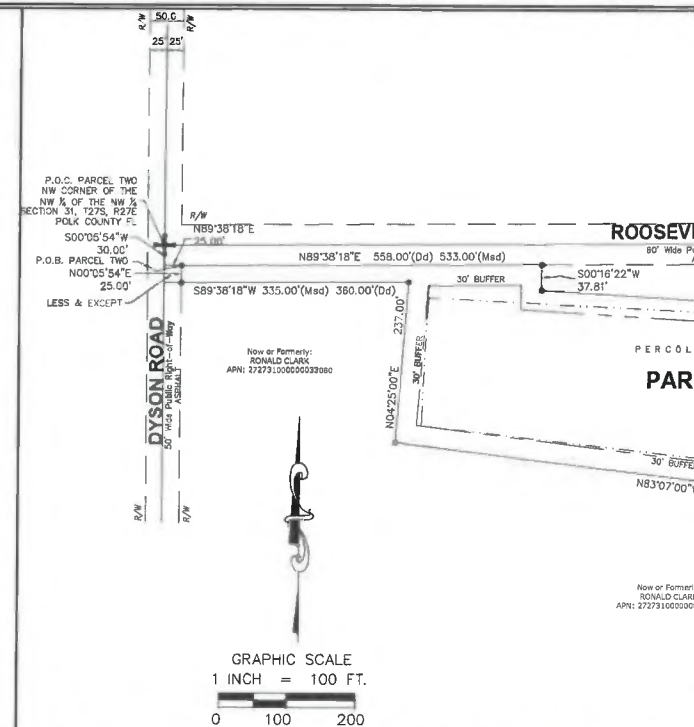
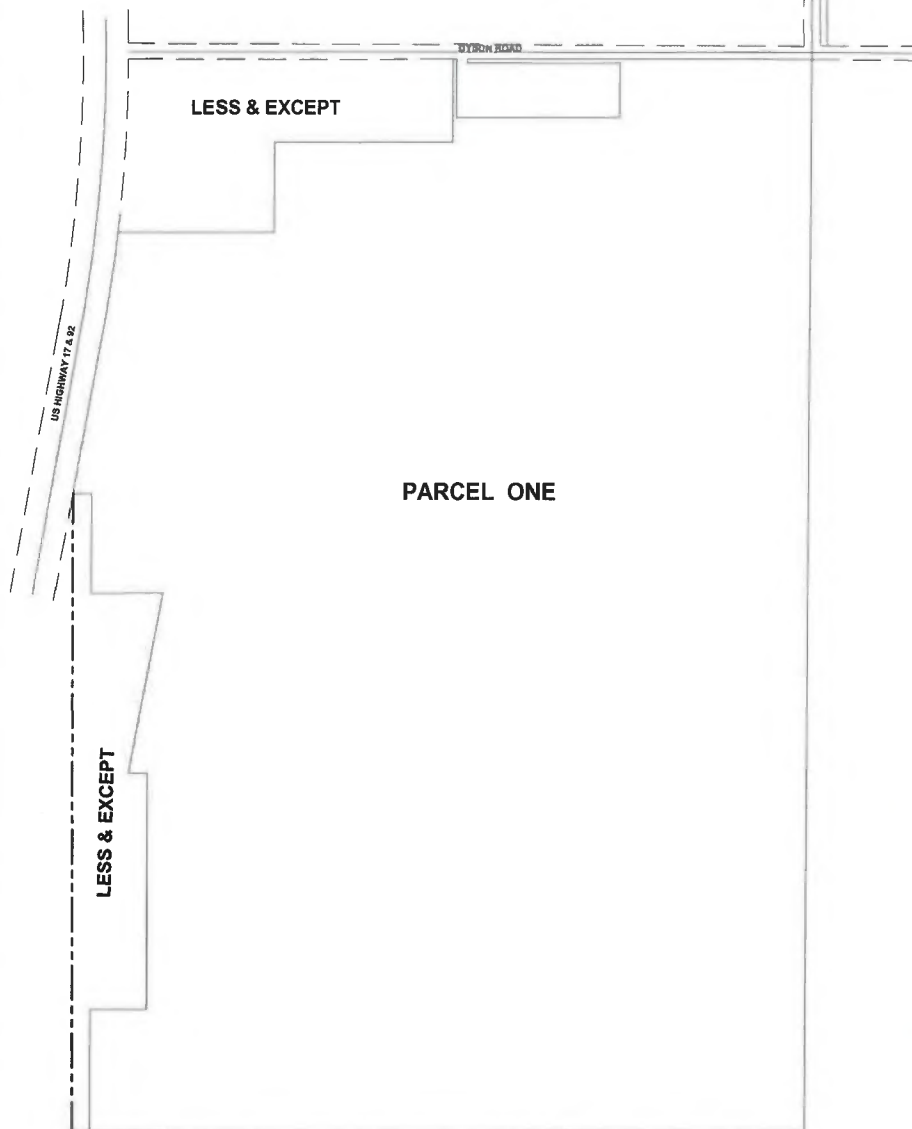
SYMBOL LEGEND

R/W	Right-of-Way
P/L	Adjoining Property Line
C	Centerline
P.O.B.	Place/Point of Beginning
P.O.C.	Place/Point of Commencement
[A]	Surveyor's Observation
[X]	Schedule B-Section II Item
Rd	Road
Arc	Radius
Δ	Arc Length
Δ	Delta Angle
CHL	Chord Length
CHB	Chord Bearing
Calc.	Calculated
Meas.	Measured
D.L.	Dead
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▲	PK/MAG Nail or Railroad Spike
▲	MAG Nail or PK Nail Set
■	Monument Found
[X]	No. of Regular Parking Spaces
[X]	No. of Handicap Parking Spaces
•	Manhole
•	Storm Manhole
•	Catch Basin
•	Cleanout
•	Sanitary Manhole
•	Fire Hydrant
•	Water Stand Pipe
•	Post Indicator Valve
•	Water Valve
•	Water Meter
•	Water Manhole
•	Water Backflow Preventer
•	Water Vault
•	Gas Meter
•	Gas Valve
•	Air Condition Unit
•	Cable T.V. Pedestal
•	Electric Meter
•	Electric Transformer
•	Generator
•	Electric Manhole
•	Electric Vault
•	Telephone Pedestal
•	Telephone Manhole
•	Monitoring Well
•	Utility Vault
•	Underground Utility Marker
•	Ballard Post
•	Handicap Space
•	Sign
•	Mail Box
•	Dumpster Area
•	Wall (As Noted)
•	Ground Light
•	Utility Pole
•	Traffic Pole
•	Flag Pole
•	Light Pole
•	Guy Wire
•	Guardrail
•	Fence (As Noted)
•	Overhead Utilities
•	Concrete Area
•	No Parking Area
•	Building Area

Plantation Landings

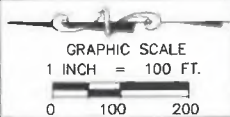
Project #20140417 - Site # 10
3101 Hwy 17 / 92 West
Haines City, FL
County of Polk

DETAIL NOT TO SCALE FOR INFORMATIONAL PURPOSES ONLY





Commercial Real Estate
Due Diligence Management
3485 South Arlington Road
Suite E #183
Akron, Ohio 44312
330.294.1077
www.amnnational.net



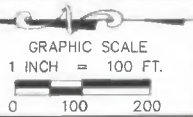
Plantation Landings
Project #23140417 - S&B 9-15

3101 Hwy 17 / 92 West
Haines City, FL
County of Polk





Commercial Real Estate
Due Diligence Management
3485 South Arlington Road
Suite E #183
Akron, Ohio 44312
330.294.1077
www.amnational.net



Plantation Landings
Project #20140817 - June 8, 16

3101 Hwy 17 / S2 West
Haines City, FL
County of Polk

Internal ID	Project #	Name	Project	Coder	Approver	Appn Status	Subsidia	Partner	MS	LM	MS	NHO	Home #	Site #	Prage	UBudget	Amount	Budget Spent	Idget	Remain	Currency	Idget	Type
1589093	40346	PTL-WATER SHUT OFF VALVE REPAIR	nriviera	nriviera	Approve	Closed	Sun	US								695.00		695.00	0.00	USD	Child		
1589208	40355	PTL-LIFT STATION #3 REPAIRS	nriviera	nriviera	Approve	Closed	Sun	US								807.50		807.50	0.00	USD	Child		
1655870	40921	PTL-BACKFLOW METER LEAK	nriviera		Approve	Closed	Sun	US								5,500.00		5,500.00	0.00	USD	Child		
1849562	42164	PTL-LOT 165 PLUMBING REPAIR	nriviera		Approve	Closed	Sun	US								785.88		785.88	0.00	USD	Child		
1849776	42170	PTL-New Panel for Lift station	nriviera		Approve	Closed	Sun	US								850.00		850.00	0.00	USD	Child		
1908342	42595	PTL-Valve replacement at WWTP	nriviera		Approve	Closed	Sun	US								5,069.56		5,069.56	0.00	USD	Child		
1922300	42702	PTL-Spray field Electrical pane	nriviera	ilanahan	Approve	Closed	Sun	US								14,559.50		14,559.50	0.00	USD	Child		
1958287	42886	PTL-Close up fencing behind WTP	nriviera		Approve	Closed	Sun	US								5,692.00		5,692.00	0.00	USD	Child		
3120494	47964	PTL-WWTP Scum baffle repair	nriviera	ilanahan	Approve	Closed	Sun	US								11,382.50		11,382.50	0.00	USD	Child		
3596993	50812	PTL-WWTP Blower replacement	nriviera		Approve	Closed	Sun	US								5,078.48		5,078.48	0.00	USD	Child		
3700513	51276	PTL-Water meter replacements	nriviera		Approve	Closed	Sun	US								5,035.00		3,350.00	1,685.00	USD	Child		



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

Invoice 11734
Invoice Date 7/17/2024
Completed Date 7/16/2024
Customer PO
Payment Term Net 30

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

Job Address
Sun Communities: The Landings at Lake Henry
23 O'Hara Drive
Haines City, FL 33844 USA

Description of work

Service call from Kelshan in reference to the scum baffle breaking on the north clarifier. Fabricated and installed a new scum baffle.

CAPEX Breakdown

Materials - \$1,200.

Labor - \$2,642.50

Sub-Total	\$3,842.50
Total Due	\$3,842.50
Payment	\$0.00

Balance Due \$3,842.50

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



FULL CONDITIONAL WAIVER

RCM Utilities, LLC has a contract with **Sun Communities** to install scum baffle for the improvement of the property described at: **Landings at Lake Henry – 23 O’Hara Dr, Haines City, FL 33844 USA** has been fully paid and satisfied. By signing this waiver, all out construction lien rights against the described property are waived and released.

This waiver is conditioned on actual payment of **\$3,842.50**

RCM Utilities, LLC further attests that all funds received on this project will be used to pay in full all sub(sub)contractors, suppliers and labor owed money on the above project and hold harmless the property owner from any liens that may arise from the failure to distribute project funds.

Dated: 07/17/2024 _____

A handwritten signature in cursive script that reads "Melissa Moss".

Melissa Moss – Controller – RCM Utilities, LLC. – 1451 Pine Grove Rd. Eustis, FL 32726 – 352-561-2990

SCUM BAFFLE REPAIR

Remit to:

AMERICAN PIPE & TANK, INC

418 CYPRESS ROAD
OCALA, FL 34472

(352) 687-4281

office@americanpipeandtankinc.com

Bill To:

THE LANDINGS AT LAKE HENRY
27777 FRANKLIN ROAD
SUITE 200 SLOT ame447
SOUTHFIELD, MI 48034



Invoice

Customer No.: THE LANDINGS

Invoice No.: 96546

Ship To:

THE LANDINGS AT LAKE HENRY
23 O'hara Drive
HAINES CITY, FL 33844

Date		Terms
07/17/2024		NET 30 DAYS
Purchase Order Number	Order Date	Our Order Number
	07/16/2024	106778
Description		Amount
PUMPED 28,400 G SLUDGE FROM PLANT, TRANSPORTED TO 412BPF FOR TREATMENT AND DISPOSAL		7100.00
FUEL SURCHARGE		440.00
Invoice subtotal		7540.00
Invoice total		7540.00

Past due accounts shall accrue 1 1/2% interest per month (18% annually) on any unpaid balance

Please, put Invoice # on Check for accurate credit of payment.

We appreciate your Business!



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

Estimate 19725279
Estimate Date 4/25/2024

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

Job Address
Sun Communities: The Landings at
Lake Henry
23 O'Hara Drive
Haines City, FL 33844 USA

Description of work

RCM Utilities to supply all labor, materials, and equipment for the following scope of work:

- Remove and replace all existing 3" knife valves and necessary piping on the RAS lines, for both clarifiers.
- Replace 1" air lines as needed.

CAPEX BREAKDOWN
Materials- \$3069.56
Labor- \$2000.00

Sub-Total	\$5,069.56
Tax	\$0.00
Total Due	\$5,069.56
Deposit/Downpayment	\$0.00

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

****ESTIMATE IS VALID FOR 30 DAYS****

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

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

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

1. This proposal is an offer to enter into a contract, with the mutual promises contained herein constituting valuable and sufficient consideration. The execution of this proposal by the owner listed above (the "Owner") shall constitute acceptance of the offer and formation of contract (the "Contract") between the Owner (the "Owner") and RCM Utilities, LLC. The terms set forth herein, including those after the acceptance signature below and/or on subsequent pages, shall govern the Contract.
2. **Warranty.** The Contractor warrants all supplied materials and workmanship to be free of defects for a period of one year after installation. The Contractor warrants that materials and equipment furnished under the Contract will be new and good quality.
3. **Payment.** The Contractor will invoice the Owner in accordance with the schedule set forth above or, if no terms are set forth above, monthly for work performed during each calendar month. The Owner agrees that there shall be no retainage except as set forth in the schedule above. Payment is due within 30 days of the date of invoice. Thereafter, monthly finance charges of 1.5% or the maximum allowed by law, whichever is less, will be assessed on unpaid amounts.
4. **Time.** The Contractor shall achieve substantial completion of the work within a commercially reasonable time. At the Owner's request, the Contractor shall submit for information a construction schedule for the work, and the Contractor shall revise the schedule at appropriate intervals as required by the conditions of the work. Schedule information set forth above are estimates. The Contractor shall not be responsible for delays caused by circumstances outside the control of the Contractor.

5. Permits and Approvals. The Contractor shall secure and pay for the building permits, fees, licenses and inspections by government agencies necessary for proper execution and completion of the work. This responsibility is limited to building permits and, for the avoidance of doubt, does not extend to land use approvals, environmental permits, consumptive use permits, or other governmental approvals outside of building permits.

6. Contract Documents. Except as otherwise provided herein, the Owner shall furnish, at its expense, all necessary surveys, plans, drawings, approvals, easements, assignments, and changes required for the construction and use of the improvements. The Owner warrants the information, plans and specifications provided to the Contractor. The Contractor shall be entitled to rely on the plans and drawings supplied by the Owner; the Contractor warrants only that the work will conform to the design documents and shall have no responsibility or obligation arising out of design defects. The Contractor's warranties contained in this Contract exclude remedy for damage or defect caused by abuse, alterations to the work not executed by the Contractor, improper or insufficient maintenance, improper operation, or normal wear and tear.

7. Termination. The Contractor may terminate this Contract if the Owner fails to make payment as set forth herein and the failure continues for 10 days after notice, if the Contractor is unable to perform due to the failure of the owner to provide access to the site, necessary approvals, or its efforts to complete the work are frustrated by the actions or omissions of the Owner. In the event the Contractor terminates the Contract, it may recover payment for work executed, included reasonable overhead and profit, costs incurred by reason of such termination, and damages. No refund of payments made by the Owner shall be due as a result of termination under this section.

8. Governing Law; Venue; Attorney Fees. This Contract shall be governed by the laws of the state of Florida. Venue for any dispute arising in connection with this Contract shall lie exclusively in the court of appropriate jurisdiction in the county where the work is to be performed. The parties hereby irrevocably waive the right to a jury trial in connection with any matter related to or arising out of this contract or the work performed hereunder and consent to a bench trial in any such action. The prevailing party in any litigation shall be entitled to recover its reasonable attorneys' fees from the other party.

9. Assignment; Subcontractors. This Agreement may not be assigned without consent; provided, however that nothing herein shall limit the right of the Contractor to use subcontractors and contract labor in completion of the work. Notwithstanding the foregoing, the Contract may be assigned by the Owner to a lender providing construction financing if the lender has assumed the Owner's rights and obligations under the Contract.

10. Hazards. The Owner represents that, except as disclosed in writing, there is no hazardous condition, material or substance at the site of the work. The Owner shall indemnify and hold harmless the Contractor, its subcontractors, agents and employees from and against claims, damages, losses, and expense arising out of or resulting from performance of the work in the affected area if in fact, a hazardous condition, material or substance presents the risk of bodily injury or death and has not been rendered harmless, except to the extent that such damage, loss or expense is due to the fault or negligence of the party seeking indemnity. If, without negligence on the part of the Contractor, the Contractor is held liable by a government agency for the cost of remediation of a hazardous material or substance by reason of performing the work described herein, the Owner shall indemnify the Contractor for all cost and expenses thereby incurred.

11. Insurance; Beneficiaries. The Contractor shall maintain appropriate commercial general liability insurance and statutory worker's compensation insurance and will provide certificates of insurance upon the request of the Owner. The Owner shall be responsible for purchasing and maintaining the Owner's usual liability insurance and property insurance until the work is complete. This Contract has no third-party beneficiaries.

12. Consequential Damages. The Owner waives claims against the Contractor for consequential damages arising out of or relating to this Contract. This waiver includes damages incurred by Owner for rental expenses, for losses of use, income, profit, financing, business and reputation, and for loss of management or employee productivity or of the services of such persons. This waiver is applicable to damages due to termination.

13. Entire Agreement; Modifications. This Contract, together with the information, plans, and specifications provided to the Contractor, constitute the entire agreement. Any previous agreements and understanding between the parties regarding the subject matter of this Contract, whether oral or in writing, are superseded by the Contract. Any amendments, modifications, or change orders must be in writing. Any change orders require the agreement of the Contractor and shall include appropriate modifications to the contract price to include the Contractor's cost of labor, material, equipment, and reasonable overhead and profit.

14. ANY CLAIMS FOR CONSTRUCTION DEFECTS ARE SUBJECT TO THE NOTICE AND CURE PROVISIONS OF CHAPTER 558, FLORIDA STATUTES. 15. ACCORDING TO FLORIDA'S CONSTRUCTION LIEN LAW (SECTIONS 713.001-713.37, FLORIDA STATUTES), THOSE WHO WORK ON YOUR PROPERTY OR PROVIDE MATERIALS AND SERVICES AND ARE NOT PAID IN FULL HAVE A RIGHT TO ENFORCE THEIR CLAIM FOR PAYMENT AGAINST YOUR PROPERTY. THIS CLAIM IS KNOWN AS A CONSTRUCTION LIEN. IF YOUR CONTRACTOR OR A SUBCONTRACTOR FAILS TO PAY SUBCONTRACTORS, SUB-SUBCONTRACTORS, OR MATERIAL SUPPLIERS, THOSE PEOPLE WHO ARE OWED MONEY MAY LOOK TO YOUR PROPERTY FOR PAYMENT, EVEN IF YOU HAVE ALREADY PAID YOUR CONTRACTOR IN FULL. IF YOU FAIL TO PAY YOUR CONTRACTOR, YOUR CONTRACTOR MAY ALSO HAVE A LIEN ON YOUR PROPERTY. THIS MEANS IF A LIEN IS FILED YOUR PROPERTY COULD BE SOLD AGAINST YOUR WILL TO PAY FOR LABOR, MATERIALS, OR OTHER SERVICES THAT YOUR CONTRACTOR OR A SUBCONTRACTOR MAY HAVE FAILED TO PAY. TO PROTECT YOURSELF, YOU SHOULD STIPULATE IN THIS CONTRACT THAT BEFORE ANY PAYMENT IS MADE, YOUR CONTRACTOR IS REQUIRED TO PROVIDE YOU WITH A WRITTEN RELEASE OF LIEN FROM ANY PERSON OR COMPANY THAT HAS PROVIDED TO YOU A "NOTICE TO OWNER." FLORIDA'S CONSTRUCTION LIEN LAW IS COMPLEX, AND IT IS RECOMMENDED THAT YOU CONSULT AN ATTORNEY.

Approved By: _____

Date: _____

4/29/2024



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

Invoice 11734
Invoice Date 7/17/2024
Completed Date 7/16/2024
Customer PO
Payment Term Net 30

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

Job Address
Sun Communities: The Landings at Lake Henry
23 O'Hara Drive
Haines City, FL 33844 USA

Description of work

Service call from Keishan in reference to the scum baffle breaking on the north clarifier. Fabricated and installed a new scum baffle.

CAPEX Breakdown

Materials - \$1,200.

Labor - \$2,642.50

Sub-Total	\$3,842.50
Total Due	\$3,842.50
Payment	\$0.00

Balance Due \$3,842.50

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



FULL CONDITIONAL WAIVER

RCM Utilities, LLC has a contract with **Sun Communities** to install scum baffle for the improvement of the property described at: **Landings at Lake Henry – 23 O'Hara Dr, Haines City, FL 33844 USA** has been fully paid and satisfied. By signing this waiver, all out construction lien rights against the described property are waived and released.

This waiver is conditioned on actual payment of **\$3,842.50**

RCM Utilities, LLC further attests that all funds received on this project will be used to pay in full all sub(sub)contractors, suppliers and labor owed money on the above project and hold harmless the property owner from any liens that may arise from the failure to distribute project funds.

Dated: 07/17/2024 _____

A handwritten signature in cursive script that reads "Melissa Moss".

Melissa Moss – Controller – RCM Utilities, LLC. – 1451 Pine Grove Rd. Eustis, FL 32726 – 352-561-2990

RCM UTILITIES, LLC
1451 Pine Grove Rd
Eustis, FL 32726
billing@rcmutilities.com



INVOICE

BILL TO

The Landings at Lake Henry
23 O' Hara Dr.
Haines City, FL 33844

INVOICE # 9812

DATE 12/21/2023

DUE DATE 01/20/2024

TERMS Net 30

JOB NAME

Lift Station #3

DATE	ACTIVITY	DESCRIPTION	QTY	RATE	AMOUNT
12/13/2023	Service Work	**WAIVER IS ATTACHED** Service call from David in reference to the wires on the capacitors being burnt up. Installed new capacitors and wiring, verified that Pump #2 is fully operational. Pump #1 is no good. CAPEX Breakdown: Labor: \$307.50 Materials: \$500.00	1	807.50	807.50

SUBTOTAL	807.50
TAX	0.00
TOTAL	807.50
BALANCE DUE	\$807.50



FULL CONDITIONAL WAIVER

RCM Utilities, LLC has a contract with **Landings at Lake Henry** to provide service/repairs, for the improvement of the property described as **lift station #3 repair**, has been fully paid and satisfied. By signing this waiver, all out construction lien rights against the described property are waived and released.

This waiver is conditioned on actual payment of **\$807.50**

RCM Utilities, LLC further attests that all funds received on this project will be used to pay in full all sub(sub)contractors, suppliers and labor owed money on the above project and hold harmless the property owner from any liens that may arise from the failure to distribute project funds.

Dated: 12/21/2023

/s/ Melissa Moss

Melissa Moss – Controller
RCM Utilities, LLC
1451 Pine Grove Rd
Eustis, FL 32726



4525 Saguaro Trail
Indianapolis, IN 46268
sales@speedreadtech.com
www.speedreadtech.com
317-824-4544

Speedread Technologies

Estimate

For: Sun Communities - The Landings at Lake Henry
NRivera@suncommunities.com
The Landings at Lake Henry
23 O'Hara Dr.
Haines City, FL 33844
407-843-6827

Date: 241242
10/15/2024

Ship To: The Landings at Lake Henry
23 O'Hara Dr.
Haines City, FL 33844

Tracking No
Ship Via
FOB

Property Name: Alerts Troubleshooting for Landings at Lake Henry

Code	Description	Quantity	Rate	Amount
STx-1PIT AP/EN 10yr	Outdoor/Pit rated Active pulse or Encoded Transmitter w/ 10yr rated battery *warranty item	30	\$119.00	\$0.00 Discount \$3,570.00
Connectors	Connection kit for wiring transmitter to meter. *warranty item	35	\$4.00	\$0.00 Discount \$140.00
Measuring Chamber	Measuring Chamber for Sensus 5/8x3/4 AS Meter or SRII Meter	25	\$44.00	\$1,100.00
5/8" Locking Tabs	5/8" Sensus Locking Tabs	50	\$1.50	\$75.00
5/8"X3/4" Sensus AS	5/8"X3/4" AccuStream ECR/WP water meter with Polymer Body *warranty item	2	\$150.00	\$0.00 Discount \$300.00
3/4" Coupling	3/4" Threaded Polymer Meter Coupling (each) *warranty item	4	\$5.25	\$0.00 Discount \$21.00
Labor	Hourly labor rate	16	\$85.00	\$1,360.00*
Travel	Travel Costs	1	\$2,500.00	\$2,500.00*

*Indicates non-taxable item

Speedread Technologies - Estimate 241242 - 10/15/2024

Subtotal	\$5,035.00
Includes TAX 7%	\$76.87
Shipping	\$0.00
Total	\$5,035.00

Total	\$5,035.00
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Comments

Shipping to be determined.

Speedread Technologies is not responsible, in any manner whatsoever, for any additional fees such as but not limited to, permits, weights and measures or any other fees that may be incurred as a result of the work to be performed pursuant to this Estimate.

By signing this document, the customer agrees to the services and conditions outlined in this estimate. If for any reason this estimate does not completely cover issues that were not apparent at the time of this estimate, additional charges may be required. No additional work will be performed without an authorized property representative being informed and consent being confirmed via Speedread's work order change process. A monthly fee may be assessed for data hosting and/or portal software access.

A payment of 45% of this estimate is due from the quoted property or owner upon approval of this estimate. Subsequent to the 45% payment above, cancellation of this Estimate prior to our shipping materials is subject to a restocking fee of 25% of the Estimate. Final payment is upon receipt and after the completion of the total installation of meters and technology. The final invoice balance must be paid before recurring access to the data hosting and/or portal software will be provided.

All valves must be in working condition, any valve that is found to not be operable will require replacement before meter installation can be performed. Speedread is not liable for any leaks at the valve as a result of operating them as a course of work.

All riser fittings and existing feed line piping are assumed to be in good condition and any that are not, may be required to be replaced before a new meter can be installed. Replacement is not part of the scope of the contract and will be handled as either a change order or work to be performed by others.

Speedread expressly does not guarantee any level of freeze protection or heat tapes and shall not be held liable for any "freeze-ups" nor any resulting damage to meter, plumbing, or property.

All meters that are replaced as part of our work, shall become the property of SRT, to be disposed of in a manner within the sole discretion of SRT.

*Applicable taxes will be added at time of invoicing for most states. Any taxes not collected by Speedread will be the responsibility of the purchaser.

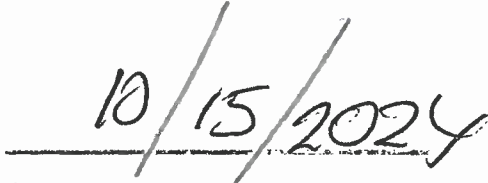
If customer elects to pay via credit card or any other payment method for which fees are charged, Speedread may in its sole discretion add the amount of such fees to the purchase price, at the time of payment.

Warranty on equipment and/or materials is exclusively limited to whatever manufacturer's warranty may apply.

This Estimate is valid for 60 days from date on estimate.



Speedread Technologies



Client's signature



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

Estimate 19752923
Estimate Date 4/29/2024

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

Job Address
Sun Communities: The Landings at
Lake Henry
23 O'Hara Drive
Haines City, FL 33844 USA

Description of work

RCM Utilities to supply all labor, materials, and equipment for the following scope of work:

- Remove the existing spray field pump control panel and install (1) new FDEP fiberglass control panel.
- Extra, unused conduits will be cut and capped below grade.
- Verify normal and automatic operation of new control panel and pumps.
- Current lead time on new control panel is 1-2 weeks, ARO.

CAPEX BREAKDOWN
Materials- \$11,609.50
Labor- \$2,950.00

Sub-Total	\$14,559.50
Tax	\$0.00
Total Due	\$14,559.50
Deposit/Downpayment	\$0.00

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

****ESTIMATE IS VALID FOR 30 DAYS****

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

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

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

1. This proposal is an offer to enter into a contract, with the mutual promises contained herein constituting valuable and sufficient consideration. The execution of this proposal by the owner listed above (the "Owner") shall constitute acceptance of the offer and formation of contract (the "Contract") between the Owner (the "Owner") and RCM Utilities, LLC. The terms set forth herein, including those after the acceptance signature below and/or on subsequent pages, shall govern the Contract.
2. Warranty. The Contractor warrants all supplied materials and workmanship to be free of defects for a period of one year after installation. The Contractor warrants that materials and equipment furnished under the Contract will be new and good quality.
3. Payment. The Contractor will invoice the Owner in accordance with the schedule set forth above or, if no terms are set forth above, monthly for work performed during each calendar month. The Owner agrees that there shall be no retainage except as set forth in the schedule above. Payment is due within 30 days of the date of invoice. Thereafter, monthly finance charges of 1.5% or the maximum

allowed by law, whichever is less, will be assessed on unpaid amounts.

4. Time. The Contractor shall achieve substantial completion of the work within a commercially reasonable time. At the Owner's request, the Contractor shall submit for information a construction schedule for the work, and the Contractor shall revise the schedule at appropriate intervals as required by the conditions of the work. Schedule information set forth above are estimates. The Contractor shall not be responsible for delays caused by circumstances outside the control of the Contractor.

5. Permits and Approvals. The Contractor shall secure and pay for the building permits, fees, licenses and inspections by government agencies necessary for proper execution and completion of the work. This responsibility is limited to building permits and, for the avoidance of doubt, does not extend to land use approvals, environmental permits, consumptive use permits, or other governmental approvals outside of building permits.

6. Contract Documents. Except as otherwise provided herein, the Owner shall furnish, at its expense, all necessary surveys, plans, drawings, approvals, easements, assignments, and changes required for the construction and use of the improvements. The Owner warrants the information, plans and specifications provided to the Contractor. The Contractor shall be entitled to rely on the plans and drawings supplied by the Owner; the Contractor warrants only that the work will conform to the design documents and shall have no responsibility or obligation arising out of design defects. The Contractor's warranties contained in this Contract exclude remedy for damage or defect caused by abuse, alterations to the work not executed by the Contractor, improper or insufficient maintenance, improper operation, or normal wear and tear.

7. Termination. The Contractor may terminate this Contract if the Owner fails to make payment as set forth herein and the failure continues for 10 days after notice, if the Contractor is unable to perform due to the failure of the owner to provide access to the site, necessary approvals, or its efforts to complete the work are frustrated by the actions or omissions of the Owner. In the event the Contractor terminates the Contract, it may recover payment for work executed, included reasonable overhead and profit, costs incurred by reason of such termination, and damages. No refund of payments made by the Owner shall be due as a result of termination under this section.

8. Governing Law; Venue; Attorney Fees. This Contract shall be governed by the laws of the state of Florida. Venue for any dispute arising in connection with this Contract shall lie exclusively in the court of appropriate jurisdiction in the county where the work is to be performed. The parties hereby irrevocably waive the right to a jury trial in connection with any matter related to or arising out of this contract or the work performed hereunder and consent to a bench trial in any such action. The prevailing party in any litigation shall be entitled to recover its reasonable attorneys' fees from the other party.

9. Assignment; Subcontractors. This Agreement may not be assigned without consent; provided, however that nothing herein shall limit the right of the Contractor to use subcontractors and contract labor in completion of the work. Notwithstanding the foregoing, the Contract may be assigned by the Owner to a lender providing construction financing if the lender has assumed the Owner's rights and obligations under the Contract.

10. Hazards. The Owner represents that, except as disclosed in writing, there is no hazardous condition, material or substance at the site of the work. The Owner shall indemnify and hold harmless the Contractor, its subcontractors, agents and employees from and against claims, damages, losses, and expense arising out of or resulting from performance of the work in the affected area if in fact, a hazardous condition, material or substance presents the risk of bodily injury or death and has not been rendered harmless, except to the extent that such damage, loss or expense is due to the fault or negligence of the party seeking indemnity. If, without negligence on the part of the Contractor, the Contractor is held liable by a government agency for the cost of remediation of a hazardous material or substance by reason of performing the work described herein, the Owner shall indemnify the Contractor for all cost and expenses thereby incurred.

11. Insurance; Beneficiaries. The Contractor shall maintain appropriate commercial general liability insurance and statutory worker's compensation insurance and will provide certificates of insurance upon the request of the Owner. The Owner shall be responsible for purchasing and maintaining the Owner's usual liability insurance and property insurance until the work is complete. This Contract has no third-party beneficiaries.

12. Consequential Damages. The Owner waives claims against the Contractor for consequential damages arising out of or relating to this Contract. This waiver includes damages incurred by Owner for rental expenses, for losses of use, income, profit, financing, business and reputation, and for loss of management or employee productivity or of the services of such persons. This waiver is applicable to damages due to termination.

13. Entire Agreement; Modifications. This Contract, together with the information, plans, and specifications provided to the Contractor, constitute the entire agreement. Any previous agreements and understanding between the parties regarding the subject matter of this Contract, whether oral or in writing, are superseded by the Contract. Any amendments, modifications, or change orders must be in writing. Any change orders require the agreement of the Contractor and shall include appropriate modifications to the contract price to include the Contractor's cost of labor, material, equipment, and reasonable overhead and profit.

14. ANY CLAIMS FOR CONSTRUCTION DEFECTS ARE SUBJECT TO THE NOTICE AND CURE PROVISIONS OF CHAPTER 558, FLORIDA STATUTES. 15. ACCORDING TO FLORIDA'S CONSTRUCTION LIEN LAW (SECTIONS 713.001-713.37, FLORIDA STATUTES), THOSE WHO WORK ON YOUR PROPERTY OR PROVIDE MATERIALS AND SERVICES AND ARE NOT PAID IN FULL HAVE A RIGHT TO ENFORCE THEIR CLAIM FOR PAYMENT AGAINST YOUR PROPERTY. THIS CLAIM IS KNOWN AS A CONSTRUCTION LIEN. IF YOUR CONTRACTOR OR A SUBCONTRACTOR FAILS TO PAY SUBCONTRACTORS, SUB-SUBCONTRACTORS, OR MATERIAL SUPPLIERS, THOSE PEOPLE WHO ARE OWED MONEY MAY LOOK TO YOUR PROPERTY FOR PAYMENT, EVEN IF YOU HAVE ALREADY PAID YOUR CONTRACTOR IN FULL. IF YOU FAIL TO PAY YOUR CONTRACTOR, YOUR CONTRACTOR MAY ALSO HAVE A LIEN ON YOUR PROPERTY. THIS MEANS IF A LIEN IS FILED YOUR PROPERTY COULD BE SOLD AGAINST YOUR WILL TO PAY FOR LABOR, MATERIALS, OR OTHER SERVICES THAT YOUR CONTRACTOR OR A SUBCONTRACTOR MAY HAVE FAILED TO PAY. TO PROTECT YOURSELF, YOU SHOULD STIPULATE IN THIS CONTRACT THAT BEFORE ANY PAYMENT IS MADE, YOUR CONTRACTOR IS REQUIRED TO PROVIDE YOU WITH A WRITTEN RELEASE OF LIEN FROM ANY PERSON OR COMPANY THAT HAS PROVIDED TO YOU A "NOTICE TO OWNER." FLORIDA'S CONSTRUCTION LIEN LAW IS COMPLEX, AND IT IS RECOMMENDED THAT YOU CONSULT AN ATTORNEY

Approved By: _____ Date: _____

GENERAL UTILITIES CORPORATION
715 W. Main Street
P.O. Box 491221
LEESBURG, FL 34749-1221

Tele: 352-787-2493

FAX 352-326-8756

Cell: 352-267-1358

Date: 2 October 2024

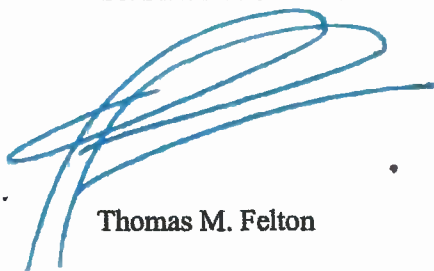
Proposal
For
**Landings at Lake Henry
Wastewater Plant**

Equipment: Roots URAI 33

General Utilities will provide at the existing wastewater treatment system one new Roots URAI 33 rotary blower at a cost of \$4,746.24 plus \$332.24 sales tax totaling \$5,078.48 installed.

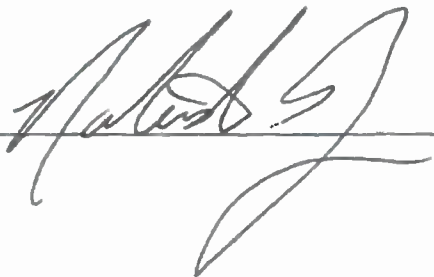
All material and workmanship is guaranteed for one year or as stated. All work to be completed in a professional manner according to standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an additional charge over and above estimate. Our workers are fully covered by Worker's Compensation Insurance.

Terms: Proposal valid for thirty (30) days from date of proposal. Payment due 15 days from invoice or as stated above



Thomas M. Felton

Proposal accepted by



Date

Centflo Plumbing

1236 US HWY 17 92
Haines City, FL 33844 US
(863) 419-8000
admin@centflo.com
www.centflo.com



INVOICE

BILL TO
The Landings
23 O'Hara Dr
Haines City, FL 33844

INVOICE **QO13071**
DATE **02/26/2024**
TERMS **Net 30**
DUE DATE **03/27/2024**

DATE	ACTIVITY	DESCRIPTION	QTY	AMOUNT
02/26/2024	Service location	Lot 165, affecting 6-7 different homes	1	0.00
	Plumbing Work	The client requested service for several homes in the community with low water pressure. Upon arrival and after digging for access we exposed the water line and found a main shut off valve (gate valve) was broken not allowing the full water pressure to flow through the line. We then cut and removed the old valve and installed a new ball valve with new pipe and fittings rectifying the water pressure for 6 homes.	1	785.88
BALANCE DUE				\$785.88

Heart of Florida Electric, Inc.

P.O. Box 126
Auburndale, FL 33823-0126

Phone # 863-551-3191

Fax # 863-551-3205

Date	Invoice #
3/12/2024	14493

Bill To

The Landings at Lake Henry
23 O'Hara Dr
Haines City FL 33844

P.O. No.**Terms****Project**

UPON RECEIPT

Quantity	Description	Rate	Amount
	Install new panel for lift station		
	Contract price	850.00	850.00
	Sales Tax	7.00%	0.00
If you are paying with a credit card, add 4.0% to the total.			
E-mail		Total	\$850.00
kara@heartoffloridaelectric.com			

CREATIVE

MultiCare, LLC

407-677-1911

Fax: 407-641-8466



PLUMBING
SERVICES
CFC1426165

A Division of Creative MultiCare, LLC

PO Box 1147 Jonesboro, Ga. 30237

Date: 1/10/24

INVOICE FP 166284

ARRIVAL TIME: _____ COMPLETION TIME: _____

PO #: _____

TECH(S): Mike B

PHONE: _____

OCC or VAC

DIVISION: CAP JET

A Creative Commitment



QTY	MATERIAL	PRICE	AMOUNT
2	3/4 IPS x 1/2 SBCA		
4	3/4 Box 90		
12	3/4 Box 1/2 S		
1	3/4 Box ball valve		
	3/4 Box PRC		
	Consumables		

LABOR	HOURS	RATE	AMOUNT
Mike B			

COMMENTS / RECOMMENDATIONS:

APPROVE _____ DECLINE _____ DATE _____

CUSTOMER INFORMATION

Customer Name: Lookays on Look Hwy

Job Address: 23 Ocala Dr

City, State: Gainesville FL Unit: 165 Turner Lane

Job Location: Home Unit off

DESCRIPTION OF WORK / QUOTE

- Removed and replaced a damaged 3/4" main water line.
- Dug along, removed water box to expose main water.
- Water was broken out service meter, unable to find water off and made repairs for with water on.
- back filled, re-installed water box.
- Everything just good as this time.

Estimate: Yes / No

By signing below, I agree to the terms and conditions of the above-named Customer, that Customer ordered the above-described work from Creative MultiCare, LLC dba 24/7 Construction Plumbing Services, Inc. ("Creative") satisfactorily completed the work. The Customer shall pay the total amount due on this invoice, that Net 45 terms apply and that any amount remaining due past 45 days will accrue monthly interest of 1.5%, that Customer shall pay reasonable attorney's fees. Creative is required to take action to collect any amounts due, and that Creative is not responsible for any loss or damage to property or health of technician(s) leaving the job location.

Signature

Print Name

Please remit payment to:

Creative MultiCare, LLC PO Box 1147, Jonesboro, Ga. 30237

Total Material

Total Labor

Tax

Total Due →
Please Pay This Amount

Thank You!

695.00

CREATIVE

MultiCare, LLC



PLUMBING
SERVICES
CFC1426165

407-677-1911
Fax: 407-641-8466

A Division of Creative MultiCare, LLC

PO Box 1147 Jonesboro, Ga. 30237

QTY	MATERIAL	PRICE	AMOUNT
1	2" SCS WLP		
1	2" BRASS ADP		
	2" SCS Coupling		
	2" SCS 90		
	2" SCS RSC		
	Backhoe		
	Pump		
	Comments		
LABOR	HOURS	RATE	AMOUNT
Mike			
Charles			
James			

COMMENTS / RECOMMENDATIONS

APPROVE _____ DECLINE _____ DATE _____

Date: 1/10/24

INVOICE FP 166782

ARRIVAL TIME: _____ COMPLETION TIME: _____

PO #:

TECH(S): Charles B, James W, Mike B

PHONE: _____

OCC or VAC

DIVISION: CAP JET

A Creative Commitment



CUSTOMER INFORMATION

Customer Name: Landings at Lake Henry

Job Address: 23 Chora Dr

City, State: Haines City, FL Unit:

Job Location: Main Entrance / Backflow / Meter

DESCRIPTION OF WORK / QUOTE

* Reported to a call for a leak under gravel by the main entrance.
* After digging suspected area, we located a leak spraying out of a 2 in male rubber attached to 2" meter.
* Once exposed we cut out the damaged section of pipe and fittings and made the necessary repairs.
* Backfilled and cleaned up work area.
* Liability is not responsible for landscape.

Is Estimate: Yes / No

By signing below, I acknowledge and agree that I am an authorized agent of the above-named Customer, that Customer ordered the above-described Work ("the Work"), that Creative MultiCare, LLC ("Creative") is a 24/7 Construction Plumbing Services, Inc. ("Creative") subcontractor to the Work, that Customer shall pay the total amount due of this invoice, that N/A terms apply and that any amount remaining after 45 days will accrue monthly interest of 3.5%, that Customer shall pay reasonable attorney's fees. Creative requires to take any action to collect any amounts due, and that Creative is not responsible for any damages incurred if Creative's technician(s) leaves the Job Location.

Signature

Print Name

Please remit payment to:

Creative MultiCare, LLC PO Box 1147, Jonesboro, Ga. 30237

Total Material

Total Labor

Tax

Total Due
Please Pay This Amount

5,500

Thank You!

Sun Services of Florida, LLC

326 Belfry Drive Davenport, FL 33897

SunServFL@aol.com 863-438-4152 office

PROPOSAL

05-02-24

Location: Landings at Lake Henry Community / LLH

Description:

Supply and install 80 LF +/- of 6-foot HGT white vinyl privacy fencing, posts to have standard pyramid caps. All posts are 9-foot HGT 20-year pressure treated 4 x 4 and will be set in concrete and sleeved in vinyl. Location Maintenance / Storage yard at rear to enclose perimeter of water container system.

Total Materials and Labor \$5,692.00

All workmanship to guaranteed for one year