10/13/17

FIMC HIDEAWAY INC. PO Box 357246 Gainesville FL 32635 jandrmcbride@cox.net 352-316-5117 cell

Florida Public Service Commission Re: Docket #20170147-WS SARC

- 1-None
- 2-Copies included

#00093-003-00=Lift Station

00093-003-0A=Wastewater Plant

#17790-000-00=Water Plant

#00093-000-00=Lift Station

#00093-004-00=Club Hse

- 3-Only Chlorine—included with monthly invoice from Two-Fold Water Engineering
- 4-Copies included
- 5-Testing---- included with monthly invoice from Two-Fold Water Engineering
- 6-Copies included
- 7-Copies included
- 8-Two-Fold copies included
- 9-Copies included-MOR's and RMR's
- 10-Copies included
- 11-Copies included
- 12-None
- 13-Koch--Copy included
- 14-Club House, Lift stations (2), Water Plant, Wastewater Plant, several miles of PVC-2"-4" and 6" no Hydrants-included site map of Hideaway & Springside.
- 15-Residential only a)183 b)183 c)185 d)185
- 16-N/A I have tried with original Engineer with no luck.
- 17-Hideaway- 14
- Springside- 9
- b) Yes
- c) No
- d) None
- e) New customer meter install
- a- The app for a SARC should include <u>all</u> Hideaway & Springside Utility Customer Billing charges to be
- b- The cost of a Meter and Labor is the same.
- -f) Copies included

Customer #01-00110-00 Pendlebury was charged Wastewater, and we found that the property was on Septic. Credit was issued to customer (\$773.28) check # 3913 9/06/17.

Cost to tap-into Wastewater, Walt Seiler (\$2000.00) check # 3923 10/02/17

Galvanized pipe for Wastewater Plant. Two-Fold

2017 OCT 31 AM 8: 48
COMMISSION

Mr. Robert McBride Date: October 9, 2017

Page 3

Site	Item	NARUC Account Number	Issue Relevance*	Problem	Solution	Regulatory Mandate (M) or Enhancement (E)	Comments	Year?	Year?	Year?	Total
HWM	#1		Quu	GERTIE	worker			1017	1713	18 _	>
is.	#7		DN	Pre	an bayling	50'		2017	251	2000	
Servellon s					,						

^{*}For Issue Relevance, please use DM (Deferred Maintenance), S (Safety), C (Compliance), R (Reliability), WQ (Water Quality), or WWQ (Wastewater Quality). In the year columns, please include the amount spent and projected to be spent.

#1 COST TO CHANGE CUSTOMER FROM SEPTIC TO SURIUSSIDE WASTEWATER

TWO FOLD 1/27/17 : 2500 00 (TODD) BY PHONE

Walt Seiler

P.O. Box 5068 Salt Springs, FL 32134

352-685-2884

TO:

HIDEA way Park Community

0491	
INVOICE	H 00 H
DATE	

8/31/2017

Amount Enclosed

DATE	CHARGES AND CREDITS	BALANCE
	Dig upand tap 8"	
	Bewer Line with 8X4'	
	cui in wye	
	Lay 90' of 41 seven	
	Pipe Installone	
	W" in Line Cleanout	
	and the costemen	
	Backein	
	Back filt and Press	
	CP	
	All Labor and taxes	
	and material Included	
	+ Equipment	
		2
		Pay Last Amount
	THANK YOU	In This Column

10/2/17 check# 3923 \$2000.00

Account History (2/1/2015 - 8/31/2017)

August 31,2017 .

RONALD PENDLEBURY 01-00110-00

Date	Amount	Description	Post Date	User
	354.59	Beginning Balance		
02/11/15		Charge:Late Penalty (Past Due - 325.59)	02/11/15	BOBM
02.11/15		5.00 LATE FEE		
02/21/15	25.16	Charge:Bill for 02/21/15.	02/21/15	BOBM
02/21/13		11 60 SEWER (11.81 MIN) (Usage Amount = 0)		
		13.56 WATER (13.85 MIN) (Usage Amount = 0)		
03/15/15	5.00	Charge:Late Penalty (Past Due - 350.75)	03/15/15	BOBM
03/13/13		5.00 LATE FEE		
03/23/15	25.16	Charge:Bill for 03/23/15.	03/23/15	BOBM
03/23/13	7547.50	11.60 SEWER (11.81 MIN) (Usage Amount = 0)		
		13.56 WATER (13.85 MIN) (Usage Amount = 0)		
04/13/15	5.00	Charge:Late Penalty (Past Due - 375.91)	04/13/15	BOBM
04/13/13	0.00	5.00 LATE FEE		
04/17/15	25.16	Charge:Bill for 04/17/15.	04/17/15	BOBM
04/17/13	20.10	13.56 WATER (13.85 MIN) (Usage Amount = 0)		
		11.60 SEWER (11.81 MIN) (Usage Amount = 0)		
05/09/15	5.00	Charge:Late Penalty (Past Due - 401.07)	05/09/15	BOBM
03/09/13	5.00	5.00 LATE FEE		
05/21/15	25.16	Charge:Bill for 05/21/15.	05/21/15	BOBM
05/21/15	25.10	11.60 SEWER (11.81 MIN) (Usage Amount = 0)		
		13.56 WATER (13.85 MIN) (Usage Amount = 0)		
06/12/15	5.00	Charge:Late Penalty (Past Due - 426.23)	06/12/15	BOBM
06/12/15	5.00	5.00 LATE FEE		57050500000
06/24/15	25.16	Charge:Bill for 06/24/15.	06/24/15	BOBM
06/24/15	25.10	11.60 SEWER (11.81 MIN) (Usage Amount = 0)		50.00000000
		13.56 WATER (13.85 MIN) (Usage Amount = 0)		
07/17/16	5.00	Charge:Late Penalty (Past Due - 451.39)	07/17/15	BOBM
07/17/15	5.00	5.00 LATE FEE		
07/22/15	25 16	Charge: Bill for 07/23/15.	07/23/15	BOBM
07/23/15	23.10	13.56 WATER (13.85 MIN) (Usage Amount = 0)		
		11.60 SEWER (11.81 MIN) (Usage Amount = 0)		
00/14/15	5.00	Charge:Late Penalty (Past Due - 476.55)	08/14/15	BOBM
08/14/15	5.00	5.00 LATE FEE		
00/21/15	25.16	Charge: Bill for 08/21/15.	08/21/15	BOBM
08/21/15	23.10	13.56 WATER (13.85 MIN) (Usage Amount = 0)		
		11.60 SEWER (11.81 MIN) (Usage Amount = 0)		
12/10/15	-275.04	Credit - Reason: Beginning balance	08/21/15	BOBM
12/10/15	-2/3.04	-275.04 SEWER (11.81 MIN)		
00/11/15	5.00	Charge:Late Penalty (Past Due - 501.71)	09/11/15	BOBM
09/11/15	5.00	5.00 LATE FEE		
00/24/15	25.42	Charge:Bill for 09/24/15.	09/24/15	BOBM
09/24/15	43.44	13.71 WATER (13.85 MIN) (Usage Amount = 0)		Alimenteration
		11.71 SEWER (11.81 MIN) (Usage Amount = 0)		
		The object of th		

Account History (2/1/2015 - 8/31/2017)

August 31,2017 .

0			
10/15/15 5.0	0 Charge:Late Penalty (Past Due - 527.13)	10/15/15	BOBM
10/22/15 25.4	5.00 LATE FEE 2 Charge:Bill for 10/22/15.	10/22/15	BOBM
	11.71 SEWER (11.81 MIN) (Usage Amount = 0) 13.71 WATER (13.85 MIN) (Usage Amount = 0)		
11/14/15 5.0	0 Charge:Late Penalty (Past Due - 552.55) 5.00 LATE FEE	11/14/15	BOBM
11/21/15 25.4	2 Charge:Bill for 11/21/15. 13.71 WATER (13.85 MIN) (Usage Amount = 0)	11/21/15	BOBM
12/16/15 -5.0	11.71 SEWER (11.81 MIN) (Usage Amount = 0) 0 Credit - Reason: Beginning balance	11/21/15	BOBM
12/13/15 5.0	-5.00 LATE FEE O Charge:Late Penalty (Past Due - 302.93)	12/13/15	BOBM
12/16/15 -381.9	5.00 LATE FEE Payment: CK 834	12/16/15	BOBM
12/22/15 26.9	-95.00 LATE FEE -286.93 WATER (13.85 MIN) O Charge:Bill for 12/22/15. 14.50 WATER (13.85 MIN) (Usage Amount = 260)	12/22/15	BOBM
01/06/16 -26.9	12.40 SEWER (11.81 MIN) (Usage Amount = 260) 00 Payment: CK 611 -26.90 WATER (13.85 MIN)	01/06/16	BOBM
01/23/16 29.	58 Charge:Bill for 01/23/16. 15.94 WATER (13.85 MIN) (Usage Amount = 730)	01/23/16	BOBM
02/06/16 -29.	13.64 SEWER (11.81 MIN) (Usage Amount = 730) 58 Payment: CK 839 -19.54 WATER (13.85 MIN)	02/06/16	BOBM
02/23/16 25.	-10.04 SEWER (11.81 MIN) 53 Charge:Bill for 02/23/16. 13.77 WATER (13.85 MIN) (Usage Amount = 20)	02/23/16	BOBM
03/04/16 -25.	11.76 SEWER (11.81 MIN) (Usage Amount = 20) 53 Payment: CK 787 -13.77 WATER (13.85 MIN)	03/04/16	BOBM
03/26/16 63.	-11.76 SEWER (11.81 MIN) 38 Charge:Bill for 03/26/16. 34.02 WATER (13.85 MIN) (Usage Amount = 6,660)	03/26/16	BOBM
04/07/16 -63.	29.36 SEWER (11.81 MIN) (Usage Amount = 6,660) 38 Payment: CK 793 -34.02 WATER (13.85 MIN)	04/07/16	BOBM
04/21/16 52.	-29.36 SEWER (11.81 MIN) 33 Charge:Bill for 04/21/16. 24.22 SEWER (11.81 MIN) (Usage Amount = 4,720)	04/21/16	BOBM
05/11/16 15.	28.11 WATER (13.85 MIN) (Usage Amount = 4,720) 00 Debit - Reason: Beginning balance 15.00 NEW CUSTOMER	04/21/16	BOBM
05/13/16 5	00 Charge:Late Penalty (Past Due - 68.33) 5.00 LATE FEE	05/13/16	BOBM

Account History (2/1/2015 - 8/31/2017)

August 31,2017 -

05/24/16	67.77	Charge:Bill for 05/24/16.	05/24/16	BOBM
NEW HOLD	szacsolli.	36.37 WATER (13.85 MIN) (Usage Amount = 7,430)		
		31.40 SEWER (11.81 MIN) (Usage Amount = 7,430)		
06/13/16	5.00	Charge:Late Penalty (Past Due - 136.10)	06/13/16	BOBM
701.21.0		5.00 LATE FEE		
06/19/16	-100.00	Payment: CK MO857365	06/19/16	BOBM
		-10.00 LATE FEE		
		-15.00 NEW CUSTOMER		
		-10.52 SEWER (11.81 MIN)		
		-64.48 WATER (13.85 MIN)		
06/21/16	77.80	Charge:Bill for 06/21/16.	06/21/16	BOBM
		36.06 SEWER (11.81 MIN) (Usage Amount = 9,190)		
		41.74 WATER (13.85 MIN) (Usage Amount = 9,190)		
07/12/16	5.00	Charge:Late Penalty (Past Due - 138.90)	07/12/16	BOBM
		5.00 LATE FEE		
07/16/16	-122.00	Payment: CK MO857508	07/16/16	BOBM
		-5.00 LATE FEE		
		-41.74 WATER (13.85 MIN)		
		-75.26 SEWER (11.81 MIN)		
07/23/16	76.66	Charge:Bill for 07/23/16.	07/23/16	BOBM
		41.13 WATER (13.85 MIN) (Usage Amount = 8,990)		
		35.53 SEWER (11.81 MIN) (Usage Amount = 8,990)		
08/13/16	5.00	Charge:Late Penalty (Past Due - 98.56)	08/13/16	BOBM
		5.00 LATE FEE		
08/27/16	95.76	Charge:Bill for 08/27/16.	08/27/16	BOBM
		51.35 WATER (13.85 MIN) (Usage Amount = 12,340)		
		44.41 SEWER (11.81 MIN) (Usage Amount = 12,340)		
08/30/16	-83.00	Payment: CK JM-MO90828	08/29/16	BOBM
		-5.00 LATE FEE		
		-78.00 WATER (13.85 MIN)		an sector to
09/20/16	5.00	Charge:Late Penalty (Past Due - 116.32)	09/20/16	BOBM
		5.00 LATE FEE	6 ± 62±244662 c	
09/23/16	57.40	Charge:Bill for 09/23/16.	09/23/16	BOBM
		26.58 SEWER (11.81 MIN) (Usage Amount = 5,610)		
		30.82 WATER (13.85 MIN) (Usage Amount = 5,610)		
09/29/16	-105.00	Payment: CK MO91000	09/29/16	BOBM
		-54.70 SEWER (11.81 MIN)		
		-5.00 LATE FEE		
		-45.30 WATER (13.85 MIN)		
10/14/16	5.00	Charge:Late Penalty (Past Due - 73.72)	10/14/16	BOBM
		5.00 LATE FEE	10/22/16	DODM
10/22/16	-58.00	Payment: CK MO9091121	10/22/16	BOBM
		-5.00 LATE FEE		
		-53.00 SEWER (11.81 MIN)	10/24/16	DODM
10/24/16	72.56	Charge: Bill for 10/24/16.	10/24/16	BOBM
		38.93 WATER (13.85 MIN) (Usage Amount = 8,270)		
		33.63 SEWER (11.81 MIN) (Usage Amount = 8,270)		

Account History (2/1/2015 - 8/31/2017)

August 31,2017

0	A CONTRACT OF A			
11/14/16	5.00	Charge:Late Penalty (Past Due - 93.28)	11/14/16	BOBM
0.000.000.0	92.00	5.00 LATE FEE	11/16/16	BOBM
11/16/16	-82.00	Payment: CK MO734839	11/10/10	DODINI
		-38.07 SEWER (11.81 MIN)		
		-38.93 WATER (13.85 MIN)		
	52.04	-5.00 LATE FEE	11/21/16	BOBM
11/21/16	52.84	Charge:Bill for 11/21/16.	11/21/10	DODIVI
		24.46 SEWER (11.81 MIN) (Usage Amount = 4,810)		
	52.00	28.38 WATER (13.85 MIN) (Usage Amount = 4,810)	12/20/16	BOBM
12/20/16	-53.00	Payment: CK MO734981	12/20/10	DODIVI
		-24.62 SEWER (11.81 MIN)		
	50.05	-28.38 WATER (13.85 MIN)	12/21/16	DODM
12/21/16	38.93	Charge:Bill for 12/21/16.	12/21/10	BOBM
		27.27 SEWER (11.81 MIN) (Usage Amount = 5,790) 31.68 WATER (13.85 MIN) (Usage Amount = 5,790)		
	5.00		01/12/17	DODM
01/13/17	5.00	Charge:Late Penalty (Past Due - 75.07)	01/13/17	BOBM
	45.00	5.00 LATE FEE	01/20/17	DODM
01/20/17	-47.00	Payment: CK MO1735122	01/20/17	BOBM
		-10.32 SEWER (11.81 MIN)		
		-31.68 WATER (13.85 MIN)		
		-5.00 LATE FEE	01/22/17	DODM
01/23/17	111.22	Charge:Bill for 01/23/17.	01/23/17	BOBM
		59.68 WATER (13.85 MIN) (Usage Amount = 14,880)		
	22.20	51.54 SEWER (11.81 MIN) (Usage Amount = 14,880)	01/22/17	DODM
02/16/17	-33.29	Credit - Reason: Beginning balance	01/23/17	BOBM
	5.00	-33.29 SEWER (11.81 MIN)	02/12/17	DODM
02/13/17	5.00	Charge:Late Penalty (Past Due - 144.29)	02/13/17	BOBM
	125.00	5.00 LATE FEE	02/20/17	DODM
02/20/17	-135.00	Payment: CK MO8756107	02/20/17	BOBM
		-51.32 SEWER (11.81 MIN)		
		-59.68 WATER (13.85 MIN)		
		-5.00 LATE FEE		
	1.47.00	-19.00 CUSTOMER BALANCE	02/20/17	BOBM
02/20/17	147.90	Charge:Bill for 02/20/17.	02/20/17	DODINI
		68.57 SEWER (11.81 MIN) (Usage Amount = 21,260)		
101 001 11 11 12 14 14 14 14 14 14 14 14 14 14 14 14 14	5.00	79.33 WATER (13.85 MIN) (Usage Amount = 21,260)	03/13/17	BOBM
03/13/17	5.00	Charge:Late Penalty (Past Due - 128.90)	03/13/17	BOBW
77.45 (VEC 50V035523)	112.00	5.00 LATE FEE	03/20/17	BOBM
03/20/17	-113.00	Payment: CK MO9878056	03/20/17	DODINI
		-60.33 WATER (13.85 MIN)		
		-47.67 SEWER (11.81 MIN)		
	05.63	-5.00 LATE FEE	03/22/17	BOBM
03/22/17	95.63	Charge: Bill for 03/22/17.	03/22/17	DODIVI
		51.33 WATER (13.85 MIN) (Usage Amount = 12,170)	4	
NATIONS TO LANGUAGE TO A STATE OF THE STATE	100.00	44.30 SEWER (11.81 MIN) (Usage Amount = 12,170)	04/08/17	BOBM
04/08/17	-100.00	Payment: CK MO9878088	04/06/17	DODM
		-48.67 SEWER (11.81 MIN)		

Account History (2/1/2015 - 8/31/2017)

August 31,2017 -

rugust.	31,2017			
		-51.33 WATER (13.85 MIN)		
04/12/17	5.00	Charge:Late Penalty (Past Due - 16.53)	04/12/17	BOBM
04/12/17	2.00	5.00 LATE FEE		
04/19/17	85.98	Charge:Bill for 04/19/17.	04/19/17	BOBM
74/12/17		39.82 SEWER (11.81 MIN) (Usage Amount = 10,490)		
		46.16 WATER (13.85 MIN) (Usage Amount = 10,490)		
05/10/17	5.00	Charge:Late Penalty (Past Due - 102.51)	05/10/17	BOBM
73/10/17	2.00	5.00 LATE FEE		
05/14/17	-93.00	Payment: CK MO9878277	05/12/17	BOBM
)3/14/1/	30.00	-36.84 SEWER (11.81 MIN)		
		-46.16 WATER (13.85 MIN)		
		-10.00 LATE FEE		
05/22/17	55.68	Charge:Bill for 05/22/17.	05/22/17	BOBM
13/44/17	22.00	25.75 SEWER (11.81 MIN) (Usage Amount = 5,220)		
		29.93 WATER (13.85 MIN) (Usage Amount = 5,220)		
06/12/17	5.00	Charge:Late Penalty (Past Due - 75.19)	06/12/17	BOBM
00/12/17		5.00 LATE FEE		
06/13/17	-56.00	Payment: CK MO39878392	06/13/17	BOBM
30/13/17		-5.00 LATE FEE		
		-21.07 SEWER (11.81 MIN)		
		-29.93 WATER (13.85 MIN)		
06/19/17	51.76	Charge:Bill for 06/19/17.	06/19/17	BOBM
30,13,11		27.83 WATER (13.85 MIN) (Usage Amount = 4,540)		
		23.93 SEWER (11.81 MIN) (Usage Amount = 4,540)		
07/19/17	-65.00	Payment: CK MO4922170	07/15/17	BOBM
v.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-27.83 WATER (13.85 MIN)		
		-37.17 SEWER (11.81 MIN)		
07/24/17	104.50	Charge:Bill for 07/24/17.	07/24/17	BOBM
		48.42 SEWER (11.81 MIN) (Usage Amount = 13,710)		
		56.08 WATER (13.85 MIN) (Usage Amount = 13,710)		
08/14/17	5.00	Charge:Late Penalty (Past Due - 115.45)	08/14/17	BOBM
		5.00 LATE FEE		
08/16/17	-104.00	Payment: CK MO604922328	08/16/17	BOBM
		-5.00 LATE FEE		
		-42.92 SEWER (11.81 MIN)		
		-56.08 WATER (13.85 MIN)		
08/21/17	89.37	Charge:Bill for 08/21/17.	08/21/17	BOBM
		47.98 WATER (13.85 MIN) (Usage Amount = 11,080)		
	CHERT OF	41.39 SEWER (11.81 MIN) (Usage Amount = 11,080)		
08/31/17	-57.84	Credit - Reason: Beginning balance	08/21/17	BOBM
		-57.84 SEWER (11.81 MIN)		
	31.98	Ending Balance		
			9/1/17	
		Car	10111	
		17318 HECK 2913		
		71 MONTHS = 173.18 # 3913		
		1 = 111		

5





A-Able Septic Sewer Service, Inc.

2190 N. Crede Avenue Crystal River, FL 34428 (352)7951554

Invoice 35825

DATE 01/16/2017

PLEASE PAY \$1,260.00

BILL TO Springside MHP WWTP FIMC Springside MHP PO Box 357246 Gainesville, FL 32635

Please detach top portion and return with your payment.

SERVICE	GALLONS	RATE	AMOUNT
Sludge	9,000	0.14	1,260.00

Hauled 9,000 Gallons of Unstabilized Sludge From Springside MHP WWTF at 11290 NW 112th Place Chiefland FL 32626 to A-ABLE Septic Biosolids Treatment Facility (BTF) on 1/13/2017. Taken from CCC and Digester

Ordered by Todd @ Two Fold

IF YOU WOULD LIKE TO RECEIVE YOUR INVOICES BY EMAIL PLEASE SEND YOUR INFORMATION TO THE FOLLOWING EMAIL: pam@a-ableseptic.com

ALL PAYMENTS MADE BY CREDIT CARD WILL HAVE A 3% TRANSACTION CHARGE.

Thank you for your business!

Phone: 352-795-1554 Fax: 352-795-5423

TOTAL DUE

\$1,260.00

THANK YOU.

PATO 2/10/17 3798

*1

Robert McBride--Milage for July 2016 thru June 2017

July		August		Sept		Oct		Nov		Dec		
12	80	13	80	20	80	14	80	14	80	20	80	
16	80	27	80	23	80	22	80	16	80	21	80	
23	80 240	30	80 240	29	80 240	24	80 240	21	80 240		160	1360
Jan	1	Feb		March		April		May		June		
13	80	16	80	14	80	8	80	10	80	12	80	
20	80	22	80	20	80	12	80	14	80	13	80	
23	80 240		160	22	80 240	19	80 240	22	80 240	19	80 240	1360
											Total	2720

I like to check the utility at least 3 times per month Gainesville to Chiefland= 40 miles





Florida Department of Environmental Protection

Bureau of Finance & Accounting PO Box 3070 Tallahassee, FL 32315-3070

Drinking Water Annual Operating License Fee

INVOICE

www.dep.state.fl.us

July 1, 2017 through June 30, 2018

INVOICE NO:

050024 7/15/2017

DATE:

Subject: Drinking Water Invoice 2017-2018

PWS#2381409

ROBERT MCBRIDE FIMC HIDEAWAY INC PO BOX 357246 GAINESVILLE, FL 32635

E-mail:JANDRMCBRIDE@COX.NET

Check & DATE

Accounting Information

Object Code: 002216 Org code: 37 35 40 60 000 Expansion Option: TA

FLAIR Code: 372025260013735040000000020000

PWS # 2381409

PWS#

SYSTEM NAME

INVOICE AMOUNT

2381409

FIMC HIDEAWAY INC

CR3901 8/18/17

\$100.00

Invoice amount represents only current year fee assessment.

This fee is assessed pursuant to Rule 62-4.053, Florida Administrative Code, and is DUE August 31, 2017. A copy of the rule may be found at https://www.firules.org/gateway/ChapterHome.asp?Chapter=62-4.

Payments can be made by check or money order by mail, or by credit card online.

To pay online, visit https://www.fldepportal.com/go/pay-invoices and select 'Drinking Water Annual Operating License Fees'. Follow the instructions to register or login.

If you represent a municipality (city/county government) or entity thereof, you may be eligible for a reduction or waiver of permit processing fees pursuant to Section 218.075, Florida Statutes. To obtain the most 'current' guidance for submitting a fee waiver request please register or login to the DEP Business Portal at the web link above.

If you have any questions about this fee, payment, or fee waiver eligibility please e-mail Bruce.Nickerson@dep.state.fl.us or call (850) 245-8481,



Florida Department of Environmental Protection

Northeast District 8800 Baymeadows Way West, Suite 100 Jacksonville, Florida 32256 Rick Scott Governor

Carlos Lopez-Cantera Lt. Governor

> Ryan E. Matthews Interim Secretary

May 26, 2017

In the Matter of an Application for Permit by:

Mr. Robert McBride, President FIMC Hideaway, Inc. Robert McBride Post Office Box 357246 Gainesville, Florida 32635 jandrmcbride@cox.net

File Number FLA011650-007-DW3P Levy County Springside Mobile Home Park WWTF

NOTICE OF PERMIT ISSUANCE

Enclosed is Permit Number FLA011650 to operate the Springside Mobile Home Park WWTF, which is an existing 0.024 million-gallon per day (MGD) annual average daily flow (AADF) permitted capacity extended aeration wastewater treatment facility (WWTF) consisting of one influent lift station, four 6,000-gallon aeration basins, one 6,050-gallon secondary clarifier, one 2,800-gallon aerobic digester, one 6,000-gallon aerobic digester, and one chlorine contact chamber with a total volume of 950 gallons and a usable volume of 540 gallons. Treated effluent is discharged to groundwater via three rapid-rate infiltration basins. The method of biosolids use or disposal by this facility is transport to a DEP-permitted biosolids treatment facility (BTF), or to any DEP-permitted WWTF for further treatment, and/or disposal in a Class I solid waste landfill. The permit is issued under Chapter 403, Florida Statutes.

Monitoring requirements under this permit are effective on the first day of the second month following the effective date of the permit (December 2017). Until such time, the permittee shall continue to monitor and report in accordance with previously effective permit requirements, if any.

The Department's proposed agency action shall become final unless a timely petition for an administrative hearing is filed under Sections 120.569 and 120.57, Florida Statutes, within fourteen days of receipt of notice. The procedures for petitioning for a hearing are set forth below.

A person whose substantial interests are affected by the Department's proposed permitting decision may petition for an administrative proceeding (hearing) under Sections 120.569 and 120.57, Florida Statutes. The petition must contain the information set forth below and must be filed (received by the Clerk) in the Office of General Counsel of the Department at 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida 32399-3000.

Under Rule 62-110.106(4), Florida Administrative Code, a person may request an extension of the time for filing a petition for an administrative hearing. The request must be filed (received by the Clerk) in the Office of General Counsel before the end of the time period for filing a petition for an administrative hearing.

Yearly Consumption (07/2016 thru 06/2017) October 10,2017

Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total
WATER (LAV		3.00							124,000			
33,340	15,920	11,310	60,060	39,600	42,870	34,090	10,430	35,200	101,150	107,080	207,110	698,160
					To	otals For G	AS					
33,340	15,920	11,310	60,060	39,600	42,870	34,090	10,430	35,200	101,150	107,080	207,110	698,160
		The state of the s										
SEWER (11.8	31 MIN)									-		
268,230	277,690	188,220	198,240	191,040	225,880	266,940	232,060	255,890	246,350	405,920	221,600	2,978,060
SEWER (17.8	85 MIN)	,	•									
148,280	155,910	111,720	119,455	105,805	146,100	155,700	133,500	140,740	139,610	145,150	151,050	1,653,020
					To	otals For S	WR					
416,510	433,600	299,940	317,695	296,845	371,980	422,640	365,560	396,630	385,960	551,070	372,650	4,631,080
	-		-									
WATER (13.8	85 MIN)											
268,230	277,690	188,220	198,240	191,040	225,880	266,940	232,060	255,890	246,350	405,920	221,600	2,978,060
WATER (8.74	4 MIN)											
148,280	155,910	111,720	119,455	105,805	146,100	155,700	133,500	140,740	139,610	145,150	151,050	1,653,020
				•	To	otals For W	TR					
416,510	433,600	299,940	317,695	296,845	371,980	422,640	365,560	396,630	385,960	551,070	372,650	4,631,080

× 13

FIMC Hideaway Inc. PO Box 357246 Gainesville, FL 32635cos 352-375-3935 352-745-7640 fax

Florida Public Service Commission Consumer Request: #1208733W 850-413-7168 fax

Attention: Marcos Bermudez-Frau

I've talked to Patty Daniels at PSC about my Tariff today and she told me the only charges I can do is \$15.00 reconnection fee.

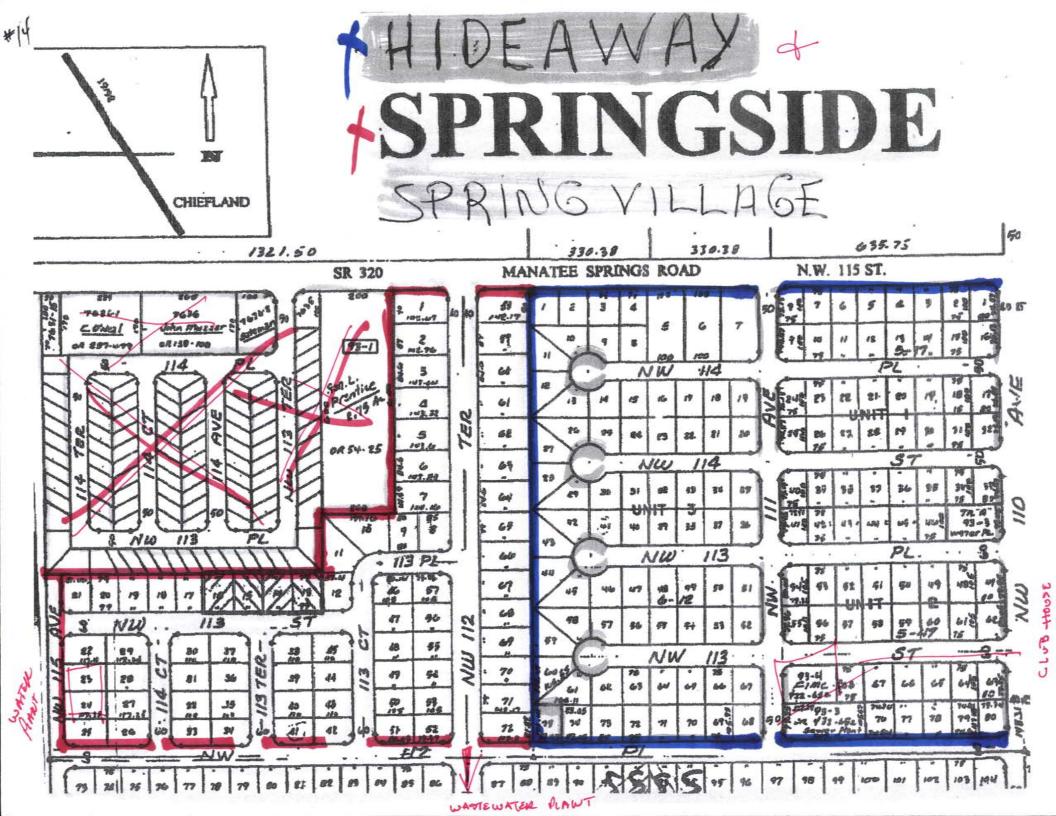
I called Michael Koch today and asked him to return my call on cell.

As soon as I hear from customer as to agreement I will have a meter installed at 11073 NW 113th Place, Chiefland as soon as possible and charge \$15.00 with the first month billing plus \$15.00 new customer fee.

Total charges for connection: \$30.00

Thanks for your patience,

Robert McBride FIMC Hideaway Inc.



SOUTHERN ANALYTICAL LABORATORIES, INC. 110 BAYVIEW BOLLEVARD, OLDSMAR, FL. 34677 812-855-1844 FAX 813-855-2218



Safe Drinking Water Program Laboratory Reporting Format	Two Fold Water Engineering FIMC Hideaway
PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)	
System Name: FIMC Hideaway, INC. PWS I.D. #: 2 3 8	1 4 0 9
System Type (check one): X Community Nontransient Noncommunity Transient Noncommunity	
Address: Post Office Box 72	
City: Chiefland Zip Code: 32644	
Phone: (352) 486-2828 Fax: E-Mail Address:	
SAMPLE INFORMATION (to be completed by sampler)	
Sample Number: 1508798-01 Sample Date: 8/26/15 Sample Time: 3:30 pm	AM PM (Circle One)
Sample Location (be specific): Entry to Distribution Location Code:	
Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): mg/L Field pH:	
Sample Type (Check Only One) Reason (s) for Sample (Check all that apply)	
Distribution Replacement (of Invi	
Plant Tap (not for compliance with 62-550) Composite of Multiple Sites ** Clearance (permitting	9)
Raw (at well or intake) Other:	
Max. Residence Time Sampling Procedure Used or Other Comments:	
Ave. Residence Time	
Near First Customer * See 62-550.500(6) for requirements and restrictions. ** See 62-550.500(4) for requirements and restrictions. And 62-550.5.12(3) for nitrate or nitrite exceedances. ** See 62-550.500(4) for requirements and restrictions. ** See 62-550.500(6) for requirements and restrictions.	
I. Anthony Hubbard SAMPLER CERTIFICATION Operator (Print Title)	do HEREBY CERTIFY
that the above public water system and sample collection information is complete and correct.	1
Signature: Date: 9/11/	15
Certified Operator #: 412402 Phone #: 352-475-2248 Sampler's Fax #: 3:	52-475-5389
Sampler's E-Mail: twofoldwater a gmail com	

Reporting Format 62-550-730 Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC. 110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 913-855-1844 FAX 813-855-9218



Florida Department of Environmental Protection Safa Drinking Water Drogram Laboratory Departure Council Two Fold Water Engineering

Sale Dilliki	ing water Program Labo	oratory Reporting Forma	at.				FIMC Hideaway
LABORATO	ORY CERTIFICATION INI Southern Analytical Labo		pleted by lab - please type or Florida DOH Certification #:	print legibly) E84129		Certification Expiration Date:	06/30/2016
				ATTACH CL	JRRENT DOH AN		
Address:	110 Bayview Blvd Oldsm	nar,FL 34677		Phone:	(813) 855-18	44	
Were any an	alyses subcontracted?	Yes X N	o If yes, please provid	de DOH certific	ation number(s):		
				ATTACH C	URRENT DOH A	NALYTE SHEET FOR EACH SUB	CONTRACTED LAB*
ANALYSIS	INFORMATION (to be co	ompleted by lab)	Date San	nple(s) Receiv	ed:	08/27/2015	
PWS ID (Fro	om Page 1): 2381409		Sample Number (From Pag	e 1):	1508798-01	Lab Assigned Report # or Job	ID: 1508798-01
Group(s) An	alyzed & Results attached t	for compliance with Chapte	r 62-550, F.A.C. (Check all that	apply):			
Inorganics		Synthetic Organics	Volatile Organics	Disinfection	n Byproducts	Radionuclides	Secondaries
X Partia Nitrat X Nitrite	e	All 30 X All Except Dioxin Partial Dioxin Only	X All 21 Partial			X Single Sample Qtrly Composite	X Partial
Asbe	stos		LAB CERTIFI	CATION			
I, Fr	ancis I. Daniels		, Laboratory Direc			do HEREBY	CERTIFY
	(Print	Name)		(9)	(Print Title)		
that all atta	I.S	orrect and unless noted med	et all requirements of the Nation	Da		ceditation Conference (NELAC).	
repor	t, possible enforcement aga		m for failure to sample, and may			alysis results will result in rejection I Bureau of Laboratory Services.	of the
						NITRITE MCL EXCEEDANCE s "BDL" or with a "<" are not accepta	
COMPLIA	NCE DETERMINATION (to be completed by DEP	or DOH - attach notes as ne	cessary)			
Sample Col	lection & Analysis Satisfact	ory: Yes	No	Replac	cement Sample o	r Report Requested (circle or highlig	ht group(s) above)
Person Noti	fied:		Date Notified:		DEP/DOH R	Reviewing Official:	

Reporting Format 62-550-730

Effective January 1995. Revised February 2010

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 B13-855-1844 FAX 913-855-2218



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

INORGANIC CONTAMINANTS 62-550.310(1) Report Number / Job ID: 1508798-01
PWS ID (From Page 1): 2381409

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1041	Nitrite (as N)	1	mg/L	0.01	U	SM 4500NO2-E	0.01	8/27/15	17:06	E84129
1005	Arsenic	0.010	mg/L	0.0013	1	EPA 200.8	0.00093	9/8/15	13:44	E84129
1010	Barium	2	mg/L	0.010		EPA 200.8	0.00018	9/8/15	13:44	E84129
1015	Cadmium	0.005	mg/L	0.00027	U	EPA 200.8	0.00027	9/8/15	13:44	E84129
1020	Chromium	0.1	mg/L	0.0032	1	EPA 200.8	0.00035	9/8/15	13:44	E84129
1024	Cyanide	0.2	mg/L	0.0050	U	SM 4500CN-E	0.0050	9/8/15	10:47	E84129
1025	Fluoride	4.0	mg/L	0.51		SM 4500F-C	0.020	8/31/15	12:12	E84129
1030	Lead	0.015	mg/L	0.00025	U	EPA 200.8	0.00025	9/8/15	13:44	E84129
1035	Mercury	0.002	mg/L	0.00010	U	EPA 245.1	0.00010	9/3/15	13:46	E84129
1036	Nickel	0.1	mg/L	0.0083		EPA 200.8	0.00046	9/8/15	13:44	E84129
1045	Selenium	0.05	mg/L	0.0038	1	EPA 200.8	0.00093	9/2/15	14:03	E84129
1052	Sodium	160	mg/L	23		EPA 200.7	0.13	9/2/15	15:59	E84129
1074	Antimony	0.006	mg/L	0.0010	U	EPA 200.8	0.0010	9/2/15	14:03	E84129
1075	Beryllium	0.004	mg/L	0.00012	U	EPA 200.7	0.00012	9/2/15	15:59	E84129
1085	Thallium	0.002	mg/L	0.00024	U	EPA 200.8	0.00024	9/8/15	13:44	E84129

^{*}Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.

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

SECONDARY CONTAMINANTS 62-550.320 Report Number / Job ID: 1508798-01
PWS ID (From Page 1): 2381409

Contam	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1002	Aluminum	0.2	mg/L	0.050	U	EPA 200.7	0.050	9/2/15	15:59	E84129
1017	Chloride	250	mg/L	31		SM 4500CI-E	1.0	8/28/15	13:20	E84129
1022	Copper	1	mg/L	0.010		EPA 200.8	0.0001	9/8/15	13:44	E84129
1025	Fluoride	2.0	mg/L	0.51		SM 4500F-C	0.020	8/31/15	12:12	E84129
1028	Iron	0.3	mg/L	0.069	1	EPA 200.7	0.020	9/2/15	15:59	E84129
1032	Manganese	0.05	mg/L	0.0016	1	EPA 200.7	0.0010	9/2/15	15:59	E84129
1050	Silver	0.1	mg/L	0.000069	U	EPA 200.8	0.000069	9/8/15	13:44	E84129
1055	Sulfate	250	mg/L	510		EPA 375.4	2.0	8/31/15	11:30	E84129
1095	Zinc	5	mg/L	0.016		EPA 200.8	0.00088	9/8/15	13:44	E84129
1905	Color	15	CU	5		SM 2120B	5	8/27/15	17:12	E84129
1920	Odor, Dechlorinated @ 25C	3	TON	1	U	SM 2150B	1	8/27/15	15:07	E84129
1930	Total Dissolved Solids	500	mg/L	1000		SM 2540C	10	8/31/15	15:21	E84129
2905	Foaming Agents	0.5	mg/L	0.048	U	SM 5540C	0.048	8/28/15	8:55	E84129

^{*}Qualifiers:

U=Analyte was undetected, Indicated concentration is method detection limit.

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

DISINFECTION BYPRODUCTS 62-550.310(3)

Report Number / Job ID: 1508798-01

Disinfectant Residual (mg/L) (From Page 1):_

PWS ID (From Page 1): 2381409

Contam	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	0.6	1	EPA 524.2	0.2	1.0	8/29/15	6:24	E84129
2942	Bromoform	N/A	ug/L	1.7		EPA 524.2	0.2	1.0	8/29/15	6:24	E84129
2943	Bromodichloromethane	N/A	ug/L	1.0		EPA 524.2	0.2	1.0	8/29/15	6:24	E84129
2944	Dibromochloromethane	N/A	ug/L	2.5		EPA 524.2	0.1	1.0	8/29/15	6:24	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	5.8		EPA 524.2	0.1		8/29/15	6:24	E84129

^{**} Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

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

RADIONUCLIDES 62-550.310(6)
 Report Number / Job ID:
 1508798-01

 PWS ID (From Page 1):
 2381409

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Analysis Error	Analysis Date	Analysis Time	DOH Lab Certification
4006	Combined Uranium (mass)	30	ug/L	0.74		EPA 200.8	0.054	1		9/8/15	13:44	E84129

^{**} If the result for Gross Alpha (Excl Uranium) exceed 5 pCi/L, a measurement for radium-226 is required. Uranium is reported separately under Contam ID 4006.

If the result for Gross Alpha (Incl Uranium) exceeds 5 pCi/L, a measurement for Radium-226 is required. If the results exceed 15 pCi/L, a measurement for Combined Uranium must be reported separately. DEP/DOH will subtract the Uranium value from the Gross Alpha (ID 4002) to determine compliance with MCL for Gross Alpha (Excl. Uranium) of 15 pCi/L. If the result of ID 4002 Gross Alpha (Including Uranium) does not exceed 15 pCi/L, Combined Uranium need not be measured nor reported.

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

*Qualifiers:

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

VOLATILE ORGANICS 62-550.310(4)(a) Report Number / Job ID: 1508798-01
PWS ID (From Page 1): 2381409

Contam	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Analysis Date	Analysis Time	DOH Lab Certification #
2378	1,2,4-Trichlorobenzene	70	ug/L	0.3	U	EPA 524.2	0.3	0.5	8/29/15	6:24	E84129
2380	cis-1,2-Dichloroethylene	70	ug/L	0.09	U	EPA 524.2	0.09	0.5	8/29/15	6:24	E84129
2955	Xylenes (total)	10,000	ug/L	0.3	1	EPA 524.2	0.1	0.5	8/29/15	6:24	E84129
2964	Dichloromethane	5	ug/L	0.2	U	EPA 524.2	0.2	0.5	8/29/15	6:24	E84129
2968	o-Dichlorobenzene	600	ug/L	0.1	U	EPA 524.2	0.1	0.5	8/29/15	6:24	E84129
2969	para-Dichlorobenzene	75	ug/L	0.2	U	EPA 524.2	0.2	0.5	8/29/15	6:24	E84129
2976	Vinyl chloride	1	ug/L	0.3	U	EPA 524.2	0.3	0.5	8/29/15	6:24	E84129
2977	1,1-Dichloroethylene	7	ug/L	0.2	U	EPA 524.2	0.2	0.5	8/29/15	6:24	E84129
2979	trans-1,2-Dichloroethylene	100	ug/L	0.2	U	EPA 524.2	0.2	0.5	8/29/15	6:24	E84129
2980	1,2-Dichloroethane	3	ug/L	0.1	U	EPA 524.2	0.1	0.5	8/29/15	6:24	E84129
2981	1,1,1-Trichloroethane	200	ug/L	0.2	U	EPA 524.2	0.2	0.5	8/29/15	6:24	E84129
2982	Carbon tetrachloride	3	ug/L	0.2	U	EPA 524.2	0.2	0.5	8/29/15	6:24	E84129
2983	1,2-Dichloropropane	5	ug/L	0.2	U	EPA 524.2	0.2	0.5	8/29/15	6:24	E84129
2984	Trichloroethylene	3	ug/L	0.2	U	EPA 524.2	0.2	0.5	8/29/15	6:24	E84129
2985	1,1,2-Trichloroethane	5	ug/L	0.2	U	EPA 524.2	0.2	0.5	8/29/15	6:24	E84129
2987	Tetrachloroethylene	3	ug/L	0.1	U	EPA 524.2	0.1	0.5	8/29/15	6:24	E84129
2989	Monochlorobenzene	100	ug/L	0.1	U	EPA 524.2	0.1	0.5	8/29/15	6:24	E84129
2990	Benzene	1	ug/L	0.1	U	EPA 524.2	0.1	0.5	8/29/15	6:24	E84129
2991	Toluene	1000	ug/L	0.09	U	EPA 524.2	0.09	0.5	8/29/15	6:24	E84129
2992	Ethylbenzene	700	ug/L	0.08	U	EPA 524.2	0.08	0.5	8/29/15	6:24	E84129
2996	Styrene	100	ug/L	0.05	U	EPA 524.2	0.05	0.5	8/29/15	6:24	E84129

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

U=Analyte was undetected, Indicated concentration is method detection limit.

^{*}Qualifiers:

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

SYNTHETIC ORGANICS 62-550.310(4)(b) Report Number / Job ID: 1508798-01

PWS ID (From Page 1): 2381409

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Extraction Date	Analysis Date	Analysis Time	DOH Lab Certification #
2005	Endrin	2	ug/L	0.05	U	EPA 525.2	0.05	0.01	9/3/15	9/3/15	21:10	E84129
2010	Lindane	0.2	ug/L	0.02	U	EPA 525.2	0.02	0.02	9/3/15	9/3/15	21:10	E84129
2015	Methoxychlor	40	ug/L	0.02	U	EPA 525.2	0.02	0.1	9/3/15	9/3/15	21:10	E84129
2020	Toxaphene	3	ug/L	0.52	U	EPA 508.1	0.52	1	9/3/15	9/4/15	16:35	E84129
2031	Dalapon	200	ug/L	0.33	U	EPA 515.3	0.33	1	9/2/15	9/3/15	3:12	E84129
2032	Diquat	20	ug/L	0.38	U	EPA 549.2	0.38	0.4	9/1/15	9/2/15	16:01	E84129
2033	Endothall	100	ug/L	6.7	U	EPA 548.1	6.7	9	9/2/15	9/3/15	12:46	E84129
2034	Glyphosate	700	ug/L	2.7	U	EPA 547	2.7	6	9/2/15	9/2/15	15:51	E84129
2035	Di(2-ethylhexyl)adipate	400	ug/L	0.07	U	EPA 525.2	0.07	0.6	9/3/15	9/3/15	21:10	E84129
2036	Oxamyl (Vydate)	200	ug/L	0.88	U	EPA 531.1	0.88	2	9/4/15	9/4/15	0:29	E84129
2037	Simazine	4	ug/L	0.03	U	EPA 525.2	0.03	0.07	9/3/15	9/3/15	21:10	E84129
2039	Di(2-ethylhexyl)phthalate	6	ug/L	0.6	U	EPA 525.2	0.6	0.6	9/3/15	9/3/15	21:10	E84129
2040	Picloram	500	ug/L	0.048	U	EPA 515.3	0.048	0.1	9/2/15	9/3/15	3:12	E84129
2041	Dinoseb	7	ug/L	0.15	U	EPA 515.3	0.15	0.2	9/2/15	9/3/15	3:12	E84129
2042	Hexachlorocyclopentadiene	50	ug/L	0.05	U	EPA 525.2	0.05	0.1	9/3/15	9/3/15	21:10	E84129
2046	Carbofuran	40	ug/L	0.60	U	EPA 531.1	0.60	0.9	9/4/15	9/4/15	0:29	E84129
2050	Atrazine	3	ug/L	0.02	U	EPA 525,2	0.02	0.1	9/3/15	9/3/15	21:10	E84129
2051	Alachlor	2	ug/L	0.03	U	EPA 525.2	0.03	0.2	9/3/15	9/3/15	21:10	E84129
2065	Heptachlor	0.4	ug/L	0.08	U	EPA 525.2	0.08	0.04	9/3/15	9/3/15	21:10	E84129
2067	Heptachlor epoxide	0.2	ug/L	0.07	U	EPA 525.2	0.07	0.02	9/3/15	9/3/15	21:10	E84129
2105	2,4-D	70	ug/L	0.10	U	EPA 515.3	0.10	0.1	9/2/15	9/3/15	3:12	E84129
2110	2,4,5-TP (Silvex)	50	ug/L	0.041	U	EPA 515.3	0.041	0.2	9/2/15	9/3/15	3:12	E84129
2274	Hexachlorobenzene	1	ug/L	0.04	U	EPA 525.2	0.04	0.1	9/3/15	9/3/15	21:10	E84129
2306	Benzo(a)pyrene	0.2	ug/L	0.02	U	EPA 525.2	0.02	0.02	9/3/15	9/3/15	21:10	E84129
2326	Pentachlorophenol	1	ug/L	0.014	U	EPA 515,3	0.014	0.04	9/2/15	9/3/15	3:12	E84129
2383	Polychlorinated biphenyls (PCBs)	0.5	ug/L	0.086	U	EPA 508.1	0.086	0.1	9/3/15	9/4/15	16:35	E84129
2931	Dibromochloropropane	0.2	ug/L	0.0051	U	EPA 504.1	0.0051	0.01	9/3/15	9/3/15	19:49	E84129
2946	Ethylene dibromide (EDB)	0.02	ug/L	0.0051	U	EPA 504.1	0.0051	0,02	9/3/15	9/3/15	19:49	E84129
2959	Chlordane	2	ug/L	0.045	U	EPA 508.1	0.045	0.2	9/3/15	9/4/15	16:35	E84129

^{*}Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.

^{**} Non-detects with a reported lab MDL <50% of the MCL are acceptable for compliance with 62-550.310(4)(b)

110 BAYVIEW BOULEVARD, OLOSMAR, FL 34677 813-855-1844 FAX 813-855-2218



CHAIN OF CUSTODY

Client:

Two Fold Water Engineering

Project Number:

SAL Workorder Number: 1508798

Project:

FIMC Hideaway

Project Manager: Rick Tisdale

SAL Project Manager:

Christy Whitehurst

Number	Sample Identification	Matrix	Туре	Sampled Date/Time	Container	Qty	Analyses
01	Entry to distribution	Water	Grab	8-26-18	1 125ml P, H2SO4 1 250ml aG, Cool 1 250mL P, HNO3 1 250mL P, NaOH 1 500ml P, Cool 3 508-525-1LaG,Na2SO3-0X 2 524-40ml V, Na2S2O3	10	524.2-thm, 525-DEHP, INORG-PRIM, INORG-SEC, U 200.8

C7 1.0pm Ph: 7.2

Page 9 of 9

Relinquished By Received By

Relinguished By

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218



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

Two Fold Water Engineering FIMC Hideaway

Safe Drinki	ng Water Program Lab	oratory Reporting Forma	t - Revised				FIMC Hideaway
LABORATO Lab Name:	ORY CERTIFICATION IN Southern Analytical Laboratory		leted by lab - please type or Florida DOH Certification #:	print legibly) E84129		Certification Expiration Date:	06/30/2016
	-			ATTACH CU	RRENT DOH AN	VALYTE SHEET*	
Address:	110 Bayview Blvd Oldsm	nar,FL 34677		Phone:	(813) 855-18	44	
Were any ana	alyses subcontracted?	Yes X No	If yes, please provid	e DOH certifica	ation number(s):		-
				ATTACH CL	IRRENT DOH A	NALYTE SHEET FOR EACH SUB	CONTRACTED LAB*
ANALYSIS	INFORMATION (to be co	ompleted by lab)	Date Sam	ple(s) Receive	d:	08/27/2015	
PWS ID (Fro	m Page 1): 2381409		Sample Number (From Page	e 1):1	508798-01	Lab Assigned Report # or Job	ID: 1508798-01
Group(s) Ana	alyzed & Results attached	for compliance with Chapter	62-550, F.A.C. (Check all that a	apply):			
Inorganics		Synthetic Organics	Volatile Organics	Disinfection	Byproducts	Radionuclides	Secondaries
X All Exc Partial X Nitrate X Nitrite Asbes		All 30 X All Except Dioxin Partial Dioxin Only	X All 21 Partial	Haload Chlorid Broma		X Single Sample Qtrly Composite	All 14 X Partial
			LAB CERTIFIC	CATION			
I, Fra	ancis I. Daniels (Print	Name)	, Laboratory Direct		Print Title)	do HEREBY	CERTIFY
that all atta	***************************************		all requirements of the Nationa			ceditation Conference (NELAC).	
Signature;	Fin	Wail		Date			
report	, possible enforcement aga		for failure to sample, and may			alysis results will result in rejection Bureau of Laboratory Services.	of the
						NITRITE MCL EXCEEDANCE s "BDL" or with a "<" are not acceptal	
COMPLIAN	CE DETERMINATION (to be completed by DEP o	r DOH - attach notes as nec	essary)			
Sample Colle	ection & Analysis Satisfacto	ory: Yes	No	Replace	ment Sample or	Report Requested (circle or highlight	nt group(s) above)
Person Notifi	ed:		Date Notified:		DEP/DOH R	Reviewing Official:	

Reporting Format 62-550-730

Effective January 1995. Revised February 2010

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218



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

INORGANIC CONTAMINANTS - REVISED 62-550.310(1)

Report Number / Job ID: 1508798-01
PWS ID (From Page 1): 2381409

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1040	Nitrate (as N)	10	mg/L	0.02	1	EPA 353.2	0.02	9/4/15	10:28	E84129
1041	Nitrite (as N)	1	mg/L	0.01	U	SM 4500NO2-E	0.01	8/27/15	17:06	E84129
1005	Arsenic	0.010	mg/L	0.0013	1	EPA 200.8	0.00093	9/8/15	13:44	E84129
1010	Barium	2	mg/L	0.010		EPA 200.8	0.00018	9/8/15	13:44	E84129
1015	Cadmium	0.005	mg/L	0.00027	U	EPA 200.8	0.00027	9/8/15	13:44	E84129
1020	Chromium	0.1	mg/L	0.0032	1	EPA 200.8	0.00035	9/8/15	13:44	E84129
1024	Cyanide	0.2	mg/L	0.0050	U	SM 4500CN-E	0.0050	9/8/15	10:47	E84129
1025	Fluoride	4.0	mg/L	0.51		SM 4500F-C	0.020	8/31/15	12:12	E84129
1030	Lead	0.015	mg/L	0.00025	U	EPA 200.8	0.00025	9/8/15	13:44	E84129
1035	Mercury	0.002	mg/L	0.00010	U	EPA 245.1	0.00010	9/3/15	13:46	E84129
1036	Nickel	0.1	mg/L	0.0083		EPA 200.8	0.00046	9/8/15	13:44	E84129
1045	Selenium	0.05	mg/L	0.0038	1	EPA 200.8	0.00093	9/2/15	14:03	E84129
1052	Sodium	160	mg/L	23		EPA 200.7	0.13	9/2/15	15:59	E84129
1074	Antimony	0.006	mg/L	0.0010	U	EPA 200.8	0.0010	9/2/15	14:03	E84129
1075	Beryllium	0.004	mg/L	0.00012	U	EPA 200.7	0.00012	9/2/15	15:59	E84129
1085	Thallium	0.002	mg/L	0.00024	U	EPA 200.8	0.00024	9/8/15	13:44	E84129

^{*}Qualifiers:

U=Analyte was undetected, Indicated concentration is method detection limit,

I=The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

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

SECONDARY CONTAMINANTS - REVISED 62-550.320

Report Number / Job ID: 1508798-01
PWS ID (From Page 1): 2381409

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1002	Aluminum	0.2	mg/L	0.050	U	EPA 200.7	0.050	9/2/15	15:59	E84129
1017	Chloride	250	mg/L	31		SM 4500CI-E	1.0	8/28/15	13:20	E84129
1022	Copper	1	mg/L	0.010		EPA 200.8	0.0001	9/8/15	13:44	E84129
1025	Fluoride	2.0	mg/L	0.51		SM 4500F-C	0.020	8/31/15	12:12	E84129
1028	Iron	0.3	mg/L	0.069	I	EPA 200.7	0.020	9/2/15	15:59	E84129
1032	Manganese	0.05	mg/L	0.0016	1	EPA 200,7	0.0010	9/2/15	15:59	E84129
1050	Silver	0.1	mg/L	0.000069	U	EPA 200.8	0.000069	9/8/15	13:44	E84129
1055	Sulfate	250	mg/L	510		EPA 375.4	2.0	8/31/15	11:30	E84129
1095	Zinc	5	mg/L	0.016		EPA 200.8	0.00088	9/8/15	13:44	E84129
1905	Color	15	CU	5		SM 2120B	5	8/27/15	17:12	E84129
1920	Odor, Dechlorinated @ 25C	3	TON	1	U	SM 2150B	1	8/27/15	15:07	E84129
1930	Total Dissolved Solids	500	mg/L	1000		SM 2540C	10	8/31/15	15:21	E84129
2905	Foaming Agents	0.5	mg/L	0.048	U	SM 5540C	0.048	8/28/15	8:55	E84129

^{*}Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.

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

DISINFECTION BYPRODUCTS - REVISED 62-550.310(3)

Report Number / Job ID: 1508798-01

Disinfectant Residual (mg/L) (From Page 1):___

PWS ID (From Page 1):_____

Contam	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Reg MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	0.6	1	EPA 524.2	0.2	1.0	8/29/15	6:24	E84129
2942	Bromoform	N/A	ug/L	1.7		EPA 524.2	0.2	1.0	8/29/15	6:24	E84129
2943	Bromodichloromethane	N/A	ug/L	1.0		EPA 524.2	0.2	1.0	8/29/15	6:24	E84129
2944	Dibromochloromethane	N/A	ug/L	2.5		EPA 524.2	0.1	1.0	8/29/15	6:24	E84129
2950	Total Trihalomethanes (TTHM)	80	ug/L	5.8		EPA 524.2	0.1		8/29/15	6:24	E84129

Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

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

RADIONUCLIDES - REVISED 62-550.310(6)

Report Number / Job ID: 1508798-01

PWS ID (From Page 1): 2381409

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Analysis Error	Analysis Date	Analysis Time	DOH Lab Certification
4006	Combined Uranium (mass)	30	ug/L	0.74		EPA 200.8	0.054	1		9/8/15	13:44	E84129

^{**} If the result for Gross Alpha (Excl Uranium) exceed 5 pCi/L, a measurement for radium-226 is required. Uranium is reported separately under Contam ID 4006.

If the result for Gross Alpha (Incl Uranium) exceeds 5 pCi/L, a measurement for Radium-226 is required. If the results exceed 15 pCi/L, a measurement for Combined Uranium must be reported separately. DEP/DOH will subtract the Uranium value from the Gross Alpha (ID 4002) to determine compliance with MCL for Gross Alpha (Excl. Uranium) of 15 pCi/L. If the result of ID 4002 Gross Alpha (Including Uranium) does not exceed 15 pCi/L, Combined Uranium need not be measured nor reported.

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

*Qualifiers:

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

VOLATILE ORGANICS - REVISED 62-550.310(4)(a)

Report Number / Job ID:

1508798-01

PWS ID (From Page 1):____

2381409

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Analysis Date	Analysis Time	DOH Lab Certification #
2378	1,2,4-Trichlorobenzene	70	ug/L	0.3	U	EPA 524.2	0.3	0.5	8/29/15	6:24	E84129
2380	cis-1,2-Dichloroethylene	70	ug/L	0.09	U	EPA 524.2	0.09	0.5	8/29/15	6:24	E84129
2955	Xylenes (total)	10,000	ug/L	0.3	d	EPA 524.2	0.1	0.5	8/29/15	6:24	E84129
2964	Dichloromethane	5	ug/L	0.2	U	EPA 524.2	0.2	0.5	8/29/15	6:24	E84129
2968	o-Dichlorobenzene	600	ug/L	0.1	U	EPA 524.2	0.1	0.5	8/29/15	6:24	E84129
2969	para-Dichlorobenzene	75	ug/L	0.2	U	EPA 524.2	0.2	0.5	8/29/15	6:24	E84129
2976	Vinyl chloride	1	ug/L	0.3	U	EPA 524.2	0.3	0.5	8/29/15	6:24	E84129
2977	1,1-Dichloroethylene	7	ug/L	0.2	U	EPA 524.2	0.2	0.5	8/29/15	6:24	E84129
2979	trans-1,2-Dichloroethylene	100	ug/L	0.2	U	EPA 524.2	0.2	0.5	8/29/15	6:24	E84129
2980	1,2-Dichloroethane	3	ug/L	0.1	U	EPA 524.2	0.1	0.5	8/29/15	6:24	E84129
2981	1,1,1-Trichloroethane	200	ug/L	0.2	U	EPA 524.2	0.2	0.5	8/29/15	6:24	E84129
2982	Carbon tetrachloride	3	ug/L	0.2	U	EPA 524.2	0.2	0.5	8/29/15	6:24	E84129
2983	1,2-Dichloropropane	5	ug/L	0.2	U	EPA 524.2	0.2	0.5	8/29/15	6:24	E84129
2984	Trichloroethylene	3	ug/L	0.2	U	EPA 524.2	0.2	0.5	8/29/15	6:24	E84129
2985	1,1,2-Trichloroethane	5	ug/L	0.2	U	EPA 524.2	0.2	0.5	8/29/15	6:24	E84129
2987	Tetrachloroethylene	3	ug/L	0.1	U	EPA 524.2	0.1	0.5	8/29/15	6:24	E84129
2989	Monochlorobenzene	100	ug/L	0.1	U	EPA 524.2	0.1	0.5	8/29/15	6:24	E84129
2990	Benzene	1	ug/L	0.1	U	EPA 524.2	0.1	0.5	8/29/15	6:24	E84129
2991	Toluene	1000	ug/L	0.09	Ü	EPA 524.2	0.09	0.5	8/29/15	6:24	E84129
2992	Ethylbenzene	700	ug/L	0.08	U	EPA 524.2	0.08	0.5	8/29/15	6:24	E84129
2996	Styrene	100	ug/L	0.05	U	EPA 524.2	0.05	0.5	8/29/15	6:24	E84129

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

U=Analyte was undetected. Indicated concentration is method detection limit,

^{*}Qualifiers:

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 B13-855-1844 FAX 813-855-2218



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

SYNTHETIC ORGANICS - REVISED 62-550,310(4)(b)

 PWS ID (From Page 1):
 1508798-01

 2381409

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Extraction Date	Analysis Date	Analysis Time	DOH Lab Certification #
2005	Endrin	2	ug/L	0.05	U	EPA 525.2	0.05	0.01	9/3/15	9/3/15	21:10	E84129
2010	Lindane	0.2	ug/L	0.02	U	EPA 525.2	0.02	0.02	9/3/15	9/3/15	21:10	E84129
2015	Methoxychlor	40	ug/L	0.02	U	EPA 525.2	0.02	0.1	9/3/15	9/3/15	21:10	E84129
2020	Toxaphene	3	ug/L	0.52	U	EPA 508.1	0.52	-1	9/3/15	9/4/15	16:35	E84129
2031	Dalapon	200	ug/L	0.33	U	EPA 515.3	0.33	1	9/2/15	9/3/15	3:12	E84129
2032	Diquat	20	ug/L	0.38	U	EPA 549,2	0.38	0.4	9/1/15	9/2/15	16:01	E84129
2033	Endothall	100	ug/L	6.7	U	EPA 548.1	6.7	9	9/2/15	9/3/15	12:46	E84129
2034	Glyphosate	700	ug/L	2.7	U	EPA 547	2.7	6	9/2/15	9/2/15	15:51	E84129
2035	Di(2-ethylhexyl)adipate	400	ug/L	0.07	U	EPA 525.2	0.07	0.6	9/3/15	9/3/15	21:10	E84129
2036	Oxamyl (Vydate)	200	ug/L	0.88	U	EPA 531.1	0.88	2	9/4/15	9/4/15	0:29	E84129
2037	Simazine	4	ug/L	0.03	U	EPA 525.2	0.03	0.07	9/3/15	9/3/15	21:10	E84129
2039	Di(2-ethylhexyl)phthalate	6	ug/L	0.6	U	EPA 525.2	0.6	0.6	9/3/15	9/3/15	21:10	E84129
2040	Picloram	500	ug/L	0.048	U	EPA 515.3	0.048	0.1	9/2/15	9/3/15	3:12	E84129
2041	Dinoseb	7	ug/L	0.15	U	EPA 515.3	0.15	0.2	9/2/15	9/3/15	3:12	E84129
2042	Hexachlorocyclopentadiene	50	ug/L	0,05	U	EPA 525.2	0.05	0.1	9/3/15	9/3/15	21:10	E84129
2046	Carbofuran	40	ug/L	0.60	U	EPA 531,1	0.60	0.9	9/4/15	9/4/15	0:29	E84129
2050	Atrazine	3	ug/L	0.02	U	EPA 525.2	0.02	0.1	9/3/15	9/3/15	21:10	E84129
2051	Alachior	2	ug/L	0.03	U	EPA 525.2	0.03	0.2	9/3/15	9/3/15	21:10	E84129
2065	Heptachlor	0.4	ug/L	0.08	U	EPA 525.2	0.08	0.04	9/3/15	9/3/15	21:10	E84129
2067	Heptachlor epoxide	0.2	ug/L	0.07	U	EPA 525,2	0.07	0.02	9/3/15	9/3/15	21:10	E84129
2105	2,4-D	70	ug/L	0.10	U	EPA 515.3	0.10	0.1	9/2/15	9/3/15	3:12	E84129
2110	2,4,5-TP (Silvex)	50	ug/L	0.041	U	EPA 515.3	0.041	0.2	9/2/15	9/3/15	3:12	E84129
2274	Hexachlorobenzene	1	ug/L	0.04	U	EPA 525.2	0.04	0.1	9/3/15	9/3/15	21:10	E84129
2306	Benzo(a)pyrene	0.2	ug/L	0.02	U	EPA 525,2	0.02	0.02	9/3/15	9/3/15	21:10	E84129
2326	Pentachlorophenol	1	ug/L	0.014	U	EPA 515.3	0.014	0.04	9/2/15	9/3/15	3:12	E84129
2383	Polychlorinated biphenyls (PCBs)	0.5	ug/L	0.086	U	EPA 508.1	0.086	0.1	9/3/15	9/4/15	16:35	E84129
2931	Dibromochloropropane	0.2	ug/L	0.0051	U	EPA 504.1	0.0051	0.01	9/3/15	9/3/15	19:49	E84129
2946	Ethylene dibromide (EDB)	0.02	ug/L	0.0051	U	EPA 504.1	0.0051	0.02	9/3/15	9/3/15	19:49	E84129
2959	Chlordane	2	ug/L	0.045	U	EPA 508.1	0.045	0.2	9/3/15	9/4/15	16:35	E84129

^{*}Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.

^{**} Non-detects with a reported lab MDL <50% of the MCL are acceptable for compliance with 62-550.310(4)(b)

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34877 813-855-1844 FAX 813-855-2218



CHAIN OF CUSTODY

Client:

Two Fold Water Engineering

Project Number:

SAL Workorder Number: 1508798

Project:

FIMC Hideaway

Project Manager: Rick Tisdale

SAL Project Manager:

Christy Whitehurst

Number	Sample Identification	Matrix	Туре	Sampled Date/Time	Container	Qty	Analyses
01	Entry to distribution	Water	Grab	8.26.18	1 125ml P, H2SO4 1 250ml aG, Cool 1 250mL P, HNO3 1 250mL P, NaOH 1 500ml P, Cool 3 508-525-1LaG;Na2SO3-0 ^K 2 524-40ml V, Na2S2O3	10	524.2-tthm, 525-DEHP, INORG-PRIM, INORG-SEC, U 200.8

C121.0ppn Ph: 7.2

Date/Time

Page 1 of 1

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 FAX 813-855-2218



Florida Department of Environmental Protection Two Fold Water Engineering Safe Drinking Water Program Laboratory Reporting Format - Revised FIMC Hideaway PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly) FIMC Hideaway, INC. System Name: PWS I.D. #: System Type (check one): Community Nontransient Noncommunity Transient Noncommunity Post Office Box 72 Address: Chiefland Zip Code: 32644 City: Phone: (352) 486-2828 E-Mail Address: SAMPLE INFORMATION (to be completed by sampler) Sample Number: 1508798-01 Sample Date: 8/26/15 Sample Time: 3:30 pm AM PM (Circle One) Entry to Distribution Sample Location (be specific): Location Code: Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): Field pH: Sample Type (Check Only One) Reason (s) for Sample (Check all that apply) Distribution Routine Compliance with 62-550 Replacement (of Invalidated Sample) Entry Point (to Distribution) Confirmation of MCL Exceedance* Special (not for compliance with 62-550) Plant Tap (not for compliance with 62-550) Composite of Multiple Sites ** Clearance (permitting) Raw (at well or intake) Max. Residence Time Sampling Procedure Used or Other Comments: Ave. Residence Time * See 62-550.500(6) for requirements and restrictions. ** See 62-550.500(4) for requirements and Near First Customer And 62-550.5.12(3) for nitrate or nitrite exceedances. attach a results page for each site SAMPLER CERTIFICATION do HEREBY CERTIFY (Print Name) (Print Title) that the above public water system and sample collection information is complete and correct, Signature: Date: Certified Operator #: Phone #: Sampler's Fax #:

Sampler's E-Mail: Reporting Format 62-550-730

Effective January 1995. Revised February 2010

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Fime Hideaway Inc

ADDRESS:

Post Office Box 357246

Gainesville, FL 32635

PERMIT NUMBER:

FLA011650

FINAL REPORT: Monthly

FACILITY TYPE: MONITORING GROUP: RMP-Q

LIMIT:

GROUP: Domestic

FACILITY:

Springside Mobile Home Park WWTF

DESCRIPTION:

Biosolids Quantity

LOCATION:

State Road 320 And Springside Avenue

Chiefland, FL 32629

COUNTY:

LEVY

MONITORING BERIOD, From 06/01/2017 To 06/20/2017

DW

COUNTY: LEVY					MUN	HORING PE	RIOD: From: (06/01/2017	To: 06/30/2017	
Parameter		Quantity or Loading		Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Transferred)	Sample Measurement	NOD							0	NOD
PARM Code B0007 + Mon. Site: RMP-1	Permit Requirement	Report (Mo Total)	ton (d)						(1 Monthly)	(Calculated)
Biosolids Quantity (Landfilled)	Sample Measurement	NOD						0	NOD	NOD
PARM Code B0008 + Mon. Site: RMP-1	Permit Requirement	Report (Mo Total)	ton (d)						(1 Monthly)	(Calculated)
Rick Tisdale P	DIRECTION OR SUPERVISION OF SUPERVISION OF SUPERED AN INTERESONS WHO MANAGE THE INFORMATION SUBMITED AWARE THAT THERE	TY OF LAW THAT THIS DOCUMEN ON IN ACCORDANCE WITH A SYST DO EVALUATED THE INFORMATION HE SYSTEM, OR THOSE PERSONS DISTIFED IS, TO THE BEST OF MY KNOT ARE SIGNIFICANT PENALTIES FOR MY FROM MERISONMENT FOR KNOWING VIOLENCE.	TEM DESIGNED TO SUBMITTED, BAS EECTLY RESPONSI WLEDGE AND BEI OR SUBMITTING	O ASSURE THAT ED ON MY INQU BLE FOR GATHER JEF, TRUE, ACCU	QUALIFIED PERSO IRY OF THE PERSO UNG THE INFORMATE AND COMPI	ONNEL OR AUTON OR ATTON, Electron	THORIZED AGENT	L EXECUTIVE	OFFICER TELEPHONE (352) 475-2248	

Parameter		Quantity or Loading		Units	Quality	Units	No. Ex.	Frequency of Analysis	Sample Type	
pH	Sample Measurement				7.1	7.6		0	5 Days/Week	Grab
PARM Code 00400 A Mon. Site: EFA-1	Permit Requirement				6.0 (Minimum)	8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)
Chlorine, Total Residual	Sample Measurement				.6			0	5 Days/Week	Grab
PARM Code 00400 A Mon. Site: EFA-1 Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-1 Nitrogen, Nitrate, Total (as N) PARM Code 00620 A Mon. Site: EFA-1 BOD, Carbonaceous 5 day, 20C PARM Code 80082 Q Mon. Site: INF-1 Solids, Total Suspended PARM Code 00530 Q Mon. Site: INF-1	Permit Requirement				0.5 (Minimum)		mg/L		(5 Days/Week)	(Grab)
Nitrogen, Nitrate, Total (as N)	Sample Measurement					3.4		0	1 Monthly	Grab
PARM Code 00620 A Mon. Site: EFA-1	Permit Requirement					12.0 (Maximum)	mg/L		(1 Monthly)	(Grab)
BOD, Carbonaceous 5 day, 20C	Sample Measurement					290		0	1 Monthly	Grab
PARM Code 80082 Q Mon. Site: INF-1	Permit Requirement					Report (Maximum)	mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended	Sample Measurement					180		0	1 Monthly	Grab
PARM Code 00530 Q Mon. Site: INF-1	Permit Requirement					Report (Maximum)	mg/L		(1 Monthly)	(Grab)
Rick Tisdale P	CERTIFY UNDER PENALT DIRECTION OR SUPERVISIO ROPERLY GATHERED AND ERSONS WHO MANAGE TH HE INFORMATION SUBMIT M AWARE THAT THERE OSSIBILITY OF FINE AND ID	ON IN ACCORDAN DEVALUATED THE E SYSTEM, OR THE TED IS, TO THE E ARE SIGNIFICAN	ICE WITH A SYST. IE INFORMATION: IOSE PERSONS DIR. BEST OF MY KNOW NT PENALTIES FO	EM DESIGNED T SUBMITTED, BA ECTLY RESPONS VLEDGE AND BE OR SUBMITTING	TO ASSURE THAT QUA SED ON MY INQUIRY SIBLE FOR GATHERING SLIFF TRUE ACCURA	ALIFIED PERSONNEL OR AUTHO OF THE PERSON OR OTHE INFORMATION, Electronical	RIZED AGENT	EXECUTIVE	OFFICER TELEPHONE (352) 475-2248	SUBMITTED OF 07/19/2017

Parameter		Quantity or Loading	Units	Quali	ty or Concen	tration	Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.0	2.0	2.0		0	1 Monthly	Grab
PARM Code 80082 A Mon. Site: EFA-1	Permit Requirement			60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended	Sample Measurement				4.4			0	1 Monthly	Grab
PARM Code 00530 Y Mon. Site: EFA-1	Permit Requirement				20.0 (Annl Avg)		mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended	Sample Measurement			2.6	2.6	2.6		0	1 Monthly	Grab
PARM Code 00530 A Mon. Site: EFA-1	Permit Requirement			60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Monthly)	(Grab)
Coliform, Fecal	Sample Measurement				26.1			0	1 Monthly	Grab
PARM Code 74055 Y Mon. Site: EFA-1	Permit Requirement				200.0 (Annl Avg)		#/100mL		(1 Monthly)	(Grab)
Coliform, Fecal	Sample Measurement				1.0	1.0		0	1 Monthly	Grab
PARM Code 74055 A Mon. Site: EFA-1	Permit Requirement			alas sa ana	200.0 (Mo Geomn)	800.0 (Maximum)	#/100mL		(1 Monthly)	(Grab)

•.

PERMITTEE NAME: Fime Hideaway Inc

ADDRESS: Post Office Box 357246

Gainesville, FL 32635

PERMIT NUMBER: LIMIT: FACILITY TYPE:

FLA011650 FINAL

REPORT:

Monthly

FACILITY:

Springside Mobile Home Park WWTF

MONITORING GROUP: R-001

DW

GROUP:

Domestic

State Road 320 And Springside Avenue

DESCRIPTION:

SPRINGSIDE MOBILE HOME PARK

LOCATION:

Chiefland, FL 32629

COUNTY: LEVY		Transcription of the second					MONITORIN	G PERIOD: 1	From: 06/0	1/2017 To: 06/30/201	7
Parameter		Quantity	or Loading	Units	Quality o	r Concent	tration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement		.0110						0	5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
PARM Code 50050 Y Mon. Site: FLW-1	Permit Requirement		0.024 (Annl Avg)	MGD						(5 Days/Week)	(Elapsed Time Measurement on Pump (Pump Log))
Flow	Sample Measurement	.014	.0137						0	5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
PARM Code 50050 1 Mon. Site: FLW-1	Permit Requirement	Report (Mo Avg)	Report (Qrtr Avg)	MGD						(5 Days/Week)	(Elapsed Time Measurement on Pump (Pump Log))
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement						57		0	1 Monthly	Calculated
PARM Code 00180 P Mon. Site: CAL-1	Permit Requirement						Report (Mo Avg)	percent		(1 Monthly)	(Calculated)
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2.9			0	1 Monthly	Grab
PARM Code 80082 Y Mon. Site: EFA-1	Permit Requirement				(A	20.0 annl Avg)		mg/L		(1 Monthly)	(Grab)

June 17 .

DAILY SAMPLE RESULTS-PART B

Permit Number:

Mo. Avg.

Max

Min

0.014

0.022

0.001

FLA011650

Facility:

Springside MHP WWTF

Monitoring Period

From:

1-Jun-17 To:

30-Jun-17

Flow (MGD) CBOD5 (mg/L) TRC (For Fecal Coliform Nitrogen, Solids, Total pH (SU) CBOD5 (mg/L) Solids, Total Disinfection Nitrate, Total Suspended Suspended Bacteria (MG/L) (#/100ML) (MG/L) (MG/L) (as N) (MG/L) Code 50050 80082 50060 74055 00620 00530 00400 80082 00530 Mon. Site FLW-1 EFA-1 EFA-1 EFA-1 EFA-1 EFA-1 EFA-1 INF-1 INF-1 0.001 1 0.011 2.2 7.1 2 0.012 3 4 0.012 5 0.012 2.2 7.5 6 0.016 2.2 7.4 7 7.4 0.020 2.2 8 1.7 7.5 0.016 1.7 7.5 9 0.015 10 0.020 11 0.020 12 0.020 1.5 7.4 0.020 1.0 7.5 13 14 0.022 0.7 7.4 15 0.019 1.3 7.5 16 0.010 0.7 7.6 17 0.012 18 0.012 7.4 19 0.012 0.6 7.5 20 2.0 0.008 21 0.015 2 7.4 22 0.012 23 0.012 1.2 7.5 24 0.014 0.014 25 26 0.014 0.7 7.5 27 0.009 2.0 1.8 1.0 3.4 2.6 7.4 290.0 180.0 28 0.010 0.7 7.5 29 0.014 0.7 7.6 0.7 7.6 30 0.012 31 Total 0.416 2.0 27.8 1.00 3,400 2.6 149.2 290.00 180.0

PLANT STAFFING: Certificate No. 13161 Anthony "Todd" Hubbard Day Shift Operator Class: C Name: Thaddeus Tisdale Day Shift Operator Class: C Certificate No. 14945 Name: Wayne Davids Day Shift Operator Class: C Certificate No. 13162 Name: Day Shift Operator Class: C Certificate No. 18582 Name: Owen Hurst Day Shift Operator Class: C Certificate No. Name:

3.400

3.400

3.400

2.6

2.6

2.6

7.5

7.6

7.1

Name:

Lead Operator Class: C Certificate No. 9774

1.0

1.0

1.0

Richard M. Tisdale, Jr.

180.0

180.0

180.0

290.00

290.00

290.00

2.0

2.0

2.0

1.4

2.2

0.6

PERMITTEE NAME: Fime Hideaway Inc

Post Office Box 357246

Gainesville, FL 32635

Springside Mobile Home Park WWTF State Road 320 And Springside Avenue

Chiefland, FL 32629

PERMIT NUMBER:

LIMIT: FACILITY TYPE: FLA011650

DW

FINAL REPORT: GROUP:

Monthly Domestic

MONITORING GROUP: R-001

DESCRIPTION:

SPRINGSIDE MOBILE HOME PARK

COUNTY:

ADDRESS:

FACILITY:

LOCATION:

LEVY

COUNTY: LEVY	JNTY: LEVY						MONITORIN	G PERIOD: 1	rom: 05/01	/2017 To: 05/31/20	17
Parameter		Quantity	antity or Loading Units Quality or Concentration				Units	No. Ex.	Frequency of Analysis	Sample Type	
Flow	Sample Measurement		.0110						0		
PARM Code 50050 Y Mon. Site: FLW-1	Permit Requirement		0.024 (Anni Avg)	MGD						5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
Flow	Sample Measurement	.014	.0133						0		
PARM Code 50050 1 Mon. Site: FLW-1	Permit Requirement	Report (Mo Avg)	Report (Qrtr Avg)	MGD						5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement						56		0		
PARM Code 00180 P Mon. Site: CAL-1	Permit Requirement						Report (Mo Avg)	percent		1 Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2.9			0		1846
PARM Code 80082 Y Mon. Site: EFA-1	Permit Requirement					20.0 (Annl Avg)	TRIC	mg/L		1 Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0	2.0	2.0		0		
PARM Code 80082 A Mon. Site: EFA-1	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		1 Monthly	Grab

PERMITTEE NAME: Fime Hideaway Inc

ADDRESS:

FACILITY:

LOCATION:

Post Office Box 357246

Gainesville, FL 32635

Springside Mobile Home Park WWTF

State Road 320 And Springside Avenue Chiefland, FL 32629

PERMIT NUMBER:

LIMIT:

FLA011650

FINAL REPORT: Monthly DW

FACILITY TYPE: MONITORING GROUP: RMP-Q

GROUP: Domestic

DESCRIPTION:

Biosolids Quantity

COUNTY:

LEVY

EEV1				Cinete and	MONI	TORING PER	UOD: From: 0	5/01/2017 T	o: 05/31/2017	
Parameter		Quantity or Loading	Units	Quality	or Concenti	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Transferred)	Sample Measurement	NOD						0		
PARM Code B0007 + Mon. Site: RMP-1	Permit Requirement	Report (Mo Total)	ton (d)		Market St.				1 Monthly	Calculated
Biosolids Quantity (Landfilled)	Sample Measurement	NOD						0		
PARM Code B0008 + Mon. Site: RMP-1	Permit Requirement	Report (Mo Total)	ton (d)						1 Monthly	Calculated
Rick Tisdale P	ROPERLY GATHERED AND ERSONS WHO MANAGE TH HE INFORMATION SUBMIT M AWARE THAT THERE	Y OF LAW THAT THIS DOCUMENT IN IN ACCORDANCE WITH A SYST DEVALUATED THE INFORMATION : E SYSTEM, OR THOSE PERSONS DIR TED IS, TO THE BEST OF MY KNOW ARE SIGNIFICANT PENALTIES FO MPRISONMENT FOR KNOWING VIOL	SUBMITTED, BAS BCTLY RESPONSI /LEDGE AND BEL R. SUBMITTING	ED ON MY INQUIRY BLE FOR GATHERING	OF THE PERSON THE INFORMATION	NNEL OR AUTH	ORIZED AGENT	EXECUTIVE (OFFICER TELEPHONE (352) 475-2248	

Parameter		Quantity or Load	ling	Units	Quali	ty or Concen	ration	Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement					4.9			0		
PARM Code 00530 Y Mon. Site: EFA-1	Permit Requirement					20.0 (Annl Avg)		mg/L		1 Monthly	Grab
Solids, Total Suspended	Sample Measurement				2.0	2.0	2.0		0		
PARM Code 00530 A Mon. Site: EFA-1	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		1 Monthly	Grab
Coliform, Fecal	Sample Measurement					28.0			0		
PARM Code 74055 Y Mon. Site: EFA-1	Permit Requirement					200.0 (Annl Avg)		#/100mL		1 Monthly	Grab
Coliform, Fecal	Sample Measurement					1.0	1.0		0		
PARM Code 74055 A Mon. Site: EFA-1	Permit Requirement					200.0 (Mo Geomn)	800.0 (Maximum)	#/100mL		1 Monthly	Grab
pH	Sample Measurement				7.0	A.	7.5		0		
PARM Code 00400 A Mon. Site: EFA-1	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual	Sample Measurement				.6				0		
PARM Code 50060 A Mon. Site: EFA-1	Permit Requirement				0.5 (Minimum)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement						1.9		0		
PARM Code 00620 A Mon. Site: EFA-1	Permit Requirement						12.0 (Maximum)	mg/L		1 Monthly	Grab

.

Permit Number:

FLA011650

Facility:

Springside MHP WWTF

Monitoring Period

From:

1-May-17 To:

31-May-17

	Flow (MGD)	CBOD5 (mg/L)	TRC (For Disinfection (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	Solids, Total Suspended (MG/L)	pH (SU)	CBOD5 (mg/L)	Solids, Total Suspended (MG/L)
Code	50050	80082	50060	74055	00620	00530	00400	80082	00530
Mon. Site	FLW-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	INF-1
1	0.013		1.1				7.5		
2	0.014		1.5				7.4		
3	0.014		1.7				7.3		
4	0.011		1.4				7.3		
5	0.001		0.6				7.3		
6	0.013								
7	0.013								
8	0.013		1.0				7.3		
9	0.008								
10	0.008		1.0				7.3		
11	0.014								
12	0.014		1.0				7.4		
13	0.012								
14	0.012								
15	0.012		1.0				7.4		
16	0.010		0.9				7.5		
17	0.012		1.0				7.5		
18	0.010		1.0				7.4		
19	0.011		1.3				7.5		
20	0.012								
21	0.012								
22	0.012		1.7				7.4	1	
23	0.010	2.0	2.2	1.0	1.9	2.0	7.0	260.0	170.0
24	0.013		2.2				7.0		
25	0.007		2.2				7.2		
26	0.012		2.2				7.4		
27	0.012								
28	0.012								
29	0.012		2.2				7.2		
30	0.100		2.2				7.3		
31	0.013		2.2				7.2		
Total	0.442	2.0	31.6	1.00	1.900	2.0	153.8	260.00	170.0
Mo. Avg.	0.014	2.0	1.5	1.0	1.900	2.0	7.3	260.00	170.0
Max	0.100	2.0	2.2	1.0	1.900	2.0	7.5	260.00	170.0
Min	0.001	2.0	0.6	1.0	1.900	2.0	7.0	260.00	170.0

PLANT STAFFING:

Day Shift Operator Certificate No. Class: C 13161 Name: Day Shift Operator Class: C Certificate No. 14945 Name: Day Shift Operator Class: C Certificate No. 13162 Name: Day Shift Operator Class: C Certificate No. 18582 Name: Day Shift Operator Class: C Certificate No. Name: Lead Operator Class: C Certificate No. 9774 Name:

Anthony "Todd" Hubbard Thaddeus Tisdale Wayne Davids Owen Hurst Richard M. Tisdale, Jr.

Parameter		Quantity (or Loading	Units	Qual	ity or Concen	itration	Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement						260		0		
PARM Code 80082 Q Mon. Site: INF-1	Permit Requirement						Report (Maximum)	mg/L		1 Monthly	Grab
Solids, Total Suspended	Sample Measurement						170		0		
PARM Code 00530 Q Mon. Site: INF-1	Permit Requirement						Report (Maximum)	mg/L		1 Monthly	Grab
Rick Tisdale P	CERTIFY UNDER PENALT IJECTION OR SUPERVISIO ROPERLY GATHERED AND ERSONS WHO MANAGE TH HE INFORMATION SUBMIT M AWARE THAT THERE OSSIBILITY OF FINE AND II	DEVALUATED THE SYSTEM, OR THE STEED IS, TO THE BEARE SIGNIFICAN	IE INFORMATION OSE PERSONS DIR SEST OF MY KNOW NT PENALTIES FO	EM DESIGNED TO SUBMITTED. BASI ECTLY RESPONSIB WLEDGE AND BELL OR SUBMITTING 1	ASSURE THAT ED ON MY INQU BLE FOR GATHE IFF TRUE ACCU	QUALIFIED PERSONNEL OF THE PERSONNEL OF THE INFORMATE AND COMMENTAL OF THE INFORMATE AND COMM	SONNEL OR AUTHO SON OR MATION, Electronical	RIZED AGENT	EXECUTIVE (OFFICER TELEPHONE (352) 475-2248	SUBMITTED ON 06/14/2017

PERMITTEE NAME: Fime Hideaway Inc

ADDRESS: Post Office Box 357246

PERMIT NUMBER: LIMIT:

FLA011650 FINAL

Monthly

Gainesville, FL 32635

FACILITY TYPE: MONITORING GROUP: R-001 REPORT: GROUP:

Domestic

FACILITY:

Springside Mobile Home Park WWTF State Road 320 And Springside Avenue

DESCRIPTION:

SPRINGSIDE MOBILE HOME PARK

LOCATION:

Chiefland, FL 32629

COUNTY.

LEVY

DW

COUNTY: LEVY	UNTY: LEVY						MONITORIN	G PERIOD: 1	rom: 04/01	/2017 To: 04/30/201	17
Parameter		Quantity	or Loading	Units	Qualit	ty or Concent	ration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement		.0110						0		
PARM Code 50050 Y Mon. Site: FLW-1	Permit Requirement		0.024 (Annl Avg)	MGD						5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
Flow	Sample Measurement	.013	.0133						0		
PARM Code 50050 1 Mon. Site: FLW-1	Permit Requirement	Report (Mo Avg)	Report (Qrtr Avg)	MGD						5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement						56		0		
PARM Code 00180 P Mon. Site: CAL-1	Permit Requirement						Report (Mo Avg)	percent		1 Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2.9			0		
PARM Code 80082 Y Mon. Site: EFA-1	Permit Requirement					20.0 (Annl Avg)		mg/L		1 Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0	2.0	2.0		0		
PARM Code 80082 A Mon. Site: EFA-1	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		1 Monthly	Grab

Parameter		Quantity	or Loading	Units	Quali	ty or Concen	tration	Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement					5.4			0		
PARM Code 00530 Y Mon. Site: EFA-1	Permit Requirement					20.0 (Annl Avg)		mg/L		1 Monthly	Grab
Solids, Total Suspended	Sample Measurement				2.0	2.0	2.0		0		
PARM Code 00530 A Mon. Site: EFA-1	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		1 Monthly	Grab
Coliform, Fecal	Sample Measurement					29.3			0		
PARM Code 74055 Y Mon. Site: EFA-1	Permit Requirement					200.0 (Annl Avg)		#/100mL		1 Monthly	Grab
Coliform, Fecal	Sample Measurement					4.0	4.0		0		
PARM Code 74055 A Mon. Site: EFA-1	Permit Requirement					200.0 (Mo Geomn)	800.0 (Maximum)	#/100mL		1 Monthly	Grab
pH	Sample Measurement				7.5		7.7		0		
PARM Code 00400 A Mon. Site: EFA-1	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual	Sample Measurement				.6				0		
PARM Code 50060 A Mon. Site: EFA-1	Permit Requirement				0.5 (Minimum)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement						1.9		0		
PARM Code 00620 A Mon. Site: EFA-1	Permit Requirement						12.0 (Maximum)	mg/L		1 Monthly	Grab

Parameter		Quantity	Quantity or Loading Units Quality or Concentration				Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement					240		0		
PARM Code 80082 Q Mon. Site: INF-1	Permit Requirement					Report (Maximum	mg/L		1 Monthly	Grab
Solids, Total Suspended	Sample Measurement					100		0		
PARM Code 00530 Q Mon. Site: INF-1	Permit Requirement					Report (Maximum	mg/L		1 Monthly	Grab
Rick Tisdale	ROPERLY GATHERED AND	D EVALUATED TO BE SYSTEM, OR TO TIED IS, TO THE I ARE SIGNIFICA	HE INFORMATION HOSE PERSONS DIR BEST OF MY KNOW NT PENALTIES FO	SUBMITTED. BAS ECTLY RESPONSI /LEDGE AND BEL OR SUBMITTING	ED ON MY INQUIRY BLE FOR GATHERING	THE INFORMATION, Electron	HORIZED AGENT	L EXECUTIVE	OFFICER TELEPHONE (352) 475-2248	SUBMITTED O 05/23/2017

PERMITTEE NAME: Fime Hideaway Inc ADDRESS:

Post Office Box 357246

Gainesville, FL 32635

PERMIT NUMBER: LIMIT: FACILITY TYPE:

MONITORING GROUP: RMP-Q

FLA011650

DW

FINAL REPORT: Monthly

GROUP: Domestic

FACILITY: LOCATION: Springside Mobile Home Park WWTF

State Road 320 And Springside Avenue Chiefland, FL 32629

DESCRIPTION:

Biosolids Quantity

COUNTY: LEVY	1				MONITO	RING PER	IOD: From: 0	4/01/2017 T	o: 04/30/2017	
Parameter		Quantity or Loading	Units	Quality or	r Concentrat	ion	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Transferred)	Sample Measurement	NOD						0		
PARM Code B0007 + Mon. Site: RMP-1	Permit Requirement	Report (Mo Total)	ton (d)						1 Monthly	Calculated
Biosolids Quantity (Landfilled)	Sample Measurement	NOD						0		
PARM Code B0008 + Mon. Site: RMP-1	Permit Requirement	Report (Mo Total)	ton (d)						1 Monthly	Calculated
Rick Tistdale	PROPERLY GATHERED AND PROPERLY GATHERED AND PERSONS WHO MANAGE THE INFORMATION SUBMIT MANAGE THAT THERE	Y OF LAW THAT THIS DOCUMENT ON IN ACCORDANCE WITH A SYST DEVALUATED THE INFORMATION IE SYSTEM, OR THOSE PERSONS DIR TITED IS, TO THE BEST OF MY KNOW ARE SIGNIFICANT PENALTIES FO MPRISONMENT FOR KNOWING VIOL	EM DESIGNED TO SUBMITTED, BASE ECTLY RESPONSIB VLEDGE AND BELL OR SUBMITTING F	ASSURE THAT QUAL D ON MY INQUIRY O LE FOR GATHERING T FF TRUE ACCURATE	LIFIED PERSONN OF THE PERSON (THE INFORMATIC F AND COMPLETE	EL OR AUTH OR ON, Electronica	ORIZED AGENT	L EXECUTIVE (OFFICER TELEPHONE (352) 475-2248	

Permit Number:

FLA011650

Facility:

Springside MHP WWTF

Monitoring Period

From:

1-Apr-17 To:

30-Apr-17

	Flow (MGD)	CBOD5 (mg/L)	TRC (For Disinfection (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	Solids, Total Suspended (MG/L)	pH (SU)	CBOD5 (mg/L)	Solids, Total Suspended (MG/L)
Code	50050	80082	50060	74055	00620	00530	00400	80082	00530
Mon. Site	FLW-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	INF-1
1	0.011								
2	0.011								
3	0.011						7.6		
4	0.015		0.6				7.7		
5	0.014		0.7				7.7		
6	0.010		0.7				7.7		
7	0.010		1.0				7.7		
8	0.015		0.6						
9	0.015								
10	0.015		0.8				7.6		
11	0.012		0.8				7.6		
12	0.012		1.0				7.6		
13	0.011	2.0	2.2	4.0	1.9	2.0	7.5	240.0	100.0
14	0.015		2.0				7.5		
15	0.015								
16	0.015								
17	0.018		1.2				7.6		
18	0.012		1.0				7.6		
19	0.009		1.2		_		7.6		
20	0.014		1.3				7.5		
21	0.014		1.2				7.6		
22	0.014								
23	0.014								
24	0.014		1.0				7.6		
25	0.011		1.1				7.5		
26	0.010		1.1				7.5		
27	0.011		0.9				7.6		
28	0.011		1.0				7.6		
29	0.013								
30	0.013								
31			V 00 CO 10						
Total	0.385	2.0	21.4	4.00	1.900	2.0	151.9	240.00	100.0
Mo. Avg.	0.013	2.0	1.1	4.0	1.900	2.0	7.6	240.00	100.0
Max	0.018	2.0	2.2	4.0	1.900	2.0	7.7	240.00	100.0
Min	0.009	2.0	0.6	4.0	1.900	2.0	7.5	240.00	100.0

PLANT STAFFING:

Day Shift Operator	Class: C	Certificate No.	13161	Name:	Anthony "Todd" Hubba
Day Shift Operator	Class: C	Certificate No.	14945	Name:	Thaddeus Tisdale
Day Shift Operator	Class: C	Certificate No.	13162	Name:	Wayne Davids
Day Shift Operator	Class: C	Certificate No.	18582	Name:	Owen Hurst
Day Shift Operator	Class: C	Certificate No.		Name:	
Lead Operator	Class: C	Certificate No.	9774	Name:	Richard M. Tisdale, Jr.

PERMITTEE NAME: Fimc Hideaway Inc ADDRESS:

Post Office Box 357246

Gainesville, FL 32635

PERMIT NUMBER: LIMIT: FACILITY TYPE:

MONITORING GROUP: R-001

FLA011650

DW

FINAL REPORT:

GROUP:

Monthly Domestic

Springside Mobile Home Park WWTF

FACILITY: LOCATION: State Road 320 And Springside Avenue Chiefland, FL 32629

DESCRIPTION:

SPRINGSIDE MOBILE HOME PARK

COUNTY: LEVY		1-1-1-1					MONITORIN	NG PERIOD:	From: 03/01	/2017 To: 03/31/201	17
Parameter	Quanty or Concentration			tration	Units	No. Ex.	Frequency of Analysis	Sample Type			
Flow	Sample Measurement		.0110						0		
PARM Code 50050 Y Mon. Site: FLW-1	Permit Requirement		0.024 (Annl Avg)	MGD						5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
Flow	Sample Measurement	.013	.014						0		(x map 2.0g)
PARM Code 50050 1 Mon. Site; FLW-1	Permit Requirement	Report (Mo Avg)	Report (Qrtr Avg)	MGD						5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement						58		0		(rump Eug)
PARM Code 00180 P Mon. Site: CAL-1	Permit Requirement						Report (Mo Avg)	percent		1 Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2.9			0		
PARM Code 80082 Y Mon. Site: EFA-1	Permit Requirement					20.0 (Annl Avg)		mg/L		1 Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.3	2.3	2.3		0		
PARM Code 80082 A Mon. Site: EFA-1	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		1 Monthly	Grab

Parameter		Quantity of	r Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement					6.0			0		
PARM Code 00530 Y Mon. Site: EFA-1	Permit Requirement					20.0 (Annl Avg)		mg/L		1 Monthly	Grab
Solids, Total Suspended	Sample Measurement				7.4	7.4	7.4		0		
PARM Code 00530 A Mon. Site: EFA-1	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		1 Monthly	Grab
Coliform, Fecal	Sample Measurement					30.3			0		
PARM Code 74055 Y Mon. Site: EFA-1	Permit Requirement					200.0 (Annl Avg)		#/100mL		1 Monthly	Grab
Coliform, Fecal	Sample Measurement					166.0	166.0		0		
PARM Code 74055 A Mon. Site: EFA-1	Permit Requirement					200.0 (Mo Geomn)	800.0 (Maximum)	#/100mL		1 Monthly	Grab
pH	Sample Measurement				7.2		7.3		0		
PARM Code 00400 A Mon. Site: EFA-1	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual	Sample Measurement				.5				0		
PARM Code 50060 A Mon. Site: EFA-1	Permit Requirement				0.5 (Minimum)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement						1.6		0		
PARM Code 00620 A Mon. Site: EFA-1	Permit Requirement						12.0 (Maximum)	mg/L		1 Monthly	Grab

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement					240		0		
PARM Code 80082 Q Mon. Site: INF-1	Permit Requirement					Report (Maximum)	mg/L		1 Monthly	Grab
Solids, Total Suspended	Sample Measurement					160		0		
PARM Code 00530 Q Mon. Site: INF-1	Permit Requirement					Report (Maximum)	mg/L		1 Monthly	Grab
Rick Tisdale P	ROPERLY GATHERED AND	D EVALUATED THE SYSTEM, OR THE STED IS, TO THE ARE SIGNIFICATION	HE INFORMATION HOSE PERSONS DIR BEST OF MY KNOW ANT PENALTIES FO	SUBMITTED. BASI ECTLY RESPONSIE VLEDGE AND BELL OR SUBMITTING I	D ON MY INQUIRY OF LE FOR GATHERING TH	E INFORMATION, Electronical	RIZED AGENT	EXECUTIVE (OFFICER TELEPHONE (352) 475-2248	SUBMITTED 0 04/20/2017

PERMITTEE NAME: Fime Hideaway Inc

Post Office Box 357246

Chiefland, FL 32629

PERMIT NUMBER:

FLA011650

FINAL REPORT: Monthly

Gainesville, FL 32635 FACILITY TYPE:

DW MONITORING GROUP: RMP-Q

GROUP: Domestic

FACILITY: LOCATION:

ADDRESS:

Springside Mobile Home Park WWTF

State Road 320 And Springside Avenue

DESCRIPTION:

LIMIT:

Biosolids Quantity

COUNTY:

LEVY

MONITORING PERIOD: Emm. 02/01/2017 To. 02/21/2017

COUNTY. LEVY					MONITORING PE	RIOD: From: 0	03/01/2017 T	o: 03/31/2017	
Parameter		Quantity or Loading	Units	Quality	y or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Transferred)	Sample Measurement	NOD					0		
PARM Code B0007 + Mon. Site: RMP-1	Permit Requirement	Report (Mo Total)	ton (d)					1 Monthly	Calculated
Biosolids Quantity (Landfilled)	Sample Measurement	NOD					0		
PARM Code B0008 + Mon. Site: RMP-1	Permit Requirement	Report (Mo Total)	ton (d)					1 Monthly	Calculated
OR AUTHORIZED AGENT P Rick Tisdale P A	DIRECTION OR SUPERVISION OF SUPERLY GATHERED AND SUPERSONS WHO MANAGE THE INFORMATION SUBMITION AWARE THAT THERE	IV OF LAW THAT THIS DOCUME ON IN ACCORDANCE WITH A SY DEVALUATED THE INFORMATIO IE SYSTEM, OR THOSE PERSONS D TITED IS, TO THE BEST OF MY KN ARE SIGNIFICANT PENALTIES MPRISONMENT FOR KNOWING VI	STEM DESIGNED TO N SUBMITTED. BAS IRECTLY RESPONSI OWLEDGE AND BEL FOR SUBMITTING	O ASSURE THAT Q ED ON MY INQUIR BLE FOR GATHERI JEF, TRUE, ACCUR	QUALIFIED PERSONNEL OR AU RY OF THE PERSON OR ING THE INFORMATION, RATE AND COMPLETE. I	TURE OF PRINCIPAL THORIZED AGENT nically Signed	L EXECUTIVE	OFFICER TELEPHONE (352) 475-2248	SUBMITTED ON 04/20/2017

Permit Number:

FLA011650

Facility:

Springside MHP WWTF

Monitoring Period

From:

1-Mar-17 To:

31-Mar-17

	Flow (MGD)	CBOD5 (mg/L)	TRC (For Disinfection (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	Solids, Total Suspended (MG/L)	pH (SU)	CBOD5 (mg/L)	Solids, Total Suspended (MG/L)
Code	50050	80082	50060	74055	00620	00530	00400	80082	00530
Mon. Site	FLW-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	INF-1
1	0.016		1.5				7.2		
2	0.014		1.5				7.3		
3	0.016		1.5				7.2		
4	0.011								
5	0.011								
6	0.011		1.6				7.2		
7	0.010		1.0				7.2		
8	0.013		1.6				7.3		
9	0.013		1.6				7.3		
10	0.013		1.7				7.2		
11	0.013		1						
12	0.013								
13	0.013		1.7				7.2		M
14	0.014		1.5				7.2		
15	0.013		1.5				7.2		
16	0.014		1.5				7.3		
17	0.013		2.2				7.3		
18	0.013								
19	0.013								
20	0.013		1.8				7.2		
21	0.016		1.8				7.3		
22	0.012		1.8				7.2		
23	0.015	2.3	2.0	166.0	1.6	7.4	7.2	240.000	160.0
24	0.013		0.5				7.2		
25	0.015								
26	0.015								
27	0.015		1.5				7.2		
28	0.011		1.5				7.3		
29	0.014		1.6				7.2		
30	0.012		1.7				7.2		
31	0.017		1.7				7.3		
Total	0.415	2.3	36.3	166.00	1.600	7.4	166.4	240.00	160.0
No. Avg.	0.013	2.3	1.6	166.0	1.600	7.4	7.2	240.00	160.0
Max	0.017	2.3	2.2	166.0	1.600	7.4	7.3	240.00	160.0
Min	0.010	2.3	0.5	166.0	1.600	7.4	7.2	240.00	160.0

PLANT STAFFING:

Class: C	Certificate No.	13161	Name:
Class: C	Certificate No.	14945	Name:
Class: C	Certificate No.	13162	Name:
Class: C	Certificate No.	18582	Name:
Class: C	Certificate No.		Name:
Class: C	Certificate No.	9774	Name:
	Class: C Class: C Class: C Class: C	Class: C Certificate No. Class: C Certificate No. Class: C Certificate No. Class: C Certificate No.	Class: C Certificate No. 14945 Class: C Certificate No. 13162 Class: C Certificate No. 18582 Class: C Certificate No.

Thaddeus Tisdale	
Wayne Davids	Π
Owen Hurst	

PERMITTEE NAME: Fime Hideaway Inc

ADDRESS:

Post Office Box 357246

Gainesville, FL 32635

PERMIT NUMBER:

FLA011650

FINAL REPORT: Monthly

FACILITY TYPE: MONITORING GROUP: RMP-Q

DW

GROUP: Domestic

FACILITY: LOCATION: Springside Mobile Home Park WWTF State Road 320 And Springside Avenue

Chiefland, FL 32629

DESCRIPTION:

LIMIT:

Biosolids Quantity

COUNTY.

IDVV

COUNTY: LEVY					MON	NITORING PE	RIOD: From: 0	02/01/2017 T	o: 02/28/2017	
Parameter		Quantity or Loading	Units	Qua	lity or Concen	tration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Transferred)	Sample Measurement	NOD					0	0		
PARM Code B0007 + Mon. Site: RMP-1	Permit Requirement	Report (Mo Total)	ton (d)						1 Monthly	Calculated
Biosolids Quantity (Landfilled)	Sample Measurement	NOD						0		
PARM Code B0008 + Mon. Site: RMP-1	Permit Requirement	Report (Mo Total)	ton (d)						1 Monthly	Calculated
OR AUTHORIZED AGENT P Rick Tisdale P T A	DIRECTION OR SUPERVISH ROPERLY GATHERED AN ERSONS WHO MANAGE TH HE INFORMATION SUBMI IM AWARE THAT THERE	TY OF LAW THAT THIS DOCUMEN ON IN ACCORDANCE WITH A SYS D EVALUATED THE INFORMATION HE SYSTEM, OR THOSE PERSONS DI TIED IS, TO THE BEST OF MY KNO ARE SIGNIFICANT PENALTIES F MPRISONMENT FOR KNOWING VIO	TEM DESIGNED TO SUBMITTED, BAS RECTLY RESPONSIVED AND BEI FOR SUBMITTING	O ASSURE THA ED ON MY INQ BLE FOR GATHI JEF, TRUE, ACC	T QUALIFIED PERS DUIRY OF THE PERS ERING THE INFORM CURATE AND COME	SONNEL OR AUT SON OR MATION, Electron PLETE, I	THORIZED AGENT	L EXECUTIVE	OFFICER TELEPHONE (352) 475-2248	SUBMITTED ON 03/16/2017

Parameter		Quantity or	Loading	Units	Quali	ty or Concent	tration	Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement					6.3			0		
PARM Code 00530 Y Mon. Site: EFA-1	Permit Requirement					20.0 (Annl Avg)		mg/L		1 Monthly	Grab
Solids, Total Suspended	Sample Measurement				4.8	4.8	4.8		0		
PARM Code 00530 A Mon. Site: EFA-1	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		1 Monthly	Grab
Coliform, Fecal	Sample Measurement					19.7			0		
PARM Code 74055 Y Mon. Site: EFA-1	Permit Requirement			AII.		200.0 (Annl Avg)		#/100mL		1 Monthly	Grab
Coliform, Fecal	Sample Measurement					130.0	130.0		0		
PARM Code 74055 A Mon. Site: EFA-1	Permit Requirement					200.0 (Mo Geomn)	800.0 (Maximum)	#/100mL		1 Monthly	Grab
pН	Sample Measurement				7.2		7.5		0		
PARM Code 00400 A Mon. Site: EFA-1	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual	Sample Measurement	L. Inn			.6				0		
PARM Code 50060 A Mon. Site: EFA-1	Permit Requirement				0.5 (Minimum)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement						.092		0		
PARM Code 00620 A Mon. Site: EFA-1	Permit Requirement						12.0 (Maximum)	mg/L		1 Monthly	Grab

Permit Number:

FLA011650

Facility:

Springside MHP WWTF

Monitoring Period From: 1-Feb-17 To: 28-Feb-17

	Flow (MGD)	CBOD5 (mg/L)	TRC (For Disinfection (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	Solids, Total Suspended (MG/L)	pH (SU)	CBOD5 (mg/L)	Solids, Total Suspended (MG/L)
Code	50050	80082	50060	74055	00620	00530	00400	80082	00530
Mon. Site	FLW-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	INF-1
1	0.016		2.2				7.4		W.
2	0.016		2.2				7.4		
3	0.014		2.2				7.4		
4	0.013								
5	0.013								
6	0.013		2.0				7.5		
7	0.013		2.0				7.5		
8	0.019	L	2.0				7.5		
9	0.015	2.0	2.0	130.0	0.092	4.8	7.5	250	150
10	0.015								
11	0.015							1	
12	0.015								
13	0.015		2.0				7.5		
14	0.014		2.0				7.5		
15	0.016		2.0				7.5		
16	0.019		2.0				7.4		
17	0.016		2.0				7.4		
18	0.013								
19	0.013								
20	0.013		0.6				7.3		
21	0.008		0.6				7.2		
22	0.005		0.6				7.3		
23	0.010		0.6				7.3		
24	0.013		0.6				7.2		
25	0.013								
26	0.013								
27	0.013		0.8				7.2		
28	0.013		1.5				7.3		
29									
30									
31									
Total	0.384	2.0	29.9	130.00	0.092	4.8	140.3	250.00	150.0
Mo. Avg.	0.014	2.0	1.6	130.0	0.092	4.8	7.4	250.00	150.0
Max	0.019	2.0	2.2	130.0	0.092	4.8	7.5	250.00	150.0
Min	0.005	2.0	0.6	130.0	0.092	4.8	7.2	250.00	150.0

PLANT STAFFING:

Day Shift Operator	Class: C	Certificate No.	13161	Name:
Day Shift Operator	Class: C	Certificate No.	14945	Name:
Day Shift Operator	Class: C	Certificate No.	13162	Name:
Day Shift Operator	Class: C	Certificate No.	18582	Name:
Day Shift Operator	Class: C	Certificate No.		Name:
Lead Operator	Class: C	Certificate No.	9774	Name:

Anthony "Todd" Hubbard
Thaddeus Tisdale
Wayne Davids
Owen Hurst
Richard M. Tisdale, Jr.

Parameter		Quantity (or Loading	Units	Quality	y or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement					250		0		
PARM Code 80082 Q Mon. Site: INF-1	Permit Requirement					Report (Maximu	n) mg/L		1 Monthly	Grab
Solids, Total Suspended	Sample Measurement					150		0		
PARM Code 00530 Q Mon. Site: INF-1	Permit Requirement					Report (Maximus	mg/L		1 Monthly	Grab
Rick Tisdale	ROPERLY GATHERED ANI	DN IN ACCORDAN D EVALUATED THE E SYSTEM, OR THE TTED IS, TO THE E ARE SIGNIFICAN	NCE WITH A SYST IE INFORMATION IOSE PERSONS DIR BEST OF MY KNOV NT PENALTIES FO	EM DESIGNED T SUBMITTED. BAS ECTLY RESPONSI VLEDGE AND BEI OR SUBMITTING	O ASSURE THAT Q SED ON MY INQUIR BLE FOR GATHER! JEF, TRUE, ACCUR	NG THE INFORMATION, Electro	THORIZED AGENT	AL EXECUTIVE	OFFICER TELEPHONE (352) 475-2248	SUBMITTED OF 03/16/2017

PERMITTEE NAME: Fime Hideaway Inc

ADDRESS: Post Office Box 357246

Gainesville, FL 32635

FACILITY: LOCATION:

Springside Mobile Home Park WWTF State Road 320 And Springside Avenue

Chiefland, FL 32629

PERMIT NUMBER:

DESCRIPTION:

LIMIT:

FLA011650

FINAL

REPORT:

Monthly Domestic

FACILITY TYPE: MONITORING GROUP: R-001

DW

GROUP:

SPRINGSIDE MOBILE HOME PARK

COUNTY:

LEVY

							MONITORIN	NG PERIOD:	From: 02/01	1/2017 To: 02/28/20	17
Parameter		Quantity or Loading		Units	Units Quality		tration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement		.0110						0	ranary sig	
PARM Code 50050 Y Mon. Site: FLW-1	Permit Requirement		0.024 (Annl Avg)	MGD						5 Days/Week	Elapsed Time Measurement on Pump
Flow	Sample Measurement	.014	.0147						0		(Pump Log)
PARM Code 50050 1 Mon. Site: FLW-1	Permit Requirement	Report (Mo Avg)	Report (Qrtr Avg)	MGD						5 Days/Week	Elapsed Time Measurement on Pump
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				011		61		0		(Pump Log)
PARM Code 00180 P Mon. Site: CAL-1	Permit Requirement						Report (Mo Avg)	percent		1 Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement					3.0			0		
PARM Code 80082 Y Mon. Site: EFA-1	Permit Requirement					20.0 (Annl Avg)		mg/L		1 Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0	2.0	2.0		0		
PARM Code 80082 A Mon. Site: EFA-1	Permit Requirement			12 3034	60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		1 Monthly	Grab

PERMITTEE NAME: Fime Hideaway Inc

ADDRESS:

Post Office Box 357246

Gainesville, FL 32635

FACILITY: LOCATION: Springside Mobile Home Park WWTF State Road 320 And Springside Avenue

Chiefland, FL 32629

LEVY

PERMIT NUMBER:

LIMIT:

DESCRIPTION:

FLA011650 FINAL

REPORT: GROUP:

SPRINGSIDE MOBILE HOME PARK

Monthly Domestic

FACILITY TYPE: DW

MONITORING GROUP: R-001

COUNTY: MONITORING PERIOD: From: 01/01/2017 To: 01/31/2017

Parameter		Quantity	or Loading	Units	Qualit	ty or Concent	ration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement		.0110						0		
PARM Code 50050 Y Mon. Site: FLW-1	Permit Requirement		0.024 (Anni Avg)	MGD						5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
Flow	Sample Measurement	.015	.0143						0		
PARM Code 50050 1 Mon. Site: FLW-1	Permit Requirement	Report (Mo Avg)	Report (Qrtr Avg)	MGD						5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement						60		0		
PARM Code 00180 P Mon. Site: CAL-1	Permit Requirement						Report (Mo Avg)	percent		1 Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement					3.0			0		
PARM Code 80082 Y Mon. Site: EFA-1	Permit Requirement					20.0 (Annl Avg)		mg/L		1 Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0	2.0	2.0		0		
PARM Code 80082 A Mon. Site: EFA-1	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		1 Monthly	Grab

Parameter		Quantity or	r Loading	Units	Quali	ty or Concent	tration	Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement					6.6			0		
PARM Code 00530 Y Mon. Site: EFA-1	Permit Requirement					20.0 (Annl Avg)		mg/L		1 Monthly	Grab
Solids, Total Suspended	Sample Measurement				4.0	4.0	4.0		0		
PARM Code 00530 A Mon. Site: EFA-1	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		1 Monthly	Grab
Coliform, Fecal	Sample Measurement					9.8			0		
PARM Code 74055 Y Mon. Site: EFA-1	Permit Requirement					200.0 (Annl Avg)		#/100mL		1 Monthly	Grab
Coliform, Fecal	Sample Measurement					1.0	1.0		0		
PARM Code 74055 A Mon. Site: EFA-1	Permit Requirement					200.0 (Mo Geomn)	800.0 (Maximum)	#/100mL		1 Monthly	Grab
pH	Sample Measurement				7.2		7.5		0		
PARM Code 00400 A Mon. Site: EFA-1	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual	Sample Measurement				1.0				0		
PARM Code 50060 A Mon. Site: EFA-1	Permit Requirement				0.5 (Minimum)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement						.079	in the	0		
PARM Code 00620 A Mon. Site: EFA-1	Permit Requirement						12.0 (Maximum)	mg/L		1 Monthly	Grab

Parameter		Quantity or Loading		Units	Quality	or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement					230		0		in say
PARM Code 80082 Q Mon. Site: INF-1	Permit Requirement					Report (Maximum	mg/L		1 Monthly	Grab
Solids, Total Suspended	Sample Measurement					260		0		
PARM Code 00530 Q Mon. Site: INF-1	Permit Requirement					Report (Maximum	mg/L		1 Monthly	Grab
Rick Tisdale P	ROPERLY GATHERED ANI	D EVALUATED THE SYSTEM, OR THE ITED IS, TO THE I ARE SIGNIFICAL	HE INFORMATION HOSE PERSONS DIR BEST OF MY KNOW NT PENALTIES FO	SUBMITTED. BAS ECTLY RESPONSI VLEDGE AND BEI OR SUBMITTING	ED ON MY INQUIRY BLE FOR GATHERIN	G THE INFORMATION, Electron	HORIZED AGENT	L EXECUTIVE (OFFICER TELEPHONE (352) 475-2248	SUBMITTED O 02/27/2017

PERMITTEE NAME: Fime Hideaway Inc

ADDRESS:

Post Office Box 357246

Gainesville, FL 32635

LIMIT:

FLA011650

DW

FINAL REPORT: Monthly

GROUP: Domestic

FACILITY: LOCATION:

Springside Mobile Home Park WWTF State Road 320 And Springside Avenue

Chiefland, FL 32629

DESCRIPTION:

PERMIT NUMBER:

MONITORING GROUP: RMP-Q

FACILITY TYPE:

Biosolids Quantity

COUNTY

IEVV

COUNTY: LEVY					MONITORING PE	RIOD: From: 0	1/01/2017 T	o: 01/31/2017	
Parameter		Quantity or Loading	Units	Quality or Cor	ncentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Transferred)	Sample Measurement	NOD					0		
PARM Code B0007 + Mon. Site: RMP-1	Permit Requirement	Report (Mo Total)	ton (d)					1 Monthly	Calculated
Biosolids Quantity (Landfilled)	Sample Measurement	NOD					0		
PARM Code B0008 + Mon. Site: RMP-1	Permit Requirement	Report (Mo Total)	ton (d)					1 Monthly	Calculated
Rick Tischale	PROPERTY GATHERED AND PROPERTY GATHERED AND PROPERTY GATHERED AND PROPERTY GATHER INFORMATION SUBMIT AM AWARE THAT THERE	Y OF LAW THAT THIS DOCUMENT ON IN ACCORDANCE WITH A SYST O D EVALUATED THE INFORMATION : IE SYSTEM, OR THOSE PERSONS DIR TIPED IS, TO THE BEST OF MY KNOW ARE SIGNIFICANT PENALTIES FO MPRISONMENT FOR KNOWING VIOL	EM DESIGNED TO SUBMITTED, BAS ECTLY RESPONSI /LEDGE AND BEL OR SUBMITTING	ASSURE THAT QUALIFIED ON MY INQUIRY OF THE BLE FOR GATHERING THE IN	PERSONNEL OR AUT PERSON OR FORMATION, Electron	THORIZED AGENT	LEXECUTIVE	OFFICER TELEPHONE (352) 475-2248	SUBMITTED ON 02/27/2017

Permit Number:

FLA011650

Facility:

Springside MHP WWTF

Monitoring Period

From:

1-Jan-17 To:

31-Jan-17

	Flow (MGD)	CBOD5 (mg/L)	TRC (For Disinfection (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	Solids, Total Suspended (MG/L)	pH (SU)	CBOD5 (mg/L)	Solids, Tota Suspended (MG/L)
Code	50050	80082	50060	74055	00620	00530	00400	80082	00530
Mon. Site	FLW-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	INF-1
1	0.017								
2	0.017		2.2				7.2		
3	0.018		2.2				7.2		
4	0.018		2.2				7.3		
5	0.019		2.2				7.3		
6	0.017		2.2				7.2		
7	0.014								
8	0.014								
9	0.014		2.2				7.2		
10	0.016		2.2				7.2		
11	0.015		2.2				7.3		-
12	0.016		2.2				7.3		
13	0.008		2.2				7.2		
14	0.008								
15	0.008								
16	0.008		1.0				7.5		
17	0.012		2.2				7.4		
18	0.017		2.0				7.4		
19	0.015		2.0				7.5		
20	0.015		2.0				7.5		
21	0.016								
22	0.016								
23	0.016		2.0				7.4		
24	0.014		2.0				7.5		
25	0.012		2.0				7.5		
26	0.015	2.0	2.2	1.0	0.079	4.0	7.5	230.0	260.0
27	0.015		2.2				7.4		
28	0.016								
29	0.016			- 33/10-2-2-4					
30	0.016		2.2				7.4		
31	0.014		2.2				7.4		77
Total	0.452	2.0	46.0	1.00	0.079	4.0	161.8	230.00	260.0
Mo. Avg.	0.015	2.0	2.1	1.0	0.079	4.0	7.4	230.00	260.0
Max	0.019	2.0	2.2	1.0	0.079	4.0	7.5	230.00	260.0
Min	0.008	2.0	1.0	1.0	0.079	4.0	7.2	230.00	260.0

PLANT STAFFING: Day Shift Operator Certificate No. Anthony "Todd" Hubbard Class: C 13161 Name: Day Shift Operator Class: C Certificate No. 14945 Name: Thaddeus Tisdale Class: C Day Shift Operator Certificate No. 13162 Name: Wayne Davids Day Shift Operator Class: C Certificate No. 18582 Owen Hurst Name: Day Shift Operator Class: C Certificate No. Name: Lead Operator Richard M. Tisdale, Jr. Class: C Certificate No. 9774 Name:

PERMITTEE NAME: Fimc Hideaway Inc

ADDRESS:

Post Office Box 357246

Gainesville, FL 32635

FACILITY: LOCATION: Springside Mobile Home Park WWTF State Road 320 And Springside Avenue

Chiefland, FL 32629

PERMIT NUMBER:

FLA011650

LIMIT:

FINAL REPORT:

Monthly GROUP:

FACILITY TYPE: MONITORING GROUP: R-001

DW

Domestic

DESCRIPTION:

SPRINGSIDE MOBILE HOME PARK

COUNTY.

IEVV

COUNTY: LEVY	a six and a second up to the second	Contract to the	and the second s	NAPE VALUE OF THE PARTY.			MONITORIN	IG PERIOD:	From: 12/01	/2016 To: 12/31/201	6
Parameter		Quantity or Loading		Units	Quali	ty or Concen	tration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement		.0110						0		
PARM Code 50050 Y Mon. Site: FLW-1	Permit Requirement		0.024 (Anni Avg)	MGD						5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
Flow	Sample Measurement	.015	.0133						0		(t unip Eog)
PARM Code 50050 1 Mon. Site: FLW-1	Permit Requirement	Report (Mo Avg)	Report (Qrtr Avg)	MGD						5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement						56		0		
PARM Code 00180 P Mon. Site: CAL-1	Permit Requirement						Report (Mo Avg)	percent		1 Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement					3.0			0		
PARM Code 80082 Y Mon. Site: EFA-1	Permit Requirement					20.0 (Annl Avg)		mg/L		1 Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0	2.0	2.0		0		
PARM Code 80082 A Mon. Site: EFA-1	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		1 Monthly	Grab

Parameter		Quantity o	r Loading	Units	Quali	ty or Concent	ration	Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement					6.7			0		
PARM Code 00530 Y Mon. Site: EFA-1	Permit Requirement					20.0 (Annl Avg)		mg/L		1 Monthly	Grab
Solids, Total Suspended	Sample Measurement				2.8	2.8	2.8		0		
PARM Code 00530 A Mon. Site: EFA-1	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		1 Monthly	Grab
Coliform, Fecal	Sample Measurement					10.3			0		
PARM Code 74055 Y Mon. Site: EFA-1	Permit Requirement					200.0 (Annl Avg)		#/100mL		1 Monthly	Grab
Coliform, Fecal	Sample Measurement					1.0	1.0		0		
PARM Code 74055 A Mon. Site: EFA-1	Permit Requirement					200.0 (Mo Geomn)	800.0 (Maximum)	#/100mL		1 Monthly	Grab
рН	Sample Measurement				7.2		7.7		0		
PARM Code 00400 A Mon. Site: EFA-1	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual	Sample Measurement				2.0				0		
PARM Code 50060 A Mon. Site: EFA-1	Permit Requirement				0.5 (Minimum)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement						.078		0		
PARM Code 00620 A Mon. Site: EFA-1	Permit Requirement						12.0 (Maximum)	mg/L		1 Monthly	Grab

Parameter		Quantity or Loading		Units	Quali	ty or Concent	ration	Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement						280		0		
PARM Code 80082 Q Mon. Site: INF-1	Permit Requirement			かけつ ない			Report (Maximum)	mg/L		1 Monthly	Grab
Solids, Total Suspended	Sample Measurement						88		0		
PARM Code 00530 Q Mon. Site: INF-1	Permit Requirement						Report (Maximum)	mg/L		1 Monthly	Grab
Rick Tisdale P	CERTIFY UNDER PENALT DIRECTION OR SUPERVISIO ROPERLY GATHERED AND ERSONS WHO MANAGE TH HE INFORMATION SUBMIT HM AWARE THAT THERE OSSIBILITY OF FINE AND IN	D EVALUATED THE INFO E SYSTEM, OR THOSE PI TED IS, TO THE BEST O ARE SIGNIFICANT PE	ORMATION ERSONS DIR OF MY KNOW NALTIES FO	SUBMITTED. BAS ECTLY RESPONSI VLEDGE AND BEL OR SUBMITTING	ED ON MY INQU BLE FOR GATHER JEF TRUE ACCU	QUALIFIED PERSO IRY OF THE PERSO ING THE INFORMA RATE AND COMPI	ONNEL OR AUTHO ON OR ATION, Electronical	DRIZED AGENT	EXECUTIVE (OFFICER TELEPHONE (352) 475-2248	SUBMITTED ON 01/20/2017

	DEI MILITERIA DI ESTATE DI CAMPANIA	Elitorection biochimical	
PERMITTEE NAME:	Fime Hideaway Inc	PERMIT NUMBER:	FLA011650

ADDRESS: Post Office Box 357246

Gainesville, FL 32635

LIMIT: FACILITY TYPE: FINAL REPORT: Monthly DW GROUP:

Domestic

MONITORING GROUP: RMP-Q

FACILITY: LOCATION: Springside Mobile Home Park WWTF State Road 320 And Springside Avenue

Chiefland, FL 32629

DESCRIPTION:

Biosolids Quantity

COUNTY

IEVV

MONITORING PERIOD: From: 12/01/2016 To: 12/31/2016

COUNTY: LEVY					MON	TORINGTE	MOD. FIGHT.	12/01/2010 1	0. 12/51/2010	
Parameter		Quantity or Loading	oading Units		Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Transferred)	Sample Measurement	NOD						0		
PARM Code B0007 + Mon. Site: RMP-1	Permit Requirement	Report (Mo Total)	ton (d)						1 Monthly	Calculated
Biosolids Quantity (Landfilled)	Sample Measurement	NOD						0		
PARM Code B0008 + Mon. Site: RMP-1	Permit Requirement	Report (Mo Total)	ton (d)					10.00	1 Monthly	Calculated
Rick Tisdale P	DIRECTION OR SUPERVISION OF SUPERLY GATHERED AND SUPERSONS WHO MANAGE THE INFORMATION SUBMITMENT AWARE THAT THERE	Y OF LAW THAT THIS DOCUME ON IN ACCORDANCE WITH A SY DEVALUATED THE INFORMATIC IE SYSTEM, OR THOSE PERSONS I TITED IS, TO THE BEST OF MY KN ARE SIGNIFICANT PENALTIES MPRISONMENT FOR KNOWING VI	STEM DESIGNED T IN SUBMITTED. BA DIRECTLY RESPONS OWLEDGE AND BE FOR SUBMITTING	O ASSURE THA SED ON MY INC IBLE FOR GATH LIEF, TRUE, ACC	T QUALIFIED PERSO QUIRY OF THE PERSO ERING THE INFORMA CURATE AND COMPL	ON OR ATION, Electroni		L EXECUTIVE	OFFICER TELEPHONE (352) 475-2248	SUBMITTED ON 01/20/2017

Permit Number:

FLA011650

Springside MHP WWTF

Monitoring Period

From:

1-Dec-16 To:

31-Dec-16

Facility:

	Flow (MGD)	CBOD5 (mg/L)	TRC (For Disinfection (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	Solids, Total Suspended (MG/L)	pH (SU)	CBOD5 (mg/L)	Solids, Tota Suspended (MG/L)
Code	50050	80082	50060	74055	00620	00530	00400	80082	00530
Mon. Site	FLW-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	INF-1
1	0.011		2.2				7.7		
2	0.011		2.2				7.5		
3	0.017								
4	0.017								
5	0.017		2.2				7.4		
6	0.016		2.0				7.4		
7	0.016		2.0				7.5		
8	0.017		2.0				7.4		
9	0.014		2.0				7.4		
10	0.014							1 1	
11	0.014								
12	0.014		2.0				7.5		
13	0.015		2.0				7.4		
14	0.015		2.0				7.4		
15	0.015	2.0	2.2	1.0	0.078	2.8	7.3	280.0	88.0
16	0.012		2.2				7.3		
17	0.015								
18	0.015								0-2-
19	0.015		2.2				7.3		
20	0.013		2.2				7.3		
21	0.017		2.2				7.4		
22	0.013		2.2				7.3		
23	0.011		2.2				7.7		
24	0.017								
25	0.017								
26	0.017		2.0				7.4		
27	0.015		2.2				7.2		
28	0.018		2.2				7.2		
29	0.017		2.2				7.3		
30	0.014		2.2				7.3		
31	0.017								
Total	0.466	2.0	46.8	1.00	0.078	2.8	162.6	280.00	88.0
lo. Avg.	0.015	2.0	2.1	1.0	0.078	2.8	7.4	280.00	88.0
Max	0.018	2.0	2.2	1.0	0.078	2.8	7.7	280.00	88.0
Min	0.011	2.0	2.0	1.0	0.078	2.8	7.2	280.00	88.0

PLANT STAFFING:

Day Shift Operator	Class: C	Certificate No.	13161	Name:	Anthony "Todd" Hubbard
Day Shift Operator	Class: C	Certificate No.	14945	Name:	Thaddeus Tisdale
Day Shift Operator	Class: C	Certificate No.	13162	Name:	Wayne Davids
Day Shift Operator	Class: C	Certificate No.	18582	Name:	Owen Hurst
Day Shift Operator	Class: C	Certificate No.		Name:	
Lead Operator	Class: C	Certificate No.	9774	Name:	Richard M. Tisdale, Jr.

PERMITTEE NAME: Fime Hideaway Inc

ADDRESS:

Post Office Box 357246

Gainesville, FL 32635

FACILITY:

Springside Mobile Home Park WWTF State Road 320 And Springside Avenue

Chiefland, FL 32629

PERMIT NUMBER:

FLA011650 LIMIT:

FACILITY TYPE:

FINAL REPORT: DW GROUP:

Monthly

MONITORING GROUP: R-001

Domestic

DESCRIPTION:

SPRINGSIDE MOBILE HOME PARK

COUNTY:

LOCATION:

LEVY

MONITORING PERIOD: From: 11/01/2016 To: 11/30/2016 Frequency

Parameter		Quantity or Loading		Units	Quali	Quality or Concentration			No. Ex.	of Analysis	Sample Type
Flow	Sample Measurement		.0110						0		
PARM Code 50050 Y Mon. Site: FLW-1	Permit Requirement		0.024 (Annl Avg)	MGD						5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
Flow	Sample Measurement	.013	.0120						0	T.V.	
PARM Code 50050 1 Mon. Site: FLW-1	Permit Requirement	Report (Mo Avg)	Report (Qrtr Avg)	MGD						5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement						50	100	0		
PARM Code 00180 P Mon. Site: CAL-1	Permit Requirement						Report (Mo Avg)	percent		1 Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement					3.0			0		
PARM Code 80082 Y Mon. Site: EFA-1	Permit Requirement					20.0 (Annl'Avg)		mg/L		1 Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3,4	3.4	3.4		0		
PARM Code 80082 A Mon. Site: EFA-1	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		1 Monthly	Grab

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement					7.1			0		
PARM Code 00530 Y Mon. Site: EFA-1	Permit Requirement					20.0 (Annl Avg)		mg/L		1 Monthly	Grab
Solids, Total Suspended	Sample Measurement				8.2	8.2	8.2		0.		
PARM Code 00530 A Mon. Site: EFA-1	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		1 Monthly	Grab
Coliform, Fecal	Sample Measurement					10.3			0		
PARM Code 74055 Y Mon. Site: EFA-1	Permit Requirement					200.0 (Annl Avg)		#/100mL		1 Monthly	Grab
Coliform, Fecal	Sample Measurement	-01				1.0	1.0		0		
PARM Code 74055 A Mon. Site: EFA-1	Permit Requirement					200.0 (Mo Geomn)	800.0 (Maximum)	#/100mL		1 Monthly	Grab
pH	Sample Measurement				7.4		7.5		0		
PARM Code 00400 A Mon. Site: EFA-1	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual	Sample Measurement				7				0		
PARM Code 50060 A Mon. Site: EFA-1	Permit Requirement				0.5 (Minimum)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement						.044		0		
PARM Code 00620 A Mon. Site: EFA-1	Permit Requirement						12.0 (Maximum)	mg/L		1 Monthly	Grab

Parameter		Quantity or Loading		Units	Quality	Units	No. Ex.	Frequency of Analysis	Sample Type	
BOD, Carbonaceous 5 day, 20C	Sample Measurement					220		0		
PARM Code 80082 Q Mon. Site: INF-1	Permit Requirement					Report (Maximum	mg/L		1 Monthly	Grab
Solids, Total Suspended	Sample Measurement					180		0		
PARM Code 00530 Q Mon. Site: INF-1	Permit Requirement					Report (Maximum	mg/L		1 Monthly	Grab
Rick Tisdale P	ROPERLY GATHERED AND	D EVALUATED T TE SYSTEM, OR T TTED IS, TO THE ARE SIGNIFICA	HE INFORMATION HOSE PERSONS DIR BEST OF MY KNOV	SUBMITTED. BAS ECTLY RESPONSI VLEDGE AND BEI OR SUBMITTING	SED ON MY INQUIR BLE FOR GATHERIN	G THE INFORMATION, Electron	HORIZED AGENT	EXECUTIVE	OFFICER TELEPHONE (352) 475-2248	SUBMITTED ON 12/22/2016

PERMITTEE NAME: Fimc Hideaway Inc

ADDRESS: Post Office Box 357246

Gainesville, FL 32635

PERMIT NUMBER:

LIMIT:

FLA011650

FINAL REPORT: Monthly

FACILITY TYPE: DW

GROUP:

Domestic

MONITORING GROUP: RMP-Q

FACILITY: LOCATION: Springside Mobile Home Park WWTF State Road 320 And Springside Avenue

Chiefland, FL 32629

DESCRIPTION:

Biosolids Quantity

COUNTY:

LEVY

MONITORING PERIOD: From: 11/01/2016 To: 11/30/2016

COUNTY: LEVY			MONITORING LEROD. Trong. The Machine Leron.								
Parameter		Quantity or Load	ing Units	Q	Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type	
Biosolids Quantity (Transferred)	Sample Measurement	NO	DD .					0			
PARM Code B0007 + Mon. Site: RMP-1	Permit Requirement	Rep (Mo I	ort otal) ton (d)						1 Monthly	Calculated	
Biosolids Quantity (Landfilled)	Sample Measurement	NO)D					0			
PARM Code B0008 + Mon. Site: RMP-1	Permit Requirement	Rep (Mo I	ort otal) ton (d						1 Monthly	Calculated	
Rick Tisdale P	DIRECTION OR SUPERVISION OF SUPERVISION OF SUPERSONS WHO MANAGE THE INFORMATION SUBMITION AWARE THAT THERE	Y OF LAW THAT THIS DO ON IN ACCORDANCE WITH DEVALUATED THE INFORM IE SYSTEM, OR THOSE PERS TIED IS, TO THE BEST OF M ARE SIGNIFICANT PENAL MPRISONMENT FOR KNOWI	A SYSTEM DESIGN MATION SUBMITTED ONS DIRECTLY RESP Y KNOWLEDGE AND LTIES FOR SUBMITTED	BASED ON MY ONSIBLE FOR GA D BELIEF, TRUE,	HAT QUALIFIED INQUIRY OF THE THERING THE INF ACCURATE AND (PERSONNEL OR AU PERSON OR FORMATION, COMPLETE. I	THORIZED AGENT	L EXECUTIVE	OFFICER TELEPHONE (352) 475-2248	SUBMITTED ON 12/22/2016	

Permit Number:

FLA011650

Monitoring Period

From: 1-Nov-16 To:

30-Nov-16

Facility: Springside MHP WWTF

	Flow (MGD)	CBOD5 (mg/L)	TRC (For Disinfection (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	Solids, Total Suspended (MG/L)	pH (SU)	CBOD5 (mg/L)	Solids, Total Suspended (MG/L)
Code	50050	80082	50060	74055	00620	00530	00400	80082	00530
Mon. Site	FLW-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	INF-1
1	0.011		1.0				7.4		
2	0.011		1.0				7.5		
3	0.010								
4	0.010		1.0				7.5		
5	0.014								
6	0.014								
7	0.014		0.7				7.4		
8	0.013								
9	0.013		0.8				7.4		
10	0.011		1.5				7.4		
11	0.013		1.5				7.4		
12	0.010								
13	0.010								
14	0.010		1.0				7.5		
15	0.013		1.3				7.5		
16	0.010		1.5				7.5		
17	0.013		1.5				7.5		
18	0.010		1.2				7.4		
19	0.014								
20	0.014							151	
21	0.014		1.3				7.4		
22	0.014		1.2				7.4		
23	0.011		1.2				7.5		
24	0.018								
25	0.018		1.2				7.5		
26	0.017								
27	0.017								
28	0.017		1.0				7.4		
29	0.012	3.4	2.0	1.0	0.044	8.2	7.5	220.0	180.0
30	0.015		2.2				7.4		
31									
Total	0.391	3.4	24.1	1.00	0.044	8.2	141.5	220.00	180.0
Mo. Avg.	0.013	3.4	1.3	1.0	0.044	8.2	7.4	220.00	180.0
Max	0.018	3.4	2.2	1.0	0.044	8.2	7.5	220.00	180.0
Min	0.010	3.4	0.7	1.0	0.044	8.2	7.4	220.00	180.0

PLANT STAFFING:

Day Shift Operator Class: C Certificate No. 13161 Name: Day Shift Operator Class: C Certificate No. 14945 Name: Day Shift Operator Class: C Certificate No. 13162 Name: Day Shift Operator Class: C Certificate No. 18582 Name: Day Shift Operator Class: C Certificate No. Name: Lead Operator Class: C Certificate No. 9774 Name:

Anthony "Todd" Hubbard Thaddeus Tisdale Wayne Davids Owen Hurst Richard M. Tisdale, Jr.

PERMITTEE NAME: Fimc Hideaway Inc

ADDRESS:

Post Office Box 357246

Gainesville, FL 32635

FACILITY: LOCATION:

Springside Mobile Home Park WWTF State Road 320 And Springside Avenue

Chiefland, FL 32629

PERMIT NUMBER:

LIMIT:

FLA011650

FINAL REPORT: Monthly GROUP:

Domestic

MONITORING GROUP: R-001

DW

DESCRIPTION:

FACILITY TYPE:

SPRINGSIDE MOBILE HOME PARK

COUNTY:

LEVY

COUNTY: LEVY		time -		MONITORING PERIOD: From: 10/01/2016 To: 10/31/2016							
Parameter		Quantity or Loading		Units	Quali	Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement		.0110						0		
PARM Code 50050 Y Mon. Site: FLW-1	Permit Requirement		0.024 (Anni Avg)	MGD			, p ^{od} .			5 Days/Week	Elapsed Time Measuremen on Pump (Pump Log)
Flow	Sample Measurement	.012	.0117						0	la l	(Tamp Eog)
PARM Code 50050 1 Mon. Site: FLW-1	Permit Requirement	Report (Mo Avg)	Report (Qrtr Avg)	MGD						5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement						49		0		(rump Log)
PARM Code 00180 P Mon. Site: CAL-1	Permit Requirement						Report (Mo Avg)	percent		1 Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2.9			0		
PARM Code 80082 Y Mon. Site: EFA-1	Permit Requirement					20.0 (Annl Avg)		mg/L		1 Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				5.5	7.5	3.8		0		
PARM Code 80082 A Mon. Site: EFA-1	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L,		1 Monthly	Grab

Parameter	Quantity or Loading		Units	Qualit	y or Concent	ration	Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement				6.7			0		
PARM Code 00530 Y Mon. Site: EFA-1	Permit Requirement				20.0 (Annl Avg)		mg/L		1 Monthly	Grab
Solids, Total Suspended	Sample Measurement			4.5	7.8	3.9		0		
PARM Code 00530 A Mon. Site: EFA-1	Permit Requirement			60,0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		1 Monthly	Grab
Coliform, Fecal	Sample Measurement				10.3			0		
PARM Code 74055 Y Mon. Site: EFA-1	Permit Requirement				200.0 (Annl Avg)		#/100mL		1 Monthly	Grab
Coliform, Fecal	Sample Measurement				2.0	2.0		0		
PARM Code 74055 A Mon. Site: EFA-1	Permit Requirement				200.0 (Mo Geomn)	800.0 (Maximum)	#/100mL		1 Monthly	Grab
pH	Sample Measurement			7.4		7.5		0		
PARM Code 00400 A Mon. Site: EFA-1	Permit Requirement			6.0 (Minimum)		8.5 (Maximum)	s,u.		5 Days/Week	Grab
Chlorine, Total Residual	Sample Measurement			2.0				0		
PARM Code 50060 A Mon. Site: EFA-1	Permit Requirement			0.5 (Minimum)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					.67		0		
PARM Code 00620 A Mon. Site: EFA-1	Permit Requirement					12.0 (Maximum)	mg/L		1 Monthly	Grab

Parameter		Quantity or Loading	Units	Quality or	Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement		2		220		0		100
PARM Code 80082 Q Mon. Site: INF-1	Permit Requirement				Report (Maximum)	mg/L		1 Monthly	Grab
Solids, Total Suspended	Sample Measurement				250		0		
PARM Code 00530 Q Mon. Site: INF-1	Permit Requirement				Report (Maximum)	mg/L		1 Monthly	Grab
Rick Tisdale F	PROPERLY GATHERED AND PERSONS WHO MANAGE THE THE INFORMATION SUBMIT AM AWARE THAT THERE	IY OF LAW THAT THIS DOCUMEN ON IN ACCORDANCE WITH A SYS: D EVALUATED THE INFORMATION HE SYSTEM, OR THOSE PERSONS DITTED IS, TO THE BEST OF MY KNO'E ARE SIGNIFICANT PENALTIES FIMPRISONMENT FOR KNOWING VIOL	SUBMITTED. BASE RECTLY RESPONSIB WLEDGE AND BELL OR SUBMITTING I	ASSURE THAT QUALI D ON MY INQUIRY OF LE FOR GATHERING THE FF TRUE ACCURATE	FIED PERSONNEL OR AUTHO THE PERSON OR HE INFORMATION, AND COMPLETE	RIZED AGENT	. EXECUTIVE	OFFICER TELEPHONE (352) 475-2248	SUBMITTED O
	**************************************				-				

FLA011650 PERMIT NUMBER: PERMITTEE NAME: Fimc Hideaway Inc LIMIT: FINAL REPORT: Monthly ADDRESS: Post Office Box 357246 GROUP: DW Domestic FACILITY TYPE: Gainesville, FL 32635 MONITORING GROUP: RMP-Q FACILITY: Springside Mobile Home Park WWTF Biosolids Quantity DESCRIPTION: LOCATION: State Road 320 And Springside Avenue Chiefland, FL 32629 MONITORING PERIOD: From: 10/01/2016 To: 10/31/2016 COUNTY: LEVY Frequency No. Sample Units of Quality or Concentration Parameter Quantity or Loading Units Ex. Type Analysis Sample 0 Biosolids Quantity (Transferred) NOD Measurement PARM Code B0007 + Permit Report (Mo Total) 1 Monthly Calculated ton (d) Mon. Site: RMP-1 Requirement Sample 0 Biosolids Quantity (Landfilled) NOD Measurement PARM Code B0008 + Permit Report (Mo Total) Calculated ton (d) 1 Monthly Mon. Site: RMP-1 Requirement NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER TELEPHONE SUBMITTED ON DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL OR AUTHORIZED AGENT PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR (352) 475-2248 11/18/2016 Rick Tisdale PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION. Electronically Signed

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.

Permit Number:

FLA011650

Facility:

Springside MHP WWTF

Monitoring Period

From:

1-Oct-16 To:

	Flow (MGD)	CBOD5 (mg/L)	TRC (For Disinfection (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	Solids, Total Suspended (MG/L)	pH (SU)	CBOD5 (mg/L)	Solids, Tota Suspended (MG/L)
Code	50050	80082	50060	74055	00620	00530	00400	80082	00530
Mon. Site	FLW-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	INF-1
1	0.012								
2	0.012								
3	0.012		2.0				7.4		
4	0.010		2.0				7.4		
5	0.011		2.0				7.5	1	
6	0.011		2.2		11.7		7.4		
7	0.014								-
8	0.014								
9	0.014							1	
10	0.014		2.2				7.4	1	
11	0.015		2.2				7.5		
12	0.014		2.2			-	7.5		
13	0.011		2.2				7.4		
14	0.012		2.2				7.4		
15	0.012								
16	0.012				7-7-1			1	
17	0.012		2.2				7.5		
18	0.013		2.0				7.4		
19	0.011		2.0	45.7		(14) (4)	7.4		
20	0.009	2.0	2.0	2.0	0.029	4.6	7.5	200.000	84.0
21	0.010		2.2				7.5	200.000	0 1.0
22	0.012								
23	0.012								
24	0.012		2.2				7.4	1	
25	0.010		2.2				7.5		
26	0.009		2.2				7.4		
27	0.009		2.2				7.4		
28	0.009		2.2				7.4		
29	0.012				-		0.00		
30	0.012		2.2				7.4		
31	0.012	5.5		2.0	0.67	3.2		220.0	250
Total	0.364	7.5	42.8	4.00	0.699	. 7.8	148.7	420.00	334.0
Mo. Avg.	0.012	3.8	2.1	2.0	0.350	3.9	7.4	210.00	167.0
Max	0.015	5.5	2.2	2.0	0.670	4.6	7.5	220.00	250.0
Min	0.009	2.0	2.0	2.0	0.029	3.2	7.4	200.00	84.0

PLANT STAFFING:

Day Shift Operator	Class: C	Certificate No.	13161	Name:	Anthony "Todd" Hubbard
Day Shift Operator	Class: C	Certificate No.	14945	Name:	Thaddeus Tisdale
Day Shift Operator	Class: C	Certificate No.	13162	Name:	Wayne Davids
Day Shift Operator	Class: C	Certificate No.	18582	Name:	Owen Hurst
Day Shift Operator	Class: C	Certificate No.		Name:	
Lead Operator	Class: C	Certificate No.	9774	Name:	Richard M. Tisdale, Jr.

PERMITTEE NAME: Fimc Hideaway Inc

Post Office Box 357246 ADDRESS:

Gainesville, FL 32635

Springside Mobile Home Park WWTF

State Road 320 And Springside Avenue Chiefland, FL 32629

PERMIT NUMBER:

FLA011650 FINAL

LIMIT: FACILITY TYPE: REPORT: GROUP:

Monthly

MONITORING GROUP: R-001

DW

Domestic

DESCRIPTION:

SPRINGSIDE MOBILE HOME PARK

COLINITY

FACILITY:

LOCATION:

LEVV

COUNTY: LEVY	DUNTY: LEVY MONITORING PERIOD:										
Parameter		Quantity or Loading		Units	Quality or Concentration		tration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement		.0110						0		
PARM Code 50050 Y Mon. Site: FLW-1	Permit Requirement		0.024 (Annl Avg)	MGD						5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
Flow	Sample Measurement	.011	.0110						0		
PARM Code 50050 1 Mon. Site: FLW-1	Permit Requirement	Report (Mo Avg)	Report (Qrtr Avg)	MGD						5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement						46		0		
PARM Code 00180 P Mon. Site: CAL-1	Permit Requirement						Report (Mo Avg)	percent		1 Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2.9			0		
PARM Code 80082 Y Mon. Site: EFA-1	Permit Requirement					20.0 (Annl Avg)		mg/L		1 Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				5.5	5.5	5.5		0		
PARM Code 80082 A Mon. Site: EFA-1	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		1 Monthly	Grab

Parameter		Quantity or Loading	Units	Qualit	ty or Concent	ration	Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement				6.8			0		
PARM Code 00530 Y Mon. Site: EFA-1	Permit Requirement				20.0 (Annl Avg)		mg/L		1 Monthly	Grab
Solids, Total Suspended	Sample Measurement			3.2	3.2	3.2		0		
PARM Code 00530 A Mon. Site: EFA-1	Permit Requirement			60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		1 Monthly	Grab
Coliform, Fecal	Sample Measurement				15.6			0		
PARM Code 74055 Y Mon. Site: EFA-1	Permit Requirement				200.0 (Annl Avg)		#/100mL		1 Monthly	Grab
Coliform, Fecal	Sample Measurement				2.0	2.0		0		
PARM Code 74055 A Mon. Site: EFA-1	Permit Requirement	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			200.0 (Mo Geomn)	800.0 (Maximum)	#/100mL		1 Monthly	Grab
рН	Sample Measurement			7.3		7.7		0		
PARM Code 00400 A Mon. Site: EFA-1	Permit Requirement			6.0 (Minimum)		8.5 (Maximum)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual	Sample Measurement			1.5				0		
PARM Code 50060 A Mon. Site: EFA-1	Permit Requirement			0.5 (Minimum)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					.670		0		
PARM Code 00620 A Mon. Site: EFA-1	Permit Requirement					12.0 (Maximum)	mg/L		1 Monthly	Grab

Permit Number:

FLA011650

Facility:

Springside MHP WWTF

1-Sep-16 To: Monitoring Period From: 30-Sep-16

	Flow (MGD)	CBOD5 (mg/L)	TRC (For Disinfection (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	Solids, Total Suspended (MG/L)	pH (SU)	CBOD5 (mg/L)	Solids, Total Suspended (MG/L)
Code	50050	80082	50060	74055	00620	00530	00400	80082	00530
Mon. Site	FLW-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	INF-1
1	0.010		2.0				7.5		
2	0.013		2.0				7.4		
3	0.012								
4	0.012								
5	0.012		2.0				7.4		
6	0.013		2.0				7.5		
7	0.012		1.8				7.4		
8	0.009		1.8				7.5		- 11
9	0.010		1.8				7.4		
10	0.012								
11	0.012								
12	0.012		1.8				7.5		
13	0.012		2.0				7.7		
14	0.012		2.2				7.7	7.7	
15	0.009		2.2				7.5		
16	0.010		2.2				7.5	N.	
17	0.011							7.	
18	0.011								
19	0.011		2.2				7.4		
20	0.006		1.5				7.5	18%	
21	0.012		1.8				7.4	120	
22	0.007		1.8				7.4		
23	0.009		1.8				7.5		
24	0.011								
25	0.011								_
26	0.011		2.0				7.5		
27	0.012		2.2				7.4		
28	0.011		2.2				7.3		
29	0.012		2.2				7.3	1	
30	0.013		2.0				7.4		
31		5.5		2.0	0.67	3.2	7.17	220.0	250
Total	0.330	5.5	43.5	2.00	0.670	3.2	164.1	220.00	250.0
Mo. Avg.	0.011	5.5	2.0	2.0	0.670	3.2	7.5	220.00	250.0
Max	0.013	5.5	2.2	2.0	0.670	3.2	7.7	220.00	250.0
Min	0.006	5.5	1.5	2.0	0.670	3.2	7.3	220.00	250.0

PLANT STAFFING:

Day Shift Operator	Class: C	Certificate No.	13161	Name:	Anthony "Todd" Hubbard
Day Shift Operator	Class: C	Certificate No.	14945	Name:	Thaddeus Tisdale
Day Shift Operator	Class: C	Certificate No.	13162	Name:	Wayne Davids
Day Shift Operator	Class: C	Certificate No.	18582	Name:	Owen Hurst
Day Shift Operator	Class: C	Certificate No.		Name:	
Lead Operator	Class: C	Certificate No.	9774	Name:	Richard M. Tisdale, Jr.

DEP Form 62-620.910(10), Effective November 29, 1994 Version 02/08/2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement					220	0		0		
PARM Code 80082 Q Mon. Site: INF-1	Permit Requirement					Repo (Maxin	ort num)	mg/L		1 Monthly	Grab
Solids, Total Suspended	Sample Measurement					250	0		0		
PARM Code 00530 Q Mon. Site: INF-1	Permit Requirement					Repo (Maxin		mg/L		1 Monthly	Grab
Rick Tisdale F	CERTIFY UNDER PENALT DIRECTION OR SUPERVISIO PROPERLY GATHERED AND PERSONS WHO MANAGE TH HE INFORMATION SUBMIT AM AWARE THAT THERE POSSIBILITY OF FINE AND II	E SYSTEM, OR T TED IS, TO THE ARE SIGNIFICA	HE INFORMATION HOSE PERSONS DI BEST OF MY KNO ANT PENALTIES F	TEM DESIGNED TO SUBMITTED. BASI RECTLY RESPONSI WLEDGE AND BELL FOR SUBMITTING	ASSURE THAT QUE ED ON MY INQUIR BLE FOR GATHERIN IEF, TRUE, ACCURA	UALIFIED PERSONNEL OF Y OF THE PERSON OR IG THE INFORMATION, ATE AND COMPLETE. I	R AUTHOR	RIZED AGENT	EXECUTIVE	OFFICER TELEPHONE (352) 475-2248	SUBMITTED ON 10/18/2016

PERMITTEE NAME: Fimc Hideaway Inc

ADDRESS:

Post Office Box 357246

Gainesville, FL 32635

PERMIT NUMBER:

FLA011650

LIMIT:

FINAL REPORT: Monthly

Domestic

FACILITY TYPE:

DESCRIPTION:

DW

GROUP:

MONITORING GROUP: RMP-Q

Biosolids Quantity

LOCATION:

FACILITY:

Springside Mobile Home Park WWTF State Road 320 And Springside Avenue

Requirement

Chiefland, FL 32629

COUNTY:

LEVY

MONITORING PERIOD: From: 09/01/2016 To: 09/30/2016 Frequency No. Parameter Quantity or Loading Quality or Concentration Units Units of

Ex. Type Analysis Sample Biosolids Quantity (Transferred) NOD 0 Measurement PARM Code B0007 + Permit Report (Mo Total) ton (d) Mon. Site: RMP-1 1 Monthly Calculated Requirement Sample Biosolids Quantity (Landfilled) NOD 0 Measurement PARM Code B0008 + Permit Report (Mo Total) ton (d)

Mon. Site: RMP-1

Rick Tisdale

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER TELEPHONE SUBMITTED ON

Electronically Signed

(352) 475-2248 10/18/2016

1 Monthly

Sample

Calculated

PERMITTEE NAME: Fimc Hideaway Inc

ADDRESS:

Post Office Box 357246

Gainesville, FL 32635

FACILITY:

Springside Mobile Home Park WWTF

State Road 320 And Springside Avenue

Chiefland, FL 32629

PERMIT NUMBER:

LIMIT:

FLA011650 FINAL

FACILITY TYPE:

REPORT: GROUP:

Monthly

MONITORING GROUP: R-001

DW

Domestic

DESCRIPTION:

SPRINGSIDE MOBILE HOME PARK

LOCATION:

COUNTY: LEVY	MONITORING PERIOD: From: 08/01/2016 To: 08/31/2016										
Parameter		Quantity or Loading		Units	Quali	Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement		.0110						0		
PARM Code 50050 Y Mon. Site: FLW-1	Permit Requirement		0.024 (Annl Avg)	MGD						5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
Flow	Sample Measurement	.012	.0107						0		(, un p 202)
PARM Code 50050 1 Mon. Site: FLW-1	Permit Requirement	Report (Mo Avg)	Report (Qrtr Avg)	MGD			5,410	4 104		5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement						44		0		(rump rog)
PARM Code 00180 P Mon. Site: CAL-1	Permit Requirement						Report (Mo Avg)	percent		1 Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2.6			0		
PARM Code 80082 Y Mon. Site: EFA-1	Permit Requirement					20.0 (Annl Avg)		mg/L		1 Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement		10		5.5	5.5	5.5		0		
PARM Code 80082 A Mon. Site: EFA-1	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		1 Monthly	Grab

Parameter		Quantity or Loading		Units	Qualit	y or Concent	ration	Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement					7.2			0		
PARM Code 00530 Y Mon. Site: EFA-1	Permit Requirement					20.0 (Annl Avg)		mg/L		1 Monthly	Grab
Solids, Total Suspended	Sample Measurement				3.2	3.2	3.2		0		
PARM Code 00530 A Mon. Site: EFA-1	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		1 Monthly	Grab
Coliform, Fecal	Sample Measurement					15.5			0		
PARM Code 74055 Y Mon. Site: EFA-1	Permit Requirement					200.0 (Annl Avg)		#/100mL		1 Monthly	Grab
Coliform, Fecal	Sample Measurement					2.0	2.0		0		
PARM Code 74055 A Mon. Site: EFA-1	Permit Requirement					200.0 (Mo Geomn)	800.0 (Maximum)	#/100mL		1 Monthly	Grab
pH	Sample Measurement				7.3		7.6		0		
PARM Code 00400 A Mon. Site: EFA-1	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual	Sample Measurement				.6				0		
PARM Code 50060 A Mon. Site: EFA-1	Permit Requirement				0.5 (Minimum)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement						.67		0		
PARM Code 00620 A Mon. Site: EFA-1	Permit Requirement						12.0 (Maximum)	mg/L	26 (a) (d)	1 Monthly	Grab

Parameter		Quantity or Loading		Units	Units Quality or Concentrat			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement						220		0		
PARM Code 80082 Q Mon. Site: INF-1	Permit Requirement						Report (Maximum)	mg/L		1 Monthly	Grab
Solids, Total Suspended	Sample Measurement						250		0		
PARM Code 00530 Q Mon. Site: INF-1	Permit Requirement						Report (Maximum)	mg/L		1 Monthly	Grab
Rick Tisdale P	CERTIFY UNDER PENALT DIRECTION OR SUPERVISION PROPERLY GATHERED AND PERSONS WHO MANAGE TH THE INFORMATION SUBMIT AM AWARE THAT THERE POSSIBILITY OF FINE AND IN	D EVALUATED THE SYSTEM, OR THE IS, TO THE I ARE SIGNIFICAL	IE INFORMATION IOSE PERSONS DIR BEST OF MY KNOW NT PENALTIES FO	EM DESIGNED TO SUBMITTED. BASE ECTLY RESPONSIB VLEDGE AND BELI OR SUBMITTING F	ASSURE THAT OF THE PROPERTY OF	QUALIFIED PERSO RY OF THE PERSO ING THE INFORMA RATE AND COMP	NNEL OR AUTHO ON OR TION, Electronical	DRIZED AGENT	EXECUTIVE (OFFICER TELEPHONE (352) 475-2248	SUBMITTED ON 09/20/2016

PERMITTEE NAME: Fimc Hideaway Inc

ADDRESS:

Post Office Box 357246

Gainesville, FL 32635

PERMIT NUMBER: LIMIT:

FLA011650

DW

FINAL REPORT: Monthly

GROUP: Domestic

MONITORING GROUP: RMP-Q

FACILITY:

Springside Mobile Home Park WWTF State Road 320 And Springside Avenue

LOCATION:

Chiefland, FL 32629

DESCRIPTION:

FACILITY TYPE:

Biosolids Quantity

MONITORING PERIOD: From: 08/01/2016 To: 08/31/2016

COUNTY: LEVY					MC	ONITORING PE	RIOD: From: 0	08/01/2016 T	o: 08/31/2016	
Parameter		Quantity or Loading	Loading Units		Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Transferred)	Sample Measurement	NOD						0		
PARM Code B0007 + Mon. Site: RMP-1	Permit Requirement	Report (Mo Total)	ton (d)						1 Monthly	Calculated
Biosolids Quantity (Landfilled)	Sample Measurement	NOD						0		
PARM Code B0008 + Mon. Site: RMP-1	Permit Requirement	Report (Mo Total)	ton (d)						1 Monthly	Calculated
Rick Tisdale P	DIRECTION OR SUPERVISION OF SUPERLY GATHERED AND ERSONS WHO MANAGE THE INFORMATION SUBMITM AWARE THAT THERE	TY OF LAW THAT THIS DOCUMEN ON IN ACCORDANCE WITH A SYST O EVALUATED THE INFORMATION HE SYSTEM, OR THOSE PERSONS DITTED IS, TO THE BEST OF MY KNOWARE SIGNIFICANT PENALTIES F MPRISONMENT FOR KNOWING VIO	TEM DESIGNED TO SUBMITTED. BAS RECTLY RESPONSI WLEDGE AND BEL OR SUBMITTING	D ASSURE THAT ED ON MY INQU BLE FOR GATHE JEF, TRUE, ACCU	QUALIFIED PE JIRY OF THE PE RING THE INFO JRATE AND CO	RSONNEL OR AU ERSON OR RMATION, Electron MPLETE. I	THORIZED AGENT	L EXECUTIVE	OFFICER TELEPHONE (352) 475-2248	SUBMITTED ON 09/20/2016

Permit Number:

FLA011650

Facility:

Springside MHP WWTF

Monitoring Period 1-Aug-16 To: From: 31-Aug-16

	Flow (MGD)	CBOD5 (mg/L)	TRC (For Disinfection (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	Solids, Total Suspended (MG/L)	pH (SU)	CBOD5 (mg/L)	Solids, Tota Suspended (MG/L)
Code	50050	80082	50060	74055	00620	00530	00400	80082	00530
Mon. Site	FLW-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	INF-1
1	0.016		2.2				7.5		
2	0.011								
3	0.011		2.2				7.4		
4	0.012								
5	0.012		2.0				7.4		
6	0.013								
7	0.013								
8	0.013		2.2				7.6		
9	0.012		1.8				7.5		
10	0.013		1.0				7.6		
11	0.012		0.6				7.5		
12	0.012		0.8				7.5		
13	0.014						171,3 437,41		
14	0.014								
15	0.014		0.8				7.6		
16	0.010		2.2				7.5	- 80	
17	0.010		2.2				7.4		
18	0.010		2.2				7.5		
19	0.011		2.2				7.5		
20	0.013							15	
21	0.013								
22	0.013		2.2				7.4		
23	0.009		2.2				7.5		
24	0.010		2.2				7.5		
25	0.011		2.2				7.4		
26	0.011		2.2				7.5		
27	0.009								
28	0.009								
29	0.009		1.0				7.3		
30	0.010		1.0				7.3		
31	0.008	5.5	2.0	2.0	0.67	3.2	7.6	220.0	250
Total	0.358	5.5	37.4	2.00	0.670	3.2	157.0	220.00	250.0
Mo. Avg.	0.012	5.5	1.8	2.0	0.670	3.2	7.5	220.00	250.0
Max	0.016	5.5	2.2	2.0	0.670	3.2	7.6	220.00	250.0
Min	0.008	5.5	0.6	2.0	0.670	3.2	7.3	220.00	250.0

PLANT STAFFING:

Day Shift Operator	Class: C	Certificate No.	13161	Name:	Anthony "Todd" Hubbard
Day Shift Operator	Class: C	Certificate No.	14945	Name:	Thaddeus Tisdale
Day Shift Operator	Class: C	Certificate No.	13162	Name:	Wayne Davids
Day Shift Operator	Class: C	Certificate No.	18582	Name:	Owen Hurst
Day Shift Operator	Class: C	Certificate No.		Name:	
Lead Operator	Class: C	Certificate No.	9774	Name:	Richard M. Tisdale, Jr.

PERMITTEE NAME: Fimc Hideaway Inc ADDRESS:

Post Office Box 357246

Gainesville, FL 32635

FACILITY: LOCATION:

Springside Mobile Home Park WWTF State Road 320 And Springside Avenue

Chiefland, FL 32629

PERMIT NUMBER: LIMIT:

FLA011650

FINAL REPORT:

Monthly GROUP: Domestic

MONITORING GROUP: R-001

DESCRIPTION:

FACILITY TYPE:

SPRINGSIDE MOBILE HOME PARK

COUNTY:

LEVY

DW

COUNTY: LEVY	el carea responsa a la	CASE SOLE 150	MONITORING PERIOD: From: 07/01/2016 To: 07/31/201								
Parameter		Quantity or Loading		Units	Quali	ty or Concent	tration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement		.0110						0		
PARM Code 50050 Y Mon. Site: FLW-1	Permit Requirement		0.024 (Annl Avg)	MGD						5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
Flow	Sample Measurement	.011	.0093						0	1	(
PARM Code 50050 1 Mon. Site: FLW-1	Permit Requirement	Report (Mo Avg)	Report (Qrtr Avg)	MGD						5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement						39		0		
PARM Code 00180 P Mon. Site: CAL-1	Permit Requirement						Report (Mo Avg)	percent		1 Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2.3			0		
PARM Code 80082 Y Mon. Site: EFA-1	Permit Requirement	1				20.0 (Annl Avg)		mg/L		1 Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.6	3.6	3.6		0		
PARM Code 80082 A Mon. Site: EFA-1	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		1 Monthly	Grab

Parameter		Quantity or Loading		Units	Qualit	Quality or Concentration			No. Ex.		Sample Type
Solids, Total Suspended	Sample Measurement					9.7			0		
PARM Code 00530 Y Mon. Site: EFA-1	Permit Requirement					20.0 (Annl Avg)		mg/L		1 Monthly	Grab
Solids, Total Suspended	Sample Measurement				7.4	7.4	7.4		0		
PARM Code 00530 A Mon. Site: EFA-1	Permit Requirement				60,0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		1 Monthly	Grab
Coliform, Fecal	Sample Measurement					15.7	2.1		0		
PARM Code 74055 Y Mon. Site: EFA-1	Permit Requirement					200.0 (Anni Avg)		#/100mL		1 Monthly	Grab
Coliform, Fecal	Sample Measurement					2.0	2.0		0		
PARM Code 74055 A Mon. Site: EFA-1	Permit Requirement					200.0 (Mo Geomn)	800,0 (Maximum)	#/100mL		1 Monthly	Grab
pH	Sample Measurement				7.0		7.6		0		
PARM Code 00400 A Mon. Site: EFA-1	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual	Sample Measurement				.7				0		
PARM Code 50060 A Mon. Site: EFA-1	Permit Requirement				0.5 (Minimum)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement						.023		0		
PARM Code 00620. A Mon. Site: EFA-1	Permit Requirement						12.0 (Maximum)	mg/L		1 Monthly	Grab
							48. 27				

Parameter		Quantity or Loading	Units	Quality or	r Concentration	tion Units		Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement				180		0		
PARM Code 80082 Q Mon. Site: INF-1	Permit Requirement				Report (Maximum)	mg/L		1 Monthly	Grab
Solids, Total Suspended	Sample Measurement				70		0		
PARM Code 00530 Q Mon. Site: INF-1	Permit Requirement				Report (Maximum)	mg/L		1 Monthly	Grab
Rick Tisdale F	DIRECTION OR SUPERVISIO PROPERLY GATHERED AND PERSONS WHO MANAGE TH THE INFORMATION SUBMIT AM AWARE THAT THERE	Y OF LAW THAT THIS DOCUMEN ON IN ACCORDANCE WITH A SYS'D EVALUATED THE INFORMATION E SYSTEM, OR THOSE PERSONS DI TED IS, TO THE BEST OF MY KNO ARE SIGNIFICANT PENALTIES F MPRISONMENT FOR KNOWING VIO	TEM DESIGNED T SUBMITTED, BAS RECTLY RESPONSI WLEDGE AND BEI OR SUBMITTING	O ASSURE THAT QUAL SED ON MY INQUIRY O BLE FOR GATHERING T LIEF, TRUE, ACCURATE	JEFIED PERSONNEL OR AUTHOR THE PERSON OR THE INFORMATION, AND COMPLETE I	DRIZED AGENT	EXECUTIVE	OFFICER TELEPHONE (352) 475-2248	SUBMITTED ON 08/19/2016

. 3260

PERMITTEE NAME: Fimc Hideaway Inc

Post Office Box 357246

Gainesville, FL 32635

Springside Mobile Home Park WWTF State Road 320 And Springside Avenue

Chiefland, FL 32629

PERMIT NUMBER: LIMIT:

FLA011650

FINAL REPORT: Monthly

GROUP: Domestic

DW FACILITY TYPE: MONITORING GROUP: RMP-Q

DESCRIPTION:

Biosolids Quantity

COUNTY

ADDRESS:

FACILITY:

LOCATION:

LEVY

MONITORING PERIOD: From: 07/01/2016 To: 07/31/2016

COUNTY: LEVY					MONITORING PER	dod. Floiii. 0	7/01/2010 1	0. 07/31/2010	
Parameter	Quantity or Loading		Units	Quality or	Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolios (mantity i fransferred) 1	Sample Measurement	DNP					0		
PARM Code B0007 + Mon. Site: RMP-1	Permit Requirement	Report (Mo Total)	ton (d)					1 Monthly	Calculated
Biosolids Quantity (Landfilled)	Sample Measurement	DNP					0		
PARM Code B0008 + Mon. Site: RMP-1	Permit Requirement	Report (Mo Total)	ton (d)					1 Monthly	Calculated
D P P Rick Tisdale P T A	ROPERLY GATHERED ANI ERSONS WHO MANAGE TH HE INFORMATION SUBMIT IM AWARE THAT THERE	TY OF LAW THAT THIS DOCUME. ON IN ACCORDANCE WITH A SYS DEVALUATED THE INFORMATION HE SYSTEM, OR THOSE PERSONS DO TITED IS, TO THE BEST OF MY KNO. ARE SIGNIFICANT PENALTIES MPRISONMENT FOR KNOWING VIO	STEM DESIGNED TO N SUBMITTED. BAS IRECTLY RESPONSI OWLEDGE AND BEL FOR SUBMITTING	ASSURE THAT QUAL ED ON MY INQUIRY O BLE FOR GATHERING T IEF, TRUE, ACCURATE	JFIED PERSONNEL OR AUTH F THE PERSON OR HE INFORMATION, AND COMPLETE I	JRE OF PRINCIPAL HORIZED AGENT cally Signed	L EXECUTIVE	OFFICER TELEPHONE (352) 475-2248	SUBMITTED ON 08/19/2016

Permit Number:

FLA011650

Facility:

Springside MHP WWTF

Monitoring Period

From:

1-Jul-16 To:

o: 31-Ji

31-Jul-16

Flow (MGD) CBOD5 (mg/L) TRC (For Nitrogen, Fecal Coliform Solids, Total pH (SU) CBOD5 (mg/L) Solids, Total Disinfection Bacteria Nitrate, Total Suspended Suspended (MG/L) (#/100ML) (as N) (MG/L) (MG/L) (MG/L) Code 50050 80082 50060 74055 00620 00530 00400 80082 00530 FLW-1 Mon. Site EFA-1 EFA-1 EFA-1 EFA-1 EFA-1 EFA-1 INF-1 INF-1 0.010 2.2 7.6 2 0.009 3 0.009 4 0.009 2.2 7.5 5 0.015 2.2 7.6 6 0.011 2.2 7.5 0.012 2.2 7.5 8 0.013 2.2 7.6 9 0.014 10 0.014 11 0.014 2.2 7.6 12 0.010 2.2 7.5 13 0.010 2.2 7.5 14 0.012 2.2 7.5 15 0.012 2.2 7.6 16 0.010 17 0.010 18 0.010 2.2 7.5 19 0.009 3.6 2.2 2.0 0.023 7.4 7.2 180.00 70.0 20 0.010 2.2 7.1 21 0.010 2.2 7.1 22 0.010 2.2 7.0 23 0.009 24 0.009 25 0.009 2.2 7.3 26 0.010 2.0 7.5 27 0.009 0.7 7.3 28 0.009 1.5 7.6 29 0.013 2.2 7.4 30 0.016 31 0.016 Total 0.343 3.6 43.8 2.00 7.4 0.023 156.0 180.00 70.0 Mo. Avg. 0.011 3.6 2.1 2.0 0.023 7.4 7.4 180.00 70.0 Max 0.016 3.6 2.2 2.0 0.023 7.4 7.6 180.00 70.0 Min 0.009 3.6 0.7 2.0 0.023 7.4 7.0 180.00 70.0

PI ANT	STAFFING:
PLANT	STAFFING:

Day Shift Operator	Class: C	Certificate No.	13161	Name:	Anthony "Todd" Hubbard
Day Shift Operator	Class: C	Certificate No.	14945	Name:	Thaddeus Tisdale
Day Shift Operator	Class: C	Certificate No.	13162	Name:	Wayne Davids
Day Shift Operator	Class: C	Certificate No.	18582	Name:	Owen Hurst
Day Shift Operator	Class: C	Certificate No.		Name:	
Lead Operator	Class: C	Certificate No.	9774	Name:	Richard M. Tisdale, Jr.

PERMITTEE NAME: Fimc Hideaway Inc

Post Office Box 357246 ADDRESS:

Gainesville, FL 32635

FACILITY: LOCATION:

Springside Mobile Home Park WWTF State Road 320 And Springside Avenue

Chiefland, FL 32629

PA FILE NUMBER: PERMIT NUMBER:

FACILITY TYPE:

LIMIT:

FLA011650006DW3P FLA011650

FINAL REPORT: DW

Monthly GROUP:

MONITORING GROUP: R-001

Domestic

DESCRIPTION:

SPRINGSIDE MOBILE HOME PARK

COUNTY:

LEVY

MONITORING PERIOD: From: 06/01/2016 To: 06/30/2016

THE STREET STREET, STR	Edylan legyt ago	STATE BUREAU	MONITORING PERIOD: From: 06/01/2016 To: 06/30/2016								
Parameter	Quantity or		Quantity or Loading		Quali	ity or Concen	tration	Units	No. Ex.		Sample Type
Flow	Sample Measurement		.0078						0		
PARM Code 50050 Y Mon. Site: FLW-1	Permit Requirement		0.024 (Annl Avg)	MGD						5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
Flow	Sample Measurement	.010	.0087						0		(Fump Log)
PARM Code 50050 1 Mon. Site: FLW-1	Permit Requirement	Report (Mo Avg)	Report (Qrtr Avg)	MGD						5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement						36		0		(Futup Log)
PARM Code 00180 P Mon. Site: CAL-1	Permit Requirement						Report (Mo Avg)	percent		1 Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2.3	1		0		
PARM Code 80082 Y Mon. Site: EFA-1	Permit Requirement					20.0 (Annl Avg)		mg/L		1 Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0	2.0	2.0		0		
PARM Code 80082 A Mon. Site: EFA-1	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		1 Monthly	Grab

Parameter		Quantity or Loading Units Quality or Concentration				Units	No. Ex.	Frequency of Analysis	Sample Type		
Solids, Total Suspended	Sample Measurement					11.2			0		
PARM Code 00530 Y Mon. Site: EFA-1	Permit Requirement					20.0 (Annl Avg)		mg/L		1 Monthly	Grab
Solids, Total Suspended	Sample Measurement				9.4	9.4	9.4		0		
PARM Code 00530 A Mon. Site: EFA-1	Permit Requirement				60.0 (Maximum)	45,0 (Wkly Avg)	30,0 (Mo Avg)	mg/L		1 Monthly	Grab
Coliform, Fecal	Sample Measurement					15.6			0	Y The second	
PARM Code 74055 Y Mon. Site: EFA-1	Permit Requirement					200.0 (Annl Avg)		#/100mL		1 Monthly	Grab
Coliform, Fecal	Sample Measurement					24.0	24.0		0		
PARM Code 74055 A Mon. Site: EFA-1	Permit Requirement					200.0 (Mo Geomn)	800,0 (Maximum)	#/100mL		1 Monthly	Grab
pH	Sample Measurement				6.9		7.6		0		
PARM Code 00400 A Mon. Site: EFA-1	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual	Sample Measurement				1.8				0		
PARM Code 50060 A Mon. Site: EFA-1	Permit Requirement				0.5 (Minimum)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement						.12		0		
PARM Code 00620 A Mon. Site: EFA-1	Permit Requirement						12.0 (Maximum)	mg/L		1 Monthly	Grab

Parameter	Parameter Quantity or Loading Units Quality or Concentration				or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type	
BOD, Carbonaceous 5 day, 20C	Sample Measurement					220		0		
PARM Code 80082 Q Mon. Site; INF-1	Permit Requirement					Report (Maximum)	mg/L		1 Monthly	Grab
Solids, Total Suspended	Sample Measurement					150		0		
PARM Code 00530 Q Mon. Site: INF-1	Permit Requirement					Report (Maximum)	mg/L		1 Monthly	Grab
ick Tisdale PE TH	CERTIFY UNDER PENALT RECTION OR SUPERVISION ROPERLY GATHERED AND RESONS WHO MANAGE THE INFORMATION SUBMIT M AWARE THAT THERE OSSIBILITY OF FINE AND I	D EVALUATED THE RE SYSTEM, OR THO TIED IS, TO THE BE ARE SIGNIFICANT	INFORMATION SE PERSONS DIR ST OF MY KNOW PENALTIES FO	SUBMITTED. BASI RECTLY RESPONSIE WLEDGE AND BELL OR SUBMITTING I	ASSURE THAT QUA ED ON MY INQUIRY LE FOR GATHERING FF TRUE ACCURAT	THE INFORMATION, Electronical	DRIZED AGENT	EXECUTIVE (OFFICER TELEPHONE (352) 475-2248	SUBMITTED C

PERMITTEE NAME: Fimc Hideaway Inc

ADDRESS:

Post Office Box 357246

Gainesville, FL 32635

FACILITY:

Springside Mobile Home Park WWTF

LOCATION:

State Road 320 And Springside Avenue

Chiefland, FL 32629

PA FILE NUMBER:

FLA011650006DW3P

PERMIT NUMBER:

FLA011650

LIMIT:

FINAL REPORT: Monthly DW

GROUP: Domestic

FACILITY TYPE: MONITORING GROUP: RMP-Q

DESCRIPTION:

Biosolids Quantity

COUNTY:

LEVY

MONITORING PERIOD: From: 06/01/2016 To: 06/30/2016

Parameter		Quantity	or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Transferred)	Sample Measurement		DNP					48	0		
PARM Code B0007 + Mon. Site: RMP-1	Permit Requirement		Report (Mo Total)	ton (d)						1 Monthly	Calculated
Biosolids Quantity (Landfilled)	Sample Measurement		DNP						0		
PARM Code B0008 + Mon. Site: RMP-1	Permit Requirement		Report (Mo Total)	ton (d)						1 Monthly	Calculated
Rick Tisdale	CERTIFY UNDER PENALT DIRECTION OR SUPERVISION PROPERLY GATHERED AN PERSONS WHO MANAGE THE THE INFORMATION SUBMIT AM AWARE THAT THERE POSSIBILITY OF FINE AND I	ON IN ACCORDAL DEVALUATED TO HE SYSTEM, OR TO THED IS, TO THE ARE SIGNIFICA	NCE WITH A SYST HE INFORMATION HOSE PERSONS DIR BEST OF MY KNOV NT PENALTIES FO	EM DESIGNED TO SUBMITTED. BAS ECTLY RESPONSI VLEDGE AND BEL OR SUBMITTING	ASSURE THAT ED ON MY INQU BLE FOR GATHE IEF, TRUE, ACCU	QUALIFIED PERS JIRY OF THE PERS RING THE INFORM JIRATE AND COMP	ONNEL OR AUTI ON OR ATION, Electronic LETE. I	HORIZED AGENT	L EXECUTIVE	OFFICER TELEPHONE (352) 475-2248	SUBMITTED ON 07/20/2016

Permit Number: FLA011650 Facility: Springside MHP WWTF Monitoring Period From: 1-Jun-16 To: 30-Jun-16 Flow (MGD) CBOD5 (mg/L) TRC (For Fecal Coliform CBOD5 (mg/L) pH (SU) Nitrogen, Solids, Total Solids, Total Disinfection Bacteria Nitrate, Total Suspended Suspended (MG/L) (#/100ML) (as N) (MG/L) (MG/L) (MG/L) Code 50050 80082 50060 74055 00620 00530 00400 80082 00530 Mon. Site FLW-1 EFA-1 EFA-1 EFA-1 EFA-1 EFA-1 EFA-1 INF-1 INF-1 0.005 1 2.2 7.0 2 0.008 2.2 6.9 3 0.005 2.2 6.9 4 0.010 5 0.010 0.010 6 1.8 7.4 7 0.011 1.8 7.3 8 0.013 1.8 7.3 9 0.012 2.0 7.2 10 0.011 2.2 7.3 11 0.012 12 0.012 2.2 13 0.012 7.3 14 0.012 2.2 7.4 15 0.009 2.2 7.5 16 0.009 2.2 7.5 17 0.009 2.2 7.4 18 0.010 19 0.010 20 0.010 2.2 7.5 21 2.2 0.009 7.4 22 0.011 2.2 7.5 23 2.0 2.2 0.009 24.0 0.12 9.4 7.5 220.000 150.0 24 2.2 0.009 7.4 25 0.009 26 0.009 27 0.009 2.2 7.6 28 0.011 2.2 7.5 29 0.012 2.2 7.4 30 0.007 2.2 7.5 31 Total 0.295 2.0 47.0 24.00 0.120 9.4 161.7 220.00 150.0 Mo. Avg. 0.010 2.0 2.1 24.0 0.120 9.4 7.4 220.00 150.0 Max 0.013 2.0

PLANT STAFFING:

Min

0.005

Class: C	Certificate No.	13161	Name:	Anthony "Todd" Hubbard
Class: C	Certificate No.	14945	Name:	Thaddeus Tisdale
Class: C	Certificate No.	13162	Name:	Wayne Davids
Class: C	Certificate No.	18582	Name:	Owen Hurst
Class: C	Certificate No.		Name:	
Class: C	Certificate No.	9774	Name:	Richard M. Tisdale, Jr.
	Class: C Class: C Class: C Class: C	Class: C Certificate No. Class: C Certificate No. Class: C Certificate No. Class: C Certificate No.	Class: C Certificate No. 14945 Class: C Certificate No. 13162 Class: C Certificate No. 18582 Class: C Certificate No.	Class: C Certificate No. 14945 Name: Class: C Certificate No. 13162 Name: Class: C Certificate No. 18582 Name: Class: C Certificate No. Name:

9.4

9.4

7.6

6.9

220.00

220.00

150.0

150.0

0.120

0.120

2.0

2.2

1.8

24.0

24.0



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

See last page for instructions.

I Conoral Information	n for the Month/Year of: Jun-	17					
A. Public Water System		17					
PWS Name:	FIMC Hideaway Inc.				WC II		0001100
PWS Type:		-Transient	[]T			cation Number	2381409
	nections at End of Month: 181	i-Transient	[]Iran:	sient Non-Comm		[]Consecu	
PWS Owner:	FIMC Hideaway Inc.			Total Populatio	n Served at I	End of Month:	275
Contact Person:	Robert McBride		Combant Donne	I. Trial		Owner	
Contact Person's Mailin			City: Gainesville		: Florida		
Contact Person's Teleph				on's Fax Number		Zip Code: 32635	<u> </u>
Contact Person's E-Mail		ny net	Contact Pers	on s rax Number	: 352-373-0	10037	
B. Water Treatment Pla		DX.HEL					
Plant Name:	FIMC Hideaway Inc.			DI.	- t TP 1 1		
Plant Address:	11013 NW 113th Place		City: Chiefland		ant Telephon		
Type of Water Treated b				State:	Florida	Zip Code: 32626	f
			[] Purchased Finish	ied Water			
Plant Category (per subs		V	DI + CI / 1		2/0 = 1 = 1		
Licensed Operators		V	Plant Class (per subs		0(4), F.A.C.	CONTRACTOR DESCRIPTION OF THE PERSON NAMED IN CONTRACTOR OF THE PERSON NAM	
Lead/Chief Operator:	Name Richard M. Tisdale, Sr.		License Number	License Class		Day(s)/Shift	
Other Operators:	Richard M. Tisdale, Jr		C	2226		Monday	
Other Operators.	Wayne R. Davids		С	6937	-	Monday	
			С	12391		Monday	
	Anthony T. Hubbard		C	12902		Monday	
	Thaddeus W. Tisdale		C	14738		Monday	
	Ross A Bogert		C	18962		Monday	
	Danny M. Woodworth		C	21287		Monday	-Friday
	Brenton W. Moring		C	22834		Monday	-Friday
II. Certification by Le	ad/Chief Operator	\$1945 P.S.	THE PERSON NAMED IN	THE PERSON NAMED IN		THE PERSON NAMED IN	TO ASSESS TO SECURIT
also certify that the following as chemical feed rates; and (2) if a	ent plant operator licensed in Florida, am the lead elief. I certify that all drinking water treatment of dditional operations records for this plant were pupplicable, appropriate treatment process perform nient location for at least ten years.	chemicals used at repared each day	this plant conform to NSF I that a licensed operator staff	nternational Standard ed or visited this plant	60 or other appli	icable standards referenced i	in subsection 62-555.320(3), F.A.C. I
100	7/7/2017		Ross A Bogert		_	C 18962	
Signature and Date			Printed or Typed Nan	ne		License Number	

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

PWS Identification Number: 2381409 Plant Name: FIMC Hideaway

Type of	Disinfecta	nt Residual	Maintained in		Chlorine Dioxide [Free Chlorine	Ozone []Combined Chle					t Radiation	[]Other		
						UV Dose, to Demon								
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak How Rate, god	Disinfectari Concentration (C) Before or at Pirst Customer During Peak Plow, mg/L	CT Calculation Disinfectant Contact Time (T) at C Measurement Point During Peak Plaw minutes	s mg-	Temp. of	plf of Water, if Applicable	Michigan CT Required, me-min/L	NAME OF TAXABLE PARTY.	Dose Minimum UV Dose Required inW.	Lowest Residual Disinfectant Concentration at Remote Point in Distribution	Emergency or Abnormal Operating Conditions; Repair or Maintenand Work that Involves Taking Wate System Components Out of
1	X	24	23,000	The same of the sa		Dallates .	State	PARTIES AND ADDRESS OF THE PARTIES AND ADDRESS O	supercause	int-ments	Secretar	sec/cm2	System, mg/L 0.80	Operation
2	Х	24	26,000				_			-				
3		24	32,333										0.80	
4		24	32,333							-				
5	Х	24	32,333									-	0.90	
6	Х	24	36,000				-					-		
7	х	24	28,000							-		-	0.90	
8	х	24	26,000				-						0.50	
9	х	24	35,000							-			0.50	
10		24	32,333							-		-	0.50	
11		24	32,333									-		
12	х	24	32,333				-			-			0.70	
13	х	24	32,000										0.70	
14	х	24	36,000					-				-	0.70	
15	х	24	39,000				-			-		1	0.40	
16	х	24	21,000								-		0.80	
17		24	20,333										0.60	
18		24	20,333										-	
19	х	24	20,333				-	-				-	0.50	
20	х	24	13,000							-		-	0.50	
21	х	24	21,000					-		-	-	-	0.60	
22	Х	24	17,000				_				-	-	0.60	
23	Х	24	23,000									-	0.60	
24		24	27,666										0.60	
25		24	27,666											
26	Х	24	27,666					-				-	1.50	
27	X	24	16,000					-		-		-	0.50	
28	X	24	20,000									-	0.50	
29	X	24	18,000							-		-	0.60	
30	X	24	27,000									-	0.60	
31		24	27,000					-					0.60	
otal		an marketing	794,995						* D. C					
Averag	e		26,500		LOWEST RESIDUAL	0.4	day	vs checker	Refer to by operator		ctions for th	us report to	determine which	plants must provide this inform
-	The state of the s			t ·		(E.S.)	ua	In ningrupp	ny operator	44				

LOWEST RESIDUAL 0.4 DAYS IN MONTH 30

39,000

Maximum



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

See last page for instructions.

I. General Information	for the Month/Year of:	lay-17					
A. Public Water System	(PWS) Information						
PWS Name:	FIMC Hideaway Inc.			P	WS Identifica	ation Number	2381409
PWS Type:	[X]Community []	Non-Transient	[]Tran	sient Non-Comm		[]Consecuti	ve
	TOTAL DE MAINE DE L'EDITIES	81		Total Population			275
PWS Owner:	FIMC Hideaway Inc.						
Contact Person:	Robert McBride		Contact Perso			Owner	
Contact Person's Mailing			City: Gainesville	State	: Florida	Zip Code: 32635	
Contact Person's Telepho			Contact Pers	on's Fax Number	: 352-373-8	837	
Contact Person's E-Mail		@cox.net					
B. Water Treatment Plan							
Plant Name:	FIMC Hideaway Inc.						
Plant Address:	11013 NW 113th Place		City: Chiefland	State:	Florida	Zip Code: 32626	
Type of Water Treated b			[] Purchased Finish	ned Water			
Permitted Maximum Da		17,000					
Plant Category (per subs		V	Plant Class (per subs	ection 62-699.31	0(4), F.A.C.)	: D	
Licensed Operators	Name		License Number	License Class		Day(s)/Shift(s) Worked
Lead/Chief Operator:	Richard M. Tisdale		C	2226		Monday-	Friday
Other Operators:	Richard M. Tisdale		C	6937		Monday-	Friday
	Wayne R. David		C	12391		Monday-	Friday
	Anthony T. Hubbs		C	12902		Monday-	Friday
	Thaddeus W. Tisd		C	14738		Monday-	Friday
	Ross A Bogert		C	18962		Monday-	Friday
	Danny M. Woodw		C	21287		Monday-	Friday
	Brenton W. Mori	ng	C	22834		Monday-	Friday
II. Certification by Lea	ad/Chief Operator	100 100	PROPERTY AND AND ADDRESS OF THE PARTY AND ADDR	CONTRACTOR	4-12-1-1-	19 58 THE E	A STATE OF THE PARTY OF THE PAR
also certify that the following ac chemical feed rates; and (2) if a	nt plant operator licensed in Florida, am the elief. I certify that all drinking water treats ditional operations records for this plant we oplicable, appropriate treatment process per ient location for at least ten years.	ment chemicals used a ere prepared each day	at this plant conform to NSF I that a licensed operator staff	nternational Standard fed or visited this plant	60 or other application of the countries	cable standards referenced in h indicated above: (1) record	subsection 62-555.320(3), F.A.C. I
Signature and Date	6/7/2017	~	Ross A Bogert		- (C 18962	
STETUTE OF THE PART			Printed or Typed Nar	ne		License Number	

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER
PWS Identification Number: 2381409 Plant Name: FIMC Hideaway

s Plant fed or ted by Hour rator we "X") Open X 2 X 2 X 2 X 2 X X X 2 X	rs Plant in Produced, gal 24 37,000 24 37,000 24 32,333 24 28,000 24 32,333 24 28,000 24 35,000 24 35,000 24 35,000 24 35,000 24 32,667 24 32,667 24 32,667		Disinfectant Concentration (C) Below or at First Costomer During Pege	[]Combined Chler UV Dose, to Demon CT Calculation CT Calculation Disinfectant Cuntact Time (T) at C. Measurement Point During Peak Plaw minutes	strate Four-Log s trug- Temp.	virus Inactiva	Minimum CT Reguired	DV D Linwest Operating	Minimum UV Dose Required, npW- section2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L 0.40 0.60 0.40 0.60 0.50 0.50 0.50 0.50	Emergency or Abnormal Operati Conditions; Repair or Maintenan
fed or led by Hour rator in war in wa	in Finished Water Produced, gal 24 37,000 24 41,000 24 37,000 24 38,000 24 32,333 24 32,333 24 28,000 24 27,000 24 36,000 24 35,000 24 35,000 24 32,667 24 32,667		Disinfectant Concentration (C) Below or at First Costomer During Pege	CT Calculation Disinfectant Cuntact Time (T) at C Measurement Point During Peak Flow	s ing- Temp	pH of Water, rf	Minimum CT Required	LIVED Linwest Operating UV Dose. mW-	Minsteam UV Dose Required, mW-	Disinfectant Concentration at Remote Point in Distribution System, mg/L 0.40 0.60 0.40 0.60 0.50	Emergency or Abnormal Operati Conditions; Repair or Maintenan Work that Involves Taking Wat System Components Out of
X 2 X 2 X 2 X 2 X 2 X 2 X 2 X 2 X 2 X 2	24 37,000 24 41,000 24 37,000 24 37,000 24 28,000 24 32,333 24 32,333 24 32,333 24 32,333 24 28,000 24 27,000 24 36,000 24 35,000 24 32,667 24 32,667		ANY, LIGHT	AMPLES .		Эмричана		SCOUNZ	scami	0.40 0.60 0.40 0.60 0.50 0.50 0.50	Uperation
X 2 2 X 2 2 X 2 2 X 2 X 2 X 2 X 2 X 2 X	24 41,000 24 37,000 24 37,000 24 28,000 24 32,333 24 32,333 24 32,333 24 32,333 24 28,000 24 27,000 24 36,000 24 35,000 24 32,667 24 32,667									0.60 0.40 0.60 0.50 0.50 0.50 0.50	
X 2 2 X 2 2 X 2 2 X 2 X 2 X 2 X 2 X 2 X	24 37,000 24 37,000 24 28,000 24 32,333 24 32,333 24 32,333 24 28,000 24 27,000 24 36,000 24 35,000 24 32,667 24 32,667									0.40 0.60 0.50 0.50 0.50 0.50	
X 2 2 X 2 2 X 2 2 X 2 2 X 2 2 X 2 2 X 2 2 2 2 2 2	24 37,000 24 28,000 24 32,333 24 32,333 24 32,333 24 28,000 24 27,000 24 36,000 24 35,000 24 32,667 24 32,667									0.60 0.50 0.50 0.50 0.50	
X 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	24 28,000 24 32,333 24 32,333 24 32,333 24 28,000 24 27,000 24 36,000 24 35,000 24 32,667 24 32,667									0.50 0.50 0.50 0.50	
X 2 X 2 X 2 X 2 X 2 X 2 X 2 X 2 X 2 X 2	24 32,333 24 32,333 24 32,333 24 28,000 24 27,000 24 36,000 24 35,000 24 32,667 24 32,667									0.50 0.50 0.50	
X 2 X 2 X 2 X 2 X 2 X 2 X 2 X 2 2 X 2 2 2 2	24 32,333 24 32,333 24 28,000 24 27,000 24 36,000 24 35,000 24 32,667 24 32,667									0.50 0.50	
X 2 X 2 X 2 X 2 X 2 X 2 X 2 X 2 2	24 32,333 24 28,000 24 27,000 24 36,000 24 35,000 24 32,667 24 32,667									0.50 0.50	
X 2 X 2 X 2 X 2 X 2 X 2 2	24 28,000 24 27,000 24 36,000 24 35,000 24 32,667 24 32,667									0.50 0.50	
X 2 X 2 X 2 X 2	24 27,000 24 36,000 24 35,000 24 32,667 24 32,667									0.50	
X 2 X 2 2	24 36,000 24 35,000 24 32,667 24 32,667										
X 2 2 2 2	24 35,000 24 32,667 24 32,667									0.50	
2	24 32,667 24 32,667										
2	24 32,667				1 1		-	-		0.50	
	02,007	-				-					
^ 4						-					
	24 21,000					-		-		0.30	
	24 31,000									0.30	
	24 29,000									0.40	
	20,000					-	_			0.60	
						ļ				0.60	
	21,000					-	-				
	2.,000		1							0.60	
										0.60	
										0.50	
	10,000									0.80	
	2.,,000					-				0,70	
										0.70	
A I 2		-								0.70	
	24 32,000									0.70	
X X X		24 27,000 24 13,000 24 27,000 24 26,000 24 26,000 24 26,000 24 22,000 24 32,000	24 13,000 24 27,000 24 26,000 24 26,000 24 26,000 24 22,000 24 32,000	24 13,000 24 27,000 24 26,000 24 26,000 24 26,000 24 22,000 24 32,000	24 13,000 24 27,000 24 26,000 24 26,000 24 26,000 24 22,000 24 32,000	24 13,000 24 27,000 24 26,000 24 26,000 24 26,000 24 22,000 24 32,000	24 13,000 24 27,000 24 26,000 24 26,000 24 26,000 24 22,000 24 32,000	24 13,000 24 27,000 24 26,000 24 26,000 24 26,000 24 22,000 24 32,000	24 13,000 24 27,000 24 26,000 24 26,000 24 26,000 24 26,000 24 22,000 24 32,000	24 13,000 24 27,000 24 26,000 24 26,000 24 26,000 24 22,000 24 32,000	24 13,000 0.80 24 27,000 0.70 24 26,000 24 26,000 24 26,000 24 26,000 24 22,000 24 22,000 24 22,000 26 27,000

LOWEST RESIDUAL 0.3 DAYS IN MONTH 31

41,000

Maximum



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

See last page for instructions.

I General Information	on for the Month/Year of: Apr-17							
A. Public Water System								
PWS Name:	FIMC Hideaway Inc.			WC Idantica	otion Non-to-	0004400		
PWS Type:	[X]Community []Non-Trans	iont (177			ation Number	2381409		
	nections at End of Month: 181	ient []Iran	sient Non-Comm		[]Consecutive			
PWS Owner:	FIMC Hideaway Inc.		Total Populatio	n Served at I	and of Month:	275		
Contact Person:	Robert McBride	Contact Perso	n's Title:		Owner			
Contact Person's Mailin	ng Address: P.O. Box 357246	City: Gainesville		: Florida	Zip Code: 32635			
Contact Person's Telepi			on's Fax Number					
Contact Person's E-Ma		Contact I Cis	on s I ax I dilloci	. 002 070 0	007			
B. Water Treatment Pla								
Plant Name:	FIMC Hideaway Inc.		Di	ant Telephon	0			
Plant Address:	11013 NW 113th Place	City: Chiefland	State:	Florida	Zip Code: 32626			
Type of Water Treated	by Plant: [X] Raw Ground Water	[] Purchased Finish		Tiorida	1 21p Code. 02020			
	ay Operating Capacity of 117,000	T drondsoct I mist	ica water					
Plant Category (per sub		Plant Class (per subs	ection 62-699 31	0(4) FAC): D			
Licensed Operators	Name	License Number	License Class	1, 1.11.0.	Day(s)/Shift(s)	Worked		
Lead/Chief Operator:	Richard M. Tisdale, Sr.	C	2226		Monday-Fr			
Other Operators:	Richard M. Tisdale, Jr	С	6937		Monday-Fr			
	Wayne R. Davids	С	12391		Monday-Fr			
	Anthony T. Hubbard	С	12902		Monday-Friday			
	Thaddeus W. Tisdale	С	14738		Monday-Fr			
	Ross A Bogert	С	18962		Monday-Fr			
	Danny M. Woodworth	С	21287		Monday-Fr			
	Brenton W. Moring	С	22834		Monday-Fr			
					Lizondaj 11	iou		
II. Certification by L	ead/Chief Operator	19,53	La Straight Company	V 05 L	1919 July 1919 19			
					No. of the last of			
I, the undersigned water treatn	nent plant operator licensed in Florida, am the lead/chief op	erator of the water treatment plant is	dentified in Part I of th	is report. I certif	ty that the information provided	in this report is true and accurate to		
the best of my knowledge and	benet. I certify that all drinking water treatment chemicals	used at this plant conform to NSF I	nternational Standard	60 or other appli	cable standards referenced in a	boostion 62 555 220/2\ E A C T		
also certify that the following a	additional operations records for this plant were prepared ea	ach day that a licensed operator staff	fed or visited this plant	during the mont	h indicated above: (1) records of	of amounts of chamicals used and		
copies of this report, at a conve	applicable, appropriate treatment process performance reco enient location for at least ten years.	orus. Purmermore, I agree to provid	e these additional oper	ations records to	the PWS owner so the PWS ow	oner can retain them, together with		
17								
10	5.770017							
	5/7/2017	Ross A Bogert			C 18962			
Signature and Date		Printed or Typed Nan	Name		License Number			

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

PWS Identification Number: 2381409 Plant Name: FIMC Hideaway PWS Identification Number: 2381409

			th/Year of:		ril 2017									
		our-Log Viru]Ozone []Combine					t Radiation	[]Other	•	
Type of	Disinfecta	nt Residual	Maintained in	[x]	Free Chlorine	[]Combined Ch								
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak How Rate, gpd	OT Calculations of Disintectant Concentration (C) Before or at First Customer Dusing Peak Flow.mg/L	CT Calculatio CT Calculatio Disinfectant Contact Time (F) at C Measurement Point During Peak Plow, minutes	05	Temp of	pH of Water, if	Minimum CT Required, ing-mar/L	UV	Dose Minimum UV Dose Required mW- sec/cm2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operati Conditions, Repair or Maintenan
1		24	23,000								No. Colon Company			- Control of the cont
2		24	23,000											
3	Х	24	23,000				i i						0.40	
4	Х	24	23,000										0.40	
5	Х	24	21,000										0.40	
6	Х	24	11,000										0.40	
7	Х	24	15,000										0.50	
8		24	26,333											
9		24	26,333											
10	Х	24	26,333										0.50	
11	Х	24	22,000										0.50	
12	Х	24	26,000										0.40	
13	Х	24	21,000										0.50	
14	Х	24	28,000										0.50	
15		24	27,333										2.00	
16		24	27,333											
17	Х	24	27,333										0.50	
18	Х	24	35,000								-		0.50	
19	Х	24	24,000									-	0.20	
20	Х	24	29,000										0.30	
21	Х	24	28,000										0.90	
22		24	32,333				170						100	
23		24	32,333											
24	Х	24	32,333										0.90	
25	Х	24	25,000										0.90	
26	Х	24	32,000										0.90	
27	Х	24	24,000										0.90	
28	Х	24	40,000										1.00	
29		24	37,000										1.00	
30		24	37,000											
31		24											-	
otal			804,997					1	* Refer to	the instru	ctions for th	nis report to	determine which	l plants must provide this information
verag	e		26,833		LOWEST RESIDUAL	. 0.2	da	ys checked	by operator				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	t brosses and mornance
Sec. 25, 1977	AND THE RESIDENCE OF THE PARTY	THE RESERVE AND ADDRESS OF THE PARTY OF THE		1					- A					

LOWEST RESIDUAL 0.2 DAYS IN MONTH 30

40,000

Maximum



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

See last page for instructions. I. General Information for the Month/Year of: Mar-17 A. Public Water System (PWS) Information PWS Name: FIMC Hideaway Inc. **PWS Identification Number** 2381409 PWS Type: [X]Community [|Non-Transient []Transient Non-Community []Consecutive Number of Service Connections at End of Month: 181 Total Population Served at End of Month: 275 PWS Owner: FIMC Hideaway Inc. Contact Person: Robert McBride Contact Person's Title: Owner Contact Person's Mailing Address: P.O. Box 357246 City: Gainesville State: Florida Zip Code: 32635 Contact Person's Telephone Number: 352-375-3935 Contact Person's Fax Number: 352-373-8837 Contact Person's E-Mail Address: jandrmcbride@cox.net B. Water Treatment Plant Information Plant Name: FIMC Hideaway Inc. Plant Telephone Plant Address: 11013 NW 113th Place City: Chiefland State: Florida Zip Code: 32626 Type of Water Treated by Plant: [X] Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of 117,000 Plant Category (per subsection 62-699.310(4), V Plant Class (per subsection 62-699.310(4), F.A.C.): D Licensed Operators Name License Number License Class Day(s)/Shift(s) Worked Lead/Chief Operator: Richard M. Tisdale, Sr. C 2226 Monday-Friday Other Operators: Richard M. Tisdale, Jr. C 6937 Monday-Friday Wayne R. Davids C 12391 Monday-Friday Anthony T. Hubbard C 12902 Monday-Friday Thaddeus W. Tisdale C 14738 Monday-Friday Ross A Bogert C 18962 Monday-Friday Danny M. Woodworth C 21287 Monday-Friday Brenton W. Moring C 22834 Monday-Friday II. Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years. 4/7/2017 Ross A Bogert C 18962 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: 2381409 Plant Name: FIMC Hideaway

III. Daily Data for the Month/Year of: March 2017 Means of Achieving Four-Log Virus [X]Free Chlorine []Chlorine Dioxide []Ozone []Combined Chlorine (Chloramines) []Ultraviolet Radiation []Other: Type of Disinfectant Residual Maintained in [x]Free Chlorine []Combined Chlorine (Chloramines) []Chlorine Dioxide CT Calculations or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable* CT Calculations UV Dosc Lowest Residual Days Plant Disinfectant Disinfectant Emergency or Abnormal Operating Disinfectant Contact Lowest Minimus Staffed or Concentration (C) Concentration at Conditions; Repair or Maintenance Time (T) et C Miniowo Operating UV Dase Day of Visited by Hours Plant Net Quantity of Work that Involves Taking Water Before or at Pirst Remote Point in Measurement Point pllof UV Dose CT the Operator Finished Water in Peak Plow | Customer During Peak During Peak Flow, Water, if mWmW-Distribution System Components Out of Temp. of Required, (Place "X") Month Operation Produced, gal Rate gpd Flow mg/L minutes System, mg/L Operation X 21,000 0.50 2 X 24 19.000 0.50 24 3 X 20,000 0.50 24 4 16,000 24 5 16,000 24 6 X 16.000 0.50 24 X 30,000 0.50 24 8 X 30,000 0.50 9 X 24 30,000 0.50 10 24 X 32,000 0.50 11 24 34.333 12 24 34.333 13 24 X 34,333 0.50 14 24 x 22,000 0.50 15 X 24 30.000 0.50 16 x 24 36,000 0.50 17 24 X 35,000 0.40 18 24 32.333 19 24 32,333 20 24 X 32,333 0.50 21 24 X 36,000 0.50 22 24 X 26,000 0.50 23 24 X 35.000 0.50 24 X 24 33.000 0.40 25 24 33,666 26 24 33,666 27 x 24 33,666 0.50 28 X 24 24,000 0.50 29 24 X 36,000 0.50 30 24 X 28,000 0.50 31 24 x 32,000 0.50 Total 903,996 * Refer to the instructions for this report to determine which plants must provide this information.

LOWEST RESIDUAL 0.4
DAYS IN MONTH 31

29,161

36.000

Average

Maximum

days checked by operator 23



MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER See last page for instructions.

I. General Informatio	n for the Month/Year o	Feb-17					
A. Public Water System	n (PWS) Information						
PWS Name:	FIMC Hideaway Inc.				PWS Identific	cation Number	2381409
PWS Type:	[X]Community	[]Non-Transient	[]Tran	sient Non-Comr		[]Consecuti	
Number of Service Con	nections at End of Month	: 181	- I	Total Populati			275
PWS Owner:	FIMC Hideaway Inc.			2 otal 2 opulati	on berved at	End of Mondi.	215
Contact Person:	Robert McBride		Contact Perso	on's Title:		Owner	
Contact Person's Mailin		lox 357246	City: Gainesville		e: Florida	Zip Code: 32635	
Contact Person's Teleph		75-3935	Contact Pers	on's Fax Number	r: 352-373-8		
Contact Person's E-Mai		ncbride@cox.net					
B. Water Treatment Pla							
Plant Name:	FIMC Hideaway Inc.			P	lant Telephor	ie.	
Plant Address:	11013 NW 113th Place		City: Chiefland	State:	Florida	Zip Code: 32626	
Type of Water Treated b		round Water	[] Purchased Finish				
	y Operating Capacity of	117,000					
Plant Category (per subs	section 62-699.310(4),	V	Plant Class (per subs	ection 62-699.3	10(4), FAC): D	
Licensed Operators	A Name of the State of the Stat	me 4.1 %	License Number	License Class		Day(s)/Shift(s	AWorledd St. Fair W.
Lead/Cinet Operator:	Richard M.	Tisdale, Sr. ·	С	2226		Monday-I	
Other Operators:		. Tisdale, Jr	C	6937		Monday-I	
	Wayne I	R. Davids	C	12391		Monday-I	
	Anthony 7	T. Hubbard	C	12902		Monday-I	
	Thaddeus	W. Tisdale	С	14738		Monday-I	
	Ross A	Bogert	С	18962		Monday-F	
	Danny M.	Woodworth	C	21287		Monday-F	
	Brenton V	V. Moring	С	22834		Monday-F	
						1720Hdu j 1	11du)
II. Certification by Le	ad/Chief Operator	The same of	CEAN BY WAY	A POST OF	4	To the state of the	
					12		
, the undersigned water treatme	nt plant operator licensed in Flor	ida, am the lead/chief operator	of the water treatment plant id	lentified in Part I of t	his report. Logitif	fy that the information provide	ed in this report is true and accurate to
	ient location for at least ten years		urthermore, I agree to provide	these additional ope	rations records to	the PWS owner so the PWS o	of amounts of chemicals used and wner can retain them, together with
2 15 0	, J						2.60
1							
1095							
	3/7/	2017	Ross A Bogert			C 18962	
Signature and Date			Printed or Typed Nam	ie		License Number	

MIUNITILI UPERATION REPURT FUR PWSS TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER Plant Name: FIMC Hideaway PWS Identification Number: 2381409 February 2017 III. Daily Data for the Month/Year of: [X]Free Chlorine []Chlorine Dioxide []Ozone []Combined Chlorine (Chloramines) []Ultraviolet Radiation []Other: Means of Achieving Four-Log Virus Type of Disinfectant Residual Maintained in []Combined Chlorine (Chloramines) []Chlorine Dioxide [x]Free Chlorine 0.80 26,000 0.80 24 X 26,000 0.80 X 24 26,000 24 24,333 24 24,333 0.80 X 24 24,333 0.80 24 X 19,000 24 0.40 X 24,000 0.80 X 24 20,000 0.80 X 24 23,000 24 24,333 24 24,333 24 0.80 X 24,333 0.80 24 X 24,000 0.80 X 24 30,000 0.80 24 X 31,000 0.70 24 X 31,000 24 30,333 24 30,333 24 0.60 30,333 0.70 24 X 17,000 0.50 24 16,000 X 0.50 24 12,000 X 24 0.50 X 20,000 24 16,333 24 16,333 0.50 24 16,333 X 0.50 24 15,000

Total	645,996
Average	23,071
Maximum	31,000

24 24 24

DAYS IN MONTH 28



See last page for instructions.

I. General Information	on for the Month/Year of:	Jan-17					
A. Public Water System	n (PWS) Information						W. 0.391140100 1000000
PWS Name:	FIMC Hideaway Inc.			P	WS Identifica	ation Number	2381409
PWS Type:	[X]Community	[]Non-Transient	[]Tran	sient Non-Comm		[]Consecuti	
Number of Service Con	nections at End of Month:	181		Total Populatio			275
PWS Owner:	FIMC Hideaway Inc.					and or month.	
Contact Person:	Robert McBride		Contact Perso	n's Title:		Owner	
Contact Person's Mailin	ng Address: P.O. Box 35	7246	City: Gainesville		: Florida	Zip Code: 32635	
Contact Person's Telepl		35	Contact Pers	on's Fax Number	: 352-373-8	837	
Contact Person's E-Ma		de@cox.net					
B. Water Treatment Pla							
Plant Name:	FIMC Hideaway Inc.			Pla	ant Telephone	e	
Plant Address:	11013 NW 113th Place		City: Chiefland	State:	Florida	Zip Code: 32626	
Type of Water Treated	by Plant: [X] Raw Ground	Water	[] Purchased Finish	ned Water			
Permitted Maximum D	ay Operating Capacity of	117,000					
Plant Category (per sub	section 62-699.310(4),	V	Plant Class (per subs	ection 62-699.31	0(4), F.A.C.)	: D	
Licensed Operators	Name		License Number	License Class		Day(s)/Shift(s) Worked
Lead/Chief Operator:	Richard M. Tisda	ale, Sr.	C	2226		Monday-	
Other Operators:	Richard M. Tisd	ale, Jr	C	6937		Monday-	
	Wayne R. Day	rids	C	12391		Monday-	
10 May 10	Anthony T. Hul	bard	C ·	12902		Monday-	
	Thaddeus W. Ti	sdale	С	14738		Monday-	
	Ross A Boge	rt	C	18962		Monday-	
	Danny M. Wood	worth	C	21287		Monday-	
	Brenton W. Mo	ring	C	22834		Monday-	
II. Certification by L	ead/Chief Operator			1000		A CONTRACTOR AND ASSESSMENT	AND PROPERTY OF THE PARTY OF TH
					A SALE OF THE PARTY OF THE PART		3, 400 (1, 7) (3, 5, 7)
the best of my knowledge and	nent plant operator licensed in Florida, an belief. I certify that all drinking water tre	atment chemicals used a	it this plant conform to NSF I	nternational Standard	60 or other applie	cable standards referenced in	enhanction 62 555 220/2) EAC I
also certify that the following	additional operations records for this plan	t were prepared each day	that a licensed operator staff	fed or visited this plant	during the month	h indicated above: (1) record	is of amounts of chemicals used and
chemical feed fates, and (2) if	applicable, appropriate treatment process enient location for at least ten years.	performance records. F	urthermore, I agree to provid	e these additional oper	rations records to	the PWS owner so the PWS	owner can retain them, together with
copies of this report, at a conv	ement location for at least ten years.						
-							
1019	3						
1	2/7/2017		Ross A Bogert			C 18962	
Signature and Date			Printed or Typed Nar	ne		License Number	

DAYS IN MONTH 31

29,000

Maximum

PWS Identification Number: 2381409 Plant Name: FIMC Hideaway

			th/Year of:	January 2017										
		our-Log Virt				[]Combined					t Radiation	[]Other	*	
ype of	Disinfecta	nt Residual	Maintained in	[x]Free Chlorine		nbined Chl								
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Disinfectant Concentration (C) Before or at just Peak Flow Rate, gpd Prow, mg/L	Disinter Time Measur K During	e, to Demonical Contact of (T) at Contact Point Point Peak Flow bioutes	THE WAR PROPERTY	Temp of	pH of Water, if	Minimam CT Required,	CACHERIBORISMUSTACIONS	Dose Minimum UV Dose Required, mW- sec/cm2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Opera Conditions: Repair or Maintena
1		24	17,666											
2	X	24	17,666										0.80	
3	х	24	28,000										0.80	
4	x	24	27,000										0.80	
5	X	24	28,000										0.80	
6	х	24	27,000										0.50	
7		24	29,000											
8		24	29,000											
9	Х	24	29,000										0.80	
10	х	24	27,000										0.80	
11	X	24	27,000										0.80	
12	х	24	26,000										0.80	
13	х	24	21,000										0.80	
14		24	29,000											
15		24	29,000											
16	х	24	29,000										0.20	
17	x	24	19,000								-		0.90	
18	X	24	21,000										0.90	
19	x	24	17,000										0.90	
20	x	24	25,000										0.90	
21		24	25,000											
22		24	25,000											
23	х	24	25,000										0.90	
24	х	24	22,000										0.90	
25	х	24	23,000										0.90	
26	х	24	23,000										0.90	
27	х	24	26,000										0.90	
28		24	22,666											
29		24	22,666											
30	х	24	22,666										0.80	
31	x	24	22,000									-	0.80	
otal			761,330		-				* Refer to	the instruc	ctions for th	is report to	120,000,000	L plants must provide this informat



See last page for instructions. I. General Information for the Month/Year of: Dec-16 A. Public Water System (PWS) Information PWS Name: FIMC Hideaway Inc. PWS Identification Number 2381409 PWS Type: [X]Community []Non-Transient []Transient Non-Community []Consecutive Number of Service Connections at End of Month: 181 Total Population Served at End of Month: 275 PWS Owner: FIMC Hideaway Inc. Contact Person: Robert McBride Contact Person's Title: Owner Contact Person's Mailing Address: P.O. Box 357246 City: Gainesville State: Florida Zip Code: 32635 Contact Person's Telephone Number: 352-375-3935 Contact Person's Fax Number: 352-373-8837 Contact Person's E-Mail Address: jandrmcbride@cox.net B. Water Treatment Plant Information Plant Name: FIMC Hideaway Inc. Plant Telephone Plant Address: 11013 NW 113th Place City: Chiefland State: Florida Zip Code: 32626 Type of Water Treated by Plant: [X] Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of 117,000 Plant Category (per subsection 62-699.310(4), V Plant Class (per subsection 62-699.310(4), F.A.C.): D Licensed Operators License Number License Class Day(s)/Shift(s) Worked Lead/Chief Operator Richard M. Tisdale, Sr. 2226 Monday-Friday Other Operators: Richard M. Tisdale, Jr. C 6937 Monday-Friday Wayne R. Davids C 12391 Monday-Friday Anthony T. Hubbard C 12902 Monday-Friday Thaddeus W. Tisdale C 14738 Monday-Friday Ross A Bogert C 18962 Monday-Friday Danny M. Woodworth C 21287 Monday-Friday Brenton W. Moring C 22834 Monday-Friday II. Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I

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

7293	1/7/2017	Ross A Bogert	C 18962	
Signature and Date		Printed or Typed Name	License Number	

MONITEL OPERATION REPORT FOR PWSS TREATING NAW GROUND WATER OR PURCHASED FINISHED WATER Plant Name: FIMC Hideaway PWS Identification Number: 2381409 III. Daily Data for the Month/Year of: December 2016 [X]Free Chlorine []Chlorine Dioxide []Ozone []Combined Chlorine (Chloramines) []Ultraviolet Radiation []Other: Means of Achieving Four-Log Virus []Combined Chlorine (Chloramines) []Chlorine Dioxide Type of Disinfectant Residual Maintained in [x]Free Chlorine Lowest Residual Emergency or Abnormal Operating Days Plant Concentration at Conditions, Repair or Maintenance Remote Point in Work that Involves Taking Water Finished Water Month (Place "X") Operation 0.60 24 20,000 X 0.60 2. X 24 10,000 24 20,000 24 20,000 0.60 24 20,000 X 0.60 24 X 26,000 0.60 24 X 25,000 0.60 24 X 31,000 0.60 24 X 25,000 24 23,333 24 23,333 0.60 12 24 23,333 X 0.60 24 X 40,000 0.60 X 24 24,000 0.60 24 X 23,000 0.60 X 24 30,000 17 24 23,333 24 25,333 0.80 24 25,333 х 0.80 X 24 26,000 0.80 24 X 27,000 0.80 24 X 26,000 0.80 24 X 27,000 24 32,666 24 32,666 0.80 24 X 32,666 0.70 24 27 X 21,000 0.70 x 24 22,000 0.70 24 X 24,000

Fotal 772,662 24,925 Average

24

24

26,000

17,666

40,000

X

LOWEST RESIDUAL 0.6 DAYS IN MONTH 31

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

0.80

days checked by operator 22



See last page for instructions.

I. General Information for the Month/Year of: Nov-16					
A. Public Water System (PWS) Information					
PWS Name: FIMC Hideaway Inc.			PWS Identifica	tion Number	2381409
PWS Type: [X]Community []Non-Transient	[]Tr	ansient Non-Com		[]Consecutive	
Number of Service Connections at End of Month: 181			ion Served at E		275
PWS Owner: FIMC Hideaway Inc.		•			
Contact Person: Robert McBride	Contact Per	rson's Title:		Owner	
Contact Person's Mailing Address: P.O. Box 357246	City: Gainesville	Sta	te: Florida	Zip Code: 32635	
Contact Person's Telephone Number: 352-375-3935	Contact P	erson's Fax Numb	er: 352-373-88	337	
Contact Person's E-Mail Address: jandrmcbride@cox.net					
B. Water Treatment Plant Information					
Plant Name: FIMC Hideaway Inc.		I	Plant Telephone		
Plant Address: 11013 NW 113th Place	City: Chiefland	State:	Florida	Zip Code: 32626	
Type of Water Treated by Plant: [X] Raw Ground Water	[] Purchased Fin	ished Water		-	
Permitted Maximum Day Operating Capacity of 117,000					
Plant Category (per subsection 62-699.310(4),	Plant Class (per su	ibsection 62-699.3	310(4), F.A.C.):	D	
Licensed Operators Name	License Number			Day(s)/Shift(s)	Worked
Lead/Chief Operator Richard M. Tisdale, Sr.	C	2226		Monday-Fr	
Other Operators: Richard M. Tisdale, Jr	C	6937		Monday-Fr	
Wayne R. Davids	C	12391		Monday-Fr	
Anthony T. Hubbard	C	12902		Monday-Fr	
Thaddeus W. Tisdale	C	14738		Monday-Fr	
Ross A Bogert	C	18962		Monday-Fr	
Danny M. Woodworth	C	21287		Monday-Fr	
Brenton W. Moring	C	22834		Monday-Fr	
II. Certification by Lead/Chief Operator	III IN THE SECOND	Water Branch		A THE REAL PROPERTY.	
I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at the control of the property of the state of the stat	of the water treatment plan	nt identified in Part I of	this report. I certify	that the information provided	in this report is true and accurate to
the best of thy knowledge and belief. I certify that all drinking water treatment chemicals used at	this plant conform to NS	T Intermetional Com Ja-	1 (01 1'	11 . 1 1	

also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

12/7/2016

Ross A Bogert

C 18962

Printed or Typed Name

License Number

PWS Identification Number: 2381409 Plant Name: FIMC Hideaway

III. D	aily Data fo	or the Mon	th/Year of:	November 2016	5				
Means o	of Achieving I	Four-Log Viru	us [X]Free Ch	lorine []Chlorine Dioxide			[]Ultraviolet Radi		
Type of	f Disinfecta	nt Residual	Maintained in	[x]Free Chlorine	[]Combined Chlori				
		S. 198.10			or or Cospered Commission			Lowest Residu	al
	Days Plant				y in the market			Disinfectant	Emergency or Abnormal Operating
	Smiffed or							Concentration	at Conditions; Repair or Maintenance
Day of	of the same of the	Hours Plant	Net Quantity of					Remote Point i Distribution	m Work that Involves Taking Water System Components Out of
the Month	Operator (Place "X")	Operation	Finished Water Produced, gal				il Pleometri and	System, mg/L	
	X	24	15,000					0.70	*
	Х	24	20,000					0.70	
3		24	17,000						
4	х	24	17,000					0.70	
5.5		24	19,666						
6		24	19,666						
207 3	Х	24	19,666					0.70	
8	X	24	17,000		+			0.70	
0.0	X	24	25,000					0.70	
10	X	24	9,000					0.70	
-11	X	24	28,000					0.70	
15.12		24	20,000		 				
-13		24	20,000						
114	Х	24	20,000					0.80	
15	х	24	19,000					0.80	
16	х	24	20,000					0.70	
1217	Х	24	16,000					0.70	
18	Х	24	22,000					0.70	
19		24	25,333						
20		24	25,333						
1 212	Х	24	25,333					0.50	
22	Х	24	19,000					0.50	
23	Х	24	24,000					0.70	
-24		24	20,000						
2.25	Х	24	20,000					0.70	
26		24	19,333						
27	1	24	19,333						
28	Х	24	19,333					1.60	
29	Х	24	15,000					1.60	
30	Х	24	23,000					0.20	
31		24							
Total	7.5%	Printer Sa	598,996			* Refe	er to the instructions	for this report to determine which	h plants must provide this information.

LOWEST RESIDUAL 0.2 DAYS IN MONTH 30

19,967

28,000

Average

Maximum

days checked by operator 20



See last page for instructions.

A. Public Water Syst	ion for the Month/Year of: Oct-16 em (PWS) Information					
PWS Name:	FIMC Hideaway Inc.		T .	WING III		
PWS Type:	[X]Community []Non-Transient	r 3m		WS Identifica	AND COMPANY OF THE PARTY OF THE	2381409
	onnections at End of Month: 181	[]Iran	sient Non-Comm		[]Consecutiv	
WS Owner:	FIMC Hideaway Inc.		Total Population	on Served at E	nd of Month:	275
Contact Person:	Robert McBride	C	1 min		Oumar	
Contact Person's Mail	ing Address: P.O. Box 357246	City: Gainesville		: Florida	Owner	
Contact Person's Tele			on's Fax Number		Zip Code: 32635	
Contact Person's E-M		Contact Pers	on s rax Number	332-373-00	337	
B. Water Treatment P						
lant Name:	FIMC Hideaway Inc.		DI.			
Plant Address:	11013 NW 113th Place	City: Chiefland	Plant Telephone			
ype of Water Treated			State:	Florida	Zip Code: 32626	
	Day Operating Capacity of 117,000	Purchased Finish	ied water			
	absection 62-699.310(4), V	Diant Class (nor sub-		0(4) E + G;	-	
icensed Operators	Name	Plant Class (per subs		U(4), F.A.C.):	PRODUCTION OF THE PARTY OF THE	
ead/Chief Operator:	Richard M. Tisdale, Sr.	C C	License Class	HILL MANAGE	Day(s)/Shift(s)	
Other Operators:	Richard M. Tisdale, Jr	C	6937		Monday-Fr	
	Wayne R. Davids	C	12391		Monday-Fr	
	Anthony T. Hubbard	C	12902		Monday-Fr	
	Thaddeus W. Tisdale	C	2071-2-2-2-2		Monday-Fr	
	Ross A Bogert	C	14738		Monday-Fr	
	Danny M. Woodworth	C	18962 21287		Monday-Fr	
	Brenton W. Moring	C			Monday-Fr	
国新共和国的	Ziemon W. Mornig		22834		Monday-Fr	iday
L. Certification by I	Lead/Chief Operator					
	Seath Chief Operator	State Control of the State of t				All Parks
the undersigned water treat	ment plant operator licensed in Florida, am the lead/chief operator of	-f-sh	1			

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

703	11/7/2016	Ross A Bogert	C 18962	
Signature and Date		Printed or Typed Name	License Number	

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER Plant Name: FIMC Hideaway PWS Identification Number: 2381409 III. Daily Data for the Month/Year of: October 2016 []Ozone []Combined Chlorine (Chloramines) []Ultraviolet Radiation []Other: Means of Achieving Four-Log Virus [X]Free Chlorine []Chlorine Dioxide []Combined Chlorine (Chloramines) []Chlorine Dioxide [x]Free Chlorine Type of Disinfectant Residual Maintained in Emergency or Abnormal Operating Days Plant Remote Point in Work that Involves Taking Water Net Quantity of Month (Place "X") Operation Produced gal 24 21,333 24 21,333 0.70 X 24 21,333 0.70 X 24 20,000 0.70 24 X 23,000 0.70 X 24 19,000 24 24,250 24 24,250 24 24,250 0.70 X 24 24,250 0.70 X 24 23,000 0.70 Х 24 26,000 0.70 Х 24 25,000 0.70 24 X 24,000 24 24,666 24 24,666 0.40 Х 24 24,666 0.70 X 24 30,000 0.70 X 24 28,000 0.70 X 24 30,000 0.70 X 24 24,000 24 17,666 24 17,666

> LOWEST RESIDUAL 0.4 DAYS IN MONTH 31

days checked by operator 20

0.70

0.70

0.70

0.70

0.70

0.70

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

X

X

X

X

Х

X

Hotal

Average

Maximum

24

24

24

24

24

24

24

24

17,666

20,000

20,000

20,000

19,000

18,333

18,333

18,333

693,994 22,387

30,000



See last page for instructions. I. General Information for the Month/Year of: Sep-16 A. Public Water System (PWS) Information PWS Name: FIMC Hideaway Inc. PWS Identification Number 2381409 PWS Type: [X]Community []Non-Transient []Transient Non-Community []Consecutive Number of Service Connections at End of Month: 181 Total Population Served at End of Month: 275 FIMC Hideaway Inc. PWS Owner: Contact Person: Robert McBride Contact Person's Title: Owner Contact Person's Mailing Address: P.O. Box 357246 City: Gainesville State: Florida Zip Code: 32635 Contact Person's Telephone Number: 352-375-3935 Contact Person's Fax Number: 352-373-8837 Contact Person's E-Mail Address: jandrmcbride@cox.net B. Water Treatment Plant Information FIMC Hideaway Inc. Plant Name: Plant Telephone Plant Address: 11013 NW 113th Place City: Chiefland State: Florida Zip Code: 32626 Type of Water Treated by Plant: [X] Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of 117,000 Plant Category (per subsection 62-699.310(4), Plant Class (per subsection 62-699.310(4), F.A.C.): Licensed Operators Lead/Chief Operator: Richard M. Tisdale, Sr. C 2226 Monday-Friday Other Operators: Richard M. Tisdale, Jr C 6937 Monday-Friday Wayne R. Davids C 12391 Monday-Friday Anthony T. Hubbard C 12902 Monday-Friday Thaddeus W. Tisdale C 14738 Monday-Friday Ross A Bogert C 18962 Monday-Friday Danny M. Woodworth C 21287 Monday-Friday Brenton W. Moring C 22834 Monday-Friday II. Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years. 10/7/2016 Ross A Bogert C 18962 Signature and Date

Printed or Typed Name

License Number

Plant Name: FIMC Hideaway PWS Identification Number: 2381409 September 2016 III. Daily Data for the Month/Year of: [X]Free Chlorine []Chlorine Dioxide []Ozone []Combined Chlorine (Chloramines) []Ultraviolet Radiation []Other: Means of Achieving Four-Log Virus []Combined Chlorine (Chloramines) []Chlorine Dioxide Type of Disinfectant Residual Maintained in [x]Free Chlorine Lowest Residual Disinfectant Emergency or Abnormal Operating Days Plant Concentration at Conditions, Repair or Maintenance Remote Point in Work that Involves Taking Water Produced, gal 0.80 24 18,000 0.80 24 X 19,000 24 20,000 24 20,000 0.80 24 X 20,000 0.80 X 24 16,000 0.80 24 X 21,000 0.80 X 24 18,000 0.80 24 19,000 X 24 18,000 24 18,000 0.80 X 24 18,000 0.80 24 16,000 X 0.80 24 x 23,000 0.80 X 24 17,000 0.80 X 24 20,000 24 18,333 24 18,333 0.70 24 X 18,333 0.70 X 24 14,000 0.70 X 24 22,000 0.70 24 X 19,000 0.70 24 х 19,000 24 21,333 24 21,333 0.70 24 21,333 X 0.70 24 X 19,000 0.70 X 24 20,000 24 0.70 X 19,000 0.70 24 X 21,000 24 * Refer to the instructions for this report to determine which plants must provide this information. Total 572,998

DAYS IN MONTH 30

19,100

23,000

Average

days checked by operator 22



See last page for instructions.

I. General Information	on for the Month/Year of: Aug-16						
A. Public Water System	m (PWS) Information						
PWS Name:	FIMC Hideaway Inc.			PWS Identifica	ation Number	2381409	
PWS Type:	[X]Community []Non-Transient	[]Tran	sient Non-Comp		Consecutive		
Number of Service Cor	nnections at End of Month: 181		Total Population			275	
PWS Owner:	FIMC Hideaway Inc.		•				
Contact Person:	Robert McBride	Contact Perso	n's Title:		Owner		
Contact Person's Mailin		City: Gainesville	Stat	e: Florida	Zip Code: 32635		
Contact Person's Telepl		Contact Pers	on's Fax Numbe	r: 352-373-88	837		
Contact Person's E-Ma	il Address: jandrmcbride@cox.net						
B. Water Treatment Pla	ant Information						
Plant Name:	FIMC Hideaway Inc.		Plant Telephone				
Plant Address:	11013 NW 113th Place	City: Chiefland	State:	Florida	Zip Code: 32626		
Type of Water Treated	by Plant: [X] Raw Ground Water	[] Purchased Finish	ned Water				
Permitted Maximum D	ay Operating Capacity of 117,000						
Plant Category (per sub	section 62-699.310(4), V	Plant Class (per subs	ection 62-699.3	0(4), F.A.C.):	: D		
Licensed Operators	And the season of the season o	License Number	License Class		Day(s)/Shift(s) W	orked	
Lead/Chief Operator:	Richard M. Tisdale, Sr.	C	2226		Monday-Frid		
Other Operators:	Richard M. Tisdale, Jr	C	6937		Monday-Frid		
	Wayne R. Davids	C	12391		Monday-Frid		
	Anthony T. Hubbard	C	12902		Monday-Frid		
	Thaddeus W. Tisdale	C	14738		Monday-Frid		
	Ross A Bogert	С	18962		Monday-Frid		
	Danny M. Woodworth	C	21287		Monday-Frid		
	Brenton W. Moring	C	22834		Monday-Frid		
II. Certification by Le	ead/Chief Operator	A TO NO SET LAST IN		Section Andrews		JUNEAU SCHOOLS	
I, the undersigned water treatm	ent plant operator licensed in Florida, am the lead/chief operator	of the water treatment plant io	lentified in Part I of the	nis report. I certify	that the information provided in	this report is true and accurate to	

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

1093	9/7/2016	Ross A Bogert	C 18962	
Signature and Date		Printed or Typed Name	License Number	

MIUNITILI UPERATION REPURT FUR PWSS TREATING NAW GROUND WATER OR PURCHASED FINISTIED WATER

PWS Identification Number: 2381409 Plant Name: FIMC Hideaway

II. Daily D			th/Year of:	August 2016 hlorine []Chlorine Dioxide	[]Ozone []Combined	l Chlorine (Chlora	amines) []Ult	raviolet Radiation	n []Other:	
			Maintained in	[x]Free Chlorine	[]Combined Chl					
					WALLED ME TO Demont				DE LOS	
					a chealeann				Lowest Res	
	s Plant ited or				Prominent Control				Disinfect Concentrati	ant Emergency or Abnormal Operation at Conditions; Repair or Maintenant
		Hours Plant	Net Quantity of		Manufacture				110	int in Work that Involves Taking Water
then Ope	erator	in .	Finished Water						Distribut	
	x	Operation 24	Produced, gal 26,000	MELLING TO TOY TO THE			Tablicatio an	amina di Septimo	System, m	ight William Person
CONTRACTOR OF THE PARTY OF THE	x	24	21,000						0.60	
-25m	x	24	19,000		-				0.60	
COLUMN TO SERVICE STATE OF THE PERSON SERVICE STATE SERVICE STATE SERVICE STATE OF THE PERSON SERVICE STATE SERVICE STATE SERVICE STATE SERVIC	x	24	16,000						0.60	
	x	24	21,000		_	-			0.70	
6	^	24	16,000							
7	-	24	16,000							
	x	24	16,000						0,70	
CONTRACTOR OF THE PARTY OF THE	x	24	14,000				 		0.70	
25.040	x	24	17,000		-		-		0.70	
MANUFACTURE OF THE PARTY OF THE	x	24	18,000				-		0.60	
SHEET STREET	x	24							0.60	
16	^	24	18,000 17,000		-				0.00	
14	-	24	17,000					_		
THE PERSON NAMED IN COLUMN 1	x	24						_	0.60	
CONTRACTOR OF THE PARTY OF THE	x	24	17,000		-				0.60	
	_	24	16,000				-		0,60	
COLUMN TOWNS	X	24	17,000				-		0.60	_
	X	24	27,000						0.60	_
20	Х		18,000						0.00	
THE REAL PROPERTY.	_	24	19,000							
21	_	24	19,000						0.00	
200.000	X	24	19,000						0.60	
CONTRACTOR OF THE PERSON OF TH	х	24	17,000						0.60	
Standard Standard	х	24	21,000						0.60	
STATE OF THE PARTY	х	24	12,000						0.60	
	x	24	22,000				-		0.70	
19		24	17,667							
28		24	17,667							
SUSANIES .	х	24	17,667						0.70	
	X	24	17,000						0.70	
SCHOOL STREET	Х	24	19,000				*D.C	1 1 1 1 1	0.70	
otal		A STATE OF	565,001			2 10 10 10 10 10 10 10 10 10 10 10 10 10			tnis report to determine w	hich plants must provide this information
verage	from the		18,226	LOWEST RESIDU	JAL 0.6	days check	ed by operator 23	3		

LOWEST RESIDUAL 0.6 DAYS IN MONTH 31

27,000



See last page for instructions.

I. General Information	on for the Month/Year of: Jun-16				
A. Public Water System					
PWS Name:	FIMC Hideaway Inc.		PWS Identifica	ation Number	2381409
PWS Type:	[X]Community []Non-Transient	[]Tran	sient Non-Community	[]Consecutive	2301409
Number of Service Con	nections at End of Month: 181	Total Population Served at End of Month:			275
PWS Owner:	FIMC Hideaway Inc.			no or month.	210
Contact Person:	Robert McBride	Contact Perso	n's Title:	Owner	
Contact Person's Mailir		City: Gainesville	State: Florida	Zip Code: 32635	
Contact Person's Teleph		Contact Pers	on's Fax Number: 352-373-88		
Contact Person's E-Mai					
B. Water Treatment Pla					
Plant Name:	FIMC Hideaway Inc.		Plant Telephone		
Plant Address:	11013 NW 113th Place	City: Chiefland	State: Florida	Zip Code: 32626	
Type of Water Treated		[] Purchased Finish			
Permitted Maximum Da	ay Operating Capacity of 117,000				
Plant Category (per sub	section 62-699.310(4), V	Plant Class (per subs	ection 62-699.310(4), F.A.C.):	D	
Licensed Operators	Name	License Number	License Class	Day(s)/Shift(s) V	Worked
Lead/Chief Operator:	Richard M. Tisdale	C	2226	Monday-Frie	
Other Operators:	Richard M. Tisdale, Jr	C	6937	Monday-Frie	
	Wayne R. Davids	C	12391	Monday-Frie	
	Anthony T. Hubbard	C	12902	Monday-Frie	
	Thaddeus W. Tisdale	C	14738	Monday-Frid	
	Owen C. Hurst	C	14963	Monday-Frid	
	Ross A Bogert	C	18962	Monday-Frio	
	Danny M Woodworth	C	21287	Monday-Frid	
					,
II. Certification by Le	ad/Chief Operator		THE RESERVE OF THE SAME AND ASSESSED.	1 S 4 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	COLUMN TO THE PARTY OF THE PART
				7	

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

7293	7/7/2016	Ross A Bogert	C 18962	
Signature and Date		Printed or Typed Name	License Number	

PWS Identification Number: 2381409 Plant Name: FIMC Hideaway

		our-Log Viru			(Joseph []	o Cincinio (Cincinio	es) []Ultraviolet Radiation		
e of D	isinfecta	nt Residual	Maintained in	[x]Free Chlorine			[]Chlorine Dioxide		
		新貨 線						Lowest Residual	
10	ays Plant				Constitue Chemistic			Disinfectant	Emergency or Abnormal Open
	halfed or	1					Managan sassanas Managan	Concentration at	Conditions; Repair or Mainten
			Net Quantity of				Manning Uniques 1 (2) (10/10) 2 (1) Regulary (10/10) 2 (10/10) (10/10)	Remote Point in Distribution	Work that Involves Taking W System Components Out of
he' (Operator	in Operation	Finished Water Produced, gal				Refunds and	System, mg/L	
onth (E	X	24	27,000	Matter State of the Control				0.70	
2	X	24	34,000					0.70	
3.5	X	24	26,000					0.70	
4	^	24	31,000						
5		24	31,000						
686	Х	24	31,000					0.20	
7	X	24	23,000			-		0.70	
8 1	X	24	34,000					0.70	
0		24						0.70	E .
0	x	24	32,000					0.70	
	^	24	32,000 27,000					VV	
		24	27,000						
3	Х	24	27,000			+		0.70	
44	x	24	29,000					0.70	
5	x	24	23,000					0.80	
6	X	24	23,000		_			0.80	
7	X	24	32,000					0.80	
8118	^	24	28,333						
9		24	28,333						
0	Х	24	28,333					0.80	
Line .	X	24	36,000			 		0.80	
242	X	24						0.80	
	X	24	35,000 33,000			1 1		0.80	
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5	^	24	30,000			 			
6		24	30,333						
7	Х	24	30,333					0,20	
8	X	24	22,000					0,70	
9	X	24	28,000					0.70	
10	X	24	19,000					0.70	
1		24	19,000						

LOWEST RESIDUAL 0.2 DAYS IN MONTH 30

28,933

36,000

Average

Maximum

days checked by operator 22

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DATE	INVOICE #
7/1/2016	29102

BILL TO	
FIMC Hideaway, Inc.	
P.O. Box 357246	
Gainesville, FL 32635	

P.O. NO.	TERMS	ACCOUNT NUMBER	CLASS
	Net 30	i	

ITEM	DESCRIPTION	QTY	RATE	AMOUNT
Water BACT WWS WWS	Monthly Water Service - FIMC Hideaway Monthly Bacteriological Test - FIMC Hideaway Monthly Wastewater Service - Hideaway Lift Station Monthly Wastewater Service - Springside MHP WWTF	4	215.00 20.00 250.00 935.00	215.00 80.00 250.00 935.00
Feeder Tube Service Parts Service Discount	- includes weekend visit Replacement of Feeder Tube - 6/28 Springside WTP Leak repair at 11249 114th Place - 6/22 Materials for MEter Change Outs - 6/17 Meter Change Outs Discount	7 8	15.00 45.00 60.00 45.00 -36.00	15.00 315.00 60.00 360.00 -36.00

Thank You Fo	r Your Business!		

Total	\$2,194.00
Payments/Credits	\$0.00
Balance Due	\$2,194.00

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DATE	INVOICE #
8/1/2016	29314

BILL TO	
FIMC Hideaway, Inc. P.O. Box 357246 Gainesville, FL 32635	

P.O. NO.	TERMS	ACCOUNT NUMBER	CLASS
	Net 30		

ITEM	DESCRIPTION	QTY	RATE	AMOUNT
Water BACT WWS WWS	Monthly Water Service - FIMC Hideaway Monthly Bacteriological Test - FIMC Hideaway Monthly Wastewater Service - Hideaway Lift Station Monthly Wastewater Service - Springside MHP WWTF - includes weekend visit	4	215.00 20.00 250.00 935.00	215.00 80.00 250.00 935.00
n v. Na				(F-85)

Thank You For Your Business!	

Total	\$1,480.00
Payments/Credits	\$0.00
Balance Due	\$1,480.00

P.O. Box 767 Melrose, FL 32666-0767 Phone 352-475-2248 Fax 352-475-5389

BILL TO	
FIMC Hideaway, Inc. P.O. Box 357246 Gainesville, FL 32635	

Invoice

DATE	INVOICE #
9/1/2016	29541

P.O. NO.	TERMS	ACCOUNT NUMBER	CLASS
	Net 30		

ITEM	DESCRIPTION	QTY	RATE	AMOUNT
Water	Monthly Water Service - FIMC Hideaway		215.00	215.00
BACT	Monthly Compliance Bacteriological Testing - FIMC 80.00 80 Hideaway			
WWS	Monthly Wastewater Service - Hideaway Lift Station		250.00	250.00
WWS	Monthly Wastewater Service - Springside MHP WWTF		935.00	935.00
	- includes weekend visit		rather and designation of the state of the	
NN	2016 Nitrate/Nitrite Testing		75.00	75.00
SOC's	Diethylhexyl Pthalate 175.00 175.0		175.00	
Cons.Con.Rept	Consumer Confidence Report 150.00 150.00		150.00	
Flow Meter Calib	. Flow Meter Calibration 45.00 45,0			45.00
Installation	2hp Lift Station Pump		1,650.00	1,650.00 - 2 = 825

Thank You For Your Business!	

Total	\$3,575.00
Payments/Credits	\$0.00
Balance Due	_\$3,575.00 27.50.0

P.O. Box 767 Melrose, FL 32666-0767 Phone 352-475-2248 Fax 352-475-5389

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 _	_		_	_	_	_

DATE	INVOICE#	
10/1/2016	29774	

BILL TO	
FIMC Hideaway, Inc. P.O. Box 357246 Gainesville, FL 32635	

P.O. NO.	TERMS	ACCOUNT NUMBER	CLASS
	Net 30		

ITEM	DESCRIPTION	QTY	RATE	AMOUNT
Water BACT	Monthly Water Service - FIMC Hideaway Monthly Compliance Bacteriological Testing - FIMC Hideaway	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	215.00 80.00	215.00 80.00
WWS WWS	Monthly Wastewater Service - Hideaway Lift Station Monthly Wastewater Service - Springside MHP WWTF		250.00 935.00	250.00 935.00
Lead & Copper	- includes weekend visit Lead & Copper tests	10	60.00	600.00
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	China Carrier Carrier		Here's	
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Thank You For Your Business!

Total	\$2,080.00
Payments/Credits	\$0.00
Balance Due	\$2,080.00 ** \$25.00

P.O. Box 767 Melrose, FL 32666-0767 Phone 352-475-2248 Fax 352-475-5389

DATE	INVOICE #
11/1/2016	29992

Invoice

P.O. NO.	TERMS	ACCOUNT NUMBER	CLASS
	Net 30		

ITEM	DESCRIPTION	QTY	RATE	AMOUNT
Water	Monthly Water Service - FIMC Hideaway		215.00	215.00
BACT	Monthly Compliance Bacteriological Testing - FIMC Hideaway		80.00	80.00
WWS	Monthly Wastewater Service - Hideaway Lift Station		250.00	250.00
wws	Monthly Wastewater Service - Springside MHP WWTF - includes weekend visit		935.00	935.00
Service	Service Call - Meter Change Outs - 5.5 hours	5.5	45.00	247.50
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Thank You For Your Business!

Total	\$1,727.50
Payments/Credits	\$0.00
Balance Due	\$1,727.50

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DATE	INVOICE#
11/8/2016	30131

BILL TO	
FIMC Hideaway, Inc. P.O. Box 357246 Gainesville, FL 32635	

P.O. NO.	TERMS	ACCOUNT NUMBER	CLASS
	Net 30		М

ITEM	DESCRIPTION	QTY	RATE	AMOUNT
Service Discount Parts	Service Call - Repair of 3" Water Leaks (1 - 2", 1 - 3", 1 - 1") - 27 Man Hours Discount on Service Materials OCTOBER 20, 2016	27	45.00 -15.00% 350.00	1,215.00 -182.25 350.00
		T SI		
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Thank You For Your Business!	Contract of the Contract of th
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Total	\$1,382.75
Payments/Credits	\$0.00
Balance Due	\$1,382.75

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DATE	INVOICE#
12/1/2016	30190

BILL TO	
FIMC Hideaway, Inc. P.O. Box 357246 Gainesville, FL 32635	

P.O. NO.	TERMS	ACCOUNT NUMBER	CLASS
	Net 30		

ITEM	DESCRIPTION	QTY	RATE	AMOUNT
Water BACT	Monthly Water Service - FIMC Hideaway Monthly Compliance Bacteriological Testing - FIMC		215.00 80.00	215.00 80.00
wws_ wws	Hideaway Monthly Wastewater Service - Hideaway Lift Station Monthly Wastewater Service - Springside MHP WWTF - includes weekend visit		250.00 935.00	250.00 935.00
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Thank You For Your Business!	

Total	\$1,480.00
Payments/Credits	\$0.00
Balance Due	\$1,480.00

P.O. Box 767 Melrose, FL 32666-0767 Phone 352-475-2248 Fax 352-475-5389

ATTORITY MARKET THE CONTRACTOR	
BILL TO	
FIMC Hideaway, Inc. P.O. Box 357246 Gainesville, FL 32635	

Invoice

DATE	INVOICE #
1/1/2017	30393

P.O. NO.	TERMS	ACCOUNT NUMBER	CLASS
	Net 30		

ITEM	DESCRIPTION	QTY	RATE	AMOUNT
Water	Monthly Water Service - FIMC Hideaway		215.00	215.00
BACT	Monthly Compliance Bacteriological Testing - FIMC Hideaway		80.00	80.00
WWS	Monthly Wastewater Service - Hideaway Lift Station		250.00	250.00
WWS	Monthly Wastewater Service - Springside MHP WWTF - includes weekend visit		935.00	935.00
BACT	Boil Water Notice Bacteriological Tests 10/24,10/25,12/13,12/14	12	20.00	240.00
Service	Man Hours to Repair Water Leak on 114th Street	10	45.00	450.00
Service	DISCOUNT ON SERVICE (15%)		-67.50	-67.50
Parts	Parts to Repair Water Leak		175.00	175.00
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	Thank You For Your Business!				١
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Total	\$2,277.50
Payments/Credits	\$0.00
Balance Due	\$2,277.50

P.O. Box 767 Melrose, FL 32666-0767 Phone 352-475-2248 Fax 352-475-5389

DATE	INVOICE #
1/23/2017	30567

Invoice

A control

P.O. NO.	TERMS	ACCOUNT NUMBER	CLASS
	Net 30		М

ITEM	DESCRIPTION	QTY	RATE	AMOUNT
Repair Repair	Hideaway Lift Station - Replaced two 3/4 hp lift station pumps - 1/16 Hideaway - Two 15 amp breakers and Springside - One 30 amp breaker & starter - 1/17		3,110.00	3,110.00 225.00
	I OWE FOR INVENTORY		-	
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	Set.			

Thank You For	Your Business!	11		
C STREET	ATTEMPT BEATTER	*/-	100	
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Total	\$3,335.00
Payments/Credits	\$0.00
Balance Due	\$3,335.00

	Invoice
DATE	INVOICE #
2/1/2017	30607

BILL TO	
FIMC Hideaway, Inc.	
P.O. Box 357246	
Gainesville, FL 32635	

P.O. NO.	TERMS	ACCOUNT NUMBER	CLASS
	Net 30		

ITEM	DESCRIPTION	QTY	RATE	AMOUNT
Water 400 BACT 700	Monthly Water Service - FIMC Hideaway Monthly Compliance Bacteriological Testing - FIMC Hideaway		215.00 80.00	215.00 80.00
wws 750 wws 750	Monthly Wastewater Service - Hideaway Lift Station Monthly Wastewater Service - Springside MHP WWTF		250.00 935.00	250.00 935.00
Service	- includes weekend visit 2 - 3/4" Lock Out Curb Stops 1/3		107.52	107.52
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Thank You For Your Business!	

Total	\$1,587.52
Payments/Credits	\$0.00
Balance Due	\$1,587.52

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DATE	INVOICE #
3/1/2017	30784

BILL TO	
FIMC Hideaway, Inc.	
P.O. Box 357246	
Gainesville, FL 32635	

P.O. NO.	TERMS	ACCOUNT NUMBER	CLASS
	Net 30		

ITEM	DESCRIPTION	QTY	RATE	AMOUNT
Water BACT	Monthly Water Service - FIMC Hideaway Monthly Compliance Bacteriological Testing - FIMC Hideaway		215.00 80.00	215.00 80.00
WWS WWS	Monthly Wastewater Service - Hideaway Lift Station Monthly Wastewater Service - Springside MHP WWTF		250.00 935.00	250.00 935.00
Service Installation	- includes weekend visit Installed Water Meter at 11210 114th St (1 man hour) Water meter	Í	45.00 59.50	45.00 59.50
Feeder Tube #2 Service	Replacement of #2 Feeder Tube - Springside WWTP Hideaway Lift Station - Pulled and Cleaned Lift Station Pump. Installed Meter @ 11464 112th Terrace	1	17.50 45.00	17.50 45.00
-				
			7.6	2 1 1 24

	Thank You For Your Business!	
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Total	\$1,647.00	
Payments/Credits	\$0.00	
Balance Due	\$1,647.00	

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DATE	INVOICE #
4/1/2017	30987

	BILL TO	
	Gainesville, FL 32635	
	FIMC Hideaway, Inc. P.O. Box 357246 Gainesville, FL 32635	

P.O. NO.	TERMS	ACCOUNT NUMBER	CLASS
	Net 30		

ITEM	DESCRIPTION	QTY	RATE	AMOUNT
Water BACT WWS WWS	Monthly Water Service - FIMC Hideaway Monthly Compliance Bacteriological Testing - FIMC Hideaway Monthly Wastewater Service - Hideaway Lift Station Monthly Wastewater Service - Springside MHP		215.00 80.00 250.00 935.00	215.00 80.00 250.00 935.00
	WWTF - includes weekend visit			

Thank You For Your Business!		

Total	\$1,480.00
Payments/Credits	\$0.00
Balance Due	\$1,480.00

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DATE	INVOICE #		
5/1/2017	31191		

BILL TO	
FIMC Hideaway, Inc.	
P.O. Box 357246	
Gainesville, FL 32635	

P.O. NO.	TERMS	ACCOUNT NUMBER	CLASS
i	Net 30		

ITEM	DESCRIPTION	QTY	RATE	AMOUNT
Water	Monthly Water Service - FIMC Hideaway		215.00	215.00
BACT	Monthly Compliance Bacteriological Testing - FIMC Hideaway		80.00	80.00
WWS	Monthly Wastewater Service - Hideaway Lift Station	1	250.00	250.00
WWS	Monthly Wastewater Service - Springside MHP WWTF - includes weekend visit		935.00	935.00
NN	2017 Nitrate/Nitrite Testing		75.00	75.00
Cons.Con.Rept	Consumer Confidence Report		150.00	150.00
Service	Service Call - Changed out meter @ 11012 1143th Street - 4/14	1	45.00	45.00
Repair	Repaired Air Line - Springside WWTP 4/19		50.00	50.00
Service	4" Cut Off Valve 4/21	1	150.00	150.00
1"	1" Backflow Test @ WWTP		45.00	45.00
•	*			
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120				

	Thank You For Your Business!	
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Total	\$1,995.00
Payments/Credits	\$0.00
Balance Due	\$1,995.00

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DATE	INVOICE #
6/1/2017	31409

BILL TO	
FIMC Hideaway, Inc.	
P.O. Box 357246	
Gainesville, FL 32635	

P.O. NO.	TERMS	ACCOUNT NUMBER	CLASS
	Net 30		

ITEM	DESCRIPTION	QTY	RATE	AMOUNT
Water	Monthly Water Service - FIMC Hideaway		215.00	215.00
BACT	Monthly Compliance Bacteriological Testing - FIMC Hideaway		80.00	80.00
WWS	Monthly Wastewater Service - Hideaway Lift Station		250.00	250.00
WWS	Monthly Wastewater Service - Springside MHP WWTF - includes weekend visit		935.00	935.00
Service	Tapping Meter	4	45.00	180.00
Duck Bill	Replacement of Duck Bill - WTP	10.90	3.00	3.00
Tubing Line	Replacement of Tubing Line per line foot - WTP	10	0.75	7.50
			8	
r mart of				

Thank You For Your Business!	

Total	\$1,670.50
Payments/Credits	\$0.00
Balance Due	\$1,670.50



PO BOX 9, Chiefland, FL 32644-0009 (352) 493-2511 ~ (800) 227-1302 WWW.CFEC.COM ~Your Power Partner~



Chiefland Main Office 11491 NW 50th Ave Chiefland (352) 493-2511 8am-5pm M-F Drive-Thru 7am-6pm M-F Inglis District Office 167 Hwy 40 W. Inglis (352) 447-3553 8am-5pm M-W-F Cross City District Office 207 NE 210th Ave (352) 498-7322 8am-5pm M-F

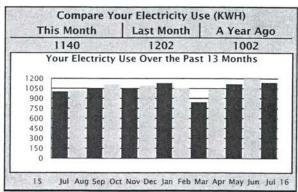
Other Payment Locations

Drummond Community Banks
Chiefland, Cedar Key, Trenton, Old Town, Cross City, Williston,
Williston Drive-Thru, Inglis Bronson, and Archer
Lafayette State Bank
Bell

Consumer Name	HIDEAWAY INC	Statement Id.	Statement Id. 4446942		Bill Date	07/15/2016	
Account Number	207054727	Account Location	Account Location 4-2-543		Due Date	07/30/2016	
Map Number	F500-025J-0017	Cycle	10	SPC	N	Late Date	08/04/2016
Service Address	11210 NW 112TH TER	Service Description	SEWER PLANT		Cutoff Date	08/12/2016	

Meter Number	Meter Rea	Meter Reading Dates		Meter Readings		Meter Readings KWH Used Mul		Rate Code
From	From	To	Days	Previous	Present			
14602012	06/12/2016	07/11/2016	29	51498	52638	1140	1	GSND3-5
Previous Ralance				\$192.39				

14602012	06/12/2016	07/11/2016	29	51498
Previous Balance Payments			.,.	\$192.39
Payment Thank Yo	u	((\$192.39)	
			50 20 C C 62 C A C C C C C C C C C C C C C C C C C	(\$192.39)
Balance Before Curre	ent Charges			\$0.00
Current Charges				
Facilities Charge 29	Days @ \$1.50		\$43.50	
Energy Charges				
1000 kWh @ \$0.1	13		\$113.00	
140 kWh @ \$0.13	6		\$19.04	
Wholesale power cos	t adjustment01300	00	(\$14.82)	
Sales Tax - Local Opt	tion		\$1.65	
Gross Receipts Tax			\$4.12	
Sales GR Tax			\$11.47	
Total Current Charg	jes			\$177.96
Total Balance Due B	y 5:00 pm on Due D	ate		\$177.96
Total Balance Due A	After 5:00 pm on Lat	e Date		\$187.96





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GSND3-5

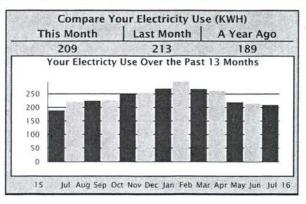
Chiefland Main Office 11491 NW 50th Ave Chiefland (352) 493-2511 8am-Spm M-F Drive-Thru 7am-6pm M-F Inglis District Office 167 Hwy 40 W. Inglis (352) 447-3553 8am-5pm M-W-F Cross City District Office 207 NE 210th Ave (352) 498-7322 8am-5pm M-F Other Payment Locations

Drummond Community Banks
Chiefland, Cedar Key, Trenton, Old Town, Cross City, Williston,
Williston Drive-Thru, Inglis Bronson, and Archer
Lafayette State Bank
Bell

Present 3971

Meter Number	Meter Reading Dates	Number of	Meter R	Readings	IKV	VH Used	Multiplier	Rate Code
Service Address	11210 NW 112TH TER	Service	Description	SEWER L	IFT STATION		Cutoff Date	08/12/2016
Map Number	F500-025J-0018		Cycle	10	SPC	N	Late Date	08/04/2016
Account Number	207054719	Accor	int Location	4-2-552			Due Date	07/30/2016
Consumer Name	HIDEAWAY INC	S	tatement ld.	4446943		Bill Date	07/15/2016	

	From	10	Days	Previous
14601926	06/12/2016	07/11/2016	29	3762
Previous Balance Payments				\$75.55
Payment Thank Yo	ou		(\$75.55)	(\$75.55)
Balance Before Curre	ent Charges			\$0.00
Current Charges				
Facilities Charge 29	Days @ \$1.50		\$43.50	
Energy Charges				
209 kWh @ \$0.1	13		\$23.62	
Wholesale power co:	st adjustment0130	00	(\$2.72)	
Sales Tax - Local Op	tion		\$0.67	
Gross Receipts Tax			\$1.65	
Sales GR Tax	()		\$4.60	
Total Current Char	ges			\$71.32
Total Balance Due I	By 5:00 pm on Due I	Date		\$71.32
Total Balance Due	After 5:00 pm on Lat	te Date		\$81.32



209



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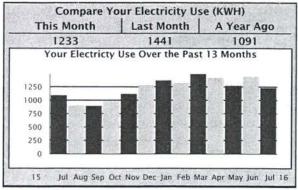
Other Payment Locations

Drummond Community Banks Chiefland, Cedar Key, Trenton, Old Town, Cross City, Williston, Williston Drive-Thru, Inglis Bronson, and Archer Lafayette State Bank Bell

Consumer Name	HIDEAWAY INC	Statement Id.	4446940			Bill Date	07/15/2016
Account Number	207054701	Account Location	4-2-469		Due Date	07/30/2016	
Map Number	F500-025H-0005	Cycle	10	SPC	N	Late Date	08/04/2016
Service Address	11261 NW 115TH AVE	Service Description	PUMP		Cutoff Date	08/12/2016	

Meter Number	Meter Reading Dates		Number of	Meter Readings		KWH Used	Multiplier	Rate Code
	From	То	Days	Previous	Present			
14953104	06/12/2016	07/11/2016	29	52434	53667	1233	1	GSND3-5
Previous Balance Payments				\$225.47	Compare	Your Electric	ity Use (KW	H)

14953104	06/12/2016	07/11/2016	29	52434
Previous Balance Payments				\$225.47
Payment Thank Yo	u	9	(\$225.47)	1
				(\$225.47)
Balance Before Curre	ent Charges			\$0.00
Current Charges				1
Facilities Charge 29	Days @ \$1.50		\$43.50	
Energy Charges				- 1
1000 kWh @ \$0.1	13		\$113.00	
233 kWh @ \$0.13	36		\$31.69	1
Wholesale power cos	st adjustment01300	00	(\$16.03)	
Sales Tax - Local Opt	tion		\$1.77	
Gross Receipts Tax			\$4.41	1
Sales GR Tax			\$12.29	
Total Current Charg	ges			\$190.63
Total Balance Due B	By 5:00 pm on Due D	ate		\$190.63
Total Balance Due A	After 5:00 pm on Lat	e Date		\$200.63





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Drummond Community Banks Chiefland, Cedar Key, Trenton, Old Town, Cross City, Williston, Williston Drive-Thru, Inglis Bronson, and Archer

> Present 56274

Lafayette State Bank
Bell

d 44446941

Rill Date 07/15/

Service Address	11084 NW 112TH PL	Service Description	SEWER P	PLANT		Cutoff Date	08/12/2016
Map Number	F500-025J-0002	Cycle	10	SPC	N	Late Date	08/04/2016
Account Number	3266992746	Account Location	4-1-421		Due Date	07/30/2016	
Consumer Name	HIDEAWAY INC	Statement Id.	4446941			Bill Date	07/15/2016

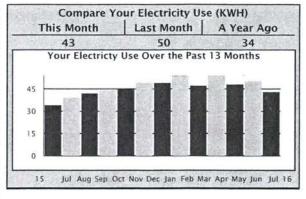
				THE RESERVE OF RESIDENCE AND ADDRESS.	
	From	То	Days	Previous	
42805136	06/12/2016	07/11/2016	29	56231	
Previous Balance Payments				\$33.62	
Payment Thank Yo	ou		(\$33.12)	(\$33.12)	
Balance Before Curre		\$0.50			
Current Charges					
Facilities Charge 29	Days @ \$0.80		\$23.20		
Energy Charges					
43 kWh @ \$0.113	3		\$4.86		
Wholesale power co	st adjustment0130	00	(\$0.56)		
Sales Tax - Local Op			\$0.29		
Gross Receipts Tax			\$0.70		
Sales GR Tax			\$1.97		
Total Current Char	ges			\$30.46	
Past Due Amount			\$.50		
Total Balance Due I	By 5:00 pm on Due D	Date		\$30.96	
	After 5:00 pm on Lat			\$40.96	
-					

PAST DUE AMOUNT OF \$.50 SUBJECT TO IMMEDIATE DISCONNECT

43

*ACCOUNTS DISCONNECTED FOR NONPAYMENT WILL BE SUBJECT TO THE FOLLOWING PRIOR TO BEING RECONNECTED 1.PAY ALL PAST DUE AMOUNTS 2.PAY CURRENT BILLING 3.PAY ALL SERVICE CHARGES 4.PAY INCREASED DEPOSIT

GSND1-5





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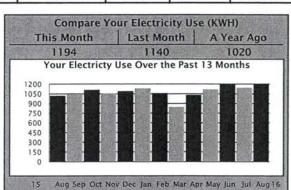
Chiefland Main Office 11491 NW 50th Ave Chiefland (352) 493-2511 8am-Spm M-F Drive-Thru 7am-6pm M-F Inglis District Office 167 Hwy 40 W. Inglis (352) 447-3553 8am-5pm M-W-F Cross City District Office 207 NE 210th Ave (352) 498-7322 8am-5pm M·F Other Payment Locations

Drummond Community Banks
Chiefland, Cedar Key, Trenton, Old Town, Cross City, Williston,
Williston Drive-Thru, Inglis Bronson, and Archer
Lafayette State Bank
Roll

Consumer Name	HIDEAWAY INC	Statement Id.	4488516			Bill Date	08/15/2016
Account Number	207054727	Account Location	4-2-543		Due Date	08/30/2016	
Map Number	F500-025J-0017	Cycle	10	SPC	N	Late Date	09/06/2016
Service Address	11210 NW 112TH TER	Service Description	SEWER PLANT		Cutoff Date	09/14/2016	

Meter Number	Meter Rea	Meter Reading Dates Number of Meter Readings		Meter Readings		KWH Used	Multiplier	Rate Code
	From	То	Days	Previous	Present	A REPORT		2000年6月2
14602012	07/11/2016	08/12/2016	32	52638	53832	1194	1	GSND3-5

Previous Balance Payments				\$177.96
Payment Thank Yo	u	(\$17)	7.96)	
***************************************		04,000,000		(\$177.96)
Balance Before Curre	ent Charges			\$0.00
Current Charges				
Facilities Charge 32	Days @ \$1.50	\$4	8.00	
Energy Charges	- 201 0 12 12 1			1
1000 kWh @ \$0.1	13	\$11	3.00	
194 kWh @ \$0.13	6	\$2	6.38	
Wholesale power cos	t adjustment013000	(\$1:	5.52)	
Sales Tax - Local Opt	tion	S	1.77	
Gross Receipts Tax		\$	4.40	
Sales GR Tax		\$1	2.26	
Total Current Charg	jes			\$190.29
Total Balance Due B	y 5:00 pm on Due Date			\$190.29
Total Balance Due A	After 5:00 pm on Late Da	ate		\$200.29
		ate		\$2



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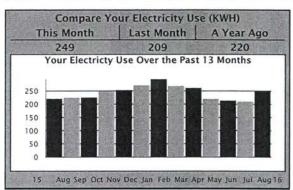
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Drummond Community Banks
Chiefland, Cedar Key, Trenton, Old Town, Cross City, Williston,
Williston Drive-Thru, Inglis Bronson, and Archer
Lafayette State Bank
Bell

Consumer Name	HIDEAWAY INC	Statement Id.	4488517			Bill Date	08/15/2016
Account Number	207054719	Account Location	4-2-552		Due Date	08/30/2016	
Map Number	F500-025J-0018	Cycle	10	SPC	N	Late Date	09/06/2016
Service Address	11210 NW 112TH TER	Service Description	SEWER LIFT STATION		Cutoff Date	09/14/2016	

Meter Number	Meter Read	ding Dates	Number of	nber of Meter Readings		KWH Used	Multiplier	Rate Code
	From	То	Days	Previous	Present			
14601926	07/11/2016	08/12/2016	32	3971	4220	249	1	GSND3-5

Previous Balance		\$71.32
		371.32
Payments	74.00	
Payment Thank You	(\$71.32)	110000000000000000000000000000000000000
		(\$71.32)
Balance Before Current Charges		\$0.00
Current Charges		
Facilities Charge 32 Days @ \$1.50	\$48.00	
Energy Charges		
249 kWh @ \$0.113	\$28.14	
Wholesale power cost adjustment013000	(\$3.24)	
Sales Tax - Local Option	\$0.75	
Gross Receipts Tax	\$1.87	
Sales GR Tax	\$5.21	
Total Current Charges		\$80.73
Total Balance Due By 5:00 pm on Due Date		\$80.73
Total Balance Due After 5:00 pm on Late Date		\$90.73





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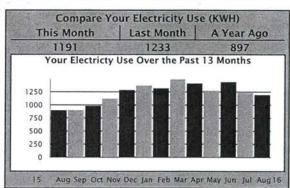
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Drummond Community Banks
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Lafayette State Bank
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Consumer Name	HIDEAWAY INC	Statement Id.	4488514		Bill Date	08/15/2016	
Account Number	207054701	Account Location	4-2-469		Due Date	08/30/2016	
Map Number	F500-025H-0005	Cycle	10	SPC	N	Late Date	09/06/2016
Service Address	11261 NW 115TH AVE	Service Description	PUMP		Cutoff Date	09/14/2016	

Meter Number	Meter Reading Dates		Number of	Meter Readings		KWH Used	Multiplier	Rate Code
	From	To	Days	Previous	Present			
14953104	07/11/2016	08/12/2016	32	53667	54858	1191	1	GSND3-5

	0//11/2010	00/12/2010	22	33007
Previous Balance				\$190.63
Payments				
Payment Thank You	J.	(\$1:	90.63)	
				(\$190.63)
Balance Before Currer	nt Charges			\$0.00
Current Charges				
Facilities Charge 32 D	Days @ \$1.50	\$	48.00	
Energy Charges				
1000 kWh @ \$0.1	13	\$1	13.00	
191 kWh @ \$0.136	S	25.98		
Wholesale power cost	(\$	15.48)		
Sales Tax - Local Opti		\$1.76		
Gross Receipts Tax		\$4.40		
Sales GR Tax	\$	12.24		
Total Current Charge			\$189.90	
Total Balance Due By	5:00 pm on Due Da	ite		\$189.90
Total Balance Due Af	fter 5:00 pm on Late	Date		\$199.90





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Multiplier

Rate Code

GSND1-5

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Drummond Community Banks
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Lafayette State Bank
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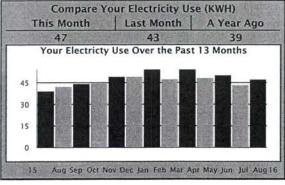
Consumer Name	HIDEAWAY INC	Statement Id.	4488515		Bill Date	08/15/2016	
Account Number	3266992746	Account Location	4-1-421		Due Date	08/30/2016	
Map Number	F500-025J-0002	Cycle	10	SPC	N	Late Date	09/06/2016
Service Address	11084 NW 112TH PL	Service Description	SEWER PLANT		Cutoff Date	09/14/2016	

Meter Number	Meter Reading Dates		Number of	Meter Readings		
All Charles Are II	From	To	Days	Previous	Present 56321	
42805136	07/11/2016	08/12/2016	32	56274		
Previous Balance Payments				\$30.96	SUBJEC	
Payment Thank You	ı		(\$30.46)	(\$30.46)	*ACCOL NONPA	
Balance Before Curre Current Charges	nt Charges			\$0.50	FOLLOV 1.PAY A 2.PAY C	
Facilities Charge 32 Days @ \$0.80 Energy Charges			\$25.60		3.PAY A 4.PAY II	
47 kWh @ \$0.113 Wholesale power cost		00	\$5.31 (\$0.61)			
Sales Tax - Local Opti	The state of the second		\$0.32		Compa This Mont	
Gross Receipts Tax Sales GR Tax			\$0.78 \$2.17		47 Your Elec	
Total Current Charg Past Due Amount	es		\$.50	\$33.57	1	
Total Balance Due By Total Balance Due A				\$34.07 \$44.07	45	
				202000000	30	

PAST DUE AMOUNT OF \$.50 SUBJECT TO IMMEDIATE DISCONNECT

KWH Used

*ACCOUNTS DISCONNECTED FOR NONPAYMENT WILL BE SUBJECT TO THE FOLLOWING PRIOR TO BEING RECONNECTED 1.PAY ALL PAST DUE AMOUNTS 2.PAY CURRENT BILLING 3.PAY ALL SERVICE CHARGES 4.PAY INCREASED DEPOSIT



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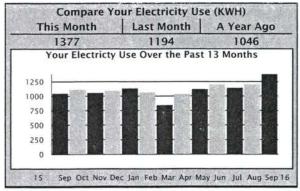
Chiefland Main Office 11491 NW 50th Ave Chiefland (352) 493-2511 8am-Spm M-F Drive-Thru 7am-6pm M-F Inglis District Office 167 Hwy 40 W. Inglis (352) 447-3553 8am-5pm M-W-F Cross City District Office 207 NE 210th Ave (352) 498-7322_ 8am-5pm M-F Other Payment Locations

Drummond Community Banks
Chiefland, Cedar Key, Trenton, Old Town, Cross City, Williston,
Williston Drive-Thru, Inglis Bronson, and Archer
Lafayette State Bank
Rell

Consumer Name	HIDEAWAY INC	Statement Id.				Bill Date	09/15/2016
Account Number	207054727	Account Location				Due Date	09/30/2016
Map Number	F500-025J-0017	Cycle	10	SPC	N	Late Date	10/05/2016
Service Address	11210 NW 112TH TER	Service Description	SEWER PLANT			Cutoff Date	10/13/2016

Meter Number	Meter Reading Dates		Number of	Meter R	leadings	KWH Used	Multiplier	Rate Code
	From	To	Days	Previous	Present			
14602012	08/12/2016	09/13/2016	32	53832	55209	1377	1	GSND3-5

14602012	08/12/2016	09/13/2016	32	53832
Previous Balance Payments				\$190.29
Payment Thank You	u		(\$190.29)	
				(\$190.29)
Balance Before Curre	nt Charges			\$0.00
Current Charges				
Facilities Charge 32 [Days @ \$1.50		\$48.00	
Energy Charges				
1000 kWh @ \$0.1	13		\$113.00	
377 kWh @ \$0.13	6		\$51.27	
Wholesale power cos	t adjustment01300	00	(\$17.90)	
Sales Tax - Local Opt	ion		\$2.00	
Gross Receipts Tax			\$4.98	
Sales GR Tax			\$13.87	
Total Current Charg	es			\$215.22
Total Balance Due B	y 5:00 pm on Due D	Date		\$215.22
Total Balance Due A	fter 5:00 pm on Lat	e Date		\$225.98





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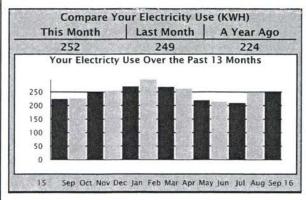
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Drummond Community Banks

Druminon Community Banks
Chiefland, Cedar Key, Trenton, Old Town, Cross City, Williston,
Williston Drive-Thru, Inglis Bronson, and Archer
Lafayette State Bank
Bell

Consumer Name	HIDEAWAY INC	Statement Id.	4530091			Bill Date	09/15/2016
Account Number	207054719	Account Location	4-2-552		Due Date	09/30/2016	
Map Number	F500-025J-0018	Cycle	10	SPC	N	Late Date	10/05/2016
Service Address	11210 NW 112TH TER	Service Description	SEWER LIFT STATION		Cutoff Date	10/13/2016	

Meter Number	Meter Reading Dates		Number of	Meter Readings		KWH Used	Multiplier	Rate Code
	From	To	Days	Previous	Present			2000年100年
14601926	08/12/2016	09/13/2016	32	4220	4472	252	1	GSND3-5

14601926	08/12/2016	09/13/2016	32	4220
Previous Balance Payments				\$80.73
Payment Thank Yo	u		(\$80.73)	
			***************************************	(\$80.73)
Balance Before Curre	ent Charges			\$0.00
Current Charges				
Facilities Charge 32	Days @ \$1.50		\$48.00	
Energy Charges				
252 kWh @ \$0.11	3		\$28.48	
Wholesale power cos	t adjustment0130	00	(\$3.28)	
Sales Tax - Local Opt	tion		\$0.76	
Gross Receipts Tax			\$1.88	
Sales GR Tax			\$5.23	
Total Current Charg	jes			\$81.07
Total Balance Due B	ly 5:00 pm on Due D	Date		\$81.07
Total Balance Due A	After 5:00 pm on Lat	e Date		\$91.07





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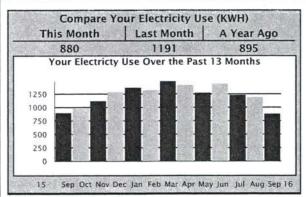
Inglis District Office 167 Hwy 40 W. Inglis (352) 447-3553 8am-5pm M-W-F Cross City District Office 207 NE 210th Ave (352) 498-7322 8am-5pm M-F Other Payment Locations

Drummond Community Banks
Chiefland, Cedar Key, Trenton, Old Town, Cross City, Williston,
Williston Drive-Thru, Inglis Bronson, and Archer
Lafayette State Bank

Consumer Name	HIDEAWAY INC	Statement Id.	4530092			Bill Date	09/15/2016
Account Number	207054701	Account Location	4-2-469		Due Date	09/30/2016	
Map Number	F500-025H-0005	Cycle	10	SPC	N	Late Date	10/05/2016
Service Address	11261 NW 115TH AVE	Service Description	PUMP		Cutoff Date	10/13/2016	

Meter Number	Meter Reading Dates		Number of	Meter Readings		KWH Used	Multiplier	Rate Code
	From	То	Days	Previous	Present			
14953104	08/12/2016	09/13/2016	32	54858	55738	880	1	GSND3-5

14953104	08/12/2016	09/13/2016	32	54858
Previous Balance Payments				\$189.90
Payment Thank Yo	u		(\$189.90)	
				(\$189.90)
Balance Before Curre	nt Charges			\$0.00
Current Charges				
Facilities Charge 32	Days @ \$1.50		\$48.00	
Energy Charges				
880 kWh @ \$0.11	3		\$99.44	
Wholesale power cos	t adjustment0130	00	(\$11.44)	
Sales Tax - Local Opt	ion		\$1.40	
Gross Receipts Tax			\$3.49	
Sales GR Tax			\$9.70	
Total Current Charg	jes			\$150.59
Total Balance Due B	y 5:00 pm on Due [ate		\$150.59
Total Balance Due A	After 5:00 pm on Lat	e Date		\$160.59





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GSND1-5

Chiefland Main Office 11491 NW 50th Ave Chiefland (352) 493-2511 8am-5pm M-F Drive-Thru 7am-6pm M-F

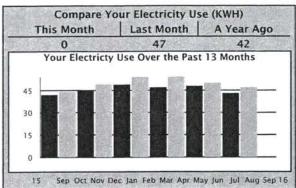
Inglis District Office 167 Hwy 40 W. Inglis (352) 447-3553 8am-5pm M-W-F

Cross City District Office 207 NE 210th Ave (352) 498-7322 8am-5pm M-F

Other Payment Locations Drummond Community Banks Chiefland, Cedar Key, Trenton, Old Town, Cross City, Williston, Williston Drive-Thru, Inglis Bronson, and Archer Lafayette State Bank

Meter Number	Meter Reading Dates	Number of Meter F	Readings			Multiplier	
Service Address	11084 NW 112TH PL	Service Description	SEWER PLANT			Cutoff Date	10/13/2016
Map Number	F500-025J-0002	Cycle	10	SPC	N	Late Date	10/05/2016
Account Number	3266992746	Account Location			Due Date	09/30/2016	
Consumer Name	HIDEAWAY INC	Statement Id.	4530089			Bill Date	09/15/2016

Meter Number	Meter Rea	ding Dates	Number of	Meter I	Readings	KWH Used	Multiplier	Rate Co
	From	То	Days	Previous	Present			
42805136	08/12/2016	09/13/2016	32	56321	56321	0	1	GSND1
Previous Balance Payments	•			\$34.07		DUE AMOUNTO IMMEDIAT		ECT
Payment Thank You	u		(\$33.57)	(\$33.57)	*ACCOUNTS DISCONNECTED FOR NONPAYMENT WILL BE SUBJECT TO THE FOLLOWING PRIOR TO BEING RECONNECT			
Balance Before Curre	nt Charges			\$0.50				NECTED
Current Charges						PAST DUE AM		
Facilities Charge 32 I	Days @ \$0.80		\$25.60			SERVICE CHA		
Energy Charges						REASED DEPO		
Sales Tax - Local Opt	ion		\$0.27					
Gross Receipts Tax			\$0.66	8	Compare	Your Electric	ity Use (KW	H)
Sales GR Tax			\$1.84		This Month	Last Mo	nth AY	ear Ago
Total Current Charg	jes			\$28.37	0	47		42
Past Due Amount			\$.50	I	ACCOUNT OF THE PARTY OF THE PAR	ty Use Over th	ne Past 13 Mo	
Total Balance Due B				\$28.87	Tour Erective	ity obe over it		
Total Balance Due A	fter 5:00 pm on Lat	te Date		\$38.87	1 -	800		





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Chiefland Main Office 11491 NW 50th Ave Chiefland (352) 493-2511 8am-5pm M-F Drive-Thru 7am-6pm M-F

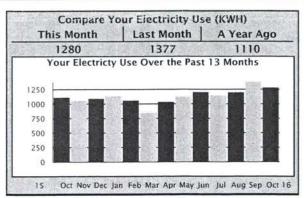
Inglis District Office 167 Hwy 40 W. Inglis (352) 447-3553 8am-5pm M-W-F Cross City District Office 207 NE 210th Ave (352) 498-7322 8am-5pm M-F Other Payment Locations

Drummond Community Banks
Chiefland, Cedar Key, Trenton, Old Town, Cross City, Williston,
Williston Drive-Thru, Inglis Bronson, and Archer
Lafayette State Bank
Bell

Consumer Name	HIDEAWAY INC	Statement Id.	4570938			Bill Date	10/14/2016
Account Number	207054727	Account Location	4-2-543		Due Date	10/30/2016	
Map Number	F500-025J-0017	Cycle	10	SPC	N	Late Date	11/04/2016
Service Address	11210 NW 112TH TER	Service Description	SEWER PLANT		Cutoff Date	11/14/2016	

Meter Number	Meter Rea	ding Dates	Number of	Meter Readings		Meter Readings KWH Used		Rate Code
	From To	Days	Previous	Present	推示性 医原子丛 国际			
14602012	09/13/2016	10/11/2016	28	55209	56489	1280	1	GSND3-5

14602012	09/13/2016	10/11/2016	20	33209
Previous Balance Payments				\$215.22
Payment Thank You			(\$215.22)	(\$215.22)
Balance Before Curren	t Charges			\$0.00
Current Charges				
Facilities Charge 28 D	ays @ \$1.50		\$42.00	
Energy Charges				
1000 kWh @ \$0.11	3		\$113.00	
280 kWh @ \$0.136			\$38.08	
Wholesale power cost	adjustment0130	00	(\$16.64)	
Sales Tax - Local Option			\$1.81	
Gross Receipts Tax			\$4.52	
Sales GR Tax			\$12.59	
Total Current Charge	s			\$195.36
Total Balance Due By	5:00 pm on Due D	Date		\$195.36
Total Balance Due Af	ter 5:00 pm on Lat	e Date		\$205.36



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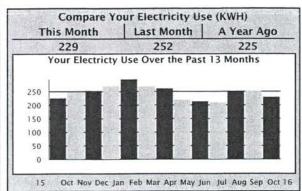
Chiefland Main Office 11491 NW 50th Ave Chiefland (352) 493-2511 8am-5pm M-F Drive-Thru 7am-6pm M-F Inglis District Office 167 Hwy 40 W. Inglis (352) 447-3553 8am-5pm M-W-F Cross City District Office 207 NE 210th Ave (352) 498-7322 8am-5pm M-F Other Payment Locations

Drummond Community Banks
Chiefland, Cedar Key, Trenton, Old Town, Cross City, Williston,
Williston Drive-Thru, Inglis Bronson, and Archer
Lafayette State Bank

Consumer Name	HIDEAWAY INC	Statement Id.	4570940		Bill Date	10/14/2016	
Account Number	207054719	Account Location	1 4-2-552		Due Date	10/30/2016	
Map Number	F500-025J-0018	Cycle	10	SPC	N	Late Date	11/04/2016
Service Address	11210 NW 112TH TER	Service Description	SEWER LIFT STATION		Cutoff Date	11/14/2016	

Meter Number	Meter Read	ding Dates	Number of	Number of Meter Readings		KWH Used	Multiplier	Rate Code
	From	То	Days	Previous	Present			是起門的語言
14601926	09/13/2016	10/11/2016	28	4472	4701	229	1	GSND3-5

14601926	09/13/2016	10/11/2016	20	44/2
Previous Balance Payments				\$81.07
Payment Thank You			(\$81.07)	98599AV 181-3V
Specification (Company of the Company of the Compan				(\$81.07)
Balance Before Currer	nt Charges			\$0.00
Current Charges				
Facilities Charge 28 D	ays @ \$1.50		\$42.00	
Energy Charges				
229 kWh @ \$0.113	3		\$25.88	
Wholesale power cost	adjustment01300	00	(\$2.98)	
Sales Tax - Local Opti	on		\$0.67	
Gross Receipts Tax			\$1.66	
Sales GR Tax			\$4.64	
Total Current Charge	es			\$71.87
Total Balance Due By	5:00 pm on Due D	ate		\$71.87
Total Balance Due At	fter 5:00 pm on Lat	e Date		\$81.87





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Inglis District Office 167 Hwy 40 W. Inglis (352) 447-3553 8am-Spm M-W-F Cross City District Office 207 NE 210th Ave (352) 498-7322 8am-5pm M-F

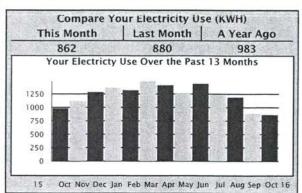
Other Payment Locations

Drummond Community Banks
Chiefland, Cedar Key, Trenton, Old Town, Cross City, Williston,
Williston Drive-Thru, Inglis Bronson, and Archer
Lafayette State Bank

Consumer Name	HIDEAWAY INC	Statement Id.	4570941		Bill Date	10/14/2016	
Account Number	207054701	Account Location	4-2-469		Due Date	10/30/2016	
Map Number	F500-025H-0005	Cycle	10	SPC	N	Late Date	11/04/2016
Service Address	11261 NW 115TH AVE	Service Description	PUMP		Cutoff Date	11/14/2016	

Meter Number	Meter Rea	ding Dates	Number of	Meter R	eadings	KWH Used	Multiplier	Rate Code
	From	To	Days	Previous	Present	W. C. Stephen		
14953104	09/13/2016	10/11/2016	28	55738	56600	862	1	GSND3-5
Previous Ralance				\$150.50				

Payments		\$150.59
Payment Thank You	(\$150.59)	
THE ARMS IN THE PROPERTY OF THE SAME TH		(\$150.59)
Balance Before Current Charges		\$0.00
Current Charges		
Facilities Charge 28 Days @ \$1.50	\$42.00	
Energy Charges		
862 kWh @ \$0.113	\$97.41	
Wholesale power cost adjustment013000	(\$11.21)	
Sales Tax - Local Option	\$1.32	Œ
Gross Receipts Tax	\$3.29	
Sales GR Tax	\$9.14	
Total Current Charges		\$141.95
Total Balance Due By 5:00 pm on Due Date		\$141.95
Total Balance Due After 5:00 pm on Late Date		\$151.95



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Cutoff Date

11/14/2016

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Service Address | 11084 NW 112TH PL

Inglis District Office 167 Hwy 40 W. Inglis (352) 447-3553 8am-5pm M-W-F Cross City District Office 207 NE 210th Ave (352) 498-7322 8am-5pm M-F

Drummond Community Banks Chiefland, Cedar Key, Trenton, Old Town, Cross City, Williston, Williston Drive-Thru, Inglis Bronson, and Archer

Lafayette State Bank

SEWER PLANT

HIDEAWAY INC Statement Id. 4570939 Bill Date 10/14/2016 **Consumer Name Due Date** 10/30/2016 **Account Number** 3266992746 **Account Location** 4-1-421 SPC Late Date 11/04/2016 Map Number F500-025J-0002 Cycle 10 N

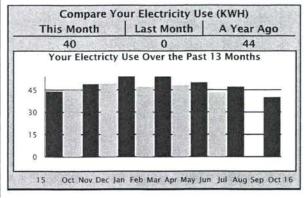
Service Description

Meter Number	Meter Number	Meter Reading Dates		Number of	Meter Readings		KWH Used	KWH Used Multiplier Ra	Rate Code
	From	To	Days	Previous	Present		通义 制置		
134664644	09/14/2016	10/11/2016	27	0	40	40	1	GSND1-5	
42805136	09/13/2016	09/14/2016	1	56321	56321	0	1	GSND1-5	
			ASC.		216	T DUE ANAOUS	TOFFE		

42003130	09/13/2016	09/14/2016	The second second	30321
Previous Balance Payments			No.	\$28.87
Payment Thank You	ı		(\$28.37)	
**************************************				(\$28.37)
Balance Before Currer	nt Charges			\$0.50
Current Charges				
Facilities Charge 28 D	ays @ \$0.80		\$22.40	
Energy Charges				
40 kWh @ \$0.113			\$4.52	
Wholesale power cost	adjustment01300	00	(\$0.52)	
Sales Tax - Local Opti	on		\$0.28	
Gross Receipts Tax			\$0.68	
Sales GR Tax			\$1.89	No. of the Contract of the Con
Total Current Charge	es			\$29.25
Past Due Amount			\$.50	
Total Balance Due By	5:00 pm on Due D	Date		\$29.75
Total Balance Due At	fter 5:00 pm on Lat	e Date		\$39.75

PAST DUE AMOUNT OF \$.50 SUBJECT TO IMMEDIATE DISCONNECT

*ACCOUNTS DISCONNECTED FOR
NONPAYMENT WILL BE SUBJECT TO THE
FOLLOWING PRIOR TO BEING RECONNECTED
1.PAY ALL PAST DUE AMOUNTS
2.PAY CURRENT BILLING
3.PAY ALL SERVICE CHARGES
4.PAY INCREASED DEPOSIT



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Consumer Name HIDEAWAY INC

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Drummond Community Banks
Chiefland, Cedar Key, Trenton, Old Town, Cross City, Williston,

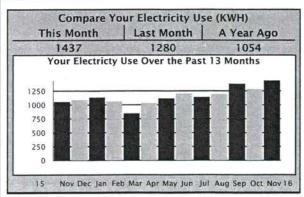
Chiefland, Cedar Key, Trenton, Old Town, Cross City, Willisto Williston Drive-Thru, Inglis Bronson, and Archer Lafayette State Bank

Statement Id.	4613537	Bill Date	11/15/2016
Account Location	4-2-543	Due Date	11/30/2016

ANY CONTRACTOR OF THE PARTY OF	Control of the Contro						
Account Number 207	054727	Account Location	4-2-543		Due Date	11/30/2016	
Map Number F50	0-025J-0017	Cycle	10	SPC	N	Late Date	12/05/2016
Service Address 112	10 NW 112TH TER	Service Description	SEWER P	LANT		Cutoff Date	12/13/2016

Meter Number	Meter Rea	Meter Reading Dates		Meter R	Meter Readings KWH Used Mu		Multiplier	Rate Code
	From	То	Days	Previous	Present			达
14602012	10/11/2016	11/12/2016	32	56489	57926	1437	1	GSND3-5

14602012	10/11/2016	11/12/2016	32	56489
Previous Balance				\$195.36
Payments				
Payment Thank You	и	(\$	195.36)	
				(\$195.36)
Balance Before Curre	nt Charges			\$0.00
Current Charges				
Facilities Charge 32 I	Days @ \$1.50		\$48.00	
Energy Charges				
1000 kWh @ \$0.1	13		\$113.00	
437 kWh @ \$0.13	6		\$59.43	
Wholesale power cos	t adjustment0130	00	(\$18.68)	
Sales Tax - Local Opt	ion		\$2.07	1
Gross Receipts Tax			\$5.17	-
Sales GR Tax			\$14.39	
Total Current Charg	es			\$223.38
Total Balance Due B	y 5:00 pm on Due I	Date		\$223.38
Total Balance Due A	fter 5:00 pm on Lat	te Date		\$234.55





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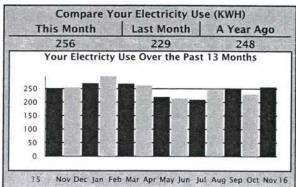
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Drummond Community Banks Chiefland, Cedar Key, Trenton, Old Town, Cross City, Williston, Williston Drive-Thru, Inglis Bronson, and Archer Lafayette State Bank

Consumer Name	HIDEAWAY INC	Statement Id.	i. 4613538			Bill Date	11/15/2016
Account Number	207054719	Account Location	n 4-2-552		Due Date	11/30/2016	
Map Number	F500-025J-0018	Cycle	10	SPC	N	Late Date	12/05/2016
Service Address	11210 NW 112TH TER	Service Description	SEWER LIFT STATION		Cutoff Date	12/13/2016	

Meter Number	Meter Rea	Meter Reading Dates Number of Meter Readings KWH Used		er Readings KWH Used Multiplier Rate		KWH Used Multiplier		
	From	To	Days	Previous	Present		E	
14601926	10/11/2016	11/12/2016	32	4701	4957	256	1	GSND3-5
Previous Balance				\$71.87				

Previous Balance Payments		\$71.87
Payment Thank You	(\$71.87)	
		(\$71.87)
Balance Before Current Charges		\$0.00
Current Charges		
Facilities Charge 32 Days @ \$1.50	\$48.00	
Energy Charges		
256 kWh @ \$0.113	\$28.93	
Wholesale power cost adjustment013000	(\$3.33)	
Sales Tax - Local Option	\$0.76	
Gross Receipts Tax	\$1.89	
Sales GR Tax	\$5.26	
Total Current Charges		\$81.51
Total Balance Due By 5:00 pm on Due Date		\$81.51
Total Balance Due After 5:00 pm on Late Date		\$91.51





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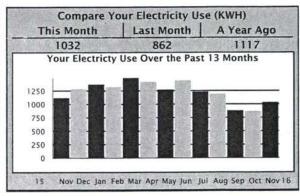
Chiefland Main Office 11491 NW 50th Ave Chiefland (352) 493-2511 8am-5pm M-F Drive-Thru 7am-6pm M-F Inglis District Office 167 Hwy 40 W. Inglis (352) 447-3553 8am-5pm M-W-F Cross City District Office 207 NE 210th Ave (352) 498-7322 8am-5pm M-F Other Payment Locations

Drummond Community Banks
Chiefland, Cedar Key, Trenton, Old Town, Cross City, Williston,
Williston Drive-Thru, Inglis Bronson, and Archer
Lafayette State Bank
Bell

Consumer Name	HIDEAWAY INC	Statement Id.	d. 4613535		Bill Date	11/15/2016	
Account Number	207054701	Account Location	4-2-469			Due Date	11/30/2016
Map Number	F500-025H-0005	Cycle	10	SPC	N	Late Date	12/05/2016
Service Address	11261 NW 115TH AVE	Service Description	PUMP		Cutoff Date	12/13/2016	

Meter Number	Meter Reading Dates		Number of	Meter Readings		KWH Used	Multiplier	Rate Code
	From	То	Days	Previous	Present			
14953104	10/11/2016	11/12/2016	32	56600	57632	1032	1	GSND3-5

14953104	10/11/2016	11/12/2016	32	56600
Previous Balance Payments	100			\$141.95
Payment Thank Yo	ou	(5	(141.95)	
				(\$141.95)
Balance Before Curr	ent Charges			\$0.00
Current Charges				
Facilities Charge 32	Days @ \$1.50		\$48.00	
Energy Charges				
1000 kWh @ \$0.	113		\$113.00	
32 kWh @ \$0.13	6		\$4.35	
Wholesale power co	st adjustment0130	00	(\$13.42)	
Sales Tax - Local Op	otion		\$1.56	
Gross Receipts Tax			\$3.89	
Sales GR Tax			\$10.84	
Total Current Char	ges			\$168.22
Total Balance Due	By 5:00 pm on Due D	Date		\$168.22
Total Balance Due	After 5:00 pm on Lat	te Date		\$178.22





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Other Payment Locations unity Banks

Drummond Community Banks
Chiefland, Cedar Key, Trenton, Old Town, Cross City, Williston,
Williston Drive-Thru, Inglis Bronson, and Archer
Lafayette State Bank
Rell

Consumer Name	HIDEAWAY INC	Statement Id.	4613536		Bill Date	11/15/2016	
Account Number	3266992746	Account Location	n 4-1-421		Due Date	11/30/2016	
Map Number	F500-025J-0002	Cycle	10	SPC	N	Late Date	12/05/2016
Service Address	11084 NW 112TH PL	Service Description	SEWER PLANT		Cutoff Date	12/13/2016	

Meter Number	Meter Read	ding Dates	Number of	Meter	Readings
	From	То	Days	Previous	Pres
134664644	10/11/2016	11/12/2016	32	40	9
Previous Balance Payments				\$29.75	SU
Payment Thank You	i		(\$29.25)	(\$29.25)	*A
Balance Before Curre	nt Charges			\$0.50	FO 1.F
Current Charges Facilities Charge 32 [Days @ \$0.80		\$25.60		2.F 3.F
Energy Charges 58 kWh @ \$0.113			\$6.55		4.1
Wholesale power cost		00	(\$0.75)		Co
Sales Tax - Local Opti Gross Receipts Tax	on		\$0.33 \$0.80		This M
Sales GR Tax			\$2.25		5
Total Current Charg	es			\$34.78	Your
Past Due Amount			\$.50		Î.
Total Balance Due By Total Balance Due A				\$35.28 \$45.28	45 30
					15

98 58 1 G PAST DUE AMOUNT OF \$.50 SUBJECT TO IMMEDIATE DISCONNECT

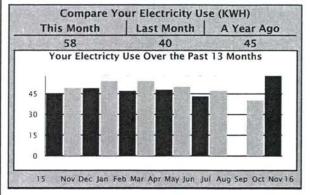
Present

*ACCOUNTS DISCONNECTED FOR NONPAYMENT WILL BE SUBJECT TO THE FOLLOWING PRIOR TO BEING RECONNECTED 1.PAY ALL PAST DUE AMOUNTS 2.PAY CURRENT BILLING 3.PAY ALL SERVICE CHARGES 4.PAY INCREASED DEPOSIT

KWH Used | Multiplier

Rate Code

GSND1-5



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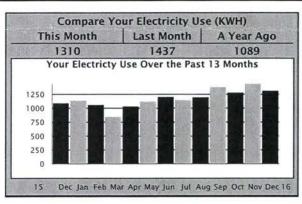


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Drummond Community Banks
Chiefland, Cedar Key, Trenton, Old Town, Cross City, Williston,
Williston Drive-Thru, Inglis Bronson, and Archer
Lafayette State Bank

Consumer Name	HIDEAWAY INC	Statement Id.	d. 4658668		Bill Date	12/15/2016	
Account Number	207054727	Account Location	n 4-2-543		Due Date	12/30/2016	
Map Number	F500-025J-0017	Cycle	10	SPC	N	Late Date	01/04/2017
Service Address	11210 NW 112TH TER	Service Description	SEWER PLANT			Cutoff Date	01/12/2017

Meter Number	Meter Rea	Meter Reading Dates		Meter Readings		KWH Used	Multiplier	Rate Code
	From	To	Days	Previous	Present	1		
14602012	11/12/2016	12/12/2016	30	57926	59236	1310	1	GSND3-5

14602012	11/12/2016	12/12/2016	30	57926
Previous Balance Payments				\$223.38
Payment Thank Yo	ou	(\$223.38)	
				(\$223.38)
Balance Before Curre	ent Charges			\$0.00
Current Charges				
Facilities Charge 30	Days @ \$1.50		\$45.00	
Energy Charges				
1000 kWh @ \$0.	113		\$113.00	
310 kWh @ \$0.13	36		\$42.16	
Wholesale power co.	st adjustment01300	00	(\$17.03)	
Sales Tax - Local Op	tion		\$1.88	
Gross Receipts Tax			\$4.69	
Sales GR Tax			\$13.07	
Total Current Char	ges			\$202.77
Total Balance Due	ate		\$202.77	
	After 5:00 pm on Lat			\$212.91





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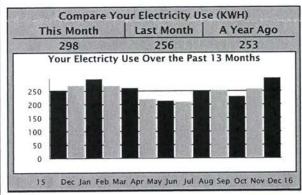
Chiefland Main Office 11491 NW 50th Ave Chiefland (352) 493-2511 8am-5pm M-F Drive-Thru 7am-6pm M-F Inglis District Office 167 Hwy 40 W. Inglis (352) 447-3553 8am-5pm M-W-F Cross City District Office 207 NE 210th Ave (352) 498-7322 8am-5pm M-F Other Payment Locations

Drummond Community Banks
Chiefland, Cedar Key, Trenton, Old Town, Cross City, Williston,
Williston Drive-Thru, Inglis Bronson, and Archer
Lafayette State Bank
Bell

Consumer Name	HIDEAWAY INC	Statement Id.	4658667			Bill Date	12/15/2016
Account Number	or the Art Montage and Art Company	Account Location	4-2-552		Due Date	12/30/2016	
Map Number	F500-025J-0018	Cycle	10	SPC	N	Late Date	01/04/2017
Service Address	11210 NW 112TH TER	Service Description	SEWER LIFT STATION		Cutoff Date	01/12/2017	

Meter Number	Meter Reading Dates		ling Dates Number of		Meter Readings		Multiplier	Rate Code
From	From	То	Days	Previous	Present		10000	
14601926	11/12/2016	12/12/2016	30	4957	5255	298	1	GSND3-5

14601926	11/12/2016	12/12/2016	30	4957
Previous Balance				\$81.51
Payments			(601 51)	
Payment Thank Yo	ou		(\$81.51)	(\$81.51)
Balance Before Curr	ent Charges			\$0.00
Current Charges				
Facilities Charge 30	Days @ \$1.50		\$45.00	
Energy Charges				
298 kWh @ \$0.1	13		\$33.67	
Wholesale power co	st adjustment0130	00	(\$3.87)	
Sales Tax - Local Op			\$0.77	
Gross Receipts Tax			\$1.92	
Sales GR Tax			\$5.34	
Total Current Char	ges			\$82.83
	By 5:00 pm on Due [Date		\$82.83
Total Balance Due	After 5:00 pm on Lat	te Date		\$92.83
	nomina essa. Accesarant ibid Sife Distributi Side Pales			





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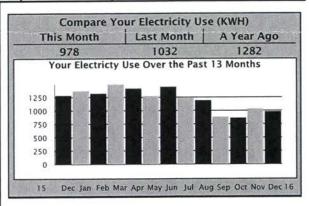
Chiefland Main Office 11491 NW 50th Ave Chiefland (352) 493-2511 8am-Spm M-F Drive-Thru 7am-6pm M-F Inglis District Office 167 Hwy 40 W. Inglis (352) 447-3553 8am-5pm M-W-F Cross City District Office 207 NE 210th Ave (352) 498-7322 8am-5pm M-F Other Payment Locations

Drummond Community Banks
Chiefland, Cedar Key, Trenton, Old Town, Cross City, Williston,
Williston Drive-Thru, Inglis Bronson, and Archer
Lafayette State Bank
Bell

Consumer Name	HIDEAWAY INC	Statement Id.	4658666			Bill Date	12/15/2016
Account Number	207054701	Account Location	4-2-469		Due Date	12/30/2016	
Map Number	F500-025H-0005	Cycle	10	SPC	N	Late Date	01/04/2017
Service Address	11261 NW 115TH AVE	Service Description	PUMP			Cutoff Date	01/12/2017

Meter Number	Meter Reading Dates		Number of Meter Readings		Meter Readings		Multiplier	Rate Code
	From	To.	Days	Previous	Present			
14953104	11/12/2016	12/12/2016	30	57632	58610	978	1	GSND3-5

14333104	11/12/2010		
Previous Balance			\$168.22
Payments			
Payment Thank You		(\$168.22)	
			(\$168.22
Balance Before Current C	Charges		\$0.00
Current Charges			
Facilities Charge 30 Days	s @ \$1.50	\$45.00	
Energy Charges			
978 kWh @ \$0.113		\$110.51	
Wholesale power cost ad	justment013000	(\$12.71)	
Sales Tax - Local Option		\$1.47	
Gross Receipts Tax		\$3.66	
Sales GR Tax		\$10.19	
Total Current Charges			\$158.1
Total Balance Due By 5:	00 pm on Due Date		\$158.1
Total Balance Due After			\$168.13





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Multiplier

Rate Code

GSND1-5

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Drummond Community Banks

Chiefland, Cedar Key, Trenton, Old Town, Cross City, Williston, Williston Drive-Thru, Inglis Bronson, and Archer Lafayette State Bank

Consumer Name	HIDEAWAY INC	Statement Id.			Bill Date	12/15/2016	
Account Number	3266992746	Account Location			Due Date	12/30/2016	
Map Number	F500-025J-0002	Cycle	10	SPC	N	Late Date	01/04/2017
Service Address	11084 NW 112TH PL	Service Description	SEWER PLANT Cu		Cutoff Date	01/12/2017	

Meter Number	Meter Rea	ding Dates	Number of	Meter I	Readings	
	From	То	Days	Previous	Pres	
134664644	11/12/2016	12/12/2016	30	98	18	
Previous Balance Payments				\$35.28	su	
Payment Thank You	ı		(\$34.78)	(\$34.78)	*A	
Balance Before Curre	nt Charges			\$0.50	FC 1.1	
Current Charges Facilities Charge 30 Energy Charges	Days @ \$0.80		\$24.00		2.I 3.I 4.I	
82 kWh @ \$0.113			\$9.27		4.	
Wholesale power cos	t adjustment01300	00	(\$1.07)		C	
Sales Tax - Local Opt	ion		\$0.34		This	
Gross Receipts Tax			\$0.83		8	
Sales GR Tax			\$2.30		You	
Total Current Charg Past Due Amount	es		\$.50	\$35.67	75	
Total Balance Due B Total Balance Due A				\$36.17 \$46.17	45	
					30	

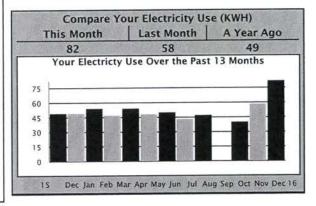
PAST DUE AMOUNT OF \$.50 SUBJECT TO IMMEDIATE DISCONNECT

KWH Used

82

Present

*ACCOUNTS DISCONNECTED FOR
NONPAYMENT WILL BE SUBJECT TO THE
FOLLOWING PRIOR TO BEING RECONNECTED
1.PAY ALL PAST DUE AMOUNTS
2.PAY CURRENT BILLING
3.PAY ALL SERVICE CHARGES
4.PAY INCREASED DEPOSIT





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Drummond Community Banks
Chiefland, Cedar Key, Trenton, Old Town, Cross City, Williston,
Williston Drive-Thru, Inglis Bronson, and Archer

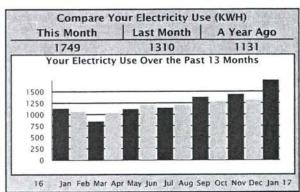
Lafayette State Bank

Bell

Consumer Name	HIDEAWAY INC	Statement Id.	4695518			Bill Date	01/12/2017
Account Number	207054727	Account Location	4-2-543		Due Date	01/30/2017	
Map Number	F500-025J-0017	Cycle	10	SPC	N	Late Date	02/06/2017
Service Address	11210 NW 112TH TER	Service Description	SEWER PLANT		Cutoff Date	02/14/2017	

Meter Number	Meter Reading Dates		Number of	Meter Readings		KWH Used	Multiplier	Rate Code
	From	То	Days	Previous	Present			
14602012	12/12/2016	01/12/2017	31	59236	60985	1749	1	GSND3-5

14602012	12/12/2016	01/12/2017	31	59236
Previous Balance Payments				\$202.77
Payment Thank Yo	ou		(\$202.77)	(\$202.77)
Balance Before Curr	ent Charges			\$0.00
Current Charges				
Facilities Charge 31	Days @ \$1.50		\$46.50	
Energy Charges				
1000 kWh @ \$0.0	098		\$98.00	
749 kWh @ \$0.12	24		\$92.88	
Wholesale power co	st adjustment0055	00	(\$9.62)	
Sales Tax - Local Op	하다 하는 사람들은 사람이 되었다면 하는데		\$2.34	
Gross Receipts Tax			\$5.84	
Sales GR Tax			\$16.25	
Total Current Char	ges			\$252.19
	By 5:00 pm on Due I	Date		\$252.19
	After 5:00 pm on La			\$264.80





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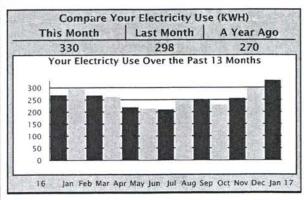
Chiefland Main Office 11491 NW 50th Ave Chiefland (352) 493-2511 8am-5pm M-F Drive-Thru 7am-6pm M-F Inglis District Office 167 Hwy 40 W. Inglis (352) 447-3553 8am-5pm M-W-F Cross City District Office 207 NE 210th Ave (352) 498-7322 8am-5pm M·F Other Payment Locations
Drummond Community Banks

Chiefland, Cedar Key, Trenton, Old Town, Cross City, Williston, Williston Drive-Thru, Inglis Bronson, and Archer Lafayette State Bank Rell

Consumer Name	HIDEAWAY INC	Statement Id.			Bill Date	01/12/2017	
Account Number	207054719	Account Location			Due Date	01/30/2017	
Map Number	F500-025J-0018	Cycle	10	SPC	N	Late Date	02/06/2017
Service Address	11210 NW 112TH TER	Service Description	SEWER LIFT STATION		Cutoff Date	02/14/2017	

Meter Number	Meter Reading Dates		Number of	Meter Readings		KWH Used	Multiplier	Rate Code
	From	То	Days	Previous	Present			
14601926	12/12/2016	01/12/2017	31	5255	5585	330	1	GSND3-5

14601926	12/12/2016	01/12/2017	31	5255
Previous Balance Payments				\$82.83
Payment Thank Yo	u		(\$82.83)	
1.50			0.00	(\$82.83)
Balance Before Curre	nt Charges			\$0.00
Current Charges				
Facilities Charge 31	Days @ \$1.50		\$46.50	
Energy Charges				
330 kWh @ \$0.09	8		\$32.34	
Wholesale power cos	t adjustment0055	00	(\$1.82)	
Sales Tax - Local Opt	ion		\$0.79	
Gross Receipts Tax			\$1.97	
Sales GR Tax			\$5.50	
Total Current Charg	jes			\$85.28
Total Balance Due B	y 5:00 pm on Due [Date		\$85.28
Total Balance Due A	fter 5:00 pm on La	te Date		\$95.28





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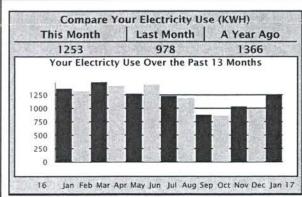
Chiefland Main Office 11491 NW 50th Ave Chiefland (352) 493-2511 8am-5pm M-F Drive-Thru 7am-6pm M-F Inglis District Office 167 Hwy 40 W. Inglis (352) 447-3553 8am-5pm M-W-F Cross City District Office 207 NE 210th Ave (352) 498-7322 8am-5pm M-F Other Payment Locations

Drummond Community Banks
Chiefland, Cedar Key, Trenton, Old Town, Cross City, Williston,
Williston Drive-Thru, Inglis Bronson, and Archer
Lafayette State Bank
Bell

Consumer Name	HIDEAWAY INC	Statement Id.	469551	6		Bill Date	01/12/2017
Account Number	207054701	Account Location	4-2-469		Due Date	01/30/2017	
Map Number	F500-025H-0005	Cycle	10	SPC	N	Late Date	02/06/2017
Service Address	11261 NW 115TH AVE	Service Description	PUMP		Cutoff Date	02/14/2017	

Meter Number	Meter Reading Dates		Number of	Meter Readings		KWH Used	Multiplier	Rate Code
	From	То	Days	Previous	Present			
14953104	12/12/2016	01/12/2017	31	58610	59863	1253	1	GSND3-5

14333104	12/12/2010	01/12/2017	31	30010
Previous Balance Payments				\$158.12
Payment Thank Yo	u	(5	(158.12)	
The state of the s				(\$158.12)
Balance Before Curre	ent Charges			\$0.00
Current Charges	157			
Facilities Charge 31	Days @ \$1.50		\$46.50	
Energy Charges				
1000 kWh @ \$0.0	98		\$98.00	
253 kWh @ \$0.12	24		\$31.37	
Wholesale power cos	st adjustment00550	00	(\$6.89)	
Sales Tax - Local Op	tion		\$1.74	
Gross Receipts Tax			\$4.33	
Sales GR Tax			\$12.05	
Total Current Charg	ges			\$187.10
Total Balance Due B	By 5:00 pm on Due D	ate		\$187.10
Total Balance Due A	After 5:00 pm on Lat	e Date		\$197.10





Meter Number

CENTRAL FLORIDA ELECTRIC COOPERATIVE, INC.

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Multiplier

Rate Code

GSND1-5

Chiefland Main Office 11491 NW 50th Ave Chiefland (352) 493-2511 8am-Spm M-F Drive-Thru 7am-6pm M-F Inglis District Office 167 Hwy 40 W. Inglis (352) 447-3553 8am-5pm M-W-F

Meter Reading Dates

Cross City District Office 207 NE 210th Ave (352) 498-7322 8am-5pm M-F Other Payment Locations

Drummond Community Banks
Chiefland, Cedar Key, Trenton, Old Town, Cross City, Williston,
Williston Drive-Thru, Inglis Bronson, and Archer
Lafayette State Bank

Consumer Name	HIDEAWAY INC	Statement Id.			Bill Date	01/12/2017	
Account Number	3266992746	Account Location			Due Date	01/30/2017	
Map Number	F500-025J-0002	Cycle	10	SPC	N	Late Date	02/06/2017
Service Address	11084 NW 112TH PL	Service Description	SEWER PLANT		Cutoff Date	02/14/2017	

Number of

Meter Readings

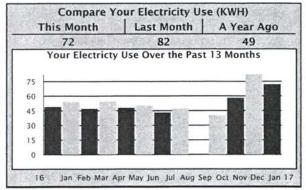
Present 252

	From	То	Days	Previous		
134664644	12/12/2016	01/12/2017	31	180		
Previous Balance Payments				\$36.17		
Payment Thank Yo	u		(\$35.67)	(\$35.67)		
Balance Before Curre	ent Charges			\$0.50		
Current Charges						
Facilities Charge 31	Days @ \$0.95		\$29.45			
Energy Charges						
72 kWh @ \$0.098	3		\$7.06			
Wholesale power cos	st adjustment00550	00	(\$0.40)			
Sales Tax - Local Opt	tion		\$0.38			
Gross Receipts Tax			\$0.93			
Sales GR Tax			\$2.59			
Total Current Chard	jes			\$40.01		
Past Due Amount	•		\$.50	3 403 4 403 1844		
Total Balance Due B	By 5:00 pm on Due D	Date		\$40.51		
	After 5:00 pm on Lat			\$50.51		
				ASSA A201000		

PAST DUE AMOUNT OF \$.50
SUBJECT TO IMMEDIATE DISCONNECT

KWH Used

*ACCOUNTS DISCONNECTED FOR NONPAYMENT WILL BE SUBJECT TO THE FOLLOWING PRIOR TO BEING RECONNECTED 1.PAY ALL PAST DUE AMOUNTS 2.PAY CURRENT BILLING 3.PAY ALL SERVICE CHARGES 4.PAY INCREASED DEPOSIT





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Drummond Community Banks

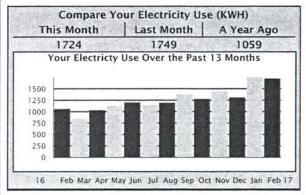
Chiefland, Cedar Key, Trenton, Old Town, Cross City, Williston, Williston Drive-Thru, Inglis Bronson, and Archer Lafayette State Bank

Consumer Name	HIDEAWAY INC	Statement Id.	4739537			Bill Date	02/13/2017
Account Number	207054727	Account Location	4-2-543		Due Date	02/28/2017	
Map Number	F500-025J-0017	Cycle	10	SPC	N	Late Date	03/06/2017
Service Address	11210 NW 112TH TER	Service Description	SEWER PLANT		Cutoff Date	03/14/2017	

Meter Number	Meter Reading Dates		Number of	Meter Readings		KWH Used	Multiplier	Rate Code
	From	To	Days	Previous	Present			
14602012	01/12/2017	02/11/2017	30	60985	62709	1724	1	GSND3-5

14602012	01/12/2017	02/11/2017	30	60985
Previous Balance Payments				\$252.19
Payment Thank Yo	ou	(5	252.19)	
				(\$252.19)
Balance Before Curre	ent Charges			\$0.00
Current Charges				
Facilities Charge 30	Days @ \$1.50		\$45.00	1
Energy Charges				
1000 kWh @ \$0.0	098		\$98.00	- 1
724 kWh @ \$0.12	24		\$89.78	- 1
Wholesale power co	st adjustment00550	00	(\$9.48)	
Sales Tax - Local Op	tion		\$2.30	- 1
Gross Receipts Tax			\$5.72	- 1
Sales GR Tax			\$15.93	
Total Current Char	ges			\$247.25
Total Balance Due I	By 5:00 pm on Due D	ate		\$247.25
Total Balance Due	After 5:00 pm on Lat	e Date		\$259.61

Beginning in March, you will see a new simplified (more reader friendly) billing statement.





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Chiefland Main Office 11491 NW 50th Ave Chiefland (352) 493-2511 8am-5pm M-F Drive-Thru 7am-6pm M-F

Inglis District Office 167 Hwy 40 W. Inglis (352) 447-3553 8am-5pm M-W-F

Cross City District Office 207 NE 210th Ave (352) 498-7322 8am-5pm M-F

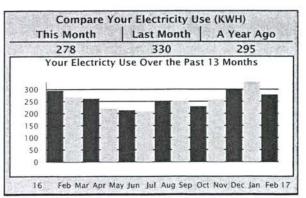
Other Payment Locations Drummond Community Banks Chiefland, Cedar Key, Trenton, Old Town, Cross City, Williston, Williston Drive-Thru, Inglis Bronson, and Archer Lafayette State Bank

Consumer Name	HIDEAWAY INC	Statement Id.			Bill Date	02/13/2017	
Account Number	207054719	Account Location			Due Date	02/28/2017	
Map Number	F500-025J-0018	Cycle	10	SPC	N	Late Date	03/06/2017
Service Address	11210 NW 112TH TER	Service Description	SEWER LIFT STATION		Cutoff Date	03/14/2017	

Meter Number	Meter Rea	Meter Reading Dates		Meter Readings		KWH Used	Multiplier	Rate Code
	From	То	Days	Previous	Present	SALES TO SE		
14601926	01/12/2017	02/11/2017	30	5585	5863	278	1	GSND3-5

	Carrier and A. C. Controller St.	ESTATION CONTRACTOR	04,5	CREATE BUILDING UP TO LEGISLANDS AND
14601926	01/12/2017	02/11/2017	30	5585
Previous Balance Payments				\$85.28
Payment Thank You	í		(\$85.28)	(\$85.28)
Balance Before Currer	nt Charges			\$0.00
Current Charges				
Facilities Charge 30 D	ays @ \$1.50		\$45.00	
Energy Charges				
278 kWh @ \$0.098	3		\$27.24	
Wholesale power cost	adjustment00550	00	(\$1.53)	
Sales Tax - Local Opti			\$0.73	
Gross Receipts Tax			\$1.81	
Sales GR Tax			\$5.05	
Total Current Charge	es			\$78.30
Total Balance Due By	5:00 pm on Due D	ate		\$78.30
Total Balance Due Af	fter 5:00 nm on Lat	e Date		\$88.30

Beginning in March, you will see a new simplified (more reader friendly) billing statement.





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Chiefland Main Office 11491 NW 50th Ave Chiefland (352) 493-2511 8am-5pm M-F Drive-Thru 7am-6pm M-F

Inglis District Office 167 Hwy 40 W. Inglis (352) 447-3553 8am-5pm M-W-F

Cross City District Office 207 NE 210th Ave (352) 498-7322 8am-5pm M-F

Other Payment Locations

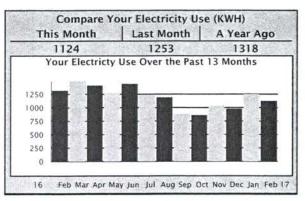
Drummond Community Banks Chiefland, Cedar Key, Trenton, Old Town, Cross City, Williston, Williston Drive-Thru, Inglis Bronson, and Archer Lafayette State Bank

Consumer Name	HIDEAWAY INC	Statement Id.			Bill Date	02/13/2017	
Account Number	207054701	Account Location			Due Date	02/28/2017	
Map Number	F500-025H-0005	Cycle	10	SPC	N	Late Date	03/06/2017
Service Address	11261 NW 115TH AVE	Service Description	PUMP		Cutoff Date	03/14/2017	

Meter Number	Meter Rea	ding Dates	Number of Meter Readings		KWH Used	Multiplier	Rate Code	
	From	То	Days	Previous	Present			
14953104	01/12/2017	02/11/2017	30	59863	60987	1124	1	GSND3-5
Previous Balance				\$187.10	Beginning in Ma			

14953104	01/12/2017	02/11/2017	30	59863
Previous Balance Payments				\$187.10
1.54			(610710)	
Payment Thank You	T.		(\$187.10)	(\$187.10)
				3 1 1 1 5 5 D D D D D D D D D D D D D D D
Balance Before Currer	nt Charges			\$0.00
Current Charges				
Facilities Charge 30 D	ays @ \$1.50		\$45.00	
Energy Charges				
1000 kWh @ \$0.09	98		\$98.00	
124 kWh @ \$0.124	1		\$15.38	
Wholesale power cost	adjustment0055	00	(\$6.18)	
Sales Tax - Local Opti	on		\$1.57	
Gross Receipts Tax			\$3.90	
Sales GR Tax			\$10.86	
Total Current Charge	es			\$168.53
Total Balance Due By	5:00 pm on Due D	Date		\$168.53
Total Balance Due Af				\$178.53

(more reader friendly) billing statement.





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GSND1-5

Chiefland Main Office 11491 NW 50th Ave Chiefland (352) 493-2511 8am-5pm M-F Drive-Thru 7am-6pm M-F

Inglis District Office 167 Hwy 40 W. Inglis (352) 447-3553 8am-5pm M-W-F

Cross City District Office 207 NE 210th Ave (352) 498-7322 8am-5pm M-F

Other Payment Locations **Drummond Community Banks** Chiefland, Cedar Key, Trenton, Old Town, Cross City, Williston, Williston Drive-Thru, Inglis Bronson, and Archer Lafayette State Bank

Service Address	11084 NW 112TH PL	Service Description	n SEWER	SEWER PLANT		Cutoff Date	03/14/2017
100000000000000000000000000000000000000	F500-025J-0002		le 10	SPC	N	Late Date	
Account Number	3266992746	Account Location	n 4-1-421	1		Due Date	02/28/2017
Consumer Name	HIDEAWAY INC	Statement	d. 473953	4739536		Bill Date	02/13/2017

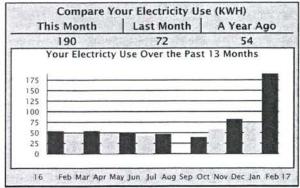
service Address 11	00111111111111			desired (substitution line)	1000	
Meter Number	Meter Read	ding Dates	Number of	Met	er Re	adings
	From	To	Days	Previous		Pres
134664644	01/12/2017	02/11/2017	30	252		44
Previous Balance Payments				\$40.51		ginning ore read
Payment Thank You	ı		(\$40.01)	(\$40.01)		SU
Balance Before Curre	nt Charges			\$0.50		*A
Current Charges	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			- 1100-1-1100-1100-1100-1100-1100-1100-		NC
Facilities Charge 30 [Days @ \$0.95		\$28.50			FO 1.F
Energy Charges 190 kWh @ \$0.09	8		\$18.62			2.F
Wholesale power cos		00	(\$1.05)			3.F 4.F
Sales Tax - Local Opt	ion		\$0.48			4.1
Gross Receipts Tax			\$1.18		1912	C
Sales GR Tax Total Current Charg	es.		\$3.29	\$51.02		This !
Past Due Amount	c s		\$.50	331.02	1995	19
Total Balance Due B				\$51.52	1	You
Total Balance Due A	fter 5:00 pm on Late	e Date		\$61.52		175

190 Beginning in March, you will see a new simplified (more reader friendly) billing statement.

Present

PAST DUE AMOUNT OF \$.50 SUBJECT TO IMMEDIATE DISCONNECT

*ACCOUNTS DISCONNECTED FOR NONPAYMENT WILL BE SUBJECT TO THE FOLLOWING PRIOR TO BEING RECONNECTED 1.PAY ALL PAST DUE AMOUNTS 2.PAY CURRENT BILLING 3.PAY ALL SERVICE CHARGES 4.PAY INCREASED DEPOSIT



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Bill Date	15-Mar-2017
Due Date	30-Mar-2017
Late Date	04-Apr-2017
Cutoff Date	12-Apr-2017
Cycle	10

Member Name	HIDEAWAY INC	
Account Number	207054727	
Service Address	11210 NW 112TH TER	

Statement Id.	4783538	
Line & Pole Number	4-2-543	
Service Description	SEWER PLANT	

OUF

Meter Number	Meter Reading Dates		Number of	Meter Readings		KWH Head	Multiplier	Poto Codo
Weter Number	From	То	Days	Previous	Present	KWH Used	wuitiplier	Rate Code
14602012	02/11/2017	03/12/2017	29	62709	64722	2013	1	GSND3-5



			Charges\ Adjustments	Payments\ Credits	Balance
	Previous Balance				\$ 247.25
06-Mar-2017	Payment Thank You			247.25	0.00
15-Mar-2017	Electric				
	1000 kWh @ \$0.098	98.00			
	1013 kWh @ \$0.124	125.61			
	Facilities Charge 29 Days @ \$1.50	43.50			
	Wholesale power cost adjustment005500	(11.07)	1		
	Gross Receipts Tax	6.56			
	Sales GR Tax	18.26			
	Sales Tax - Local Option	2.63		1	
	Total Current Electric		283.49		283.49



Bill Date	15-Mar-2017
Due Date	30-Mar-2017
Late Date	04-Apr-2017
Cutoff Date	12-Apr-2017
Cycle	10

Member Name	HIDEAWAY INC			
Account Number	207054719			
Service Address	11210 NW 112TH TER			

Statement Id.	4783536	
Line & Pole Number	4-2-552	
Service Description	SEWER LIFT STATION	

Made Niverban	Meter Reading Dates		Number of	Meter Readings		KWH Used	Multiplior	Pata Cada
Meter Number	From	То	Days	Previous	Present	KWH USeu	Multiplier	Rate Code
14601926	02/11/2017	03/12/2017	29	5863	6139	276	1	GSND3-5



			Charges\ Adjustments	Payments\ Credits	Ва	alance
	Previous Balance				\$	78.30
06-Mar-2017	Payment Thank You			78.30		0.00
15-Mar-2017	Electric 276 kWh @ \$0.098 Facilities Charge 29 Days @ \$1.50 Wholesale power cost adjustment005500 Gross Receipts Tax Sales GR Tax Sales Tax - Local Option Total Current Electric	27.05 43.50 (1.52) 1.77 4.93 0.71	76.44			76.44



Bill Date	15-Mar-2017
Due Date	30-Mar-2017
Late Date	04-Apr-2017
Cutoff Date	12-Apr-2017
Cycle	10

Member Name	HIDEAWAY INC	
Account Number	207054701	
Service Address	11261 NW 115TH AVE	

Statement Id.	4783537
Line & Pole Number	4-2-469
Service Description	PUMP

Matau Numbau	Meter Reading Dates		Number of	Meter Readings		KWH Used	Multiplier	Pata Cada
Meter Number	From	То	Days	Previous	Present	- KWH USed	wuitiplier	Rate Code
14953104	02/11/2017	03/12/2017	29	60987	62013	1026	1	GSND3-5



			Charges\ Adjustments	Payments\ Credits	В	alance
	Previous Balance				\$	168.53
06-Mar-2017	Payment Thank You			168.53		0.00
15-Mar-2017	Electric					
	1000 kWh @ \$0.098	98.00				
	26 kWh @ \$0.124	3.22				
	Facilities Charge 29 Days @ \$1.50	43.50				
	Wholesale power cost adjustment005500	(5.64)				
	Gross Receipts Tax	3.56				
	Sales GR Tax	9.92				
	Sales Tax - Local Option	1.43				
	Total Current Electric		153.99			153.99



Bill Date	15-Mar-2017
Due Date	30-Mar-2017
Late Date	04-Apr-2017
Cutoff Date	12-Apr-2017
Cycle	10

Member Name	HIDEAWAY INC	
Account Number	3266992746	
Service Address	11084 NW 112TH PL	

Statement Id.	4783535	
Line & Pole Number	4-1-421	
Service Description	SEWER PLANT	

Matan Namahan	Meter Reading Dates		Number of	Meter Readings		KWH Head	Multiplior	Rate Code
Meter Number	From	То	Days	Previous	Present	KWH USeu	Multiplier	Rate Code
134664644	02/11/2017	03/12/2017	29	442	574	132	1	GSND1-5



			Charges\ Adjustments	Payments\ Credits	Bal	lance
	Previous Balance				\$	51.52
06-Mar-2017	Payment Thank You			51.02		0.50
15-Mar-2017	Electric					
	132 kWh @ \$0.098	12.94				
	Facilities Charge 29 Days @ \$0.95	27.55	1			
	Wholesale power cost adjustment005500	(0.73)				
	Gross Receipts Tax	1.02				
	Sales GR Tax	2.85				
	Sales Tax - Local Option	0.41				
	Total Current Electric		44.04			44.54



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Bill Date	04/13/2017
Due Date	04/30/2017
Late Date	05/05/2017
Cutoff Date	05/15/2017
Cycle	10

Member Name	HIDEAWAY INC	
Account Number	207054701	
Service Address	11261 NW 115TH AVE	

Statement Id.	4822696
Line & Pole Number	4-2-469
Service Description	PUMP

Meter Number	Meter Rea	ding Dates	Number of	Meter Readings KWH Used Multipl		Multiplier	Data Cada	
	From	То	Days	Previous	Present	KWH Usea	Multiplier	Rate Code
14953104	03/12/2017	04/12/2017	31	62013	63363	1350	1	GSND3-5



			Charges\ Adjustments	Payments\ Credits	Balance
	Previous Balance				\$ 153.99
04/03/2017	Payment Thank You			153.99	0.00
04/13/2017	Electric			2	
	1000 kWh @ \$0.098	98.00			
	350 kWh @ \$0.124	43.40			
	Facilities Charge 31 Days @ \$1.50	46.50			
	Wholesale power cost adjustment005500	(7.43)			
	Gross Receipts Tax	4.63			
	Sales GR Tax	12.88			
	Sales Tax - Local Option	1.86			
	Total Current Electric		199.84		199.84

Your G&T allocation for the year 2016 is \$23.10. Your COOP allocation for the year 2016 is \$140.68.

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Bill Date	04/13/2017
Due Date	04/30/2017
Late Date	05/05/2017
Cutoff Date	05/15/2017
Cycle	10

Member Name	HIDEAWAY INC	
Account Number	3266992746	
Service Address	11084 NW 112TH PL	

Statement Id.	4822697	
Line & Pole Number	4-1-421	
Service Description	SEWER PLANT	

Meter Number Meter Re		ding Dates	Number of	Meter Readings KWH Used Multipli		Markfallan	B	
From	То	Days	Previous	Present	- KWH Used	Multiplier	Rate Code	
134664644	03/12/2017	04/12/2017	31	574	651	77	1	GSND1-5



			Charges\ Adjustments	Payments\ Credits	Balance
	Previous Balance				\$ 44.5
04/03/2017	Payment Thank You			44.54	0.0
04/13/2017	Electric				
	77 kWh @ \$0.098 Facilities Charge 31 Days @ \$0.95 Wholesale power cost adjustment005500 Gross Receipts Tax Sales GR Tax Sales Tax - Local Option	7.55 29.45 (0.42) 0.94 2.62 0.38			
	Total Current Electric		40.52		40.5

Your G&T allocation for the year 2016 is \$3.89. Your COOP allocation for the year 2016 is \$23.68.

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Bill Date	04/13/2017
Due Date	04/30/2017
Late Date	05/05/2017
Cutoff Date	05/15/2017
Cycle	10

Member Name	HIDEAWAY INC	
Account Number	207054727	
Service Address	11210 NW 112TH TER	

Statement Id.	4822698	
Line & Pole Number	4-2-543	
Service Description	SEWER PLANT	

Meter Number	Meter Rea	ding Dates	Number of	Meter R	eadings	KWH Head	Multiplier	Boto Code
weter wumber	From	То	Days	Previous	Present	- KWH Used	Multiplier	Rate Code
14602012	03/12/2017	04/12/2017	31	64722	66978	2256	1	GSND3-5



			Charges\ Adjustments	Payments\ Credits	Ва	alance
	Previous Balance				\$	283.49
04/03/2017	Payment Thank You			283.49		0.00
04/13/2017	Electric					
	1000 kWh @ \$0.098	98.00				
	1256 kWh @ \$0.124	155.74				
	Facilities Charge 31 Days @ \$1.50	46.50				
	Wholesale power cost adjustment005500	(12.41)				
	Gross Receipts Tax	7.38				
	Sales GR Tax	20.53				
	Sales Tax - Local Option	2.96				
	Total Current Electric		318.70			318.70

Your G&T allocation for the year 2016 is \$22.53. Your COOP allocation for the year 2016 is \$137.17.

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Bill Date	04/13/2017
Due Date	04/30/2017
Late Date	05/05/2017
Cutoff Date	05/15/2017
Cycle	10

Member Name	HIDEAWAY INC	
Account Number	207054719	
Service Address	11210 NW 112TH TER	

Statement Id.	4822699	
Line & Pole Number	4-2-552	
Service Description	SEWER LIFT STATION	

Meter Number	Meter Rea	ding Dates	Number of	Meter R	eadings	KWH Head	Multiplier	Bata Cada
Meter Number	From	То	Days	Previous	Present	- KWH USed	wuitiplier	Rate Code
14601926	03/12/2017	04/12/2017	31	6139	6429	290	1	GSND3-5



			Charges\ Adjustments	Payments\ Credits	Ва	alance
	Previous Balance				\$	76.44
04/03/2017	Payment Thank You			76.44		0.00
04/13/2017	Electric 290 kWh @ \$0.098 Facilities Charge 31 Days @ \$1.50 Wholesale power cost adjustment005500 Gross Receipts Tax Sales GR Tax Sales Tax - Local Option Total Current Electric	28.42 46.50 (1.60) 1.88 5.24 0.76	81.20			81.20

Your G&T allocation for the year 2016 is \$9.48. Your COOP allocation for the year 2016 is \$57.73.

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Bill Date	05/15/2017
Due Date	05/30/2017
Late Date	06/05/2017
Cutoff Date	06/13/2017
Cycle	10

HIDEAWAY INC
207054727
11210 NW 112TH TER

4864571	
SEWER PLANT	
	4864571 4-2-543 SEWER BLANT

leter Number		ding Dates	Number of	Meter D	eadings	_		
440000	From	То	Days	Previous		KWH Used	Marie e	
14602012	04/12/2017	05/12/2017	30	120 Marie Carlo	Present	ittiii osed	Multiplier	Rate Code
			30	66978	69519	2541	1	GSND3-5



	Previous Balance		Charges\ Adjustments	Payments\ Credits	Balance
05/05/2017	Late Fee				\$ 318.7
05/08/2017	Payment Thank You		15.94		334.6
05/15/2017	Electric			318.70	15.9
	1000 kWh @ \$0.098 1541 kWh @ \$0.124 Facilities Charge 30 Days @ \$1.50 Wholesale power cost adjustment005500 Gross Receipts Tax Sales GR Tax Sales Tax - Local Option Total Current Electric	98.00 191.08 45.00 (13.98) 8.20 22.83 3.29	354.42		370.36



Bill Date	05/15/2017
Due Date	05/30/2017
Late Date	06/05/2017
Cutoff Date	06/13/2017
Cycle	10

Member Name	HIDEAWAY INC
Account Number	207054719
Service Address	11210 NW 112TH TER

Statement Id.	4864569	
Line & Pole Number	4-2-552	
Service Description	SEWER LIFT STATION	

Meter Number	Meter Reading Dates		Number of	Meter Readings		KWH Head	Multiplier	Data Cada
weter Number	From	То	Days	Previous	Present	KWH Used	wuitiplier	Rate Code
14601926	04/12/2017	05/12/2017	30	6429	6684	255	1	GSND3-5



_			Charges\ Adjustments	Payments\ Credits	Balance
	Previous Balance				\$ 81.2
05/05/2017	Late Fee		10.00		91.2
05/08/2017	Payment Thank You			81.20	10.0
05/15/2017	Electric 255 kWh @ \$0.098 Facilities Charge 30 Days @ \$1.50 Wholesale power cost adjustment005500 Gross Receipts Tax Sales GR Tax Sales Tax - Local Option Total Current Electric	24.99 45.00 (1.40) 1.76 4.90 0.71	75.96		85.9



Bill Date	05/15/2017
Due Date	05/30/2017
Late Date	06/05/2017
Cutoff Date	06/13/2017
Cycle	10

Member Name	HIDEAWAY INC	
Account Number	207054701	
Service Address	11261 NW 115TH AVE	

Statement Id.	4864570
Line & Pole Number	4-2-469
Service Description	PUMP

Meter Number	Meter Rea	eter Reading Dates Number of Met		Meter R	eadings	KWH Head	Multiplier	Data Cada
weter number	From	То	Days	Previous	Present	KWH Used	wuitiplier	Rate Code
14953104	04/12/2017	05/12/2017	30	63363	64781	1418	1	GSND3-5



			Charges\ Adjustments	Payments\ Credits	В	alance
	Previous Balance				\$	199.84
05/05/2017	Late Fee		10.00			209.84
05/08/2017	Payment Thank You			199.84		10.00
05/15/2017	Electric					
	1000 kWh @ \$0.098	98.00				
	418 kWh @ \$0.124	51.83				
	Facilities Charge 30 Days @ \$1.50	45.00				
	Wholesale power cost adjustment005500	(7.80)				
	Gross Receipts Tax	4.79				
	Sales GR Tax	13.34				
	Sales Tax - Local Option	1.92				
	Total Current Electric		207.08			217.08



Bill Date	05/15/2017
Due Date	05/30/2017
Late Date	06/05/2017
Cutoff Date	06/13/2017
Cycle	10

Member Name	HIDEAWAY INC	
Account Number	3266992746	
Service Address	11084 NW 112TH PL	

Statement Id.	4864572	
Line & Pole Number	4-1-421	
Service Description	SEWER PLANT	

Meter Number	Meter Reading Dates		Number of	Meter Readings		KWH Head	Multiplier	Rate Code
Weter Number	From	То	Days	Previous	Present	KWH Used	wuitiplier	Rate Code
134664644	04/12/2017	05/12/2017	30	651	727	76	1	GSND1-5



		Adjustments	Credits	Balance
Previous Balance				\$ 40.52
Late Fee		10.00		50.52
Payment Thank You			40.52	10.00
Electric 76 kWh @ \$0.098 Facilities Charge 30 Days @ \$0.95 Wholesale power cost adjustment005500 Gross Receipts Tax Sales GR Tax Sales Tax - Local Option Total Current Electric	7.45 28.50 (0.42) 0.91 2.54 0.37	39.35		49.35
	Late Fee Payment Thank You Electric 76 kWh @ \$0.098 Facilities Charge 30 Days @ \$0.95 Wholesale power cost adjustment005500 Gross Receipts Tax Sales GR Tax Sales Tax - Local Option	Late Fee Payment Thank You Electric 76 kWh @ \$0.098	Adjustments	Adjustments Credits



Bill Date	06/15/2017
Due Date	06/30/2017
Late Date	07/05/2017
Cutoff Date	07/13/2017
Cycle	10

Member Name	HIDEAWAY INC
Account Number	207054727
Service Address	11210 NW 112TH TER

Statement Id.	4905984	
Line & Pole Number	4-2-543	
Service Description	SEWER PLANT	

Mater Number	Meter Reading Dates		Number of	Meter Readings		KWH Used	Multiplier	Pate Code
Meter Number	From	То	Days	Previous	Present	KWII USEU	Multiplier	Rate Code
14602012	05/12/2017	06/12/2017	31	69519	72287	2768	1	GSND3-5



			Charges\ Adjustments	Payments\ Credits	Ba	lance
	Previous Balance				\$	370.36
06/01/2017	Payment Thank You			370.36		0.00
06/14/2017	Electric					
	1000 kWh @ \$0.098	98.00				
	1768 kWh @ \$0.124	219.23				
	Facilities Charge 31 Days @ \$1.50	46.50				
	Wholesale power cost adjustment005500	(15.22)				
	Gross Receipts Tax	8.93				
	Sales GR Tax	24.85				
	Sales Tax - Local Option	3.58				
	Total Current Electric		385.87			385.87



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Bill Date	06/15/2017
Due Date	06/30/2017
Late Date	07/05/2017
Cutoff Date	07/13/2017
Cycle	10

Member Name	HIDEAWAY INC	
Account Number	207054719	
Service Address	11210 NW 112TH TER	

Statement Id.	4905985	
Line & Pole Number	4-2-552	
Service Description	SEWER LIFT STATION	

Matau Numbau	Meter Reading Dates		Number of	Meter Readings		KWH Head	Multiplior	Pata Code
Meter Number	From	То	Days	Previous	Present	- KWH USeu	(WH Used Multiplier	
14601926	05/12/2017	06/12/2017	31	6684	6959	275	1	GSND3-5



			Charges\ Adjustments	Payments\ Credits	Ва	alance
	Previous Balance				\$	85.96
06/01/2017	Payment Thank You			85.96		0.00
06/14/2017	Electric					
	275 kWh @ \$0.098	26.95				
	Facilities Charge 31 Days @ \$1.50	46.50				
	Wholesale power cost adjustment005500	(1.51)				
	Gross Receipts Tax	1.84				
	Sales GR Tax	5.13				
	Sales Tax - Local Option	0.74				
	Total Current Electric		79.65			79.65

Please datach and return the nortion below with your navment. Please do not stanle or nanorelia



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Bill Date	06/15/2017
Due Date	06/30/2017
Late Date	07/05/2017
Cutoff Date	07/13/2017
Cycle	10

Member Name	HIDEAWAY INC
Account Number	207054701
Service Address	11261 NW 115TH AVE

Statement Id.	4905982	
Line & Pole Number	4-2-469	
Service Description	PUMP	

Meter Number	Meter Reading Dates		Number of	Meter Readings		KWH Head	Muddinting	Data Carlo
weter Number	From	То	Days	Previous Present		KWH Used	wuitiplier	Rate Code
14953104	05/12/2017	06/12/2017	31	64781	66094	1313	1	GSND3-5



			Charges\ Adjustments	Payments\ Credits	Ва	lance
	Previous Balance				\$	217.08
06/01/2017	Payment Thank You			217.08		0.00
06/14/2017	Electric					
	1000 kWh @ \$0.098	98.00				
	313 kWh @ \$0.124	38.81				
	Facilities Charge 31 Days @ \$1.50	46.50				
	Wholesale power cost adjustment005500	(7.22)				
	Gross Receipts Tax	4.51				
	Sales GR Tax	12.56		4		
	Sales Tax - Local Option	1.81				
	Total Current Electric		194.97			194.97

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Bill Date	06/15/2017
Due Date	06/30/2017
Late Date	07/05/2017
Cutoff Date	07/13/2017
Cycle	10

Member Name	HIDEAWAY INC	
Account Number	3266992746	
Service Address	11084 NW 112TH PL	

Statement Id.	4905983	
Line & Pole Number	4-1-421	
Service Description	SEWER PLANT	

Meter Number	Meter Reading Dates		Number of	Meter Readings		IZIANI II	88 - 107 - 17	D
weter Number	From	То	Days	Previous	Present	KWH Used	Multiplier	Rate Code
134664644	05/12/2017	06/12/2017	31	727	799	72	1	GSND1-5



			Charges\ Adjustments	Payments\ Credits	Balance
	Previous Balance				\$ 49.35
06/01/2017	Payment Thank You			49.35	0.00
06/14/2017	Electric				
	72 kWh @ \$0.098	7.06		1	
	Facilities Charge 31 Days @ \$0.95	29.45			
	Wholesale power cost adjustment005500	(0.40)	1		
	Gross Receipts Tax	0.93			
	Sales GR Tax	2.59			
	Sales Tax - Local Option	0.38			
	Total Current Electric		40.01		40.01