

FLORIDA UTILITY SERVICES 1, LLC  
5911 TROUBLE CREEK RD.  
NEW PORT RICHEY, FL. 34652  
863-904-5574

January 27, 2025

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

RECEIVED-FPSC  
2025 JAN 29 AM 10:36  
COMMISSION  
CLERK

**Re: Docket No. 20240119-WU - Application for staff-assisted rate case in Polk County, by Alturas Water, LLC.**

Dear Commission Clerk:

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

**Company Response: Alturas is supplied by a well. No purchase water.**

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

**Company Response: Please see Exhibit #1**

3. Copies of monthly operation reports for water from July 1, 2023, to June 30, 2024, (test year) in Microsoft Excel format, if available, which includes:

**Company Response: See enclosed exhibit # 2**

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

**Company Response: See enclosed.**

COM \_\_\_\_\_  
 AFD \_\_\_\_\_  
 APA \_\_\_\_\_  
 ECO \_\_\_\_\_  
 ENG (2) USB Drives  
 GCL \_\_\_\_\_  
 IDM \_\_\_\_\_  
 CLK \_\_\_\_\_

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

**Company Response:** PWS ID # 6530057

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

**Company Response:** None

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

**Company Response:** See attached Exhibit #3

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

**Company Response:** Map on enclosed flash drive.

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

**Company Response:** Tank Replacement previously submitted.

In addition, please also provide a response to the following new question.

9. Please refer to the Utility's 2023 Annual Report. In the table below, provide the information present on the "Pumping and Purchased Water Statistics" table on page W-4 of the Utility's Annual Report for water from July 1, 2023, to June 30, 2024, (test year) in Microsoft Excel format. As a part of this response, detail the methodology the Utility used to determine the Utility's water usage.

**Company Response:** The company uses a flow meter at the well to determine the utility's water usage. Please note. June 2024, flow meter at water plant was not operating properly due to debris in the meter from the well. The meter was removed and cleaned and serviced. Excel spreadsheet on enclosed flash drive.

On behalf of the utility,

Mike Smallridge



**PUMPING AND PURCHASED WATER STATISTICS**  
**SARC Test Year (July 2023 to June 2024)**

(a)	Water Purchased For Resale (Omit 000's) (b)	Finished Water From Wells (Omit 000's) (c)	Recorded Accounted For Loss Through Line Flushing Etc. (Omit 000's) (d)	Total Water Pumped And Purchased (Omit 000's) [ (b)+(c)-(d) ] (e)	Water Sold To Customers (Omit 000's) (f)
Jul 2023		417	12	405	182
Aug 2023		520	12	507	288
Sep 2023		404	12	391	282
Oct 2023		340	12	328	156
Nov 2023		408	23	385	273
Dec 2023		419	12	407	214
Jan 2024		439	15	424	206
Feb 2024		342	12	330	186
Mar 2024		424	12	411	207
Apr 2024		500	12	488	233
May 2024		418	12	406	195
Jun 2024		70	15	55	330
Test Year		<u>4,701</u>	<u>165</u>	<u>4,536</u>	<u>2,750</u>

<u>Date</u>	<u>Invoice</u>	<u>Vendor</u>	<u>Description</u>	<u>Amount</u>
<b>TANK</b>				
10/21/2024		Modern Welding	tank and installation	34,206.18
1/8/2025	card	Pasco Pipe Supply	pipe	4,278.47
11/26/2024		Sims Crane & Equipment		781.40
8/21/2024		ConstaFlow	clearance samples	382.00
<b>PUMP</b>				
6/3/2024		Dunham Well		13,192.50
10/30/2024	card	Lowes		521.18
				<hr/> 53,361.73



Modern Welding Co. of Florida, Inc.  
 1801 Atlanta Ave.  
 P.O. Box 568678 (32856)  
 Orlando, FL 32806 United States

\$ 15,000 paid 8-16-24

\$ 19,206.18 paid 10-23-24

Financed by Loan # 1187

Phone: 407-843-1270  
 Fax: 407-423-8187  
 Date: 10/21/24  
 Invoice #: 74135B

Invoice

Page: 1 of 1  
 Entered By: gcaton

Invoice #: 74135B

Sold To Customer No.: 0663027406  Florida Utility Services, LLC 5911 Trouble Creek Rd. New Port Richey FL 34652 United States  Phone: 352-302-7406 Fax:	Ship To:  Mike Smallridge, cell# 352-302-7406 FGUA  Lakeland FL United States  Phone: Fax:
--	--

Order Date: 8/6/2024	PO Number:
Need By: TBD	Ship Via: Ex Works
Terms: Due Immediately	FOB: N/A

**Payment Terms: 50% deposit due prior to material ordering & fabrication.  
 Balance due at completion of fabrication in the form of a cashier's check.**

Line	Part Number/Description	Weight UOM	Order Qty	Unit Price	Ext. Price
1	3,000 Gallon Non/Code Hydropneumatic Tank		1.00 EA	31,303.00 / 1	31,303.00

Horizontal - aboveground - non/code hydropneumatic tank -  
 Fabrication in accordance to ASME Section VIII, Div. 1 Standards  
 NOT stamped - 100 PSI design pressure -  
 MWCF Dwg.# T-6-621 -  
 (2) Plate saddles welded to the tank

Line (1)		Line Miscellaneous Charges:			
Quantity	Unit Price	Freq	Description	Ext. Price	
1.)	1		(L) Freight Sales	975.00	
				<u>975.00</u>	

Line Total:	31,303.00
Line Tax Charges:	1,928.18
Line Miscellaneous Charges:	975.00
Order Miscellaneous Charges:	0.00
	<u>34,206.18</u>

Credit for deposit paid via wire, recv'd. 08/6/24...< 15,000.00 >  
**BALANCE: \$19,206.18**

*Note, deposit amount does not include a percentage of the taxes or freight costs.*

Customer Signature \_\_\_\_\_

This transaction is governed by Seller's Terms and Conditions of Sale attached hereto and/or located at the website indicated below.  
**ANY ADDITIONAL AND/OR DIFFERENT TERMS PROPOSED BY BUYER ARE DEEMED MATERIAL ALTERATIONS  
 AND ARE HEREBY EXPRESSLY REJECTED.**

Seller's website: <https://www.modweldco.com/terms-and-conditions-of-sale>



PO Box 11825  
Tampa, FL 33680-1825  
Ph. (813) 626-8102 Fax (813) 626-6255

ALTURAS WATER  
5911 TROUBLE CREEK RD  
NEW PORT RICHEY, FL 34652  
USA

**Invoice 246896**  
Invoice Date: Tuesday, November 26, 2024  
Customer: 41311  
Job No: MBOR-195732  
Salesperson: George Carr  
Ordered By: MIKE SMALLRIDGE

Job Site :  
ALTURAS WATER TANK  
2535 3RD STREET  
BARTOW, FL 33830

*Alturas  
new Tank Set.*

Terms: Net 30

Customer P.O. No:  
Customer Phone: (352) 302-7406  
Work Performed: UNLOAD 12,000LB TANK

Date	Description	Unit No	Qty Unit Meas	Rate	Extension
11/22/2024	30 Ton Hydraulic Truck Crane Operated Rental Hourly	TC182	4.00 Hour	\$170.00	\$680.00
	Permit Charge		1.00 Each	\$30.00	\$30.00
	Compliance, Fuel, and Parts Fee			10.50%	\$71.40
<b>Total Invoice:</b>					<b>\$781.40</b>

PLEASE REMIT PAYMENTS ONLY TO:

**Dept #9890**  
**Sims Crane & Equipment Co.**  
**PO Box 850001**  
**Orlando, FL 32885-9890**

**If you currently pay via ACH, no changes are required.**  
**(Please contact us if you would like to set up ACH payments)**

**AccountsReceivable@SimsCrane.com**

Effective 8/1/2022, a 3% Convenience Fee will be assessed for all payments made by credit card

Due to escalating costs it has become necessary for Sims Crane to attach a Regulatory compliance  
Surcharge on all Rentals.

WE SEND NOTICE TO OWNER ON ALL INVOICES.



PO Box 11825  
Tampa, FL 33680-1825  
Ph. (813) 626-8102 Fax (813) 626-6255

ALTURAS WATER  
5911 TROUBLE CREEK RD  
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BARTOW, FL 33830

Terms: Net 30

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TAMPA-ORLANDO-MULBERRY-VERO BEACH-MIAMI-FT. MYERS-JACKSONVILLE-OCALA  
WEST PALM BEACH-SPACECOAST-TALLAHASSEE-BROWARD-LAKE CITY-ATLANTA-PANAMA CITY



PASCO PIPE SUPPLY, INC  
 14700 US 19  
 HUDSON, FL 34667  
 (727)863-4339

# SALES ORDER INVOICE

2024029

**SALE**

MID: 4247 Store: 0001 Term: 0003  
 REF#: 00000004  
 Batch #: 904 RRN: 500814332517  
 01/08/25 09:06:31  
 AVS: ZIP MATCH CVC: M  
 Trans ID: 585008507915484  
 PO#: 2024029  
 APPR CODE: 701605  
 VISA Manual CNP  
 \*\*\*\*\*1959 \*\*/\*\*

**AMOUNT \$4,278.47**

APPROVED

THANK YOU!

CUSTOMER COPY

<b>WAREHOUSE: 001</b>	<b>PAYMENT: CASH</b>
PASCO PIPE SUPPLY 14700 US HWY 19 HUDSON, FL 34667  Phone #727 863 4339	<b>Customer Copy</b>
<b>SHIP TO:</b>  COD-CONTRACTOR 14700 US HWY 19 HUDSON, FL 34667  Promised Date: 01/07/25	<b>SPECIAL INSTRUCTIONS:</b>  ORDERED BY: ANTONIO

NAME	JOB #	SLS CSR	ORDER DATE	SHIPPING METHOD
			HSE JJK 1/07/25	PICKUP

UOM	ORDER	SHIPPED	B/O	UNIT PRICE	DISCOUNT	NET PRICE
-----	-------	---------	-----	------------	----------	-----------

-NAME-ON-CARD:-----		O	N						
VISA 4278.74 MIKE									
001	DS3-1-350 R4 S2 B3	3X1 DS SERV SADDLE (3.25-3.50)	EA	2	2	0	44.66000		89.32
002	P1QG R7 S1 B10	QUART GRAY HEAVY BODY PVC CEM	EA	1	1	0	36.29000		36.29
003	SGK12-58 R9 S0 B1	1/2X5/8 SIGHT GLASS VALVE KIT	EA	1	1	0	77.92000		77.92
004	PRV2HD R9 S4 B8	2 BRASS-LF PRESS RLF VALVE 75#	EA	1	1	0	340.00000		340.00
005	PS40-60 R9 S5 B3	40/60 STD PRESSURE SWITCH	EA	1	1	0	13.68000		13.68
006	PV4-4L80 R22 S1 B3	4 SCH80 PVC 45° SXS	EA	5	5	0	98.58000		492.90
007	PV4-9L80 R22 S1 B7	4 SCH80 PVC 90° SXS	EA	2	2	0	36.31000		72.62
008	PV4T80 R22 S3 B9	4 SCH80 PVC TEE SXSXS	EA	2	2	0	50.88000		101.76
009	PV4VS80 R22 S4 B6	4 SCH80 PVC V/S FLANGE SLIP	EA	3	3	0	50.07000		150.21

# SALES ORDER INVOICE

2024029

2 of 2

1/08/25

9:37:25



<b>REMIT TO:</b>  PASCO PIPE SUPPLY 14700 US HWY 19 HUDSON, FL 34667	<b>WAREHOUSE: 001</b>  PASCO PIPE SUPPLY 14700 US HWY 19 HUDSON, FL 34667  Phone #727 863 4339	<b>PAYMENT: CASH</b>  <div style="text-align: center; background-color: #333; color: white; padding: 10px; border-radius: 5px; font-weight: bold; font-size: 1.2em;">Customer Copy</div>
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<b>SOLD TO: 200236</b>  COD-CONTRACTOR 14700 us highway 19 Hudson, FL 34667  Bid #: 1013019	<b>SHIP TO:</b>  COD-CONTRACTOR 14700 US HWY 19 HUDSON, FL 34667  Promised Date: 01/07/25	<b>SPECIAL INSTRUCTIONS:</b>  ORDERED BY: ANTONIO
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CUSTOMER PO	JOB NAME	JOB #	SLS	CSR	ORDER DATE	SHIPPING METHOD
COD TICKET					HSE JJK 1/07/25	PICKUP

LINE	ITEM / DESCRIPTION	UOM	ORDER	SHIPPED	B/O	UNIT PRICE	DISCOUNT	NET PRICE
010	P38-58CLEAR R35 S10	3/8X5/8OD ACRYLIC CLEAR PIPE6'	LF	6	6	0	3.37000	20.22
011	GV4FL-HW R36 S0 B9	4 KNDY C515 NRS GV FLGD W/ HW	EA	3	3	0	748.20000	2244.60
012	GK4FF R53 S4 B5	4 X 1/8 FF RR FLANGE GASKET	EA	10	10	0	3.56000	35.60
013	FAK4ZINC-C R53 S6 B2	4 ZINC FLG BOLT & NUT KIT	EA	8	8	0	10.12000	80.96
014	V2BV-FPLF R55 S2 B8	2 BRASS-LF BV FULL-PORT 600#	EA	2	2	0	121.37000	242.74

<b>NO. CTNS</b>	<b>WEIGHT</b>	<b>SHIPPED VIA</b>	<b>SHIP DATE</b>	<b>PICKED BY</b>	<b>CHECKED BY</b>	<b>Subtotal:</b>	3,998.82
			1/07/25			<b>Tax:</b>	279.92
<b>DATE RECEIVED</b>	<b>RECEIVED BY (NAME)</b>		<b>RECEIVED BY (SIGNATURE)</b>			<b>Freight:</b>	.00
						<b>Other:</b>	
						<b>Total Due:</b>	<b>4,278.74</b>

MERCHANDISE CANNOT BE RETURNED WITHOUT PRIOR AUTHORIZATION  
Any shortages or discrepancies concerning this order must be reported within 24 hours.

PAID 9-26-24

636

### Consta Flow Inc

5574 Commercial Boulevard  
Winter Haven, FL 33880  
(863) 965-2599  
Jennifer@constaflow.com

### Invoice

DATE	08/21/2024
INVOICE#	5582
TERMS	NET 30
DUE DATE	09/20/2024

<b>BILL TO</b>
Alturas Utility Alturas Water LLC 5911 Trouble Creek Rd New Port Richey FL 34652 (863) 904-5574

<b>SERVICE LOCATION</b>
Alturas Utility Alturas Water LLC 5911 Trouble Creek Rd New Port Richey FL 34652 (863) 904-5574

JOB#	DATE	PO/REF#	DESCRIPTION
1018678022	08/01/2024		Collect Bacti clearance samples 8/01, 8/02 due to System off to weld patch on tank at water treatment plant.
<b>Completion Notes:</b>			
<b>Job Charges</b>		<b>Qty</b>	<b>Rate</b>
Clearance samples		4.00	\$48.00
Clearance Samples			\$192.00
Collection/Processing Fee		2.00	\$95.00
<b>Job Subtotal</b>			<b>\$382.00</b>
FL Tax			7.00%
<b>Job Total</b>			<b>\$382.00</b>

**PRE-WORK SIGNATURE**

**POST-WORK SIGNATURE**

Signed By:

Signed By:

**CUSTOMER MESSAGE**

<b>Invoice Total:</b>	<b>\$382.00</b>
<b>Deposits (-):</b>	<b>\$0.00</b>
<b>Payments (-):</b>	<b>\$0.00</b>
<b>Total Due:</b>	<b>\$382.00</b>

PAID \$7000 DEPOSIT 6-5-24  
PAID \$6192.50 ON 7-1-24

101



# Dunham

WELL DRILLING, INC.  
Pumps-Irrigation

1641 42nd Street NW  
Winter Haven, Florida 33894  
TELEPHONE (888) 539-1881  
FAX (888) 566-062

Florida Utilities Service  
5911 Trouble Creek Rd.  
New Port Richie, Fla. 34652

June 3, 2024  
Phone: Mike 352-302-7406  
E-mail: Mike [mike@dwll.com](mailto:mike@dwll.com)

Attention: Mike Smallridge  
Project: Altrus Water Utilities  
Packing House Rd.  
Altrus, Fla.  
Pump replacement.

Quote to replace the pump at the above location. The stater was all burned up from cycling and it got the pump also. We repaired the starter, but the pump was shorted out from the cycling. Here is a list of the material that will be needed to get it up and running.

- The starter contact set was repaired and rewired.
- Labor to clean the starter up and replace the contacts.
- Well seal 6" x 2"
- 7 1/2 H.P. 230-volt 3 phase motor
- 7 1/2 H.P. pump end
- Submersible wire heavy duty flat 175'
- Miscellaneous material
- Crane time 8 hrs.
- 2 men with hoist truck and tools 8 hrs.
- 1 extra man to help 8 hrs.

Total tax included \$11,940.00

- Labor to pull the pump and check the starter out.
- Service call to see what was wrong 1 1/2 hrs.
- Crane time 3 hrs.
- 2 extra men 3 hrs.

Total to pull the pump and check the starter ..\$1,252.50  
Total estimated cost with tax \$13,192.50

Down payment (\$7,000.00) balance upon completion.  
Mike, you need to find a place to replace this well. It is going to fail one of these days.  
This well is in BAD shape.

Sincerely,  
  
George W. Dunham

Authorization:  Date: 6/5/24

## Compliance

**From:** Lowe's Home Improvement <do-not-reply@receipt.lowes.com>  
**Sent:** Wednesday, October 30, 2024 9:18 AM  
**To:** COMPLIANCE@FUS1LLC.COM  
**Subject:** Your Lowe's Purchase Receipt

10-31-24



PO 1126  
Alturas  
Concrete for Tank  
Install

## Your Lowe's Receipt

Thanks for shopping at Lowe's. Use this just like you would a paper receipt for proof of purchase, record keeping, returns and more.

LOWE'S HOME CENTERS, LLC  
23227 Us Highway 27  
Lake Wales , FL 33859  
(863) 734-5000

Transaction # : 942431111  
Order # : 202410302240942431111  
Order Date : 10/30/24 09:17:41



Item	Price
SAKRETE 80-LB CONCRETE MI	\$ 451.08
Item #: 132022	
5.97 Discount Ea -0.60	
84 @ 5.37	
PALLET CHRG OLDCASTLE/TXI	\$ 36.00
Item #: 270120	
2 @ 18.00	
<b>Invoice 71174 Subtotal</b>	<b>\$ 487.08</b>
<b>Invoice 71174 Subtotal</b>	<b>\$ 487.08</b>

Subtotal	\$ 487.08
POLK - COUNTY TAX	\$ 4.87
FL - STATE TAX	\$ 29.23
Total Tax	\$ 34.10
<b>Total</b>	<b>\$ 521.18</b>

Total Savings This Trip: \$ 50.40

---

**Total # of items purchased: 86**  
Excludes fees, services and special order items

---

Payment: DEBITVISA ending in 4569	\$ 521.18
AuthTime	10/30/24 09:17:24
AuthCD	877526
REFID	224001174892
Customer Code	no
Order Date	10/30/24 09:17:41
Store #	2240
Terminal #	1

Tell us how we did! Enter for a chance to win!

**START SURVEY**

\*\*\*\*\* SHARE YOUR FEEDBACK! \*\* ENTER FOR A CHANCE TO BE \*\* ONE OF FIVE \$500 WINNERS DRAWN MONTHLY! \*\* iENTRE EN EL SORTEO MENSUAL \*\* PARA SER UNO DE LOS CINCO GANADORES DE \$500! \*\* \*\* ENTER BY COMPLETING A SHORT SURVEY \*\* WITHIN ONE WEEK AT: [www.lowes.com/survey](http://www.lowes.com/survey) \*\* Y O U R I D #711748 224003 042533 \*\* \*\* NO PURCHASE NECESSARY TO ENTER OR WIN. \*\* VOID WHERE PROHIBITED. MUST BE 18 OR OLDER TO ENTER. \*\* OFFICIAL RULES & WINNERS AT: [www.lowes.com/survey](http://www.lowes.com/survey) \*\*\*\*\*

Thank you for shopping at Lowe's.  
To see our return policy, visit [Lowes.com/returns](http://Lowes.com/returns)

LOWE'S PRICE PROMISE  
FOR MORE DETAILS, VISIT  
[LOWES.COM/PRICEPROMISE](http://LOWES.COM/PRICEPROMISE)

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# Exhibit 1

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

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

Lab Name: Advanced Environmental Laboratories, Inc. Florida DOH Certification #: E84589 Certification Expiration Date: 06/30/2025

ATTACH CURRENT DOH ANALYTE SHEET\*

Address: 9610 Princess Palm Ave, Tampa, FL 33619 Phone #: (813) 630-9616

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: 10/04/2024

PWS ID: (From Page 1): 6530057 Sample Number (From Page 1): T2423741001 Lab Assigned Report # Or Job ID: T2423741

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

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

## LAB CERTIFICATION

I, Sue Bell, Sr Project Manager, do HEREBY CERTIFY  
 (Print Name) (Print Title)

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

Signature: *Sue Bell* Date: 10/16/2024

- \* 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 "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: 10/16/24 DEP/DOH Reviewing Official: *[Signature]*

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



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

RECEIVED

DEC 5 2024

Environmental Health  
FDOH - Bartow

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

System Name: Alturas Utility PWS I.D. #: 6530057  
System Type (check one):  Community  Nontransient Noncommunity  Transient Noncommunity  
Address: 5605 Packinghouse Rd  
City: Bartow ZIP Code: 33830  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

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

Sample Number: T2423741001 Sample Date: 10/03/2024 Sample Time: 14:05 AM  PM (Circle One)  
Sample Location (be specific): 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:

4th Q 2024 Carbon Tetrachloride (voc) 10/4 Q  
\*See 62-550(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.

ENTERED

DEC 10 2024

**SAMPLER CERTIFICATION**

Jennifer Alexander (Print Name), Processor (Print Title), do HEREBY CERTIFY

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

Signature: [Signature] Date: 10-22-2024

Certified Operator # 051471 Phone # 8139652599 Sampler's Fax #: \_\_\_\_\_

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

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



Advanced Environmental Laboratories, Inc.

- Altamonte Springs: 280 Hutchins Blvd., Ste. 1048, Ft. 32781 • 407.837.1534 • Lab ID: E32078
- Fort Myers: 18128 Woodhys Terrace, Ste. 10, Ft. 33113 • 239.674.8130 • Lab ID: E14422
- Jacksonville: 5781 Sawtooth Pkwy., FL 32216 • 904.363.9359 • Lab ID: E32574
- Tallahassee: 2628 North Monroe St., Suite D, FL 32303 • 904.219.8274 • Lab ID: E11265

- Gainesville: 4815 NW 41st Blvd., FL 32609 • 352.377.3348 • Lab ID: E12001
- Maitland: 15209 UBA Today Way, FL 32705 • 407.888.2288 • Lab ID: E12535
- Tampa: 4810 Phoenix Park Ave., FL 33619 • 813.836.3814 • Lab ID: E14598

Client Name: Consta Flow, Inc.		Project Name: Alturas Utility		ANALYSIS REQUIRED	2082 CARBON TETRACHLORIDE VOC	LABORATORY I.D. NUMBER	
Address: 5574 Commercial Blvd Winter Haven, FL 33880		Project Number:					
Phone: 883-965-2599		PO Number:					
FAX:		FDEP Facility No: 6530057					
Contact: Jennifer Alexander		FDEP Facility Addr: 5805 Packing House Road Alturas					
Sampled By: Caleb Crabb		Special Instructions: 4th Q 2024 Carbon Tetrachloride					
Turn Around Time: Standard X Rush		1 of 4					
AEL Profile #:		ADnPT EQUS Other					
SAMPLE ID	SAMPLE DESCRIPTION	Grab Comp	SAMPLING		MATRIX	NO. COUNT	Preservation Field Filtered?
			DATE	TIME			
1	POE	Grab Comp	10-3-24	14:35	DW		

Matrix Code: WW = wastewater SW = surface water GW = ground water DW = drinking water O = oil A = air SO = soil SL = sludge Preservation Code: I = Ice H = (HCl) S = (H2SO4) N = (HNO3) T = (Sodium Thiosulfate)

Received on Ice  Yes  No  Temp taken from sample  Temp from blank  Where required, pH checked Temp. when received (observed) 2 °C Temp. when received (corrected) °C

DCN: AD-D051web Form last revised 08/07/2019

Device used for measuring Temp by unique identifier (circle IR temp gun used) J: 9A G: LT-1 LT-2 T: 3A A: 3A M: 3A S: 1V F: 1A

Received by:	Date	Time	Received by:	Date	Time
<i>Caleb Crabb</i>	10/4/24	10:20	<i>[Signature]</i>	10/4/24	10:20
			<i>[Signature]</i>	10/4/24	13:30

**FOR DRINKING WATER USE:**

(When PWS information not otherwise supplied) PWS ID: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Supplier of Water: \_\_\_\_\_

Site Address: \_\_\_\_\_

\* T 2 4 2 3 7 4 1 \*

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

VOLATILE ORGANICS  
62-550.310(4)(a)

Report Number / Job ID: T2423741001

PWS ID (From Page 1): 6530057

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Analysis Date	Analysis Time	DOH Lab Certification #
2982	Carbon tetrachloride	3	ug/L	0.25	U	EPA 524.2	0.25	0.5	10/15/2024	00:43	E84589

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**

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

Lab Name: Advanced Environmental Laboratories, Inc. Florida DOH Certification #: E84589 Certification Expiration Date: 06/30/2025

ATTACH CURRENT DOH ANALYTE SHEET\*

Address: 9610 Princess Palm Ave, Tampa, FL 33619 Phone #: (813) 630-9616

Were any analyses subcontracted  Yes  No If yes, please provide DOH certification number(s): E82574

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 10/04/2024

PWS ID: (From Page 1): 6530057 Sample Number (From Page 1): T2423742001 Lab Assigned Report # Or Job ID: T2423742

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, Sue Bell, Sr Project Manager, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature:  Date: 10/17/2024

- \* 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 "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: 10/17/24 DEP/DOH Reviewing Official: 

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

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

RECEIVED  
DEC 5 2024  
Environmental Health:  
FDOH - Bartow

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

System Name: Alturas Utility PWS I.D. #: 6530057  
 System Type (check one):  Community  Nontransient Noncommunity  Transient Noncommunity  
 Address: 5605 Packinghouse Road  
 City: Bartow ZIP Code: 33880  
 Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

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

Sample Number: T2423742001 Sample Date: 10/03/2024 Sample Time: 14:00 AM  PM (Circle One)  
 Sample Location (be specific): 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:

4th Q SOC Benz(a)pyrene 194 Q  
 \*See 62-550(6) for requirements and restrictions. \*See 62-550.5(0.4) for requirements and attach a results page for each site.  
 And 62-550.512(3) for nitrate or nitrite exceedances.

**SAMPLER CERTIFICATION**

Jennifer Alexander, Supervisor, do HEREBY CERTIFY  
 (Print Name) (Print Title)

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

Signature: [Signature] Date: 10-22-2024  
 Certified Operator # 021471 Phone # 863 915 2899 Sampler's Fax #: \_\_\_\_\_  
 Sampler's E-mail: \_\_\_\_\_

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



Advanced Environmental Laboratories, Inc.

- Altamonte Springs: 380 Northlake Blvd., Ste. 1048, FL 32701 • 407.837.1994 • Lab ID: E53076
- Fort Myers: 13100 Woodhills Terrace, Ste. 10, FL 33913 • 239.674.6130 • Lab ID: E84492
- Jacksonville: 6881 Southpoint Pkwy., FL 32216 • 904.383.8350 • Lab ID: E82574
- Tallahassee: 2639 North Monroe St., Suite D, FL 32303 • 850.219.8274 • Lab ID: E311095

- Gainesville: 4965 SW 41st Blvd., FL 32608 • 352.377.2348 • Lab ID: E82001
- Miramar: 10200 USA Today Way, FL 33025 • 954.899.2288 • Lab ID: E82535
- Tampa: 9610 Princess Palm Ave., FL 33619 • 813.830.9816 • Lab ID: E84589

Client Name: Consta Flow, Inc.			Project Name: Alturas Utility			BOTTLE SIZE & TYPE	ANALYSIS REQUIRED	525.2 BENZO(A)PYRENE									LABORATORY I.D. NUMBER
Address: 5574 Commercial Blvd			Project Number:														
Winter Haven, FL 33880			PO Number:														
Phone: 883-965-2599			FDEP Facility No: 6530057														
FAX:			FDEP Facility Addr: 5605 Packing House Road														
Contact: Jennifer Alexander			Alturas														
Sampled By: Caleb Cribb			Special Instructions: 4th Q 2024 SOC Benzo(A)Pyrene														
Turn Around Time: Standard X Rush			1 of 4														
AEL Profile #:			ADaPT	EQuIS		Other											
SAMPLE ID	SAMPLE DESCRIPTION	Grab Comp	SAMPLING		MATRIX	NO. COUNT	Preservation										
			DATE	TIME			Field	Filtered?									
1	POE	Grab Comp	10-3-24	14:00	DW		X										001



Matrix Code: WW = wastewater SW = surface water GW = ground water DW = drinking water O = oil A = air SO = soil SL = sludge Preservation Code: I = Ice H = (HCl) S = (H2SO4) N = (HNO3) T = (Sodium Thiosulfate)  
 Received on Ice  Yes  No  Temp taken from sample  Temp from blank  Where required, pH checked Temp. when received (observed) 20 °C Temp. when received (corrected) \_\_\_\_\_ °C  
 DCN: AD-D051web Form last revised 08/07/2019 Device used for measuring Temp by unique identifier (circle IR temp gun used) J: 8A G: LT-1 LT-2 T: 10A A: 3A M: 3A S: 1V F: 1A

	Relinquished by:	Date	Time	Received by:	Date	Time
1	<i>Caleb Cribb</i>	10/4/24	10:20	<i>[Signature]</i>	10/4/24	10:20
2	<i>[Signature]</i>	10/18/24		<i>[Signature]</i>		
3				<i>[Signature]</i>	10/24	1:330
4						

**FOR DRINKING WATER USE:**  
 (When PWS information not otherwise supplied) PWS ID: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Supplier of Water: \_\_\_\_\_  
 Site Address: \_\_\_\_\_

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

SYNTHETIC ORGANICS  
62-550.310(4)(b)

Report Number / Job ID: T2423742001 PWS ID (From Page 1): 6530057

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Extraction Date	Analysis Date	Analysis Time	DOH Lab Certification #
2306	Benzo(a)pyrene	0.2	ug/L	0.015	U	EPA 525.2	0.015	0.02	10/14/2024	10/16/2024	23:25	E82574

Note: Results indicating non-detection with a reported lab MDL >50% of the MCL will not be accepted for compliance.

## Exhibit 2



PLANT NAME: Alturas Utility Monitoring Period From: 7/01/23 To: 7/31/23  
**(WATER REPORT)**

DAY	Well	Irrigation	TRC	PH	TRC	PH	MULT.	1000	TOTAL
PREV	13870								
1							18667		18667
2							18667		18667
3	13926		3.9		3.9		18667		18667
4							13500		13500
5	13953		2.3		0.3		13500		13500
6							12000		12000
7	13977		2.8		2.8		12000		12000
8							12000		12000
9							12000		12000
10	14013		2.4		1.8		12000		12000
11							12000		12000
12	14037		2.2		1.5		12000		12000
13							14000		14000
14	14065		2.2		1.2		14000		14000
15							12333		12333
16							12333		12333
17	14102		1.8		1.0		12333		12333
18							13000		13000
19							13000		13000
20							13000		13000
21	14154		2.7		2.7		13000		13000
22							11667		11667
23							11667		11667
24	14189		2.7		1.7		11667		11667
25							13500		13500
26	14216		2.6		1.5		13500		13500
27							14667		14667
28							14667		14667
29	14260		2.4		1.2		14667		14667
30							13500		13500
31	14287		2.5		2.5		13500		13500
Total Flow							417000		417000
ADF							13452		13452
MAX			3.9		3.9		18667		18667
MIN			1.8		0.3		11667		11667

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

I. General Information for the Month/Year of: Monitoring Period From: 7/01/23 To: 7/31/23

A. Public Water System (PWS) Information

PWS Name: ALTURAS UTILITY		PWS Identification Number: 6530057	
PWS Type: <input checked="" type="checkbox"/> <u>C</u>	Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive
Number of Service Connections at End of Month: 63		Total Population Served at End of Month:	
PWS Owner:			
Contact Person : MIKE SMALLRIDGE		Contact Person's Title: PRESIDENT	
Contact Person's Mailing Address: 3336 GRAND BLVD		City: HOLIDAY	State: FL Zip Code: 33890
Contact Person's Telephone Number: 352-302-7406		Contact Person's Fax Number: 863-229-5991	
Contact Person's E-Mail Address: mike@tus1llc.com			

B. Water Treatment Plant Information

Plant Name: ALTURAS UTILITY		Plant Telephone Number: 863-904-5574		
Plant Address: 100 PACKING HOUSE ROAD		City: ALTURAS	State: FL Zip Code: 33820	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating capacity of Plant, gallons per day: 108,000		Plant Class: D		
Plant Category ( per subsection 62-699.310(4), F.A.C.): V		Plant Class: D		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	GAINES ALEXANDER	C	C-5472	12
Other Operators:	DANNY ALEXANDER	C	C-12379	
	JENNIFER ALEXANDER	C	C-21471	
	ROBERT GRAVES	B	B-0015216	
	CINDY ALEXANDER	C	C-23261	
	CHRIS NICHOLS	C	C-20287	

II. Certification by Lead/Chief Operator

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

*Gaines Alexander* 08/09/23  
Signature and Date

GAINES ALEXANDER  
Printed or Typed Name

C-5472  
License Number

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

PWS: Identification Number: 6530057 Plant Name: ALTURAS UTILITY

III. Daily Data for the Month/Year of: \_\_\_\_\_ Monitoring Period From: 7/01/23 To: 7/31/23

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

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

Day of the month	Hours Plant in Operation	Net Quality of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, If Applicable*										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
			Free Chlorine					Combined Chlorine(Chloramines)						Chlorine Dioxide
			Peak flow rate, gpd	Lowest Residual Disinfectant concentration Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, C	pH of Water, if Applicable	Minimum CT, Required mg-min/L	Lowest Operating UV Dose, mW-Sec/cm2	Minimum UV Dose required, mW-Sec/cm2	Lowest Residual Disinfectant concentration at Remote Point in Distribution System, mg/L		
1		18667												
2		18667												
3	X	18667			3.9									3.9
4		13500												
5	X	13500			2.3									0.3
6		12000												
7	X	12000			2.8									2.8
8		12000												
9		12000												
10	X	12000			2.4									1.8
11		12000												
12	X	12000			2.2									1.5
13		14000												
14	X	14000			2.2									1.2
15		12333												
16		12333												
17	X	12333			1.8									1.0
		13000												
		13000												
21	X	13000			2.7									2.7
22		11667												
23		11667												
24	X	11667			2.7									1.7
25		13500												
26	X	13500			2.6									1.5
27		14667												
28		14667												
29	X	14667			2.4									1.2
30		13500												
31	X	13500			2.5									2.5
Total		417000												
Average		13452												
Maximum		18667												

\*Refer to the instructions for this report to determine which plants must provide this information.  
 DEP Form 62-856.000(3)  
 Effective August 28, 2003

**DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT**

- 6681 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.2550 • Fax 904.363.9354 • E82574
- 4965 SW 41st Blvd • Gainesville, FL 32608 • 352.377.2349 • Fax 352.395.6639 • E82601
- 10200 USA Today Way • Miramar, FL 33025 • 954.889.2288 • Fax 954.889.2281 • E82535
- 9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 • E84589
- 380 Northlake Blvd., Suite 1048 • Altamonte Springs, FL 32701 • 407.937.1594 • Fax 407.937.1597 • E53076
- 2639 N. Monroe St., Suite D • Tallahassee, FL 32301 • 850.219.6274 • Fax 850.219.6275 • E811095
- 13100 Westlinks Terrace, Suite 10 • Fort Myers, FL 33913 • 239.674.8130 • Fax 239.674.8128 • E84492

Project # or Place Project Label Here  
T 231 3493



Lab Receipt Date & Time: 7.12.23 1345  
 Analysis Date & Time: 7/12/23 1646  
 Sample Acceptance Criteria:  
 Sample Preservation:  On Ice  Not On Ice  4°C  
 Disinfectant Check:  Not Detected  \_\_\_\_\_  
 This Sample does not meet the following NELAC requirements:

Report Number: \_\_\_\_\_ Sub-Contract Lab ID: \_\_\_\_\_

Analysis Requested: (check all that apply)  
 Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

Public Water System (PWS) Name: Alturas Utility PWS I.D.: 6530057  
 PWS Address: 5605 Peckin House Road City: Alturas

PWS or PWS Owner's Phone #: 863-965-2599 Fax #: \_\_\_\_\_  
 Collector: Jennifer Alturas Collector's Phone #: 863-965-2599

Type of Supply: (check only one)  
 Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

Reason for Sampling: (check all that apply)  
 Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

Sample Collection Date: 7-11-2023 DCN#: AD-D045 Effective 01/95, Electronic WEB Revision 02/27/2019

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time (24 hr clock)	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Methods <sup>1</sup>				
						Non-Coliform	Total Coliform	Focal (E. coli, Enterococci, or Coliphage) <sup>2</sup>	Data Qualifier <sup>3</sup>	Lab Sample #
1/2	Well	1540	R	0	8.0		A	A		014
2/2	Firehouse 2535 3 <sup>rd</sup> St	1545	D	0.82	8.0		A	A		015

Average of disinfectant residuals for distribution routine & repeat samples:<sup>4</sup>  Free chlorine or  Total chlorine (check one). 0.82

Disinfectant Residual Analysis Method:  
 DPD Colorimetric  Other: \_\_\_\_\_

Person performing disinfectant analysis is (Check one of below):  
 A certified operator (# \_\_\_\_\_)  
 Supervised by certified operator (# 021471)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

(INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT)  
 Consta Flow Inc  
 5574 Commercial Blvd  
 Winter Haven, FL 33880  
 863-965-2599  
 Jennifer@constaflow.com

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

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 7/13/23  
 Lab Signature: [Signature]  
 Title: PM, DEP

Satisfactory  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
 Date Reviewed by DEP/DOH: \_\_\_\_\_  
 DEP/DOH Reviewing Official: \_\_\_\_\_

1 Indicate the sample type for each sample collected. Sample type codes are: D - Distribution (routine compliance), C - Repeat Check, R - Raw, N - Entry Point to Distribution, P - Plant Tap, S = Special (clearance, etc)  
 2 Lab certification number for the listed method is included at top with the laboratory address  
 3 Please circle appropriate selection  
 4 Defined in Florida Administrative Code Rule 62-166, Table 1  
 5 Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average  
 Results Key: A - Coliforms are absent; P - Coliforms are present; C - confluent growth; TNTC - too numerous to count (62-550.730 Reporting Format)

Relinquish By: [Signature]  
 Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Received By: [Signature]  
 Date: 7/12/23 Time: 1200

PLANT NAME: Alturas Utility Monitoring Period From: 8/01/23 To: 8/31/23  
**(WATER REPORT)**

DAY	Well	Irrigation	TRC	PH	TRC	PH	MULT.	1000	TOTAL
PREV	14287								
1							11500		11500
2	14310		1.8		1.4		11500		11500
3							14500		14500
4	14339		2.2		1.7		14500		14500
5							15667		15667
6							15667		15667
7	14386		2.5		1.6		15667		15667
8							23500		23500
9	14433		2.7		2.0		23500		23500
10							21000		21000
11	14475		2.6		1.8		21000		21000
12							22000		22000
13							22000		22000
14	14541		2.2		1.3		22000		22000
15							17000		17000
16							17000		17000
17	14592		1.2		0.8		17000		17000
18							14000		14000
19	14620		1.5		1.0		14000		14000
20							13000		13000
21	14646		1.8		1.2		13000		13000
22							14000		14000
23	14674		1.5		0.8		14000		14000
24							24000		24000
25	14722		1.4		0.9		24000		24000
26							17000		17000
27							17000		17000
28	14773		1.4		1.1		17000		17000
29							11167		11167
30							11167		11167
31	14807						11167		11167
Total Flow							519500		519500
ADF							16758		16758
MAX			2.7		2.0		24000		24000
MIN			1.2		0.8		11167		11167

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

I. General Information for the Month/Year of: Monitoring Period From: 8/01/23 To: 8/31/23

A. Public Water System (PWS) Information

PWS Name: ALTURAS UTILITY		PWS Identification Number: 6530057	
PWS Type: <input checked="" type="checkbox"/> <input type="checkbox"/>	Non-Transient Non-Community	<input type="checkbox"/> <input type="checkbox"/>	Transient Non-Community Consecutive
Number of Service Connections at End of Month: 63		Total Population Served at End of Month:	
PWS Owner:			
Contact Person : MIKE SMALLRIDGE		Contact Person's Title: PRESIDENT	
Contact Person's Mailing Address: 3336 GRAND BLVD		City: HOLIDAY State: FL Zip Code: 33890	
Contact Person's Telephone Number: 352-302-7406		Contact Person's Fax Number: 863-229-5991	
Contact Person's E-Mail Address: mike@fus1llc.com			

B. Water Treatment Plant Information

Plant Name: ALTURAS UTILITY		Plant Telephone Number: 863-904-5574	
Plant Address: 100 PACKING HOUSE ROAD		City: ALTURAS State: FL Zip Code: 33820	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/>	Purchased Finished Water
Permitted Maximum Day Operating capacity of Plant, gallons per day:		108,000	
Plant Category ( per subsection 62-699.310(4), F.A.C.): V		Plant Class: D	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	GAINES ALEXANDER	C	C-5472	12
Other Operators:	DANNY ALEXANDER	C	C-12379	
	JENNIFER ALEXANDER	C	C-21471	
	ROBERT GRAVES	B	B-0015216	
	CINDY ALEXANDER	C	C-23261	
	CHRIS NICHOLS	C	C-20287	

II. Certification by Lead/Chief Operator

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

Gaines Alexander 09/07/23 GAINES ALEXANDER C-5472  
 Signature and Date Printed or Typed Name License Number

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

PWS: Identification Number: 6530057

Plant Name: ALTURAS UTILITY

III. Daily Date for the Month/Year of:

Monitoring Period From: 8/01/23 To: 8/31/23

Means of Achieving Four-Log Virus Inactivation / Removal: \*

Ultraviolet Radiation

Other: (Describe):

Free Chlorine

Chlorine Dioxide

Ozone

Combined Chlorine(Chloramines)

Type of Disinfectant Residual Maintained in Distribution System:

Free Chlorine

Combined Chlorine(Chloramines)

Chlorine Dioxide

CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, If Applicable\*

CT Calculations

UV Dose

Day of the month	Hours Plant in Operation	Net Quality of Finished Water Produced, gal	Free Chlorine							Combined Chlorine(Chloramines)			Chlorine Dioxide	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			Peak flow rate, gpd	Lowest Residual Disinfectant concentration Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, C	pH of Water, if Applicable	Minimum CT, Required mg-min/L	Lowest Operating UV Dose, mW-Sec/cm <sup>2</sup>	Minimum UV Dose required, mW-Sec/cm <sup>2</sup>	Lowest Residual Disinfectant concentration at Remote Point in Distribution System, mg/L		
1		11500												
2	X	11500												
3		14500			1.8									
4	X	14500											1.4	
5		15667												
6		15867											1.7	
7	X	15667												
8		23500												
9	X	23500											1.6	
10		21000												
11	X	21000											2.0	
12		22000												
13		22000											1.8	
14	X	22000												
15		17000												
16		17000											1.3	
17	X	17000												
18		14000												
	X	14000											0.8	
		13000												
	X	13000											1.0	
22		14000												
23	X	14000											1.2	
24		24000												
25	X	24000											0.8	
26		17000												
27		17000											0.9	
28	X	17000												
29		11167												
30		11167											1.1	
31		11167												
Total		519500												
Average		16758												
Maximum		24000												

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

**WATER SAMPLE COLLECTION & LABORATORY REPORT FORMAT**

- 6681 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.393.9350 • Fax 904.363.9354 • E82574
- 4965 SW 41st Blvd • Gainesville, FL 32608 • 352.377.2349 • Fax 352.395.6639 • E82001
- 10200 USA Today Way • Miramar, FL 33025 • 954.889.2288 • Fax 954.889.2281 • E82535
- 9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 • E84589
- 380 Northlake Blvd., Suite 1048 • Altamonte Springs, FL 32701 • 407.937.1594 • Fax 407.937.1597 • E53076
- 2639 N. Monroe St., Suite D • Tallahassee, FL 32301 • 850.219.6274 • Fax 850.219.6275 • E811095
- 13100 Westlinks Terrace, Suite 10 • Fort Myers, FL 33913 • 239.674.8130 • Fax 239.674.8128 • E84492

Write Project # or Place Project Label Here

T2315069



**Advanced Environmental Laboratories, Inc.**

Lab Receipt Date & Time: 8-9-23 1330  
 Analysis Date & Time: 8/9/23 1642  
 Sample Acceptance Criteria:  
 Sample Preservation:  On Ice  Not On Ice 0°C  
 Disinfectant Check:  Not Detected   
 This Sample does not meet the following NELAC requirements:

Report Number: \_\_\_\_\_ Sub-Contract Lab ID: \_\_\_\_\_

Analysis Requested: (check all that apply)

- Total Coliform/*E. coli*  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

Public Water System (PWS) Name: Alturas Utility

PWS I.D.: 6530057

PWS Address: 5605 Packing House Road

City: Alturas

PWS or PWS Owner's Phone #: 863-965-2599

Fax #: \_\_\_\_\_

Collector: Caleb Criss

Collector's Phone #: 863-965-2599

Type of Supply: (check only one)

- Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

Reason for Sampling: (check all that apply)

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

Sample Collection Date: 8-9-23

DCN#: AD-D045

Effective 01/85, Electronic WEB Revision 02/27/2019

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time (24 hr clock)	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s) <sup>2</sup>				
						Non-Coliform	Total Coliform	Fecal, <i>E. coli</i> , Enterococci, or Coliphage <sup>3</sup>	Data Qualifier <sup>4</sup>	Lab Sample #
1/2	Well	10:40	R	0	7.7		A	A		
2/2	Utility office 2535 3 <sup>rd</sup> St	10:45	D	1.0	7.6		A	A		038

Average of disinfectant residuals for distribution routine & repeat samples.<sup>5</sup>  Free chlorine or  Total chlorine (check one).

Disinfectant Residual Analysis Method:  
 DPD Colorimetric  Other: \_\_\_\_\_  
 Person performing disinfectant analysis is (Check one of below):  
 A certified operator (# \_\_\_\_\_)  
 Supervised by certified operator (# C21471)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

[INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT]  
**Consta Flow Inc**  
 5574 Commercial Blvd  
 Winter Haven, FL 33880  
 863-965-2599  
 Jennifer@constaflow.com

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.  
 Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 8/10/23  
 Lab Signature: [Signature]  
 Title: \_\_\_\_\_  
 Satisfactory DEP/DOH USE ONLY  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
 Date Reviewed by DEP/DOH: \_\_\_\_\_  
 DEP/DOH Reviewing Official: \_\_\_\_\_

1. Indicate the sample type for each sample collected. Sample type codes are: D = Distribution (routine compliance), C = Repeat/Check, R = Raw, N = Entry Point to Distribution, P = Plant Tap, S = Special (clearance, etc).  
 2. Lab certification number for the listed method is included at top with the laboratory address.  
 3. Please circle appropriate selection.  
 4. Defined in Florida Administrative Code Rule 62-160, Table 1.  
 5. Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.  
 Results Key: A = Coliforms are absent; P = Coliforms are present; C = confluent growth; TNTC = too numerous to count (62-550.730 Reporting Format).

Relinquish By: Caleb Criss  
 Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Received By: [Signature]  
 Date: 8/9/23 Time: 1133



PLANT NAME: Alturas Utility Monitoring Period From: 9/01/23 To: 9/30/23

**(WATER REPORT)**

DAY	Well	Irrigation	TRC	PH	TRC	PH	MULT.	1000	TOTAL
PREV	14807								
1	14817		1.4		0.9		10500		10500
2							13667		13667
3							13667		13667
4	14858		1.0		0.5		13667		13667
5							17000		17000
6	14892		1.0		0.5		17000		17000
7							13000		13000
8	14918		2.2		1.3		13000		13000
9							20667		20667
10							20667		20667
11	14980		2.0		1.4		20667		20667
12							16250		16250
13							16250		16250
14							16250		16250
15	15045		2.2		1.5		16250		16250
16							17000		17000
17	15079		1.5		0.8		17000		17000
18	15094		0.8		0.4		15000		15000
19							11000		11000
20	15116		1.2		0.8		11000		11000
21							9500		9500
22	15135		1.2		0.8		9500		9500
23							13667		13667
24							13667		13667
25	15176		1.8		1.4		13667		13667
26							4500		4500
27	15185		0.9		0.5		4500		4500
28							7500		7500
29	15200		0.5		0.4		7500		7500
30	15210						10300		10300
Total Flow							403800		403800
ADF							13460		13460
MAX			2.2		1.5		20667		20667
MIN			0.5		0.4		4500		4500

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

I. General Information for the Month/Year of:		Monitoring Period From: 9/01/23 To: 9/30/23	
A. Public Water System (PWS) Information			
PWS Name: ALTURAS UTILITY		PWS Identification Number: 6530057	
PWS Type: <input checked="" type="checkbox"/> C Non-Transient Non-Community		<input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month: 63		Total Population Served at End of Month:	
PWS Owner:			
Contact Person : MIKE SMALLRIDGE		Contact Person's Title: PRESIDENT	
Contact Person's Mailing Address: 3336 GRAND BLVD		City: HOLIDAY State: FL Zip Code: 33890	
Contact Person's Telephone Number: 352-302-7406		Contact Person's Fax Number: 863-229-5991	
Contact Person's E-Mail Address: mike@tus1llc.com			
B. Water Treatment Plant Information			
Plant Name: ALTURAS UTILITY		Plant Telephone Number: 863-904-5574	
Plant Address: 100 PACKING HOUSE ROAD		City: ALTURAS State: FL Zip Code: 33820	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating capacity of Plant, gallons per day:		108,000	
Plant Category ( per subsection 62-699.310(4), F.A.C.): V		Plant Class: D	
Licensed Operators	Name	License Class	License Number
Lead/Chief Operator:	GAINES ALEXANDER	C	C-5472
Other Operators:	DANNY ALEXANDER	C	C-12379
	JENNIFER ALEXANDER	C	C-21471
	ROBERT GRAVES	B	B-0015216
	CINDY ALEXANDER	C	C-23261
	CHRIS NICHOLS	C	C-20287
			Day(s)/Shift(s) Worked
			13

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

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

*Gaines Alexander*      10/09/23  
 Signature and Date

GAINES ALEXANDER  
 Printed or Typed Name

C-5472  
 License Number

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

PWS: Identification Number: 6530057 Plant Name: ALTURAS UTILITY

III. Daily Data for the Month/Year of: \_\_\_\_\_ Monitoring Period From: 9/01/23 To: 9/30/23  
 Means of Achieving Four-Log Virus Inactivation / Removal: \*  
 Ultraviolet Radiation \_\_\_\_\_ Other: (Describe): \_\_\_\_\_ Free Chlorine \_\_\_\_\_ Chlorine Dioxide \_\_\_\_\_ Ozone \_\_\_\_\_ Combined Chlorine(Chloramines) \_\_\_\_\_

Type of Disinfectant Residual Maintained In Distribution System:				Free Chlorine						Combined Chlorine(Chloramines)			Chlorine Dioxide	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
Day of the month	Hours Plant in Operation	Net Quality of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*											
			CT Calculations					UV Dose						
			Peak flow rate gpd	Lowest Residual Disinfectant concentration Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, C	pH of Water, if Applicable	Minimum CT, min	Lowest Operating UV Dose, mW-Sec/cm <sup>2</sup>	Minimum UV Dose required, mW-Sec/cm <sup>2</sup>	Lowest Residual Disinfectant concentration at Remote Point in Distribution System, mg/L		
1	X	24	10500		1.4								0.9	
2		24	13667											
3		24	13667											
4	X	24	13667		1.0									
5		24	17000										0.5	
6	X	24	17000		1.0									
7		24	13000										0.5	
8	X	24	13000		2.2									
9		24	20667										1.3	
10		24	20667											
11	X	24	20667		2.0								1.4	
12		24	16250											
13		24	16250											
14		24	16250											
15	X	24	18250		2.2									
16		24	17000										1.5	
17	X	24	17000		1.5									
18	X	24	15000		0.8								0.8	
		24	11000										0.4	
	X	24	11000		1.2									
21		24	9500										0.8	
22	X	24	9500		1.2									
23		24	13667										0.8	
24		24	13667											
25	X	24	13667		1.8									
26		24	4500										1.4	
27	X	24	4500		0.9									
28		24	7500										0.5	
29	X	24	7500		0.5									
30		24	10300										0.4	
Total			403900											
Average			13460											
Maximum			20667											

\*Refer to the instructions for this report to determine which plants must provide this information.  
 DEP Form 62-655.909(3)  
 Effective August 28, 2003

**ADVANCED WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORT FORMAT**

- 6681 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.935.9350 • Fax 904.363.9354 • E82574
- 4965 SW 41st Blvd • Gainesville, FL 32608 • 352.377.2349 • Fax 352.395.6639 • E82001
- 10200 USA Today Way • Miramar, FL 33025 • 954.889.2288 • Fax 954.889.2281 • E82535
- 9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 • E84389
- 380 Northlake Blvd., Suite 1048 • Altamonte Springs, FL 32701 • 407.937.1594 • Fax 407.937.1597 • E53076
- 2639 N. Monroe St., Suite D • Tallahassee, FL 32301 • 850.219.6274 • Fax 850.219.6273 • E811095
- 13100 Westlinks Terrace, Suite 10 • Fort Myers, FL 33913 • 239.674.8130 • Fax 239.674.8128 • E84492

Write Project # or Place Project Label Here

T2317559



**Advanced Environmental Laboratories, Inc.**

Lab Receipt Date & Time: 9/7/23 1330  
 Analysis Date & Time: 9/7/23 1456  
 Sample Acceptance Criteria:  
 Sample Preservation:  On Ice  Not On Ice  6 °C  
 Disinfectant Check:  Not Detected   
 This Sample does not meet the following NELAC requirements:

Report Number: \_\_\_\_\_ Sub-Contract Lab ID: \_\_\_\_\_

Analysis Requested: (check all that apply)

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

Public Water System (PWS) Name: Alturas Utility

PWS Address: 5605 Packing House Road

PWS or PWS Owner's Phone #: 863-965-2599

Collector: Loeb Cribb

Fax #: \_\_\_\_\_

Collector's Phone #: 863-965-2589

Type of Supply: (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

Reason for Sampling: (check all that apply)

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

Sample Collection Date: 9-6-23

DCM#: AD-D045

Effective 01/95, Electronic WEB Revision 02/27/2018

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time (24 hr clock)	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s) <u>SM922315</u>				
						Non-Coliform	Total Coliform	Fecal Coliform, Enterococci, or Coliphage <sup>a</sup>	Data Qualifier <sup>b</sup>	Lab Sample #
1/2	Well	15:08	R	0	7.8					
2/2	Tap Outside Store	15:15	D	1.7	7.7		A	A		017
							A	A		018

Average of disinfectant residuals for distribution routine & repeat samples.<sup>a</sup>  Free chlorine or  Total chlorine (check one)

Disinfectant Residual Analysis Method:

DPD Colorimetric  Other: \_\_\_\_\_

Person performing disinfectant analysis is (Check one of below):

- A certified operator (# \_\_\_\_\_)
- Supervised by certified operator (# C21471)
- Employed by a certified lab  Employed by DEP or DOH
- Authorized representative of supplier of water

(INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT)

**Consta Flow Inc**  
 5574 Commercial Blvd  
 Winter Haven, FL 33880  
 863-965-2599  
 Jennifer@constaflow.com

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

Date and time PWS notified by lab of positive results: \_\_\_\_\_

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

Date Report issued: 9/8/23

Lab Signature: [Signature]

Title: PM

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

DEP/DOH USE ONLY

Date Reviewed by DEP/DOH: \_\_\_\_\_

DEP/DOH Reviewing Official: \_\_\_\_\_

Relinquish By: \_\_\_\_\_

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

Received By: [Signature]

Date: 9/7/23 Time: 1150

1. Indicate the sample type for each sample collected. Sample type codes are: D = Distribution (routine compliance), C = Repeat/Check, R = Raw, N = Entry Point to Distribution, P = Plant Tap, S = Special (clearance, etc).  
 2. Lab certification number for the listed method is included at top with the laboratory address.  
 3. Please circle appropriate selection.  
 4. Defined in Florida Administrative Code Rule 62-160, Table 1.  
 5. Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.  
 Results Key: A = Coliforms are absent; P = Coliforms are present; C = confluent growth; TNTC = too numerous to count (62-550.730 Reporting Format).

PLANT NAME: Alturas Utility Monitoring Period From: 10/01/23 To: 10/31/23  
**(WATER REPORT)**

DAY	Well	Irrigation	TRC	PH	TRC	PH	MULT.	1000	TOTAL
PREV	15210								
1							9850		9850
2	15230		1.9		1.4		9850		9850
3							12500		12500
4	15255		2.5		1.5		12500		12500
5							8500		8500
6	15272		2.4		1.6		8500		8500
7							12000		12000
8							12000		12000
9	15308		2.0		1.5		12000		12000
10							12000		12000
11	15332		2.0		1.5		12000		12000
12							9500		9500
13	15351		2.0		2.2		9500		9500
14							14000		14000
15							14000		14000
16	15393		2.1		1.8		14000		14000
17							11500		11500
18	15416		2.1		1.6		11500		11500
19							12333		12333
20							12333		12333
21							12333		12333
22							12333		12333
23	15490		2.1		2.1		12333		12333
24							5000		5000
25	15500		1.1		0.8		5000		5000
26							10000		10000
27	15520		1.7		1.0		10000		10000
28							10750		10750
29							10750		10750
30							10750		10750
31	15563		1.5		1.0		10750		10750
Total Flow							340367		340367
ADF							10980		10980
MAX			2.5		2.2		14000		14000
MIN			1.1		0.8		5000		5000

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

**I. General Information for the Month/Year of:** Monitoring Period From: 10/01/23 To: 10/31/23

**A. Public Water System (PWS) Information**

PWS Name: ALTURAS UTILITY		PWS Identification Number: 6530057	
PWS Type: <input checked="" type="checkbox"/> C	Non-Transient Non-Community	Transient Non-Community	Consecutive
Number of Service Connections at End of Month: 63		Total Population Served at End of Month:	
PWS Owner:			
Contact Person : MIKE SMALLRIDGE		Contact Person's Title: PRESIDENT	
Contact Person's Mailing Address: 3336 GRAND BLVD		City: HOLIDAY	State: FL Zip Code: 33890
Contact Person's Telephone Number: 352-302-7406		Contact Person's Fax Number: 863-229-5991	
Contact Person's E-Mail Address: mike@tus1llc.com			

**Water Treatment Plant Information**

Plant Name: ALTURAS UTILITY		Plant Telephone Number: 863-904-5574	
Plant Address: 100 PACKING HOUSE ROAD		City: ALTURAS	State: FL Zip Code: 33820
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating capacity of Plant, gallons per day: 108,000			
Plant Category ( per subsection 62-699.310(4), F.A.C.): V		Plant Class: D	
Licensed Operators	Name	License Class	License Number
Lead/Chief Operator:	GAINES ALEXANDER	C	C-5472
Other Operators:	DANNY ALEXANDER	C	C-12379
	JENNIFER ALEXANDER	C	C-21471
	ROBERT GRAVES	B	B-0015216
	CINDY ALEXANDER	C	C-23261
	CHRIS NICHOLS	C	C-20287
			Day(s)/Shift(s) Worked
			12

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

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

*Gaines Alexander* 11/08/23  
 Signature and Date

GAINES ALEXANDER  
 Printed or Typed Name

C-5472  
 License Number

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

PWS: Identification Number: 6530057 Plant Name: ALTURAS UTILITY

III. Daily Data for the Month/Year of: \_\_\_\_\_ Monitoring Period From: 10/01/23 To: 10/31/23  
 Means of Achieving Four-Log Virus Inactivation / Removal: \*  
 Ultraviolet Radiation  Other: (Describe): \_\_\_\_\_ Free Chlorine  Chlorine Dioxide  Ozone  Combined Chlorine(Chloramines)

Day of the month	Hours Plant in Operation	Net Quality of Finished Water Produced, gal	Type of Disinfectant Residual Maintained in Distribution System:											
			Free Chlorine				Combined Chlorine(Chloramines)			Chlorine Dioxide				
			CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*											
CT Calculations											UV Dose		Lowest Residual Disinfectant concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
Peak flow rate, gpd.	Lowest Residual Disinfectant concentration Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, C	pH of Water, if Applicable	Minimum CT, Required mg-min	Lowest Operating UV Dose, mW-Sec/cm <sup>2</sup>	Minimum UV Dose required, mW-Sec/cm <sup>2</sup>						
1		9850												
2	X	9850												
3		12500		1.9										
4	X	12500		2.5									1.4	
5		8500		2.4										
6	X	8500											1.5	
7		12000												
8		12000											1.6	
9	X	12000		2.0										
10		12000											1.5	
11	X	12000		2.0										
12		9500											1.5	
13	X	9500		2.0										
14		14000											2.2	
15		14000												
16	X	14000		2.1										
17		11500											1.8	
18	X	11500		2.1										
19		12333											1.6	
		12333												
		12333												
22		12333												
23	X	12333		2.1										
24		5000											2.1	
25	X	5000		1.1										
26		10000											0.8	
27	X	10000		1.7										
28		10750											1.0	
29		10750												
30		10750												
31	X	10750		1.5										
<b>Total</b>		<b>340367</b>											<b>1.0</b>	
<b>Average</b>		<b>10980</b>												
<b>Maximum</b>		<b>14000</b>												

\*Refer to the instructions for this report to determine which plants must provide this information.  
 DEP Form 62-555.600(3)  
 Effective August 26, 2003

**DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORT FORMAT**

- 6681 Southpoint Pkwy. • Jacksonville, FL 32216 • 904 335-2350 • Fax 904.363.9354 • E:82574
- 4965 SW 41st Blvd • Gainesville, FL 32608 • 352.377.2349 • Fax 352.395.6639 • E:82001
- 10200 USA Today Way • Miramar, FL 33025 • 954.889.2288 • Fax 954.889.2281 • E:82535
- 9610 Princess Paln Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 • E:84589
- 380 Northlake Blvd., Suite 1048 • Altamonte Springs, FL 32701 • 407.937.1594 • Fax 407.937.1597 • E:53076
- 2639 N. Monroe St., Suite 10 • Tallahassee, FL 32301 • 850.219.6274 • Fax 850.219.6275 • E:811095
- 13100 Westlinks Terrace, Suite 10 • Fort Myers, FL 33913 • 239.674.8130 • Fax 239.674.8128 • E:84492

File Project # or Place Project Label Here

123191014



**Advanced Environmental Laboratories, Inc.**

Lab Receipt Date & Time: 10/4/23 1345  
 Analysis Date & Time: 10/4/23 1729  
 Sample Acceptance Criteria:  
 Sample Preservation:  On Ice  Not On Ice 7.8 °C  
 Disinfectant Check:  Not Detected  \_\_\_\_\_  
 This Sample does not meet the following NELAC requirements:

Report Number: \_\_\_\_\_ Sub-Contract Lab ID: \_\_\_\_\_

Analysis Requested; (check all that apply)

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

Public Water System (PWS) Name: Alturas Utility

PWS I.D.: 6530057

PWS Address: 5605 Packing House Road

City: Alturas

PWS or PWS Owner's Phone #: 863-965-2599

Fax #: \_\_\_\_\_

Collector: Caiti Cutler

Collector's Phone #: 863-965-2599

Type of Supply: (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

Reason for Sampling: (check all that apply)

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

Sample Collection Date: 10-3-23

DCN#: AD-D045

Effective 01/85, Electronic WEB Revision 02/27/2019

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time (24 hr clock)	Sample Type	Disinfectant Residual (mg/L)	pH	Non-Coliform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage <sup>3</sup>	Data Qualifier <sup>4</sup>	Lab Sample #
1/2	Well	12:30	R	0	7.8		A	A		109
2/2	2535 3 <sup>rd</sup> St	12:35	D	1.0	7.7		A	A		010

Average of disinfectant residuals for distribution routine & repeat samples.  Free chlorine or  Total chlorine (check one).

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

Disinfectant Residual Analysis Method:

DPD Colorimetric  Other: \_\_\_\_\_

Person performing disinfectant analysis is (Check one of below):

- A certified operator (# \_\_\_\_\_)
- Supervised by certified operator (# C21471)
- Employed by a certified lab  Employed by DEP or DOH
- Authorized representative of supplier of water

Date and time PWS notified by lab of positive results: \_\_\_\_\_

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

Date Report Issued: 10/5/23

Lab Signature: [Signature]

Title: PHIT

(INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT)

Consta Flow Inc  
 5574 Commercial Blvd  
 Winter Haven, FL 33880  
 863-965-2599  
 Jennifer@constaflow.com

Satisfactory DEP/DOH USE ONLY

Incomplete Collection Information

Repeat Samples Required

Replacement Samples Required

Date Reviewed by DEP/DOH: \_\_\_\_\_

DEP/DOH Reviewing Official: \_\_\_\_\_

1. Indicate the sample type for each sample collected. Sample type codes are: D - Distribution (routine compliance), C - Repeat Check, R - Raw, N - Entry Point to Distribution, P - Plant Tap, S - Special (clearance, etc.)

2. Lab certification number for the listed method is included at top with the laboratory address.

3. Please circle appropriate selection

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

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

Results Key: A = Coliforms are absent; P = Coliforms are present; C = confluent growth; INH = too numerous to count (62-550.730 Reporting format)

Relinquish By: Caiti Cutler

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

Received By: [Signature]

Date: 10/4/23 Time: 12:00



PLANT NAME: Alturas Utility Monitoring Period From: 11/01/23 To: 11/30/23  
**(WATER REPORT)**

DAY	Well	Irrigation	TRC	PH	TRC	PH	MULT.	1000	TOTAL
PREV	15563								
1							9500		9500
2	15582		1.1		0.7		9500		9500
3							11000		11000
4	15604		1.5		1.0		11000		11000
5							15500		15500
6	15635		1.8		1.0		15500		15500
7							16000		16000
8	15667		2.2		1.8		16000		16000
9							16500		16500
10	15700		1.5		1.0		16500		16500
11							15333		15333
12							15333		15333
13	15746		1.9		1.4		15333		15333
14							14000		14000
15	15774		3.4		2.0		14000		14000
16							13000		13000
17	15800		3.0		1.9		13000		13000
18							15333		15333
19							15333		15333
20	15846		2.7		1.5		15333		15333
21							11500		11500
22	15869		2.5		1.7		11500		11500
23							15000		15000
24	15899		3.1		3.0		15000		15000
25							11333		11333
26							11333		11333
27	15933		3.4		2.5		11333		11333
28							12500		12500
29	15958		3.4		3.1		12500		12500
30	15971						13000		13000
Total Flow							408000		408000
ADF							13600		13600
MAX			3.4		3.1		16500		16500
MIN			1.1		0.7		9500		9500

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

**I. General Information for the Month/Year of:** Monitoring Period From: 11/01/23 To: 11/30/23

**A. Public Water System (PWS) Information**

PWS Name:	ALTURAS UTILITY	PWS Identification Number:	6530057
PWS Type:	<input checked="" type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive
Number of Service Connections at End of Month:	63	Total Population Served at End of Month:	
PWS Owner:			
Contact Person :	MIKE SMALLRIDGE	Contact Person's Title:	PRESIDENT
Contact Person's Mailing Address:	3336 GRAND BLVD	City: HOLIDAY	State: FL Zip Code: 33890
Contact Person's Telephone Number:	352-302-7406	Contact Person's Fax Number:	863-229-5991
Contact Person's E-Mail Address:	mike@ius1llc.com		

**B. Water Treatment Plant Information**

Plant Name:	ALTURAS UTILITY	Plant Telephone Number:	863-904-5574	
Plant Address:	100 PACKING HOUSE ROAD	City: ALTURAS	State: FL Zip Code: 33820	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating capacity of Plant, gallons per day:	108,000			
Plant Category ( per subsection 62-699.310(4), F.A.C.):	V	Plant Class:	D	
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	GAINES ALEXANDER	C	C-5472	13
Other Operators:	DANNY ALEXANDER	C	C-12379	
	JENNIFER ALEXANDER	C	C-21471	
	ROBERT GRAVES	B	B-0015216	
	CINDY ALEXANDER	C	C-23261	
	CHRIS NICHOLS	C	C-20287	

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

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

*Gaines Alexander* 12/08/23  
Signature and Date

GAINES ALEXANDER  
Printed or Typed Name

C-5472  
License Number

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

PWS Identification Number: 6530057 Plant Name: ALTURAS UTILITY

III. Daily Data for the Month/Year of: Monitoring Period From: 11/01/23 To: 11/30/23

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

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

Day of the month	Hours Plant in Operation	Net Quality of Finished Water Produced, gal	CT Calculations or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
			Free Chlorine					Combined Chlorine(Chloramines)						Chlorine Dioxide
			Peak flow rate, gpd	Lowest Residual Disinfectant concentration Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, C	pH of Water, if Applicable	Minimum CT, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose required, mW-sec/cm2	Lowest Residual Disinfectant concentration at Remote Point in Distribution System, mg/L		
1		9500												
2	X	9500		1.1									0.7	
3		11000												
4	X	11000		1.5									1.0	
5		15500												
6	X	15500		1.8									1.0	
7		16000												
8	X	16000		2.2									1.8	
9		16500												
10	X	16500		1.5									1.0	
11		15333												
12		15333												
13	X	15333		1.9									1.4	
14		14000												
15	X	14000		3.4									2.0	
16		13000												
17	X	13000		3.0									1.9	
18		15333												
19		15333												
20	X	15333		2.7									1.5	
21		11500												
22	X	11500		2.5									1.7	
23		15000												
24	X	15000		3.1									3.0	
25		11333												
26		11333												
27	X	11333		3.4									2.5	
28		12500												
29	X	12500		3.4									3.1	
30		13000												
Total		408000												
Average		13600												
Maximum		16500												

\*Refer to the instructions for this report to determine which plants must provide this information.  
 DEP Form 62-665,800(3)  
 Effective August 28, 2003

**DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT**

- 6681 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • E82574
- 4965 SW 41st Blvd • Gainesville, FL 32608 • 352.377.2349 • Fax 352.395.6639 • E82001
- 10200 USA Today Way • Miramar, FL 33025 • 954.889.2288 • Fax 954.889.2281 • E82535
- 9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 • E84589
- 380 Northlake Blvd., Suite 1048 • Altamonte Springs, FL 32701 • 407.937.1594 • Fax 407.937.1597 • E53076
- 2639 N. Monroe St., Suite D • Tallahassee, FL 32301 • 850.219.6274 • Fax 850.219.6275 • E811095
- 13100 Westlinks Terrace, Suite 10 • Fort Myers, FL 33913 • 239.674.8130 • Fax 239.674.8128 • E84492

Project # or Place Project Label Here  
12521901



**Advanced Environmental Laboratories, Inc.**

Lab Receipt Date & Time: 11-02-23 1345  
 Analysis Date & Time: 11/2/23 1451  
 Sample Acceptance Criteria:  
 Sample Preservation:  On Ice  Not On Ice  2 °C  
 Disinfectant Check:  Not Detected   
 This Sample does not meet the following NELAC requirements:

Report Number: \_\_\_\_\_ Sub-Contract Lab ID: \_\_\_\_\_

**Analysis Requested: (check all that apply)**

- Total Coliform/E. coli  
  Total Coliform/Fecal  
  Enterococci  
  Coliphage  
  HPC  
  Other: \_\_\_\_\_

Public Water System (PWS) Name: Alturas Utility

PWS I.D.: 6530057

PWS Address: 5605 Packing House Road

City: Alturas

PWS or PWS Owner's Phone #: 863-965-2599

Fax #: \_\_\_\_\_

Collector: Caleb Cribb

Collector's Phone #: 863-965-2599

**Type of Supply: (check only one)**

- Community Water System  
  Non-Transient Non-community Water System  
  Transient Non-community Water System  
 Limited Use System  
 Bottled Water  
 Private Well  
 Swimming Pool  
 Other: \_\_\_\_\_

**Reason for Sampling: (check all that apply)**

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

Sample Collection Date: 11-1-23

DCN#: AD-D045

Effective 01/95, Electronic WEB Revision 02/27/2019

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time (24 hr clock)	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s) <sup>2</sup> <u>SM9223B</u>				
						Non-Coliform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage <sup>3</sup>	Data Qualifier <sup>4</sup>	Lab Sample #
1/2	Well	<u>12:00</u>	R	<u>0</u>	<u>7.8</u>		A	A		
2/2	Tap Outside Store	<u>12:10</u>	D	<u>1.9</u>	<u>7.6</u>		A	A		<u>00</u> <u>011</u>

Average of disinfectant residuals for distribution routine & repeat samples.<sup>5</sup>  Free chlorine or  Total chlorine (check one).

**Disinfectant Residual Analysis Method:**

- DPD Colorimetric  
 Other: \_\_\_\_\_

**Person performing disinfectant analysis is (Check one of below):**

- A certified operator (# \_\_\_\_\_)  
 Supervised by certified operator (# C21471)  
 Employed by a certified lab  
 Employed by DEP or DOH  
 Authorized representative of supplier of water

(INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT)

**Consta Flow Inc**  
 5574 Commercial Blvd  
 Winter Haven, FL 33880  
 863-965-2599  
 Jennifer@constaflow.com

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

Date and time PWS notified by lab of positive results: \_\_\_\_\_

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

Date Report Issued: 11-3-23

Lab Signature: [Signature]  
 Title: PM

- Satisfactory  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required

Date Reviewed by DEP/DOH: \_\_\_\_\_

DEP/DOH Reviewing Official: \_\_\_\_\_

1. Indicate the sample type for each sample collected. Sample type codes are: D = Distribution (routine compliance), C = Repeat/Check, R = Raw, N = Entry Point to Distribution, P = Plant Tap, S = Special (clearance, etc.).  
 2. Lab certification number for the listed method is included at top with the laboratory address.  
 3. Please circle appropriate selection.  
 4. Defined in Florida Administrative Code Rule 62-160, Table 1.  
 5. Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.  
 Results Key: A = Coliforms are absent; P = Coliforms are present; C = confluent growth; TNTC = too numerous to count (62-550.730 Reporting Format).

Relinquish By: Caleb Cribb

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

Received By: [Signature]

Date: 11/2/23 Time: 1209

PLANT NAME: Alturas Utility Monitoring Period From: 12/01/23 To: 12/31/23  
**(WATER REPORT)**

DAY	Well	Irrigation	POE	REMOTE	MULT.	1000	TOTAL
PREV	15971						
1	15986		3.0	2.0	15000.0		15000.0
2					12333.3		12333.3
3					12333.3		12333.3
4	16023		3.2	1.9	12333.3		12333.3
5					14500.0		14500.0
6	16052		3.1	2.0	14500.0		14500.0
7					19500.0		19500.0
8	16091		2.3	1.9	19500.0		19500.0
9					11000.0		11000.0
10					11000.0		11000.0
11	16124		3.0	2.5	11000.0		11000.0
12					11000.0		11000.0
13	16146		2.6	1.9	11000.0		11000.0
14					13000.0		13000.0
15	16172		1.6	1.5	13000.0		13000.0
16					12333.3		12333.3
17					12333.3		12333.3
18	16209		2.3	1.9	12333.3		12333.3
19					13000.0		13000.0
20	16235		1.9	1.6	13000.0		13000.0
21					14500.0		14500.0
22	16264		2.1	1.4	14500.0		14500.0
23					15333.3		15333.3
24					15333.3		15333.3
25	16310		2.0	1.4	15333.3		15333.3
26					10500.0		10500.0
27	16331		2.8	2.3	10500.0		10500.0
28					13500.0		13500.0
29	16358		3.1	2.6	13500.0		13500.0
30					16000.0		16000.0
31	16390				16000.0		16000.0
Total Flow					419000.0		419000.0
ADF					13516.1		13516.1
MAX			3.2	2.6	19500.0		19500.0
MIN			1.6	1.4	10500.0		10500.0

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

**I. General Information for the Month/Year of:** Monitoring Period From: 12/01/23 To: 12/31/23

**A. Public Water System (PWS) Information**

PWS Name: ALTURAS UTILITY		PWS Identification Number: 6530057	
PWS Type: <input checked="" type="checkbox"/> <input type="checkbox"/>	Non-Transient Non-Community	<input type="checkbox"/> <input type="checkbox"/>	Transient Non-Community Consecutive
Number of Service Connections at End of Month: 63		Total Population Served at End of Month:	
PWS Owner:			
Contact Person : MIKE SMALLRIDGE		Contact Person's Title: PRESIDENT	
Contact Person's Mailing Address: 3336 GRAND BLVD		City: HOLIDAY	State: FL Zip Code: 33890
Contact Person's Telephone Number: 352-302-7406		Contact Person's Fax Number: 863-229-5991	
Contact Person's E-Mail Address: mike@tus1llc.com			

**Water Treatment Plant Information**

Plant Name: ALTURAS UTILITY		Plant Telephone Number: 863-904-5574	
Plant Address: 100 PACKING HOUSE ROAD		City: ALTURAS	State: FL Zip Code: 33820
Type of Water Treated by Plant: <input checked="" type="checkbox"/> <input type="checkbox"/>		Raw Ground Water	Purchased Finished Water
Permitted Maximum Day Operating capacity of Plant, gallons per day:		108,000	
Plant Category ( per subsection 62-699.310(4), F.A.C.): V		Plant Class: D	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	GAINES ALEXANDER	C	C-5472	
Other Operators:	DANNY ALEXANDER	C	C-12379	
	JENNIFER ALEXANDER	C	C-21471	
	ROBERT GRAVES	B	B-0015216	13
	CINDY ALEXANDER	C	C-23261	
	CHRIS NICHOLS	C	C-20287	

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

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

Robert Graves 1/10/24  
Signature and Date

ROBERT GRAVES  
Printed or Typed Name

B-0015216  
License Number

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

PWS: Identification Number: 6530057 Plant Name: ALTURAS UTILITY

III. Daily Data for the Month/Year of: Monitoring Period From: 12/01/23 To: 12/31/23

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

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

Day of the month	Hours Plant in Operation	Net Quality of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation		
			CT Calculations					UV Dose							
			Peak flow rate, gpd	Lowest Residual Disinfectant concentration Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, C	pH of Water, if Applicable	Minimum CT, Required mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose required, mW-sec/cm <sup>2</sup>	Lowest Residual Disinfectant concentration at Remote Point in Distribution System, mg/L			
1	X	24	15000		3.0										2.0
2		24	12333												
3		24	12333												
4	X	24	12333		3.2										1.9
5		24	14500												
6	X	24	14500		3.1										2.0
7		24	19500												
8	X	24	19500		2.3										1.9
9		24	11000												
10		24	11000												
11	X	24	11000		3.0										2.5
12		24	11000												
13	X	24	11000		2.6										1.9
14		24	13000												
15	X	24	13000		1.6										1.5
16		24	12333												
17		24	12333												
18	X	24	12333		2.3										1.9
19		24	13000												
20	X	24	13000		1.9										1.6
21		24	14500												
22	X	24	14500		2.1										1.4
23		24	15333												
24		24	15333												
25	X	24	15333		2.0										1.4
26		24	10500												
27	X	24	10500		2.8										2.3
28		24	13500												
29	X	24	13500		3.1										2.6
30		24	16000												
31		24	16000												
Total			419000												
Average			13516												
Maximum			19500												

\*Refer to the instructions for this report to determine which plants must provide this information.  
 DEP Form 62-666-000(3)  
 Effective August 29, 2000

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORT FORMAT

- 6681 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.350.350 • Fax 904.363.9354 • E82574
- 4965 SW 41st Blvd • Gainesville, FL 32608 • 352.377.2349 • Fax 352.395.6639 • E82001
- 10200 USA Today Way • Miramar, FL 33025 • 954.889.2288 • Fax 954.889.2281 • E82535
- 9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 • E84589
- 380 Northlake Blvd., Suite 1048 • Allamonte Springs, FL 32701 • 407.937.1594 • Fax 407.937.1597 • E53076
- 2639 N. Monroe St., Suite D • Tallahassee, FL 32301 • 850.219.6274 • Fax 850.219.6275 • E811095
- 13100 Westlinks Terrace, Suite 10 • Fort Myers, FL 33913 • 239.674.8130 • Fax 239.674.8128 • E84492

ite Project # or Place Project Label Here

17324230



**Advanced Environmental Laboratories, Inc.**

Lab Receipt Date & Time: 12-5-23 1330

Analysis Date & Time: 12/5/23 1267

Sample Acceptance Criteria:

Sample Preservation:  On Ice  Not On Ice 9 °C

Disinfectant Check:  Not Detected

This Sample does not meet the following NELAC requirements:

Report Number: \_\_\_\_\_ Sub-Contract Lab ID: \_\_\_\_\_

Analysis Requested: (check all that apply)

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

Public Water System (PWS) Name: Alturas Utility

PWS I.D.: 6530057

PWS Address: 5605 Packing House Road

City: Alturas

PWS or PWS Owner's Phone # 863-965-2599

Fax #:

Collector: Jennifer Alexander

Collector's Phone #: 863-965-2599

Type of Supply: (check only one)

Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System

Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

Reason for Sampling: (check all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey

Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

Sample Collection Date: 12-5-2023

DCN#: AD-D045

Effective 01/95, Electronic WEB Revision 02/27/2019

Sample #	Sample Point (Location or Specific Address)	To be completed by collector of sample				pH	To be completed by lab			
		Sample Collection Time (24 hr clock)	Sample Type	Disinfectant Residual (mg/L)	Analysis Method(s)		Non-Coliform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage <sup>3</sup>	Data Qualifier <sup>1</sup>
1/2	Well	0833	R	0	7.9		A	A		007
2/2	Firehouse 2535 3 <sup>rd</sup> St	0840	D	2.1	7.9		A	A		008

Average of disinfectant residuals for distribution routine & repeat samples.<sup>5</sup>  Free chlorine or  Total chlorine (check one).

2.1

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

Disinfectant Residual Analysis Method:

DPD Colorimetric  Other: \_\_\_\_\_

Person performing disinfectant analysis is (Check one of below):

- A certified operator (# \_\_\_\_\_)
- Supervised by certified operator (# C21471)
- Employed by a certified lab  Employed by DEP or DOH
- Authorized representative of supplier of water

Date and time PWS notified by lab of positive results: \_\_\_\_\_

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

Date Report Issued: 12/6/23

Lab Signature: [Signature]

Title: PHIP

[INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT]

Consta Flow Inc  
5574 Commercial Blvd  
Winter Haven, FL 33880  
863-965-2599  
Jennifer@constaflow.com

Satisfactory DEP/DOH USE ONLY

Incomplete Collection Information

Repeat Samples Required

Replacement Samples Required

Date Reviewed by DEP/DOH: \_\_\_\_\_

DEP/DOH Reviewing Official: \_\_\_\_\_

1. Indicate the sample type for each sample collected. Sample type codes are: D = Distribution (routine compliance), C = Repeat/Check, R = Raw, N = Entry Point to Distribution, P = Plant Tap, S = Special (clearance, etc.).  
2. Lab certification number for the listed method is included at top with the laboratory address.  
3. Please circle appropriate selection.  
4. Defined in Florida Administrative Code Rule 62-160, Table 1.  
5. Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.  
Results Key: A = Coliforms are absent; P = Coliforms are present; C = confluent growth; TNTC = too numerous to count (62-550 730 Reporting Format)

Relinquish By: \_\_\_\_\_

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

Received By: [Signature]

Date: 12/5/23 Time: 1147



PLANT NAME: Alturas Utility Monitoring Period From: 1/01/24 To: 1/31/24  
**(WATER REPORT)**

DAY	Well	Irrigation	POE	REMOTE	MULT.	1000	TOTAL
PREV	16396						
1	16414		3.6	2.9	18000.0		18000.0
2					13500.0		13500.0
3	16441		3.7	3.1	13500.0		13500.0
4					34500.0		34500.0
5	16510		3.5	3.1	34500.0		34500.0
6					14000.0		14000.0
7					14000.0		14000.0
8	16552		2.3	1.7	14000.0		14000.0
9					11500.0		11500.0
10	16575		2.1	1.5	11500.0		11500.0
11					11000.0		11000.0
12	16597		2.0	1.4	11000.0		11000.0
13					11333.3		11333.3
14					11333.3		11333.3
15	16631		2.2	1.5	11333.3		11333.3
16					16500.0		16500.0
17	16664		2.7	2.2	16500.0		16500.0
18					13500.0		13500.0
19	16691		2.3	1.4	13500.0		13500.0
20					11000.0		11000.0
21					11000.0		11000.0
22	16724		2.7	2.6	11000.0		11000.0
23					11000.0		11000.0
24	16746		2.0	1.3	11000.0		11000.0
25					13000.0		13000.0
26	16772		2.7	2.6	13000.0		13000.0
27					13666.7		13666.7
28					13666.7		13666.7
29	16813		2.4	1.3	13666.7		13666.7
30					11000.0		11000.0
31	16835		2.4	2.5	11000.0		11000.0
Total Flow					439000.0		439000.0
ADF					14161.3		14161.3
MAX			3.7	3.1	34500.0		34500.0
MIN			2.0	1.3	11000.0		11000.0

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

I. General Information for the Month/Year of: Monitoring Period From: 1/01/24 To: 1/31/24

A. Public Water System (PWS) Information

PWS Name: <u>ALTURAS UTILITY</u>		PWS Identification Number: <u>6530057</u>	
PWS Type: <input checked="" type="checkbox"/> <u>C</u>	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive
Number of Service Connections at End of Month: <u>63</u>		Total Population Served at End of Month:	
PWS Owner:			
Contact Person: <u>MIKE SMALLRIDGE</u>		Contact Person's Title: <u>PRESIDENT</u>	
Contact Person's Mailing Address: <u>3336 GRAND BLVD</u>		City: <u>HOLIDAY</u>	State: <u>FL</u> Zip Code: <u>33890</u>
Contact Person's Telephone Number: <u>352-302-7406</u>		Contact Person's Fax Number: <u>863-229-5991</u>	
Contact Person's E-Mail Address: <u>rmike@tus1llc.com</u>			

B. Water Treatment Plant Information

Plant Name: <u>ALTURAS UTILITY</u>		Plant Telephone Number: <u>863-904-5574</u>	
Plant Address: <u>100 PACKING HOUSE ROAD</u>		City: <u>ALTURAS</u>	State: <u>FL</u> Zip Code: <u>33820</u>
Type of Water Treated by Plant: <input checked="" type="checkbox"/> <u>Raw Ground Water</u>		<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating capacity of Plant, gallons per day: <u>108,000</u>		Plant Category ( per subsection 62-699.310(4), F.A.C.): <u>V</u>	
Plant Category ( per subsection 62-699.310(4), F.A.C.): <u>V</u>		Plant Class: <u>D</u>	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	<u>GAINES ALEXANDER</u>	<u>C</u>	<u>C-5472</u>	
Other Operators:	<u>DANNY ALEXANDER</u>	<u>C</u>	<u>C-12379</u>	
	<u>JENNIFER ALEXANDER</u>	<u>C</u>	<u>C-21471</u>	
	<u>ROBERT GRAVES</u>	<u>B</u>	<u>B-0015216</u>	<u>14</u>
	<u>CINDY ALEXANDER</u>	<u>C</u>	<u>C-23261</u>	
	<u>CHRIS NICHOLS</u>	<u>C</u>	<u>C-20287</u>	

II. Certification by Lead/Chief Operator

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

Robert Graves 2/08/24  
Signature and Date

ROBERT GRAVES  
Printed or Typed Name

B-0015216  
License Number



**DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT**

- 6681 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.361.1111 • Fax 904.363.9354 • E82574
- 4965 SW 41st Blvd • Gainesville, FL 32608 • 352.377.2349 • Fax 352.395.6639 • E82001
- 10200 USA Today Way • Miramar, FL 33025 • 954.889.2288 • Fax 954.889.2281 • E82535
- 9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 • E84589
- 380 Northlake Blvd., Suite 1048 • Altamonte Springs, FL 32701 • 407.937.1594 • Fax 407.937.1597 • E53076
- 2639 N. Monroe St., Suite D • Tallahassee, FL 32301 • 850.219.6274 • Fax 850.219.6275 • E811095
- 13100 Westlinks Terrace, Suite 10 • Fort Myers, FL 33913 • 239.674.8130 • Fax 239.674.8128 • E84492



**Advanced Environmental Laboratories, Inc.**

Project # or Place Project Label Here

12400609

Lab Receipt Date & Time: 1-9-24 1410  
 Analysis Date & Time: 1/9/24 1552  
 Sample Acceptance Criteria:  
 Sample Preservation:  On Ice  Not On Ice  °C  
 Disinfectant Check:  Not Detected  \_\_\_\_\_ °C  
 This Sample does not meet the following NELAC requirements:

Report Number: \_\_\_\_\_ Sub-Contract Lab ID: \_\_\_\_\_

Analysis Requested: (check all that apply)

- Total Coliform/*E. coli*  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

Public Water System (PWS) Name: Alturas Utility

PWS I.D.: 6530057

PWS Address: 5605 Packing House Road

City: Alturas

PWS or PWS Owner's Phone #: 863-965-2599

Fax #: \_\_\_\_\_

Collector: Daleb Cribb

Collector's Phone #: 863-965-2599

Type of Supply: (check only one)

- Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

Reason for Sampling: (check all that apply)

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

Sample Collection Date: 1-9-24

DCN#: AD-D045

Effective 01/95, Electronic WEB Revision 02/27/2019

Sample #	Sample Point (Location or Specific Address)	To be completed by collector of sample				To be completed by lab				
		Sample Collection Time (24 hr clock)	Sample Type <sup>1</sup>	Disinfectant Residual (mg/L)	pH	Non-Coliform	Total Coliform	Fecal <i>E. coli</i> Enterococci, or Coliphage <sup>3</sup>	Data Qualifier <sup>4</sup>	Lab Sample #
1/2	Well	8:55	R	0	7.8		A	A		019
2/2	Tap Outside Store	4:00	D	1.7	7.6		A	A		016

Average of disinfectant residuals for distribution routine & repeat samples.<sup>5</sup>  Free chlorine or  Total chlorine (check one).

1.7

Disinfectant Residual Analysis Method:

- DPD Colorimetric  Other: \_\_\_\_\_

Person performing disinfectant analysis is (Check one of below):

- A certified operator (# \_\_\_\_\_)  
 Supervised by certified operator (# C21471)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

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

Date and time PWS notified by lab of positive results: \_\_\_\_\_

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

Date Report Issued: 1-10-24

Lab Signature: [Signature]

Title: PM

[INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT]

Consta Flow Inc  
 5574 Commercial Blvd  
 Winter Haven, FL 33880  
 863-965-2599  
 Jennifer@constaflow.com

Satisfactory DEP/DOH USE ONLY

Incomplete Collection Information

Repeat Samples Required

Replacement Samples Required

Date Reviewed by DEP/DOH: \_\_\_\_\_

DEP/DOH Reviewing Official: \_\_\_\_\_

Relinquish By: [Signature]

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

Received By: [Signature]

Date: 1/9/24 Time: 1220

1 Indicate the sample type for each sample collected. Sample type codes are: D = Distribution (routine compliance), C = Repeat/Check, R = Raw, N = Entry Point to Distribution, P = Plant Tap, S = Special (clearance, etc).  
 2 Lab certification number for the listed method is included at top with the laboratory address  
 3 Please circle appropriate selection  
 4 Defined in Florida Administrative Code Rule 62-160, Table 1  
 5 Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.  
 Results Key: A = Coliforms are absent; P = Coliforms are present; C = confluent growth; TNTC = too numerous to count (62-550 730 Reporting Format)

PLANT NAME: Alturas Utility Monitoring Period From: 2/01/24 To: 2/29/24  
**(WATER REPORT)**

DAY	Well	Irrigation	POE	REMOTE	MULT.	1000	TOTAL
PREV	16835						
1					12500.0		12500.0
2	16860		2.4	2.4	12500.0		12500.0
3					12333.3		12333.3
4					12333.3		12333.3
5	16897		1.8	1.4	12333.3		12333.3
6					11500.0		11500.0
7	16920		0.9	0.5	11500.0		11500.0
8					10000.0		10000.0
9	16940		2.7	2.1	10000.0		10000.0
10					13000.0		13000.0
11					13000.0		13000.0
12	16979		2.1	1.8	13000.0		13000.0
13					11000.0		11000.0
14	17001		1.2	0.4	11000.0		11000.0
15					12000.0		12000.0
16	17025		2.1	1.3	12000.0		12000.0
17					12666.7		12666.7
18					12666.7		12666.7
19	17063		1.5	1.1	12666.7		12666.7
20					11000.0		11000.0
21	17085		1.2	0.8	11000.0		11000.0
22					9000.0		9000.0
23	17103		3.5	2.9	9000.0		9000.0
24					11500.0		11500.0
25					11500.0		11500.0
26					11500.0		11500.0
27	17149		1.5	1.0	11500.0		11500.0
28					14000.0		14000.0
29	17177		1.9	1.2	14000.0		14000.0
Total Flow					342000.0		342000.0
ADF					11793.1		11032.3
MAX			3.5	2.9	14000.0		14000.0
MIN			0.9	0.4	9000.0		9000.0

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

**I. General Information for the Month/Year of:** Monitoring Period From: 2/01/24 To: 2/29/24

**A. Public Water System (PWS) Information**

PWS Name: ALTURAS UTILITY		PWS Identification Number: 6530057	
PWS Type:	Non-Transient Non-Community	Transient Non-Community	Consecutive
Number of Service Connections at End of Month: 63		Total Population Served at End of Month:	
PWS Owner:			
Contact Person : MIKE SMALLRIDGE		Contact Person's Title: PRESIDENT	
Contact Person's Mailing Address: 3336 GRAND BLVD		City: HOLIDAY	State: FL Zip Code: 33890
Contact Person's Telephone Number: 352-302-7406		Contact Person's Fax Number: 863-229-5991	
Contact Person's E-Mail Address: mike@tus1llc.com			

**B. Water Treatment Plant Information**

Plant Name: ALTURAS UTILITY		Plant Telephone Number: 863-904-5574	
Plant Address: 100 PACKING HOUSE ROAD		City: ALTURAS	State: FL Zip Code: 33820
Type of Water Treated by Plant:	Raw Ground Water	Purchased Finished Water	
Permitted Maximum Day Operating capacity of Plant, gallons per day: 108,000			
Plant Category ( per subsection 62-699.310(4), F.A.C.): V		Plant Class: D	
Licensed Operators	Name	License Class	License Number
Lead/Chief Operator:	GAINES ALEXANDER	C	C-5472
Other Operators:	DANNY ALEXANDER	C	C-12379
	JENNIFER ALEXANDER	C	C-21471
	ROBERT GRAVES	B	B-0015216
	CINDY ALEXANDER	C	C-23261
	CHRIS NICHOLS	C	C-20287
			Day(s)/Shift(s) Worked
			12

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

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

Gaines Alexander 3/07/24  
Signature and Date

GAINES ALEXANDER  
Printed or Typed Name

C-5472  
License Number

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

PWS Identification Number: 6530057 Plant Name: ALTURAS UTILITY

iii. Daily Date for the Month/year of: \_\_\_\_\_ Monitoring Period From: 2/01/24 To: 2/29/24

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

Type of Disinfectant Residual Maintained In Distribution System: \_\_\_\_\_  
 Free Chlorine \_\_\_\_\_ Combined Chlorine(Chloramines) \_\_\_\_\_ Chlorine Dioxide \_\_\_\_\_

Day of the month	Hours Plant in Operation	Net Quality of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
			Free Chlorine					Combined Chlorine(Chloramines)						Chlorine Dioxide
			CT Calculations					UV Dose						
Peak flow rate, gpd	Lowest Residual Disinfectant concentration Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, C	pH of Water, if Applicable	Minimum CT, Required mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose required, mW-sec/cm <sup>2</sup>	Lowest Residual Disinfectant concentration at Remote Point in Distribution System, mg/L					
1		24	12500											
2	X	24	12500		2.4							2.4		
3		24	12333											
4		24	12333											
5	X	24	12333		1.8							1.4		
6		24	11500											
7	X	24	11500		0.9							0.5		
8		24	10000											
9	X	24	10000		2.7							2.1		
10		24	13000											
11		24	13000											
12	X	24	13000		2.1							1.8		
13		24	11000											
14	X	24	11000		1.2							0.4		
15		24	12000											
16	X	24	12000		2.1							1.3		
17		24	12667											
		24	12667											
	X	24	12667		1.5							1.1		
20		24	11000											
21	X	24	11000		1.2							0.8		
22		24	9000											
23	X	24	9000		3.5							2.9		
24		24	11500											
25		24	11500											
26		24	11500											
27	X	24	11500		1.5							1.0		
28		24	14000											
29	X	24	14000		1.9							1.2		
Total			342000											
Average			11032											
Maximum			14000											

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

**DRINKING WATER MICROBIAL SAMPLING COLLECTION & LABORATORY REPORTING FORMAT**

- 6681 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • E82574
- 4965 SW 41st Blvd • Gainesville, FL 32608 • 352.377.2349 • Fax 352.395.6639 • E82001
- 10200 USA Today Way • Miramar, FL 33025 • 954.889.2288 • Fax 954.889.2281 • E82535
- 9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 • E84589
- 380 Northlake Blvd., Suite 1048 • Altamonte Springs, FL 32701 • 407.937.1594 • Fax 407.937.1597 • E53076
- 2639 N. Monroe St., Suite D • Tallahassee, FL 32301 • 850.219.6274 • Fax 850.219.6275 • E811095
- 13100 Westlinks Terrace, Suite 10 • Fort Myers, FL 33913 • 239.674.8130 • Fax 239.674.8128 • E84492

Write Project # or Place Project Label Here  
724030045



**Advanced Environmental Laboratories, Inc.**

Lab Receipt Date & Time: 2/14/24 1330  
 Analysis Date & Time: 2/14/24 1601  
 Sample Acceptance Criteria:  
 Sample Preservation:  On Ice  Not On Ice  2 °C  
 Disinfectant Check:  Not Detected  \_\_\_\_\_  
 This Sample does not meet the following NELAC requirements: \_\_\_\_\_

Report Number: \_\_\_\_\_ Sub-Contract Lab ID: \_\_\_\_\_

Analysis Requested: (check all that apply)

- Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

Public Water System (PWS) Name: Alturas Utility

PWS I.D.: 6530057

PWS Address: 5605 Packing House Road

City: Alturas

PWS or PWS Owner's Phone #: 863-965-2599

Fax #: \_\_\_\_\_

Collector: Caleb Cribb

Collector's Phone #: 863-965-2599

Type of Supply: (check only one)

- Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

Reason for Sampling: (check all that apply)

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

Sample Collection Date: 2-13-24

DCN#: AD-D045

Effective 01/95, Electronic WEB Revision 02/27/2019

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time (24 hr clock)	Sample Type	Disinfectant Residual (mg/L)	pH	Non-Coliform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage <sup>3</sup>	Data Qualifier <sup>4</sup>	Lab Sample #
1/2	Well	11:20	R	0	7.9		A	A		007
2/2	Firehouse 2535 3 <sup>rd</sup> St	11:27	D	0.4	7.8		A	A		008

Average of disinfectant residuals for distribution routine & repeat samples.<sup>5</sup>  Free chlorine or  Total chlorine (check one).

**Disinfectant Residual Analysis Method:**  
 DPD Colorimetric  Other: \_\_\_\_\_

**Person performing disinfectant analysis is (Check one of below):**  
 A certified operator (# \_\_\_\_\_)  
 Supervised by certified operator (# C21471)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

[INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT]  
**Consta Flow Inc**  
 5574 Commercial Blvd  
 Winter Haven, FL 33880  
 863-965-2599  
 Jennifer@constaflow.com

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

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 2-15-24

Lab Signature: [Signature]  
 Title: MI

Satisfactory DEP/DOH USE ONLY  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
 Date Reviewed by DEP/DOH: \_\_\_\_\_  
 DEP/DOH Reviewing Official: \_\_\_\_\_

1 Indicate the sample type for each sample collected. Sample type codes are: D = Distribution (routine compliance), C = Repeat/Check, R = Raw, N = Entry Point to Distribution, P = Plant Tap, S = Special (clearance, etc.)  
 2 Lab certification number for the listed method is included at top with the laboratory address  
 3 Please circle appropriate selection.  
 4 Defined in Florida Administrative Code Rule 62-160, Table 1.  
 5 Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.  
 Results Key: A = Coliforms are absent, P = Coliforms are present; C = confluent growth, TNTC = too numerous to count (62-550 730 Reporting Format)

Relinquish By: [Signature]  
 Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Received By: [Signature]  
 Date: 2/14/24 Time: 1133



PLANT NAME: Alturas Utility Monitoring Period From: 3/01/24 To: 3/31/24  
**(WATER REPORT)**

DAY	Well	Irrigation	POE	REMOTE	MULT.	1000	TOTAL
PREV	17177						
1					15333.3		15333.3
2					15333.3		15333.3
3	17223		1.6	0.8	15333.3		15333.3
4					10000.0		10000.0
5	17243		0.2	0.5	10000.0		10000.0
6					10000.0		10000.0
7	17263		1.6	1.3	10000.0		10000.0
8					11000.0		11000.0
9	17285		1.5	0.8	11000.0		11000.0
10					12000.0		12000.0
11	17309		1.4	0.7	12000.0		12000.0
12					11500.0		11500.0
13	17332		1.5	0.8	11500.0		11500.0
14					16000.0		16000.0
15	17364		2.0	1.5	16000.0		16000.0
16					19666.7		19666.7
17					19666.7		19666.7
18	17423		1.5	0.6	19666.7		19666.7
19					14500.0		14500.0
20	17452		1.6	0.8	14500.0		14500.0
21					14000.0		14000.0
22	17480		2.5	2.3	14000.0		14000.0
23					11666.7		11666.7
24					11666.7		11666.7
25	17515		1.1	0.8	11666.7		11666.7
26					12500.0		12500.0
27	17540		1.2	0.6	12500.0		12500.0
28					11000.0		11000.0
29	17562		1.6	0.8	11000.0		11000.0
30					19330.0		19330.0
31	17600.66				19330.0		19330.0
Total Flow					423660.0		423660.0
ADF					13666.5		13666.5
MAX			2.5	2.3	19666.7		19666.7
MIN			0.2	0.5	10000.0		10000.0

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

**I. General Information for the Month/Year of:** Monitoring Period From: 3/01/24 To: 3/31/24

**A. Public Water System (PWS) Information**

PWS Name: ALTURAS UTILITY		PWS Identification Number: 6530057	
PWS Type:	Non-Transient Non-Community	Transient Non-Community	Consecutive
Number of Service Connections at End of Month: 63		Total Population Served at End of Month:	
PWS Owner:			
Contact Person : Jacqueline Mc Callister		Contact Person's Title: Compliance Manager	
Contact Person's Mailing Address: 5911 Trouble Creek Rd		City: New Port Richey	State: FL Zip Code: 34652
Contact Person's Telephone Number: 352-340-6032		Contact Person's Fax Number: N/A	
Contact Person's E-Mail Address: <a href="mailto:compliance@fus1llc.com">compliance@fus1llc.com</a>			

**B. Water Treatment Plant Information**

Plant Name: ALTURAS UTILITY		Plant Telephone Number: 863-904-5574		
Plant Address: 100 PACKING HOUSE ROAD		City: ALTURAS	State: FL Zip Code: 33820	
Type of Water Treated by Plant:	Raw Ground Water	Purchased Finished Water		
Permitted Maximum Day Operating capacity of Plant, gallons per day: 108,000				
Plant Category ( per subsection 62-699.310(4), F.A.C.): V		Plant Class: D		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	GAINES ALEXANDER	C	C-5472	13
Other Operators:	DANNY ALEXANDER	C	C-12379	
	JENNIFER ALEXANDER	C	C-21471	
	ROBERT GRAVES	B	B-0015216	
	CINDY ALEXANDER	C	C-23261	
	CHRIS NICHOLS	C	C-20287	

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

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

Gaines Alexander 4/09/24  
Signature and Date

GAINES ALEXANDER  
Printed or Typed Name

C-5472  
License Number

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

PWS: Identification Number: 6530057 Plant Name: ALTURAS UTILITY

III. Daily Data for the Month/Year of: \_\_\_\_\_ Monitoring Period From: 3/01/24 To: 3/31/24

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

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

Day of the month	Hours Plant in Operation	Net Quality of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, If Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
			CT Calculations					UV Dose						
			Peak flow rate, gpd.	Lowest Residual Disinfectant concentration Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mJ-sec/cm <sup>2</sup>	Minimum UV Dose required, mJ-sec/cm <sup>2</sup>	Lowest Residual Disinfectant concentration at Remote Point in Distribution System, mg/L		
1		24	15333											
2		24	15333											
3	X	24	15333											
4		24	10000			1.6							0.8	
5	X	24	10000			0.2								0.5
6		24	10000											
7	X	24	10000			1.6								
8		24	11000											1.3
9	X	24	11000			1.5								0.8
10		24	12000											
11	X	24	12000			1.4								0.7
12		24	11500											
13	X	24	11500			1.5								0.8
14		24	16000											
15	X	24	16000			2.0								1.5
16		24	19667											
17		24	19667											
18	X	24	19667			1.5								0.6
		24	14500											
	X	24	14500			1.6								0.8
21		24	14000											
22	X	24	14000			2.5								2.3
23		24	11667											
24		24	11667											
25	X	24	11667			1.1								0.8
26		24	12500											
27	X	24	12500			1.2								0.6
28		24	11000											
29	X	24	11000			1.6								0.8
30		24	19330											
31		24	19330											
Total			423660											
Average			13666											
Maximum			19667											

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

**DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT**

- 6681 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • E82574
- 4965 SW 41st Blvd • Gainesville, FL 32608 • 352.377.2349 • Fax 352.395.6639 • E82001
- 10200 USA Today Way • Miramar, FL 33025 • 954.889.2288 • Fax 954.889.2281 • E82535
- 9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 • E84589
- 380 Northlake Blvd., Suite 1048 • Altamonte Springs, FL 32701 • 407.937.1594 • Fax 407.937.1597 • E53076
- 2639 N. Monroe St., Suite D • Tallahassee, FL 32301 • 850.219.6274 • Fax 850.219.6275 • E811095
- 13100 Westlinks Terrace, Suite 10 • Fort Myers, FL 33913 • 239.674.8130 • Fax 239.674.8128 • E84492



**Advanced Environmental Laboratories, Inc.**

Write Project # or Place Project Label Here  
72405586

Lab Receipt Date & Time: 3-7-24 1330  
 Analysis Date & Time: 3/7/24 1553  
 Sample Acceptance Criteria:  
 Sample Preservation:  On Ice  Not On Ice  6 °C  
 Disinfectant Check:  Not Detected  \_\_\_\_\_  
 This Sample does not meet the following NELAC requirements: \_\_\_\_\_

Report Number: \_\_\_\_\_ Sub-Contract Lab ID: \_\_\_\_\_

Analysis Requested: (check all that apply)

- Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

Public Water System (PWS) Name: Alturas Utility

PWS I.D.: 6530057

PWS Address: 5605 Packing House Road

City: Alturas

PWS or PWS Owner's Phone #: 863-965-2599

Fax #: \_\_\_\_\_

Collector: Caleb Crish

Collector's Phone #: 863-965-2599

Type of Supply: (check only one)

- Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

Reason for Sampling: (check all that apply)

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

Sample Collection Date: 3-6-24

DCN#: AD-D045

Effective 01/95, Electronic WEB Revision 02/27/2019

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time (24 hr clock)	Sample Type	Disinfectant Residual (mg/L)	pH	To be completed by lab				
						Non-Coliform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage <sup>3</sup>	Data Qualifier <sup>4</sup>	Lab Sample #
1/2	Well	14:00	R	0	7.8		A	A		018
2/2	Tap Outside Store	14:10	D	0.6	7.7		A	A		019

Average of disinfectant residuals for distribution routine & repeat samples.<sup>5</sup>  Free chlorine or  Total chlorine (check one).

Disinfectant Residual Analysis Method:  
 DPD Colorimetric  Other: \_\_\_\_\_

Person performing disinfectant analysis is (Check one of below):  
 A certified operator (# \_\_\_\_\_)  
 Supervised by certified operator (# C21471)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

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

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 3-8-24  
 Lab Signature: [Signature]  
 Title: AM

[INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT]  
 Consta Flow Inc  
 5574 Commercial Blvd  
 Winter Haven, FL 33880  
 863-965-2599  
 Jennifer@constaflow.com

Satisfactory DEP/DOH USE ONLY  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
 Date Reviewed by DEP/DOH: \_\_\_\_\_  
 DEP/DOH Reviewing Official: \_\_\_\_\_

1. Indicate the sample type for each sample collected. Sample type codes are: D = Distribution (routine compliance), C = Repeat/Check, R = Raw, N = Entry Point to Distribution, P = Plant Tap, S = Special (clearance, etc).  
 2. Lab certification number for the listed method is included at top with the laboratory address  
 3. Please circle appropriate selection.  
 4. Defined in Florida Administrative Code Rule 62-160, Table 1.  
 5. Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.  
 Results Key: A = Coliforms are absent; P = Coliforms are present; C = confluent growth; TNTC = too numerous to count (62-550.730 Reporting Format)

Relinquish By: Caleb Crish  
 Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Received By: [Signature]  
 Date: 3/7/24 Time: 1133

PLANT NAME: Alturas Utility Monitoring Period From: 4/01/24 To: 4/30/24

**(WATER REPORT)**

DAY	Well	Irrigation	POE	REMOTE	MULT.	1000	TOTAL
PREV	17600.7						
1	17620.0		1.6	1.0	19340.0		19340.0
2					19000.0		19000.0
3	17658.0		1.2	0.6	19000.0		19000.0
4					9000.0		9000.0
5	17676.0		1.4	1.2	9000.0		9000.0
6					19666.7		19666.7
7					19666.7		19666.7
8	17735.0		2.1	1.5	19666.7		19666.7
9					11500.0		11500.0
10	17758.0		1.6	1.3	11500.0		11500.0
11					9500.0		9500.0
12	17777.0		1.2	1.0	9500.0		9500.0
13					17666.7		17666.7
14					17666.7		17666.7
15	17830.0		1.5	0.6	17666.7		17666.7
16					15000.0		15000.0
17	17860.0		1.7	0.9	15000.0		15000.0
18					8500.0		8500.0
19	17877.0		1.0	0.5	8500.0		8500.0
20					22666.7		22666.7
21					22666.7		22666.7
22	17945.0		0.9	0.5	22666.7		22666.7
23					20500.0		20500.0
24	17986.0		1.3	1.2	20500.0		20500.0
25					16500.0		16500.0
26	18019.0		0.7	0.4	16500.0		16500.0
27					21000.0		21000.0
28					21000.0		21000.0
29	18082.0		2.2	1.6	21000.0		21000.0
30	18101.0				19000.0		19000.0
Total Flow					500340.0		500340.0
ADF					16678.0		16678.0
MAX			2.2	1.6	22666.7		22666.7
MIN			0.7	0.4	8500.0		8500.0

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

**I. General Information for the Month/Year of:** Monitoring Period From: 4/01/24 To: 4/30/24

**A. Public Water System (PWS) Information**

PWS Name: ALTURAS UTILITY		PWS Identification Number: 6530057	
PWS Type:	Non-Transient Non-Community	Transient Non-Community	Consecutive
Number of Service Connections at End of Month: 63		Total Population Served at End of Month:	
PWS Owner:			
Contact Person: Jacqueline Mc Callister		Contact Person's Title: Compliance Manager	
Contact Person's Mailing Address: 5911 Trouble Creek Rd		City: New Port Richey	State: FL Zip Code: 34652
Contact Person's Telephone Number: 352-340-6032		Contact Person's Fax Number: N/A	
Contact Person's E-Mail Address: <a href="mailto:compliance@tus1llc.com">compliance@tus1llc.com</a>			

**B. Water Treatment Plant Information**

Plant Name: ALTURAS UTILITY		Plant Telephone Number: 863-904-5574		
Plant Address: 100 PACKING HOUSE ROAD		City: ALTURAS	State: FL Zip Code: 33820	
Type of Water Treated by Plant:		Raw Ground Water	Purchased Finished Water	
Permitted Maximum Day Operating capacity of Plant, gallons per day: 108,000				
Plant Category ( per subsection 62-699.310(4), F.A.C.): V		Plant Class: D		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	GAINES ALEXANDER	C	C-5472	13
Other Operators:	DANNY ALEXANDER	C	C-12379	
	JENNIFER ALEXANDER	C	C-21471	
	ROBERT GRAVES	B	B-0015216	
	CINDY ALEXANDER	C	C-23261	
	CHRIS NICHOLS	C	C-20287	

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

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

*Gaines Alexander* 5/08/24  
 Signature and Date

GAINES ALEXANDER  
 Printed or Typed Name

C-5472  
 License Number

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

PWS Identification Number: 6530057 Plant Name: ALTURAS UTILITY

III. Daily Data for the Month/Year of: Monitoring Period From: 4/01/24 To: 4/30/24

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

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

Day of the month	Hours Plant in Operation	Net Quality of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation		
			Free Chlorine					Combined Chlorine(Chloramines)						Chlorine Dioxide	
			Peak flow rate, gpd.	Lowest Residual Disinfectant concentration Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, C	pH of Water, if Applicable	Minimum CT, Required mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose required, mW-sec/cm2	Lowest Residual Disinfectant concentration at Remote Point in Distribution System, mg/L			
1	X	24	19340		1.6									1.0	
2		24	19000												
3	X	24	19000		1.2										0.6
4		24	9000												
5	X	24	9000		1.4										1.2
6		24	19667												
7		24	19667												
8	X	24	19667		2.1										1.5
9		24	11500												
10	X	24	11500		1.6										1.3
11		24	9500												
12	X	24	9500		1.2										1.0
13		24	17667												
14		24	17667												
15	X	24	17667		1.5										0.6
16		24	15000												
17	X	24	15000		1.7										0.9
18	X	24	8500		1.0										0.5
19		24	22667												
20		24	22667												
21	X	24	22667		0.9										0.5
22		24	20500												
23	X	24	20500		1.3										1.2
24		24	16500												
25	X	24	16500		0.7										0.4
26		24	21000												
27		24	21000												
28	X	24	21000		2.2										1.6
29		24	19000												
30		24	19000												

Total 500340  
 Average 16678  
 Maximum 22667

\*Refer to the instructions for this report to determine which plants must provide this information.  
 DEP Form 62-666-600(3)  
 Effective August 28, 2003

**DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT**

- 6681 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • E82574
- 4965 SW 41st Blvd • Gainesville, FL 32608 • 352.377.2349 • Fax 352.395.6639 • E82001
- 10200 USA Today Way • Miramar, FL 33025 • 954.889.2288 • Fax 954.889.2281 • E82535
- 9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 • E84589
- 380 Northlake Blvd., Suite 1048 • Altamonte Springs, FL 32701 • 407.937.1594 • Fax 407.937.1597 • E53076
- 2639 N. Monroe St., Suite D • Tallahassee, FL 32301 • 850.219.6274 • Fax 850.219.6275 • E811095
- 13100 Westlinks Terrace, Suite 10 • Fort Myers, FL 33913 • 239.674.8130 • Fax 239.674.8128 • E84492

Write Project # or Place Project Label Here



**Advanced Environmental Laboratories, Inc.**

Lab Receipt Date & Time: 4-17-24 1305

Analysis Date & Time: 4/17/24 1345

Sample Acceptance Criteria:

Sample Preservation:  On Ice  Not On Ice  4 °C

Disinfectant Check:  Not Detected  \_\_\_\_\_

This Sample does not meet the following NELAC requirements:

Report Number: \_\_\_\_\_ Sub-Contract Lab ID: \_\_\_\_\_

**Analysis Requested: (check all that apply)**

- Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

Public Water System (PWS) Name: Alturas Utility

PWS I.D.: 6530057

PWS Address: 5605 Packing House Road

City: Alturas

PWS or PWS Owner's Phone #: 863-965-2599

Fax #: \_\_\_\_\_

Collector: Culeb Curob

Collector's Phone #: 863-965-2599

**Type of Supply: (check only one)**

- Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System
- Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

**Reason for Sampling: (check all that apply)**

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

Sample Collection Date: 4-17-24

DCN#: AD-D045

Effective 01/95, Electronic WEB Revision 02/27/2019

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time (24 hr clock)	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s)				
						Non-Coliform	Total Coliform	Fecal (E. coli, Enterococci, or Coliphage)	Data Qualifier*	Lab Sample #
1/2	Well	11:45	R	0	7.8		A	A		013
2/2	Firehouse 2535 3 <sup>rd</sup> St	11:53	D	1.5	7.7		A	A		014

Average of disinfectant residuals for distribution routine & repeat samples.<sup>5</sup>  Free chlorine or  Total chlorine (check one).

1.5

**Disinfectant Residual Analysis Method:**

- DPD Colorimetric  Other: \_\_\_\_\_

**Person performing disinfectant analysis is (Check one of below):**

- A certified operator (# \_\_\_\_\_)
- Supervised by certified operator (# C21471)
- Employed by a certified lab  Employed by DEP or DOH
- Authorized representative of supplier of water

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

Date and time PWS notified by lab of positive results: \_\_\_\_\_

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

Date Report Issued: 4/18/24

Lab Signature: [Signature]

Title: [Signature]

[INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT]

Consta Flow Inc  
5574 Commercial Blvd  
Winter Haven, FL 33880  
863-965-2599  
Jennifer@constaflow.com

- Satisfactory DEP/DOH USE ONLY
- Incomplete Collection Information
- Repeat Samples Required
- Replacement Samples Required
- Date Reviewed by DEP/DOH: \_\_\_\_\_
- DEP/DOH Reviewing Official: \_\_\_\_\_

1. Indicate the sample type for each sample collected. Sample type codes are: D = Distribution (routine compliance), C = Repeat/Check, R = Raw, N = Entry Point to Distribution, P = Plant Tap, S = Special (clearance, etc.).

2. Lab certification number for the listed method is included at top with the laboratory address.

3. Please circle appropriate selection.

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

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

Residual Key: A = Coliforms are absent; P = Coliforms are present; C = confluent growth; TNTC = too numerous to count (62-550.730 Reporting Format).

Relinquish By: Culeb Curob

Date: 4-17-24 Time: 13:05

Received By: [Signature]

Date: 4-17-24 Time: 1305



PLANT NAME: Alturas Utility Monitoring Period From: 5/01/24 To: 5/31/24  
**(WATER REPORT)**

DAY	Well	Irrigation	POE	REMOTE	MULT.	1000	TOTAL
PREV	18101.0						
1					12333.3		12333.3
2					12333.3		12333.3
3	18138.0		0.4	0.2	12333.3		12333.3
4					18000.0		18000.0
5					18000.0		18000.0
6	18192.0		0.4	0.2	18000.0		18000.0
7					19000.0		19000.0
8	18230.0		0.4	0.2	19000.0		19000.0
9					18666.7		18666.7
10					18666.7		18666.7
11	18286.0		1.3	1.0	18666.7		18666.7
12					21500.0		21500.0
13	18329.0		0.6	0.4	21500.0		21500.0
14					12000.0		12000.0
15	18353.0		0.8	0.3	12000.0		12000.0
16					9000.0		9000.0
17	18371.0		0.8	0.2	9000.0		9000.0
18					15333.3		15333.3
19					15333.3		15333.3
20	18417.0		0.8	0.5	15333.3		15333.3
21					19000.0		19000.0
22	18455.0		0.6	0.4	19000.0		19000.0
23					18000.0		18000.0
24	18491.0		1.2	1.0	18000.0		18000.0
25					7000.0		7000.0
26					7000.0		7000.0
27					7000.0		7000.0
28	18519.0				7000.0		7000.0
29					7000.0		7000.0
30	18519.0						
31	18519.0						
Total Flow					418000.0		418000.0
ADF					13483.9		13483.9
MAX			1.3	1.0	21500.0		21500.0
MIN							

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

I. General Information for the Month/Year of: Monitoring Period From: 5/01/24 To: 5/31/24

A. Public Water System (PWS) Information

PWS Name: ALTURAS UTILITY		PWS Identification Number: 6530057	
PWS Type:	Non-Transient Non-Community	Transient Non-Community	Consecutive
Number of Service Connections at End of Month:	63	Total Population Served at End of Month:	
PWS Owner:			
Contact Person :	Jacqueline Mc Callister	Contact Person's Title:	Compliance Manager
Contact Person's Mailing Address:	5911 Trouble Creek Rd	City: New Port Richey	State: FL Zip Code: 34652
Contact Person's Telephone Number:	352-340-6032	Contact Person's Fax Number:	N/A
Contact Person's E-Mail Address:	compliance@fus1llc.com		

B. Water Treatment Plant Information

Plant Name: ALTURAS UTILITY		Plant Telephone Number: 863-904-5574	
Plant Address: 100 PACKING HOUSE ROAD	City: ALTURAS	State: FL	Zip Code: 33820
Type of Water Treated by Plant:	Raw Ground Water	Purchased Finished Water	
Permitted Maximum Day Operating capacity of Plant, gallons per day:	108,000		
Plant Category ( per subsection 62-699.310(4), F.A.C.):	V	Plant Class:	D

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	GAINES ALEXANDER	C	C-5472	10
Other Operators:	DANNY ALEXANDER	C	C-12379	
	JENNIFER ALEXANDER	C	C-21471	
	ROBERT GRAVES	B	B-0015216	
	CINDY ALEXANDER	C	C-23261	
	CHRIS NICHOLS	C	C-20287	

III Certification by Lead/Chief Operator

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

Gaines Alexander 6/07/24  
Signature and Date

GAINES ALEXANDER  
Printed or Typed Name

C-5472  
License Number

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

PWS: Identification Number: 6530057 Plant Name: ALTURAS UTILITY

III. Daily Data for the Month/Year of: \_\_\_\_\_ Monitoring Period From: 5/01/24 To: 5/31/24

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

Type of Disinfectant Residual Maintained in Distribution System: \_\_\_\_\_  
 Free Chlorine      Combined Chlorine(Claramines)      Chlorine Dioxide

Day of the month	Hours Plant in Operation	Not Quality of Finished Water Produced gal	CT Calculations, or UV Dose to Demonstrate Four-Log Virus Inactivation, If Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
			Free Chlorine					Combined Chlorine(Claramines)						Chlorine Dioxide
			Ct Calculations					UV Dose						
Peak flow rate gpd	Lowest Residual Disinfectant concentration Before or at First Customer During Peak Flow mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, C	pH of Water, if Applicable	Minimum CT, Required mg-min/L	Lowest Operating UV Dose, mW-Sec/cm2	Minimum UV Dose required, mW-Sec/cm2	Lowest Residual Disinfectant concentration at Remote Point in Distribution System, mg/L	Chlorine Dioxide				
1	24	12333												
2	24	12333												
3	X 24	12333			0.4									
4	24	18000									0.2			
5	24	18000												
6	X 24	18000			0.4									
7	24	19000												
8	X 24	19000			0.4							0.2		
9	24	18667												
10	24	18667										0.2		
11	X 24	18667			1.3									
12	24	21500										1.0		
13	24	21500			0.6									
14	24	12000										0.4		
15	X 24	12000			0.8									
16	24	9000										0.3		
17	X 24	9000			0.8									
	24	15333										0.2		
	24	15333												
20	X 24	15333			0.8									
21	24	19000										0.5		
22	X 24	19000			0.6									
23	24	18000										0.4		
24	X 24	18000			1.2									
25	24	7000										1.0		
26	24	7000												
27	24	7000												
28	24	7000												
29	24													
30	24												Well pump bad, system out of service.	
31	24													
Total		418000												
Average		13933												
Maximum		21500												

\*Refer to the instructions for this report to determine which plants must provide this information.  
 DPP Form 82-565,900(3)  
 Effective August 28, 2003

**DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT**

- 6681 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • E82574
- 4965 SW 41st Blvd • Gainesville, FL 32608 • 352.377.2349 • Fax 352.395.6639 • E82001
- 10200 USA Today Way • Miramar, FL 33025 • 954.889.2288 • Fax 954.889.2281 • E82535
- 9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 • E84589
- 380 Northlake Blvd., Suite 1048 • Altamonte Springs, FL 32701 • 407.937.1594 • Fax 407.937.1597 • E53076
- 2639 N. Monroe St., Suite D • Tallahassee, FL 32301 • 850.219.6274 • Fax 850.219.6275 • E811095
- 13100 Westlinks Terrace, Suite 10 • Fort Myers, FL 33913 • 239.674.8130 • Fax 239.674.8128 • E84492



**Advanced Environmental Laboratories, Inc.**

Write Project # or Place Project Label Here  
12410906

Lab Receipt Date & Time: 5/9/24 1:33  
 Analysis Date & Time: 5/19/24 1912  
 Sample Acceptance Criteria:  
 Sample Preservation:  On Ice  Not On Ice  6 °C  
 Disinfectant Check:  Not Detected  \_\_\_\_\_  
 This Sample does not meet the following NELAC requirements:

Report Number: \_\_\_\_\_ Sub-Contract Lab ID: \_\_\_\_\_

Analysis Requested: (check all that apply)  
 Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

Public Water System (PWS) Name: Alturas Utility PWS I.D.: 6530057

PWS Address: 5605 Packing House Road City: Alturas

PWS or PWS Owner's Phone #: 863-965-2599 Fax #: \_\_\_\_\_

Collector: Caleb Crabb Collector's Phone #: 863-965-2599

Type of Supply: (check only one)  
 Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System  
 Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

Reason for Sampling: (check all that apply)  
 Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

Sample Collection Date: 5-8-24 DCN#: AD-D045 Effective 01/85, Electronic WEB Revision 02/27/2019

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time (24 hr clock)	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Methods				
						Non-Coliform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage <sup>3</sup>	Data Qualifier <sup>4</sup>	Lab Sample #
1/2	Well	10:30	R	0	7.8		A	A		002
2/2	Tap Outside Store	10:37	D	1.2	7.7		A	A		003

Average of disinfectant residuals for distribution routine & repeat samples.<sup>5</sup>  Free chlorine or  Total chlorine (check one). 1.2

Disinfectant Residual Analysis Method:  
 DPD Colorimetric  Other: \_\_\_\_\_  
 Person performing disinfectant analysis is (Check one of below):  
 A certified operator (# \_\_\_\_\_)  
 Supervised by certified operator (# C21471)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.  
 Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: 5/10/24  
 Lab Signature: [Signature]  
 Title: \_\_\_\_\_

(INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT)  
 Consta Flow Inc  
 5574 Commercial Blvd  
 Winter Haven, FL 33880  
 863-965-2599  
 Jennifer@constaflow.com

Satisfactory DEP/DOH USE ONLY  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
 Date Reviewed by DEP/DOH: \_\_\_\_\_  
 DEP/DOH Reviewing Official: \_\_\_\_\_

1. Indicate the sample type for each sample collected. Sample type codes are: D = Distribution (routine compliance), C = Repeat/Check, R = Raw, N = Entry Point to Distribution, P = Plant Tap, S = Special (clearance, etc).  
 2. Lab certification number for the listed method is included at top with the laboratory address.  
 3. Please circle appropriate selection.  
 4. Defined in Florida Administrative Code Rule 62-160, Table 1.  
 5. Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.  
 Results Key: A = Coliforms are absent; P = Coliforms are present; C = confluent growth, TNTC = too numerous to count (62-550.730 Reporting Format)

Relinquish By: Caleb Crabb  
 Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Received By: [Signature]  
 Date: 5/12/24 Time: 11:33

PLANT NAME: Alturas Utility Monitoring Period From: 6/01/24 To: 6/30/24

**(WATER REPORT)**

DAY	Well	Irrigation	POE	REMOTE	MULT.	1000	TOTAL
PREV	18519.0						
1	18519.0						
2							
3	18519.0						
4							
5	18519.0						
6							
7							
8	18519.0						
9							
10	18519.0						
11							
12	18519.0						
13							
14							
15	18519.0						
16							
17	18519.0						
18							
19	18519.0						
20							
21							
22	18519.0						
23					3500.0		3500.0
24	18526.0		1.2	0.9	3500.0		3500.0
25					1500.0		1500.0
26	18529.0		0.2	0.2	1500.0		1500.0
27					29500.0		29500.0
28	18588.0		0.2	0.2	29500.0		29500.0
29					650.0		650.0
30	18589.3				650.0		650.0
Total Flow					70300.0		70300.0
ADF					2343.3		2343.3
MAX			1.2	0.9	29500.0		29500.0
MIN							

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

**I. General Information for the Month/Year of:** Monitoring Period From: 6/01/24 To: 6/30/24

**A. Public Water System (PWS) Information**

PWS Name: ALTURAS UTILITY		PWS Identification Number: 6530057	
PWS Type:	Non-Transient Non-Community	Transient Non-Community	Consecutive
Number of Service Connections at End of Month: 63		Total Population Served at End of Month:	
PWS Owner:			
Contact Person: Jacqueline Mc Callister		Contact Person's Title: Compliance Manager	
Contact Person's Mailing Address: 5911 Trouble Creek Rd		City: New Port Richey	State: FL Zip Code: 34652
Contact Person's Telephone Number: 352-340-6032		Contact Person's Fax Number: N/A	
Contact Person's E-Mail Address: compliance@fus1llc.com			

**B. Water Treatment Plant Information**

Plant Name: ALTURAS UTILITY		Plant Telephone Number: 863-904-5574		
Plant Address: 100 PACKING HOUSE ROAD	City: ALTURAS	State: FL	Zip Code: 33820	
Type of Water Treated by Plant:	Raw Ground Water	Purchased Finished Water		
Permitted Maximum Day Operating capacity of Plant, gallons per day:		108,000		
Plant Category ( per subsection 62-699.310(4), F.A.C.): V		Plant Class: D		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	GAINES ALEXANDER	C	C-5472	13
Other Operators:	DANNY ALEXANDER	C	C-12379	
	JENNIFER ALEXANDER	C	C-21471	
	ROBERT GRAVES	B	B-0015216	
	CINDY ALEXANDER	C	C-23261	
	CHRIS NICHOLS	C	C-20287	

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

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

*Gaines Alexander* 7/08/24  
Signature and Date

GAINES ALEXANDER  
Printed or Typed Name

C-5472  
License Number

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

PWS: (Identification Number: 6530057) Plant Name: ALTURAS UTILITY

III. Daily Data for the Month/Year of: \_\_\_\_\_ Monitoring Period From: 6/01/24 To: 6/30/24  
 Means of Achieving Four-Log Virus Inactivation / Removal: \*  
 Ultraviolet Radiation Other: (Describe): \_\_\_\_\_ Free Chlorine Chlorine Dioxide Ozone Combined Chlorine(Chloramines)

Day of the month	Hours Plant in Operation	Net Quality of Finished Water Produced, gal	Type of Disinfectant Residual Maintained in Distribution System:										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
			Free Chlorine					Combined Chlorine(Chloramines)			Chlorine Dioxide			
			CT Calculations or UV Dose, to Demonstrate Four-Log Virus Inactivation, If Applicable*											
CT Calculations										UV Dose		Lowest Residual Disinfectant concentration at Remote Point in Distribution System, mg/L		
Peak flow rate, gpd	Lowest Residual Disinfectant concentration Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, C	pH of Water, if Applicable	Minimum CT, Required mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose required, mW-sec/cm <sup>2</sup>						
1	X	24												
2		24												
3	X	24												System out of service, pump bad
4		24												
5	X	24												
6		24												
7		24												
8	X	24												
9		24												
10	X	24												
11		24												
12	X	24												
13		24												
14		24												
15	X	24												
16		24												
17	X	24												
18		24												
19	X	24												
20		24												
21		24												
22	X	24												
23		24	3500											
24	X	24	3600	1.2										
25		24	1500									0.9		
26	X	24	1500	0.2										
27		24	29500									0.2		
28	X	24	29500	0.2										
29		24	650									0.2	Pump replaced	
30		24	650											
Total			70300											
Average			2268											
Maximum			29500											

\*Refer to the instructions for this report to determine which plants must provide this information.  
 DEP Form 62-555 (00/03)  
 Effective August 28, 2003

**DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT**

- 6681 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • E82574
- 4965 SW 41st Blvd • Gainesville, FL 32608 • 352.377.2349 • Fax 352.395.6639 • E82001
- 10200 USA Today Way • Minnar, FL 33025 • 954.889.2288 • Fax 954.889.2281 • E82535
- 9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 • E84589
- 380 Northlake Blvd., Suite 1048 • Altamonte Springs, FL 32701 • 407.937.1594 • Fax 407.937.1597 • E53076
- 2639 N. Monroe St., Suite D • Tallahassee, FL 32301 • 850.219.6274 • Fax 850.219.6275 • E811095
- 13100 Westlinks Terrace, Suite 10 • Fort Myers, FL 33913 • 239.674.8130 • Fax 239.674.8128 • E84492



**Advanced Environmental Laboratories, Inc.**



Lab Receipt Date & Time: 7/25/14

Analysis Date & Time: 7/1/24 1530

Sample Acceptance Criteria: On Ice  Not On Ice  10 °C

Sample Preservation:  On Ice  Not On Ice  10 °C

Disinfectant Check:  Not Detected

This Sample does not meet the following NELAC requirements:

Report Number: \_\_\_\_\_ Sub-Contract Lab ID: \_\_\_\_\_

Analysis Requested: (check all that apply)

- Total Coliform/*E. coli*  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

Public Water System (PWS) Name: Alturas Utility

PWS I.D.: 6530057

PWS Address: 5605 Packing House Road

City: Alturas

PWS or PWS Owner's Phone #: 863-965-2599

Fax #: \_\_\_\_\_

Collector: Jennifer Alexander

Collector's Phone #: 863-965-2599

Type of Supply: (check only one)

- Community Water System  Non-Transient Non-community Water System  Transient Non-community Water System
- Limited Use System  Bottled Water  Private Well  Swimming Pool  Other: \_\_\_\_\_

Reason for Sampling: (check all that apply)

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

Sample Collection Date: 06-30-2014

DCNR: AD-D045

Effective 01/95, Electronic WEB Revision 02/27/2019

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time (24 hr clock)	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s) <sup>2</sup> <u>51962-5B</u>				
						Non-Coliform	Total Coliform	Fecal, <u>Coli</u> Enterococci, or Coliphage <sup>3</sup>	Data Qualifier <sup>4</sup>	Lab Sample #
1/2	Well		R	0	7.9		A	A		001
2/2	Firehouse 2535 3 <sup>rd</sup> St	11:10	D	0.76	7.9		A	A		002

Average of disinfectant residuals for distribution routine & repeat samples.<sup>5</sup>  Free chlorine or  Total chlorine (check one).

Disinfectant Residual Analysis Method:  
 DPD Colorimetric  Other: \_\_\_\_\_

Person performing disinfectant analysis is (Check one of below):  
 A certified operator (# 21471)  
 Supervised by certified operator (# C21471)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

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

Date and time PWS notified by lab of positive results: \_\_\_\_\_

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

Date Report Issued: 7/2/24

Lab Signature: [Signature]

Title: [Signature]

[INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT]  
**Consta Flow Inc**  
 5574 Commercial Blvd  
 Winter Haven, FL 33880  
 863-965-2599  
 Jennifer@constaflow.com

Satisfactory DEP/DOH USE ONLY

Incomplete Collection Information

Repeat Samples Required

Replacement Samples Required

Date Reviewed by DEP/DOH: \_\_\_\_\_

DEP/DOH Reviewing Official: \_\_\_\_\_

1 Indicate the sample type for each sample collected. Sample type codes are: D = Distribution (routine compliance), C = Repeat/Check, R = Raw, N = Entry Point to Distribution, P = Plant Tap, S = Special (clearance, etc.).

2 Lab certification number for the listed method is included at top with the laboratory address.

3 Please circle appropriate selection.

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

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

Results Key: A = Coliforms are absent; P = Coliforms are present; C = confluent growth; TNTC = too numerous to count (62-550.73D Reporting Format)

Relinquish By: [Signature]  
 Date: \_\_\_\_\_ Time: \_\_\_\_\_

Received By: [Signature]  
 Date: 7/1/24 Time: 1245



## Exhibit 3

1

2

3

4

5

6

7

8

9

10

**WELLS AND WELL PUMPS**

(a)	(b)	(c)	(d)	(e)	(f)
Year Constructed.....	_____	_____	_____	_____	_____
Types of Well Construction and Casing.....	Steel	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Depth of Wells.....	550 ft	_____	_____	_____	_____
Diameters of Wells.....	6	_____	_____	_____	_____
Pump - GPM.....	350	_____	_____	_____	_____
Motor - HP.....	15	_____	_____	_____	_____
Motor Type *.....	Sub	_____	_____	_____	_____
Yields of Wells in GPD.....	_____	_____	_____	_____	_____
Auxiliary Power.....	_____	_____	_____	_____	_____
* Submersible, centrifugal, etc.					

**RESERVOIRS**

(a)	(b)	(c)	(d)	(e)	(f)
Description (steel, concrete)	Steel	n/a	n/a	n/a	_____
Capacity of Tank.....	3,000	_____	_____	_____	_____
Ground or Elevated.....	Ground	_____	_____	_____	_____

**HIGH SERVICE PUMPING**

(a)	(b)	(c)	(d)	(e)	(f)
<u>Motors</u>					
Manufacturer.....	_____	_____	_____	_____	_____
Type.....	_____	_____	_____	_____	_____
Rated Horsepower.....	_____	_____	_____	_____	_____
<u>Pumps</u>					
Manufacturer.....	_____	_____	_____	_____	_____
Type.....	_____	_____	_____	_____	_____
Capacity in GPM.....	_____	_____	_____	_____	_____
Average Number of Hours Operated Per Day.....	_____	_____	_____	_____	_____
Auxiliary Power.....	_____	_____	_____	_____	_____

**SOURCE OF SUPPLY**

List for each source of supply (Ground, Surface, Purchased Water etc.)			
Permitted Gals. per day.....	648,000	_____	_____
Type of Source.....	Ground	_____	_____

**WATER TREATMENT FACILITIES**

List for each Water Treatment Facility:			
Type.....	Chemical Feed	_____	_____
Make.....	Stenner	_____	_____
Permitted Capacity (GPD).....	_____	_____	_____
High service pumping	_____	_____	_____
Gallons per minute.....	_____	_____	_____
Reverse Osmosis.....	_____	_____	_____
Lime Treatment	_____	_____	_____
Unit Rating.....	_____	_____	_____
Filtration	_____	_____	_____
Pressure Sq. Ft. ....	_____	_____	_____
Gravity GPD/Sq.Ft. ....	_____	_____	_____
Disinfection	_____	_____	_____
Chlorinator.....	17 GPD	_____	_____
Ozone.....	_____	_____	_____
Other.....	_____	_____	_____
Auxiliary Power.....	None	_____	_____