

FLORIDA UTILITY SERVICES 1, LLC

3336 GRAND BOULEVARD • SUITE 102 • HOLIDAY, FLORIDA 34690

352-302-7406 • MIKE@FUS1LLC.COM

FILED 10/25/2018
DOCUMENT NO. 06785-2018
FPSC - COMMISSION CLERK

10/24/2018

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

Re: Application for transfer for Alturas Water, LLC in Polk County.
Docket # 20180175

Dear Commission Clerk:

Following is the company response to the deficiency letter dated 10/16/18.

1. **Filing fee**- Filing fee check is enclosed.
2. **Ownership**- Michael Smallridge is 100% owner of the LLC
3. **Purchase Price**- See enclosed spreadsheet.
4. **Condition of system**.- see enclosed spreadsheet and documents.
5. **Permits**- see enclosed permits and email from Polk County Health Department.
6. **DEP Reports**- the Polk county health department regulates drinking water systems on behalf of DEP in Polk County. Enclosed are the requested documents.
7. **Tariff Sheets**- Beside the standard change of Name and address, once approved by the Commission, there are no requested changes to the tariff sheets. I have enclosed a copy of the customer's bill.
8. **Economies of scale**- See enclosed.
9. **Notice of Application**- See enclosed notice for staff approval. Please notify me as soon as the notice is approved so I can get them mailed out. Affidavits of noticing will be sent to the clerk's office.

On behalf of the utility,



Michael Smallridge

Check returned with insufficient funds to Fiscal for deposit. Fiscal to forward deposit information to Records.

Initials of person who forwarded check:



RECEIVED-FPSC

2018 OCT 25 AM 10:51

COMMISSION
CLERK

Allocation of Alturas & Sunrise purchase price.

System	Request NBV	Ratio	Purchase Price
Alturas	\$22,095	48.56%	\$43,657
Sunrise	\$23,404	51.44%	\$46,243
	\$45,499	100.00%	\$89,900

#3
Purchase
price.

Schedule of Estimated and Actual Costs
for Tank Refurbishment

Alturas Water, LLC

Polk County
WU871

1. Tank Thickness Inspection	Actual*	\$400
2. Sandblasting	Actual*	\$5,000
3. Temporary Tank Rental	Estimated	\$5,694
4. Boil Water, Recission, Testing	Estimated	\$408
5. Final Tank Inspection	Estimated	<u>\$1,600</u>
		\$13,102

*Actual cost, invoice attached

#4
condition



Estimate #18-422078

October 12, 2018

Alturas Water, LLC
3336 Grand Blvd, Suite 102
Holiday, FL 34690

Attention: Mike Smallridge
Reference: Alturas Water Tank

We are pleased to submit our quotation for preparation and painting of the interior shell of the water tank on packing house per your request and my site visit. Price includes equipment, materials, labor and supervision to complete this project.

Scope of Work

- Blast interior of tank to a SSPC-SP5 white metal blast to remove all rust and contaminate.
- Apply one full prime coat of Sherwin Williams Macropoxy 646 PW @ 3 – 5 mils DFT, blue in color.
- Apply one full finish coat of Sherwin Williams Macropoxy 646 PW @ 3 – 5 mils DFT, white in color.

Note:

Tank must remain empty for (7) days after completion of painting to let coating fully cure.

Price \$5,000.00

Thank you for the opportunity to quote you on this project. If you have any questions please contact us.

Sincerely,
Ricky Collins
ricky@ccpaintersfl.com
ccpainters7@verizon.net

P.O. Box 169
Mulberry, FL 33860
Phone: 863-425-3101
Fax: 863-425-8298

Consta Flow, Inc.
 5574 Commercial Blvd.
 Winter Haven, FL
 33880

Quote

Date	Quote #
10/23/2018	1963

Name / Address
Alturas Water LLC 3336 Grand Blvd Holiday, FL 34690

Description	Qty	Cost	Total
Scope of job: 1-Disconnect 3" 90 on north end of tank connect temporary piping to tank. 2-Disconnect 4" on south end of tank connecting piping to temporary tank. 3-Sample system. QUOTE VALID FOR 45 DAYS	1	3,218.83	3,218.83
Total			\$3,218.83

Phone #	Fax #
(863) 965-2599	(863) 965-1733

Signature _____

Consta Flow, Inc.
 5574 Commercial Blvd.
 Winter Haven, FL
 33880

Quote

Date	Quote #
10/23/2018	1962

Name / Address
Alturas Water LLC 3336 Grand Blvd Holiday, FL 34690

Description	Qty	Cost	Total
Scope of job: Disconnect temporary tank, reconnect existing tank, flush and sample system. QUOTE VALID FOR 45 DAYS	1	2,474.89	2,474.89
Total			\$2,474.89

Phone #	Fax #
(863) 965-2599	(863) 965-1733

Signature _____

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts .



Rick Scott

Governor

Celeste Philip, MD, MPH
State Surgeon General & Secretary

Vision: To be the Healthiest State in the Nation

WARNING NOTICE

August 6, 2018

FedEx Tracking: 772903149793

Mike Smallridge
Alturas Water, LLC
3336 Grand Blvd., Suite 102
Holiday, FL 34690

Re: Alturas Public Water System (PWS)
PWS ID No. 6530057

Re: Overdue PWS Registration Fees
Rule 62-555, FAC Violations

Dear Mr. Smallridge:

Since your purchase of Alturas Utilities on June 15, 2018, the Department has been in contact with you with regards to violations of the Florida Administrative Code related to both routine maintenance and operation of the Utility, as well as the Department's paramount concern over the 3,000-gallon holding and treatment tank currently serving Alturas public water system (PWS).

A hydropneumatic water tank engineering inspection was last conducted on this Tank on December 1, 2011. Prior to your purchase of the PWS, the Department was in the middle of enforcement litigation to remove ownership and control of the PWS from its previous owner. When the Department was advised of your offer to purchase the PWS, the Department had no objection to the change in ownership, and withdrew its Petition for Enforcement, with the expectation that you would promptly undertake necessary and appropriate corrective actions.

Since that time, the Department provided all necessary inspection reports and sanitary surveys, outlining all deficiencies, violations and necessary corrections to Consta Flow, your new and current water system operator. Enclosed is the most current sanitary survey, conducted on July 30, 2018.

Florida Department of Health in Polk County

Environmental Health Division
2090 East Clower Street, Bartow, FL 33830-6741
PHONE: (863) 519-8330 • FAX (863) 534-7245

www.FloridasHealth.com

TWITTER:HealthyFLA
FACEBOOK:FLDepartmentofHealth
YOUTUBE: fldch

Mike Smallridge
Alturas Water, LLC
August 6, 2018
Page 2

Consta Flow has resolved most of the deficiencies. However, as of now, the Department has yet to receive a professional engineering (PE) inspection report of the Tank. Inasmuch as the last inspection of the Tank was over 5 years ago, the Tank is now almost 2 years past due for its 5-year PE inspection as required by Rule 62-555, Florida Administrative Code (FAC). Rule 62-555 requires holding and treatment tanks to be inspected by a professional engineer once every 5 years.

Furthermore, the 2011 Tank Inspection Report indicated that, at the time the Report was issued, the Tank had already deteriorated significantly and was overdue for maintenance (interior blast cleaning and recoating). Necessary repairs for the Tank were noted under recommendations of Riddle-Newman Engineering, which concluded that the tank would have to be cleaned and recoated "prior to the next inspection [due date]," or before December 2016.

The Department understands that a new PE tank inspection may result in the recommendation or requirement that you replace the Tank altogether. However, inasmuch as the Tank to this day has yet to be cleaned and coated, the Department considers the need for a Tank inspection to be urgent, and must be conducted as soon as possible.

The Department also has received an email correspondence from you, indicating your intent to have the tank cleaned, coated and inspected by September 30, 2018, with the PE inspection report to be submitted shortly after that. The Department has no problem with the tank being cleaned and coated at the same time it is inspected; and, while the September 30th PE maintenance and inspection date is much further down the road than the Department would like to see or believes is necessary, the Department will accept that for the time being. However, you must take all actions and steps necessary to assure that the maintenance is completed by this September 30 deadline. Please be advised the Department will not agree to any further deadline extensions beyond that date.

Finally, you were provided an invoice for \$600 for PWS annual registration fees which were due on July 1, 2018, and have yet to be paid. A copy of that invoice is attached for your remittance upon receipt of this letter.

Violations of Florida Statutes or administrative rules may result in liability for damages and restitution, and the imposition of civil penalties, pursuant to section 403.121, Florida Statutes.

Please be advised that this Warning Letter may be preliminary to agency action in accordance with section 120.57(5), Florida Statutes.

Mike Smallridge
Alturas Water, LLC
August 6, 2018
Page 3

You may contact me at (863) 578-2034 if you have any questions. We look forward to your cooperation in resolving this matter.

Sincerely,



Ronald Stadelbacher
Environmental Supervisor III
Drinking Water Division

cc: Mike Smallridge, mike@fus1llc.com
Nicki Spirtos, Esq, nicki.spirtos@gmail.com
Florida Rural Water Association

Enclosures:

2011 Tank Inspection Report
July 30, 2018 Sanitary Survey
2018-2019 Annual Invoice

Mike Smallridge

From: Darrin Laughlin [Darrin.Laughlin@amspecgroup.com]
Sent: Tuesday, October 09, 2018 2:17 PM
To: mike@fus1llc.com
Subject: Packing House Road

Mike,

As requested, AmSpec performed ultrasonic thickness testing on the hydropneumatic tank located on Packing House Road.

Thirty-three spot thickness readings ranged from 0.247" to 0.265" on the shell and eighteen spot thickness readings ranged from 0.300" to 0.314" on the heads. This indicates good ¼" steel on the shell and 5/16" steel on the heads.

Based on these spot readings, the tank appears to be suitable for continued service at or near the pressure allowed by the manufacturer (100 psi).

As discussed, these are only spot readings and isolated areas of deep corrosion may be present on the tank interior. A full internal inspection is recommended prior to performing any interior coating work.

Best Regards,



Darrin A. Laughlin

Tank Services Division
US Tank Inspection Manager

AmSpec LLC
1249 S. River Road, Ste 204
Cranbury, NJ 08512 - USA

Tel: +1.908.925.7333
Fax: +1.908.925.5707
Mobile: +1.813.644.1272

 Tankservices@amspecgroup.com
 darrin.laughlin@amspecgroup.com

PLEASE VISIT OUR WEBSITE AT: [HTTP://www.amspecgroup.com](http://www.amspecgroup.com)

If you are not satisfied with our services, please contact us immediately at: compliance@amspecgroup.com
[Click Here for AmSpec News](#)

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Mike Smallridge

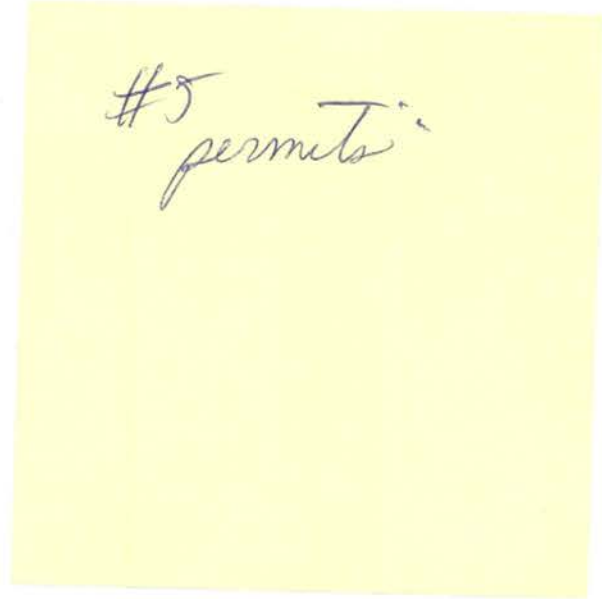
From: Joseph, Lisa A [Lisa.Joseph@flhealth.gov]
Sent: Monday, October 22, 2018 4:36 PM
To: MIKE@FUS1LLC.COM
Subject: permits
Attachments: Alturas Water Permit.pdf; Sunrise Permit.pdf

Mr. Smallridge,
Attached are copies of your permits you requested.

Thank you,

Lisa Joseph

Environmental Scientist I
Florida Department of Health-Polk
Phone: 863-519-8330 ext. 2040
Phone: 863-578-2040
Fax: 863-534-0245
Lisa.Joseph@FLHEALTH.GOV



Please Note: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your email communication may therefore be subject to public disclosure.



RECEIPT – PWS ANNUAL FEE

THIS DOCUMENT DOES NOT CERTIFY THAT THIS PWS IS IN COMPLIANCE
WITH REGULATORY REQUIREMENTS

PWS Number: 6530057
Permit Year: 2018-2019

Location: ALTURAS WATER, LLC
PACKING HOUSE ROAD
ALTURAS, FL 33820

Fee Amount: \$600.00
Receipt #:: 09078
Date Paid: 8/13/2018
Issue Date: 07/01/2018
Expires: 6/30/2019

Issued To: ALTURAS WATER-MICHAEL SMALLRIDGE
3336 GRAND BLVD STE #102
HOLIDAY, FL 34690

Ronald L. Stadelbacher
Florida Department of Health in Polk County
2090 East Clower Street, Bartow, Florida 33830

DEPARTMENT COPY

PWS NO.	INVOICE NO.	INVOICE DATE	REMIT AMOUNT
6530057	2018-2019-6530057	6/20/2018	\$ 600.00

Office use ONLY

Object Code - State:

001020 - 500

Object Code -County

001094 - 100

Org Code: 64365338358

Expansion Option: WC

PWS #: 6530057

PLEASE RETURN THIS STUB WITH PAYMENT TO:

Florida Department of Health in Polk County

Attn: DRINKING WATER DEPARTMENT

2090 East Clower Street

Bartow, FL 33830



Vision: To be the Healthiest State in the Nation

Environmental Engineering
2090 East Clower Street, Bartow, FL 33830
Phone (863) 519-8330

SANITARY SURVEY REPORT

DATA INPUT

Date: 07/30/2018
Initials: H-T

COMPLIANCE RESULTS

I C
 M F
 O

System/Plant Name	<u>Alturas Water ,LLC</u>	County	<u>Polk</u>	PWS ID	<u>6530057</u>
Plant Location	<u>Packing House Road, Alturas, Florida 33820</u>			Phone	<u>n/a</u>
Owner Name	<u>Michael Smallridge</u>			Phone	<u>(352)302-7406</u>
Owner Address	<u>3336 Grand Blvd Suite #102, Holiday, FL, 34690</u>			Cell	<u>(352)302-7406</u>
Owner Email	<u>mike@fus1llc.com</u>			Fax	<u>n/a</u>
Contact Person	<u>Jackie Love</u>	Title	<u>Maintenance</u>	Email	<u>utilitymessage@yahoo.c</u>
Operator Name	<u>Gaines Alexander</u>	Class & Certification	<u>C-5472</u>	Phone	<u>(863)965-2599</u>
Operator Address	<u>5574 Commercial Blvd, Winter Haven, FL 33880</u>			Cell	<u>(863)287-2417</u>
Operator Email	<u>gaines@constaflow.com</u>			Fax	<u>n/a</u>
Alternate Contact	<u>none</u>	Title	<u>n/a</u>	Email	<u>n/a</u>
Phone	<u>n/a</u>	Phone	<u>n/a</u>	Phone	<u>n/a</u>
This Survey Date	<u>07/30/2018</u>	Last Survey Date	<u>05/24/2018</u>		

PWS TYPE & CLASS Community Non-transient Non-Community Transient Non-Community

PWS STATUS Approved System Accepted System Unapproved System

SERVICE AREA CHARACTERISTICS

Provincial System
Food Service: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

TREATMENT PROCESSES IN USE

Is any additional treatment needed? / Reason?	<u>Disinfection only</u>
Do components / chemicals meet NSF standards?	<u>None at this time</u>
	<u>Yes</u>

GENERAL SURVEY COMMENTS

A copy of this report will be sent to the system.

DEFICIENCIES

Tank inspection expired on 12/2016.

#6 Reports

ACTION TAKEN:

Currently under Enforcement

Inspector	<u>Henry Taghiof</u>	Title	<u>Engineer Specialist III</u>	Forward Date	<u>07/30/2018</u>
Reviewer	<u>Ron Stadelbacher</u>	Title	<u>Env. Supervisor II</u>	Review Date	<u>7/30/18</u>

System Name: Alturas Water Works

PWS ID# 6530057
 Survey Date 07/30/2018

MONITORING COMPLIANCE DATA
{Last Twelve Months}

COMPLIANCE GROUP	MONITORING	REPORTING	EXCEEDANCE	MCL
Chemical	Satisfactory	Satisfactory	None	None
Bacteriological	Satisfactory	Satisfactory	None	None

Items checked with an (x) are explained below.

COMMENTS

none

PERMITS/APPROVALS/ACCEPTANCES

Project Name	Approval Number	Approval Date	Connections Approved	Microfilm #
None Listed				

COMMENTS

Informal system acceptance dated 10/20/1947.

ENFORCEMENT HISTORY {Minimum Last Twenty-Four Months}

OGC Case Number	Referral Date	Resolution Date	Comments
08-653PW0057A	05/01/2008	12/10/2008	Failure to monitor for lead, copper and nitrates.
08-653PW0077B	08/22/2008	10/09/2008	Operational deficiencies (Continued Insufficient Operator Coverage)

DISTRIBUTION SYSTEM

Comments

Pipe Size Range/Type(s)	4" - 1"	Various materials
New/Altered Piping @ Plant(s) Color Coded & Labeled	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Flow Measuring Device Type/Size/Location	4" Water Specialties	Discharge line
Flow Measuring Device Reading	<input checked="" type="checkbox"/> Gallons <input type="checkbox"/> Hours	53,257.100
Point of Entry Tap/Location	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Backflow Prevention Devices	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Cross-connections Observed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Bacteriological Sampling Plan Date	01/13/2004	
Satisfactory Bacteriological Sampling Plan Implementation	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
System Records Retention Compliance	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Lead & Copper Sampling Plan Date	05/11/1993	
Disinfection By-Products Sampling Plan Date	05/29/2014	
Cross-connection Control Program Plan Date	06/08/09	
Satisfactory Cross-connection Control Program Plan Implementation	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Asbestos Waiver or Plan Date	01/01/2011	
Comments	None	

DISINFECTION RESIDUALS

Plant Residuals	[mg/l]	Free	0.50	Total	n/a	
Remote Residuals	[mg/l]	Free	0.20	Total	n/a	Inside convenience store
DPD Test Kit		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Comments	None					

OPERATION & MAINTENANCE

Comments

Certified Operator	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Operation & Maintenance Log	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Operation and Maintenance Manual	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Operator Visitation Frequency → → → →	<i>Required</i>	<i>Actual</i>	
	Hrs/wk	0.3	0.3
	Days/wk	3	3
Non-consecutive Days	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Monthly Operation Reports Submitted Regularly & Timely	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Data Missing From Monthly Operation Reports	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		
Plant Category - Class		V-D	
Number of Service Connections		63	
Present Population Served		~300	
Population Basis		MOR	
Population Seasonal (Timeframes)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		
Water System Used Over 60 Days Per Year	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Number of Water Users 6 - 9 Months Per Year		n/a	
Number of Water Users Over 9 Months Per Year		~300	
System Average Day Demand (Last 12 Months)		11,617 gpd	
System Maximum Day Demand (Last 12 Months)		26,133 gpd	
System Maximum Day Design Capacity		108,000 gpd	
Adequate Flushing Program (Frequency)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Permitted = 108,000 gpd monthly	
Sufficient Valve Exercising	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	no distribution valves	
Additional Comments		none	

GROUND WATER SOURCES

STORAGE FACILITIES

Well Number	1	
WMD Permit Number	Unknown	
Florida Unique Well ID Number	AAB3875	
Grout Type	Cement	
Well Completion Date	1950	
6'x6'x4" Concrete Pad / Condition	Yes / Ok	
Depth Drilled (feet)	300	
Well Contamination History	None Listed	
Drilling Method	Cable Tool	
Casing Material	Black Steel	
Casing Diameter (inches)	6	
Casing Length (feet)	102	
Well Inundation Possible	Unlikely	
SET BACKS (feet)	Septic Tank	103
	WW Plant	> 500
	WW Plumbing	58
	Other Sanitary Hazard	None Seen
PUMP	Type	Submersible
	Manufacturer	Unknown
	Model Number	200 L15
	Rated Capacity (gpm)	75
MOTOR	Manufacturer	Franklin Electric
	Model Number	236036010
	Horsepower	15
Well Casing 12" Above Pad	Yes	
Well Casing Sanitary Seal	Watertight	
Raw Water Sampling Tap	Compliant	
Above Ground Check Valve	Yes	
Secured / Housed	Yes	
Well Vent Protected	yes	
Comments	Well is equipped with access port.	

(G) Ground (H) Hydro (E) Elevated (B) Bladder (C) Clearwell (R) Retention									
Y = Yes / N = No / I = Inapplicable									
	Y	N	I	Y	N	I			
Tank Type/Number	H / 1								
Capacity (gal)	3,000								
Material	Steel								
Gravity Drain	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
By-Pass Piping	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protected Openings	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pressure Gauge	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pressure Relief Valve	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air Relief Valve	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sight Glass / Level Indicator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fittings for Sight Glass	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On/Off Pressure (PSI)	35 / 55								
Secured Access	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Height to Minimum Water Level	N/A			N/A					
Height to Maximum Water Level	N/A			N/A					
Tank Equipped With Access Manhole	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tank Inspection Report Date	12/2011								
Comments	Owner stated the tank inspection will be done by The end of September 2018 (E Mailed attached)								
DISINFECTION					Hypochlorination				
Number of Feeders					One				
Injection Point Location(s)					Well Discharge Line				
Capacity (gpd)					40				
Adequate Ventilation					<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Safety Equipment					<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	
Stroke (%)					90%				
Feeder(s) Manufacturer					Stenner				
Housed or Protected					<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Comments					none				

**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: ALTURAS UTILITIES PWS I.D. #

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

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

Address: PACKING HOUSE ROAD

City: ALTURAS ZIP Code: 33820

Phone #: (863)510-1318 Fax #: _____ E-Mail Address: YOURWATERUTILITY@GMAIL.COM

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 371273DW1 Sample Date: 07/08/2018 Sample Time: 06:20 AM PM (Circle One)

Sample Location (be specific): L-1 3150 2nd St Location Code: L-1 3150 2nd St

Disinfectant Residual (required when reporting trihalomethanes and haloacetic acids): 0.26 mg/L Field pH: 7.5

Sample Type (Check Only One) Reason(s) for Sample (Check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Distribution | <input type="checkbox"/> Routine Compliance (with 62-550) | <input type="checkbox"/> Replacement (of Invalidated Sample) |
| <input type="checkbox"/> Entry Point (to Distribution) | <input type="checkbox"/> Confirmation of MCL Exceedance* | <input type="checkbox"/> Special (not for compliance with 62-550) |
| <input type="checkbox"/> Plant Tap (not for compliance with 62-550) | <input type="checkbox"/> Composite of Multiple Sites** | <input type="checkbox"/> Clearance (permitting) |
| <input type="checkbox"/> Raw (at well or intake) | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> Max Residence Time | <input type="checkbox"/> Sampling Procedure Used or Other Comments: | |
| <input type="checkbox"/> Avg Residence Time | | |
| <input type="checkbox"/> Near First Customer | | |

2018 Disinfection Byproducts
 * 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, Jennifer Alexander, Sampler, do HEREBY CERTIFY
 (Print Name) (Print Title)

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

Signature: [Signature] Date: 7/23/18
 Certified Operator #: 21471 Phone #: 863 965 2599 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: Flowers Chemical Laboratories, Inc.

Florida DOH Certification #: E83018

Certification Expiration Date: 6/30/2019

ATTACH CURRENT DOH ANALYTE SHEET*

Address: P. O. Box 150597, Altamonte Springs, FL 32715-0597

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: 07/10/18

PWS ID (From Page 1): 6530057

Sample Number (From Page 1): 371273DW1

Lab Assigned Report # or Job ID: 371273

Group(s) analyzed and results attached for compliance with Chapter 62-550, F.A.C. (check all that apply)

Inorganics

Synthetic Organics

Volatile Organics

Disinfection Byproducts

Radionuclides

Secondaries

All Except Asbestos

All 30

All 21

Trihalomethanes

Single Sample

All 14

Partial

All Except Dioxin

Partial

Haloacetic Acids

Qtrly Composite**

Partial

Nitrate

Partial

Chlorite

Nitrite

Dioxin Only

Bromate

Asbestos

LAB CERTIFICATION

I, Jefferson S. Flowers, Technical Director, do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:



Date: 07/17/18

* Failure to provide a valid and current Florida DOH certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report and 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 AND NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE 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**

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 371273DW1
Disinfectant Residual (mg/L): 0.2600000
PWS ID (From Page 1): 6530057

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Cert #
2450	Monochloroacetic Acid	N/A	ug/L	2.00	U	EPA552.3	2.00	2.0	07/12/18		E83018
2451	Dichloroacetic Acid	N/A	ug/L	1.26		EPA552.3	1.00	1.0	07/12/18		E83018
2452	Trichloroacetic Acid	N/A	ug/L	0.500	U	EPA552.3	0.500	1.0	07/12/18		E83018
2453	Monobromoacetic Acid	N/A	ug/L	1.00	U	EPA552.3	1.00	1.0	07/12/18		E83018
2454	Dibromoacetic Acid	N/A	ug/L	0.500	U	EPA552.3	0.500	1.0	07/12/18		E83018
2456	Total Haloacetic Acids (HAA5)	60	ug/L	1.26		EPA552.3	0.500	---	07/12/18		E83018

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Cert #
2941	Chloroform	N/A	ug/L	0.500	U	EPA524.2	0.500	1.0	07/16/18		E83018
2942	Bromoform	N/A	ug/L	0.500	U	EPA524.2	0.500	1.0	07/16/18		E83018
2943	Bromodichloromethane	N/A	ug/L	0.500	U	EPA524.2	0.500	1.0	07/16/18		E83018
2944	Dibromochloromethane	N/A	ug/L	0.500	U	EPA524.2	0.500	1.0	07/16/18		E83018
2950	Total Trihalomethanes (TTHM)	80	ug/L	0.500	U	EPA524.2	0.500	---	07/16/18		E83018

** Laboratories are required to adhere to the minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv)

*** Applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii)

**** Laboratories that use EPA methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

NOTE: Do not round values. Report results to the accuracy, precision, and sensitivity of the analytical method used.

**Lead and Copper Tap Sample Analysis and Result Ranking
Reporting Format 62-550.730(5)(a)**

System Name: Alturas Utility

Date Submitted to Lab: 08/30/18

PWS-ID: 6530057

Analysis Date: 09/5/18

Laboratory Name: Flowers Chemical Laboratories, Inc.

Lab Analysis Method: EPA200.8

Lab-ID: E83018

Lead or Copper (list one): Lead

Contact Person: Dr. Jefferson S. Flowers

Method Detection Limit: .001

Phone: (407) 339-5984

90th Percentile Value: 0.00100

A	Rank (ascending)	Location Code Number	Lab Sample ID	Date Site Sampled	Lead (mg/L)
	1	3400 Central Ave.	376547DW1	08/20/18	0.00100 U
	2	2855 Poinsettia	376547DW3	08/22/18	0.00100 U
	3	2635 Oak St.	376547DW5	08/22/18	0.00100 U
	4	5605 Packing House Rd.	376547DW4	08/22/18	0.00100 U
	5	7828 Alturas Rd.	376547DW2	08/22/18	0.00100 U

CERTIFICATION. The tap samples used for lead and copper analyses were submitted by the above PWS. Each sample container had one liter of solution (+/-100ml). All samples were taken properly by the above system and analyzed in accordance with the requirements in Chapter 10D-41, F.A.C. The sampling dates were reported for each sample received. I hereby certify that all data submitted are correct.

Signature of Authorized Laboratory Representative:



Name (Please Print): Jefferson S. Flowers

Title and Date: Technical Director 09/05/18

*See 10
11/10
7/24*

**Lead and Copper Tap Sample Analysis and Result Ranking
Reporting Format 62-550.730(5)(a)**

System Name: Alturas Utility

Date Submitted to Lab: 08/30/18

PWS-ID: 6530057

Analysis Date: 09/5/18

Laboratory Name: Flowers Chemical Laboratories, Inc.

Lab Analysis Method: EPA200.8

Lab-ID: E83018

Lead or Copper (list one): Copper

Contact Person: Dr. Jefferson S. Flowers

Method Detection Limit: .001

Phone: (407) 339-5984

90th Percentile Value: 0.0316

A	Rank (ascending)	Location Code Number	Lab Sample ID	Date Site Sampled	Copper (mg/L)
	1	5605 Packing House Rd.	376547DW4	08/22/18	0.00450
	2	2635 Oak St.	376547DW5	08/22/18	0.00610
	3	7828 Alturas Rd.	376547DW2	08/22/18	0.00650
	4	2855 Poinsettia	376547DW3	08/22/18	0.0116
	5	3400 Central Ave.	376547DW1	08/20/18	0.0515

CERTIFICATION. The tap samples used for lead and copper analyses were submitted by the above PWS. Each sample container had one liter of solution (+/-100ml). All samples were taken properly by the above system and analyzed in accordance with the requirements in Chapter 10D-41, F.A.C. The sampling dates were reported for each sample received. I hereby certify that all data submitted are correct.

Signature of Authorized Laboratory Representative:



Name (Please Print): Jefferson S. Flowers

Title and Date: Technical Director 09/05/18



Flowers Chemical Laboratories, Inc.
481 Newburyport Ave.
Altamonte Springs, FL 32701
Bus: 407-339-5984
Fax: 407-260-6110

Flowers Chemical Labs-South
West Park Industrial Plaza
571 N.W. Mercantile Pl., Ste. 111
Port St. Lucie, FL 34986
Bus: 772-343-8006
Fax: 772-343-8089

Flowers Chemical Labs-North
812 S.W. Harvey Greene Dr.
Madison, FL 32340
Bus: 850-973-6878
Fax: 850-973-6878

Flowers Chemical Labs-Keys
3980 Overseas Highway
Ste. 103
Marathon, FL 33050
Bus: 305-743-8598
Fax: 305-743-8598

www.flowerslabs.com

Client: _____ Public Water System Name: Alturas Utility

Address: Consta Flow, Inc
5574 Commercial Blvd
Winter Haven, FL 33880

PWS ID#: 653 0057 P.O. #: _____

FCL Lab Coordinator: _____ Kit #: _____

Phone: _____

Public Water System Type: Limited Use Commercial / Public
 Community Non-Community Non-transient / Non-Community

Sampled By (PRINT): Residents COMMENTS: _____

Sampler Signature		Date Sampled		PRESERVATIVES														Field pH Cl ₂ Res			
DRINKING WATER - Chain of Custody F.A.C. 62 - 550				NUMBER	NONE	NaOH	HNO ₃	HCl	Na ₂ S ₂ O ₃	Primary Inorg.	Secondaries	VOCs	SOCs	NO ₂ /NO ₃	TTHM	THAA	Pb/Cu	GA/RA228/RA228	Asbestos		
ITEM NO.	SAMPLE DESCRIPTION	DATE	TIME	LAB NO.																	
1	3400 Central Ave	8/20/18	17:00	376547												X					
2	7828 Alturas Rd.	8/22/18	0810	2												X					
3	2855 Poinsettia	8/22/18	0740	3												X					
4	5605 Packinghouse Rd	8/22/18	0730	4												X					
5	2635 Oak St.	8/22/18	0750	5												X					
6																					
7																					
8																					
9																					
10																					
Relinquished By / Affiliation		Date	Time	Accepted By / Affiliation		Date	Time	Relinquished By / Affiliation		Date	Time	Accepted By / Affiliation		Date	Time						
<u>[Signature]</u>		<u>8/20/18</u>	<u>17:00</u>	<u>[Signature]</u>		<u>8/20/18</u>	<u>17:00</u>	<u>[Signature]</u>		<u>8/30/18</u>	<u>11:00</u>	<u>[Signature]</u>		<u>8/30/18</u>	<u>11:00</u>						

• WHITE - Ship with Samples / To Be Returned with Results

• YELLOW - Field Copy / Retain For Your Records

PDW 02-04

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: Alturas Utility PWS I.D. # 6530037

System Type (check one): Community Nontransient Noncommunity Transient Noncommunity
Address: 5605 Packinghouse Rd
City: Alturas ZIP Code: 33820
Phone #: _____ Fax #: _____ E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)
Sample Number: 376457DW1 Sample Date: 08/29/2018 Sample Time: 04:00 AM PM (Circle One)
Sample Location (be specific): POE Location Code: POE

Disinfectant Residual (required when reporting trihalomethanes and haloacetic acids): 3.0 mg/L Field pH: 7.5

- Sample Type (Check Only One) Reason(s) for Sample (Check all that apply)
- | | | |
|---|---|---|
| <input type="checkbox"/> Distribution | <input type="checkbox"/> Routine Compliance (with 62-550) | <input type="checkbox"/> Replacement (of Invalidated Sample) |
| <input type="checkbox"/> Entry Point (to Distribution) | <input type="checkbox"/> Confirmation of MCL Exceedance* | <input type="checkbox"/> Special (not for compliance with 62-550) |
| <input type="checkbox"/> Plant Tap (not for compliance with 62-550) | <input type="checkbox"/> Composite of Multiple Sites ** | <input type="checkbox"/> Clearance (permitting) |
| <input type="checkbox"/> Raw (at well or intake) | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> Max Residence Time | <input type="checkbox"/> Sampling Procedure Used or Other Comments: | |
| <input type="checkbox"/> Avg Residence Time | | |
| <input type="checkbox"/> Near First Customer | | |
- 2018 Triennial

* 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, Jennifer Alexander, Sampler, do HEREBY CERTIFY
(Print Name) (Print Title)

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

Signature: [Signature] Date: 9/20/18
Certified Operator #: 21471 Phone #: 863 965 2599 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: Flowers Chemical Laboratories, Inc.

Florida DOH Certification #: E83018

Certification Expiration Date: 6/30/2019

ATTACH CURRENT DOH ANALYTE SHEET*

Phone #: 407-339-5984

Address: P. O. Box 150597, Altamonte Springs, FL 32715-0597

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: 08/30/18

PWS ID (From Page 1): 6530037

Sample Number (From Page 1): 376457DW1

Lab Assigned Report # or Job ID: 376457

Group(s) analyzed and 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, Jefferson S. Flowers, Technical Director, do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: 

Date: 09/17/18

* Failure to provide a valid and current Florida DOH certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report and 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 AND NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE 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: 376457DW1
PWS ID (From Page 1): Alturas Utility

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
1038	Nitrate+Nitrite(as N)	10	mg/L	2.95		EPA300.0	0.200	08/30/18		E83018
1040	Nitrate (as N)	10	mg/L	2.95		EPA300.0	0.200	08/30/18	12:30 PM	E83018
1041	Nitrite (as N)	1	mg/L	0.200	U	EPA300.0	0.200	08/30/18	12:30 PM	E83018
1005	Arsenic	0.010	mg/L	0.00880		EPA200.8	0.00100	09/05/18		E83018
1010	Barium	2	mg/L	0.0111		EPA200.8	0.00200	09/05/18		E83018
1015	Cadmium	0.005	mg/L	0.00100	U	EPA200.8	0.00100	09/05/18		E83018
1020	Chromium	0.1	mg/L	0.00100	U	EPA200.8	0.00100	09/05/18		E83018
1024	Cyanide	0.2	mg/L	0.00500	U	SM4500CN-E	0.00500	09/06/18		E83018
1025	Fluoride	4	mg/L	0.231	I	EPA300.0	0.200	08/30/18		E83018
1030	Lead	0.015	mg/L	0.00100	U	EPA200.8	0.00100	09/05/18		E83018
1035	Mercury	0.002	mg/L	0.0000200	U	EPA245.1	0.0000200	09/06/18		E83018
1036	Nickel	0.1	mg/L	0.00160	I	EPA200.8	0.00100	09/05/18		E83018
1045	Selenium	0.05	mg/L	0.00200	U	EPA200.8	0.00200	09/05/18		E83018
1052	Sodium	160	mg/L	20.9		EPA200.7	0.500	08/30/18		E83018
1074	Antimony	0.006	mg/L	0.00100	U	EPA200.8	0.00100	09/05/18		E83018
1075	Beryllium	0.004	mg/L	0.000500	U	EPA200.8	0.000500	09/05/18		E83018
1085	Thallium	0.002	mg/L	0.00100	U	EPA200.8	0.00100	09/05/18		E83018

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

SECONDARY CONTAMINANTS
62-550.320

Report Number / Job ID: 376457DW1
PWS ID (From Page 1): Alturas Utility

Contam	ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
	1002	Aluminum	0.2	mg/L	0.0100	U	EPA200.8	0.0100	09/05/18		E83018
	1017	Chloride	250	mg/L	28.1		EPA300.0	0.400	08/30/18		E83018
	1022	Copper	1	mg/L	0.00240		EPA200.8	0.00100	09/05/18		E83018
	1025	Fluoride	2	mg/L	0.231	I	EPA300.0	0.200	08/30/18		E83018
	1028	Iron	0.3	mg/L	0.797		EPA200.7	0.0100	08/30/18		E83018
	1032	Manganese	0.05	mg/L	0.0256		EPA200.7	0.0100	08/30/18		E83018
	1050	Silver	0.1	mg/L	0.000500	U	EPA200.8	0.000500	09/05/18		E83018
	1055	Sulfate	250	mg/L	54.4		EPA300.0	1.00	08/30/18		E83018
	1095	Zinc	5	mg/L	0.0220		EPA200.8	0.0100	09/05/18		E83018
	1905	Color	15	CU	5.00	U	SM2120 B	5.00	08/30/18	03:00 PM	E83018
	1920	Odor	3	TON@40C	1.00	U	SM2150 B	1.00	08/30/18	02:00 PM	E83018
	1925	pH	6.5 -8.5	pH	8.08	Q	SM4500-H B	0.0100	08/30/18	03:05 PM	E83018
	1930	Total Dissolved Solids	500	mg/L	194		SM2540 C	2.50	09/05/18		E83018
	2905	Foaming Agents	0.5	mg/L	0.200	U	SM5540 C	0.200	08/31/18	12:00 AM	E83018

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

VOLATILE ORGANICS
62-550.310(2)(b)

Report Number / Job ID: 376457DW1
PWS ID (From Page 1): Alturas Utility

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	RDL	Analysis Date	Analysis Time	DOH Lab Cert #
2378	1,2,4,-trichlorobenzene	70	ug/L	0.500	U	EPA524.2	0.500	0.5	08/31/18		E83018
2380	cis-1,2-Dichloroethylene	70	ug/L	0.200	U	EPA524.2	0.200	0.5	08/31/18		E83018
2955	Xylenes	10000	ug/L	0.500	U	EPA524.2	0.500	0.5	08/31/18		E83018
2964	Dichloromethane	5	ug/L	0.500	U	EPA524.2	0.500	0.5	08/31/18		E83018
2968	o-dichlorobenzene	600	ug/L	0.500	U	EPA524.2	0.500	0.5	08/31/18		E83018
2969	Para-dichlorobenzene	75	ug/L	0.500	U	EPA524.2	0.500	0.5	08/31/18		E83018
2976	Vinyl Chloride	1	ug/L	0.500	U	EPA524.2	0.500	0.5	08/31/18		E83018
2977	1,1-Dichloroethylene	7	ug/L	0.500	U	EPA524.2	0.500	0.5	08/31/18		E83018
2979	trans-1,2-Dichloroethylene	100	ug/L	0.500	U	EPA524.2	0.500	0.5	08/31/18		E83018
2980	1,2-Dichloroethane	3	ug/L	0.500	U	EPA524.2	0.500	0.5	08/31/18		E83018
2981	1,1,1-trichloroethane	200	ug/L	0.500	U	EPA524.2	0.500	0.5	08/31/18		E83018
2982	Carbon tetrachloride	3	ug/L	0.500	U	EPA524.2	0.500	0.5	08/31/18		E83018
2983	1,2-dichloropropane	5	ug/L	0.500	U	EPA524.2	0.500	0.5	08/31/18		E83018
2984	Trichloroethylene	3	ug/L	0.500	U	EPA524.2	0.500	0.5	08/31/18		E83018
2985	1,1,2-trichloroethane	5	ug/L	0.500	U	EPA524.2	0.500	0.5	08/31/18		E83018
2987	Tetrachloroethylene	3	ug/L	0.500	U	EPA524.2	0.500	0.5	08/31/18		E83018
2989	Monochlorobenzene	100	ug/L	0.500	U	EPA524.2	0.500	0.5	08/31/18		E83018
2990	Benzene	1	ug/L	0.500	U	EPA524.2	0.500	0.5	08/31/18		E83018
2991	Toluene	1000	ug/L	0.500	U	EPA524.2	0.500	0.5	08/31/18		E83018
2992	Ethylbenzene	700	ug/L	0.500	U	EPA524.2	0.500	0.5	08/31/18		E83018
2996	Styrene	100	ug/L	0.500	U	EPA524.2	0.500	0.5	08/31/18		E83018

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

SYNTHETIC ORGANICS
 62-550.310(2)(c)

Report Number / Job ID: 376457DW1
 PWS ID (From Page 1): Alturas Utility

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	RDL	Extraction Date	Analysis Date	Analysis Time	DOH Lat Cert #
2005	Endrin	2	ug/L	0.0100	U	EPA505	0.0100	0.01	09/04/18	09/04/18		E83018
2010	Lindane	0.2	ug/L	0.0100	U	EPA505	0.0100	0.02	09/04/18	09/04/18		E83018
2015	Methoxychlor	40	ug/L	0.0500	U	EPA505	0.0500	0.1	09/04/18	09/04/18		E83018
2020	Toxaphene	3	ug/L	0.500	U	EPA505	0.500	1	09/04/18	09/04/18		E83018
2031	Dalapon	200	ug/L	0.100	U	EPA515.4	0.100	1	09/05/18	09/10/18		E83018
2032	Diquat	20	ug/L	0.400	U	EPA549.2	0.400	0.4	09/04/18	09/04/18		E83018
2033	Endothall	100	ug/L	9.00	U	EPA548.1	9.00	9	08/31/18	09/05/18		E83018
2034	Glyphosate	700	ug/L	6.00	U	EPA547	6.00	6		09/05/18		E83018
2035	Di(2-ethylhexyl) adipate	400	ug/L	0.600	U	EPA525.2	0.600	0.6	09/07/18	09/10/18		E83018
2036	Oxamyl (Vydate)	200	ug/L	2.00	U	EPA531.1	2.00	2.0		08/31/18		E83018
2037	Simazine	4	ug/L	0.0700	U	EPA525.2	0.0700	0.07	09/07/18	09/10/18		E83018
2039	Di(2-ethylhexyl)phthalate	6	ug/L	0.600	U	EPA525.2	0.600	0.6	09/07/18	09/10/18		E83018
2040	Picloram	500	ug/L	0.100	U	EPA515.4	0.100	0.1	09/05/18	09/10/18		E83018
2041	Dinoseb	7	ug/L	0.200	U	EPA515.4	0.200	0.2	09/05/18	09/10/18		E83018
2042	Hexachlorocyclopentadiene	50	ug/L	0.100	U	EPA505	0.100	0.1	09/04/18	09/04/18		E83018
2046	Carbofuran	40	ug/L	0.900	U	EPA531.1	0.900	0.9		08/31/18		E83018
2050	Atrazine	3	ug/L	0.100	U	EPA525.2	0.100	0.1	09/07/18	09/10/18		E83018
2051	Alachlor	2	ug/L	0.200	U	EPA525.2	0.200	0.2	09/07/18	09/10/18		E83018
2065	Heptachlor	0.4	ug/L	0.0100	U	EPA505	0.0100	0.04	09/04/18	09/04/18		E83018
2067	Heptachlor epoxide	0.2	ug/L	0.0100	U	EPA505	0.0100	0.02	09/04/18	09/04/18		E83018
2105	2,4-D	70	ug/L	0.100	U	EPA515.4	0.100	0.1	09/05/18	09/10/18		E83018
2110	2,4,5-TP	50	ug/L	0.200	U	EPA515.4	0.200	0.2	09/05/18	09/10/18		E83018
2274	Hexachlorobenzene	1	ug/L	0.100	U	EPA505	0.100	0.1	09/04/18	09/04/18		E83018
2306	Benzo(a)pyrene	0.2	ug/L	0.0200	U	EPA525.2	0.0200	0.02	09/07/18	09/10/18		E83018
2326	Pentachlorophenol	1	ug/L	0.0400	U	EPA515.4	0.0400	0.04	09/05/18	09/10/18		E83018
2383	PolychlorinatedbiphenylsPCB	0.5	ug/L	0.100	U	EPA505	0.100	0.1	09/04/18	09/04/18		E83018
2931	Dibromochloropropane	0.2	ug/L	0.0200	U	EPA504.1	0.0200	0.02	09/04/18	09/04/18		E83018
2946	Ethylene Dibromide	0.02	ug/L	0.0100	U	EPA504.1	0.0100	0.01	09/04/18	09/04/18		E83018
2959	Chlordane	2	ug/L	0.0100	U	EPA505	0.0100	0.2	09/04/18	09/04/18		E83018



Flowers Chemical Laboratories, Inc.
 481 Newburyport Ave.
 Altamonte Springs, FL 32701
 Bus: 407-339-5984
 Fax: 407-260-6110

Flowers Chemical Labs-South
 West Park Industrial Plaza
 571 N.W. Mercantile Pl., Ste. 111
 Port St. Lucie, FL 34986
 Bus: 772-343-8006
 Fax: 772-343-8089

Flowers Chemical Labs-North
 812 S.W. Harvey Greene Dr.
 Madison, FL 32340
 Bus: 850-973-6878
 Fax: 850-973-6878

Flowers Chemical Labs-Keys
 3980 Overseas Highway
 Ste. 103
 Marathon, FL 33050
 Bus: 305-743-8598
 Fax: 305-743-8598

www.flowerslabs.com

Client

Public Water System Name Alturas Utility

Address

Consta Flow, Inc
5574 Commercial Blvd
Winter Haven, FL 33880

PWS ID# 6530037 P.O.#

FCL Lab Coordinator Kit#

Phone

Public Water System Type: Limited Use Commercial / Public Community Non-Community Non-transient / Non Community

COMMENTS
2018 Triennial

Sampled by (PRINT):

Jennifer Alexander
 Sample Signature JAN

Date Sampled
8/29/18

DRINKING WATER - Chain of Custody F.A.C. 62 - 550

ITEM NO.	SAMPLE DESCRIPTION	DATE	TIME	LAB NO.	PRESERVATIVES										Field pH Cl ₂ Res						
					NUMBER	NONE	NaOH	HNO ₃	HCl	Na ₂ S ₂ O ₃	Primary Inorg.	Secondaries	VOCs	SOCs	NO ₂ /NO ₃	TTHM	THAA	Pb/Cu	IA / RA228 RA228	Asbestos	pH
1	POE	8/29/18	14:00	376457DW1							X	X	X	X	X		X			7.530	
2																					
3																					
4																					
5																					
6																					
7																					
8																					
9																					
10																					

Relinquished By / Affiliation	Date	Time	Accepted By / Affiliation	Date	Time	Relinquished By / Affiliation	Date	Time	Accepted By / Affiliation	Date	Time
<u>JAN</u>	<u>8/29/18</u>		<u>JAN</u>	<u>8/29/18</u>		<u>JAN</u>	<u>8/29/18</u>		<u>JAN</u>	<u>8/30/18</u>	<u>12:00</u>

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

Ph: (813) 229-2879 Fax: (813) 229-0002

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

RADIONUCLIDES
62-550.310(6)

KNL Report Number/Job ID: 18.9913
PWS ID(From Page 1):

Client ID: Flowers Chemical Lab 376457DW1

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier *	Analytical Method	Lab MDL	RDL	Analysis Error	Analysis Date	Analysis Time	DOH Lab Certification #
4002	Gross Alpha (incl Uranium)	15 ***	pCi/L	5.9		EPA 900.0	0.9	3	1.0	9-7-18	1557	E84025
4020	Radium-226	5	pCi/L	1.3	I	EPA 903.0	0.5	1	0.4	9-13-18	1220	E84025
4030	Radium-228		pCi/L	0.6	U	EPA Ra-05	0.6	1	0.4	9-11-18	1207	E84025

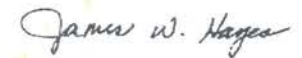
Reporting Format 62-550.730
Effective January 1995, Revised February 2010.

- * Qualifier Codes: U = indicates that the compound was analyzed for but not detected.
I = the reported value is between the laboratory detection limit and the laboratory practical quantitation limit.
- ** If the result exceeds 5 pCi/L, a measurement for radium-226 is required. Uranium is reported separately under Contam ID 4006.
- *** If the results exceed 5 pCi/L, a measurement for radium-226 is required. If the results exceed 15 pCi/L, a measurement for Combined Uranium must be reported separately. The DEP/DOH will subtract the U value from the Gross Alpha (ID 4002) to determine compliance with MCL for Gross Alpha (Excl.U) of 15 pCi/L. If the result for ID 4002 Gross Alpha (incl.Uranium) does not exceed 15 pCi/L, Combined Uranium need not be measured nor reported.
- **** If using Uranium testing methods ASTM D5174 or EPA 200.8 only, then Analysis Error need not be reported.

Page of

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

Approved by:



James W. Hayes
Laboratory Director

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: KNL Environmental Testing Florida DOH Certification #: E84025 Certification Expiration Date: June Renewal

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 3202 N. Florida Ave. Tampa, FL 33603 Phone #: 813-229-2879

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

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 8-31-18

PWS ID (From Pg 1): 0530037 Sample # (From Pg 1): 376457DW1 Lab Assigned Report # or Job ID: 18-9913

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

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

LAB CERTIFICATION

I, James W. Hayes, Laboratory Director, do HEREBY CERTIFY

(Print Name)

(Print Title)

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

Signature:  Date: 9-14-18

* 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: _____

1 of 2

DUE- 9-14-18

18-9906-9915

Check Box That Applies To Your Location

Flowers Chemical Laboratories, Inc. 481 Newburyport Ave. Altamonte Springs, FL 32701

Flowers Chemical Labs-South West Park Industrial Plaza 571 N.W. Mercantile Pl., Ste. 111

Flowers Chemical Labs-North 812 S.W. Harvey Greene Dr. Madison, FL 32340

Flowers Chemical Labs-Keys 3980 Overseas Highway, Ste. 103 Marathon, FL 33050



DOWNLOAD REPORTS, INVOICES AND CHAINS OF CUSTODY www.flowerslabs.com

Client: KNL, Project Name, P.O. #, Address, Client Contact, FAX, FCL Project Manager, E-MAIL, Phone, Requested Due Date, Rush Charges May Apply, Sampled By (PRINT), Pick-Up Fee, Vehicle Surcharge, Sampling Fee

Table with columns: ITEM NO., SAMPLE ID, DATE, TIME, MATRIX, (LAB USE ONLY) LAB NO., PRESERVATIVES (NONE, H2SO4, HNO3, HCl, Na2S2O3), ANALYSES REQUEST (GA, HS, RA226, RA228, U, P, etc.), COMMENTS (AS= High Solids, *Conditional), Total # Containers

Table with columns: Relinquished By / Affiliation, Date, Time, Accepted By / Affiliation, Date, Time, Relinquished By / Affiliation, Date, Time, Accepted By / Affiliation, Date, Time

FINANCE CHARGES APPLIED TO PAST DUE INVOICES

WHITE - Lab Copy - To Be Scanned

YELLOW - Client Copy

Alturas Water LLC

3336 Grand Blvd
Suite 102
Holiday, FL 34690
727-937-6275



**Utility Bill
Duplicate**

Original Billing Date

10/22/2018

Today's Date

10/24/2018

Amount Paid

[REDACTED]
2590 Oak Dr.
Bartow, FL 33830

Account Number	Original Due Date	Service Address
[REDACTED]	11/11/2018	2590 Oak Dr.

Detach Top and Return With Payment

Service		Meter Readings		Consumption	Mtr Mult	Estimated
From	To	Previous	Current			
9/25/2018	10/19/2018	903030	905690	2660	X 1	No
					Residential Use	\$14.98
					Residential Base	\$12.47

County Tax \$2.75

Sub Total \$30.20

Previous Balance \$0.00

Late Fee \$0.00

Total Amount Owed **\$30.20**

If Payment is made after due date amount due \$35.70

If you have any questions concerning your bills please call our office at 727-937-6275 or email at UTILITYBILL1@FUS1LLC.COM

You can pay by phone or online with Payclix.
<http://payclix.com/alturaswater>

Please keep meters free of all debris.

Customer Name [REDACTED]	
Account [REDACTED]	Org Due Date 11/11/2018

8

If the buyer owns other water or wastewater utilities that are regulated by the Commission, provide a schedule reflecting any economies of scale that are anticipated to be achieved within the next three years and the effect on rates for existing customers served by both the utility being purchased and the buyer's other utilities.

The buyer is the majority shareholder of Florida Utility Services 1, LLC (FUS1). The economy of scales exists by the sharing of administrative cost for FUS1 through the operation, maintenance, customer service and management of all the utilities owned by FUS1. The administrative cost includes management, maintenance, accounting, regulatory compliance and miscellaneous administrative services provided for all utility systems. The common cost is allocated to each system on a customer calculated basis. With the acquisition of utility systems, the common costs for each existing system is reduced and the share of the common costs to be allocated to the recently purchased system is minimized.

Below is a schedule of utilities owned by FUS1. The schedule calculates the 2018 estimated cost savings for each system based on \$1,000 of FUS1 common cost, assuming a 5.00% increase in common cost due to the addition of 305 customers for the 2 utility systems purchased.

FUS1 System		FUS1 Customer Base (# of services billed)						Common Cost (2) 2017-18 Inc(Dec)	
		@09/30/17			@09/30/18				
		Cust (3)	Allocation	FUS1 Cost	Cust (3)	Allocation	FUS1 Cost		
ALT	Alturas				55	1.77%	\$19		
CCU	Charlie Creek	162	5.80%	\$58	163	5.23%	\$55	(\$3)	-5.61%
CMU	College Manor (1)	55	1.97%	\$20	55	1.77%	\$19	(\$1)	-6.26%
CRU	Crestridge	619	22.18%	\$222	619	19.88%	\$209	(\$13)	-6.26%
EMU	East Marion	105	3.76%	\$38	105	3.37%	\$35	(\$2)	-6.26%
HHU	Heather Hills	355	12.72%	\$127	353	11.34%	\$119	(\$8)	-6.86%
HGU	Holiday Gardens	456	16.34%	\$163	458	14.71%	\$154	(\$9)	-5.80%
LYU	Lake Yale	404	14.48%	\$145	406	13.04%	\$137	(\$8)	-5.74%
MGU	McCleod Gardens	90	3.22%	\$32	95	3.05%	\$32	(\$0)	-0.67%
OLU	Orange Land	74	2.65%	\$27	74	2.38%	\$25	(\$2)	-6.26%
PCU	Pinecrest	132	4.73%	\$47	142	4.56%	\$48	\$1	1.22%
SRU	Sunrise				250	8.03%	\$84		
SVU	Suwannee Valley (1)	23	0.82%	\$8	23	0.74%	\$8	(\$0)	-6.26%
WLU	West Lakeland	316	11.32%	\$113	316	10.15%	\$107	(\$7)	-6.26%
TOTALS		2,791	100.0%	\$1,000	3,114	100.0%	\$1,050	(\$53)	

- (1) SVU & CMU are located in Columbia County which are non-jurisdictional.
- (2) Assumes a 5 % increase in common cost with the addition of 305 customers for the two systems acquired.
- (3) Changes between 2017 and 2018 for each existing system are included in the calculation. The effect is considered non-material.

FUS1 is actively pursuing the acquisition of utility systems. As the base of customers that FUS1 serves grows, the marginal cost to provide services to each customer drops, even with increasing overall costs. Over the next three years, FUS1 will continue to explore opportunities for customer growth through system acquisition, as well as through efficiencies from the economies of scale available to our growing business operation. As the schedule reflects, each existing system should receive an estimated 5.5 percent to 6.5 percent common cost savings with the addition of the Alturas and Sunrise systems beginning in 2018. FUS1 projects that these savings should continue, going forward, assuming additional customer growth through system acquisition. Alturas and Sunrise customers will benefit from better customer service from an experienced professional team of employees at an anticipated lower cost of service.

The estimated 5.5 percent to 6.5 percent common cost savings, when realized, in conjunction with FUS1's active use of the annual Price Index and Pass-Through filing process, should reduce future SARC filings, once compensatory rates are realized for each of the FUS1 systems.

APPLICATION FOR TRANSFER OF CERTIFICATE
(Section 367.071, Florida Statutes)

LEGAL NOTICE

Notice is hereby given on 11/1/2018 , pursuant to Section 367.071, Florida Statutes, of the application for a transfer of Water Certificate No. 628-W held by Alturas Utilities, LLC , from Alturas Utilities, LLC to Alturas Water, LLC, providing service to the following described territory in Polk County, Florida.

DESCRIPTION OF TERRITORY SERVED

TOWNSHIP 30 SOUTH, RANGE 26 EAST, SECTION 16, POLK COUNTY:

THE NORTHEAST 1/4 LESS THE NORTHWEST 1/4 OF THE NORTHEAST 1/4 AND
LESS THE NORTHWEST 1/4 OF THE NORTHEAST 1/4 OF THE NORTHEAST 1/4
AND LESS STAR LAKE.

THE SOUTHEAST 1/4 OF THE SOUTHEAST 1/4 OF THE NORTHWEST 1/4.

THE NORTH 480 FEET OF THE SOUTHEAST 1/4.

THE EAST 672 FEET OF THE SOUTHEAST 1/4 LESS THE SOUTH 672 FEET.

Any objection to the said application must be made in writing and filed with the Office of Commission Clerk, Florida Public Service Commission, 2540 Shumard Oak Boulevard, Tallahassee, FL. 32399, within thirty (30) days from the date of this notice. At the same time, a copy of said objection should be mailed to the applicant whose address is set forth below. The objection must state the grounds for the objection with particularity.

Alturas Water, LLC
3336 Grand Blvd. Suite 102
Holiday, FL. 34690

#9
notice.