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June 5, 2026

VIA ELECTRONIC FILING

Mr. Adam J. Teitzman
Commission Clerk
Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0850

RE: First Annual Report / Docket No. 20240068-WS
Application for increase in water and wastewater rates in Charlotte, Highlands, Lake, Lee, Marion, Orange, Pasco, Pinellas, Polk, and Seminole Counties, by Sunshine Water Services Company.

Dear Mr. Teitzman:

Pursuant to Commission Order No. PSC-2025-0196-FOF-WS, issued June 6, 2025, Docket No. 20240068-WS (Application for Rate Increase by Sunshine Water Services Company), Sunshine Water Services Company ("SWS") provides its first annual report detailing Florida Department of Environmental Protection ("DEP") compliance issues for the Sanlando and Mid-County wastewater systems. The report is attached hereto as Exhibit A.

Thank you for your assistance in connection with this matter.

Sincerely,

Virginia L. Ponder

VLP/dk
Attachment

SUNSHINE WATER SERVICES COMPANY'S FDEP COMPLIANCE REPORTPURSUANT TO ORDER NO. PSC-2025-0196-FOF-WS YEAR 1 (ENDING JUNE 5, 2026)

Sanlando: During the reporting period, Sanlando had four sanitary sewer overflows (SSO) and no discharge monitoring report (DMR) exceedances. The SSOs occurred on: (a) July 1, 2025 (SSO of 5,000 gallons of raw wastewater), (b) August 6, 2025 (SSO of 100 gallons of raw wastewater), (c) November 1, 2025 (SSO of 200 gallons of raw wastewater), and (d) March 17, 2026 (SSO of 20,000 gallons of raw wastewater). Exhibit B attached hereto contains the DEP documentation related to each SSO.

Mid-County: During the reporting period, the Mid-County system had no SSOs and experienced one parameter DMR exceedance for Total Phosphorus in February 2026 (the "February DMR"). The February DMR is attached hereto as Exhibit C. Mid-County's permit limit for a single sample Total Phosphorus is 2.0 mg/l. A document reflecting Mid-County's permit limitations is attached hereto as Exhibit D. The analytical results for samples received by the laboratory on February 24, 2026, indicated 2.7 mg/l for the parameter Total Phosphorus. Exhibit E contains the February 24 analytical results. The following day, on February 25, 2026, SWS provided samples to the laboratory, and the analytical results showed Total Phosphorus at .84 mg/l, well within Mid-County's permit limitations for this parameter. Exhibit F contains the February 25, 2026 analytical results. Notably, as the comment on page 8 of the February DMR indicates, the February 24, 2026, sample was impacted by the re-programming of the Membrane Bioreactors at the Mid-County plant.

EXHIBIT B

FLORIDA DEPARTMENT OF Environmental Protection

Ron DeSantis
Governor

Alexis A. Lambert
Secretary

Wastewater Abnormal Event 5 Day Report

This form is provided for your convenience only, in order to report the required information to Florida DEP. You may complete this form and email to the appropriate District office, as listed below.

Northwest District - NWD_WastewaterCompliance@floridadep.gov
Northeast District - DEP_NED@floridadep.gov
Southwest District - SWD_DW@floridadep.gov
Southeast District -SED.Wastewater@floridadep.gov
South District – SD-AbnormalEvents@floridadep.gov
Central District – DEP_CD@floridadep.gov

These incidents, and the corresponding Public Notice of Pollution, may also be reported through the DEP Business Portal. If it is preferred to submit these separately, the PNP may be submitted here. If the spill is greater than 1000 gallons, it MUST be reported to the **State Watch Office** at 1-800-320-0519 and a PNP MUST be submitted. All fields with an asterisk (*) must be completed as they are required by rule 62-620.610, F.A.C.

Responsible Party Information

*Facility Name:	Wekiva Hunt Club WRF
*Permit Number:	FL0036251
*Facility Type:	Domestic
*County:	Seminole
*Reporter Name:	Matt Morrell
*Reporter Phone:	407-402-8760
*Reporter Email:	matt.morrell@nexuswg.com
*Reporter Address:	125 Western Fork, Longwood Fl 32750
*Responsible Party Name:	Sean Twomey
*Responsible Party Address:	200 Weathersfield Ave, Altamonte Springs, FL 32714
*Responsible Party Phone:	407-312-1815
*Responsible Party Email:	sean.twomey@nexuswg.com

Who was contacted?

DEP

*Date and Time: 7/1/2025 16:58

*Person contacted: Hannah VanBuren

State Watch Office

*Date and Time: 7/1/2025 16:34

*Incident Number: 2025-5649

Other

*Date and Time:

*Person contacted:

Spill Information

*Spill Characteristic / Wastewater: Untreated

*Type Source: Manhole

*Area affected: Ground

EXHIBIT B

*Date / Time Discharge Began: 7/1/2025 12:40

*Amount Discharged (in gallons): 5,000.00

*Amount Recovered (in gallons): 0.00

*Date / Time Discharge Ceased: 7/1/2025 13:40

*Physical Address: 361 Sabal Palm Dr

*Latitude/Longitude: 28.6977358,-81.4087856

*Malfunction/Cause: Equipment

Effluent Limit Violations

- ☐ CL_2 (mg/L)
- ☐ TSS (mg/L)
- ☐ Turbidity (NTU)
- ☐ NO_3 (mg/L)
- ☐ Other
- ☐ Fecal Coliforms (CFU/100 mL)
- ☐ pH (SU)
- ☐ CBOD5 (mg/L)
- ☐ Abnormal Flow (MGD)

*Clean Up Status: Complete

***Clean Up Actions:**

- ☐ Vacuumed/Pump Truck
- ☐ Applied Disinfectanct
- ☑ Applied Lime
- ☐ Applied HTH/chlorine
- ☐ Applied absorbents
- ☑ Washed down area
- ☐ Water samples/field measurements taken
- ☐ Raked and disposed of debris
- ☐ Signs posted
- ☐ Other

Sampling results / Field readings:

Samples not required.

***Incident Description and Remedial Action Being Taken** (Include estimated time for completion)**:**

On July 1, 2025, at 12:40pm, we received alarms for a low float, 24VAC power fail and then wet well level high. SWS Techs arrived and turned pumps on to hand and stopped the overflow that was coming out of the manhole outside of the station. The overflow was stopped at 13:40. Once the station was pumped down they pulled up the low float to check it and the wire was still hanging on the hook and the float ball itself was missing. The float was replaced. The station still had the 24vac float fail alarm. The SWS tech called Williamson Pump, and they dispatched out their lift station techs who troubleshot the issue and found a blown fuse that controlled the floats. The fuse was replaced; they also replaced the low float ball again. Verified everything was working and the station was functioning normally.

***Future Preventative Measures:**

Verify all float balls are at the proper placement before closing up the station after maintenance activities occur.

EXHIBIT B

FLORIDA DEPARTMENT OF Environmental Protection

Wastewater Abnormal Event 5 Day Report

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Northeast District - DEP_NED@floridadep.gov
Southwest District - SWD_DW@floridadep.gov
Southeast District - SED.Wastewater@dep.state.fl.us
South District – SD-AbnormalEvents@floridadep.gov
Central District – DEP_CD@floridadep.gov

These incidents, and the corresponding Public Notice of Pollution, may also be reported through the DEP Business Portal. If it is preferred to submit these separately, the PNP may be submitted here. If the spill is greater than 1000 gallons, it MUST be reported to the **State Watch Office** at 1-800-320-0519 and a PNP MUST be submitted. All fields with an asterisk (*) must be completed as they are required by rule 62-620.610, F.A.C.

Responsible Party Information

*Facility Name:	Shadow Hills
*Permit Number:	FLSS0A650
*Facility Type:	Domestic
*County:	Seminole
*Reporter Name:	Bryan Gongre
*Reporter Phone:	(321) 972-0360
*Reporter Email:	bryan.gongre@sunshinewater.com
*Reporter Address:	200 Weathersfield Avenue, Altamonte Springs, FL
*Responsible Party Name:	Sunshine Water Services Company
*Responsible Party Address:	200 Weathersfield Avenue, Altamonte Springs, FL
*Responsible Party Phone:	(321) 972-0360
*Responsible Party Email:	bryan.gongre@sunshinewater.com

Who was contacted?

DEP

*Date and Time: 8/7/2025 11:30

*Person contacted: David Smicherko/Em

State Watch Office

*Date and Time:

*Incident Number:

Other

*Date and Time: 8/7/2025 11:30

*Person contacted: FDEP Business Porta

Spill Information

*Spill Characteristic / Wastewater: Untreated

*Type Source: Manhole

*Area affected: Ground

EXHIBIT B

*Date / Time Discharge Began: 8/6/2025 12:49

*Amount Discharged (in gallons): 100.00

*Amount Recovered (in gallons): 0.00

*Date / Time Discharge Ceased: 8/6/2025 13:26

*Physical Address: 1433 Cricket Ct., Longwood, FL

*Latitude/Longitude:

*Malfunction/Cause: Blockage

Effluent Limit Violations

- ☐ CL_2 (mg/L)
- ☐ TSS (mg/L)
- ☐ Turbidity (NTU)
- ☐ NO_3 (mg/L)
- ☐ Other
- ☐ Fecal Coliforms (CFU/100 mL)
- ☐ pH (SU)
- ☐ CBOD5 (mg/L)
- ☐ Abnormal Flow (MGD)

*Clean Up Status: Complete

***Clean Up Actions:**

- ☐ Vacuumed/Pump Truck
- ☐ Applied Disinfectanct
- ☑ Applied Lime
- ☐ Applied HTH/chlorine
- ☐ Applied absorbents
- ☑ Washed down area
- ☐ Water samples/field measurements taken
- ☐ Raked and disposed of debris
- ☐ Signs posted
- ☐ Other

Sampling results / Field readings:

NA

***Incident Description and Remedial Action Being Taken** (Include estimated time for completion)**:**

Grease blockage in 8" gravity main between the receiving manhole and lift station. Blockage was cleared with the use of the vactor truck. Spill area was treated with lime and was washed down with potable water.

***Future Preventative Measures:**

Tangent will be monitored and maintained as needed.

EXHIBIT B

FLORIDA DEPARTMENT OF Environmental Protection

Wastewater Abnormal Event 5 Day Report

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Northeast District - DEP_NED@floridadep.gov
Southwest District - SWD_DW@floridadep.gov
Southeast District - SED.Wastewater@dep.state.fl.us
South District – SD-AbnormalEvents@floridadep.gov
Central District – DEP_CD@floridadep.gov

These incidents, and the corresponding Public Notice of Pollution, may also be reported through the DEP Business Portal. If it is preferred to submit these separately, the PNP may be submitted here. If the spill is greater than 1000 gallons, it MUST be reported to the **State Watch Office** at 1-800-320-0519 and a PNP MUST be submitted. All fields with an asterisk (*) must be completed as they are required by rule 62-620.610, F.A.C.

Responsible Party Information

*Facility Name:	Wekiva Hunt Club WRF
*Permit Number:	FL0036251
*Facility Type:	Domestic
*County:	Seminole
*Reporter Name:	Bryan Gongre
*Reporter Phone:	(321) 972-0360
*Reporter Email:	bryan.gongre@nexuswg.com
*Reporter Address:	200 Weathersfield Avenue, Altamonte Springs, FL
*Responsible Party Name:	Sunshine Water Services Company
*Responsible Party Address:	200 Weathersfield Avenue, Altamonte Springs, FL
*Responsible Party Phone:	(321) 972-0360
*Responsible Party Email:	bryan.gongre@nexuswg.com

Who was contacted?

DEP

*Date and Time: 11/2/2025 12:00

*Person contacted: Hannah VanBuren

State Watch Office

*Date and Time:

*Incident Number:

Other

*Date and Time: 11/2/2025 12:00

*Person contacted: Business Portal

Spill Information

*Spill Characteristic / Wastewater: Untreated

*Type Source: Manhole

*Area affected: Ground

EXHIBIT B

*Date / Time Discharge Began: 11/1/2025 13:00

*Amount Discharged (in gallons): 200.00

*Amount Recovered (in gallons): 0.00

*Date / Time Discharge Ceased: 11/1/2025 14:00

*Physical Address: Rear of 113 Wheatland Ct., Longwood, FL

*Latitude/Longitude: Lat: 28.697687806295036 Long: -81.4392618720178

*Malfunction/Cause: Power

Effluent Limit Violations

- ☐ CL_2 (mg/L)
- ☐ TSS (mg/L)
- ☐ Turbidity (NTU)
- ☐ NO_3 (mg/L)
- ☐ Other
- ☐ Fecal Coliforms (CFU/100 mL)
- ☐ pH (SU)
- ☐ CBOD5 (mg/L)
- ☐ Abnormal Flow (MGD)

*Clean Up Status: Complete

***Clean Up Actions:**

- ☐ Vacuumed/Pump Truck
- ☐ Applied Disinfectanct
- ☑ Applied Lime
- ☐ Applied HTH/chlorine
- ☐ Applied absorbents
- ☐ Washed down area
- ☐ Water samples/field measurements taken
- ☐ Raked and disposed of debris
- ☐ Signs posted
- ☐ Other

Sampling results / Field readings:

NA

***Incident Description and Remedial Action Being Taken** (Include estimated time for completion)**:**

High level alarm at L-02 lift station received at 12:00pm. Upon arrival technician found that there was a loss of commercial power. Duke Energy was contacted to report power loss. Technician mobilized a portable generator to the location but by the time he arrived commercial power had been restored. The commercial power loss led to the overflow of an adjacent manhole.

***Future Preventative Measures:**

Position a portable generator proximal to the area to allow for an improved response time.

EXHIBIT B

FLORIDA DEPARTMENT OF Environmental Protection

Ron DeSantis
Governor

Jeanette Nuñez
Lt. Governor

Shawn Hamilton
Secretary

Wastewater Abnormal Event 5 Day Report

This form is provided for your convenience only, in order to report the required information to Florida DEP. You may complete this form and email to the appropriate District office, as listed below.

Northwest District –NWD_WastewaterCompliance@floridadep.gov
Northeast District - DEP_NED@floridadep.gov
Southwest District - SWD_DW@floridadep.gov
Southeast District - SED.Wastewater@dep.state.fl.us
South District – SD-AbnormalEvents@floridadep.gov
Central District – DEP_CD@floridadep.gov

These incidents, and the corresponding Public Notice of Pollution, may also be reported through the DEP Business Portal. If it is preferred to submit these separately, the PNP may be submitted here. If the spill is greater than 1000 gallons, it MUST be reported to the **State Watch Office** at 1-800-320-0519 and a PNP MUST be submitted. All fields with an asterisk (*) must be completed as they are required by rule 62-620.610, F.A.C.

Responsible Party Information

*Facility Name:	Wekiva Hunt Club WRF
*Permit Number:	FL0036251
*Facility Type:	Domestic
*County:	Seminole
*Reporter Name:	Bryan Gongre
*Reporter Phone:	(321) 972-0360
*Reporter Email:	bryan.gongre@nexuswg.com
*Reporter Address:	200 Weathersfield Avenue, Altamonte Springs, FL
*Responsible Party Name:	Sunshine Water Services Company
*Responsible Party Address:	200 Weathersfield Avenue, Altamonte Springs, FL
*Responsible Party Phone:	(321) 972-0360
*Responsible Party Email:	bryan.gongre@nexuswg.com

Who was contacted?

DEP

*Date and Time: 3/17/2026 12:00
*Person contacted: Hannah VanBuren

State Watch Office

*Date and Time: 3/17/2026 11:15
*Incident Number: 2026-2714

Other

*Date and Time: 3/17/2026 11:20
*Person contacted: Business Portal

Spill Information

*Spill Characteristic / Wastewater: Untreated
*Type Source: Force Main / Gravity Line
*Area affected: Ground

EXHIBIT B

*Date / Time Discharge Began: 3/16/2026 11:55

*Amount Discharged (in gallons): 20,000.00

*Amount Recovered (in gallons): 0.00

*Date / Time Discharge Ceased: 3/17/2026 13:30

*Physical Address: Intersection of Wekiva Springs Rd. and Cutler Rd., Longwood, FL

*Latitude/Longitude: **Lat: 28.70236346225294 Long: -81.41902844410524**

*Malfunction/Cause: Contractor

Effluent Limit Violations

- ☐ CL_2 (mg/L)
- ☐ TSS (mg/L)
- ☐ Turbidity (NTU)
- ☐ NO_3 (mg/L)
- ☐ Other
- ☐ Fecal Coliforms (CFU/100 mL)
- ☐ pH (SU)
- ☐ CBOD5 (mg/L)
- ☐ Abnormal Flow (MGD)

*Clean Up Status: Complete

***Clean Up Actions:**

- ☐ Vacuumed/Pump Truck
- ☐ Applied Disinfectanct
- ☑ Applied Lime
- ☐ Applied HTH/chlorine
- ☐ Applied absorbents
- ☑ Washed down area
- ☐ Water samples/field measurements taken
- ☐ Raked and disposed of debris
- ☐ Signs posted
- ☐ Other

Sampling results / Field readings:

NA

***Incident Description and Remedial Action Being Taken** (Include estimated time for completion)**:**

On 3/16/26 at 11:55am Sunshine Water was notified of a force main leak at the intersection of Wekiva Springs Rd. and Culter Rd. Upon arriving, the leak was determined to be caused by a directional drill contractor without a Sunshine locate ticket performing work for AT&T striking an 8" AC force main. Wekiva Springs Rd southbound traffic was rerouted allowing for the isolation of the force main and the road to be excavated to make repairs. A 4' section of 8" AC force main was replaced with PVC pipe and two couplings. Normal operation of the FM resumed at approximately 14:30. The area was backfilled and traffic flow restored.

***Future Preventative Measures:**

Contractor's need to submit locate tickets to identify underground assets in accordance with FL Statutes.

EXHIBIT C

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME:	Sunshine Water Services	PERMIT NUMBER:	FL0034789
ADDRESS:	200 Weathersfield Ave. Altamonte Springs, FL 32714	LIMIT:	FINAL REPORT: Monthly
		FACILITY TYPE:	DW GROUP: Domestic
		MONITORING GROUP:	D-001
FACILITY:	Mid-County WWTP		
LOCATION:	2299 Spanish Vista Drive Dunedin, FL 34698	DESCRIPTION:	Discharge of treated effluent to Curlew Creek.
COUNTY:	PINELLAS	MONITORING PERIOD:	From: 02/01/2026 To: 02/28/2026

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	**Sample Measurement**		**.747**						**0**	**1 Monthly**	**Calculated**
PARM Code 50050 Y Add. Desc: to D-001 Mon. Site: FLW-01	**Permit Requirement**		**0.9 (Annl Avg)**	**MGD**						**(1 Monthly)**	**(Calculated)**
Flow	**Sample Measurement**		**.633**						**0**	**5 Days/Week**	**Recording Flow Meter with Totalizer**
PARM Code 50050 1 Add. Desc: to D-001 Mon. Site: FLW-01	**Permit Requirement**		**Report (Mo Avg)**	**MGD**						**(5 Days/Week)**	**(Recording Flow Meter with Totalizer)**
BOD, Carbonaceous 5 day, 20C	**Sample Measurement**					**2.0**			**0**	**1 Monthly**	**Calculated**
PARM Code 80082 Y Mon. Site: EFD-01	**Permit Requirement**					**5.0 (Annl Avg)**		**mg/L**		**(1 Monthly)**	**(Calculated)**
BOD, Carbonaceous 5 day, 20C	**Sample Measurement**					**2.0**	**2.0**		**0**	**1 Weekly**	**16-hr Flow Proportioned Composite**
PARM Code 80082 1 Mon. Site: EFD-01	**Permit Requirement**					**6.25 (Mo Avg)**	**10.0 (Maximum)**	**mg/L**		**(1 Weekly)**	**(16-hr Flow Proportioned Composite)**

EXHIBIT C

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	**Sample Measurement**					**1.0**			**0**	**1 Monthly**	**Calculated**
PARM Code 00530 Y Mon. Site: EFD-01	**Permit Requirement**					**5.0 (Annl Avg)**		**mg/L**		**(1 Monthly)**	**(Calculated)**
Solids, Total Suspended	**Sample Measurement**					**1.6**	**2.2**		**0**	**1 Weekly**	**16-hr Flow Proportioned Composite**
PARM Code 00530 1 Mon. Site: EFD-01	**Permit Requirement**					**6.25 (Mo Avg)**	**10.0 (Maximum)**	**mg/L**		**(1 Weekly)**	**(16-hr Flow Proportioned Composite)**
Solids, Total Suspended	**Sample Measurement**						**2.0**		**0**	**4 Days/Week**	**Grab**
PARM Code 00530 B Mon. Site: EFB-01	**Permit Requirement**						**5.0 (Maximum)**	**mg/L**		**(4 Days/Week)**	**(Grab)**
Nitrogen, Total	**Sample Measurement**					**.794**			**0**	**1 Monthly**	**Calculated**
PARM Code 00600 Y Mon. Site: EFD-01	**Permit Requirement**					**3.0 (Annl Avg)**		**mg/L**		**(1 Monthly)**	**(Calculated)**
Nitrogen, Total	**Sample Measurement**					**1.95**	**2.85**		**0**	**1 Weekly**	**16-hr Flow Proportioned Composite**
PARM Code 00600 1 Mon. Site: EFD-01	**Permit Requirement**					**3.75 (Mo Avg)**	**6.0 (Maximum)**	**mg/L**		**(1 Weekly)**	**(16-hr Flow Proportioned Composite)**

EXHIBIT C

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Phosphorus, Total (as P)	**Sample Measurement**					**.339**			**0**	**1 Monthly**	**Calculated**
PARM Code 00665 Y Mon. Site: EFD-01	**Permit Requirement**					**1.0 (Annl Avg)**		**mg/L**		**(1 Monthly)**	**(Calculated)**
Phosphorus, Total (as P)	**Sample Measurement**					**1.1**	**2.7**		**1**	**1 Weekly**	**16-hr Flow Proportioned Composite**
PARM Code 00665 1 Mon. Site: EFD-01	**Permit Requirement**					**1.25 (Mo Avg)**	**2.0 (Maximum)**	**mg/L**		**(1 Weekly)**	**(16-hr Flow Proportioned Composite)**
pH	**Sample Measurement**				**7.371**		**7.59**		**0**	**5 Days/Week**	**Meter**
PARM Code 00400 1 Mon. Site: EFD-01	**Permit Requirement**				**6.0 (Minimum)**		**8.5 (Maximum)**	**s.u.**		**(5 Days/Week)**	**(Meter)**
Coliform, Fecal, % less than detection	**Sample Measurement**				**100**				**0**	**1 Monthly**	**Calculated**
PARM Code 51005 A Mon. Site: EFA-01	**Permit Requirement**				**75.0 (MinTotMo)**			**percent**		**(1 Monthly)**	**(Calculated)**
Coliform, Fecal	**Sample Measurement**						**1.0**		**0**	**4 Days/Week**	**Grab**
PARM Code 74055 A Mon. Site: EFA-01	**Permit Requirement**						**25.0 (Maximum)**	**#/100mL**		**(4 Days/Week)**	**(Grab)**

EXHIBIT C

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Chlorine, Total Residual	**Sample Measurement**				**1.0**				**0**	**5 Days/Week**	**Meter**
PARM Code 50060 A Add. Desc: For Disinfection Mon. Site: EFA-01	**Permit Requirement**				**1.0 (Minimum)**			**mg/L**		**(5 Days/Week)**	**(Meter)**
Chlorine, Total Residual	**Sample Measurement**						**0.01**		**0**	**1 Weekly**	**Grab**
PARM Code 50060 1 Add. Desc: For Dechlorination Mon. Site: EFD-01	**Permit Requirement**						**0.01 (Maximum)**	**mg/L**		**(1 Weekly)**	**(Grab)**
Oxygen, Dissolved (DO)	**Sample Measurement**				**6.8**				**0**	**5 Days/Week**	**Grab**
PARM Code 00300 1 Mon. Site: EFD-01	**Permit Requirement**				**5.0 (Minimum)**			**mg/L**		**(5 Days/Week)**	**(Grab)**
Nitrogen, Total	**Sample Measurement**		**1.95**						**0**	**1 Monthly**	**Calculated**
PARM Code 00600 P Mon. Site: EFD-01	**Permit Requirement**		**Report (Mo Total)**	**ton/mth**						**(1 Monthly)**	**(Calculated)**
Nitrogen, Total	**Sample Measurement**		**.794**						**0**	**1 Monthly**	**Calculated**
PARM Code 00600 Q Mon. Site: EFD-01	**Permit Requirement**		**2.12 (Annl Tot)**	**ton/yr**						**(1 Monthly)**	**(Calculated)**

EXHIBIT C

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
IC25 Statre 7day Chr Ceriodaphnia	**Sample Measurement**				**MNR**				**0**	**1 Semi-Annually; twice per year**	**24-hr Flow Proportioned Composite**
PARM Code TRP3B P Add. Desc: Routine Mon. Site: EFD-01	**Permit Requirement**				**100.0 (Minimum)**			**percent**		**(1 Semi-Annually; twice per year)**	**(24-hr Flow Proportioned Composite)**
IC25 Statre 7day Chr Ceriodaphnia	**Sample Measurement**				**MNR**				**0**	**1 See permit**	**Documents**
PARM Code TRP3B Q Add. Desc: Additional Mon. Site: EFD-01	**Permit Requirement**				**100.0 (Minimum)**			**percent**		**(1 See permit)**	**(Documents)**
IC25 Statre 7day Chr Ceriodaphnia	**Sample Measurement**				**MNR**				**0**	**1 See permit**	**Documents**
PARM Code TRP3B R Add. Desc: Additional Mon. Site: EFD-01	**Permit Requirement**				**100.0 (Minimum)**			**percent**		**(1 See permit)**	**(Documents)**
IC25 Statre 7Day Chr Pimephales	**Sample Measurement**				**MNR**				**0**	**1 Semi-Annually; twice per year**	**24-hr Flow Proportioned Composite**
PARM Code TRP6C P Add. Desc: Routine Mon. Site: EFD-01	**Permit Requirement**				**100.0 (Minimum)**			**percent**		**(1 Semi-Annually; twice per year)**	**(24-hr Flow Proportioned Composite)**
IC25 Statre 7Day Chr Pimephales	**Sample Measurement**				**MNR**				**0**	**1 See permit**	**Documents**
PARM Code TRP6C Q Add. Desc: Additional Mon. Site: EFD-01	**Permit Requirement**				**100.0 (Minimum)**			**percent**		**(1 See permit)**	**(Documents)**

EXHIBIT C

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
IC25 Statre 7Day Chr Pimephales	**Sample Measurement**				**MNR**				**0**	**1 See permit**	**Documents**
PARM Code TRP6C R Add. Desc: Additional Mon. Site: EFD-01	**Permit Requirement**				**100.0 (Minimum)**			**percent**		**(1 See permit)**	**(Documents)**
Flow	**Sample Measurement**		**.747**						**0**	**1 Monthly**	**Calculated**
PARM Code 50050 P Add. Desc: Total Plant - Before Modification Mon. Site: FLW-01	**Permit Requirement**		**0.9 (Annl Avg)**	**MGD**						**(1 Monthly)**	**(Calculated)**
Flow	**Sample Measurement**		**.747**						**0**	**1 Monthly**	**Calculated**
PARM Code 50050 Q Add. Desc: Total Plant - After Modification Mon. Site: FLW-01	**Permit Requirement**		**0.9 (Annl Avg)**	**MGD**						**(1 Monthly)**	**(Calculated)**
Flow	**Sample Measurement**	**.633**	**.657**						**0**	**5 Days/Week**	**Recording Flow Meter with Totalizer**
PARM Code 50050 R Add. Desc: Total Plant Mon. Site: FLW-01	**Permit Requirement**	**Report (Mo Avg)**	**Report (3MonAvg)**	**MGD**						**(5 Days/Week)**	**(Recording Flow Meter with Totalizer)**
Percent Capacity, (TMADF /Permitted Capacity) x 100	**Sample Measurement**						**70.3**		**0**	**1 Monthly**	**Calculated**
PARM Code 00180 G Mon. Site: INF-01	**Permit Requirement**						**Report (Mo Avg)**	**percent**		**(1 Monthly)**	**(Calculated)**

EXHIBIT C

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	**Sample Measurement**						**159**		**0**	**1 Monthly**	**16-hr Flow Proportioned Composite**
PARM Code 80082 G Add. Desc: Influent Mon. Site: INF-01	**Permit Requirement**						**Report (Mo Avg)**	**mg/L**		**(1 Monthly)**	**(16-hr Flow Proportioned Composite)**
Solids, Total Suspended	**Sample Measurement**						**886**		**0**	**1 Monthly**	**16-hr Flow Proportioned Composite**
PARM Code 00530 G Add. Desc: Influent Mon. Site: INF-01	**Permit Requirement**						**Report (Mo Avg)**	**mg/L**		**(1 Monthly)**	**(16-hr Flow Proportioned Composite)**

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	SUBMITTED ON
Kevin O'Neill	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	Electronically Signed	(305) 407-0768	03/26/2026

EXHIBIT C

Parameter	Monitoring Site	Comments for Monitoring Group - D-001
00665 1	EFD-01	Plant was in process of re-programing MBR Plant DO control setup by (Kubota Engineers) thus affecting luxury BIO-P process. This was fixed and is being monitored daily. The next Lab report for composite samples taken on 3-3-26 Total P was 0.44mg/l.

EXHIBIT C

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME:	Sunshine Water Services	PERMIT NUMBER:	FL0034789
ADDRESS:	200 Weathersfield Ave. Altamonte Springs, FL 32714	LIMIT:	FINAL REPORT: Monthly
		FACILITY TYPE:	DW GROUP: Domestic
		MONITORING GROUP:	RMP-Q
FACILITY:	Mid-County WWTP		
LOCATION:	2299 Spanish Vista Drive Dunedin, FL 34698	DESCRIPTION:	Biosolids Quantity
COUNTY:	PINELLAS	MONITORING PERIOD:	From: 02/01/2026 To: 02/28/2026

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Transferred)	**Sample Measurement**		**8.231**						**0**	**1 Monthly**	**Calculated**
PARM Code B0007 + Mon. Site: RMP-1	**Permit Requirement**		**Report (Mo Total)**	**dry tons**						**(1 Monthly)**	**(Calculated)**
Biosolids Quantity (Landfilled)	**Sample Measurement**		**MNR**						**0**	**1 Monthly**	**Calculated**
PARM Code B0008 + Mon. Site: RMP-2	**Permit Requirement**		**Report (Mo Total)**	**dry tons**						**(1 Monthly)**	**(Calculated)**

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	SUBMITTED ON
Kevin O'Neill	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	Electronically Signed	(305) 407-0768	03/26/2026

EXHIBIT D

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

FINAL - REVISION

Workorder: Mid County WWTP ((T2604632)

March 10, 2026

Jeffrey Maricle

RE: Workorder: T2604632 Mid County WWTP (

Dear Jeffrey Maricle:

Enclosed are the analytical results for sample(s) received by the laboratory on Tuesday February 24, 2026. Results reported herein conform to the most current NELAC standards, where applicable, unless otherwise narrated in the body of the report. The analytical results for the samples contained in this report were submitted for analysis as outlined by the Chain of Custody and results pertain only to these samples.

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

Sincerely,

Brandy Devilbiss, Project Manager I
BDevilbiss@aellab.com

Certificate of Analysis

POWERED BY HORIZON v.2023.3.0

NELAP Accredited E84589

Advanced Environmental Laboratories, Inc
9610 Princess Palm Ave Tampa, FL 33619
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Phone: (813) 630-9616
Fax: (813) 630-4327

FINAL - REVISION

Workorder: Mid County WWTP ((T2604632)

Sample Summary

Lab ID	Sample ID	Matrix	Method	Date Collected	Date Received	Analytes Reported	Basis
T2604632001	EFD-01	WA	Calculation	02/24/2026 08:00	02/24/2026 14:10	1	NA
T2604632001	EFD-01	WA	EPA 351.2	02/24/2026 08:00	02/24/2026 14:10	1	NA
T2604632001	EFD-01	WA	EPA 365.4	02/24/2026 08:00	02/24/2026 14:10	2	NA
T2604632001	EFD-01	WA	SM 2540 D-2015	02/24/2026 08:00	02/24/2026 14:10	1	NA
T2604632001	EFD-01	WA	SM 4500 $NO3^{-}$ F-2016	02/24/2026 08:00	02/24/2026 14:10	1	NA
T2604632001	EFD-01	WA	SM 5210 B-2016	02/24/2026 08:00	02/24/2026 14:10	1	NA
T2604632002	EFA-01	WA	COLILERT-18 (Fecal Coliforms)	02/24/2026 09:10	02/24/2026 14:10	1	NA
T2604632003	EFB-01	WA	SM 2540 D-2015	02/24/2026 09:00	02/24/2026 14:10	1	NA

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FINAL - REVISION

Workorder: Mid County WWTP ((T2604632)

Analytical Results Qualifiers

Parameter Qualifiers

U	The compound was analyzed for but not detected.
I	The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

Lab Qualifiers

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

Advanced Environmental Laboratories, Inc
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FINAL - REVISION

Workorder: Mid County WWTP ((T2604632)

Analytical Results

Lab ID: T2604632001 **Date Collected:** 02/24/2026 08:00 **Matrix:** Water
Sample ID: EFD-01 **Date Received:** 02/24/2026 14:10

Parameter	Results	Units	PQL	MDL	DF	Prepared	Analyzed	Lab
WET CHEMISTRY (Calculation)								
Total Nitrogen	**3.50**	mg/L	0.20	0.12	1	03/03/2026 15:37	03/03/2026 15:37	
WET CHEMISTRY (Copper Sulfate Digestion/EPA 351.2)								
Total Kjeldahl Nitrogen	**0.649**	mg/L	0.20	0.10	1	02/26/2026 12:40	02/27/2026 09:56	T
WET CHEMISTRY (Copper Sulfate Digestion/EPA 365.4)								
Total Phosphorus (as P)	**2.7**	mg/L	0.20	0.15	1	02/26/2026 12:40	02/27/2026 09:56	T
Total Phosphorus (as P)	**2.5**	mg/L	0.20	0.15	1	03/06/2026 11:47	03/09/2026 09:00	T
WET CHEMISTRY (SM 2540 D-2015)								
Total Suspended Solids	2.0 U	mg/L	2.0	2.0	1	02/25/2026 18:30	02/25/2026 18:30	T
WET CHEMISTRY (SM 4500 $NO3^-$ F-2016)								
Nitrate + Nitrite	**2.85**	mg/L	0.40	0.24	2	02/27/2026 15:08	02/27/2026 15:08	T
WET CHEMISTRY (SM 5210 B-2016)								
Carbonaceous BOD (CBOD)	2.0 U	mg/L	2.0	2.0	1	02/25/2026 18:27	02/25/2026 18:27	T

Certificate of Analysis

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FINAL - REVISION

Workorder: Mid County WWTP ((T2604632)

Analytical Results

Lab ID: T2604632002 **Date Collected:** 02/24/2026 09:10 **Matrix:** Water
Sample ID: EFA-01 **Date Received:** 02/24/2026 14:10

Parameter	Results	Units	PQL	MDL	DF	Prepared	Analyzed	Lab
Microbiology (COLILERT-18 (Fecal Coliforms))								
Coliform Fecal	1.0 U	MPN/100 mL	1.0	1.0	1	02/24/2026 15:15	02/24/2026 15:15	T

Certificate of Analysis

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

FINAL - REVISION

Workorder: Mid County WWTP ((T2604632)

Analytical Results

Lab ID: T2604632003 **Date Collected:** 02/24/2026 09:00 **Matrix:** Water
Sample ID: EFB-01 **Date Received:** 02/24/2026 14:10

Parameter	Results	Units	PQL	MDL	DF	Prepared	Analyzed	Lab
WET CHEMISTRY (SM 2540 D-2015)								
Total Suspended Solids	2.0 U	mg/L	2.0	2.0	1	02/25/2026 18:30	02/25/2026 18:30	T

Certificate of Analysis

NELAP Accredited E84589

EXHIBIT D

Page of

Advanced Environmental Laboratories, Inc.

Altamonte Springs: 280 Northlake Blvd., Ste. 1048, FL 32701 • 407.207.1554 • Lab ID: E53078
Fort Myers: 12150 Healthcare Terrace, Ste. 10, FL 33912 • 239.674.2120 • Lab ID: E84452
Jacksonville: 6561 Southpoint Pkwy., FL 32216 • 904.363.9350 • Lab ID: E92574
Tallahassee: 2639 North Monroe St., Suite D, FL 32303 • 888.219.0210 • Lab ID: E871045
Lake Placid: 125 Tower St., FL 33852 • 863.655.4202 • Lab ID: E92160
Gainesville: 4953 SW 41st Blvd., FL 32608 • 352.217.2348 • Lab ID: E92021
Miramar: 10200 USA Today Way, FL 33025 • 954.889.2998 • Lab ID: E92533
Tampa: 5610 Princess Palm Ave., FL 33610 • 813.630.9616 • Lab ID: E84098

Client Name:	Sunshine Water	Project Name:	Mid-County
Address:	2299 Spanish Vista	Project Number:	2410-320070
		PO Number:	
Phone:	407-630-3799	FDEP Facility No:	FL0034789
Contact:	Kevin O' Neil	FDEP Facility Attn:	Mid County WWTP
Sampled By:	KHO	Special Instructions:	CL2 Residual: 2.97 mg/l
Email:	Kevin.Oneil@SunshineWater.com		Temp: 3°CEN
Turn Around Time:	Standard / Rush		
AEL Profile #:	70764	ADaPT / EQuIS / Other	

SAMPLE ID	SAMPLE DESCRIPTION	Grab / Comp	SAMPLING DATE	SAMPLING TIME	MATRIX	NO. COUNT	1 LP	100 mL P	250 mL P	250 mL P	1 LP						LABORATORY I.D. NUMBER
ANALYSIS REQUIRED							TSS	Fecal		TNTP	CBOD						
Preservation							I	T	S	S	I						
Field Filtered?							N	N	N	N	N						
EFD-01	FPC-16HR	C	2-24-26	8:00	WW	3	X			X	X						001
EFA-01	FECAL	G	2-24-26	9:10	WW	1		X									
EFB-01	TSS	G	2-24-26	9:00	WW	1	X										

Matrix Code: WW=wastewater, SW=surface water, GW=ground water, DW=drinking water, MW=marine water, O=Oil, A=Air, S=Soil, SL=Sludge

Preservation Code: I=Ice, H=HCl, S=H2SO4, N=HNO3, T=Sodium Thiosulfate, AA=Ascorbic/HCl, AN=Ascorbic/NaOH

Received on Ice: Yes / No | Temp taken from sample | Temp from blank | Where required, pH checked | Temp. when received (observed): 3 °C | Temp. when received (corrected): °C

DCN: AD-C001web Form last revised: 07/31/2024 | Device used for measuring Temp by unique identifier (circle IR temp gun used): J: 9A G: LT-1 LT-2 T: 10A A: 3A M: 3A S: 1V F: 1A L: L1A

FLOI	Relinquished by:	Date	Time	Received by:	Date	Time
1	[signature]	2-24-26		[signature]	2.24.26	1030
2	[signature]	2.24.26	1410	[signature]	2.24.26	1410
3						
4						

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

T2604632

EXHIBIT E

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

FINAL

Workorder: Mid-county (T2604769)

March 04, 2026

Jeffrey Maricle

RE: Workorder: T2604769 Mid-county

Dear Jeffrey Maricle:

Enclosed are the analytical results for sample(s) received by the laboratory on Wednesday February 25, 2026. Results reported herein conform to the most current NELAC standards, where applicable, unless otherwise narrated in the body of the report. The analytical results for the samples contained in this report were submitted for analysis as outlined by the Chain of Custody and results pertain only to these samples.

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

Sincerely,

Brandy Devilbiss

Brandy Devilbiss, Project Manager I
BDevilbiss@aellab.com

Certificate of Analysis

POWERED BY HORIZON v.2023.3.0

NELAP Accredited E84589

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

FINAL

Workorder: Mid-county (T2604769)

Sample Summary

Lab ID	Sample ID	Matrix	Method	Date Collected	Date Received	Analytes Reported	Basis
T2604769001	MIDCOUNTY EFF TOTAL Phos	WA	EPA 365.4	02/25/2026 09:20	02/25/2026 13:33	1	NA

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

FINAL

Workorder: Mid-county (T2604769)

Workorder Summary

Workorder Comments

Rush Workorder

Certificate of Analysis

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

FINAL

Workorder: Mid-county (T2604769)

Analytical Results Qualifiers

Parameter Qualifiers

U	The compound was analyzed for but not detected.
I	The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

Lab Qualifiers

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

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

FINAL

Workorder: Mid-county (T2604769)

Analytical Results

Lab ID: T2604769001 **Date Collected:** 02/25/2026 09:20 **Matrix:** Water
Sample ID: MIDCOUNTY EFF TOTAL Phos **Date Received:** 02/25/2026 13:33

Parameter	Results	Units	PQL	MDL	DF	Prepared	Analyzed	Lab
WET CHEMISTRY (Copper Sulfate Digestion/EPA 365.4)								
Total Phosphorus (as P)	**0.84**	mg/L	0.20	0.15	1	02/27/2026 11:57	03/02/2026 09:24	T

EXHIBIT E

Page of

Advanced Environmental Laboratories, Inc.

Altamonte Springs: 360 Northlake Blvd., Ste. 1048, FL 32701 • 407.957.1594 • Lab ID: E53016
Fort Myers: 13100 Westlinks Terrace, Ste. 10, FL 33913 • 239.674.8135 • Lab ID: E84450
Jacksonville: 6681 Southpoint Pkwy., FL 32216 • 904.363.0250 • Lab ID: E83574
Tallahassee: 2639 North Monroe St., Suite D, FL 32303 • 850.219.6274 • Lab ID: E81156
Lake Placid: 125 Tower St., FL 33852 • 863.655.4022 • Lab ID: E85135
Gainesville: 4965 SW 41st Blvd., FL 32608 • 352.377.2349 • Lab ID: E82001
Miramar: 10200 USA Today Way, FL 33025 • 954.889.2288 • Lab ID: E83535
Tampa: 9610 Princess Palm Ave., FL 33619 • 813.630.9616 • Lab ID: E84888

Client Name:	Sunshine Water	Project Name:	Mid-County
Address:	2299 Spanish Vista	Project Number:	2410-320070
		PO Number:	
Phone:	407-630-3799	FDEP Facility No:	
Contact:	Kevin O' Neil	FDEP Facility Addr:	Mid County WWTP
Sampled By:			2.43 mg/L
Email:	Kevin.Oneil@SunshineWater.com	Special Instructions:	TEMP 3°C LEN
Turn Around Time:	Standard / Rush		
AEL Profile #:	70764	ADaPT / EQuIS / Other	

SAMPLE ID	SAMPLE DESCRIPTION	Grab / Comp	SAMPLING DATE	SAMPLING TIME	MATRIX	NO. COUNT
EFF	Total Phos	G	2-25-26	9:20	WW	1
	(IN HOUSE)					

ANALYSIS REQUIRED

Container Size & Type	1 LP	100 mL P	250 mL P	250 mL P	1 LP						LABORATORY I.D. NUMBER
	TSS	Fecal	TP	TN/TKN/NOX	CBOD	Total Phos					
Preservation	I	T	S	S	I						
Field Filtered?	N	N	N	N	N						
						X					001

Matrix Code: WW=wastewater, SW=surface water, GW=ground water, DW=drinking water, MW=marine water, O=oil, A=air, SO=soil, SL=sludge

Preservation Code: I=ice, H=HCl, S=H2SO4, N=HNO3, T=Sodium Thiosulfate, AA=Ascorbic/HCl, AB=Ascorbic/NaOH

Received on ice: Yes / No / Temp taken from sample / Temp from blank — Where required, pH checked — Temp. when received (observed): 5 °C — Temp. when received (corrected): °C

DCN: AD-0051 Rev 10 Form last revised: 07/31/2024 — Device used for measuring Temp by unique identifier (circle IR temp gun used): J: 9A G: LT-1 LT-2 T: 10A A: 3A M: 3A S: 1V F: 1A L: L1A

	Relinquished by:	Date	Time	Received by:	Date	Time
1	[signature]	2-25-26		[signature]	2-25-26	1010
2	[signature]	2-25-26	1330	[signature]	2-25-26	1333
3						
4						

FOR DRINKING WATER USE

(When PWS Info)
Contact Person:
Supplier of Water:
Site Address:

T2604769

			Effluent Limitations		Monitoring Requirements			
Parameter	**Units**	**Max. /Min**	**Limit**	**Statistical Basis**	**Frequency of Analysis**	**Sample Type**	**Monitoring Site Number**	**Notes**
Flow (to D-001)	MGD	Max	0.90	Annual Average	Monthly	Calculated	FLW-01	See I.A.3
			Report	Monthly Average	5 Days/Week	Recording Flow Meter with Totalizer		
BOD, Carbonaceous 5 day, 20C	mg/L	Max	5	Annual Average	Monthly	Calculated	EFD-01	See I.A.5
			6.25 10	Monthly Average Single Sample	Weekly	16-hr FPC		
Solids, Total Suspended	mg/L	Max	5.0	Annual Average	Monthly	Calculated	EFD-01	See I.A.5
			6.25 10	Monthly Average Single Sample	Weekly	16-hr FPC		
Solids, Total Suspended	mg/L	Max	5.0	Single Sample	4 Days/Week	Grab	EFB-01	
Nitrogen, Total	mg/L	Max	3.0	Annual Average	Monthly	Calculated	EFD-01	
			3.75 6.0	Monthly Average Single Sample	Weekly	16-hr FPC		
Phosphorus, Total (as P)	mg/L	Max	1.0	Annual Average	Monthly	Calculated	EFD-01	
			1.25 2.0	Monthly Average Single Sample	Weekly	16-hr FPC		
pH	s.u.	Min Max	6.0 8.5	Single Sample	5 Days/Week	Meter	EFD-01	
Coliform, Fecal, % less than detection	percent	Min	75	Monthly Total	Monthly	Calculated	EFA-01	See I.A.6
Coliform, Fecal	#/100mL	Max	25	Single Sample	4 Days/Week	Grab	EFA-01	See I.A.6
Chlorine, Total Residual (For Disinfection)	mg/L	Min	1.0	Single Sample	5 Days/Week	Meter	EFA-01	See I.A.7
Chlorine, Total Residual (For De-chlorination)	mg/L	Max	0.01	Single Sample	Weekly	Grab	EFD-01	See I.A.7
Oxygen, Dissolved (DO)	mg/L	Min	5.00	Single Sample	5 Days/Week	Grab	EFD-01	
Nitrogen, Total	ton/mth	Max	Report	Monthly Total	Monthly	Calculated	EFD-01	See I.A.9
Nitrogen, Total	ton/yr	Max	2.12	Annual Total	Monthly	Calculated	EFD-01	See I.A.9

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Annual Report, filed on behalf of Sunshine Water Services Company, has been furnished by electronic mail on the 5th day of June 2026 to the following:

Jennifer Augspurger
Office of General Counsel
Florida Public Service Commission
Room 390L – Gerald L. Gunter Building
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0850
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Charles Rehwinkel
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watrous.austin@leg.state.fl.us

ATTORNEY