

SUNNY HILLS UTILITY COMPANY, INC.

DOCKET NO. 20220066-WS

LIST OF CHEMICALS

FOR WATER TREATMENT

## Sunny Hills WTP Chemicals 2021

Plant #	Chemical	Delivery Date	Amount Gals	Cost
4	Sod Hypo	1/27/2021	50	65.00
4	Sod Hypo	2/23/21	50	65.00
4	Sod Hypo	4/21/21	40	52.00
4	Sod Hypo	3/25/21	40	52.00
4	Sod Hypo	5/19/21	50	65.00
4	Sod Hypo	6/18/21	65	84.50
4	Clear Flow PT	7/21/21	15	237.34
4	Sod Hypo	7/16/21	55	77.00
4	Sod Hypo	8/11/21	75	105.00
	Sod Hypo	8/11/21	40	56.00
4	Sod Hypo	9/9/21	30	42.00
4	Sod Hypo	10/11/21	80	124.00
	Sod Hypo	11/18/21	100	140.00
4	Sod Hypo	11/4/21	40	62.00
4	Sod Hypo	12/2/21	60	84.00
4	Sod Hypo	12/29/22	90	126.00

SUNNY HILLS UTILITY COMPANY, INC.

DOCKET NO. 20220066-WS

MOST RECENT

SANITARY SURVEY



# FLORIDA DEPARTMENT OF Environmental Protection

Northwest District  
160 W. Government Street, Suite 308  
Pensacola, FL 32502

**Ron DeSantis**  
Governor

**Jeanette Nuñez**  
Lt. Governor

**Shawn Hamilton**  
Secretary

December 22, 2021

Mr. Troy Rendell  
U.S. Water Services Corporation  
4939 Cross Bayou Boulevard  
New Port Richey, Florida 34652  
[trendell@uswatercorp.net](mailto:trendell@uswatercorp.net)

Re: Sunny Hills Water System  
PWS ID No. 1670647  
Washington County

Dear Mr. Rendell,

Department personnel conducted a sanitary survey of the above-referenced facility on December 3, 2021. Based on the information provided during and following the inspection, the facility was determined to be in compliance with the Department's rules and regulations. Any non-compliance items which may have been identified at the time of the inspection have been corrected. A copy of the inspection report is attached for your records.

The Department appreciates your efforts to maintain this system in compliance with state and federal rules. If you have any questions or comments, please contact Loran Jordan at (850) 767-0044 or by e-mail at [Loran.Jordan@FloridaDEP.gov](mailto:Loran.Jordan@FloridaDEP.gov).

Sincerely,

A handwritten signature in cursive script that reads "Erin Rasnake".

Erin Rasnake  
Assistant District Director  
Northwest District

ER/lj

Enclosure: 2021 DEP Sanitary Survey Report

c: Tom Brown, NW FL Water Management District ([tom.brown@nwfwater.com](mailto:tom.brown@nwfwater.com))  
Ewa Bearden, NW FL Water Management District ([ewa.bearden@nwfwater.com](mailto:ewa.bearden@nwfwater.com))  
Randall Weekley, Contract Operator ([gweekley@uswatercorp.net](mailto:gweekley@uswatercorp.net))  
Sharon Purviance, US Water Corp ([spurviance@uswatercorp.net](mailto:spurviance@uswatercorp.net))



**STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION**  
**SANITARY SURVEY REPORT**  
**GROUND WATER COMMUNITY SYSTEMS**

**SYSTEM AND OWNER INFORMATION**

**System** Sunny Hills Utilities **County** Washington **PWS ID #** 1670647  
**Address** 3810 Gables Blvd. **City** Chipley  
**Phone** 850-628-0652 **Fax** none **E-mail** gweekley@uswatercorp.net  
**Owner** U.S. Water Services Corporation **Phone** 727-919-1548  
**Address** 4939 Cross Bayou Boulevard, Florida 34652 **E-mail** trendell@uswatercorp.net

**INSPECTION AND CONTACT INFORMATION**

**Date of this survey** December 3, 2021 **Date of last survey** August 7, 2019  
**DEP Representative(s)** Loran Jordan  
**Person(s) Contacted** Randall Weekley  
**Emergency Number** 850-628-0652 **Cell** 850-818-1162 **Other** \_\_\_\_\_

**CERTIFIED OPERATORS AND CERTIFICATION NUMBER**

Randall Weekley 23173-C; Relief operator Jean Pitzer 07605-C

**DIRECTIONS TO PLANT OR OFFICE (provide general directions to the office and/or plant)**

From Panama City take 77 north for approximately 24 miles, turn right onto Sunny Hills Blvd., approximately 1 mile turn left on to Gables Blvd., water plant is approximately 0.25 miles on left.

**SERVICE AREA**

**Service Area Characteristics** Residential community  
**Population Served** 1,458 **Basis** SC x 2.45  
**Service Connections** 594 **% Metered** 100  
**Design Capacity (gallons)** 1,584,000  
**Design Capacity without best well** 720,000  
**Storage Capacity** 170,000 **Avg. Day** 114,082  
**Max. Day (GPD)** 400,500 **% Design Capacity** 25.3  
**25% Max. Day** 100,125 **% Storage Capacity** 58.9

**PERMANENT SOURCES OF RAW WATER:**

**Ground** **How Many Wells** 2  
 **Purchased** **PWS #'s.** n/a  
**Purchase Limit (GPD)** n/a

**TREATMENT IN USE AT THIS PLANT: (CHECK ALL THAT APPLY)**

**Number of Plants** 2

<input type="checkbox"/> Aeration	<input type="checkbox"/> E.D.	<input type="checkbox"/> Iron Removal	<input type="checkbox"/> pH Adjustment	<input checked="" type="checkbox"/> Chlorination
<input type="checkbox"/> Filtration	<input type="checkbox"/> Lime Softening	<input type="checkbox"/> T&O Control	<input type="checkbox"/> Chlorination-Pre	<input type="checkbox"/> Filt. Hi-Rate
<input type="checkbox"/> Recarbonation	<input type="checkbox"/> Settling	<input type="checkbox"/> Chlorination-Post	<input type="checkbox"/> Fluoridation	<input type="checkbox"/> Reverse Osmosis
<input type="checkbox"/> Zeolite Softener	<input type="checkbox"/> Coagulation	<input checked="" type="checkbox"/> Orthophosphate	<input type="checkbox"/> Aqua Mag	<input type="checkbox"/> Other-Specify

**Any additional treatment is needed?** No **For control of what deficiencies?** n/a

**OPERATOR STAFFING REQUIREMENTS**

**Number of Licensed Operators** 2 **Plant Cat/Class** 5C **Staffing compliant?**  Yes  No **Actual visits per week:** 6

**Avg Purchased (GPD)** n/a

**EMERGENCY MEDIA CONTACT NUMBERS**

	NAME	PHONE NUMBER
Television	WMBB Channel 13	850-763-6000
	WJHG Channel 7	850-233-1977
Radio FM	Magic Broadcasting	850-230-5855
Newspaper	PC News Herald	850-747-5000

**EMERGENCY PREPAREDNESS/STANDBY POWER**

**Emergency Preparedness Plan On file?**  Yes  No  Not Req'd  
**The plan includes the following:**  
 Communication Chart  Written Agreements  Disaster Plan (incl. drought)  Standby Power Info  Inventories  Other  
**Avg. Day Percentage of Auxiliary Supply** 6.6%  
**Standby Equipment Operated at Least Monthly?**  Yes  No  
**Any Interconnects**  Yes  No  
**If yes, which systems:** N/A  
**Comments:** ERP updated 05/08/2018

<b>SOURCE</b>			
<b>Well Name or Source</b>	<b>Well 1</b>	<b>Well 4</b>	<b>Comment</b>
<b>Street name of well</b>	Gables Blvd.	Cash Circle	Well 1 is standby due to high iron content.
<b>Year Drilled</b>	1971	1973	
<b>W Depth Drilled (feet)</b>	433	436	
<b>E Drilling Method</b>	rotary	rotary	
<b>L Length, Outside Casing (feet)</b>	433	204	
<b>L Diameter, Outside Casing (inches)</b>	18	12	
<b>Material, Outside Casing</b>	blacksteel	blacksteel	
<b>D Type of Strainer</b>	none	none	
<b>A Depth to Top of Strainer</b>	n/a	n/a	
<b>T Type of Grout</b>	cement	cement	
<b>A Depth to Static Water Level (feet)</b>	86	198	
<b>Normal Suction Lift (working level-ft)</b>	94	205	
<b>P Pump Type</b>	vertical turbine	vertical turbine	
<b>U Horse Power</b>	30	60	
<b>M Normal Yield (GPM/GPD if purchased)</b>	500	500	
<b>P Capacity (GPM / GPD if purchased)</b>	500	600	
<b>R Protection from Surface Water</b>	yes	yes	
<b>O Is Inundation of Well Possible?</b>	no	no	
<b>U Well Ever Been Contaminated?</b>	no	no	
<b>T Check Valve Present in Line?</b>	yes	yes	
<b>I Proper Venting?</b>	no*	yes	*Pre-2003, casing vent not required.
<b>N Meter Accuracy and Year of Test</b>	-2.3%; 11/23/2021	-4.0%; 11/23/2021	
<b>E Date of Last Servicing?</b>	1971	2015	
<b>A Auxiliary Capability (if yes, list type)</b>	yes (LP gas generator)	yes (Kohler diesel)	
<b>U Manual or Automatic?</b>	manual	automatic	
<b>X Capacity (GPM)</b>	500	600	
<b>Florida Unique ID# (GPS well tag)</b>	AAA5155	AAA5156	

Comments: \*Please note: Should any modification requiring a construction permit be made to Well 1, a casing vent must also be installed in accordance with Section 3.2.7.6 in Recommended Standards for Water Works as incorporated into Rule 62-555.330, F.A.C.

TREATMENT			
● CHLORINATOR			
PLANT NUMBER (OR NAME)→	1	2	Comment
Type of chlorination (if hypo list strength)	hypo (12.5%)	hypo (12.5%)	
Condition of Chlorination Equipment	good	good	
Capacity (PPD, GPD)	30 gpd	30 gpd	
Chlorine Feed Rate (PPD, GPD)	2 gpd	2 gpd	
Adequate Housing and Security?	yes	yes	
Associated Well(s) (if any)	Well 1	Well 4	
Auxiliary Power Capability?	yes	yes	
O & M Log/Manual Onsite?	yes	yes	
Chlorine Residual (mg/L)	0.44	1.17	
<b>G</b> Chlorine Alarms Functional?	n/a	n/a	
<b>G</b> Auto Switchover	n/a	n/a	
<b>G</b> Dual System	n/a	n/a	
<b>G</b> Evidence of Leaks	n/a	n/a	
<b>A</b> Air-Pack Respirator Adequate?	n/a	n/a	
<b>A</b> Ammonia Smells Fresh	n/a	n/a	
<b>A</b> Chained Cylinders	n/a	n/a	
<b>S</b> Fitted Wrench	n/a	n/a	
<b>S</b> Proper Ventilation	n/a	n/a	
<b>S</b> Scale Condition	n/a	n/a	
Spare Parts/Backups Operative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Spare Parts Not Retained More capacity needed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Comments:			

<b>PUMPS AND PUMP CONTROLS</b>				
<b>PUMP CATEGORY</b>	<b>High Service Pumps</b>			
<b>PUMP NUMBER →</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>Comment</b>
<b>PUMP TYPE</b>	centrifugal	centrifugal	centrifugal	
<b>MOTOR HP</b>	25	25	10	
<b>DATE INSTALLED</b>	6/1972	6/1972	6/1972	
<b>CAPACITY (GPM)</b>	200	200	100	
<b>AUXILIARY CAPACITY?</b>	yes	no	no	
<b>PROPER SECURITY?</b>	yes	yes	yes	
<b>CONDITION OF PUMP</b>	good	good	good	
<b>MAINT. SCHEDULE</b>	monthly	monthly	monthly	
<b>DATE LAST SERVICED</b>	2009	2009	2009	

<b>STORAGE FACILITIES:</b>				
<b>TANK NUMBER →</b>	<b>1C</b>	<b>4</b>	<b>6</b>	<b>Comment</b>
<b>TYPE (GROUND, ELEVATED, HYDRO)</b>	hydro	hydro	ground	
<b>Year of Construction</b>	1992	2007	2012	
<b>CAPACITY (GALLONS)</b>	10,000	10,000	150,000	
<b>MATERIAL</b>	steel	steel	steel	
<b>GRAVITY DRAIN CAPACITY/DIAMETER</b>	4 in.	4 in.	4 in.	
<b>OVERFLOW STRUCTURES PROPER?</b>	n/a	n/a	yes	
<b>BYPASS CAPACITY</b>	yes	yes	yes	
<b>COVERED/SCREENED OPENINGS</b>	n/a	yes	see AOCs*	
<b>PRESSURE GAUGE</b>	yes	yes	no	
<b>ON/OFF PRESSURE (PSI)</b>	30/60	30/60	n/a*	*tank volume controlled by float switch
<b>DATE OF LAST ANNUAL INSPECTION</b>	Operator inspects tanks quarterly; 12/03/2021			
<b>YEAR OF LAST 5-YEAR INSPECTION</b>	10/30/2020			
<b>YEAR OF LAST WASHOUT</b>	10/30/2021			
Does system provide fire protection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No      Security Adequate? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No      Low-Level Alarm? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Does current storage capacity comply with requirements in FAC 62-555? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
<b>COMMENTS:</b> *Tank 6 needs new screen on dump valve.				

**DISTRIBUTION SYSTEM**

Material of mains? AC, cast iron, & PVC System looped? no How many hydrants? 69  
 Any fire hydrants < 6" lines?  Yes  No  Unknown Max. pipe diameter 16" Min. pipe diameter 2"  
 General operation pressure 50 psi Lowest pressures 40 psi Location of low pressure Zinnia Dr.  
 Number of dead ends 80 How many without flush hydrants? none Flushing program? quarterly  
 Number of line valves 470 How often exercised annually Properly Mapped? yes Properly Marked? yes  
 System Maps Adequate? yes Any uncleared permits? no Any uncleared and in use? n/a  
 Percent water loss Unknown\*\* See Remarks Does the system have reuse? no Comments \_\_\_\_\_

**CROSS CONNECTION CONTROL**

Cross Connection Control Program Meet Requirements?  Yes  No Comment: Plan updated 9/10/2018; all residential irrigation connections have BFDs  
 Test Frequency? biannual Tracking:  Hard Copy  CPU # of BFDs: 70 Hydrant Meters  Lift Stations  WWTP   
 Date of Last Audit (commercial or residential): 2021 Name of Certified BFD Tester: Randall Weekley - C06-21-10388

Chlorine	Remote 1	Remote 2
Chlorine Residual	0.75	1.09
Location	Birwood Court	Aquarius Drive

**COMPLIANCE MONITORING**

**Compliance Schedule:** The following parameters are due during the year shown.

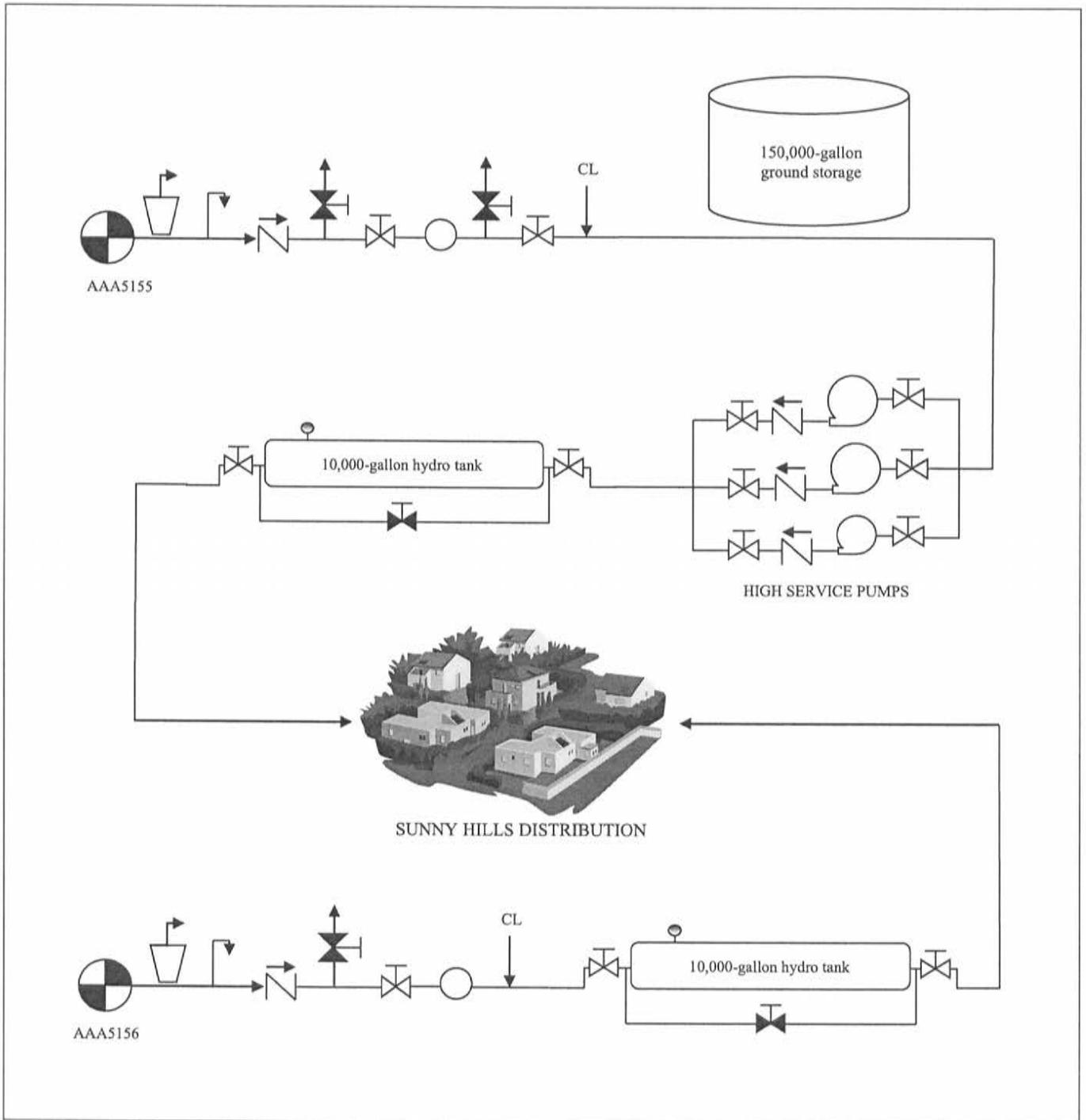
Inorganics	2024	SOCs	2024	Stage 2 DBPs	2024	Asbestos	2030
VOCs	2024	Radiologicals	2027	Secondaries	2024	Pb & Cu	2023
Nitrate/Nitrite	2022						

System out of compliance with any of the above parameters? no  
 Testing Equipment & Reagents  Adequate  Inadequate Comment: \_\_\_\_\_  
 Bacteriological Sampling Plan:  Adequate  Inadequate Comment: \_\_\_\_\_  
 Disinfection Byproducts Plan:  Adequate  Inadequate Comment: \_\_\_\_\_

**MANAGERIAL/FINANCIAL**

How is the system structured?  Investor  Municipal  Private  Cooperative  Other Does the system follow a budget?  Yes  No  
 Preventative Maintenance Program in place?  Yes  No Is adequate training provided to water system personnel?  Yes  No  
 Comment: \_\_\_\_\_

**SYSTEM SCHEMATIC**



## AREAS OF CONCERN

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1) **Ground storage tank overflow discharge pipe is not properly screened.** F.A.C. 62-555.350(2).

**Recommended Action:** Install a 24-mesh, corrosion resistant screen within the flapper valve to prevent entry of small animals and insects.

**Expected Date for Correction:** **\*\*CORRECTED:** The system operator submitted a photo of a newly installed screen via email on 12/16/2021.

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*To see any of the above referenced rules, visit  
<https://floridadep.gov/water/water/content/water-resource-management-rules>*

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## REMARKS AND RECOMMENDATIONS

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### OCULUS

The Department has gone paperless! Our documents, including this report, are available on our OCULUS electronic document management system, available to the public at: <https://depedms.dep.state.fl.us/>. All documents (including sampling, permitting, enforcement, etc...) are accessible through this site. If you have any questions, please contact Ms. Linda Hamilton at (850) 767-0051.

## FLORIDA'S WATER TRACKER

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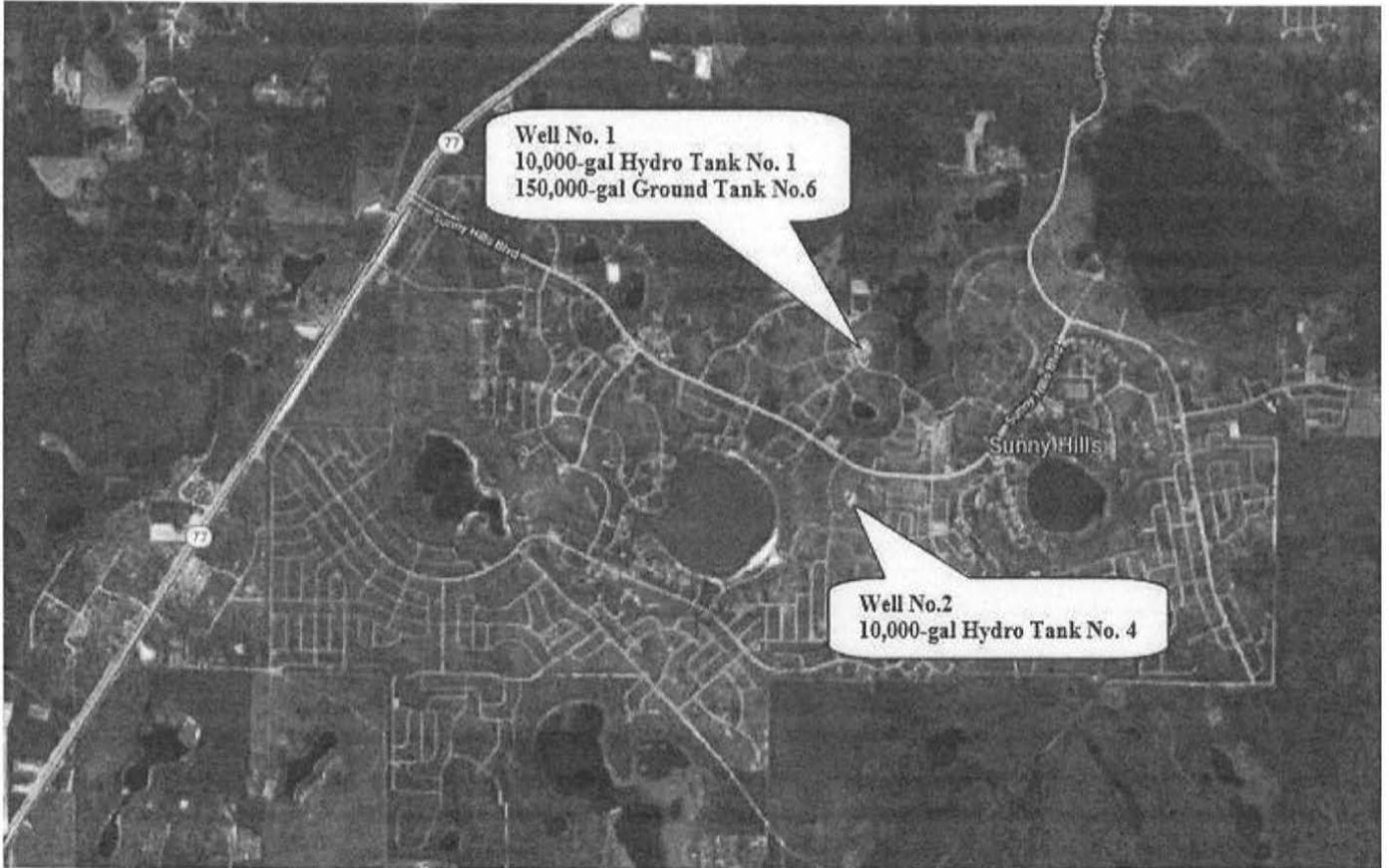
WATER Tracker will replace the former utility coordination system, Storm Tracker, in order to provide a more robust and interactive communication and coordination platform for all water utilities to use in emergency situations, such as hurricanes. WATER Tracker will ensure that needs of individual facilities are met as quickly and efficiently as possible, and that the entire statewide network will run smoothly to better serve the people of Florida. Please visit <https://www.flwatertracker.com/> to setup an account.

## WATER LOSS

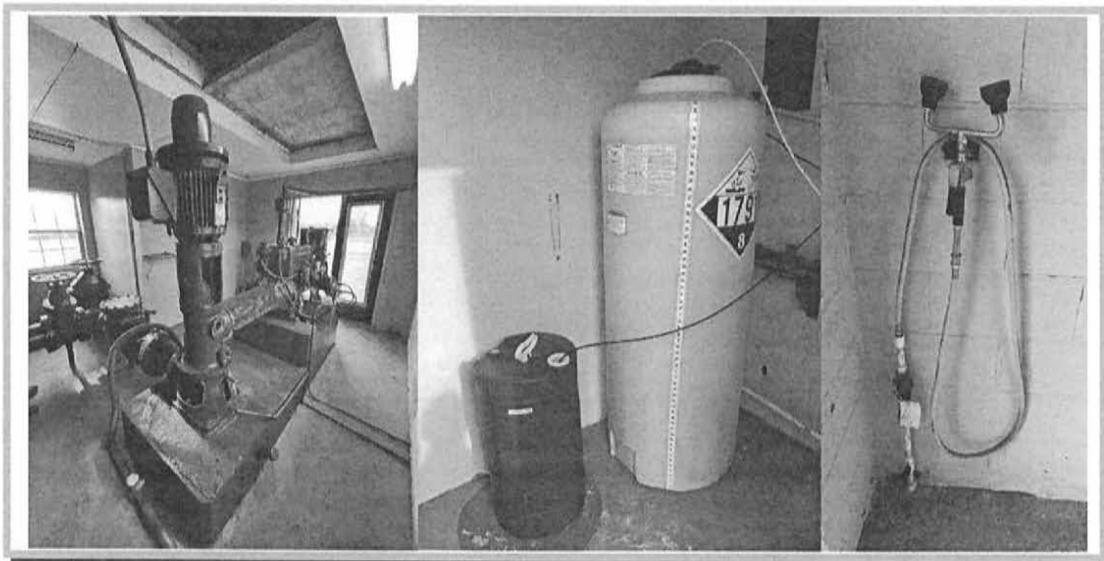
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Water loss audit was not produced during the 2021 inspection. The Department recommends contacting the FRWA for assistance in ascertaining current water loss and implementing water loss reduction measures and monitoring strategies for identifying and correcting future water loss.

**AERIAL MAP**



**DIGITAL PHOTOS**



Plant #1 (left to right): Well ID# AAA5155, Chlorination System, and Eyewash Station

**DIGITAL PHOTOS (cont.)**

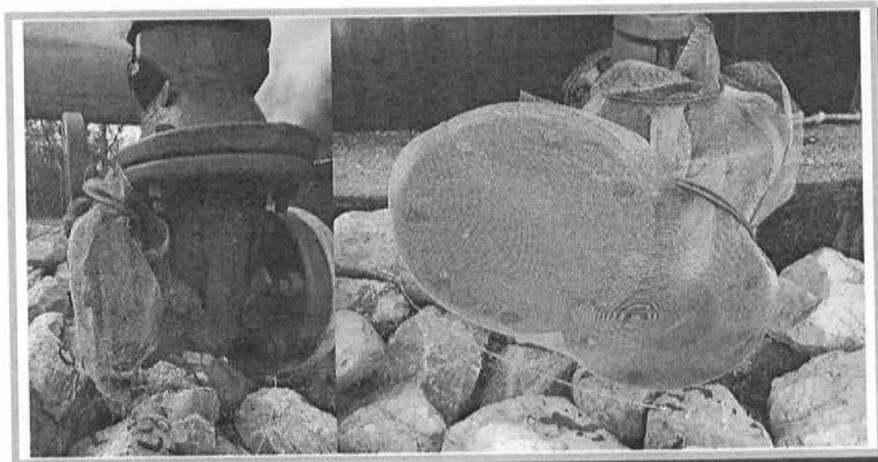
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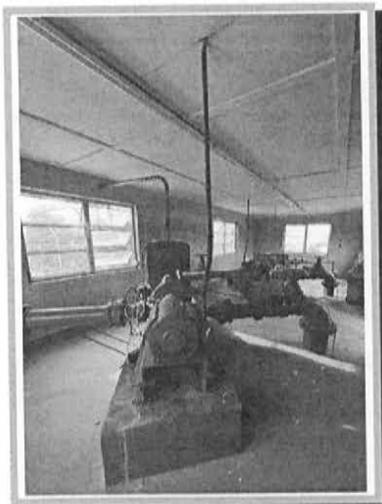
Plant #1: 10,000-gallon hydro tank



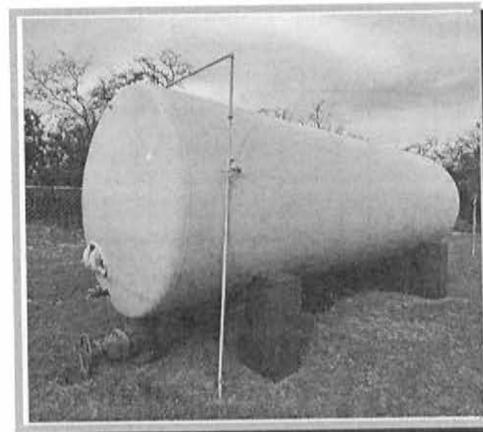
Plant #1: 150,000-gallon ground storage tank



Plant #1 Ground Storage Tank Dump Valve (left to right):  
Damaged Screen with openings; New screen added 12/16/2021



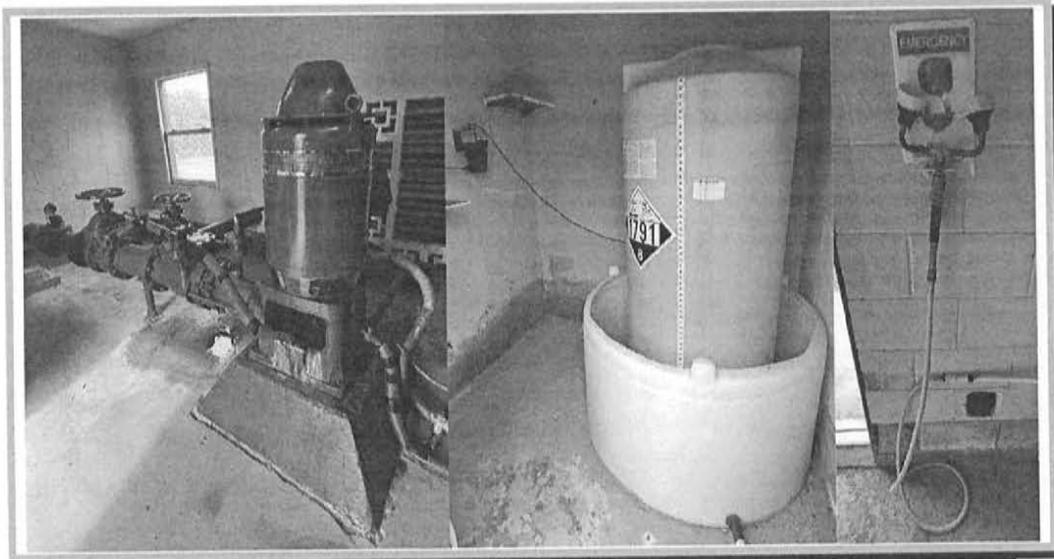
Plant #1: High service pumps



Plant #2: 10,000-gallon hydro tank

**DIGITAL PHOTOS (cont.)**

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Plant #2 (left to right): Well ID# AAA5156, Chlorination System, and Eyewash Station

\*\*\*END OF REPORT\*\*\*

INSPECTOR'S SIGNATURE *Loran Jordan* DATE: December 17, 2021  
Loran Jordan

REVIEWED BY *Scott Grubbs* DATE: December 21, 2021  
Scott Grubbs

SUNNY HILLS UTILITY COMPANY, INC.

DOCKET NO. 20220066-WS

MOST RECENT

CHEMICAL ANALYSIS

# 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: Sunny Hills PWS I.D. #: 1670647

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

Address: 3810 Gables Blvd.

City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: U Sample Date: 8/25/21 Sample Time: 1415 AM  (Circle One)

Sample Location (be specific) Well #1 POE Location Code: \_\_\_\_\_

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 2.3 mg/L Field pH: 7.5

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

Reason(s) for Sample (Check all that apply)

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

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, Nova Griffis, \_\_\_\_\_, Operator, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: Nova Griffis Date: 8/25/21

Certified Operator # C-2383 Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

Sampler's E-mail: \_\_\_\_\_

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

Lab Name: The Water Spigot, Inc. Florida DOH Certification #: E81105 Certification Expiration Date: June

ATTACH CURRENT DOH ANALYTE SHEET\*

Address: 5806 E. Highway 22, Panama City, FL 32404

Phone #: (850) 871-1900

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: 08/25/2021

PWS ID (From Page 1): 1670647 Sample Number (From Page 1): WS21AUG25-040-003 Lab Assigned Report #: WS21AUG25-040-003

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, Trish Jackson, President, 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: 11-22-2021

\* 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: WS21AUG25-040-003

PWS ID (From Page 1): 1670647

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	0.1	U	EPA 353.2	0.1	08/25/2021	16:00	E81105
1041	Nitrite (as N)	1	mg/L	0.1	U	EPA 353.2	0.1	08/25/2021	16:00	E81105
1005	Arsenic	0.010	mg/L	0.002	U	EPA 200.9	0.002	08/31/2021	12:30	E81105
1010	Barium	2	mg/L	0.0097		EPA 200.7	0.001	08/30/2021	15:00	E81105
1015	Cadmium	0.005	mg/L	0.0001	U	EPA 200.9	0.0001	09/01/2021	09:00	E81105
1020	Chromium	0.1	mg/L	0.002	U	EPA 200.7	0.002	08/30/2021	15:00	E81105
1024	Cyanide	0.2	mg/L	0.005	U	SM 4500CN-	0.005	09/07/2021		E83018
1025	Fluoride	4.0	mg/L	0.1	U	SM 4500-F C	0.1	09/07/2021	13:00	E81105
1030	Lead	0.015	mg/L	0.001	U	EPA 200.9	0.001	09/03/2021	12:33	E81105
1035	Mercury	0.002	mg/L	0.0003	U	EPA 245.1	0.0003	08/27/2021	16:00	E81105
1036	Nickel	0.1	mg/L	0.002	U	EPA 200.7	0.002	08/30/2021	15:00	E81105
1045	Selenium	0.05	mg/L	0.003	U	EPA 200.9	0.003	08/21/2021	14:30	E81105
1052	Sodium	160	mg/L	10		EPA 200.7	0.068	09/08/2021	20:00	E81105
1074	Antimony	0.006	mg/L	0.0020	I	EPA 200.9	0.002	08/30/2021	14:00	E81105
1075	Beryllium	0.004	mg/L	0.0001	U	EPA 200.9	0.0001	08/30/2021	11:58	E81105
1085	Thallium	0.002	mg/L	0.001	U	EPA 200.9	0.001	09/01/2021	12:00	E81105
1094	Asbestos	7 MFL	MFL							E

\*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: WS21AUG25-040-003

PWS ID (From Page 1): 1670647

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	0.05	U	EPA 200.7	0.05	08/30/2021	15:00	E81105
1017	Chloride	250	mg/L	15		SM 4500-CL-E (2011)	1	09/01/2021	09:00	E81105
1022	Copper	1	mg/L	0.01	U	EPA 200.7	0.01	08/30/2021	15:00	E81105
1025	Fluoride	2.0	mg/L	0.1	U	SM 4500-F C	0.1	09/07/2021	13:00	E81105
1028	Iron	0.3	mg/L	0.41		EPA 200.7	0.04	08/30/2021	15:00	E81105
1032	Manganese	0.05	mg/L	0.027		EPA 200.7	0.001	08/30/2021	15:00	E81105
1050	Silver	0.1	mg/L	0.04	U	SM 3111 B	0.04	09/13/2021	15:30	E81105
1055	Sulfate	250	mg/L	5	U	EPA 375.2	5	09/03/2021	08:00	E81105
1095	Zinc	5	mg/L	0.004	U	EPA 200.7	0.004	08/30/2021	15:00	E81105
1905	Color	15	CU	10		SM 2120 B	5	08/26/2021	16:00	E81105
1920	Odor	3	TON	1	U	SM 2150B	1	08/25/2021	16:12	E81105
1925	pH (field pH from page 1)	6.5 - 8.5			7.5	SM 4500-H B	0	08/25/2021	14:15	Operator
1930	Total Dissolved Solids	500	mg/L	172		SM 2540 C (2011)	1	08/30/2021	11:00	E81105
2905	Foaming Agents	0.5	mg/L	0.025	U	SM 5540 C	0.025	08/26/2021	08:30	E81105

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

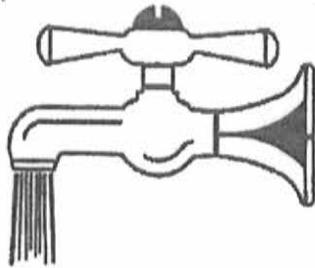
VOLATILE ORGANICS  
62-550.310(4)(a)

Report Number / Job ID: WS21AUG25-040-003

PWS ID (From Page 1): 1670647

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	µg/L	0.5	U	EPA 524.2	0.5	0.5	08/26/2021	17:41	E81105
2380	cis-1,2-Dichloroethylene	70	µg/L	0.5	U	EPA 524.2	0.5	0.5	08/26/2021	17:41	E81105
2955	Xylenes (total)	10,000	µg/L	0.5	U	EPA 524.2	0.5	0.5	08/26/2021	17:41	E81105
2964	Dichloromethane	5	µg/L	0.5	U	EPA 524.2	0.5	0.5	08/26/2021	17:41	E81105
2968	o-Dichlorobenzene	600	µg/L	0.2	U	EPA 524.2	0.2	0.5	08/26/2021	17:41	E81105
2969	para-Dichlorobenzene	75	µg/L	0.2	U	EPA 524.2	0.2	0.5	08/26/2021	17:41	E81105
2976	Vinyl Chloride	1	µg/L	0.5	U	EPA 524.2	0.5	0.5	08/26/2021	17:41	E81105
2977	1,1-Dichloroethylene	7	µg/L	0.2	U	EPA 524.2	0.2	0.5	08/26/2021	17:41	E81105
2979	trans-1,2-Dichloroethylene	100	µg/L	0.2	U	EPA 524.2	0.2	0.5	08/26/2021	17:41	E81105
2980	1,2-Dichloroethane	3	µg/L	0.2	U	EPA 524.2	0.2	0.5	08/26/2021	17:41	E81105
2981	1,1,1-Trichloroethane	200	µg/L	0.2	U	EPA 524.2	0.2	0.5	08/26/2021	17:41	E81105
2982	Carbon tetrachloride	3	µg/L	0.2	U	EPA 524.2	0.2	0.5	08/26/2021	17:41	E81105
2983	1,2-Dichloropropane	5	µg/L	0.2	U	EPA 524.2	0.2	0.5	08/26/2021	17:41	E81105
2984	Trichloroethylene	3	µg/L	0.2	U	EPA 524.2	0.2	0.5	08/26/2021	17:41	E81105
2985	1,1,2-Trichloroethane	5	µg/L	0.2	U	EPA 524.2	0.2	0.5	08/26/2021	17:41	E81105
2987	Tetrachloroethylene	3	µg/L	0.2	U	EPA 524.2	0.2	0.5	08/26/2021	17:41	E81105
2989	Monochlorobenzene	100	µg/L	0.2	U	EPA 524.2	0.2	0.5	08/26/2021	17:41	E81105
2990	Benzene	1	µg/L	0.5	U	EPA 524.2	0.5	0.5	08/26/2021	17:41	E81105
2991	Toluene	1,000	µg/L	0.5	U	EPA 524.2	0.5	0.5	08/26/2021	17:41	E81105
2992	Ethylbenzene	700	µg/L	0.5	U	EPA 524.2	0.5	0.5	08/26/2021	17:41	E81105
2996	Styrene	100	µg/L	0.5	U	EPA 524.2	0.5	0.5	08/26/2021	17:41	E81105

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



# The Water Spigot, Inc.

NELAC Laboratory Certification #E81105  
5806 East Hwy. 22 \* Panama City, Florida 32404  
Phone (850) 871-1900 Fax (850) 871-9303  
[Trishj-waterspigot@comcast.net](mailto:Trishj-waterspigot@comcast.net)

## CERTIFICATE OF ANALYSIS

Client Report For: Sunny Hills  
Attention: George Weekley  
Client Address: 3810 Gables Blvd  
Chipley, FL 32158  
Report Date: 11/20/21  
LAB ID: WS21AUG25-040-002

Comments:

These test results meet all NELAC requirements for those parameters which require accreditation. Any exceptions or deviations from NELAC protocol are noted in this report. Any samples collected by The Water Spigot personnel are done according to the latest revision of SOP-001/01. Any question concerning this report should be directed to the person signing this report at (850) 871-1900, The Water Spigot, Inc., 5806 East Highway 22, Panama City, FL 32404. The test results in this report relate only to those specific samples listed.

A statement of estimated uncertainty of test results is available on request. Analyses performed in the field are not regulated by the NELAC standards.

This report may not be reproduced except in full with written approval from the laboratory.

Approved By: \_\_\_\_\_

Handwritten signature of Trish Jackson in black ink.

Trish Jackson, President

Serial #: WS21AUG25-040-002-Original

Date: 11-22-2021

Report Type: Original

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

Data Qualifier	Qualifier Definition
A	Value reported is the mean (average) of two or more determinations.
B	Results based upon colony counts outside the acceptable range. Applies to microbiological tests and specifically to membrane filter colony counts. It is to be used if the colony count is generated from a plate in which the total number of colonies is outside the method indicated ideal range.
D	Measurement was made in the field.
E	Extra samples were taken at composite stations.
F	Species: Female sex.
H	Value based on field kit determination; results may not be accurate.
I	The reported value is between the laboratory MDL and the laboratory PQL.
J	Estimated value; value not accurate. All results with a "J" qualifier require comment.
K	Off-scale low. Actual value is known to be less than the value given.
L	Off-scale high. Actual value is known to be greater than value given.
M	Chemical Analysis: Presence of material is verified but not quantified; the actual value is less than the value given. The reported value shall be the laboratory practical quantitation limit. Species: Male sex
N	Presumptive evidence of presence of material
O	Sampled, but analysis lost or not performed
Q	Sample held beyond the accepted holding time
R	Significant rain in the past 48 hours.
T	Value reported is less than the laboratory method detection limit. The value is reported for informational purposes, only and shall not be used in statistical analysis.
U	Compound was analyzed for but not detected.
V	Analyte was detected in both the sample and the associated method blank.
Y	Laboratory analysis was from an unpreserved or improperly preserved sample. The data may not be accurate.
Z	Too many colonies were present for accurate counting (TNTC), the numeric value shall be estimated from the highest dilution factor (smallest sample volume) used for the test and reported with the qualifier code.
?	Data is rejected and should not be used. Some or all of the quality control data for the analyte were outside criteria, and the presence or absence of the analyte cannot be determined from the data.
*	Not analyzed due to interference.
!	Data deviates from historically established concentration ranges.

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: Sunny Hills PWS I.D. #: 1670647

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

Address: 3810 Gables Blvd.

City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: \_\_\_\_\_ Sample Date: 8/25/21 Sample Time: 1315 AM  PM (Circle One)

Sample Location (be specific): Well 4 POE Location Code: \_\_\_\_\_

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L Field pH: \_\_\_\_\_

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

Reason(s) 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, Nona Griffiths, Operator, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: Nona Griffiths Date: 8/25/21

Certified Operator #: 620353 Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

Sampler's E-mail: \_\_\_\_\_

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

Lab Name: The Water Spigot, Inc. Florida DOH Certification #: E81105 Certification Expiration Date: June

ATTACH CURRENT DOH ANALYTE SHEET\*

Address: 5806 E. Highway 22, Panama City, FL 32404 Phone #: (850) 871-1900

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: 08/25/2021

PWS ID (From Page 1): 1670647 Sample Number (From Page 1): WS21AUG25-040-002 Lab Assigned Report #: WS21AUG25-040-002

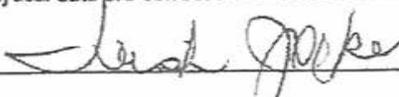
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

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

### LAB CERTIFICATION

I, Trish Jackson, President, 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: 11-22-2021

\* 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 "c" 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: WS21AUG25-040-002

PWS ID (From Page 1): 1670647

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	0.1	U	EPA 353.2	0.1	08/25/2021	16:00	E81105
1041	Nitrite (as N)	1	mg/L	0.1	U	EPA 353.2	0.1	08/25/2021	16:00	E81105
1005	Arsenic	0.010	mg/L	0.002	U	EPA 200.9	0.002	08/31/2021	12:30	E81105
1010	Barium	2	mg/L	0.018		EPA 200.7	0.001	08/30/2021	15:00	E81105
1015	Cadmium	0.005	mg/L	0.0001	U	EPA 200.9	0.0001	09/01/2021	09:00	E81105
1020	Chromium	0.1	mg/L	0.002	U	EPA 200.7	0.002	08/30/2021	15:00	E81105
1024	Cyanide	0.2	mg/L	0.005	U	SM 4500CN-F	0.005	09/07/2021		E83018
1025	Fluoride	4.0	mg/L	0.1	U	SM 4500-F C	0.1	09/07/2021	13:00	E81105
1030	Lead	0.015	mg/L	0.001	U	EPA 200.9	0.001	09/03/2021	12:33	E81105
1035	Mercury	0.002	mg/L	0.0003	U	EPA 245.1	0.0003	08/27/2021	16:00	E81105
1036	Nickel	0.1	mg/L	0.002	U	EPA 200.7	0.002	08/30/2021	15:00	E81105
1045	Selenium	0.05	mg/L	0.003	U	EPA 200.9	0.003	08/21/2021	14:30	E81105
1052	Sodium	160	mg/L	3.1		EPA 200.7	0.088	09/08/2021	20:00	E81105
1074	Antimony	0.006	mg/L	0.002	U	EPA 200.9	0.002	08/30/2021	14:00	E81105
1075	Beryllium	0.004	mg/L	0.0001	U	EPA 200.9	0.0001	08/30/2021	11:58	E81105
1085	Thallium	0.002	mg/L	0.001	U	EPA 200.9	0.001	09/01/2021	12:00	E81105
1094	Asbestos	7 MFL	MFL							E

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

SECONDARY CONTAMINANTS  
62-550.320

Report Number / Job ID: WS21AUG25-040-002

PWS ID (From Page 1): 1670647

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	0.05	U	EPA 200.7	0.05	08/30/2021	15:00	E81105
1017	Chloride	250	mg/L	3.5	I	SM 4500-CL-E (2011)	1	09/01/2021	09:00	E81105
1022	Copper	1	mg/L	0.01	U	EPA 200.7	0.01	08/30/2021	15:00	E81105
1025	Fluoride	2.0	mg/L	0.1	U	SM 4500-F C	0.1	09/07/2021	13:00	E81105
1028	Iron	0.3	mg/L	0.046	I	EPA 200.7	0.04	08/30/2021	15:00	E81105
1032	Manganese	0.05	mg/L	0.013		EPA 200.7	0.001	08/30/2021	15:00	E81105
1050	Silver	0.1	mg/L	0.04	U	SM 3111 B	0.04	09/13/2021	15:30	E81105
1055	Sulfate	250	mg/L	5	U	EPA 375.2	5	09/03/2021	08:00	E81105
1095	Zinc	5	mg/L	0.004	U	EPA 200.7	0.004	08/30/2021	15:00	E81105
1905	Color	15	CU	5	U	SM 2120 B	5	08/26/2021	16:00	E81105
1920	Odor	3	TON	1	U	SM 2150B	1	08/25/2021	16:12	E81105
1925	pH (field pH from page 1)	6.5 - 8.5		7.5		SM 4500-H B	0	08/25/2021	13:15	Operator
1930	Total Dissolved Solids	500	mg/L	119		SM 2540 C (2011)	1	08/30/2021	11:00	E81105
2905	Foaming Agents	0.5	mg/L	0.025	U	SM 5540 C	0.025	08/26/2021	08:30	E81105

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

VOLATILE ORGANICS  
62-550.310(4)(a)

Report Number / Job ID: WS21AUG25-040-002

PWS ID (From Page 1): 1670647

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	µg/L	0.5	U	EPA 524.2	0.5	0.5	08/26/2021	17:08	E81105
2380	cis-1,2-Dichloroethylene	70	µg/L	0.5	U	EPA 524.2	0.5	0.5	08/26/2021	17:08	E81105
2955	Xylenes (total)	10,000	µg/L	0.5	U	EPA 524.2	0.5	0.5	08/26/2021	17:08	E81105
2964	Dichloromethane	5	µg/L	0.5	U	EPA 524.2	0.5	0.5	08/26/2021	17:08	E81105
2968	o-Dichlorobenzene	600	µg/L	0.2	U	EPA 524.2	0.2	0.5	08/26/2021	17:08	E81105
2969	para-Dichlorobenzene	75	µg/L	0.2	U	EPA 524.2	0.2	0.5	08/26/2021	17:08	E81105
2976	Vinyl Chloride	1	µg/L	0.5	U	EPA 524.2	0.5	0.5	08/26/2021	17:08	E81105
2977	1,1-Dichloroethylene	7	µg/L	0.2	U	EPA 524.2	0.2	0.5	08/26/2021	17:08	E81105
2979	trans-1,2-Dichloroethylene	100	µg/L	0.2	U	EPA 524.2	0.2	0.5	08/26/2021	17:08	E81105
2980	1,2-Dichloroethane	3	µg/L	0.2	U	EPA 524.2	0.2	0.5	08/26/2021	17:08	E81105
2981	1,1,1-Trichloroethane	200	µg/L	0.2	U	EPA 524.2	0.2	0.5	08/26/2021	17:08	E81105
2982	Carbon tetrachloride	3	µg/L	0.2	U	EPA 524.2	0.2	0.5	08/26/2021	17:08	E81105
2983	1,2-Dichloropropane	5	µg/L	0.2	U	EPA 524.2	0.2	0.5	08/26/2021	17:08	E81105
2984	Trichloroethylene	3	µg/L	0.2	U	EPA 524.2	0.2	0.5	08/26/2021	17:08	E81105
2985	1,1,2-Trichloroethane	5	µg/L	0.2	U	EPA 524.2	0.2	0.5	08/26/2021	17:08	E81105
2987	Tetrachloroethylene	3	µg/L	0.2	U	EPA 524.2	0.2	0.5	08/26/2021	17:08	E81105
2989	Monochlorobenzene	100	µg/L	0.2	U	EPA 524.2	0.2	0.5	08/26/2021	17:08	E81105
2990	Benzene	1	µg/L	0.5	U	EPA 524.2	0.5	0.5	08/26/2021	17:08	E81105
2991	Toluene	1,000	µg/L	0.5	U	EPA 524.2	0.5	0.5	08/26/2021	17:08	E81105
2992	Ethylbenzene	700	µg/L	0.5	U	EPA 524.2	0.5	0.5	08/26/2021	17:08	E81105
2996	Styrene	100	µg/L	0.5	U	EPA 524.2	0.5	0.5	08/26/2021	17:08	E81105

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



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: Sunny Hills PWS I.D. #: 1670647

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

Address: 3810 Gables Blvd.

City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: \_\_\_\_\_ Sample Date: 8/25/21 Sample Time: 1230 AM  PM (Circle One)

Sample Location (be specific): Well #5 POE Location Code: \_\_\_\_\_

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.53 mg/L Field pH: 7.4

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

Reason(s) for Sample (Check all that apply)

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

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, Nona Griffiths, Operator, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: Nona Griffiths Date: 8/25/21

Certified Operator # C20383 Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

Sampler's E-mail: \_\_\_\_\_

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

Lab Name: The Water Spigot, Inc. Florida DOH Certification #: E81105 Certification Expiration Date: June

ATTACH CURRENT DOH ANALYTE SHEET\*

Address: 5806 E. Highway 22, Panama City, FL 32404 Phone #: (850) 871-1900

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: 08/25/2021

PWS ID (From Page 1): 1670647 Sample Number (From Page 1): WS21AUG25-040-001 Lab Assigned Report #: WS21AUG25-040-001

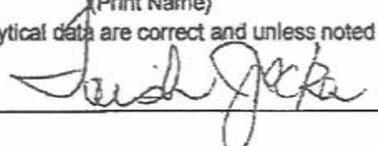
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

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

**LAB CERTIFICATION**

I, Trish Jackson, President, 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: 11-22-2021

\* 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: WS21AUG25-040-001

PWS ID (From Page 1): 1670647

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	0.1	U	EPA 353.2	0.1	08/25/2021	16:00	E81105
1041	Nitrite (as N)	1	mg/L	0.1	U	EPA 353.2	0.1	08/25/2021	16:00	E81105
1005	Arsenic	0.010	mg/L	0.002	U	EPA 200.9	0.002	08/31/2021	12:30	E81105
1010	Barium	2	mg/L	0.014		EPA 200.7	0.001	08/30/2021	15:00	E81105
1015	Cadmium	0.005	mg/L	0.0001	U	EPA 200.9	0.0001	09/01/2021	09:00	E81105
1020	Chromium	0.1	mg/L	0.002	U	EPA 200.7	0.002	08/30/2021	15:00	E81105
1024	Cyanide	0.2	mg/L	0.005	U	SM 4500CN-	0.005	09/07/2021		E83018
1025	Fluoride	4.0	mg/L	0.16	I	SM 4500-F C	0.1	09/07/2021	13:00	E81105
1030	Lead	0.015	mg/L	0.001	U	EPA 200.9	0.001	09/03/2021	12:33	E81105
1035	Mercury	0.002	mg/L	0.0003	U	EPA 245.1	0.0003	08/27/2021	16:00	E81105
1036	Nickel	0.1	mg/L	0.002	U	EPA 200.7	0.002	08/30/2021	15:00	E81105
1045	Selenium	0.05	mg/L	0.003	U	EPA 200.9	0.003	08/21/2021	14:30	E81105
1052	Sodium	160	mg/L	5.3		EPA 200.7	0.088	09/08/2021	20:00	E81105
1074	Antimony	0.006	mg/L	0.002	U	EPA 200.9	0.002	08/30/2021	14:00	E81105
1075	Beryllium	0.004	mg/L	0.0001	U	EPA 200.9	0.0001	08/30/2021	11:58	E81105
1085	Thallium	0.002	mg/L	0.001	U	EPA 200.9	0.001	09/01/2021	12:00	E81105
1094	Asbestos	7 MFL	MFL							E

\*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: WS21AUG25-040-001

PWS ID (From Page 1): 1670647

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	0.05	U	EPA 200.7	0.05	08/30/2021	15:00	E81105
1017	Chloride	250	mg/L	6.1		SM 4500-CL-E (2011)	1	09/01/2021	09:00	E81105
1022	Copper	1	mg/L	0.01	U	EPA 200.7	0.01	08/30/2021	15:00	E81105
1025	Fluoride	2.0	mg/L	0.16	I	SM 4500-F C	0.1	09/07/2021	13:00	E81105
1028	Iron	0.3	mg/L	0.04	U	EPA 200.7	0.04	08/30/2021	15:00	E81105
1032	Manganese	0.05	mg/L	0.0052		EPA 200.7	0.001	08/30/2021	15:00	E81105
1050	Silver	0.1	mg/L	0.04	U	SM 3111 B	0.04	09/13/2021	15:30	E81105
1055	Sulfate	250	mg/L	7.3	I	EPA 375.2	5	09/03/2021	08:00	E81105
1095	Zinc	5	mg/L	0.045		EPA 200.7	0.004	08/30/2021	15:00	E81105
1905	Color	15	CU	5	U	SM 2120 B	5	08/26/2021	16:00	E81105
1920	Odor	3	TON	1	U	SM 2150B	1	08/25/2021	16:12	E81105
1925	pH (field pH from page 1)	6.5 - 8.5		7.4		SM 4500-H B	0	08/25/2021	12:30	Operator
1930	Total Dissolved Solids	500	mg/L	171		SM 2540 C (2011)	1	08/30/2021	11:00	E81105
2905	Foaming Agents	0.5	mg/L	0.025	U	SM 5540 C	0.025	08/26/2021	08:30	E81105

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

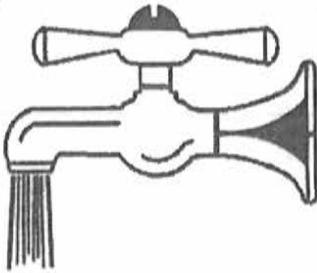
VOLATILE ORGANICS  
62-550.310(4)(a)

Report Number / Job ID: WS21AUG25-040-001

PWS ID (From Page 1): 1670647

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	µg/L	0.5	U	EPA 524.2	0.5	0.5	08/26/2021	16:35	E81105
2380	cis-1,2-Dichloroethylene	70	µg/L	0.5	U	EPA 524.2	0.5	0.5	08/26/2021	16:35	E81105
2955	Xylenes (total)	10,000	µg/L	0.5	U	EPA 524.2	0.5	0.5	08/26/2021	16:35	E81105
2964	Dichloromethane	5	µg/L	0.5	U	EPA 524.2	0.5	0.5	08/26/2021	16:35	E81105
2968	o-Dichlorobenzene	600	µg/L	0.2	U	EPA 524.2	0.2	0.5	08/26/2021	16:35	E81105
2969	para-Dichlorobenzene	75	µg/L	0.2	U	EPA 524.2	0.2	0.5	08/26/2021	16:35	E81105
2976	Vinyl Chloride	1	µg/L	0.5	U	EPA 524.2	0.5	0.5	08/26/2021	16:35	E81105
2977	1,1-Dichloroethylene	7	µg/L	0.2	U	EPA 524.2	0.2	0.5	08/26/2021	16:35	E81105
2979	trans-1,2-Dichloroethylene	100	µg/L	0.2	U	EPA 524.2	0.2	0.5	08/26/2021	16:35	E81105
2980	1,2-Dichloroethane	3	µg/L	0.2	U	EPA 524.2	0.2	0.5	08/26/2021	16:35	E81105
2981	1,1,1-Trichloroethane	200	µg/L	0.2	U	EPA 524.2	0.2	0.5	08/26/2021	16:35	E81105
2982	Carbon tetrachloride	3	µg/L	0.2	U	EPA 524.2	0.2	0.5	08/26/2021	16:35	E81105
2983	1,2-Dichloropropane	5	µg/L	0.2	U	EPA 524.2	0.2	0.5	08/26/2021	16:35	E81105
2984	Trichloroethylene	3	µg/L	0.2	U	EPA 524.2	0.2	0.5	08/26/2021	16:35	E81105
2985	1,1,2-Trichloroethane	5	µg/L	0.2	U	EPA 524.2	0.2	0.5	08/26/2021	16:35	E81105
2987	Tetrachloroethylene	3	µg/L	0.2	U	EPA 524.2	0.2	0.5	08/26/2021	16:35	E81105
2989	Monochlorobenzene	100	µg/L	0.2	U	EPA 524.2	0.2	0.5	08/26/2021	16:35	E81105
2990	Benzene	1	µg/L	0.5	U	EPA 524.2	0.5	0.5	08/26/2021	16:35	E81105
2991	Toluene	1,000	µg/L	0.5	U	EPA 524.2	0.5	0.5	08/26/2021	16:35	E81105
2992	Ethylbenzene	700	µg/L	0.5	U	EPA 524.2	0.5	0.5	08/26/2021	16:35	E81105
2996	Styrene	100	µg/L	0.5	U	EPA 524.2	0.5	0.5	08/26/2021	16:35	E81105

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



# The Water Spigot, Inc.

NELAC Laboratory Certification #E81105  
5806 East Hwy. 22 \* Panama City, Florida 32404  
Phone (850) 871-1900 Fax (850) 871-9303  
[Trishj-waterspigot@comcast.net](mailto:Trishj-waterspigot@comcast.net)

## CERTIFICATE OF ANALYSIS

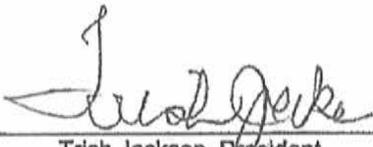
Client Report For: Sunny Hills  
Attention: George Weekley  
Client Address: 3810 Gables Blvd  
Chipley, FL 32158  
Report Date: 11/20/21  
LAB ID: WS21AUG25-040-003

**Comments:**

These test results meet all NELAC requirements for those parameters which require accreditation. Any exceptions or deviations from NELAC protocol are noted in this report. Any samples collected by The Water Spigot personnel are done according to the latest revision of SOP-001/01. Any question concerning this report should be directed to the person signing this report at (850) 871-1900, The Water Spigot, Inc., 5806 East Highway 22, Panama City, FL 32404. The test results in this report relate only to those specific samples listed.

A statement of estimated uncertainty of test results is available on request. Analyses performed in the field are not regulated by the NELAC standards.

This report may not be reproduced except in full with written approval from the laboratory.

Approved By:   
Trish Jackson, President  
Serial #: WS21AUG25-040-003-Original

Date: 11-22-2021

Report Type: Original

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

Data Qualifier	Qualifier Definition
A	Value reported is the mean (average) of two or more determinations.
B	Results based upon colony counts outside the acceptable range. Applies to microbiological tests and specifically to membrane filter colony counts. It is to be used if the colony count is generated from a plate in which the total number of colonies is outside the method indicated ideal range.
D	Measurement was made in the field.
E	Extra samples were taken at composite stations.
F	Species: Female sex.
H	Value based on field kit determination; results may not be accurate.
I	The reported value is between the laboratory MDL and the laboratory PQL.
J	Estimated value; value not accurate. All results with a "J" qualifier require comment.
K	Off-scale low. Actual value is known to be less than the value given.
L	Off-scale high. Actual value is known to be greater than value given.
M	Chemical Analysis: Presence of material is verified but not quantified; the actual value is less than the value given. The reported value shall be the laboratory practical quantitation limit. Species: Male sex
N	Presumptive evidence of presence of material
O	Sampled, but analysis lost or not performed
Q	Sample held beyond the accepted holding time
R	Significant rain in the past 48 hours.
T	Value reported is less than the laboratory method detection limit. The value is reported for informational purposes, only and shall not be used in statistical analysis.
U	Compound was analyzed for but not detected.
V	Analyte was detected in both the sample and the associated method blank.
Y	Laboratory analysis was from an unpreserved or improperly preserved sample. The data may not be accurate.
Z	Too many colonies were present for accurate counting (TNTC), the numeric value shall be estimated from the highest dilution factor (smallest sample volume) used for the test and reported with the qualifier code.
?	Data is rejected and should not be used. Some or all of the quality control data for the analyte were outside criteria, and the presence or absence of the analyte cannot be determined from the data.
*	Not analyzed due to interference.
I	Data deviates from historically established concentration ranges.

# 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: Sunny Hills % U.S. Water Services Corporation PWS I.D. #: 1670647

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

Address: 3810 GABLES BLVD

City: Sunny Hills Fl. ZIP Code: 32428

Phone # 866-753-8292 Fax #: \_\_\_\_\_ E-Mail Address: U.S. WATERCORP.COM

### SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 0821-2121/2128 Sample Date: 10/19/2021 Sample Time: 11:30 AM PM (Circle One)

Sample Location (be specific): WELL #1 POE Location Code: \_\_\_\_\_

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.2 mg/L Field pH: 6.5

#### 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

#### Reason(s) 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, (George R. Weekley) / Jean Pitzer (Area Manager) / Operator II HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: (George R. Weekley) / (Jean Pitzer) Date: 10/19/21

Certified Operator # 0-23173 Phone #: 850-818-1162 Sampler's Fax #: N/A

Sampler's E-mail: (gweekley@uswatercorp.net) / pitzerjean123@yahoo.com

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

Lab Name: The Water Spigot, Inc. Florida DOH Certification #: E81105 Certification Expiration Date: June

ATTACH CURRENT DOH ANALYTE SHEET\*

Address: 5806 E. Highway 22, Panama City, FL 32404 Phone #: (850) 871-1900

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: 10/19/2021

PWS ID (From Page 1): 1670647 Sample Number (From Page 1): WS21OCT19-018-001 Lab Assigned Report #: WS21OCT19-018-001

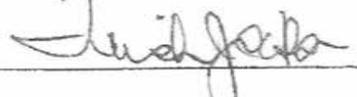
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

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

**LAB CERTIFICATION**

I, Trish Jackson, President, 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: 12.23.2021

\* 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**

SYNTHETIC ORGANICS

Report Number / Job ID: WS21OCT19-018-001 PWS ID (from Page 1): 1670647

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	10/25/21	10/25/21		E83018
2010	Lindane	0.2	ug/L	0.0100	U	EPA505	0.0100	0.02	10/25/21	10/25/21		E83018
2015	Methoxychlor	40	ug/L	0.0500	U	EPA505	0.0500	0.1	10/25/21	10/25/21		E83018
2020	Toxaphene	3	ug/L	0.500	U	EPA505	0.500	1	10/25/21	10/25/21		E83018
2031	Dalapon	200	ug/L	0.100	U	EPA515.4	0.100	1	10/25/21	10/26/21		E83018
2032	Diquat	20	ug/L	0.400	U	EPA549.2	0.400	0.4	10/21/21	10/27/21		E83018
2033	Endothall	100	ug/L	9.00	U	EPA548.1	9.00	9	10/25/21	11/02/21		E83018
2034	Glyphosate	700	ug/L	6.00	U	EPA547	6.00	6		10/21/21		E83018
2035	Di(2-ethylhexyl) adipate	400	ug/L	0.600	U	EPA525.2	0.600	0.6	10/19/21	10/31/21		E83018
2036	Oxamyl (Vydate)	200	ug/L	2.00	U	EPA531.1	2.00	2.0		10/28/21		E83018
2037	Simazine	4	ug/L	0.0700	U	EPA525.2	0.0700	0.07	10/19/21	10/31/21		E83018
2039	Di(2-ethylhexyl)phthalate	6	ug/L	0.600	U	EPA525.2	0.600	0.6	10/19/21	10/31/21		E83018
2040	Picloram	500	ug/L	0.100	U	EPA515.4	0.100	0.1	10/25/21	10/26/21		E83018
2041	Dinoseb	7	ug/L	0.200	U	EPA515.4	0.200	0.2	10/25/21	10/26/21		E83018
2042	Hexachlorocyclopentadiene	50	ug/L	0.100	U	EPA505	0.100	0.1	10/25/21	10/25/21		E83018
2046	Carbofuran	40	ug/L	0.900	U	EPA531.1	0.900	0.9		10/28/21		E83018
2050	Atrazine	3	ug/L	0.100	U	EPA525.2	0.100	0.1	10/19/21	10/31/21		E83018
2051	Alachlor	2	ug/L	0.200	U	EPA525.2	0.200	0.2	10/19/21	10/31/21		E83018
2065	Heptachlor	0.4	ug/L	0.0100	U	EPA505	0.0100	0.04	10/25/21	10/25/21		E83018
2067	Heptachlor epoxide	0.2	ug/L	0.0100	U	EPA505	0.0100	0.02	10/25/21	10/25/21		E83018
2105	2,4-D	70	ug/L	0.100	U	EPA515.4	0.100	0.1	10/25/21	10/26/21		E83018
2110	2,4,5-TP	50	ug/L	0.200	U	EPA515.4	0.200	0.2	10/25/21	10/26/21		E83018
2274	Hexachlorobenzene	1	ug/L	0.100	U	EPA505	0.100	0.1	10/25/21	10/25/21		E83018
2306	Benzo(a)pyrene	0.2	ug/L	0.0200	U	EPA525.2	0.0200	0.02	10/19/21	10/31/21		E83018
2326	Pentachlorophenol	1	ug/L	0.0400	U	EPA515.4	0.0400	0.04	10/25/21	10/26/21		E83018
2383	PolychlorinatedbiphenylsPCB	0.5	ug/L	0.100	U	EPA505	0.100	0.1	10/25/21	10/25/21		E83018
2931	Dibromochloropropane	0.2	ug/L	0.0200	U	EPA504.1	0.0200	0.02	10/25/21	10/25/21		E83018
2946	Ethylene Dibromide	0.02	ug/L	0.0100	U	EPA504.1	0.0100	0.01	10/25/21	10/25/21		E83018
2959	Chlordane	2	ug/L	0.0100	U	EPA505	0.0100	0.2	10/25/21	10/25/21		E83018

# The Water Spigot

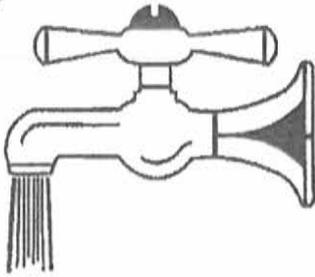
5806 E. Hwy. 22 \* Panama City, FL 32404  
 (850) 871-1900 \* Fax (850) 871-9303  
 Email: trish@thewaterspigot.com

113887

## CHAIN OF CUSTODY RECORD

CO-19-018-001

Company Name / Plant <b>Sunny Hills 96 U.S. water services corp.</b>		# Project Name <b>Sunny Hills WELL #1 SOC's</b>		Sample # <b>W2101C2-57</b>	
Company Address <b>3810 GABLES BLVD.</b>		Lab Dispose <input checked="" type="checkbox"/>		Container #	
City, State, Zip <b>SUNNY HILLS FL 32428</b>		Return to Client <input type="checkbox"/>		Check If Rush	
Send Report To:		Other <input type="checkbox"/>		Special Instructions	
Copy To DEP / DOH (circle one) Yes <input type="checkbox"/> No <input type="checkbox"/>		Phone #: <b>850-818-1162</b>		Analysis Requested	
Email Address: <b>gweekley@uswatercorp.net</b>		P.O. #		Field Data	
Sampling		PRESERVATIVES		Preservative Codes	
Type Matrix		Containers		A - Ammonium Chloride	
C G W S W S o r a t e r m a t e r i a l p b e r g e t e r o i l		Analysis Requested <b>SOC's</b>		C - Cool Only	
Date Time		Temp. CL2 pH		H - Hydrochloric Acid	
10/19/21 11:20		0.2 6.5		M - Monochloroacetic Acid	
10/19 11:22		0.2 6.5		N - Nitric Acid	
10/19 11:24		0.2 6.5		OH - Sodium Hydroxide	
10/19 11:25		0.2 6.5		S - Sulfuric Acid	
10/19 11:26		0.2 6.5		T - Sodium Thiosulfate	
10/19 11:26		0.2 6.5		Z - Zinc Acetate	
10/19 11:27		0.2 6.5		Container Codes	
10/19 11:33		0.2 6.5		V - VOA vial	
		x		G - glass	
				P - plastic	
				M - micro bag/cup	
				O - Other	
Sampled By & Title <b>[Signature] 02.05 10/19/21</b>		Relinquished By <b>[Signature]</b>		Date / Time <b>10/19/21</b>	
Received By		Relinquished By		Date / Time	
Received By		Relinquished By		Date / Time	
Received By		Shipped VIA UPS BUS <input checked="" type="checkbox"/> FED EX OTHER		Temp. Received in Lab: Measured <b>21.2</b> Corrected <b>21.1</b>	
Received in Lab By <b>[Signature] 10/19/21 K53</b>		Remarks			



## The Water Spigot, Inc.

NELAC Laboratory Certification #E81105  
5806 East Hwy. 22 \* Panama City, Florida 32404  
Phone (850) 871-1900 Fax (850) 871-9303  
[Trishj-waterspigot@comcast.net](mailto:Trishj-waterspigot@comcast.net)

### CERTIFICATE OF ANALYSIS

Client Report For: Sunny Hills  
Attention: George Weekley  
Client Address: 3810 Gables Blvd  
Chipley, FL 32158  
Report Date: 12/23/21  
LAB ID: WS21OCT19-018-001

Comments:

These test results meet all NELAC requirements for those parameters which require accreditation. Any exceptions or deviations from NELAC protocol are noted in this report. Any samples collected by The Water Spigot personnel are done according to the latest revision of SOP-001/01. Any question concerning this report should be directed to the person signing this report at (850) 871-1900, The Water Spigot, Inc., 5806 East Highway 22, Panama City, FL 32404. The test results in this report relate only to those specific samples listed.

A statement of estimated uncertainty of test results is available on request. Analyses performed in the field are not regulated by the NELAC standards.

This report may not be reproduced except in full with written approval from the laboratory.

Approved By: \_\_\_\_\_

A handwritten signature in black ink that reads "Trish Jackson".

Trish Jackson, President

Serial #: WS21OCT19-018-001-Original

Date: \_\_\_\_\_

A handwritten date in black ink that reads "12-23-21".

Report Type: Original

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

Data Qualifier	Qualifier Definition
A	Value reported is the mean (average) of two or more determinations.
B	Results based upon colony counts outside the acceptable range. Applies to microbiological tests and specifically to membrane filter colony counts. It is to be used if the colony count is generated from a plate in which the total number of colonies is outside the method indicated ideal range.
D	Measurement was made in the field.
E	Extra samples were taken at composite stations.
F	Species: Female sex.
H	Value based on field kit determination; results may not be accurate.
I	The reported value is between the laboratory MDL and the laboratory PQL.
J	Estimated value; value not accurate. All results with a "J" qualifier require comment.
K	Off-scale low. Actual value is known to be less than the value given.
L	Off-scale high. Actual value is known to be greater than value given.
M	Chemical Analysis: Presence of material is verified but not quantified; the actual value is less than the value given. The reported value shall be the laboratory practical quantitation limit. Species: Male sex
N	Presumptive evidence of presence of material
O	Sampled, but analysis lost or not performed
Q	Sample held beyond the accepted holding time
R	Significant rain in the past 48 hours.
T	Value reported is less than the laboratory method detection limit. The value is reported for informational purposes, only and shall not be used in statistical analysis.
U	Compound was analyzed for but not detected.
V	Analyte was detected in both the sample and the associated method blank.
Y	Laboratory analysis was from an unpreserved or improperly preserved sample. The data may not be accurate.
Z	Too many colonies were present for accurate counting (TNTC), the numeric value shall be estimated from the highest dilution factor (smallest sample volume) used for the test and reported with the qualifier code.
?	Data is rejected and should not be used. Some or all of the quality control data for the analyte were outside criteria, and the presence or absence of the analyte cannot be determined from the data.
*	Not analyzed due to interference.
!	Data deviates from historically established concentration ranges.

## 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: SUNNY HILLS % U.S. Water Services Corporation PWS I.D. #: 1670647  
 System Type (check one):  Community  Nontransient Noncommunity  Transient Noncommunity  
 Address: 3810 GABLES BLVD  
 City: SUNNY HILLS FLORIDA ZIP Code: 32428  
 Phone # 866-753-8292 Fax #: 727-849-4219 E-Mail Address: U.S. WATERCORP.COM

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: 0821-2129/2136 Sample Date: 10/19/2021 Sample Time: 12:52 ~~AM~~  PM (Circle One)  
 Sample Location (be specific): Well # 4 POE Location Code: \_\_\_\_\_  
 Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L Field pH: \_\_\_\_\_

**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

**Reason(s) for Sample (Check all that apply)**

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

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, (George R. Weekley) Jean Pitzer, (Area Manager) (operator II), do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature:  Date: 10/19/2021  
 Certified Operator #: C-23173 Phone #: 850-818-1162 Sampler's Fax #: N/A  
 Sampler's E-mail: gweekley@uswatercorp.net pitzer.jean123@yahoo.com

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

Lab Name: The Water Spigot, Inc. Florida DOH Certification #: E81105 Certification Expiration Date: June

ATTACH CURRENT DOH ANALYTE SHEET\*

Address: 5806 E. Highway 22, Panama City, FL 32404 Phone #: (850) 871-1900

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: 10/19/2021

PWS ID (From Page 1): 1670647 Sample Number (From Page 1): WS21OCT19-018-002 Lab Assigned Report #: WS21OCT19-018-002

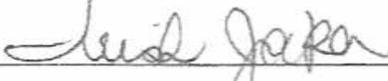
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

<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 checked="" 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 type="checkbox"/> Single Sample <input type="checkbox"/> Qtrly Composite**	<u>Secondaries</u> <input type="checkbox"/> All 14 <input type="checkbox"/> Partial
--	---	---	--	--	---

### LAB CERTIFICATION

I, Trish Jackson, President, 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: 12-23-2021

\* 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**

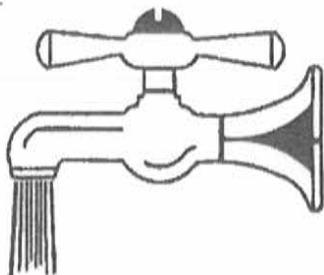
SYNTHETIC ORGANICS

Report Number / Job ID: WS21OCT19-018-002 PWS ID (from Page 1): 1670647

ID	Contam Name	MCL	Units	Result	Qualifier	Method	MDL	RDL	Date	Date	Time	Cert #
2005	Endrin	2	ug/L	0.0100	U	EPA505	0.0100	0.01	10/25/21	10/25/21		E83018
2010	Lindane	0.2	ug/L	0.0100	U	EPA505	0.0100	0.02	10/25/21	10/25/21		E83018
2015	Methoxychlor	40	ug/L	0.0500	U	EPA505	0.0500	0.1	10/25/21	10/25/21		E83018
2020	Toxaphene	3	ug/L	0.500	U	EPA505	0.500	1	10/25/21	10/25/21		E83018
2031	Dalapon	200	ug/L	0.100	U	EPA515.4	0.100	1	10/25/21	10/26/21		E83018
2032	Diquat	20	ug/L	0.400	U	EPA549.2	0.400	0.4	10/21/21	10/27/21		E83018
2033	Endothall	100	ug/L	9.00	U	EPA548.1	9.00	9	10/25/21	11/02/21		E83018
2034	Glyphosate	700	ug/L	6.00	U	EPA547	6.00	6	10/21/21	10/21/21		E83018
2035	Di(2-ethylhexyl) adipate	400	ug/L	0.600	U	EPA525.2	0.600	0.6	10/19/21	10/31/21		E83018
2036	Oxamyl (Vydate)	200	ug/L	2.00	U	EPA531.1	2.00	2.0		10/28/21		E83018
2037	Simazine	4	ug/L	0.0700	U	EPA525.2	0.0700	0.07	10/19/21	10/31/21		E83018
2039	Di(2-ethylhexyl)phthalate	6	ug/L	0.600	U	EPA525.2	0.600	0.6	10/19/21	10/31/21		E83018
2040	Picloram	500	ug/L	0.100	U	EPA515.4	0.100	0.1	10/25/21	10/26/21		E83018
2041	Dinoseb	7	ug/L	0.200	U	EPA515.4	0.200	0.2	10/25/21	10/26/21		E83018
2042	Hexachlorocyclopentadiene	50	ug/L	0.100	U	EPA505	0.100	0.1	10/25/21	10/25/21		E83018
2046	Carbofuran	40	ug/L	0.900	U	EPA531.1	0.900	0.9		10/28/21		E83018
2050	Atrazine	3	ug/L	0.100	U	EPA525.2	0.100	0.1	10/19/21	10/31/21		E83018
2051	Alachlor	2	ug/L	0.200	U	EPA525.2	0.200	0.2	10/19/21	10/31/21		E83018
2065	Heptachlor	0.4	ug/L	0.0100	U	EPA505	0.0100	0.04	10/25/21	10/25/21		E83018
2067	Heptachlor epoxide	0.2	ug/L	0.0100	U	EPA505	0.0100	0.02	10/25/21	10/25/21		E83018
2105	2,4-D	70	ug/L	0.100	U	EPA515.4	0.100	0.1	10/25/21	10/26/21		E83018
2110	2,4,5-TP	50	ug/L	0.200	U	EPA515.4	0.200	0.2	10/25/21	10/26/21		E83018
2274	Hexachlorobenzene	1	ug/L	0.100	U	EPA505	0.100	0.1	10/25/21	10/25/21		E83018
2306	Benzo(a)pyrene	0.2	ug/L	0.0200	U	EPA525.2	0.0200	0.02	10/19/21	10/31/21		E83018
2326	Pentachlorophenol	1	ug/L	0.0400	U	EPA515.4	0.0400	0.04	10/25/21	10/26/21		E83018
2383	PolychlorinatedbiphenylsPCB	0.5	ug/L	0.100	U	EPA505	0.100	0.1	10/25/21	10/25/21		E83018
2931	Dibromochloropropane	0.2	ug/L	0.0200	U	EPA504.1	0.0200	0.02	10/25/21	10/25/21		E83018
2946	Ethylene Dibromide	0.02	ug/L	0.0100	U	EPA504.1	0.0100	0.01	10/25/21	10/25/21		E83018
2959	Chlordane	2	ug/L	0.0100	U	EPA505	0.0100	0.2	10/25/21	10/25/21		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.





## The Water Spigot, Inc.

NELAC Laboratory Certification #E81105  
5806 East Hwy. 22 \* Panama City, Florida 32404  
Phone (850) 871-1900 Fax (850) 871-9303  
[Trishj-waterspigot@comcast.net](mailto:Trishj-waterspigot@comcast.net)

### CERTIFICATE OF ANALYSIS

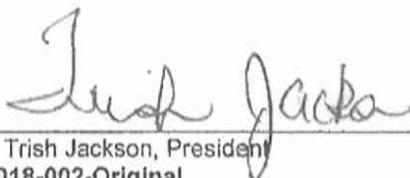
Client Report For: Sunny Hills  
Attention: George Weekley  
Client Address: 3810 Gables Blvd  
Chipley, FL 32158  
Report Date: 12/23/21  
LAB ID: WS21OCT19-018-002  
Comments:

These test results meet all NELAC requirements for those parameters which require accreditation. Any exceptions or deviations from NELAC protocol are noted in this report. Any samples collected by The Water Spigot personnel are done according to the latest revision of SOP-001/01. Any question concerning this report should be directed to the person signing this report at (850) 871-1900, The Water Spigot, Inc., 5806 East Highway 22, Panama City, FL 32404. The test results in this report relate only to those specific samples listed.

A statement of estimated uncertainty of test results is available on request. Analyses performed in the field are not regulated by the NELAC standards.

This report may not be reproduced except in full with written approval from the laboratory.

Approved By: \_\_\_\_\_

  
Trish Jackson, President

Serial #: WS21OCT19-018-002-Original

Date: \_\_\_\_\_

12-23-2021

Report Type: Original

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

Data Qualifier	Qualifier Definition
A	Value reported is the mean (average) of two or more determinations.
B	Results based upon colony counts outside the acceptable range. Applies to microbiological tests and specifically to membrane filter colony counts. It is to be used if the colony count is generated from a plate in which the total number of colonies is outside the method indicated ideal range.
D	Measurement was made in the field.
E	Extra samples were taken at composite stations.
F	Species: Female sex.
H	Value based on field kit determination; results may not be accurate.
I	The reported value is between the laboratory MDL and the laboratory PQL.
J	Estimated value; value not accurate. All results with a "J" qualifier require comment.
K	Off-scale low. Actual value is known to be less than the value given.
L	Off-scale high. Actual value is known to be greater than value given.
M	Chemical Analysis: Presence of material is verified but not quantified; the actual value is less than the value given. The reported value shall be the laboratory practical quantitation limit. Species: Male sex
N	Presumptive evidence of presence of material
O	Sampled, but analysis lost or not performed
Q	Sample held beyond the accepted holding time
R	Significant rain in the past 48 hours.
T	Value reported is less than the laboratory method detection limit. The value is reported for informational purposes, only and shall not be used in statistical analysis.
U	Compound was analyzed for but not detected.
V	Analyte was detected in both the sample and the associated method blank.
Y	Laboratory analysis was from an unpreserved or improperly preserved sample. The data may not be accurate.
Z	Too many colonies were present for accurate counting (TNTC), the numeric value shall be estimated from the highest dilution factor (smallest sample volume) used for the test and reported with the qualifier code.
?	Data is rejected and should not be used. Some or all of the quality control data for the analyte were outside criteria, and the presence or absence of the analyte cannot be determined from the data.
*	Not analyzed due to interference.
!	Data deviates from historically established concentration ranges.

# 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: Sunny Hills % U.S. Water Services Corporation PWS I.D. #: 1670647  
 System Type (check one):  Community  Nontransient Noncommunity  Transient Noncommunity  
 Address: 3810 Gables Blvd.  
 City: Sunny Hills fl. ZIP Code: 32428  
 Phone # 866-753-8292 Fax #: \_\_\_\_\_ E-Mail Address: U.S. Watercorp.com

### SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 0821-2137/2144 Sample Date: 10/19/21 Sample Time: 1:30 AM  PM (Circle One)  
 Sample Location (be specific): Well #5 POE Location Code: \_\_\_\_\_  
 Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L Field pH: \_\_\_\_\_

#### 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

#### Reason(s) for Sample (Check all that apply)

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

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, (George R. Weekley) Jeant Pitzer, (Area Manager) Op. II, do HEREBY CERTIFY  
 (Print Name) (Print Title)

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

Signature: (George R. Weekley) Date: 10/19/21  
 Certified Operator # C-23173 Phone # 850-818-1162 Sampler's Fax #: N/A  
 Sampler's E-mail: gweekley@uswatercorp.net

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

Lab Name: The Water Spigot, Inc. Florida DOH Certification #: E81105 Certification Expiration Date: June

ATTACH CURRENT DOH ANALYTE SHEET\*

Address: 5806 E. Highway 22, Panama City, FL 32404 Phone #: (850) 871-1900

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: 10/19/2021

PWS ID (From Page 1): 1670647 Sample Number (From Page 1): WS21OCT19-018-003 Lab Assigned Report #: WS21OCT19-018-003

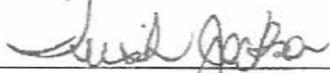
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

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

**LAB CERTIFICATION**

I, Trish Jackson, President, 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: 12.23.2021

\* 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: \_\_\_\_\_

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

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

SYNTHETIC ORGANICS  
62-550.310(4)(b)

Report Number / Job ID: WS21OCT19-018-003 PWS ID (from Page 1): 1670647

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	10/25/21	10/25/21		E83018
2010	Lindane	0.2	ug/L	0.0100	U	EPA505	0.0100	0.02	10/25/21	10/25/21		E83018
2015	Methoxychlor	40	ug/L	0.0500	U	EPA505	0.0500	0.1	10/25/21	10/25/21		E83018
2020	Toxaphene	3	ug/L	0.500	U	EPA505	0.500	1	10/25/21	10/25/21		E83018
2031	Dalapon	200	ug/L	0.100	U	EPA515.4	0.100	1	10/25/21	10/26/21		E83018
2032	Diquat	20	ug/L	0.400	U	EPA549.2	0.400	0.4	10/21/21	10/27/21		E83018
2033	Endothall	100	ug/L	9.00	U	EPA548.1	9.00	9	10/25/21	11/02/21		E83018
2034	Glyphosate	700	ug/L	6.00	U	EPA547	6.00	6		10/21/21		E83018
2035	Di(2-ethylhexyl) adipate	400	ug/L	0.600	U	EPA525.2	0.600	0.6	10/19/21	10/31/21		E83018
2036	Oxamyl (Vydate)	200	ug/L	2.00	U	EPA531.1	2.00	2.0		10/28/21		E83018
2037	Simazine	4	ug/L	0.0700	U	EPA525.2	0.0700	0.07	10/19/21	10/31/21		E83018
2039	Di(2-ethylhexyl)phthalate	6	ug/L	0.600	U	EPA525.2	0.600	0.6	10/19/21	10/31/21		E83018
2040	Picloram	500	ug/L	0.100	U	EPA515.4	0.100	0.1	10/25/21	10/26/21		E83018
2041	Dinoseb	7	ug/L	0.200	U	EPA515.4	0.200	0.2	10/25/21	10/26/21		E83018
2042	Hexachlorocyclopentadiene	50	ug/L	0.100	U	EPA505	0.100	0.1	10/25/21	10/25/21		E83018
2046	Carbofuran	40	ug/L	0.900	U	EPA531.1	0.900	0.9		10/28/21		E83018
2050	Atrazine	3	ug/L	0.100	U	EPA525.2	0.100	0.1	10/19/21	10/31/21		E83018
2051	Alachlor	2	ug/L	0.200	U	EPA525.2	0.200	0.2	10/19/21	10/31/21		E83018
2065	Heptachlor	0.4	ug/L	0.0100	U	EPA505	0.0100	0.04	10/25/21	10/25/21		E83018
2067	Heptachlor epoxide	0.2	ug/L	0.0100	U	EPA505	0.0100	0.02	10/25/21	10/25/21		E83018
2105	2,4-D	70	ug/L	0.100	U	EPA515.4	0.100	0.1	10/25/21	10/26/21		E83018
2110	2,4,5-TP	50	ug/L	0.200	U	EPA515.4	0.200	0.2	10/25/21	10/26/21		E83018
2274	Hexachlorobenzene	1	ug/L	0.100	U	EPA505	0.100	0.1	10/25/21	10/25/21		E83018
2306	Benzo(a)pyrene	0.2	ug/L	0.0200	U	EPA525.2	0.0200	0.02	10/19/21	10/31/21		E83018
2326	Pentachlorophenol	1	ug/L	0.0400	U	EPA515.4	0.0400	0.04	10/25/21	10/26/21		E83018
2383	PolychlorinatedbiphenylsPCB	0.5	ug/L	0.100	U	EPA505	0.100	0.1	10/25/21	10/25/21		E83018
2931	Dibromochloropropane	0.2	ug/L	0.0200	U	EPA504.1	0.0200	0.02	10/25/21	10/25/21		E83018
2946	Ethylene Dibromide	0.02	ug/L	0.0100	U	EPA504.1	0.0100	0.01	10/25/21	10/25/21		E83018
2959	Chlordane	2	ug/L	0.0100	U	EPA505	0.0100	0.2	10/25/21	10/25/21		E83018

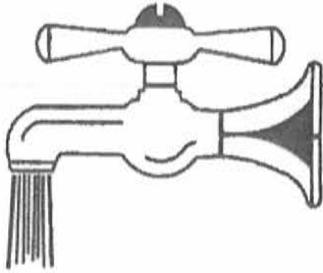
\*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ?, \*, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification 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.

The Water Spigot  
 5806 E. Hwy. 22 \* Panama City, FL 32404  
 (850) 871-1900 \* Fax (850) 871-9303  
 Email: trish@thewaterspigot.com

112088

**CHAIN OF CUSTODY RECORD** *CAIC-018-003*

Company Name / Plant <b>Sunny Hills % U.S. Water Services Corp.</b>		# O F C O N T A I N E R S	Project Name <b>SUNNY HILLS WELL #5 SOC'S</b>		Sample # <b>082101021-29</b>																																																																																																																																																																													
Company Address <b>3810 GABLES BLVD</b>			Lab Dispose <input checked="" type="checkbox"/>	Return to Client <input type="checkbox"/>	Other <input type="checkbox"/>	Container #																																																																																																																																																																												
City, State, Zip <b>SUNNY HILLS FL 32428</b>			Analysis Requested			Check If Rush																																																																																																																																																																												
Send Report To:			Preservatives			Special Instructions																																																																																																																																																																												
Copy To DEP / DOH (circle one) Yes <input type="checkbox"/> No <input type="checkbox"/>			Phone #: <b>850-819-1162</b>		P.O. #																																																																																																																																																																													
Email Address: <b>gweekley@uswatercorp.net</b>			Containers		Field Data																																																																																																																																																																													
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# The Water Spigot, Inc.

NELAC Laboratory Certification #E81105  
5806 East Hwy. 22 \* Panama City, Florida 32404  
Phone (850) 871-1900 Fax (850) 871-9303  
[Trishj-waterspigot@comcast.net](mailto:Trishj-waterspigot@comcast.net)

## CERTIFICATE OF ANALYSIS

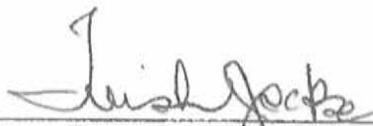
Client Report For: Sunny Hills  
Attention: George Weekley  
Client Address: 3810 Gables Blvd  
Chipley, FL 32158  
Report Date: 12/23/21  
LAB ID: WS21OCT19-018-003

Comments:

These test results meet all NELAC requirements for those parameters which require accreditation. Any exceptions or deviations from NELAC protocol are noted in this report. Any samples collected by The Water Spigot personnel are done according to the latest revision of SOP-001/01. Any question concerning this report should be directed to the person signing this report at (850) 871-1900, The Water Spigot, Inc., 5806 East Highway 22, Panama City, FL 32404. The test results in this report relate only to those specific samples listed.

A statement of estimated uncertainty of test results is available on request. Analyses performed in the field are not regulated by the NELAC standards.

This report may not be reproduced except in full with written approval from the laboratory.

Approved By:   
Trish Jackson, President

Serial #: WS21OCT19-018-003-Original

Date: 12.23.2021

Report Type: Original

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

Data Qualifier	Qualifier Definition
A	Value reported is the mean (average) of two or more determinations.
B	Results based upon colony counts outside the acceptable range. Applies to microbiological tests and specifically to membrane filter colony counts. It is to be used if the colony count is generated from a plate in which the total number of colonies is outside the method indicated ideal range.
D	Measurement was made in the field.
E	Extra samples were taken at composite stations.
F	Species: Female sex.
H	Value based on field kit determination; results may not be accurate.
I	The reported value is between the laboratory MDL and the laboratory PQL.
J	Estimated value; value not accurate. All results with a "J" qualifier require comment.
K	Off-scale low. Actual value is known to be less than the value given.
L	Off-scale high. Actual value is known to be greater than value given.
M	Chemical Analysis: Presence of material is verified but not quantified; the actual value is less than the value given. The reported value shall be the laboratory practical quantitation limit. Species: Male sex
N	Presumptive evidence of presence of material
O	Sampled, but analysis lost or not performed
Q	Sample held beyond the accepted holding time
R	Significant rain in the past 48 hours.
T	Value reported is less than the laboratory method detection limit. The value is reported for informational purposes, only and shall not be used in statistical analysis.
U	Compound was analyzed for but not detected.
V	Analyte was detected in both the sample and the associated method blank.
Y	Laboratory analysis was from an unpreserved or improperly preserved sample. The data may not be accurate.
Z	Too many colonies were present for accurate counting (TNTC), the numeric value shall be estimated from the highest dilution factor (smallest sample volume) used for the test and reported with the qualifier code.
?	Data is rejected and should not be used. Some or all of the quality control data for the analyte were outside criteria, and the presence or absence of the analyte cannot be determined from the data.
*	Not analyzed due to interference.
!	Data deviates from historically established concentration ranges.

SUNNY HILLS UTILITY COMPANY, INC.

DOCKET NO. 20220066-WS

FDEP & WMD PERMITS



Jonathan P. Steverson  
Executive Director

## Northwest Florida Water Management District

---

152 Water Management Drive, Havana, Florida 32333-4712

(U.S. Highway 90, 10 miles west of Tallahassee)

(850) 539-5999 (Fax) 539-2777

July 17, 2013

Sunny Hills Utility Company  
4939 Cross Bayou Blvd.  
New Port Richey, FL 34652

NOTICE OF AGENCY ACTION  
Individual Water Use Permit No. 19842730  
Consumptive Use Permit Application No. 107402

Dear Permittee:

Your Individual Water Use Permit has been approved by the Northwest Florida Water Management District. The permit issued is subject to the terms and conditions set forth in the enclosed permit document. If you have concerns relating to the issued permit and desire an opportunity to discuss it, we urge you to contact the District immediately. If your concerns cannot be addressed to your satisfaction, you have 21 days from the receipt of this letter (as defined by section 40A-1.511, Florida Administrative Code) to file a written petition for an administrative hearing. The procedures for filing a petition for an administrative hearing are contained in the enclosed "Notice of Rights". The petition must comply with section 28-106.201 (enclosed), Florida Administrative Code, and be received by the District's Agency Clerk no later than the petition deadline. Mediation of an administrative dispute is also available and choosing mediation does not affect the right to an administrative hearing. You may also have a right of judicial review of the District's agency action pursuant to section 120.68, Florida Statutes. Notice of appeal pursuant to the Florida Rules of Appellate Procedure must be filed within 30 days of the rendering of the final agency action. If we do not hear from you prior to the 21-day deadline, we will assume that the permit as issued is acceptable to you.

As you are legally responsible for compliance with the conditions of the permit, please read the document thoroughly. Pay close attention to any condition(s) of the permit which requires the one-time or periodic submittal of information to the District. Non-compliance may require the District to initiate enforcement action, including the possible assessment of administrative fines. Please designate an individual as the contact person for compliance. This can be done by sending the person's name, address, phone number and email address in hard-copy to the above address or via email at [compliance@nfwmd.state.fl.us](mailto:compliance@nfwmd.state.fl.us).

If the property where the withdrawal facility is located changes ownership, the permit must be transferred. A permit transfer request must be made on NFWMD Form A2-F ([http://www.nfwmd.state.fl.us/permits/forms/permit\\_transfer.pdf](http://www.nfwmd.state.fl.us/permits/forms/permit_transfer.pdf)) and approved by the Executive Director. If the permit is not transferred you may remain responsible for compliance with the conditions of the permit.

GEORGE ROBERTS  
Chair  
Panama City

JERRY PATE  
Vice Chair  
Pensacola

JOHN ALTER  
Malone

GUS ANDREWS  
DeFuniak Springs

STEPHANIE BLOYD  
Panama City Beach

GARY CLARK  
Chipley

JON COSTELLO  
Tallahassee

NICK PATRONIS  
Panama City Beach

BO SPRING  
Port Saint Joe

NOTICE OF AGENCY ACTION  
Individual Water Use Permit No. 19842730  
Page 2

If you have any questions concerning the permit document or if the District can be of any other service, please let us know.

Sincerely,

A handwritten signature in black ink, appearing to read "Angela Chelette". The signature is fluid and cursive, with the first name "Angela" written in a larger, more prominent script than the last name "Chelette".

Angela Chelette, Chief  
Bureau of Ground Water  
Division of Resource Regulation

Enclosure: Individual Water Use Permit No. 19842730  
Notice of Rights  
cc: U.S. Water Services Corporation

**NORTHWEST FLORIDA WATER MANAGEMENT DISTRICT**  
**INDIVIDUAL WATER USE PERMIT**  
NWFWMMD Form No. A2-E, Revised 01/04/2010  
40A-2.381(2)

Permit granted to:	Permit No.:	<u>19842730 Renewal</u>
<u>Sunny Hills Utility Company</u>	Date Permit Granted:	<u>July 16, 2013</u>
<u>4939 Cross Bayou Blvd.</u>	Permit Expires On:	<u>August 1, 2033</u>
<u>New Port Richey, FL 34652</u> <small>(Legal Name and Address)</small>	Source Classification:	<u>Floridan Aquifer</u>
	Use Classification:	<u>Public Supply</u>
County: <u>Washington</u> Area: <u>C</u>	Location: Section _____	1/4 Section _____
Application No.: <u>107402</u>	Township <u>2 North</u>	Range <u>13-14 West</u>

**Terms and standard conditions of this Permit are as follows:**

1. That all statements in the application and in supporting data are true and accurate and based upon the best information available, and that all conditions set forth herein will be complied with. If any of the statements in the application and in the supporting data are found to be untrue and inaccurate, or if the Permittee fails to comply with all of the conditions set forth herein, then this Permit shall be revoked as provided by Chapter 373.243, Florida Statutes.
2. This Permit is predicated upon the assertion by the Permittee that the use of water applied for and granted is and continues to be a reasonable and beneficial use as defined in Section 373.019(16), Florida Statutes, is and continues to be consistent with the public interest, and will not interfere with any legal use of water existing on the date this Permit is granted.
3. This Permit is conditioned on the Permittee having obtained or obtaining all other necessary permit(s) to construct, operate and certify withdrawal facilities and the operation of water system.
4. This Permit is issued to the Permittee contingent upon continued ownership, lease or other present control of property rights in underlying, overlying, or adjacent lands. This Permit may be assigned to a subsequent owner as provided by Chapter 40A-2.351, Florida Administrative Code, and the acceptance by the transferee of all terms and conditions of the Permit.

19842730/107402

5. This Permit authorizes the Permittee to make a combined average annual withdrawal of **275,000** gallons of water per day, a maximum combined withdrawal of **545,000** gallons during a single day, and a combined monthly withdrawal of **12,000,000** gallons. Withdrawals for the individual facilities are authorized as shown in the table below in paragraph six. However, the total combined amount of water withdrawn by all facilities listed in paragraph six shall not exceed the amounts identified above.

6. Individual Withdrawal Facility Authorization

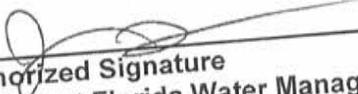
WITHDRAWAL POINT ID NO.	LOCATION SEC,TWN,RNG	GALLONS/DAY AVERAGE	GALLONS/DAY MAXIMUM
#1 (AAA5155)	Sec. 25, T2N, R14W		432,000
#4 (AAA5156)	Sec. 17, T2N, R13W		504,000
#5 (AAA1095)	Sec. 22, T2N, R13W		288,000

7. The use of the permitted water withdrawal is restricted to the use classification set forth by the Permit. Any change in the use of said water shall require a modification of this Permit.
8. The District's staff, upon proper identification, will have permission to enter, inspect and observe permitted and related facilities in order to determine compliance with the approved plans, specifications and conditions of this Permit.
9. The District's staff, upon providing prior notice and proper identification, may request permission to collect water samples for analysis, measure static and/or pumping water levels and collect any other information deemed necessary to protect the water resources of the area.
10. The District reserves the right, at a future date, to require the Permittee to submit pumpage records for any or all withdrawal point(s) covered by this Permit.
11. Permittee shall mitigate any significant adverse impact caused by withdrawals permitted herein on the resource and legal water withdrawals and uses, and on adjacent land use, which existed at the time of permit application. The District reserves the right to curtail permitted withdrawal rates if the withdrawal causes significant adverse impact on the resource and legal uses of water, or adjacent land use, which existed at the time of permit application.
12. Permittee shall not cause significant saline water intrusion or increased chloride levels. The District reserves the right to curtail permitted withdrawal rates if withdrawals cause significant saline water intrusion or increased chloride levels.
13. The District, pursuant to Section 373.042, Florida Statutes, at a future date, may establish minimum and/or management water levels in the aquifer, aquifers, or surface water

19842730/107402

hydrologically associated with the permitted withdrawals; these water levels may require the Permittee to limit withdrawal from these water sources at times when water levels are below established levels.

14. Nothing in this Permit should be construed to limit the authority of the Northwest Florida Water Management District to declare water shortages and issue orders pursuant to Section 373.175, Florida Statutes, or to formulate and implement a plan during periods of water shortage pursuant to Section 373.246, Florida Statutes, or to declare Water Resource Caution Areas pursuant to Chapters 40A-2.801, and 62-40.520, Florida Administrative Code.
  - (a) In the event of a declared water shortage, water withdrawal reductions shall be made as ordered by the District.
  - (b) In the event of a declared water shortage or an area as a Water Resource Caution Area, the District may alter, modify or inactivate all or parts of this permit.
15. The Permittee shall properly plug and abandon any well determined unsuitable for its intended use, not properly operated and maintained, or removed from service. The well(s) shall be plugged and abandoned to District Standards in accordance with Section 40A-3.531, Florida Administrative Code.
16. This permit does not convey to the Permittee any property rights or privileges other than those specified herein, nor relieve the Permittee from complying with any applicable local government, state, or federal law, rule, or ordinance.
17. Any Specific Permit Condition(s) enumerated in Attachment A are herein made a part of this Permit.

  
\_\_\_\_\_  
**Authorized Signature**  
**Northwest Florida Water Management District**

**ATTACHMENT A**  
**Sunny Hills Utility Company**

Individual Water Use Permit No. 19842730  
Individual Water Use Application No. 107402

1. The Permittee shall include the IWUP number and shall reference each well by its Florida Unique Identification Number on all submittals when corresponding with the District.
2. The Permittee shall record the data required on Water Use Summary Reporting Form NWFWM A2-I for each production well and shall submit copies by January 31 of each year, even if no water is used. The Permittee, if preferred, may submit the report electronically by downloading the correct form from the District website, filling it out properly and emailing it to [compliance@nwfwmd.state.fl.us](mailto:compliance@nwfwmd.state.fl.us). The report for the year 2013 is due by January 31, 2014.
3. The Permittee shall maintain a Water Conservation and Efficiency Program to achieve the goals listed below. The Permittee, by March 31 of each year, shall report to the District its performance regarding each element of the Water Conservation and Efficiency Program during the previous calendar year.
  - a. Achieve and maintain the following phased-in water loss reduction goals: Total and real water losses less than or equal to 18 percent of the distribution system input by year 2017, less than or equal to 14 percent or less of system input by year 2022, and less than or equal to 12 percent of the system input by year 2028 and thereafter, unless the Permittee demonstrates using American Water Works Association (AWWA) methods that a higher loss rate is appropriate for the distribution system. The Permittee shall report water loss amounts for the previous calendar year using the AWWA methodology or other District-approved methods. To achieve the water loss reduction goals, the Permittee shall implement water loss reduction measures such as leak detection surveys, meter calibration/replacement, or other measures to reduce water losses. The Permittee shall provide an explanation for water losses each year, compare estimated water losses to the above goals, and describe the water loss reduction measures implemented during the previous year.
  - b. Achieve and maintain average residential per capita daily water use of 100 gallons or less, respectively. The residential per capita water use shall be calculated as the amount of water used by residential dwelling units divided by the residential population served. The residential population served can be estimated as the number of residential dwelling units served multiplied by the average persons per household derived from US Census data. The Permittee shall report a summary description of status regarding the per capita use goal.
  - c. Implement a public education and information campaign to promote water conservation and efficiency. The campaign shall consist of activities such as informative billing, periodic mailouts to customers, website announcements, newspaper notices, etc. Public education and information efforts shall be implemented at least annually. The Permittee shall provide a description of the public education and information campaign.

4. The Permittee, by March 31 of each year, shall report to the District the following information for the previous calendar year:

a)

Use Type	Average Number of Active Meter Connections	Annual Average Water Use (Gallons per Day)
1. Residential (also complete table below)		
2. Commercial Uses		
3. Industrial Uses		
4. Agricultural Uses		
5. Non-Residential Recreational Uses		
6. Water Sold/Transferred to Other Utilities		
7. Institutional Uses (schools, hospitals, etc.)		
8. Firefighting, Flushing and Other Utility Uses	-----	
9. Other _____ (describe)		
10. Total Water Losses	-----	
TOTAL (Add items 1 through 10)		

b)

Residential Water Service Category	Average Number of Active Metered Connections	Number of Dwelling Units	Estimated Population Served	Annual Average Metered Residential Use (Gallons per Day)
1. Single Family Dwelling Units				
2. Multiple Family Dwelling Units				
TOTAL (Add items 1 and 2) (should match line 1 in Table a above)				

For water purchased, sold or transferred to/from other utilities--provide the name of each utility, the type of transaction and the amount of water transferred for each year.

5. The Permittee, by January 31, 2018, January 31, 2023, January 31, 2028, and at the time of permit renewal or modification shall provide a map showing areas where service is actually provided as well as the overall franchise area allocated to the utility by the county, Public Service Commission or other authorizing entity. Definable areas within a service area that are served by domestic potable wells shall be delineated as non-served unless the area will be supplied by the utility within the term of the permit. The Permittee shall submit the map in digital format compatible with ESRI Geographic Information System (ARCGIS), if available.
6. The Permittee, by March 31 of each year, shall submit to the District a copy of its current rate structure. The Permittee shall consider revising its rate structure periodically to further promote water use efficiency and to discourage wasteful, discretionary use (e.g., irrigation, aesthetic use).

NORTHWEST FLORIDA WATER MANAGEMENT DISTRICT

STAFF REPORT

TO: Executive Director  
 FROM: Regulatory Division  
 DATE: July 1, 2013  
 SUBJECT: Request for Renewal of Individual Water Use Permit No. 19842730  
 Individual Water Use Permit Application No. I07402

Applicant: Sunny Hills Utility Company  
 Location: Washington County, Permit Area C  
 Sections 22 and 17; Township 2 North; Range 13 West  
 Section 25; Township 2 North; Range 14 West  
 Use: Public Supply  
 Water Source: Floridan Aquifer

Ground Water Facilities:

Well Number	Florida Unique Well ID	Diameter (inches)	Total Depth (feet)	Cased Depth (feet)	Pump Capacity (gpm)	Well Status
#1	AAA5155	18	433	202	300	Existing
#4	AAA5156	12	436	204	350	Existing
#5	AAA1095	6	400	199	200	Existing

Capacity: 850 Gallons per Minute; 1,224,000 Gallons per Day

Withdrawal Information:

Water Use Totals	Permitted	Requested	Use*	Recommended
Average Day (GPD)	275,000	275,000	192,736	275,000
Maximum Day (GPD)	545,000	545,000	502,933	545,000
Maximum Month (GAL)	12,000,000	12,000,000	6,432,477	12,000,000

\* 2010- 2012 average withdrawal rates

Staff Evaluation:

Sunny Hills Utility Company (Sunny Hills) is requesting renewal of Individual Water Use Permit (IWUP) No. 19842730, with no modifications. Sunny Hills has generally complied with the conditions of the existing IWUP.

Sunny Hills withdraws water from the Floridan Aquifer to serve its retail public supply customers. The recommended average daily rate is based on a 1.8 percent annual growth rate for the recommended 20 year permit duration. Staff recommends continued authorization of the existing maximum daily and maximum monthly withdrawal rates. Sunny Hill's residential per capita water use of 43 gallons per day

meets the District's water use efficiency goal of 100 gallons per day or less. Sunny Hill's water losses were approximately 24% in year 2012, which does not meet the District's water use efficiency goal of 10 percent or less. To improve water use efficiency, the proposed permit includes a requirement to implement water loss reduction measures and phased-in water loss reduction goals.

Staff used the software program DRAWDOWN to simulate potential impacts associated with the long-term withdrawal of the average daily rate. The simulated drawdown in the Floridan Aquifer is approximately 2.3 feet at a distance of one-half mile and 2.1 feet at a distance of one mile, respectively, from the center of pumpage. Prior hydrogeologic investigations in this area suggests that the Floridan aquifer is moderately well-confined and therefore drawdowns in the surficial aquifer are anticipated to be small. No harm to existing legal uses, offsite land uses, or water resources is anticipated to occur from the withdrawals.

#### Conclusions and Staff Recommendations:

It is the determination of the staff that the water use amounts recommended, as conditioned, are reasonable-beneficial, consistent with the public's interest, and will not harm the water resources of the area or interfere with existing legal users. This determination has been made according to provisions of Chapter 373, Florida Statutes, and Chapter 40A-2, Florida Administrative Code.

The staff recommends that the applicant be granted an Individual Water Use Permit for an annual average daily withdrawal of 275,000 gallons, a maximum daily withdrawal of 545,000 gallons, and a maximum monthly withdrawal of 12,000,000 gallons. Staff also recommends that the permit expire August 1, 2033 and that the permit be conditioned as per the terms and Standard Conditions of the permit document (NFWFMD Form No. A2-E) and the following Specific Conditions:

1. The Permittee shall include the IWUP number and shall reference each well by its Florida Unique Identification Number on all submittals when corresponding with the District.
2. The Permittee shall record the data required on Water Use Summary Reporting Form NFWFMD A2-I for each production well and shall submit copies by January 31 of each year, even if no water is used. The Permittee, if preferred, may submit the report electronically by downloading the correct form from the District website, filling it out properly and emailing it to [compliance@nfwfmd.state.fl.us](mailto:compliance@nfwfmd.state.fl.us). The report for the year 2013 is due by January 31, 2014.
3. The Permittee shall maintain a Water Conservation and Efficiency Program to achieve the goals listed below. The Permittee, by March 31 of each year, shall report to the District its performance regarding each element of the Water Conservation and Efficiency Program during the previous calendar year.
  - a. Achieve and maintain the following phased-in water loss reduction goals: Total and real water losses less than or equal to 18 percent of the distribution system input by year 2017, less than or equal to 14 percent or less of system input by year 2022, and less than or equal to 12 percent of the system input by year 2028 and thereafter, unless the Permittee demonstrates using American Water Works Association (AWWA) methods that a higher loss rate is appropriate for the distribution system. The Permittee shall report water loss amounts for the previous calendar year using the AWWA methodology or other District-approved methods. To achieve the water loss reduction goals, the Permittee shall implement water loss reduction measures such as leak detection surveys, meter calibration/replacement, or other measures to reduce water losses. The Permittee shall provide an explanation for water losses each year, compare estimated water losses

to the above goals, and describe the water loss reduction measures implemented during the previous year.

- b. Achieve and maintain average residential per capita daily water use of 100 gallons or less, respectively. The residential per capita water use shall be calculated as the amount of water used by residential dwelling units divided by the residential population served. The residential population served can be estimated as the number of residential dwelling units served multiplied by the average persons per household derived from US Census data. The Permittee shall report a summary description of status regarding the per capita use goal.
  - c. Implement a public education and information campaign to promote water conservation and efficiency. The campaign shall consist of activities such as informative billing, periodic mailouts to customers, website announcements, newspaper notices, etc. Public education and information efforts shall be implemented at least annually. The Permittee shall provide a description of the public education and information campaign.
4. The Permittee, by March 31 of each year, shall report to the District the following information for the previous calendar year:

a)

Use Type	Average Number of Active Meter Connections	Annual Average Water Use (Gallons per Day)
1. Residential (also complete table below)		
2. Commercial Uses		
3. Industrial Uses		
4. Agricultural Uses		
5. Non-Residential Recreational Uses		
6. Water Sold/Transferred to Other Utilities		
7. Institutional Uses (schools, hospitals, etc.)		
8. Firefighting, Flushing and Other Utility Uses	-----	
9. Other _____ (describe)		
10. Total Water Losses	-----	
TOTAL (Add items 1 through 10)		

b)

Residential Water Service Category	Average Number of Active Metered Connections	Number of Dwelling Units	Estimated Population Served	Annual Average Metered Residential Use (Gallons per Day)
1. Single Family Dwelling Units				
2. Multiple Family Dwelling Units				
TOTAL (Add items 1 and 2) (should match line 1 in Table a above)				

For water purchased, sold or transferred to/from other utilities--provide the name of each utility, the type of transaction and the amount of water transferred for each year.

5. The Permittee, by January 31, 2018, January 31, 2023, January 31, 2028, and at the time of permit renewal or modification shall provide a map showing areas where service is actually provided as well as the overall franchise area allocated to the utility by the county, Public Service Commission or other authorizing entity. Definable areas within a service area that are served by domestic potable wells shall be delineated as non-served unless the area will be supplied by the utility within the term of the permit. The Permittee shall submit the map in digital format compatible with ESRI Geographic Information System (ARCGIS), if available.
6. The Permittee, by March 31 of each year, shall submit to the District a copy of its current rate structure. The Permittee shall consider revising its rate structure periodically to further promote water use efficiency and to discourage wasteful, discretionary use (e.g., irrigation, aesthetic use).



## NOTICE OF RIGHTS

Northwest Florida Water Management District  
152 Water Management Drive, Havana, FL 32333-4712  
(850) 539-5999 Fax (850) 539-2693  
[www.nwfwmd.state.fl.us](http://www.nwfwmd.state.fl.us)



***The following information addresses procedures to be followed if you desire an administrative hearing or other review of agency action.***

### PETITION FOR FORMAL ADMINISTRATIVE PROCEEDINGS

Any person whose substantial interests are or may be affected by the action described in the enclosed Notice of Agency Action, may petition for an administrative hearing in accordance with the requirements of section 28-106.201, Florida Administrative Code, or may choose to pursue mediation as an alternative remedy under section 120.573, Florida Statutes, before the deadline for filing a petition. Pursuit of mediation will not adversely affect the right to administrative proceedings in the event mediation does not result in a settlement. Petitions for an administrative hearing must be filed with the Agency Clerk of the Northwest Florida Water Management District, 81 Water Management Drive, Havana, Florida 32333-9700 by the deadline specified in the attached cover letter. Failure to file a petition within this time period shall constitute a waiver of any rights such person may have to request an administrative determination (hearing) under section 120.57, Florida Statutes, concerning the subject permit application. Petitions which are not filed in accordance with the above provisions are subject to dismissal.

### DISTRICT COURT OF APPEAL

A party who is adversely affected by final agency action on the permit application and who has exhausted available administrative remedies is entitled to judicial review in the District Court of Appeal pursuant to section 120.68, Florida Statutes. Review under section 120.68, Florida Statutes, is initiated by filing a Notice of Appeal in the appropriate District Court of Appeal in accordance with Florida Rule of Appellate Procedure 9.110.

SECTION 28-106.201, FLORIDA ADMINISTRATIVE CODE, INITIATION OF PROCEEDINGS

- (1) Unless otherwise provided by statute, and except for agency enforcement and disciplinary actions that shall be initiated under Rule 28-106.2015, F.A.C., initiation of proceedings shall be made by written petition to the agency responsible for rendering final agency action. The term "petition" includes any document that requests an evidentiary proceeding and asserts the existence of a disputed issue of material fact. Each petition shall be legible and on 8 1/2 by 11 inch white paper. Unless printed, the impression shall be on one side of the paper only and lines shall be double-spaced.
- (2) All petitions filed under these rules shall contain:
  - (a) The name and address of each agency affected and each agency's file or identification number, if known;
  - (b) The name, address, any e-mail address, any facsimile number, and telephone number of the petitioner, if the petitioner is not represented by an attorney or a qualified representative; the name, address, and telephone number of the petitioner's representative, if any, which shall be the address for service purposes during the course of the proceeding; and an explanation of how the petitioner's substantial interests will be affected by the agency determination;
  - (c) A statement of when and how the petitioner received notice of the agency decision;
  - (d) A statement of all disputed issues of material fact. If there are none, the petition must so indicate;
  - (e) A concise statement of the ultimate facts alleged, including the specific facts the petitioner contends warrant reversal or modification of the agency's proposed action;
  - (f) A statement of the specific rules or statutes the petitioner contends require reversal or modification of the agency's proposed action, including an explanation of how the alleged facts relate to the specific rules or statutes; and
  - (g) A statement of the relief sought by the petitioner, stating precisely the action petitioner wishes the agency to take with respect to the agency's proposed action.
- (3) Upon receipt of a petition involving disputed issues of material fact, the agency shall grant or deny the petition, and if granted shall, unless otherwise provided by law, refer the matter to the Division of Administrative Hearings with a request that an administrative law judge be assigned to conduct the hearing. The request shall be accompanied by a copy of the petition and a copy of the notice of agency action.



# FLORIDA DEPARTMENT OF Environmental Protection

Northwest District  
160 W. Government Street, Suite 308  
Pensacola, FL 32502

**Ron DeSantis**  
Governor

**Jeanette Nuñez**  
Lt. Governor

**Noah Valenstein**  
Secretary

September 11, 2020

BY ELECTRONIC MAIL

In the Matter of an  
Application for Permit by:

Gary Deremer  
President  
Sunny Hills Utility Company  
4939 Cross Bayou Blvd  
Port Richey, Florida 34652  
gderemer@uswatercorp.net

DEP File No. 0080182-020-WC/MB  
Washington County

## NOTICE OF PERMIT ISSUANCE

Enclosed is Permit Number 0080182-020-WC/MB for a modification of water treatment plant #1 (Well #1) by the addition of manganese green sand filters rated for 200 gpm to serve the above referenced facility. This permit is issued pursuant to Section(s) 403.861, Florida Statutes.

## NOTICE OF RIGHTS

This action is final and effective on the date filed with the Clerk of the Department unless a petition for an administrative hearing is timely filed under Sections 120.569 and 120.57, F.S., before the deadline for filing a petition. On the filing of a timely and sufficient petition, this action will not be final and effective until further order of the Department.

Because the administrative hearing process is designed to formulate final agency action, the subsequent order may modify or take a different position than this action.

### Petition for Administrative Hearing

A person whose substantial interests are affected by the Department's action may petition for an administrative proceeding (hearing) under Sections 120.569 and 120.57, F.S. Pursuant to Rules 28-106.201 and 28-106.301, F.A.C., a petition for an administrative hearing must contain the following information:

- a) The name and address of each agency affected and each agency's file or identification number, if known;
- b) The name, address, any e-mail address, any facsimile number, and telephone number of the petitioner, if the petitioner is not represented by an attorney or a

- qualified representative; the name, address, and telephone number of the petitioner's representative, if any, which shall be the address for service purposes during the course of the proceeding; and an explanation of how the petitioner's substantial interests will be affected by the agency determination;
- c) A statement of when and how the petitioner received notice of the agency decision;
  - d) A statement of all disputed issues of material fact. If there are none, the petition must so indicate;
  - e) A concise statement of the ultimate facts alleged, including the specific facts that the petitioner contends warrant reversal or modification of the agency's proposed action;
  - f) A statement of the specific rules or statutes that the petitioner contends require reversal or modification of the agency's proposed action, including an explanation of how the alleged facts relate to the specific rules or statutes; and
  - g) A statement of the relief sought by the petitioner, stating precisely the action that the petitioner wishes the agency to take with respect to the agency's proposed action.

The petition must be filed (received by the Clerk) in the Office of General Counsel of the Department at 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida 32399-3000, or via electronic correspondence at [Agency\\_Clerk@dep.state.fl.us](mailto:Agency_Clerk@dep.state.fl.us). Also, a copy of the petition shall be mailed to the applicant at the address indicated above at the time of filing.

#### Time Period for Filing a Petition

In accordance with Rule 62-110.106(3), F.A.C., petitions for an administrative hearing by the applicant and persons entitled to written notice under Section 120.60(3), F.S., must be filed within 14 days of receipt of this written notice. Petitions filed by any persons other than the applicant, and other than those entitled to written notice under Section 120.60(3), F.S., must be filed within 14 days of publication of the notice or within 14 days of receipt of the written notice, whichever occurs first. You cannot justifiably rely on the finality of this decision unless notice of this decision and the right of substantially affected persons to challenge this decision has been duly published or otherwise provided to all persons substantially affected by the decision. While you are not required to publish notice of this action, you may elect to do so pursuant Rule 62-110.106(10)(a), F.A.C.

The failure to file a petition within the appropriate time period shall constitute a waiver of that person's right to request an administrative determination (hearing) under Sections 120.569 and 120.57, F.S., or to intervene in this proceeding and participate as a party to it. Any subsequent intervention (in a proceeding initiated by another party) will be only at the discretion of the presiding officer upon the filing of a motion in compliance with Rule 28-106.205, F.A.C. If you do not publish notice of this action, this waiver may not apply to persons who have not received a clear point-of-entry.

Extension of Time

Under Rule 62-110.106(4), F.A.C., a person whose substantial interests are affected by the Department's action may also request an extension of time to file a petition for an administrative hearing. The Department may, for good cause shown, grant the request for an extension of time. Requests for extension of time must be filed with the Office of General Counsel of the Department at 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida 32399-3000, or via electronic correspondence at Agency\_Clerk@dep.state.fl.us, before the deadline for filing a petition for an administrative hearing. A timely request for extension of time shall toll the running of the time period for filing a petition until the request is acted upon.

Mediation

Mediation is not available in this proceeding.

Judicial Review

Once this decision becomes final, any party to this action has the right to seek judicial review pursuant to Section 120.68, F.S., by filing a Notice of Appeal pursuant to Florida Rules of Appellate Procedure 9.110 and 9.190 with the Clerk of the Department in the Office of General Counsel (Station #35, 3900 Commonwealth Boulevard, Tallahassee, Florida 32399-3000) and by filing a copy of the Notice of Appeal accompanied by the applicable filing fees with the appropriate district court of appeal. The notice must be filed within 30 days from the date this action is filed with the Clerk of the Department.

**EXECUTION AND CLERKING**

Executed in Orlando, Florida.

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION



---

Kimberly R. Allen  
Permitting Program Administrator

**Attachment(s):**

1. Permit No. 0080182-020-WC/MB
2. Notice of Permit Issuance for optional newspaper publication

**CERTIFICATE OF SERVICE**

The undersigned duly designated deputy clerk hereby certifies that this document and all attachments were sent on the filing date below to the following listed persons:

Mohammed Y. Kader P.E. ([mkader@uswatercorp.net](mailto:mkader@uswatercorp.net))

**FILING AND ACKNOWLEDGMENT**

FILED, on this date, pursuant to Section 120.52, F. S., with the designated Department Clerk, receipt of which is hereby acknowledged.

*Shonathuray Buie*

Clerk

September 11, 2020

Date



# FLORIDA DEPARTMENT OF Environmental Protection

Northwest District  
160 W. Government Street, Suite 308  
Pensacola, FL 32502

**Ron DeSantis**  
Governor

**Jeanette Nuñez**  
Lt. Governor

**Noah Valenstein**  
Secretary

September 11, 2020

**PERMITTEE:**

Gary Deremer  
President  
Sunny Hills Utility Company

PWS I.D. Number: 1670647  
Permit Number: 0080182-020-WC\MB  
Date of Issue: September 11, 2020  
Expiration Date: September 10, 2025  
County: Washington  
Project: Modification of WTP #1 (Well #1) by  
Addition of Manganese Green Sand Filters to Remove  
Iron

This permit is issued under the provisions of Section 403.861, Florida Statutes, and Florida Administrative Code Rules 62-4, 62-550, 62-555, 62-560, 62-602, and 62-699. The above-named applicant, hereinafter called Permittee, is hereby authorized to perform the work or operate the facility shown on the application and approved drawing(s), plans, and other documents attached hereto or on file with the Department and made a part hereof and specifically described as follows:

**CONSTRUCTION TO INCLUDE**

- Three 200 gpm manganese green sand filters
- 3-inch influent and effluent piping
- 154 LF 4-inch PVC backwash feedline
- All chemicals, materials and components in contact with potable water meet NSF requirements.

**IN ACCORDANCE WITH:** plans and specifications prepared and submitted by Mohammed Y. Kader, P.E., received on August 18, 2020 and additional information received through September 9, 2020.

**LOCATION:** 3810 Gables Blvd, Chipley, Florida.

**TO SERVE:** Sunny Hills Utility Company, PWS #1670647

Work must be conducted in accordance with the General and Specific Conditions, attached hereto.

Gary Deremer  
Sunny Hills Utility Company  
Page 2

DEP File No.  
0080182-020-WC\MB

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION

A handwritten signature in black ink that reads "Kimberly R. Allen". The signature is written in a cursive style with a long horizontal flourish at the end.

Kimberly R. Allen  
Permitting Program Administrator

Attachments: Permit Conditions

The permittee shall be aware of and operate under the Permit Conditions below. These applicable conditions are binding upon the permittee and enforceable pursuant to Chapter 403, Florida Statutes. [F.A.C. Rule 62-555.533(1)]

## **General Conditions**

1. The terms, conditions, requirements, limitations and restrictions set forth in this permit, are "permit conditions" and are binding and enforceable pursuant to Sections 403.141, 403.727, or 403.859 through 403.861, F.S. The permittee is placed on notice that the Department will review this permit periodically and may initiate enforcement action for any violation of these conditions.
2. This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviation from the approved drawings, exhibits, specifications, or conditions of this permit may constitute grounds for revocation and enforcement action by the Department.
3. As provided in Subsections 403.087(6) and 403.722(5), F.S., the issuance of this permit does not convey any vested rights or any exclusive privileges. Neither does it authorize any injury to public or private property or any invasion of personal rights, nor any infringement of federal, state, or local laws or regulations. This permit is not a waiver of or approval of any other department permit that may be required for other aspects of the total project which are not addressed in this permit.
4. This permit conveys no title to land or water, does not constitute State recognition or acknowledgment of title, and does not constitute authority for the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the State. Only the Trustees of the Internal Improvement Trust Fund may express State opinion as to title.
5. This permit does not relieve the permittee from liability for harm or injury to human health or welfare, animal, or plant life, or property caused by the construction or operation of this permitted source, or from penalties therefore; nor does it allow the permittee to cause pollution in contravention of Florida Statutes and Department rules, unless specifically authorized by an order from the Department.
6. The permittee shall properly operate and maintain the facility and systems of treatment and control (and related appurtenances) that are installed and used by the permittee to achieve compliance with the conditions of this permit, as required by Department rules. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to achieve compliance with the conditions of the permit and when required by Department rules.

7. The permittee, by accepting this permit, specifically agrees to allow authorized Department personnel, upon presentation of credentials or other documents as may be required by law and at reasonable times (reasonable time may depend on the nature of the concern being investigated), access to the premises where the permitted activity is located or conducted to:
  - a. Have access to and copy any records that must be kept under conditions of the permit;
  - b. Inspect the facility, equipment, practices, or operations regulated or required under this permit; and
  - c. Sample or monitor any substances or parameters at any location reasonably necessary to assure compliance with this permit or Department rules.
8. If, for any reason, the permittee does not comply with or will be unable to comply with any condition or limitation specified in this permit, the permittee shall immediately provide the Department with the following information:
  - a. A description of and cause of noncompliance; and
  - b. The period of noncompliance, including dates and times; or, if not corrected, the anticipated time the noncompliance is expected to continue, and steps being taken to reduce, eliminate, and prevent recurrence of the noncompliance. The permittee shall be responsible for any and all damages which may result and may be subject to enforcement action by the Department for penalties or for revocation of this permit.
9. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data and other information relating to the construction or operation of this permitted source which are submitted to the Department may be used by the Department as evidence in any enforcement case involving the permitted source arising under the Florida Statutes or Department rules, except where such use is prescribed by Sections 403.111 and 403.73, F.S. Such evidence shall only be used to the extent it is consistent with the Florida Rules of Civil Procedure and appropriate evidentiary rules.
10. The permittee agrees to comply with changes in Department rules and Florida Statutes after a reasonable time for compliance; provided, however, the permittee does not waive any other rights granted by Florida Statutes or Department rules. A reasonable time for compliance with a new or amended surface water quality standard, other than those standards addressed in Rule 62-302.500, shall include a reasonable time to obtain or be denied a mixing zone for the new or amended standard.
11. This permit is transferable only upon Department approval in accordance with Rule 62-4.120 and 62-730.300, F.A.C., as applicable. The permittee shall be liable for any non-compliance of the permitted activity until the transfer is approved by the Department.

12. This permit or a copy thereof shall be kept at the work site of the permitted activity.
13. This permit also constitutes:
  - a. Determination of Best Available Control Technology (BACT)
  - b. Determination of Prevention of Significant Deterioration (PSD)
  - c. Certification of compliance with State Water Quality Standards (Section 401, PL 92-500)
  - d. Compliance with New Source Performance Standards
14. The permittee shall comply with the following:
  - a. Upon request, the permittee shall furnish all records and plans required under Department rules. During enforcement actions, the retention period for all records will be extended automatically unless otherwise stipulated by the Department.
  - b. The permittee shall hold at the facility or other location designated by this permit records of all monitoring information (including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation) required by the permit, copies of all reports required by this permit, and records of all data used to complete the application for this permit. These materials shall be retained at least three years from the date of the sample, measurement, report, or application unless otherwise specified by Department rule.
  - c. Records of monitoring information shall include:
    - i. the date, exact place, and time of sampling or measurements;
    - ii. the person responsible for performing the sampling or measurements;
    - iii. the dates analyses were performed;
    - iv. the person responsible for performing the analyses;
    - v. the analytical techniques or methods used;
    - vi. the results of such analyses.
15. When requested by the Department, the permittee shall within a reasonable time furnish any information required by law which is needed to determine compliance with the permit. If the permittee becomes aware the relevant facts were not submitted or were incorrect in the permit application or in any report to the Department, such facts or information shall be corrected promptly.

### Specific Conditions

1. All construction must be in accordance with this permit. Before commencing work on project changes for which a construction permit modification is required per 62-555.536(1), the permittee shall submit to the Department a written request for a permit modification. Each such request shall be accompanied by one copy of a revised construction permit application, the proper processing fee and one copy of either a revised preliminary design report or revised drawings, specifications and design data. [F.A.C. Rule 62-555.536].
2. Permitted construction or alteration of public water supply systems must be supervised during construction by a professional engineer registered in the State of Florida if the project was designed under the responsible charge of a professional engineer licensed in the State of Florida. The permittee must retain the service of a professional engineer registered in the State of Florida to observe that construction of the project is in accordance with the engineering plans and specifications as submitted in support of the application for this permit. [F.A.C. Rule 62-555.520(3)].
3. If prehistoric or historic artifacts, such as pottery or ceramics, stone tools or metal implements, dugout canoe remains, or any other physical remains that could be associated with Native American cultures, or early colonial or American settlement are encountered at any time within the project site area, the permitted project should cease all activities involving subsurface disturbance in the immediate vicinity of such discoveries. The permittee, or other designee, should contact the Florida Department of State, Division of Historical Resources, Compliance and Review Section at 850.245.6333 or 800.847.7278, as well as the appropriate permitting agency office. Project activities should not resume without verbal and/or written authorization from the Division of Historical Resources and the permitting agency. In the event that unmarked human remains are encountered during permitted activities, all work shall stop immediately and the proper authorities notified in accordance with Section 872.05, *Florida Statutes*.
4. In accordance with General Condition #11 of this permit, this permit is transferable only upon Department approval. Persons proposing to transfer this permit must apply jointly for a transfer of the permit within 30 days after the sale or legal transfer of ownership of the permitted project that has not been cleared for service by the Department using form, 62-555.900(8), Application for Transfer of a PWS Construction Permit along with the appropriate fee. [F.A.C. Rule 62-555.536(5)]
5. This permit satisfies Drinking Water permitting requirements only and does not authorize construction or operation of this facility prior to obtaining all other necessary permits from other program areas within the Department, or required permits from other state, federal, or local agencies.
6. If gasoline contamination is found at the construction site, work shall be stopped and the proper authorities notified. With the approval of the Department, ductile iron pipe and fittings,

and solvent resistant gaskets materials shall be used in the contaminated area. The ductile pipe shall be used in the contaminated area. The ductile iron pipe shall extend 100 feet beyond any solvent noted. Any contaminated soil that is excavated shall be placed on an impermeable mat, covered with waterproof covering, and held for disposal. If the site cannot be properly cleaned, then consultation with the Department is necessary prior to continuing with the project construction.

7. This permit does not constitute approval of construction on jurisdictional wetland areas; therefore such approval must be obtained separately from the Water Management District or from DEP ERP Section, as applicable, Permittee shall provide a copy of the permit approval to the Department if water main installation involves activities on wetlands.
8. Permittee shall ensure that the well and drinking water treatment facilities will be protected to prevent tampering, vandalism, and sabotage as required by F.A.C. Rule 62-555.315(1) & 62-555.320(5)
9. All products, including paints, which shall come into contact with potable water, either directly or indirectly, shall conform with National Sanitation Foundation (NSF) International, Water Chemicals Codex, Food Chemicals Codex, American Water Works Association (AWWA) Standards and the Food and Drug Administration, as provided in F.A.C. Rule 62-555.320(3)
10. Water supply facilities, including mains, pipe, fittings, valves, fire hydrants and other materials shall be installed in accordance with the latest applicable AWWA Standards and Department rules and regulations. The system shall be pressure and leak tested in accordance with AWWA Standard C600 C603, or C605, as applicable, and disinfected in accordance with AWWA Standard C651-653, as well as in accordance with F.A.C. Rule 62-555.340
11. Setback distances between potable water wells and sanitary hazards shall be in accordance with F.A.C. Rule 62-555.312
12. The new or altered aboveground piping at the drinking water treatment plant shall be color coded and labeled as recommended in Section 2.14 of "Recommended Standards for Water Works, 1997 Edition". [F.A.C. Rule 62-555.320(10)]
13. Permittee shall ensure that there shall be no cross-connection with any non-potable water source in accordance with F.A.C. Rule 62-555.360
14. The supplier of water shall operate and maintain the public water system so as to comply with applicable standards in F.A.C. Rule 62-550 and 62-555.350.
15. The permittee shall provide an operation and maintenance manual for the new or altered treatment facilities to fulfill the requirements under subsection 62-555.350(13), F.A.C. The manual shall contain operation and control procedures, and preventative maintenance and

- repair procedures, for all plant equipment and shall be made available for reference at the plant or at a convenient location near the plant. Bound and indexed equipment manufacturer manuals shall be considered sufficient to meet the requirements of the subsection.
16. The permittee shall have complete record drawings produced for the project in accordance with F.A.C. Rule 62-555.530(4)
  17. The permittee or suppliers of water shall telephone the State Watch Office (SWO), at 1-800-320-0519 immediately (i.e., within two hours) after discovery of any actual or suspected sabotage or security breach, or any suspicious incident, involving a public water system in accordance with the F.A.C. Rule 62-555.350(10).
  18. Permittee shall follow the guidelines of Chapters 62-550, 62-555, and 62-560, F.A.C., regarding public drinking water system standards, monitoring, reporting, permitting, construction, and operation.
  19. This facility is a community water system as defined in F.A.C. Rule 62-550.200(114) and shall comply with the applicable chemical, radiological and bacteriological requirements of F.A.C. Rule 62-550.
  20. The facility has been classified as a Category IV, Class C water treatment plant. Accordingly, the lead or chief operator must be Class C or higher operator: 5 visits/week and one visit each weekend for a total of 1.2 hours/week. [F.A.C. Rule 62-699.310]
  21. The water treatment plant shall maintain throughout the distribution system a minimum continuous and effective free chlorine residual of 0.2 mg/l or its equivalent. A minimum system pressure of 20 psi must be maintained throughout the system. Also, safety equipment shall be provided and located outside of chlorine room.
  22. The permittee must instruct the engineer of record to request system clearance from the Department within sixty (60) days of completion of construction, testing and disinfecting the new pressure tank. Bacteriological test results shall be considered unacceptable if the test were completed more than 60 days before the Department received the results. [F.A.C. Rule 62-555.340(2)(c)]
  23. Permitted construction or alteration of a public water system may not be placed into service until a letter of clearance has been issued by this Department. [F.A.C. Rule 62-555.345]
  24. Prior to placing this project into service, Permittee shall submit, at a minimum, all of the following to the Department for evaluation and approval for operation, as provided in Rules 62-555.340 and 62-555.345, F.A.C.:
    - a. the engineer's *Certification of Construction Completion and Request for Clearance to Place Permitted PWS Components Into Operation* {DEP Form 62-555.900(9)};

- b. certified record drawings, if there are any changes noted for the permitted project.
- c. two (2) consecutive days of satisfactory bacteriological analytical results including both **free** and **total** chlorine disinfectant residual concentration readings, taken at the time and location of each sample collection (see paragraph 25 below)

**In order to facilitate the issuance of a letter of clearance, the Department requests that all of the above information be submitted as one package.**

25. The new facilities shall be cleaned, disinfected, and bacteriologically cleared in accordance with Chapter 62-555, F.A.C. The bacteriological clearance data (one sample per day for two consecutive days) shall be submitted to the Department with the engineer's certification of construction completion. [Section 62-555.340]:

**Bacteriological Sampling Locations:** Copies of satisfactory bacteriological analyses in accordance with Rules 62-555.315 (6), 62-555.340 and 62-555.330, F.A.C. and American Water Works Association (AWWA) Standard C 651-92 as follows:

- *Sampling locations shall include locations that will be representative of the discharge piping, including: at the discharge piping after each filter (3 sampling locations) and one sampling location after the filter at the tie in before the storage tank.*
- *Each location shall be sampled on two separate days (at least 6 hours apart) with sample point locations and chlorine residual readings **clearly indicated** on the report.*
- *Bacteriological sample results will be considered unacceptable if the tests were completed more than 60 days before the Department receives the results.*

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
NOTICE OF PERMIT ISSUANCE

The Department of Environmental Protection gives notice of its issuance of a permit to Mr. Gary Deremer, President, Sunny Hills Utility Company for a modification to Water Treatment Plant #1 (Well #1) by addition of Manganese Green Sand Filters for removal of iron in the City's distribution system. The permit and application file are available for public inspection during normal business hours, 8:00 a.m. to 5:00 p.m., Monday through Friday, except legal holidays, at the Department's Northwest District Office, 160 W. Government Street, Pensacola, Florida, Suite 308, 32502 and in Oculus, our electronic filing system, using the assigned permit number.

**NOTICE OF RIGHTS**

This action is final and effective on the date filed with the Clerk of the Department unless a petition for an administrative hearing is timely filed under Sections 120.569 and 120.57, F.S., before the deadline for filing a petition. On the filing of a timely and sufficient petition, this action will not be final and effective until further order of the Department. Because the administrative hearing process is designed to formulate final agency action, the hearing process may result in a modification of the agency action or even denial of the application.

Petition for Administrative Hearing

A person whose substantial interests are affected by the Department's action may petition for an administrative proceeding (hearing) under Sections 120.569 and 120.57, F.S. Pursuant to Rules 28-106.201 and 28-106.301, F.A.C., a petition for an administrative hearing must contain the following information:

- (a) The name and address of each agency affected and each agency's file or identification number, if known;
- (b) The name, address, any e-mail address, any facsimile number, and telephone number of the petitioner, if the petitioner is not represented by an attorney or a qualified representative; the name, address, and telephone number of the petitioner's representative, if any, which shall be the address for service purposes during the course of the proceeding; and an explanation of how the petitioner's substantial interests will be affected by the agency determination;
- (c) A statement of when and how the petitioner received notice of the agency decision;
- (d) A statement of all disputed issues of material fact. If there are none, the petition must so indicate;
- (e) A concise statement of the ultimate facts alleged, including the specific facts that the petitioner contends warrant reversal or modification of the agency's proposed action;
- (f) A statement of the specific rules or statutes that the petitioner contends require reversal or modification of the agency's proposed action, including an explanation of how the alleged facts relate to the specific rules or statutes; and
- (g) A statement of the relief sought by the petitioner, stating precisely the action that the petitioner wishes the agency to take with respect to the agency's proposed action.

The petition must be filed (received by the Clerk) in the Office of General Counsel of the Department at 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida 32399-3000, or via electronic correspondence at [Agency\\_Clerk@dep.state.fl.us](mailto:Agency_Clerk@dep.state.fl.us). Also, a copy of the petition shall be mailed to the applicant at the address indicated above at the time of filing.

#### Time Period for Filing a Petition

Petitions filed by any persons other than the applicant, and other than those entitled to written notice under Section 120.60(3), F.S., must be filed within 14 days of publication of the notice or within 14 days of receipt of the written notice, whichever occurs first. The failure to file a petition within the appropriate time period shall constitute a waiver of that person's right to request an administrative determination (hearing) under Sections 120.569 and 120.57, F.S., or to intervene in this proceeding and participate as a party to it. Any subsequent intervention (in a proceeding initiated by another party) will be only at the discretion of the presiding officer upon the filing of a motion in compliance with Rule 28-106.205, F.A.C.

#### Extension of Time

Under Rule 62-110.106(4), F.A.C., a person whose substantial interests are affected by the Department's action may also request an extension of time to file a petition for an administrative hearing. The Department may, for good cause shown, grant the request for an extension of time. Requests for extension of time must be filed with the Office of General Counsel of the Department at 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida 32399-3000, or via electronic correspondence at [Agency\\_Clerk@dep.state.fl.us](mailto:Agency_Clerk@dep.state.fl.us), before the deadline for filing a petition for an administrative hearing. A timely request for extension of time shall toll the running of the time period for filing a petition until the request is acted upon.

#### Mediation

Mediation is not available in this proceeding.

#### Judicial Review

Once this decision becomes final, any party to this action has the right to seek judicial review pursuant to Section 120.68, F.S., by filing a Notice of Appeal pursuant to Florida Rules of Appellate Procedure 9.110 and 9.190 with the Clerk of the Department in the Office of General Counsel (Station #35, 3900 Commonwealth Boulevard, Tallahassee, Florida 32399-3000) and by filing a copy of the Notice of Appeal accompanied by the applicable filing fees with the appropriate district court of appeal. The notice must be filed within 30 days from the date this action is filed with the Clerk of the Department.