

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

10/13/17

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

RECEIVED-FPSC
2017 OCT 31 AM 8:48
COMMISSION
CLERK

- 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 all Hideaway & Springside Utility Customer Billing charges to be uniform.
 - 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

Page 3

[illegible]

*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 Sideside Wastewater

#2 GALVANIZED PIPING WASTEWATER PLANT - 40' TO 50' - 3" EST. FROM
— TWO-FOLD 10/27/17 @ 1500⁰⁰ (TODD) BY POTOMAC

Walt Seiler

P.O. Box 5068
Salt Springs, FL 32134
352-685-2884

TO:

Hideaway Park
Community

0491

INVOICE

DATE

8/31/2017

Amount
Enclosed

\$ _____

DATE	CHARGES AND CREDITS	BALANCE
	Dig up and tap 8"	
	sewer line with 8x4'	
	cut in wye	
	Lay 90' of 4" sewer	
	pipe install one	
	4" in line cleanout	
	and tie cast iron	
	back in	
	back fill and press	
	up	
	All labor and taxes	
	and material included	
	+ Equipment	
		2,000.00

THANK YOU

Pay Last Amount
In This Column

10/2/17
check # 3923
\$ 2000.00

FIMC HIDEAWAY

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	5.00	Charge:Late Penalty (Past Due - 325.59) 5.00 LATE FEE	02/11/15	BOBM
02/21/15	25.16	Charge:Bill for 02/21/15. 11.60 SEWER (11.81 MIN) (Usage Amount = 0) 13.56 WATER (13.85 MIN) (Usage Amount = 0)	02/21/15	BOBM
03/15/15	5.00	Charge:Late Penalty (Past Due - 350.75) 5.00 LATE FEE	03/15/15	BOBM
03/23/15	25.16	Charge:Bill for 03/23/15. 11.60 SEWER (11.81 MIN) (Usage Amount = 0) 13.56 WATER (13.85 MIN) (Usage Amount = 0)	03/23/15	BOBM
04/13/15	5.00	Charge:Late Penalty (Past Due - 375.91) 5.00 LATE FEE	04/13/15	BOBM
04/17/15	25.16	Charge:Bill for 04/17/15. 13.56 WATER (13.85 MIN) (Usage Amount = 0) 11.60 SEWER (11.81 MIN) (Usage Amount = 0)	04/17/15	BOBM
05/09/15	5.00	Charge:Late Penalty (Past Due - 401.07) 5.00 LATE FEE	05/09/15	BOBM
05/21/15	25.16	Charge:Bill for 05/21/15. 11.60 SEWER (11.81 MIN) (Usage Amount = 0) 13.56 WATER (13.85 MIN) (Usage Amount = 0)	05/21/15	BOBM
06/12/15	5.00	Charge:Late Penalty (Past Due - 426.23) 5.00 LATE FEE	06/12/15	BOBM
06/24/15	25.16	Charge:Bill for 06/24/15. 11.60 SEWER (11.81 MIN) (Usage Amount = 0) 13.56 WATER (13.85 MIN) (Usage Amount = 0)	06/24/15	BOBM
07/17/15	5.00	Charge:Late Penalty (Past Due - 451.39) 5.00 LATE FEE	07/17/15	BOBM
07/23/15	25.16	Charge:Bill for 07/23/15. 13.56 WATER (13.85 MIN) (Usage Amount = 0) 11.60 SEWER (11.81 MIN) (Usage Amount = 0)	07/23/15	BOBM
08/14/15	5.00	Charge:Late Penalty (Past Due - 476.55) 5.00 LATE FEE	08/14/15	BOBM
08/21/15	25.16	Charge:Bill for 08/21/15. 13.56 WATER (13.85 MIN) (Usage Amount = 0) 11.60 SEWER (11.81 MIN) (Usage Amount = 0)	08/21/15	BOBM
12/10/15	-275.04	Credit - Reason: Beginning balance -275.04 SEWER (11.81 MIN)	08/21/15	BOBM
09/11/15	5.00	Charge:Late Penalty (Past Due - 501.71) 5.00 LATE FEE	09/11/15	BOBM
09/24/15	25.42	Charge:Bill for 09/24/15. 13.71 WATER (13.85 MIN) (Usage Amount = 0) 11.71 SEWER (11.81 MIN) (Usage Amount = 0)	09/24/15	BOBM

FIMC HIDEAWAY

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

August 31, 2017

10/15/15	5.00	Charge:Late Penalty (Past Due - 527.13)	10/15/15	BOBM
		5.00 LATE FEE		
10/22/15	25.42	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	5.00	Charge:Late Penalty (Past Due - 552.55)	11/14/15	BOBM
		5.00 LATE FEE		
11/21/15	25.42	Charge:Bill for 11/21/15.	11/21/15	BOBM
		13.71 WATER (13.85 MIN) (Usage Amount = 0)		
		11.71 SEWER (11.81 MIN) (Usage Amount = 0)		
12/16/15	-5.00	Credit - Reason: Beginning balance	11/21/15	BOBM
		-5.00 LATE FEE		
12/13/15	5.00	Charge:Late Penalty (Past Due - 302.93)	12/13/15	BOBM
		5.00 LATE FEE		
12/16/15	-381.93	Payment: CK 834	12/16/15	BOBM
		-95.00 LATE FEE		
		-286.93 WATER (13.85 MIN)		
12/22/15	26.90	Charge:Bill for 12/22/15.	12/22/15	BOBM
		14.50 WATER (13.85 MIN) (Usage Amount = 260)		
		12.40 SEWER (11.81 MIN) (Usage Amount = 260)		
01/06/16	-26.90	Payment: CK 611	01/06/16	BOBM
		-26.90 WATER (13.85 MIN)		
01/23/16	29.58	Charge:Bill for 01/23/16.	01/23/16	BOBM
		15.94 WATER (13.85 MIN) (Usage Amount = 730)		
		13.64 SEWER (11.81 MIN) (Usage Amount = 730)		
02/06/16	-29.58	Payment: CK 839	02/06/16	BOBM
		-19.54 WATER (13.85 MIN)		
		-10.04 SEWER (11.81 MIN)		
02/23/16	25.53	Charge:Bill for 02/23/16.	02/23/16	BOBM
		13.77 WATER (13.85 MIN) (Usage Amount = 20)		
		11.76 SEWER (11.81 MIN) (Usage Amount = 20)		
03/04/16	-25.53	Payment: CK 787	03/04/16	BOBM
		-13.77 WATER (13.85 MIN)		
		-11.76 SEWER (11.81 MIN)		
03/26/16	63.38	Charge:Bill for 03/26/16.	03/26/16	BOBM
		34.02 WATER (13.85 MIN) (Usage Amount = 6,660)		
		29.36 SEWER (11.81 MIN) (Usage Amount = 6,660)		
04/07/16	-63.38	Payment: CK 793	04/07/16	BOBM
		-34.02 WATER (13.85 MIN)		
		-29.36 SEWER (11.81 MIN)		
04/21/16	52.33	Charge:Bill for 04/21/16.	04/21/16	BOBM
		24.22 SEWER (11.81 MIN) (Usage Amount = 4,720)		
		28.11 WATER (13.85 MIN) (Usage Amount = 4,720)		
05/11/16	15.00	Debit - Reason: Beginning balance	04/21/16	BOBM
		15.00 NEW CUSTOMER		
05/13/16	5.00	Charge:Late Penalty (Past Due - 68.33)	05/13/16	BOBM
		5.00 LATE FEE		

FIMC HIDEAWAY

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

August 31,2017

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

FIMC HIDEAWAY

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

August 31, 2017

11/14/16	5.00	Charge:Late Penalty (Past Due - 93.28) 5.00 LATE FEE	11/14/16	BOBM
11/16/16	-82.00	Payment: CK MO734839 -38.07 SEWER (11.81 MIN) -38.93 WATER (13.85 MIN) -5.00 LATE FEE	11/16/16	BOBM
11/21/16	52.84	Charge:Bill for 11/21/16. 24.46 SEWER (11.81 MIN) (Usage Amount = 4,810) 28.38 WATER (13.85 MIN) (Usage Amount = 4,810)	11/21/16	BOBM
12/20/16	-53.00	Payment: CK MO734981 -24.62 SEWER (11.81 MIN) -28.38 WATER (13.85 MIN)	12/20/16	BOBM
12/21/16	58.95	Charge:Bill for 12/21/16. 27.27 SEWER (11.81 MIN) (Usage Amount = 5,790) 31.68 WATER (13.85 MIN) (Usage Amount = 5,790)	12/21/16	BOBM
01/13/17	5.00	Charge:Late Penalty (Past Due - 75.07) 5.00 LATE FEE	01/13/17	BOBM
01/20/17	-47.00	Payment: CK MO1735122 -10.32 SEWER (11.81 MIN) -31.68 WATER (13.85 MIN) -5.00 LATE FEE	01/20/17	BOBM
01/23/17	111.22	Charge:Bill for 01/23/17. 59.68 WATER (13.85 MIN) (Usage Amount = 14,880) 51.54 SEWER (11.81 MIN) (Usage Amount = 14,880)	01/23/17	BOBM
02/16/17	-33.29	Credit - Reason: Beginning balance -33.29 SEWER (11.81 MIN)	01/23/17	BOBM
02/13/17	5.00	Charge:Late Penalty (Past Due - 144.29) 5.00 LATE FEE	02/13/17	BOBM
02/20/17	-135.00	Payment: CK MO8756107 -51.32 SEWER (11.81 MIN) -59.68 WATER (13.85 MIN) -5.00 LATE FEE -19.00 CUSTOMER BALANCE	02/20/17	BOBM
02/20/17	147.90	Charge:Bill for 02/20/17. 68.57 SEWER (11.81 MIN) (Usage Amount = 21,260) 79.33 WATER (13.85 MIN) (Usage Amount = 21,260)	02/20/17	BOBM
03/13/17	5.00	Charge:Late Penalty (Past Due - 128.90) 5.00 LATE FEE	03/13/17	BOBM
03/20/17	-113.00	Payment: CK MO9878056 -60.33 WATER (13.85 MIN) -47.67 SEWER (11.81 MIN) -5.00 LATE FEE	03/20/17	BOBM
03/22/17	95.63	Charge:Bill for 03/22/17. 51.33 WATER (13.85 MIN) (Usage Amount = 12,170) 44.30 SEWER (11.81 MIN) (Usage Amount = 12,170)	03/22/17	BOBM
04/08/17	-100.00	Payment: CK MO9878088 -48.67 SEWER (11.81 MIN)	04/08/17	BOBM

FIMC HIDEAWAY

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

August 31, 2017

	-51.33	WATER (13.85 MIN)		
04/12/17	5.00	Charge:Late Penalty (Past Due - 16.53)	04/12/17	BOBM
		5.00 LATE FEE		
04/19/17	85.98	Charge:Bill for 04/19/17.	04/19/17	BOBM
		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
		5.00 LATE FEE		
05/14/17	-93.00	Payment: CK MO9878277	05/12/17	BOBM
		-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
		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
		5.00 LATE FEE		
06/13/17	-56.00	Payment: CK MO39878392	06/13/17	BOBM
		-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
		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
		-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)		
		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		

CREDIT GIVEN

31 MONTHS = 773.18
 200.00 - 2017
 8 MONTHS
 CHECK # 3913
 9/6/17



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 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	9,000	0.14	1,260.00

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

CC
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.

*Paye 2/16/17
CHECK # 3792*

#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	30	80	29	80	24	80	21	80			
	240		240		240		240		240		160	1360
Jan		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			22	80	19	80	22	80	19	80	
	240			160	240		240		240		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

July 1, 2017 through June 30, 2018

INVOICE

www.dep.state.fl.us

INVOICE NO: 050024

DATE: 7/15/2017

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: 000216

Org code: 37 35 40 60 000

Expansion Option: TA

FLAIR Code: 37202526001373504000000020000

PWS # 2381409

PWS #	SYSTEM NAME	INVOICE AMOUNT
2381409	FIMC HIDEAWAY INC	ck 3901 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.flrules.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.

#10

FIMC HIDEAWAY**Yearly Consumption (07/2016 thru 06/2017)**

October 10, 2017

Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total
WATER (LAWN)												
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

Totals For GAS

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
--------	--------	--------	--------	--------	--------	--------	--------	--------	---------	---------	---------	---------

SEWER (11.81 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 (17.85 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
---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	-----------

Totals For SWR

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 (13.85 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 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
---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	-----------

Totals For WTR

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

04/18/16

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.

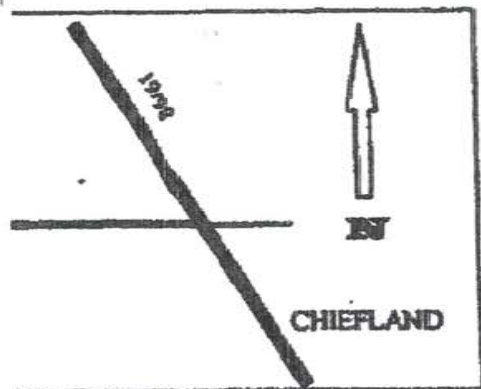
I called Michael Koch today and asked him to return my call on cell.

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.



✦ HIDEAWAY ✦
✦ SPRINGSIDE
SPRING VILLAGE

1321.50

330.38

310.38

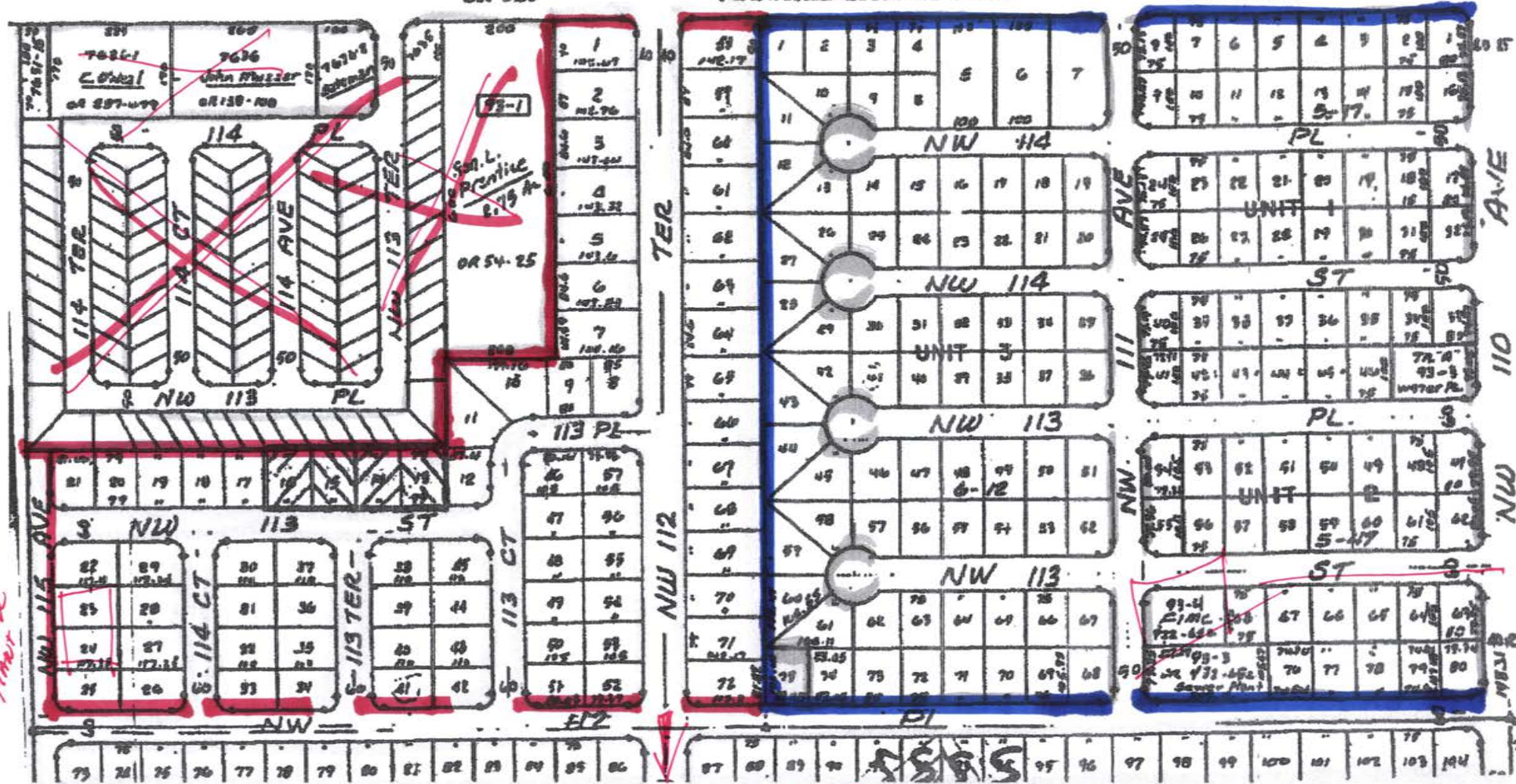
635.75

5

SR 320

MANATEE SPRINGS ROAD

N.W. 115 ST.



WASTEWATER PLANT

8

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 913-855-1844 FAX 913-855-2219



Florida Department of Environmental Protection
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): ☒ 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)

- ☐ Distribution
☒ Entry Point (to Distribution)
☐ Plant Tap (not for compliance with 62-550)
☐ Raw (at well or intake)
☐ Max. Residence Time
☐ Ave. Residence Time
☐ Near First Customer

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

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

Sampling Procedure Used or Other Comments:

* See 62-550.500(6) for requirements and restrictions.
And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and
attach a results page for each site

SAMPLER CERTIFICATION

I, Anthony Hubbard

(Print Name)

operator

(Print Title)

do HEREBY CERTIFY

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

Signature: Anthony Hubbard

Date: 9/11/15

Certified Operator #: 212902

Phone #: 352-475-2248

Sampler's Fax #: 352-475-5389

Sampler's E-Mail: twofoldwater@gmail.com

Reporting Format 62-550-730

Effective January 1995. Revised February 2010

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 313-855-1844 FAX 813-855-2218



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

Two Fold Water Engineering
FIMC Hideaway

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

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2016

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar, FL 34677 Phone: (813) 855-1844

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

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received: 08/27/2015

PWS ID (From Page 1): 2381409 Sample Number (From Page 1): 1508798-01 Lab Assigned Report # or Job ID: 1508798-01

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

Inorganics

- ☐ All Except for Asbestos
☒ Partial
☐ Nitrate
☒ Nitrite
☐ Asbestos

Synthetic Organics

- ☐ All 30
☒ All Except Dioxin
☐ Partial
☐ Dioxin Only

Volatile Organics

- ☒ All 21
☐ Partial

Disinfection Byproducts

- ☒ Trihalomethanes
☐ Haloacetic Acids
☐ Chlorite
☐ Bromate

Radionuclides

- ☒ Single Sample
☐ Qtrly Composite

Secondaries

- ☐ All 14
☒ Partial

LAB CERTIFICATION

I, Francis I. Daniels, Laboratory Director do HEREBY CERTIFY
(Print Name) (Print Title)

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

Signature:  Date: 09/10/2015

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: _____

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

SOUTHERN ANALYTICAL LABORATORIES, INC.

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
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	I	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	I	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	I	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.

SOUTHERN ANALYTICAL LABORATORIES, INC.

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**SECONDARY CONTAMINANTS
62-550.320Report 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 4500Cl-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	I	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.

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

SOUTHERN ANALYTICAL LABORATORIES, INC.

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****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 ID	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	I	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:

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

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 B13-855-1844 FAX B13-055-2218

**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:

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 313-855-1944 FAX 813-855-2213



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 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	I	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 ug/L will not be accepted for compliance.

*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.

SOUTHERN ANALYTICAL LABORATORIES, INC.

1110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 B13-855-1844 FAX B13-055-2213



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:

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

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

SOUTHERN ANALYTICAL LABORATORIES, INC.

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



CHAIN OF CUSTODY

Client: Two Fold Water Engineering
Project: FIMC Hideaway

Project Number:
Project Manager: Rick Tisdale

SAL Workorder Number: 1508798
SAL Project Manager: Christy Whitehurst

Number	Sample Identification	Matrix	Type	Sampled Date/Time	Container	Qty	Analyses
01	Chlorinated Entry to distribution	Water	Grab	8-26-15 15:30	1 125ml P, H2SO4 1 250ml aG, Cool 1 250ml P, HNO3 1 250ml P, NaOH 1 500ml P, Cool 3 500-625-4L aG, Na2SO3-OK 2 524-40ml V, Na2S2O3	10	524.2-tthm, 525-DEHP, INORG-PRIM, INORG-SEC, U 200.8

Cl⁻ 1.0ppm

Ph: 7.2

Page 9 of 9

Relinquished By: [Signature] Date/Time: 8-26-15 18:10
Received By: [Signature] Date/Time: 8-26-15 18:10

Relinquished By: [Signature] Date/Time: 8-27-15
Received By: [Signature] Date/Time: 8/27/15 1030

Relinquished By: [Signature] Date/Time: 8/27/15 1220
Received By: K. M. M. M. M. M. Date/Time: 8/27/15 1220

SOUTHERN ANALYTICAL LABORATORIES, INC.

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

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

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2016

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar, FL 34677 Phone: (813) 855-1844

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

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received: 08/27/2015

PWS ID (From Page 1): 2381409 Sample Number (From Page 1): 1508798-01 Lab Assigned Report # or Job ID: 1508798-01

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

Inorganics

- ☒ All Except for Asbestos
☐ Partial
☒ Nitrate
☒ Nitrite
☐ Asbestos

Synthetic Organics

- ☐ All 30
☒ All Except Dioxin
☐ Partial
☐ Dioxin Only

Volatile Organics

- ☒ All 21
☐ Partial

Disinfection Byproducts

- ☒ Trihalomethanes
☐ Haloacetic Acids
☐ Chlorite
☐ Bromate

Radionuclides

- ☒ Single Sample
☐ Qtrly Composite

Secondaries

- ☐ All 14
☒ Partial

LAB CERTIFICATION

I, Francis J. Daniels, Laboratory Director do HEREBY CERTIFY
(Print Name) (Print Title)

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

Signature:  Date: 11/06/2015

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE AND NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: _____

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

**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	I	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	I	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	I	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	I	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.

SOUTHERN ANALYTICAL LABORATORIES, INC.

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****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 4500Cl-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	I	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.

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

**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): 2381409

Contam ID	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	I	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:

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

**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:

**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	I	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 ug/L will not be accepted for compliance.

*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.

SOUTHERN ANALYTICAL LABORATORIES, INC.

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

SYNTHETIC ORGANICS - REVISED
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:

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

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

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, 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	Type	Sampled Date/Time	Container	Qty	Analyses
01	Chlorinated Entry to distribution	Water	Grab	8-26-15 15:30	1 125ml P, H2SO4 1 250ml aG, Cool 1 250ml P, HNO3 1 250ml P, NaOH 1 500ml P, Cool 1 500-525-4L aG, Na2S2O3 -ok 2 524-40ml V, Na2S2O3	10	524.2-tthm, 525-DEHP, INORG-PRIM, INORG-SEC, U 200.8

Cl⁻ 1.0 ppm

Ph = 7.2

Page 9 of 9

Relinquished By: [Signature] Date/Time: 8-26-15 18:10
Received By: [Signature] Date/Time: 8-26-15 18:10

Relinquished By: [Signature] Date/Time: 8-27-15
Received By: [Signature] Date/Time: 8/27/15 1030

Relinquished By: [Signature] Date/Time: 8/27/15 1220
Received By: K. Madman Date/Time: 8/27/15 1220

SOUTHERN ANALYTICAL LABORATORIES, INC.

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

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): ☒ 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)

- ☐ Distribution
- ☐ Entry Point (to Distribution)
- ☐ Plant Tap (not for compliance with 62-550)
- ☐ Raw (at well or intake)
- ☐ Max. Residence Time
- ☐ Ave. Residence Time
- ☐ Near First Customer

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

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

Sampling Procedure Used or Other Comments:

* See 62-550.500(6) for requirements and restrictions.
And 62-550.5.12(3) for nitrate or nitrite exceedances.

** See 62-550.500(4) for requirements and
attach a results page for each site

SAMPLER CERTIFICATION

I, _____ 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 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-Q				
FACILITY: Springside Mobile Home Park WWTF LOCATION: State Road 320 And Springside Avenue Chiefland, FL 32629					DESCRIPTION: Biosolids Quantity				
COUNTY: LEVY					MONITORING PERIOD: From: 06/01/2017 To: 06/30/2017				

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Transferred)	Sample Measurement	NOD				0	NOD	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)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Rick Tisdale	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 OR AUTHORIZED AGENT Electronically Signed	TELEPHONE (352) 475-2248	SUBMITTED ON 07/19/2017
---	---	--	---------------------------------	--------------------------------

Parameter		Quantity or Loading		Units	Quality or Concentration			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 50060 A Mon. Site: EFA-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)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Rick Tisdale	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 OR AUTHORIZED AGENT Electronically Signed			TELEPHONE (352) 475-2248	SUBMITTED ON 07/19/2017

Parameter		Quantity or Loading		Units	Quality or Concentration			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					200.0 (Mo Geomn)	800.0 (Maximum)	#/100mL		(1 Monthly)	(Grab)

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 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: R-001					
FACILITY: Springside Mobile Home Park WWTF LOCATION: State Road 320 And Springside Avenue Chiefland, FL 32629						DESCRIPTION: SPRINGSIDE MOBILE HOME PARK					
COUNTY: LEVY						MONITORING PERIOD: From: 06/01/2017 To: 06/30/2017					

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow PARM Code 50050 Y Mon. Site: FLW-1	Sample Measurement		.0110						0	5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
	Permit Requirement		0.024 (Annl Avg)	MGD						(5 Days/Week)	(Elapsed Time Measurement on Pump (Pump Log))
Flow PARM Code 50050 1 Mon. Site: FLW-1	Sample Measurement	.014	.0137						0	5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
	Permit Requirement	Report (Mo Avg)	Report (Qtr Avg)	MGD						(5 Days/Week)	(Elapsed Time Measurement on Pump (Pump Log))
Percent Capacity, (TMADF/Permitted Capacity) x 100 PARM Code 00180 P Mon. Site: CAL-1	Sample Measurement					57			0	1 Monthly	Calculated
	Permit Requirement					Report (Mo Avg)	percent			(1 Monthly)	(Calculated)
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon. Site: EFA-1	Sample Measurement					2.9			0	1 Monthly	Grab
	Permit Requirement					20.0 (Annl Avg)	mg/L			(1 Monthly)	(Grab)

June 17

DAILY SAMPLE RESULTS-PART B

Permit Number: FLA011650

Facility: Springside MHP WWTF

Monitoring Period

From:

1-Jun-17

To:

30-Jun-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	0.001								
2	0.011		2.2				7.1		
3	0.012								
4	0.012								
5	0.012		2.2				7.5		
6	0.016		2.2				7.4		
7	0.020		2.2				7.4		
8	0.016		1.7				7.5		
9	0.015		1.7				7.5		
10	0.020								
11	0.020								
12	0.020		1.5				7.4		
13	0.020		1.0				7.5		
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								
19	0.012		0.6				7.4		
20	0.008		2.0				7.5		
21	0.015		2				7.4		
22	0.012								
23	0.012		1.2				7.5		
24	0.014								
25	0.014								
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		
30	0.012		0.7				7.6		
31									
Total	0.416	2.0	27.8	1.00	3.400	2.6	149.2	290.00	180.0
Mo. Avg.	0.014	2.0	1.4	1.0	3.400	2.6	7.5	290.00	180.0
Max	0.022	2.0	2.2	1.0	3.400	2.6	7.6	290.00	180.0
Min	0.001	2.0	0.6	1.0	3.400	2.6	7.1	290.00	180.0

PLANT STAFFING:

Day Shift Operator
Day Shift Operator
Day Shift Operator
Day Shift Operator
Day Shift Operator
Lead Operator

Class: C
Class: C
Class: C
Class: C
Class: C
Class: C

Certificate No. 13161
Certificate No. 14945
Certificate No. 13162
Certificate No. 18582
Certificate No.
Certificate No. 9774

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME:	Fime Hideaway Inc	PERMIT NUMBER:	FLA011650
ADDRESS:	Post Office Box 357246	LIMIT:	FINAL REPORT: Monthly
	Gainesville, FL 32635	FACILITY TYPE:	DW GROUP: Domestic
FACILITY:	Springside Mobile Home Park WWTF	MONITORING GROUP:	R-001
LOCATION:	State Road 320 And Springside Avenue	DESCRIPTION:	SPRINGSIDE MOBILE HOME PARK
	Chiefland, FL 32629		
COUNTY:	LEVY	MONITORING PERIOD:	From: 05/01/2017 To: 05/31/2017

Parameter		Quantity 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 (Annl 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 (Qtr 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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Fime 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 COUNTY: LEVY	PERMIT NUMBER: FLA011650 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-Q DESCRIPTION: Biosolids Quantity MONITORING PERIOD: From: 05/01/2017 To: 05/31/2017
---	---

Parameter		Quantity or Loading		Units	Quality 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
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Rick Tisdale	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 OR AUTHORIZED AGENT Electronically Signed		TELEPHONE (352) 475-2248	SUBMITTED ON 06/14/2017	

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

DMBS
S-S

May 17

DAILY SAMPLE RESULTS-PART B

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		
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
Day Shift Operator
Day Shift Operator
Day Shift Operator
Day Shift Operator
Lead Operator

Class: C
Class: C
Class: C
Class: C
Class: C
Class: C

Certificate No. 13161
Certificate No. 14945
Certificate No. 13162
Certificate No. 18582
Certificate No.
Certificate No. 9774

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

Parameter		Quantity or Loading		Units	Quality or Concentration			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
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Rick Tisdale	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 OR AUTHORIZED AGENT Electronically Signed		TELEPHONE (352) 475-2248	SUBMITTED ON 06/14/2017	

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 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: R-001				
FACILITY: Springside Mobile Home Park WWTF LOCATION: State Road 320 And Springside Avenue Chiefland, FL 32629					DESCRIPTION: SPRINGSIDE MOBILE HOME PARK				
COUNTY: LEVY					MONITORING PERIOD: From: 04/01/2017 To: 04/30/2017				

Parameter		Quantity 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 (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 (Qtr 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	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-1	Sample Measurement					5.4			0		
	Permit Requirement					20.0 (Annl Avg)		mg/L		1 Monthly	Grab
Solids, Total Suspended PARM Code 00530 A Mon. Site: EFA-1	Sample Measurement				2.0	2.0	2.0		0		
	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		1 Monthly	Grab
Coliform, Fecal PARM Code 74055 Y Mon. Site: EFA-1	Sample Measurement					29.3			0		
	Permit Requirement					200.0 (Annl Avg)		#/100mL		1 Monthly	Grab
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-1	Sample Measurement					4.0	4.0		0		
	Permit Requirement					200.0 (Mo Geomn)	800.0 (Maximum)	#/100mL		1 Monthly	Grab
pH PARM Code 00400 A Mon. Site: EFA-1	Sample Measurement				7.5		7.7		0		
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-1	Sample Measurement				.6				0		
	Permit Requirement				0.5 (Minimum)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N) PARM Code 00620 A Mon. Site: EFA-1	Sample Measurement						1.9		0		
	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						100		0		
PARM Code 00530 Q Mon. Site: INF-1	Permit Requirement						Report (Maximum)	mg/L		1 Monthly	Grab
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Rick Tisdale	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 OR AUTHORIZED AGENT Electronically Signed		TELEPHONE (352) 475-2248	SUBMITTED ON 05/23/2017	

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 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-Q				
FACILITY: Springside Mobile Home Park WWTF LOCATION: State Road 320 And Springside Avenue Chiefland, FL 32629					DESCRIPTION: Biosolids Quantity				
COUNTY: LEVY					MONITORING PERIOD: From: 04/01/2017 To: 04/30/2017				

Parameter		Quantity or Loading	Units	Quality 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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Rick Tisdale	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 OR AUTHORIZED AGENT Electronically Signed	TELEPHONE (352) 475-2248	SUBMITTED ON 05/23/2017
--	---	---	---------------------------------	--------------------------------

DAILY SAMPLE RESULTS-PART B

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									
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" 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.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Fime 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 COUNTY: LEVY	PERMIT NUMBER: FLA011650 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: R-001 DESCRIPTION: SPRINGSIDE MOBILE HOME PARK MONITORING PERIOD: From: 03/01/2017 To: 03/31/2017
---	--

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow PARM Code 50050 Y Mon. Site: FLW-1	Sample Measurement		.0110						0		
	Permit Requirement		0.024 (Annl Avg)	MGD						5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
Flow PARM Code 50050 1 Mon. Site: FLW-1	Sample Measurement	.013	.014						0		
	Permit Requirement	Report (Mo Avg)	Report (Qtr Avg)	MGD						5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
Percent Capacity, (TMADF/Permitted Capacity) x 100 PARM Code 00180 P Mon. Site: CAL-1	Sample Measurement					58			0		
	Permit Requirement					Report (Mo Avg)	percent			1 Monthly	Calculated
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon. Site: EFA-1	Sample Measurement					2.9			0		
	Permit Requirement					20.0 (Annl Avg)	mg/L			1 Monthly	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Mon. Site: EFA-1	Sample Measurement				2.3	2.3	2.3		0		
	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 PARM Code 00530 Y Mon. Site: EFA-1	Sample Measurement					6.0			0		
	Permit Requirement					20.0 (Annl Avg)		mg/L		1 Monthly	Grab
Solids, Total Suspended PARM Code 00530 A Mon. Site: EFA-1	Sample Measurement				7.4	7.4	7.4		0		
	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		1 Monthly	Grab
Coliform, Fecal PARM Code 74055 Y Mon. Site: EFA-1	Sample Measurement					30.3			0		
	Permit Requirement					200.0 (Annl Avg)		#/100mL		1 Monthly	Grab
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-1	Sample Measurement					166.0	166.0		0		
	Permit Requirement					200.0 (Mo Geomn)	800.0 (Maximum)	#/100mL		1 Monthly	Grab
pH PARM Code 00400 A Mon. Site: EFA-1	Sample Measurement				7.2		7.3		0		
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-1	Sample Measurement				.5				0		
	Permit Requirement				0.5 (Minimum)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N) PARM Code 00620 A Mon. Site: EFA-1	Sample Measurement						1.6		0		
	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
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Rick Tisdale	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 OR AUTHORIZED AGENT Electronically Signed		TELEPHONE (352) 475-2248	SUBMITTED ON 04/20/2017	

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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 COUNTY: LEVY					PERMIT NUMBER: FLA011650 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-Q DESCRIPTION: Biosolids Quantity MONITORING PERIOD: From: 03/01/2017 To: 03/31/2017				
--	--	--	--	--	---	--	--	--	--

Parameter		Quantity or Loading	Units	Quality 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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Rick Tisdale	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 OR AUTHORIZED AGENT Electronically Signed	TELEPHONE (352) 475-2248	SUBMITTED ON 04/20/2017
--	---	---	---------------------------------	--------------------------------

DAILY SAMPLE RESULTS-PART B

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								
12	0.013								
13	0.013		1.7				7.2		
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
Mo. 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:	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.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Fime 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 COUNTY: LEVY	PERMIT NUMBER: FLA011650 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-Q DESCRIPTION: Biosolids Quantity MONITORING PERIOD: From: 02/01/2017 To: 02/28/2017
---	---

Parameter		Quantity or Loading		Units	Quality 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
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Rick Tisdale	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 OR AUTHORIZED AGENT Electronically Signed		TELEPHONE (352) 475-2248	SUBMITTED ON 03/16/2017

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

DAILY SAMPLE RESULTS-PART B

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		
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		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								
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:	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.

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Q Mon. Site: INF-1	Sample Measurement						250		0		
	Permit Requirement						Report (Maximum)	mg/L		1 Monthly	Grab
Solids, Total Suspended PARM Code 00530 Q Mon. Site: INF-1	Sample Measurement						150		0		
	Permit Requirement						Report (Maximum)	mg/L		1 Monthly	Grab
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Rick Tisdale		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 OR AUTHORIZED AGENT Electronically Signed		TELEPHONE (352) 475-2248	SUBMITTED ON 03/16/2017

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Fime 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

COUNTY: LEVY

PERMIT NUMBER: FLA011650
 LIMIT: FINAL REPORT: Monthly
 FACILITY TYPE: DW GROUP: Domestic
 MONITORING GROUP: R-001

DESCRIPTION: SPRINGSIDE MOBILE HOME PARK

MONITORING PERIOD: From: 02/01/2017 To: 02/28/2017

Parameter		Quantity 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 (Annl Avg)	MGD						5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
Flow	Sample Measurement	.014	.0147						0		
PARM Code 50050 1 Mon. Site: FLW-1	Permit Requirement	Report (Mo Avg)	Report (Qtr Avg)	MGD						5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement						61		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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME:	Fime Hideaway Inc	PERMIT NUMBER:	FLA011650
ADDRESS:	Post Office Box 357246	LIMIT:	FINAL REPORT: Monthly
	Gainesville, FL 32635	FACILITY TYPE:	DW GROUP: Domestic
FACILITY:	Springside Mobile Home Park WWTF	MONITORING GROUP:	R-001
LOCATION:	State Road 320 And Springside Avenue	DESCRIPTION:	SPRINGSIDE MOBILE HOME PARK
	Chiefland, FL 32629		
COUNTY:	LEVY	MONITORING PERIOD:	From: 01/01/2017 To: 01/31/2017

Parameter		Quantity 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 (Annl 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 (Qtr 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 Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-1	Sample Measurement					6.6			0		
	Permit Requirement					20.0 (Annl Avg)		mg/L		1 Monthly	Grab
Solids, Total Suspended PARM Code 00530 A Mon. Site: EFA-1	Sample Measurement				4.0	4.0	4.0		0		
	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		1 Monthly	Grab
Coliform, Fecal PARM Code 74055 Y Mon. Site: EFA-1	Sample Measurement					9.8			0		
	Permit Requirement					200.0 (Annl Avg)		#/100mL		1 Monthly	Grab
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-1	Sample Measurement					1.0	1.0		0		
	Permit Requirement					200.0 (Mo Geomn)	800.0 (Maximum)	#/100mL		1 Monthly	Grab
pH PARM Code 00400 A Mon. Site: EFA-1	Sample Measurement				7.2		7.5		0		
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-1	Sample Measurement				1.0				0		
	Permit Requirement				0.5 (Minimum)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N) PARM Code 00620 A Mon. Site: EFA-1	Sample Measurement						.079		0		
	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		
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
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Rick Tisdale	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 OR AUTHORIZED AGENT Electronically Signed		TELEPHONE (352) 475-2248	SUBMITTED ON 02/27/2017	

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Fime 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 COUNTY: LEVY	PERMIT NUMBER: FLA011650 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-Q DESCRIPTION: Biosolids Quantity MONITORING PERIOD: From: 01/01/2017 To: 01/31/2017
---	---

Parameter		Quantity or Loading		Units	Quality 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
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Rick Tisdale	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 OR AUTHORIZED AGENT Electronically Signed		TELEPHONE (352) 475-2248	SUBMITTED ON 02/27/2017

DAILY SAMPLE RESULTS-PART B

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, 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	0.017								
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								
30	0.016		2.2				7.4		
31	0.014		2.2				7.4		
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	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.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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 COUNTY: LEVY	PERMIT NUMBER: FLA011650 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: R-001 DESCRIPTION: SPRINGSIDE MOBILE HOME PARK MONITORING PERIOD: From: 12/01/2016 To: 12/31/2016
---	--

Parameter		Quantity 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 (Annl Avg)	MGD						5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
Flow	Sample Measurement	.015	.0133						0		
PARM Code 50050 1 Mon. Site: FLW-1	Permit Requirement	Report (Mo Avg)	Report (Qtr 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 or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-1	Sample Measurement				6.7				0		
	Permit Requirement				20.0 (Annl Avg)			mg/L		1 Monthly	Grab
Solids, Total Suspended PARM Code 00530 A Mon. Site: EFA-1	Sample Measurement				2.8	2.8	2.8		0		
	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		1 Monthly	Grab
Coliform, Fecal PARM Code 74055 Y Mon. Site: EFA-1	Sample Measurement				10.3				0		
	Permit Requirement				200.0 (Annl Avg)			#/100mL		1 Monthly	Grab
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-1	Sample Measurement				1.0	1.0			0		
	Permit Requirement				200.0 (Mo Geomn)	800.0 (Maximum)		#/100mL		1 Monthly	Grab
pH PARM Code 00400 A Mon. Site: EFA-1	Sample Measurement				7.2		7.7		0		
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-1	Sample Measurement				2.0				0		
	Permit Requirement				0.5 (Minimum)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N) PARM Code 00620 A Mon. Site: EFA-1	Sample Measurement						.078		0		
	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			280		0		
PARM Code 80082 Q Mon. Site: INF-1	Permit Requirement			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
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Rick Tisdale	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 OR AUTHORIZED AGENT Electronically Signed		TELEPHONE (352) 475-2248	SUBMITTED ON 01/20/2017

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Finc 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 COUNTY: LEVY	PERMIT NUMBER: FLA011650 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-Q DESCRIPTION: Biosolids Quantity MONITORING PERIOD: From: 12/01/2016 To: 12/31/2016
---	---

Parameter		Quantity or Loading		Units	Quality 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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Rick Tisdale	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 OR AUTHORIZED AGENT Electronically Signed	TELEPHONE (352) 475-2248	SUBMITTED ON 01/20/2017
---	---	--	--	---------------------------------------

DAILY SAMPLE RESULTS-PART B

Permit Number:
Monitoring Period

FLA011650
From:

1-Dec-16

To:

31-Dec-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		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								
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								
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
Mo. 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
Day Shift Operator
Day Shift Operator
Day Shift Operator
Day Shift Operator
Lead Operator

Class: C
Class: C
Class: C
Class: C
Class: C
Class: C

Certificate No. 13161
Certificate No. 14945
Certificate No. 13162
Certificate No. 18582
Certificate No.
Certificate No. 9774

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Finc 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 COUNTY: LEVY	PERMIT NUMBER: FLA011650 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: R-001 DESCRIPTION: SPRINGSIDE MOBILE HOME PARK MONITORING PERIOD: From: 11/01/2016 To: 11/30/2016
---	--

Parameter		Quantity 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 (Annl Avg)	MGD						5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
Flow	Sample Measurement	.013	.0120						0		
PARM Code 50050 1 Mon. Site: FLW-1	Permit Requirement	Report (Mo Avg)	Report (Qtr Avg)	MGD						5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement						50		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 PARM Code 00530 Y Mon. Site: EFA-1	Sample Measurement					7.1			0		
	Permit Requirement					20.0 (Annl Avg)		mg/L		1 Monthly	Grab
Solids, Total Suspended PARM Code 00530 A Mon. Site: EFA-1	Sample Measurement				8.2	8.2	8.2		0		
	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		1 Monthly	Grab
Coliform, Fecal PARM Code 74055 Y Mon. Site: EFA-1	Sample Measurement					10.3			0		
	Permit Requirement					200.0 (Annl Avg)		#/100mL		1 Monthly	Grab
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-1	Sample Measurement					1.0	1.0		0		
	Permit Requirement					200.0 (Mo Geomn)	800.0 (Maximum)	#/100mL		1 Monthly	Grab
pH PARM Code 00400 A Mon. Site: EFA-1	Sample Measurement				7.4		7.5		0		
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-1	Sample Measurement				.7				0		
	Permit Requirement				0.5 (Minimum)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N) PARM Code 00620 A Mon. Site: EFA-1	Sample Measurement						.044		0		
	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						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
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Rick Tisdale	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 OR AUTHORIZED AGENT Electronically Signed		TELEPHONE (352) 475-2248	SUBMITTED ON 12/22/2016	

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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 COUNTY: LEVY	PERMIT NUMBER: FLA011650 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-Q DESCRIPTION: Biosolids Quantity MONITORING PERIOD: From: 11/01/2016 To: 11/30/2016
---	---

Parameter		Quantity or Loading		Units	Quality 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
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 OR AUTHORIZED AGENT		TELEPHONE	SUBMITTED ON
Rick Tisdale								Electronically Signed		(352) 475-2248	12/22/2016

DAILY SAMPLE RESULTS-PART B

Permit Number:
Monitoring Period

FLA011650

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								
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
Day Shift Operator
Day Shift Operator
Day Shift Operator
Lead Operator

Class: C
Class: C
Class: C
Class: C
Class: C

Certificate No.
Certificate No.
Certificate No.
Certificate No.
Certificate No.

13161
14945
13162
18582
9774

Name:
Name:
Name:
Name:
Name:

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Finc 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 COUNTY: LEVY	PERMIT NUMBER: FLA011650 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: R-001 DESCRIPTION: SPRINGSIDE MOBILE HOME PARK MONITORING PERIOD: From: 10/01/2016 To: 10/31/2016
--	--

Parameter		Quantity 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 (Annl Avg)	MGD						5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
Flow	Sample Measurement	.012	.0117						0		
PARM Code 50050 1 Mon. Site: FLW-1	Permit Requirement	Report (Mo Avg)	Report (Qtr Avg)	MGD						5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement					49			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	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	Quality or Concentration			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						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
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Rick Tisdale	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 OR AUTHORIZED AGENT Electronically Signed		TELEPHONE (352) 475-2248	SUBMITTED ON 11/18/2016	

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Finc Hideaway Inc ADDRESS: Post Office Box 357246 Gainesville, FL 32635				PERMIT NUMBER: FLA011650 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-Q			
FACILITY: Springside Mobile Home Park WWTF LOCATION: State Road 320 And Springside Avenue Chiefland, FL 32629				DESCRIPTION: Biosolids Quantity			
COUNTY: LEVY				MONITORING PERIOD: From: 10/01/2016 To: 10/31/2016			

Parameter		Quantity or Loading	Units	Quality 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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: Rick Tisdale	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 OR AUTHORIZED AGENT Electronically Signed	TELEPHONE (352) 475-2248	SUBMITTED ON 11/18/2016
--	---	--	--	---------------------------------------

DAILY SAMPLE RESULTS-PART B

Permit Number: FLA011650

Facility:

Springside MHP WWTF

Monitoring Period

From:

1-Oct-16

To:

31-Oct-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	0.012								
2	0.012								
3	0.012		2.0				7.4		
4	0.010		2.0				7.4		
5	0.011		2.0				7.5		
6	0.011		2.2				7.4		
7	0.014								
8	0.014								
9	0.014								
10	0.014		2.2				7.4		
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								
17	0.012		2.2				7.5		
18	0.013		2.0				7.4		
19	0.011		2.0				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		
22	0.012								
23	0.012								
24	0.012		2.2				7.4		
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								
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.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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 COUNTY: LEVY	PERMIT NUMBER: FLA011650 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: R-001 DESCRIPTION: SPRINGSIDE MOBILE HOME PARK MONITORING PERIOD: From: 09/01/2016 To: 09/30/2016
---	--

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

DAILY SAMPLE RESULTS-PART B

Permit Number:
Monitoring Period

FLA011650
From:

1-Sep-16

To:

30-Sep-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	0.010		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		
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		
15	0.009		2.2				7.5		
16	0.010		2.2				7.5		
17	0.011								
18	0.011								
19	0.011		2.2				7.4		
20	0.006		1.5				7.5		
21	0.012		1.8				7.4		
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		
30	0.013		2.0				7.4		
31		5.5		2.0	0.67	3.2		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
Day Shift Operator
Day Shift Operator
Day Shift Operator
Day Shift Operator
Lead Operator

Class: C
Class: C
Class: C
Class: C
Class: C
Class: C

Certificate No. 13161
Certificate No. 14945
Certificate No. 13162
Certificate No. 18582
Certificate No.
Certificate No. 9774

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

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		
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
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Rick Tisdale	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 OR AUTHORIZED AGENT Electronically Signed		TELEPHONE (352) 475-2248	SUBMITTED ON 10/18/2016

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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 COUNTY: LEVY	PERMIT NUMBER: FLA011650 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-Q DESCRIPTION: Biosolids Quantity MONITORING PERIOD: From: 09/01/2016 To: 09/30/2016
---	---

Parameter		Quantity or Loading		Units	Quality 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
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 OR AUTHORIZED AGENT		TELEPHONE	SUBMITTED ON
Rick Tisdale	Electronically Signed									(352) 475-2248	10/18/2016

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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 COUNTY: LEVY	PERMIT NUMBER: FLA011650 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: R-001 DESCRIPTION: SPRINGSIDE MOBILE HOME PARK MONITORING PERIOD: From: 08/01/2016 To: 08/31/2016
---	--

Parameter		Quantity 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 (Annl Avg)	MGD						5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
Flow	Sample Measurement	.012	.0107						0		
PARM Code 50050 1 Mon. Site: FLW-1	Permit Requirement	Report (Mo Avg)	Report (Qtr Avg)	MGD						5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement						44		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					2.6			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				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	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-1	Sample Measurement					7.2			0		
	Permit Requirement					20.0 (Annl Avg)		mg/L		1 Monthly	Grab
Solids, Total Suspended PARM Code 00530 A Mon. Site: EFA-1	Sample Measurement				3.2	3.2	3.2		0		
	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		1 Monthly	Grab
Coliform, Fecal PARM Code 74055 Y Mon. Site: EFA-1	Sample Measurement					15.5			0		
	Permit Requirement					200.0 (Annl Avg)		#/100mL		1 Monthly	Grab
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-1	Sample Measurement					2.0	2.0		0		
	Permit Requirement					200.0 (Mo Geom)	800.0 (Maximum)	#/100mL		1 Monthly	Grab
pH PARM Code 00400 A Mon. Site: EFA-1	Sample Measurement				7.3		7.6		0		
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-1	Sample Measurement				.6				0		
	Permit Requirement				0.5 (Minimum)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N) PARM Code 00620 A Mon. Site: EFA-1	Sample Measurement						.67		0		
	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						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
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Rick Tisdale	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 OR AUTHORIZED AGENT Electronically Signed			TELEPHONE (352) 475-2248	SUBMITTED ON 09/20/2016

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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 COUNTY: LEVY	PERMIT NUMBER: FLA011650 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-Q DESCRIPTION: Biosolids Quantity MONITORING PERIOD: From: 08/01/2016 To: 08/31/2016
--	---

Parameter		Quantity or Loading		Units	Quality 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
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 OR AUTHORIZED AGENT		TELEPHONE	SUBMITTED ON
Rick Tisdale	Electronically Signed									(352) 475-2248	09/20/2016

DAILY SAMPLE RESULTS-PART B

Permit Number:
Monitoring Period

FLA011650
From:

1-Aug-16

To:

31-Aug-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	0.016		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								
14	0.014								
15	0.014		0.8				7.6		
16	0.010		2.2				7.5		
17	0.010		2.2				7.4		
18	0.010		2.2				7.5		
19	0.011		2.2				7.5		
20	0.013								
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
Day Shift Operator
Day Shift Operator
Day Shift Operator
Lead Operator

Class: C
Class: C
Class: C
Class: C
Class: C

Certificate No. 13161
Certificate No. 14945
Certificate No. 13162
Certificate No. 18582
Certificate No. 9774

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Finc Hideaway Inc	PERMIT NUMBER: FLA011650
ADDRESS: Post Office Box 357246	LIMIT: FINAL REPORT: Monthly
Gainesville, FL 32635	FACILITY TYPE: DW GROUP: Domestic
	MONITORING GROUP: R-001
FACILITY: Springside Mobile Home Park WWTF	
LOCATION: State Road 320 And Springside Avenue	DESCRIPTION: SPRINGSIDE MOBILE HOME PARK
Chiefland, FL 32629	
COUNTY: LEVY	MONITORING PERIOD: From: 07/01/2016 To: 07/31/2016

Parameter		Quantity 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 (Annl Avg)	MGD						5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
Flow	Sample Measurement	.011	.0093						0		
PARM Code 50050 I Mon. Site: FLW-1	Permit Requirement	Report (Mo Avg)	Report (Qtr 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					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	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	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				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 Geom)	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

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	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
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Rick Tisdale	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 OR AUTHORIZED AGENT Electronically Signed		TELEPHONE (352) 475-2248	SUBMITTED ON 08/19/2016

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Fimc Hideaway Inc ADDRESS: Post Office Box 357246 Gainesville, FL 32635				PERMIT NUMBER: FLA011650 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-Q			
FACILITY: Springside Mobile Home Park WWTF LOCATION: State Road 320 And Springside Avenue Chiefland, FL 32629				DESCRIPTION: Biosolids Quantity			
COUNTY: LEVY				MONITORING PERIOD: From: 07/01/2016 To: 07/31/2016			

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Transferred)	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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Rick Tisdale	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 OR AUTHORIZED AGENT Electronically Signed	TELEPHONE (352) 475-2248	SUBMITTED ON 08/19/2016
--	---	---	---------------------------------	--------------------------------

DAILY SAMPLE RESULTS-PART B

Permit Number: FLA011650

Facility: Springside MHP WWTF

Monitoring Period

From:

1-Jul-16

To:

31-Jul-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		2.2				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		
7	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	0.023	7.4	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

PLANT STAFFING:

Day Shift Operator
Day Shift Operator
Day Shift Operator
Day Shift Operator
Day Shift Operator
Lead Operator

Class: C
Class: C
Class: C
Class: C
Class: C
Class: C

Certificate No. 13161
Certificate No. 14945
Certificate No. 13162
Certificate No. 18582
Certificate No.
Certificate No. 9774

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Fimc Hideaway Inc ADDRESS: Post Office Box 357246 Gainesville, FL 32635					PA FILE NUMBER: FLA011650006DW3P PERMIT NUMBER: FLA011650 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: R-001 DESCRIPTION: SPRINGSIDE MOBILE HOME PARK				
FACILITY: Springside Mobile Home Park WWTF LOCATION: State Road 320 And Springside Avenue Chiefland, FL 32629									
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
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		
PARM Code 50050 1 Mon. Site: FLW-1	Permit Requirement	Report (Mo Avg)	Report (Qtr Avg)	MGD						5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement					36			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					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		
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		Quantity or Loading		Units	Quality 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
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Rick Tisdale	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 OR AUTHORIZED AGENT Electronically Signed		TELEPHONE (352) 475-2248	SUBMITTED ON 07/20/2016	

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Finc Hideaway Inc ADDRESS: Post Office Box 357246 Gainesville, FL 32635					PA FILE NUMBER: FLA011650006DW3P PERMIT NUMBER: FLA011650 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-Q DESCRIPTION: Biosolids Quantity				
FACILITY: Springside Mobile Home Park WWTF LOCATION: State Road 320 And Springside Avenue Chiefland, FL 32629					MONITORING PERIOD: From: 06/01/2016 To: 06/30/2016				
COUNTY: LEVY									

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Transferred)	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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Rick Tisdale	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 OR AUTHORIZED AGENT Electronically Signed	TELEPHONE (352) 475-2248	SUBMITTED ON 07/20/2016
--	---	---	---------------------------------	--------------------------------

DAILY SAMPLE RESULTS-PART B

Permit Number: FLA011650 Facility: Springside MHP WWTF
 Monitoring Period From: 1-Jun-16 To: 30-Jun-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	0.005		2.2				7.0		
2	0.008		2.2				6.9		
3	0.005		2.2				6.9		
4	0.010								
5	0.010								
6	0.010		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								
13	0.012		2.2				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	0.009		2.2				7.4		
22	0.011		2.2				7.5		
23	0.009	2.0	2.2	24.0	0.12	9.4	7.5	220.000	150.0
24	0.009		2.2				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	2.2	24.0	0.120	9.4	7.6	220.00	150.0
Min	0.005	2.0	1.8	24.0	0.120	9.4	6.9	220.00	150.0

PLANT STAFFING: 13000

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.



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: Jun-17

A. Public Water System (PWS) Information

PWS Name:	FIMC Hideaway Inc.			PWS Identification Number	2381409
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> 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
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
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of	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.

7/7/2017

Signature and Date

Ross A Bogert

Printed or Typed Name

C 18962

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: **June 2017**

Means of Achieving Four-Log Virus ☒ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation ☐ Other:

Type of Disinfectant Residual Maintained in ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose					
				Peak Flow Rate, gpd	Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T), at C Measurement Point During Peak Flow, minutes	mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1	X	24	23,000										0.80		
2	X	24	26,000										0.80		
3		24	32,333												
4		24	32,333												
5	X	24	32,333										0.90		
6	X	24	36,000										0.90		
7	X	24	28,000										0.50		
8	X	24	26,000										0.50		
9	X	24	35,000										0.50		
10		24	32,333												
11		24	32,333												
12	X	24	32,333										0.70		
13	X	24	32,000										0.70		
14	X	24	36,000										0.40		
15	X	24	39,000										0.80		
16	X	24	21,000										0.60		
17		24	20,333												
18		24	20,333												
19	X	24	20,333										0.50		
20	X	24	13,000										0.60		
21	X	24	21,000										0.60		
22	X	24	17,000										0.60		
23	X	24	23,000										0.60		
24		24	27,666												
25		24	27,666												
26	X	24	27,666										0.50		
27	X	24	16,000										0.50		
28	X	24	20,000										0.60		
29	X	24	18,000										0.60		
30	X	24	27,000										0.60		
31		24													
Total			794,995												
Average			26,500												
Maximum			39,000												
				* Refer to the instructions for this report to determine which plants must provide this information.											
				days checked by operator 22											

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

LOWEST RESIDUAL 0.4

days checked by operator 22

DAYS IN MONTH 30



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: **May-17**

A. Public Water System (PWS) Information

PWS Name:	FIMC Hideaway Inc.			PWS Identification Number	2381409
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> 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
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
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of	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.

6/7/2017

Signature and Date

Ross A Bogert

Printed or Typed Name

C 18962

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: **May 2017**

Means of Achieving Four-Log Virus ☒ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation ☐ Other:

Type of Disinfectant Residual Maintained in ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd	Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1	X	24	37,000										0.40	
2	X	24	41,000										0.60	
3	X	24	37,000										0.40	
4	X	24	37,000										0.60	
5	X	24	28,000										0.50	
6		24	32,333											
7		24	32,333											
8	X	24	32,333										0.50	
9	X	24	28,000										0.50	
10	X	24	27,000										0.50	
11	X	24	36,000										0.50	
12	X	24	35,000										0.50	
13		24	32,667											
14		24	32,667											
15	X	24	32,667										0.30	
16	X	24	21,000										0.30	
17	X	24	31,000										0.40	
18	X	24	29,000										0.60	
19	X	24	32,000										0.60	
20		24	21,666											
21		24	21,666											
22	X	24	21,666										0.60	
23	X	24	20,000										0.60	
24	X	24	27,000										0.50	
25	X	24	13,000										0.80	
26	X	24	27,000										0.70	
27		24	26,000											
28		24	26,000											
29	X	24	26,000										0.70	
30	X	24	22,000										0.70	
31	X	24	32,000										0.70	
Total			897,998	* Refer to the instructions for this report to determine which plants must provide this information.										
Average			28,968	days checked by operator 23										
Maximum			41,000	LOWEST RESIDUAL 0.3 DAYS IN MONTH 31										

LOWEST RESIDUAL 0.3

DAYS IN MONTH 31

* Refer to the instructions for this report to determine which plants must provide this information.
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 Information for the Month/Year of: **Apr-17**

A. Public Water System (PWS) Information

PWS Name:	FIMC Hideaway Inc.			PWS Identification Number	2381409
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> 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
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
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water			<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of	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.

5/7/2017

Signature and Date

Ross A Bogert

Printed or Typed Name

C 18962

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: **April 2017**

Means of Achieving Four-Log Virus ☒ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation ☐ Other:

Type of Disinfectant Residual Maintained in ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose					
				Peak Flow Rate, gpd	Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1		24	23,000												
2		24	23,000												
3	X	24	23,000										0.40		
4	X	24	23,000										0.40		
5	X	24	21,000										0.40		
6	X	24	11,000										0.40		
7	X	24	15,000										0.50		
8		24	26,333												
9		24	26,333												
10	X	24	26,333										0.50		
11	X	24	22,000										0.50		
12	X	24	26,000										0.40		
13	X	24	21,000										0.50		
14	X	24	28,000										0.50		
15		24	27,333												
16		24	27,333												
17	X	24	27,333										0.50		
18	X	24	35,000										0.50		
19	X	24	24,000										0.20		
20	X	24	29,000										0.30		
21	X	24	28,000										0.90		
22		24	32,333												
23		24	32,333												
24	X	24	32,333										0.90		
25	X	24	25,000										0.90		
26	X	24	32,000										0.90		
27	X	24	24,000										0.90		
28	X	24	40,000										1.00		
29		24	37,000												
30		24	37,000												
31		24													
Total			804,997												
Average			26,833												
Maximum			40,000												
				* Refer to the instructions for this report to determine which plants must provide this information.											
				days checked by operator 20											
				LOWEST RESIDUAL 0.2											
				DAYS IN MONTH 30											

LOWEST RESIDUAL 0.2
DAYS IN MONTH 30

* Refer to the instructions for this report to determine which plants must provide this information.
days checked by operator 20



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

See last page for instructions.

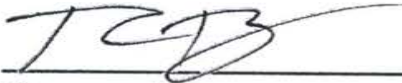
I. General Information for the Month/Year of: **Mar-17**

A. Public Water System (PWS) Information				
PWS Name:	FIMC Hideaway Inc.		PWS Identification Number	2381409
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> 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:	<input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> 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
Signature and Date

Ross A Bogert
Printed or Typed Name

C 18962
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 ☒ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation ☐ Other:

Type of Disinfectant Residual Maintained in ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations						UV Dose					
				Peak Flow Rate, gpd	Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1	x	24	21,000										0.50		
2	x	24	19,000										0.50		
3	x	24	20,000										0.50		
4		24	16,000												
5		24	16,000												
6	x	24	16,000										0.50		
7	x	24	30,000										0.50		
8	x	24	30,000										0.50		
9	x	24	30,000										0.50		
10	x	24	32,000										0.50		
11		24	34,333												
12		24	34,333												
13	x	24	34,333										0.50		
14	x	24	22,000										0.50		
15	x	24	30,000										0.50		
16	x	24	36,000										0.50		
17	x	24	35,000										0.40		
18		24	32,333												
19		24	32,333												
20	x	24	32,333										0.50		
21	x	24	36,000										0.50		
22	x	24	26,000										0.50		
23	x	24	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	x	24	36,000										0.50		
30	x	24	28,000										0.50		
31	x	24	32,000										0.50		
Total			903,996	* Refer to the instructions for this report to determine which plants must provide this information.											
Average			29,161	LOWEST RESIDUAL		0.4	days checked by operator								23
Maximum			36,000	DAYS IN MONTH		31									

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

LOWEST RESIDUAL 0.4

days checked by operator 23

DAYS IN MONTH 31



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: Feb-17

A. Public Water System (PWS) Information

PWS Name:	FIMC Hideaway Inc.			PWS Identification Number	2381409
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> 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:	<input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> 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.

3/7/2017

Signature and Date

Ross A Bogert

Printed or Typed Name

C 18962

License Number

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

PWS Identification Number: **2381409**

Plant Name: **FIMC Hideaway**

III. Daily Data for the Month/Year of: **February 2017**

Means of Achieving Four-Log Virus ☒ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation ☐ Other:

Type of Disinfectant Residual Maintained in ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal											Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/l	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	x	24	26,000											0.80	
2	x	24	26,000											0.80	
3	x	24	26,000											0.80	
4		24	24,333												
5		24	24,333												
6	x	24	24,333											0.80	
7	x	24	19,000											0.80	
8	x	24	24,000											0.40	
9	x	24	20,000											0.80	
10	x	24	23,000											0.80	
11		24	24,333												
12		24	24,333												
13	x	24	24,333											0.80	
14	x	24	24,000											0.80	
15	x	24	30,000											0.80	
16	x	24	31,000											0.80	
17	x	24	31,000											0.70	
18		24	30,333												
19		24	30,333												
20	x	24	30,333											0.60	
21	x	24	17,000											0.70	
22	x	24	16,000											0.50	
23	x	24	12,000											0.50	
24	x	24	20,000											0.50	
25		24	16,333												
26		24	16,333												
27	x	24	16,333											0.50	
28	x	24	15,000											0.50	
29		24													
30		24													
31		24													
Total			645,996												
Average			23,071												
Maximum			31,000												

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

LOWEST RESIDUAL 0.4

days checked by operator 20

DAYS IN MONTH 28



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: **Jan-17**

A. Public Water System (PWS) Information

PWS Name:	FIMC Hideaway Inc.			PWS Identification Number	2381409
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> 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
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
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of	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.

2/7/2017

Signature and Date

Ross A Bogert

Printed or Typed Name

C 18962

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: **January 2017**

Means of Achieving Four-Log Virus ☒ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation ☐ Other:

Type of Disinfectant Residual Maintained in ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1		24	17,666												
2	x	24	17,666										0.80		
3	x	24	28,000										0.80		
4	x	24	27,000										0.80		
5	x	24	28,000										0.80		
6	x	24	27,000										0.50		
7		24	29,000												
8		24	29,000												
9	x	24	29,000										0.80		
10	x	24	27,000										0.80		
11	x	24	27,000										0.80		
12	x	24	26,000										0.80		
13	x	24	21,000										0.80		
14		24	29,000												
15		24	29,000												
16	x	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	x	24	25,000										0.90		
24	x	24	22,000										0.90		
25	x	24	23,000										0.90		
26	x	24	23,000										0.90		
27	x	24	26,000										0.90		
28		24	22,666												
29		24	22,666												
30	x	24	22,666										0.80		
31	x	24	22,000										0.80		
Total			761,330												
Average			24,559												
Maximum			29,000												
				* Refer to the instructions for this report to determine which plants must provide this information.											
				LOWEST RESIDUAL 0.2 days checked by operator 22											
				DAYS IN MONTH 31											

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

LOWEST RESIDUAL 0.2

days checked by operator 22

DAYS IN MONTH 31



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: Dec-16

A. Public Water System (PWS) Information

PWS Name:	FIMC Hideaway Inc.			PWS Identification Number	2381409
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> 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
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:	<input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> 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.

Signature and Date

1/7/2017

Ross A Bogert

Printed or Typed Name

C 18962

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: **December 2016**

Means of Achieving Four-Log Virus ☒ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation ☐ Other:

Type of Disinfectant Residual Maintained in ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	1. Sampling Data											Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation				
				1	2	3	4	5	6	7	8	9	10	11			12			
1	x	24	20,000														0.60			
2	x	24	10,000														0.60			
3		24	20,000																	
4		24	20,000																	
5	x	24	20,000														0.60			
6	x	24	26,000														0.60			
7	x	24	25,000														0.60			
8	x	24	31,000														0.60			
9	x	24	25,000														0.60			
10		24	23,333																	
11		24	23,333																	
12	x	24	23,333														0.60			
13	x	24	40,000														0.60			
14	x	24	24,000														0.60			
15	x	24	23,000														0.60			
16	x	24	30,000														0.60			
17		24	23,333																	
18		24	25,333																	
19	x	24	25,333														0.80			
20	x	24	26,000														0.80			
21	x	24	27,000														0.80			
22	x	24	26,000														0.80			
23	x	24	27,000														0.80			
24		24	32,666																	
25		24	32,666																	
26	x	24	32,666														0.80			
27	x	24	21,000														0.70			
28	x	24	22,000														0.70			
29	x	24	24,000														0.70			
30	x	24	26,000														0.80			
31		24	17,666																	
Total			772,662																* Refer to the instructions for this report to determine which plants must provide this information.	
Average			24,925	LOWEST RESIDUAL 0.6															days checked by operator 22	
Maximum			40,000	DAYS IN MONTH 31																

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

LOWEST RESIDUAL 0.6

days checked by operator 22

DAYS IN MONTH 31



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: Nov-16

A. Public Water System (PWS) Information

PWS Name:	FIMC Hideaway Inc.			PWS Identification Number	2381409
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> 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
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
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of	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.

12/7/2016

Signature and Date

Ross A Bogert

Printed or Typed Name

C 18962

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: **November 2016**

Means of Achieving Four-Log Virus ☒ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation ☐ Other:

Type of Disinfectant Residual Maintained in ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Disinfection Residuals (mg/L) at Various Points in Distribution System										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Source	Point of Disinfection	Point of Distribution	Point of Distribution	Point of Distribution	Point of Distribution	Point of Distribution	Point of Distribution	Point of Distribution	Point of Distribution		
1	X	24	15,000											0.70	
2	X	24	20,000											0.70	
3		24	17,000												
4	X	24	17,000											0.70	
5		24	19,666												
6		24	19,666												
7	X	24	19,666											0.70	
8	X	24	17,000											0.70	
9	X	24	25,000											0.70	
10	X	24	9,000											0.70	
11	X	24	28,000											0.70	
12		24	20,000												
13		24	20,000												
14	X	24	20,000											0.80	
15	X	24	19,000											0.80	
16	X	24	20,000											0.70	
17	X	24	16,000											0.70	
18	X	24	22,000											0.70	
19		24	25,333												
20		24	25,333												
21	X	24	25,333											0.50	
22	X	24	19,000											0.50	
23	X	24	24,000											0.70	
24		24	20,000												
25	X	24	20,000											0.70	
26		24	19,333												
27		24	19,333												
28	X	24	19,333											1.60	
29	X	24	15,000											1.60	
30	X	24	23,000											0.20	
31		24													
Total			598,996												
Average			19,967												
Maximum			28,000												

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

LOWEST RESIDUAL 0.2

days checked by operator 20

DAYS IN MONTH 30



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: **Oct-16**

A. Public Water System (PWS) Information

PWS Name:	FIMC Hideaway Inc.			PWS Identification Number	2381409
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> 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
Contact Person's Telephone Number:	352-375-3935	Zip Code: 32635			
Contact Person's E-Mail Address:	jandrmcbride@cox.net				
Contact Person's Fax Number:	352-373-8837				

B. Water Treatment Plant Information

Plant Name:	FIMC Hideaway Inc.			Plant Telephone	
Plant Address:	11013 NW 113th Place	City:	Chiefland	State:	Florida
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of	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.

11/7/2016

Signature and Date

Ross A Bogert

Printed or Typed Name

C 18962

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: **October 2016**

Means of Achieving Four-Log Virus ☒ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation ☐ Other:

Type of Disinfectant Residual Maintained in ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Free Chlorine Residual, mg/L	Chlorine Dioxide Residual, mg/L	Ozone Residual, mg/L	Combined Chlorine (Chloramines) Residual, mg/L	Ultraviolet Radiation Dose, mJ/cm²	Other Disinfection Method	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1		24	21,333								
2		24	21,333								
3	X	24	21,333							0.70	
4	X	24	20,000							0.70	
5	X	24	23,000							0.70	
6	X	24	19,000							0.70	
7		24	24,250								
8		24	24,250								
9		24	24,250								
10	X	24	24,250							0.70	
11	X	24	23,000							0.70	
12	X	24	26,000							0.70	
13	X	24	25,000							0.70	
14	X	24	24,000							0.70	
15		24	24,666								
16		24	24,666								
17	X	24	24,666							0.40	
18	X	24	30,000							0.70	
19	X	24	28,000							0.70	
20	X	24	30,000							0.70	
21	X	24	24,000							0.70	
22		24	17,666								
23		24	17,666								
24	X	24	17,666							0.70	
25	X	24	20,000							0.70	
26	X	24	20,000							0.70	
27	X	24	20,000							0.70	
28	X	24	19,000							0.70	
29		24	18,333								
30		24	18,333								
31	X	24	18,333							0.70	
Total			693,994								
Average			22,387								
Maximum			30,000								

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

LOWEST RESIDUAL 0.4

days checked by operator 20

DAYS IN MONTH 31



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: Sep-16

A. Public Water System (PWS) Information

PWS Name:	FIMC Hideaway Inc.			PWS Identification Number	2381409
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> 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
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
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of	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.

Signature and Date

10/7/2016

Ross A Bogert

Printed or Typed Name

C 18962

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: **September 2016**

Means of Achieving Four-Log Virus ☒ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation ☐ Other:

Type of Disinfectant Residual Maintained in ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal.	Minimum of 100 mg/L Free Chlorine Residual at Point of Distribution (mg/L) (If Applicable)										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Free Chlorine Residual at Point of Distribution (mg/L)	Free Chlorine Residual at Point of Distribution (mg/L)	Free Chlorine Residual at Point of Distribution (mg/L)	Free Chlorine Residual at Point of Distribution (mg/L)	Free Chlorine Residual at Point of Distribution (mg/L)	Free Chlorine Residual at Point of Distribution (mg/L)	Free Chlorine Residual at Point of Distribution (mg/L)	Free Chlorine Residual at Point of Distribution (mg/L)	Free Chlorine Residual at Point of Distribution (mg/L)	Free Chlorine Residual at Point of Distribution (mg/L)		
1	x	24	18,000											0.80	
2	x	24	19,000											0.80	
3		24	20,000												
4		24	20,000												
5	x	24	20,000											0.80	
6	x	24	16,000											0.80	
7	x	24	21,000											0.80	
8	x	24	18,000											0.80	
9	x	24	19,000											0.80	
10		24	18,000												
11		24	18,000												
12	x	24	18,000											0.80	
13	x	24	16,000											0.80	
14	x	24	23,000											0.80	
15	x	24	17,000											0.80	
16	x	24	20,000											0.80	
17		24	18,333												
18		24	18,333												
19	x	24	18,333											0.70	
20	x	24	14,000											0.70	
21	x	24	22,000											0.70	
22	x	24	19,000											0.70	
23	x	24	19,000											0.70	
24		24	21,333												
25		24	21,333												
26	x	24	21,333											0.70	
27	x	24	19,000											0.70	
28	x	24	20,000											0.70	
29	x	24	19,000											0.70	
30	x	24	21,000											0.70	
31		24													
Total			572,998												
Average			19,100												
Maximum			23,000												

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

LOWEST RESIDUAL 0.7

days checked by operator 22

DAYS IN MONTH 30



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: Aug-16

A. Public Water System (PWS) Information

PWS Name:	FIMC Hideaway Inc.			PWS Identification Number	2381409
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> 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
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
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of	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.

9/7/2016

Signature and Date

Ross A Bogert

Printed or Typed Name

C 18962

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: **August 2016**

Means of Achieving Four-Log Virus ☒ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation ☐ Other:

Type of Disinfectant Residual Maintained in ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Disinfection Residuals (mg/L) at Various Points in Distribution System										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				At Plant	At First Distribution Point	At Second Distribution Point	At Third Distribution Point	At Fourth Distribution Point	At Fifth Distribution Point	At Sixth Distribution Point	At Seventh Distribution Point	At Eighth Distribution Point	At Ninth Distribution Point		
1	x	24	26,000											0.60	
2	x	24	21,000											0.60	
3	x	24	19,000											0.60	
4	x	24	16,000											0.60	
5	x	24	21,000											0.70	
6		24	16,000												
7		24	16,000												
8	x	24	16,000											0.70	
9	x	24	14,000											0.70	
10	x	24	17,000											0.70	
11	x	24	18,000											0.60	
12	x	24	18,000											0.60	
13		24	17,000												
14		24	17,000												
15	x	24	17,000											0.60	
16	x	24	16,000											0.60	
17	x	24	17,000											0.60	
18	x	24	27,000											0.60	
19	x	24	18,000											0.60	
20		24	19,000												
21		24	19,000												
22	x	24	19,000											0.60	
23	x	24	17,000											0.60	
24	x	24	21,000											0.60	
25	x	24	12,000											0.60	
26	x	24	22,000											0.70	
27		24	17,667												
28		24	17,667												
29	x	24	17,667											0.70	
30	x	24	17,000											0.70	
31	x	24	19,000											0.70	
Total			565,001												
Average			18,226												
Maximum			27,000												

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

LOWEST RESIDUAL 0.6

days checked by operator 23

DAYS IN MONTH 31



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: Jun-16

A. Public Water System (PWS) Information

PWS Name:	FIMC Hideaway Inc.			PWS Identification Number	2381409
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> 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:	<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> 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	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	
	Owen C. Hurst	C	14963	Monday-Friday	
	Ross A Bogert	C	18962	Monday-Friday	
	Danny M Woodworth	C	21287	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.

7/7/2016

Signature and Date

Ross A Bogert

Printed or Typed Name

C 18962

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: **June 2016**

Means of Achieving Four-Log Virus ☒ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation ☐ Other:

Type of Disinfectant Residual Maintained in ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Disinfection Calculations										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Disinfectant Concentration at Point of Application, mg/L	Disinfectant Concentration at Point of Application, mg/L	Disinfectant Concentration at Point of Application, mg/L	Disinfectant Concentration at Point of Application, mg/L	Disinfectant Concentration at Point of Application, mg/L	Disinfectant Concentration at Point of Application, mg/L	Disinfectant Concentration at Point of Application, mg/L	Disinfectant Concentration at Point of Application, mg/L	Disinfectant Concentration at Point of Application, mg/L	Disinfectant Concentration at Point of Application, mg/L		
1	X	24	27,000											0.70	
2	X	24	34,000											0.70	
3	X	24	26,000											0.70	
4		24	31,000												
5		24	31,000												
6	X	24	31,000											0.20	
7	X	24	23,000											0.70	
8	X	24	34,000											0.70	
9	X	24	32,000											0.70	
10	X	24	32,000											0.70	
11		24	27,000												
12		24	27,000												
13	X	24	27,000											0.70	
14	X	24	29,000											0.70	
15	X	24	23,000											0.80	
16	X	24	23,000											0.80	
17	X	24	32,000											0.80	
18		24	28,333												
19		24	28,333												
20	X	24	28,333											0.80	
21	X	24	36,000											0.80	
22	X	24	35,000											0.80	
23	X	24	33,000											0.80	
24	X	24	30,000											0.80	
25		24	30,333												
26		24	30,333												
27	X	24	30,333											0.20	
28	X	24	22,000											0.70	
29	X	24	28,000											0.70	
30	X	24	19,000											0.70	
31		24													
Total			867,998												
Average			28,933												
Maximum			36,000												

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

LOWEST RESIDUAL 0.2

days checked by operator 22

DAYS IN MONTH 30

Two Fold Water Engineering, Inc.

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

Invoice

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		

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

Thank You For Your Business!

Total \$2,194.00

Payments/Credits \$0.00

Balance Due \$2,194.00

Two Fold Water Engineering, Inc.

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

Invoice

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	Monthly Water Service - FIMC Hideaway		215.00	215.00
BACT	Monthly Bacteriological Test - FIMC Hideaway	4	20.00	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

Thank You For Your Business!

Total \$1,480.00

Payments/Credits \$0.00

Balance Due \$1,480.00

Two Fold Water Engineering, Inc.

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

Invoice

DATE	INVOICE #
9/1/2016	29541

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		935.00	935.00
	- includes weekend visit			
NN	2016 Nitrate/Nitrite Testing		75.00	75.00
SOC's	Diethylhexyl Pthalate		175.00	175.00
Cons.Con.Rept	Consumer Confidence Report		150.00	150.00
Flow Meter Calib...	Flow Meter Calibration		45.00	45.00
Installation	2hp Lift Station Pump		1,650.00	1,650.00

2 = 8250

Thank You For Your Business!

Total	\$3,575.00
Payments/Credits	\$0.00
Balance Due	\$3,575.00 2750.00

Two Fold Water Engineering, Inc.

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

Invoice

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	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		935.00	935.00
Lead & Copper	- includes weekend visit Lead & Copper tests	10	60.00	600.00

Thank You For Your Business!

Total \$2,080.00

Payments/Credits \$0.00

Balance Due \$2,080.00

825.00
2905.00

Two Fold Water Engineering, Inc.

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

Invoice

DATE	INVOICE #
11/1/2016	29992

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		935.00	935.00
	- includes weekend visit			
Service	Service Call - Meter Change Outs - 5.5 hours	5.5	45.00	247.50

Happy Thanksgiving!

Thank You For Your Business!

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

Two Fold Water Engineering, Inc.

P.O. Box 767

Melrose, FL 32666-0767

Phone 352-475-2248 Fax

352-475-5389

Invoice

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		M

ITEM	DESCRIPTION	QTY	RATE	AMOUNT
Service	Service Call - Repair of 3" Water Leaks (1 - 2", 1 - 3", 1 - 1") - 27 Man Hours	27	45.00	1,215.00
Discount	Discount on Service		-15.00%	-182.25
Parts	Materials OCTOBER 20, 2016		350.00	350.00

Thank You For Your Business!

Total	\$1,382.75
--------------	------------

Payments/Credits	\$0.00
-------------------------	--------

Balance Due	\$1,382.75
--------------------	------------

Two Fold Water Engineering, Inc.

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

Invoice

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	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

Thank You For Your Business!

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

Two Fold Water Engineering, Inc.

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

Invoice

DATE	INVOICE #
1/1/2017	30393

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		935.00	935.00
	- includes weekend visit			
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

Thank You For Your Business!

Total \$2,277.50

Payments/Credits \$0.00

Balance Due \$2,277.50

Two Fold Water Engineering, Inc.

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

Invoice

DATE	INVOICE #
1/23/2017	30567

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

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

ITEM	DESCRIPTION	QTY	RATE	AMOUNT
Repair	Hideaway Lift Station - Replaced two 3/4 hp lift station pumps - 1/16		3,110.00	3,110.00
Repair	Hideaway - Two 15 amp breakers and Springside - One 30 amp breaker & starter - 1/17		225.00	225.00
<i>2 OWE FOR INVENTORY</i>				

Thank You For Your Business!

Total	\$3,335.00
Payments/Credits	\$0.00
Balance Due	\$3,335.00

Two Fold Water Engineering, Inc.

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

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	Monthly Water Service - FIMC Hideaway		215.00	215.00
BACT. 700	Monthly Compliance Bacteriological Testing - FIMC Hideaway		80.00	80.00
WWS 700	Monthly Wastewater Service - Hideaway Lift Station		250.00	250.00
WWS 750	Monthly Wastewater Service - Springside MHP WWTF		935.00	935.00
Service	- includes weekend visit 2 - 3/4" Lock Out Curb Stops 1/3		107.52	107.52

Thank You For Your Business!

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

Two Fold Water Engineering, Inc.

P.O. Box 767

Melrose, FL 32666-0767

Phone 352-475-2248 Fax

352-475-5389

Invoice

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	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		935.00	935.00
	- includes weekend visit			
Service	Installed Water Meter at 11210 114th St (1 man hour)	1	45.00	45.00
Installation	Water meter		59.50	59.50
Feeder Tube #2	Replacement of #2 Feeder Tube - Springside WWTP		17.50	17.50
Service	Hideaway Lift Station - Pulled and Cleaned Lift Station Pump. Installed Meter @ 11464 112th Terrace	1	45.00	45.00

Thank You For Your Business!

Total \$1,647.00**Payments/Credits** \$0.00**Balance Due** \$1,647.00

Two Fold Water Engineering, Inc.

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

Invoice

DATE	INVOICE #
4/1/2017	30987

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

Thank You For Your Business!

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

Two Fold Water Engineering, Inc.

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

Invoice

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
	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		935.00	935.00
	- includes weekend visit			
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		150.00	150.00
1"	1" Backflow Test @ WWTP		45.00	45.00

Thank You For Your Business!

Total	\$1,995.00
Payments/Credits	\$0.00
Balance Due	\$1,995.00

Two Fold Water Engineering, Inc.

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

Invoice

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		935.00	935.00
	- includes weekend visit			
Service	Tapping Meter	4	45.00	180.00
Duck Bill	Replacement of Duck Bill - WTP		3.00	3.00
Tubing Line	Replacement of Tubing Line per line foot - WTP	10	0.75	7.50

Thank You For Your Business!

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



CENTRAL FLORIDA ELECTRIC COOPERATIVE, INC.

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

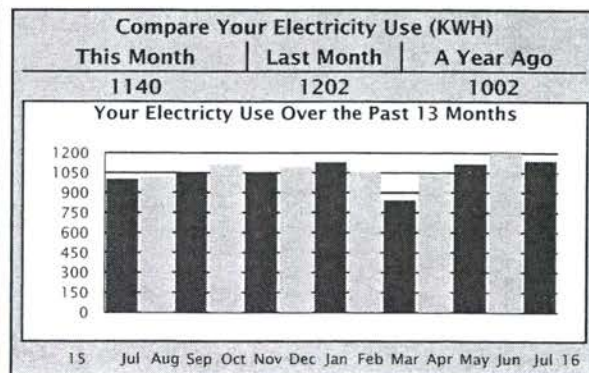
Other Payment Locations

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.	4446942	Bill Date	07/15/2016
Account Number	207054727	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 Reading Dates		Number of Days	Meter Readings		KWH Used	Multiplier	Rate Code
	From	To		Previous	Present			
14602012	06/12/2016	07/11/2016	29	51498	52638	1140	1	GSND3-5

Previous Balance		\$192.39
Payments		
Payment -- Thank You	(\$192.39)	
		(\$192.39)
Balance Before Current Charges		\$0.00
Current Charges		
Facilities Charge 29 Days @ \$1.50	\$43.50	
Energy Charges		
1000 kWh @ \$0.113	\$113.00	
140 kWh @ \$0.136	\$19.04	
Wholesale power cost adjustment -.013000	(\$14.82)	
Sales Tax - Local Option	\$1.65	
Gross Receipts Tax	\$4.12	
Sales GR Tax	\$11.47	
Total Current Charges		\$177.96
Total Balance Due By 5:00 pm on Due Date		\$177.96
Total Balance Due After 5:00 pm on Late Date		\$187.96





CENTRAL FLORIDA ELECTRIC COOPERATIVE, INC.

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

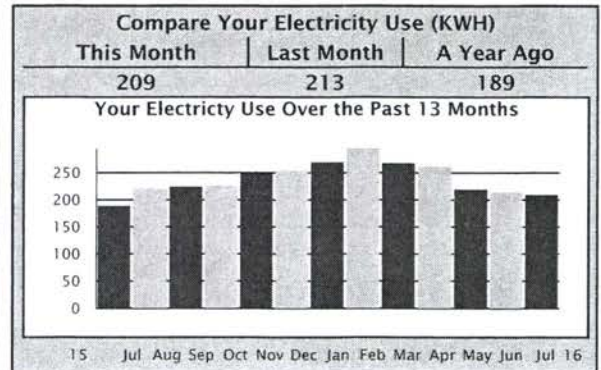
Inglis District Office
167 Hwy 40 W. Inglis
(352) 447-3553
8am-5pm M-W-F

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.	4446943	Bill Date	07/15/2016
Account Number	207054719	Account Location	4-2-552	Due Date	07/30/2016
Map Number	F500-025J-0018	Cycle	10	SPC	N
Service Address	11210 NW 112TH TER	Service Description	SEWER LIFT STATION	Cutoff Date	08/12/2016
Meter Number	14601926	Meter Reading Dates	From 06/12/2016 To 07/11/2016	Number of Days	29
		Meter Readings	Previous 3762 Present 3971	KWH Used	209
				Multiplier	1
				Rate Code	GSND3-5

Previous Balance	\$75.55
Payments	
Payment -- Thank You	(\$75.55)
	(\$75.55)
Balance Before Current Charges	\$0.00
Current Charges	
Facilities Charge 29 Days @ \$1.50	\$43.50
Energy Charges	
209 kWh @ \$0.113	\$23.62
Wholesale power cost adjustment -.013000	(\$2.72)
Sales Tax - Local Option	\$0.67
Gross Receipts Tax	\$1.65
Sales GR Tax	\$4.60
Total Current Charges	\$71.32
Total Balance Due By 5:00 pm on Due Date	\$71.32
Total Balance Due After 5:00 pm on Late Date	\$81.32





CENTRAL FLORIDA ELECTRIC COOPERATIVE, INC.

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

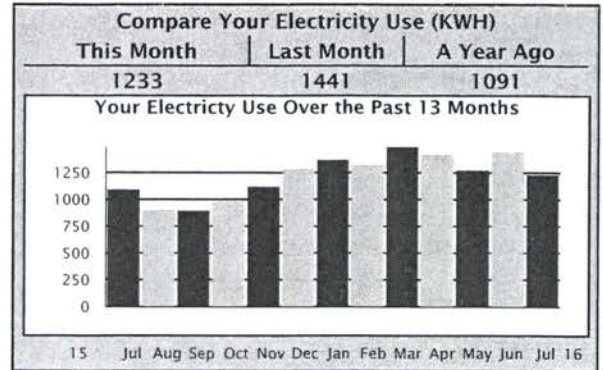
Other Payment Locations

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.	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
Service Address	11261 NW 115TH AVE	Service Description	PUMP	Cutoff Date	08/12/2016

Meter Number	Meter Reading Dates		Number of Days	Meter Readings		KWH Used	Multiplier	Rate Code
	From	To		Previous	Present			
14953104	06/12/2016	07/11/2016	29	52434	53667	1233	1	GSND3-5

Previous Balance	\$225.47
Payments	
Payment -- Thank You	(\$225.47)
	(\$225.47)
Balance Before Current Charges	\$0.00
Current Charges	
Facilities Charge 29 Days @ \$1.50	\$43.50
Energy Charges	
1000 kWh @ \$0.113	\$113.00
233 kWh @ \$0.136	\$31.69
Wholesale power cost adjustment -.013000	(\$16.03)
Sales Tax - Local Option	\$1.77
Gross Receipts Tax	\$4.41
Sales GR Tax	\$12.29
Total Current Charges	\$190.63
Total Balance Due By 5:00 pm on Due Date	\$190.63
Total Balance Due After 5:00 pm on Late Date	\$200.63





CENTRAL FLORIDA ELECTRIC COOPERATIVE, INC.

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

Meter Number	Meter Reading Dates		Number of Days	Meter Readings		KWH Used	Multiplier	Rate Code
	From	To		Previous	Present			
42805136	06/12/2016	07/11/2016	29	56231	56274	43	1	GSND1-5

Previous Balance		\$33.62
Payments		
Payment -- Thank You	(\$33.12)	
		(\$33.12)
Balance Before Current Charges		\$0.50
Current Charges		
Facilities Charge 29 Days @ \$0.80	\$23.20	
Energy Charges		
43 kWh @ \$0.113	\$4.86	
Wholesale power cost adjustment -.013000	(\$0.56)	
Sales Tax - Local Option	\$0.29	
Gross Receipts Tax	\$0.70	
Sales GR Tax	\$1.97	
Total Current Charges		\$30.46
Past Due Amount	\$5.00	
Total Balance Due By 5:00 pm on Due Date		\$30.96
Total Balance Due After 5:00 pm on Late Date		\$40.96

PAST DUE AMOUNT OF \$5.00

SUBJECT TO IMMEDIATE DISCONNECT

*ACCOUNTS DISCONNECTED FOR NONPAYMENT WILL BE SUBJECT TO THE FOLLOWING PRIOR TO BEING RECONNECTED

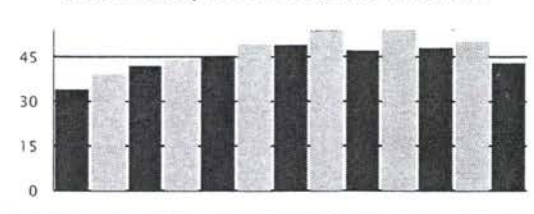
1. PAY ALL PAST DUE AMOUNTS
2. PAY CURRENT BILLING
3. PAY ALL SERVICE CHARGES
4. PAY INCREASED DEPOSIT

Compare Your Electricity Use (KWH)

This Month | Last Month | A Year Ago

43 | 50 | 34

Your Electricity Use Over the Past 13 Months



15 Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul 16



CENTRAL FLORIDA ELECTRIC COOPERATIVE, INC.

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

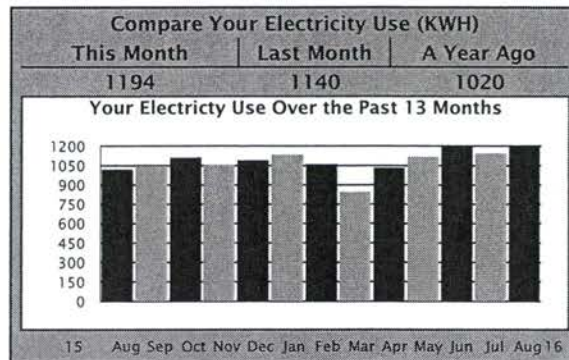
Cross City District Office
207 NE 210th Ave
(352) 498-7322
8am-5pm M-F

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.	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 Reading Dates		Number of Days	Meter Readings		KWH Used	Multiplier	Rate Code
	From	To		Previous	Present			
14602012	07/11/2016	08/12/2016	32	52638	53832	1194	1	GSND3-5

Previous Balance		\$177.96
Payments		
Payment -- Thank You	(\$177.96)	
		(\$177.96)
Balance Before Current Charges		\$0.00
Current Charges		
Facilities Charge 32 Days @ \$1.50	\$48.00	
Energy Charges		
1000 kWh @ \$0.113	\$113.00	
194 kWh @ \$0.136	\$26.38	
Wholesale power cost adjustment -.013000	(\$15.52)	
Sales Tax - Local Option	\$1.77	
Gross Receipts Tax	\$4.40	
Sales GR Tax	\$12.26	
Total Current Charges		\$190.29
Total Balance Due By 5:00 pm on Due Date		\$190.29
Total Balance Due After 5:00 pm on Late Date		\$200.29



CFEC is an equal opportunity provider and employer.

Please detach and return the portion below with your payment. Please do not staple or paperclip.



CENTRAL FLORIDA ELECTRIC COOPERATIVE, INC.

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

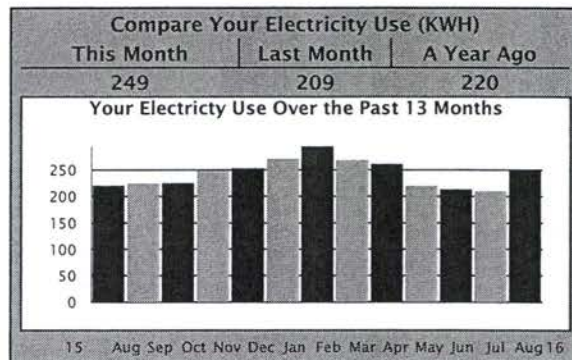
Cross City District Office
207 NE 210th Ave
(352) 498-7322
8am-5pm M-F

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

Previous Balance	\$71.32
Payments	
Payment -- Thank You	(\$71.32)
	(\$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 adjustment -.013000	(\$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



CFEC is an equal opportunity provider and employer.

Please detach and return the portion below with your payment. Please do not staple or paperclip.



CENTRAL FLORIDA ELECTRIC COOPERATIVE, INC.

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

Previous Balance \$190.63

Payments
Payment -- Thank You (\$190.63) (\$190.63)

Balance Before Current Charges \$0.00

Current Charges

Facilities Charge 32 Days @ \$1.50 \$48.00

Energy Charges

1000 kWh @ \$0.113 \$113.00

191 kWh @ \$0.136 \$25.98

Wholesale power cost adjustment -.013000 (\$15.48)

Sales Tax - Local Option \$1.76

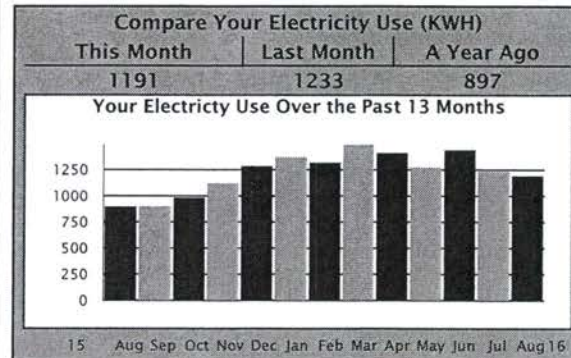
Gross Receipts Tax \$4.40

Sales GR Tax \$12.24

Total Current Charges \$189.90

Total Balance Due By 5:00 pm on Due Date \$189.90

Total Balance Due After 5:00 pm on Late Date \$199.90



CFEC is an equal opportunity provider and employer.

Please detach and return the portion below with your payment. Please do not staple or paperclip.



CENTRAL FLORIDA ELECTRIC COOPERATIVE, INC.

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

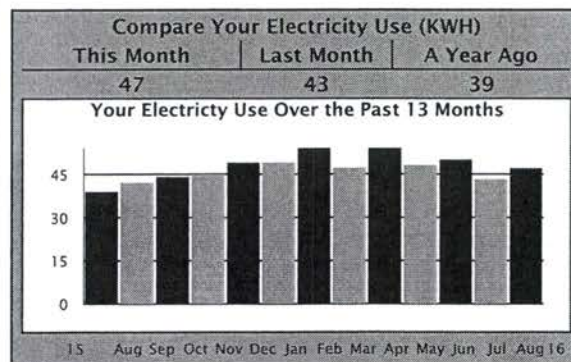
Other Payment Locations
Drummond Community Banks
Chiefland, Cedar Key, Trenton, Old Town, Cross City, Williston,
Williston Drive-Thru, Inglis Bronson, and Archer
Lafayette State Bank
Bell

Consumer Name	HIDEAWAY INC	Statement Id.	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 Days	Meter Readings		KWH Used	Multiplier	Rate Code
	From	To		Previous	Present			
42805136	07/11/2016	08/12/2016	32	56274	56321	47	1	GSND1-5

Previous Balance	\$30.96
Payments	
Payment -- Thank You	(\$30.46)
	(\$30.46)
Balance Before Current Charges	\$0.50
Current Charges	
Facilities Charge 32 Days @ \$0.80	\$25.60
Energy Charges	
47 kWh @ \$0.113	\$5.31
Wholesale power cost adjustment -.013000	(\$0.61)
Sales Tax - Local Option	\$0.32
Gross Receipts Tax	\$0.78
Sales GR Tax	\$2.17
Total Current Charges	\$33.57
Past Due Amount	\$5.00
Total Balance Due By 5:00 pm on Due Date	\$34.07
Total Balance Due After 5:00 pm on Late Date	\$44.07

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



CFEC is an equal opportunity provider and employer.

Please detach and return the portion below with your payment. Please do not staple or paperclip.



CENTRAL FLORIDA ELECTRIC COOPERATIVE, INC.

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

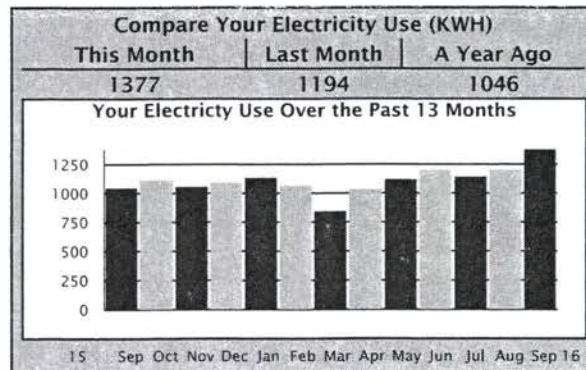
Other Payment Locations

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.	4530090	Bill Date	09/15/2016
Account Number	207054727	Account Location	4-2-543	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 Days	Meter Readings		KWH Used	Multiplier	Rate Code
	From	To		Previous	Present			
14602012	08/12/2016	09/13/2016	32	53832	55209	1377	1	GSND3-5

Previous Balance	\$190.29
Payments	
Payment -- Thank You	(\$190.29)
	(\$190.29)
Balance Before Current Charges	\$0.00
Current Charges	
Facilities Charge 32 Days @ \$1.50	\$48.00
Energy Charges	
1000 kWh @ \$0.113	\$113.00
377 kWh @ \$0.136	\$51.27
Wholesale power cost adjustment -.013000	(\$17.90)
Sales Tax - Local Option	\$2.00
Gross Receipts Tax	\$4.98
Sales GR Tax	\$13.87
Total Current Charges	\$215.22
Total Balance Due By 5:00 pm on Due Date	\$215.22
Total Balance Due After 5:00 pm on Late Date	\$225.98



CFEC is an equal opportunity provider and employer.

Please detach and return the portion below with your payment. Please do not staple or paperclip.



CENTRAL FLORIDA ELECTRIC COOPERATIVE, INC.
 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

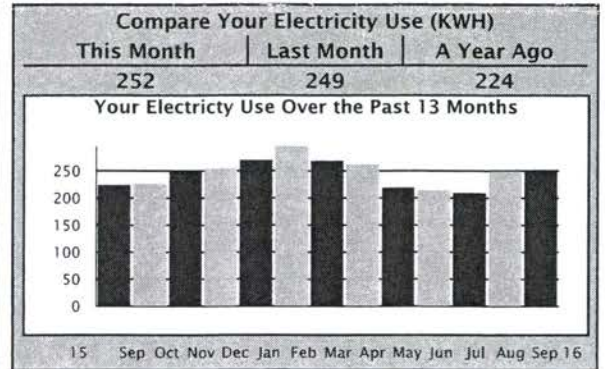
Cross City District Office
 207 NE 210th Ave
 (352) 498-7322
 8am-5pm M-F

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.	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 Days	Meter Readings		KWH Used	Multiplier	Rate Code
	From	To		Previous	Present			
14601926	08/12/2016	09/13/2016	32	4220	4472	252	1	GSND3-5

Previous Balance	\$80.73
Payments	
Payment -- Thank You	(\$80.73)
	(\$80.73)
Balance Before Current Charges	\$0.00
Current Charges	
Facilities Charge 32 Days @ \$1.50	\$48.00
Energy Charges	
252 kWh @ \$0.113	\$28.48
Wholesale power cost adjustment -.013000	(\$3.28)
Sales Tax - Local Option	\$0.76
Gross Receipts Tax	\$1.88
Sales GR Tax	\$5.23
Total Current Charges	\$81.07
Total Balance Due By 5:00 pm on Due Date	\$81.07
Total Balance Due After 5:00 pm on Late Date	\$91.07



CFEC is an equal opportunity provider and employer.

Please detach and return the portion below with your payment. Please do not staple or paperclip.



CENTRAL FLORIDA ELECTRIC COOPERATIVE, INC.

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

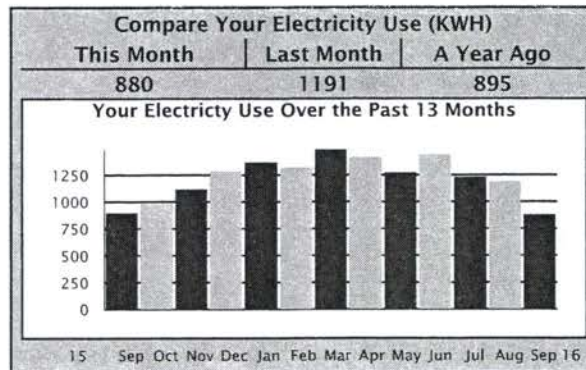
Other Payment Locations

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.	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 Days	Meter Readings		KWH Used	Multiplier	Rate Code
	From	To		Previous	Present			
14953104	08/12/2016	09/13/2016	32	54858	55738	880	1	GSND3-5

Previous Balance	\$189.90
Payments	
Payment -- Thank You	(\$189.90)
	(\$189.90)
Balance Before Current Charges	\$0.00
Current Charges	
Facilities Charge 32 Days @ \$1.50	\$48.00
Energy Charges	
880 kWh @ \$0.113	\$99.44
Wholesale power cost adjustment -.013000	(\$11.44)
Sales Tax - Local Option	\$1.40
Gross Receipts Tax	\$3.49
Sales GR Tax	\$9.70
Total Current Charges	\$150.59
Total Balance Due By 5:00 pm on Due Date	\$150.59
Total Balance Due After 5:00 pm on Late Date	\$160.59



CFEC is an equal opportunity provider and employer.

Please detach and return the portion below with your payment. Please do not staple or paperclip.



CENTRAL FLORIDA ELECTRIC COOPERATIVE, INC.

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

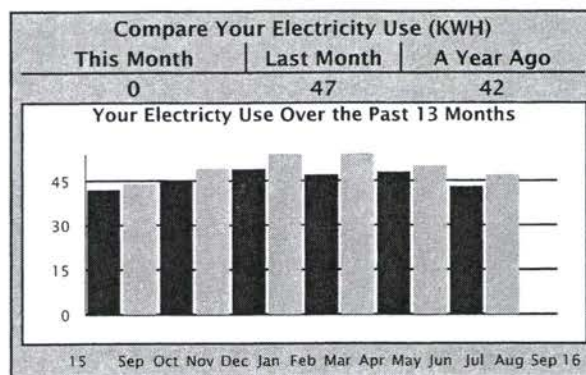
Consumer Name	HIDEAWAY INC	Statement Id.	4530089	Bill Date	09/15/2016
Account Number	3266992746	Account Location	4-1-421	Due Date	09/30/2016
Map Number	F500-025J-0002	Cycle	10 SPC N	Late Date	10/05/2016
Service Address	11084 NW 112TH PL	Service Description	SEWER PLANT	Cutoff Date	10/13/2016

Meter Number	Meter Reading Dates		Number of Days	Meter Readings		KWH Used	Multiplier	Rate Code
	From	To		Previous	Present			
42805136	08/12/2016	09/13/2016	32	56321	56321	0	1	GSND1-5

Previous Balance		\$34.07
Payments		
Payment -- Thank You	(\$33.57)	(\$33.57)
Balance Before Current Charges		\$0.50
Current Charges		
Facilities Charge 32 Days @ \$0.80	\$25.60	
Energy Charges		
Sales Tax - Local Option	\$0.27	
Gross Receipts Tax	\$0.66	
Sales GR Tax	\$1.84	
Total Current Charges		\$28.37
Past Due Amount	\$5.50	
Total Balance Due By 5:00 pm on Due Date		\$28.87
Total Balance Due After 5:00 pm on Late Date		\$38.87

**PAST DUE AMOUNT OF \$5.50
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



CFEC is an equal opportunity provider and employer.

Please detach and return the portion below with your payment. Please do not staple or paperclip.



CENTRAL FLORIDA ELECTRIC COOPERATIVE, INC.

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

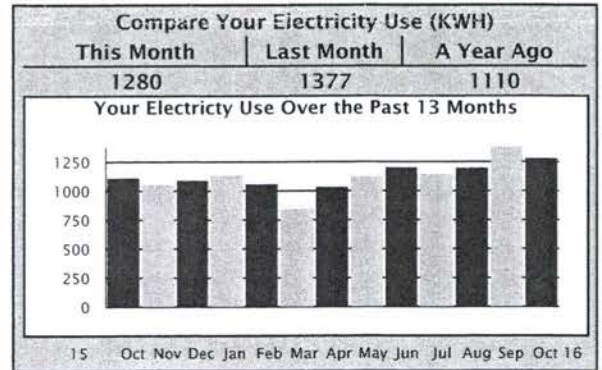
Cross City District Office
207 NE 210th Ave
(352) 498-7322
8am-5pm M-F

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.	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
Service Address	11210 NW 112TH TER	Service Description	SEWER PLANT	Cutoff Date	11/14/2016

Meter Number	Meter Reading Dates		Number of Days	Meter Readings		KWH Used	Multiplier	Rate Code
	From	To		Previous	Present			
14602012	09/13/2016	10/11/2016	28	55209	56489	1280	1	GSND3-5

Previous Balance	\$215.22
Payments	
Payment -- Thank You	(\$215.22)
	(\$215.22)
Balance Before Current Charges	\$0.00
Current Charges	
Facilities Charge 28 Days @ \$1.50	\$42.00
Energy Charges	
1000 kWh @ \$0.113	\$113.00
280 kWh @ \$0.136	\$38.08
Wholesale power cost adjustment -.013000	(\$16.64)
Sales Tax - Local Option	\$1.81
Gross Receipts Tax	\$4.52
Sales GR Tax	\$12.59
Total Current Charges	\$195.36
Total Balance Due By 5:00 pm on Due Date	\$195.36
Total Balance Due After 5:00 pm on Late Date	\$205.36



CFEC is an equal opportunity provider and employer.

Please detach and return the portion below with your payment. Please do not staple or paperclip.



CENTRAL FLORIDA ELECTRIC COOPERATIVE, INC.

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

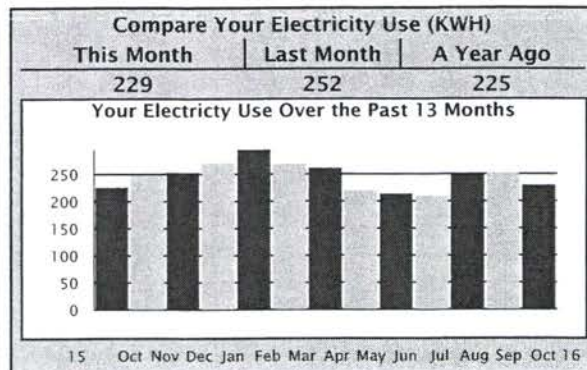
Other Payment Locations

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.	4570940	Bill Date	10/14/2016
Account Number	207054719	Account Location	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 Reading Dates		Number of Days	Meter Readings		KWH Used	Multiplier	Rate Code
	From	To		Previous	Present			
14601926	09/13/2016	10/11/2016	28	4472	4701	229	1	GSND3-5

Previous Balance	\$81.07
Payments	
Payment -- Thank You	(\$81.07)
	(\$81.07)
Balance Before Current Charges	\$0.00
Current Charges	
Facilities Charge 28 Days @ \$1.50	\$42.00
Energy Charges	
229 kWh @ \$0.113	\$25.88
Wholesale power cost adjustment -.013000	(\$2.98)
Sales Tax - Local Option	\$0.67
Gross Receipts Tax	\$1.66
Sales GR Tax	\$4.64
Total Current Charges	\$71.87
Total Balance Due By 5:00 pm on Due Date	\$71.87
Total Balance Due After 5:00 pm on Late Date	\$81.87



CFEC is an equal opportunity provider and employer.

Please detach and return the portion below with your payment. Please do not staple or paperclip.



CENTRAL FLORIDA ELECTRIC COOPERATIVE, INC.

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

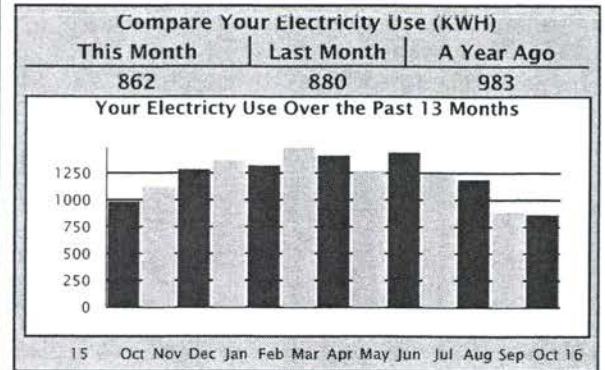
Cross City District Office
207 NE 210th Ave
(352) 498-7322
8am-5pm M-F

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.	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
Service Address	11261 NW 115TH AVE	Service Description	PUMP	Cutoff Date	11/14/2016

Meter Number	Meter Reading Dates		Number of Days	Meter Readings		KWH Used	Multiplier	Rate Code
	From	To		Previous	Present			
14953104	09/13/2016	10/11/2016	28	55738	56600	862	1	GSND3-5

Previous Balance		\$150.59
Payments		
Payment -- Thank You	(\$150.59)	
		(\$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 adjustment -.013000	(\$11.21)	
Sales Tax - Local Option	\$1.32	
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



CFEC is an equal opportunity provider and employer.

Please detach and return the portion below with your payment. Please do not staple or paperclip.



CENTRAL FLORIDA ELECTRIC COOPERATIVE, INC.

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

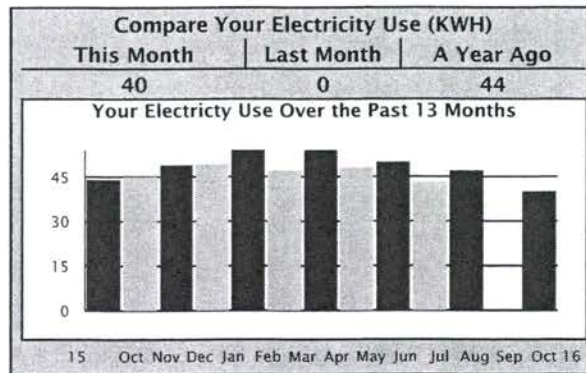
Consumer Name	HIDEAWAY INC	Statement Id.	4570939	Bill Date	10/14/2016
Account Number	3266992746	Account Location	4-1-421	Due Date	10/30/2016
Map Number	F500-025J-0002	Cycle	10	SPC	N
Service Address	11084 NW 112TH PL	Service Description	SEWER PLANT	Cutoff Date	11/14/2016

Meter Number	Meter Reading Dates		Number of Days	Meter Readings		KWH Used	Multiplier	Rate Code
	From	To		Previous	Present			
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

Previous Balance		\$28.87
Payments		
Payment -- Thank You	(\$28.37)	
		(\$28.37)
Balance Before Current Charges		\$0.50
Current Charges		
Facilities Charge 28 Days @ \$0.80	\$22.40	
Energy Charges		
40 kWh @ \$0.113	\$4.52	
Wholesale power cost adjustment -.013000	(\$0.52)	
Sales Tax - Local Option	\$0.28	
Gross Receipts Tax	\$0.68	
Sales GR Tax	\$1.89	
Total Current Charges		\$29.25
Past Due Amount	\$5.00	
Total Balance Due By 5:00 pm on Due Date		\$29.75
Total Balance Due After 5:00 pm on Late Date		\$39.75

**PAST DUE AMOUNT OF \$5.00
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



CFEC is an equal opportunity provider and employer.

Please detach and return the portion below with your payment. Please do not staple or paperclip.



CENTRAL FLORIDA ELECTRIC COOPERATIVE, INC.

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

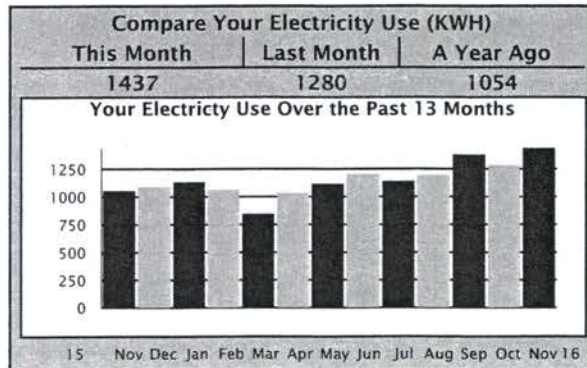
Cross City District Office
207 NE 210th Ave
(352) 498-7322
8am-5pm M-F

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.	4613537	Bill Date	11/15/2016
Account Number	207054727	Account Location	4-2-543	Due Date	11/30/2016
Map Number	F500-025J-0017	Cycle	10 SPC N	Late Date	12/05/2016
Service Address	11210 NW 112TH TER	Service Description	SEWER PLANT	Cutoff Date	12/13/2016

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

Previous Balance	\$195.36
Payments	
Payment -- Thank You	(\$195.36)
	(\$195.36)
Balance Before Current Charges	\$0.00
Current Charges	
Facilities Charge 32 Days @ \$1.50	\$48.00
Energy Charges	
1000 kWh @ \$0.113	\$113.00
437 kWh @ \$0.136	\$59.43
Wholesale power cost adjustment -.013000	(\$18.68)
Sales Tax - Local Option	\$2.07
Gross Receipts Tax	\$5.17
Sales GR Tax	\$14.39
Total Current Charges	\$223.38
Total Balance Due By 5:00 pm on Due Date	\$223.38
Total Balance Due After 5:00 pm on Late Date	\$234.55



CFEC is an equal opportunity provider and employer.

Please detach and return the portion below with your payment. Please do not staple or paperclip.



CENTRAL FLORIDA ELECTRIC COOPERATIVE, INC.

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.	4613538	Bill Date	11/15/2016
Account Number	207054719	Account Location	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 Reading Dates		Number of Days	Meter Readings		KWH Used	Multiplier	Rate Code
	From	To		Previous	Present			
14601926	10/11/2016	11/12/2016	32	4701	4957	256	1	GSND3-5

Previous Balance \$71.87

Payments

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 adjustment -.013000 (\$3.33)

Sales Tax - Local Option \$0.76

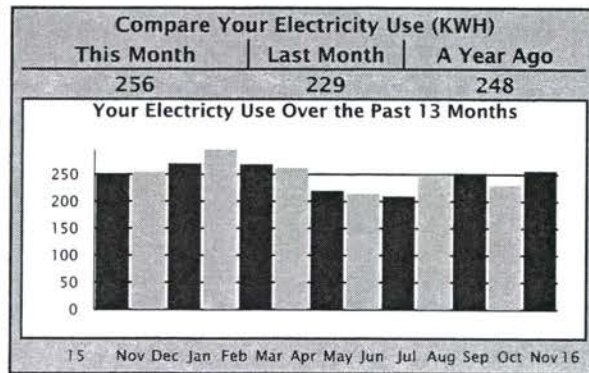
Gross Receipts Tax \$1.89

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



CFEC is an equal opportunity provider and employer.

Please detach and return the portion below with your payment. Please do not staple or paperclip.



CENTRAL FLORIDA ELECTRIC COOPERATIVE, INC.

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

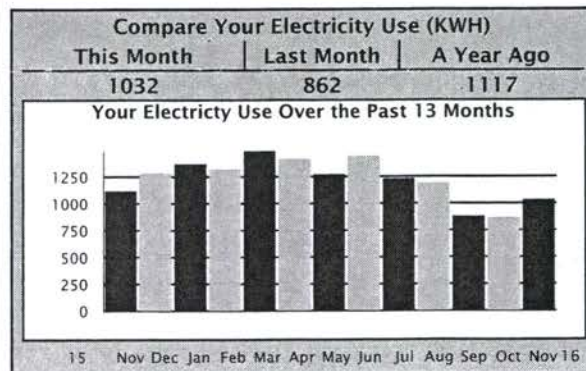
Cross City District Office
207 NE 210th Ave
(352) 498-7322
8am-5pm M-F

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.	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 Days	Meter Readings		KWH Used	Multiplier	Rate Code
	From	To		Previous	Present			
14953104	10/11/2016	11/12/2016	32	56600	57632	1032	1	GSND3-5

Previous Balance	\$141.95
Payments	
Payment -- Thank You	(\$141.95)
	(\$141.95)
Balance Before Current Charges	\$0.00
Current Charges	
Facilities Charge 32 Days @ \$1.50	\$48.00
Energy Charges	
1000 kWh @ \$0.113	\$113.00
32 kWh @ \$0.136	\$4.35
Wholesale power cost adjustment -.013000	(\$13.42)
Sales Tax - Local Option	\$1.56
Gross Receipts Tax	\$3.89
Sales GR Tax	\$10.84
Total Current Charges	\$168.22
Total Balance Due By 5:00 pm on Due Date	\$168.22
Total Balance Due After 5:00 pm on Late Date	\$178.22



CFEC is an equal opportunity provider and employer.

Please detach and return the portion below with your payment. Please do not staple or paperclip.



CENTRAL FLORIDA ELECTRIC COOPERATIVE, INC.

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

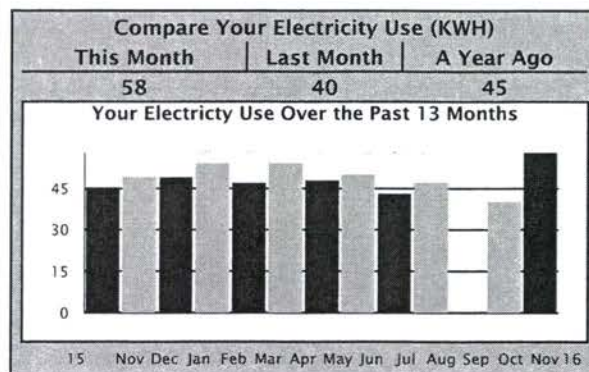
Consumer Name	HIDEAWAY INC	Statement Id.	4613536	Bill Date	11/15/2016
Account Number	3266992746	Account Location	4-1-421	Due Date	11/30/2016
Map Number	F500-025J-0002	Cycle	10	SPC	N
Service Address	11084 NW 112TH PL	Service Description	SEWER PLANT	Cutoff Date	12/13/2016

Meter Number	Meter Reading Dates		Number of Days	Meter Readings		KWH Used	Multiplier	Rate Code
	From	To		Previous	Present			
134664644	10/11/2016	11/12/2016	32	40	98	58	1	GSND1-5

Previous Balance		\$29.75
Payments		
Payment -- Thank You	(\$29.25)	(\$29.25)
Balance Before Current Charges		\$0.50
Current Charges		
Facilities Charge 32 Days @ \$0.80	\$25.60	
Energy Charges		
58 kWh @ \$0.113	\$6.55	
Wholesale power cost adjustment -.013000	(\$0.75)	
Sales Tax - Local Option	\$0.33	
Gross Receipts Tax	\$0.80	
Sales GR Tax	\$2.25	
Total Current Charges		\$34.78
Past Due Amount	\$5.00	
Total Balance Due By 5:00 pm on Due Date		\$35.28
Total Balance Due After 5:00 pm on Late Date		\$45.28

**PAST DUE AMOUNT OF \$5.00
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



CFEC is an equal opportunity provider and employer.

Please detach and return the portion below with your payment. Please do not staple or paperclip.



CENTRAL FLORIDA ELECTRIC COOPERATIVE, INC.

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

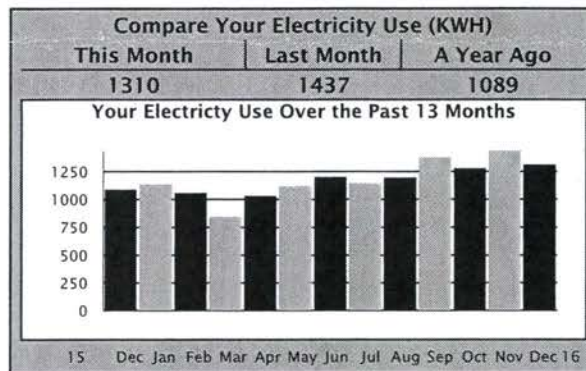
Cross City District Office
207 NE 210th Ave
(352) 498-7322
8am-5pm M-F

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

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

Previous Balance	\$223.38
Payments	
Payment -- Thank You	(223.38)
	(\$223.38)
Balance Before Current Charges	\$0.00
Current Charges	
Facilities Charge 30 Days @ \$1.50	\$45.00
Energy Charges	
1000 kWh @ \$0.113	\$113.00
310 kWh @ \$0.136	\$42.16
Wholesale power cost adjustment -.013000	(\$17.03)
Sales Tax - Local Option	\$1.88
Gross Receipts Tax	\$4.69
Sales GR Tax	\$13.07
Total Current Charges	\$202.77
Total Balance Due By 5:00 pm on Due Date	\$202.77
Total Balance Due After 5:00 pm on Late Date	\$212.91



CFEC is an equal opportunity provider and employer.

Please detach and return the portion below with your payment. Please do not staple or paperclip.



CENTRAL FLORIDA ELECTRIC COOPERATIVE, INC.

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

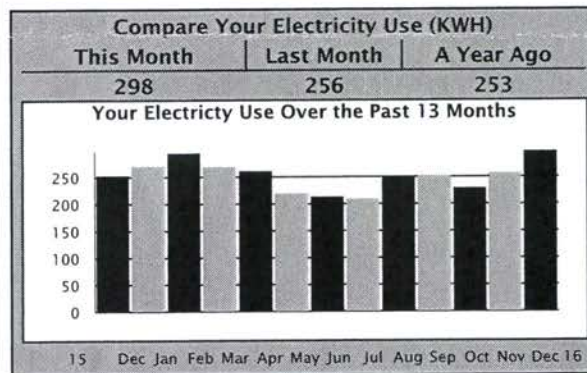
Cross City District Office
207 NE 210th Ave
(352) 498-7322
8am-5pm M-F

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.	4658667	Bill Date	12/15/2016
Account Number	207054719	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		Number of Days	Meter Readings		KWH Used	Multiplier	Rate Code
	From	To		Previous	Present			
14601926	11/12/2016	12/12/2016	30	4957	5255	298	1	GSND3-5

Previous Balance		\$81.51
Payments		
Payment -- Thank You	(\$81.51)	(\$81.51)
Balance Before Current Charges		\$0.00
Current Charges		
Facilities Charge 30 Days @ \$1.50	\$45.00	
Energy Charges		
298 kWh @ \$0.113	\$33.67	
Wholesale power cost adjustment -.013000	(\$3.87)	
Sales Tax - Local Option	\$0.77	
Gross Receipts Tax	\$1.92	
Sales GR Tax	\$5.34	
Total Current Charges		\$82.83
Total Balance Due By 5:00 pm on Due Date		\$82.83
Total Balance Due After 5:00 pm on Late Date		\$92.83



CFEC is an equal opportunity provider and employer.

Please detach and return the portion below with your payment. Please do not staple or paperclip.



CENTRAL FLORIDA ELECTRIC COOPERATIVE, INC.

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.	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
Service Address	11261 NW 115TH AVE	Service Description	PUMP	Cutoff Date	01/12/2017

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

Previous Balance Payments

Payment -- Thank You (\$168.22) (\$168.22)

Balance Before Current Charges \$0.00

Current Charges

Facilities Charge 30 Days @ \$1.50 \$45.00

Energy Charges 978 kWh @ \$0.113 \$110.51

Wholesale power cost adjustment -.013000 (\$12.71)

Sales Tax - Local Option \$1.47

Gross Receipts Tax \$3.66

Sales GR Tax \$10.19

Total Current Charges \$158.12

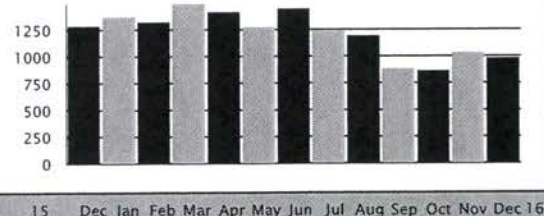
Total Balance Due By 5:00 pm on Due Date \$158.12

Total Balance Due After 5:00 pm on Late Date \$168.12

Compare Your Electricity Use (KWH)

This Month	Last Month	A Year Ago
978	1032	1282

Your Electricity Use Over the Past 13 Months



CFEC is an equal opportunity provider and employer.

Please detach and return the portion below with your payment. Please do not staple or paperclip.



CENTRAL FLORIDA ELECTRIC COOPERATIVE, INC.
 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

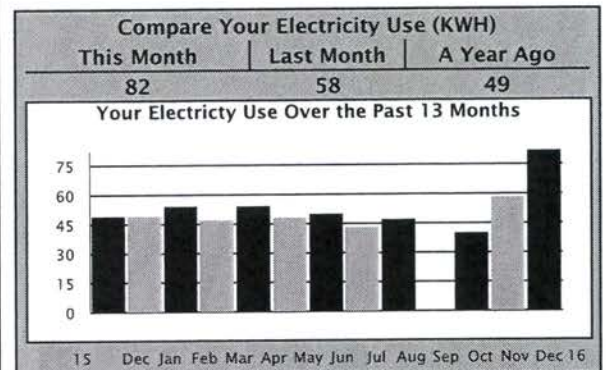
Consumer Name	HIDEAWAY INC	Statement Id.	4658665	Bill Date	12/15/2016
Account Number	3266992746	Account Location	4-1-421	Due Date	12/30/2016
Map Number	F500-025J-0002	Cycle	10	SPC	N
Service Address	11084 NW 112TH PL	Service Description	SEWER PLANT	Late Date	01/04/2017
				Cutoff Date	01/12/2017

Meter Number	Meter Reading Dates		Number of Days	Meter Readings		KWH Used	Multiplier	Rate Code
	From	To		Previous	Present			
134664644	11/12/2016	12/12/2016	30	98	180	82	1	GSND1-5

Previous Balance		\$35.28
Payments		
Payment -- Thank You	(\$34.78)	(\$34.78)
Balance Before Current Charges		\$0.50
Current Charges		
Facilities Charge 30 Days @ \$0.80	\$24.00	
Energy Charges		
82 kWh @ \$0.113	\$9.27	
Wholesale power cost adjustment -.013000	(\$1.07)	
Sales Tax - Local Option	\$0.34	
Gross Receipts Tax	\$0.83	
Sales GR Tax	\$2.30	
Total Current Charges		\$35.67
Past Due Amount	\$5.00	
Total Balance Due By 5:00 pm on Due Date		\$36.17
Total Balance Due After 5:00 pm on Late Date		\$46.17

PAST DUE AMOUNT OF \$5.00
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



CFEC is an equal opportunity provider and employer.

Please detach and return the portion below with your payment. Please do not staple or paperclip.



CENTRAL FLORIDA ELECTRIC COOPERATIVE, INC.

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

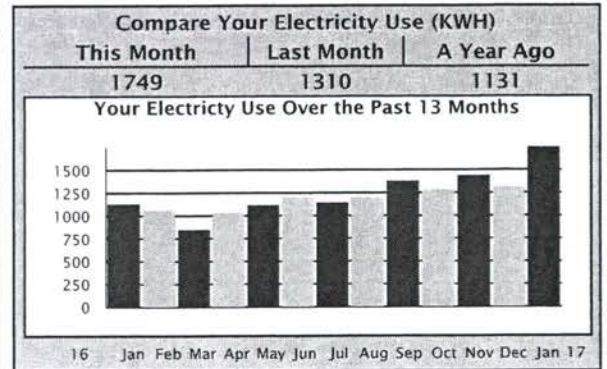
Cross City District Office
207 NE 210th Ave
(352) 498-7322
8am-5pm M-F

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.	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	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 Days	Meter Readings		KWH Used	Multiplier	Rate Code
	From	To		Previous	Present			
14602012	12/12/2016	01/12/2017	31	59236	60985	1749	1	GSND3-5

Previous Balance		\$202.77
Payments		
Payment -- Thank You	(\$202.77)	(\$202.77)
Balance Before Current Charges		\$0.00
Current Charges		
Facilities Charge 31 Days @ \$1.50	\$46.50	
Energy Charges		
1000 kWh @ \$0.098	\$98.00	
749 kWh @ \$0.124	\$92.88	
Wholesale power cost adjustment -.005500	(\$9.62)	
Sales Tax - Local Option	\$2.34	
Gross Receipts Tax	\$5.84	
Sales GR Tax	\$16.25	
Total Current Charges		\$252.19
Total Balance Due By 5:00 pm on Due Date		\$252.19
Total Balance Due After 5:00 pm on Late Date		\$264.80



CFEC is an equal opportunity provider and employer.

Please detach and return the portion below with your payment. Please do not staple or paperclip.



CENTRAL FLORIDA ELECTRIC COOPERATIVE, INC.
 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

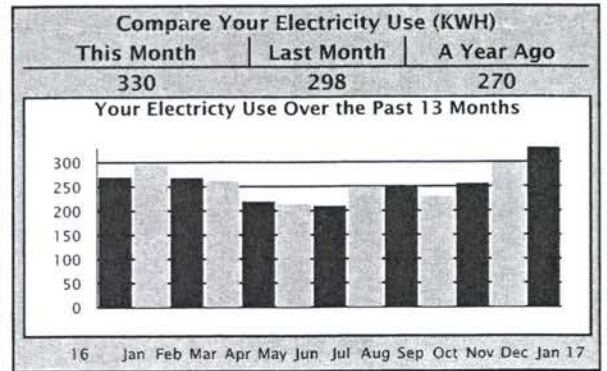
Cross City District Office
 207 NE 210th Ave
 (352) 498-7322
 8am-5pm M-F

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.	4695519	Bill Date	01/12/2017
Account Number	207054719	Account Location	4-2-552	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 Days	Meter Readings		KWH Used	Multiplier	Rate Code
	From	To		Previous	Present			
14601926	12/12/2016	01/12/2017	31	5255	5585	330	1	GSND3-5

Previous Balance		\$82.83
Payments		
Payment -- Thank You	(\$82.83)	(\$82.83)
Balance Before Current Charges		\$0.00
Current Charges		
Facilities Charge 31 Days @ \$1.50	\$46.50	
Energy Charges		
330 kWh @ \$0.098	\$32.34	
Wholesale power cost adjustment -.005500	(\$1.82)	
Sales Tax - Local Option	\$0.79	
Gross Receipts Tax	\$1.97	
Sales GR Tax	\$5.50	
Total Current Charges		\$85.28
Total Balance Due By 5:00 pm on Due Date		\$85.28
Total Balance Due After 5:00 pm on Late Date		\$95.28



CFEC is an equal opportunity provider and employer.

Please detach and return the portion below with your payment. Please do not staple or paperclip.



CENTRAL FLORIDA ELECTRIC COOPERATIVE, INC.

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

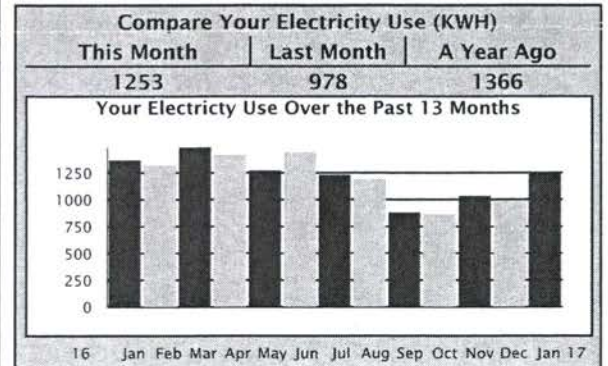
Other Payment Locations

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.	4695516	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
Service Address	11261 NW 115TH AVE	Service Description	PUMP	Cutoff Date	02/14/2017

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

Previous Balance	\$158.12
Payments	
Payment -- Thank You	(\$158.12)
	(\$158.12)
Balance Before Current Charges	\$0.00
Current Charges	
Facilities Charge 31 Days @ \$1.50	\$46.50
Energy Charges	
1000 kWh @ \$0.098	\$98.00
253 kWh @ \$0.124	\$31.37
Wholesale power cost adjustment -.005500	(\$6.89)
Sales Tax - Local Option	\$1.74
Gross Receipts Tax	\$4.33
Sales GR Tax	\$12.05
Total Current Charges	\$187.10
Total Balance Due By 5:00 pm on Due Date	\$187.10
Total Balance Due After 5:00 pm on Late Date	\$197.10



CFEC is an equal opportunity provider and employer.

Please detach and return the portion below with your payment. Please do not staple or paperclip.



CENTRAL FLORIDA ELECTRIC COOPERATIVE, INC.

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.	4695517	Bill Date	01/12/2017
Account Number	3266992746	Account Location	4-1-421	Due Date	01/30/2017
Map Number	F500-025J-0002	Cycle	10	SPC	N
Service Address	11084 NW 112TH PL	Service Description	SEWER PLANT	Late Date	02/06/2017
				Cutoff Date	02/14/2017

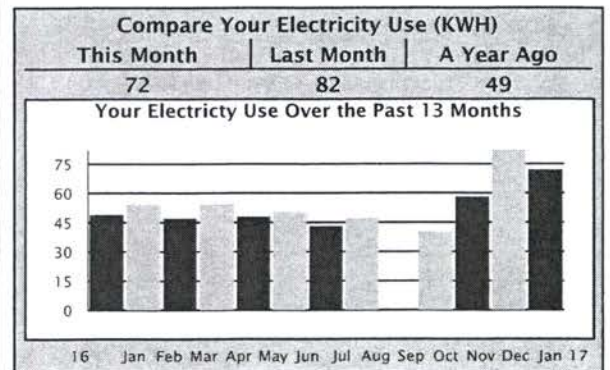
Meter Number	Meter Reading Dates		Number of Days	Meter Readings		KWH Used	Multiplier	Rate Code
	From	To		Previous	Present			
134664644	12/12/2016	01/12/2017	31	180	252	72	1	GSND1-5

Previous Balance		\$36.17
Payments		
Payment -- Thank You	(\$35.67)	
		(\$35.67)
Balance Before Current Charges		\$0.50
Current Charges		
Facilities Charge 31 Days @ \$0.95	\$29.45	
Energy Charges		
72 kWh @ \$0.098	\$7.06	
Wholesale power cost adjustment -.005500	(\$0.40)	
Sales Tax - Local Option	\$0.38	
Gross Receipts Tax	\$0.93	
Sales GR Tax	\$2.59	
Total Current Charges		\$40.01
Past Due Amount	\$.50	
Total Balance Due By 5:00 pm on Due Date		\$40.51
Total Balance Due After 5:00 pm on Late Date		\$50.51

PAST DUE AMOUNT OF \$0.50

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



CFEC is an equal opportunity provider and employer.

Please detach and return the portion below with your payment. Please do not staple or paperclip.



CENTRAL FLORIDA ELECTRIC COOPERATIVE, INC.

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

Previous Balance

\$252.19

Payments

Payment -- Thank You

(\$252.19)

(\$252.19)

Balance Before Current Charges

\$0.00

Current Charges

Facilities Charge 30 Days @ \$1.50

\$45.00

Energy Charges

1000 kWh @ \$0.098

\$98.00

724 kWh @ \$0.124

\$89.78

Wholesale power cost adjustment -.005500

(\$9.48)

Sales Tax - Local Option

\$2.30

Gross Receipts Tax

\$5.72

Sales GR Tax

\$15.93

Total Current Charges

\$247.25

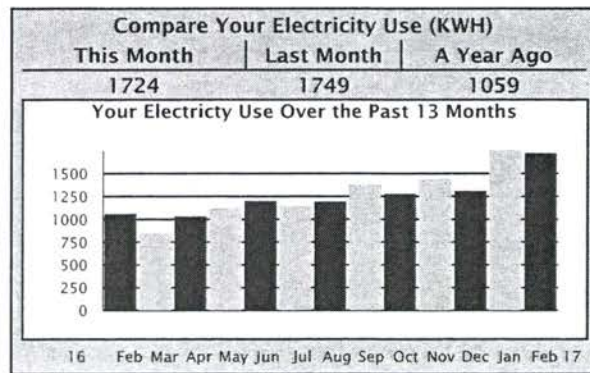
Total Balance Due By 5:00 pm on Due Date

\$247.25

Total Balance Due After 5:00 pm on Late Date

\$259.61

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



CFEC is an equal opportunity provider and employer.

Please detach and return the portion below with your payment. Please do not staple or paperclip.



CENTRAL FLORIDA ELECTRIC COOPERATIVE, INC.

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

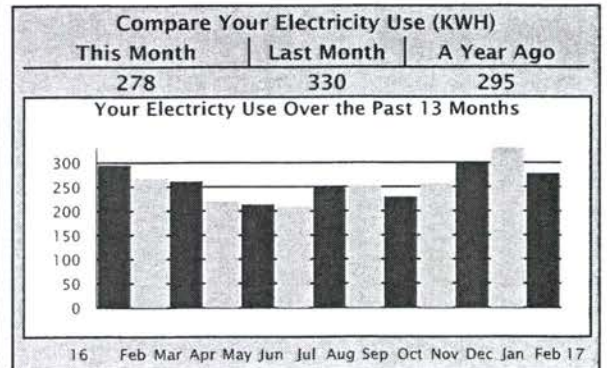
Other Payment Locations
Drummond Community Banks
Chiefland, Cedar Key, Trenton, Old Town, Cross City, Williston,
Williston Drive-Thru, Inglis Bronson, and Archer
Lafayette State Bank
Bell

Consumer Name	HIDEAWAY INC	Statement Id.	4739538	Bill Date	02/13/2017
Account Number	207054719	Account Location	4-2-552	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 Reading Dates		Number of Days	Meter Readings		KWH Used	Multiplier	Rate Code
	From	To		Previous	Present			
14601926	01/12/2017	02/11/2017	30	5585	5863	278	1	GSND3-5

Previous Balance	\$85.28
Payments	
Payment -- Thank You	(\$85.28)
	(\$85.28)
Balance Before Current Charges	\$0.00
Current Charges	
Facilities Charge 30 Days @ \$1.50	\$45.00
Energy Charges	
278 kWh @ \$0.098	\$27.24
Wholesale power cost adjustment -.005500	(\$1.53)
Sales Tax - Local Option	\$0.73
Gross Receipts Tax	\$1.81
Sales GR Tax	\$5.05
Total Current Charges	\$78.30
Total Balance Due By 5:00 pm on Due Date	\$78.30
Total Balance Due After 5:00 pm on Late Date	\$88.30

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



CFEC is an equal opportunity provider and employer.

Please detach and return the portion below with your payment. Please do not staple or paperclip.



CENTRAL FLORIDA ELECTRIC COOPERATIVE, INC.
 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

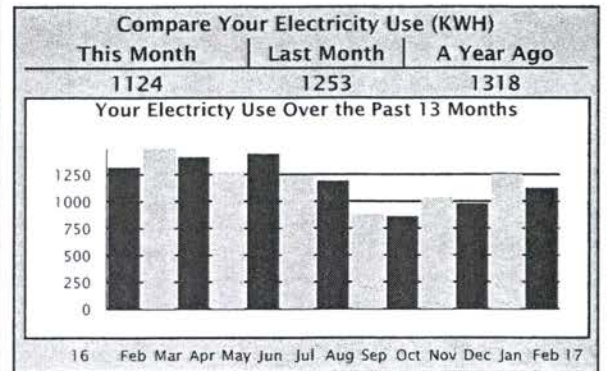
Other Payment Locations
Drummond Community Banks
 Chiefland, Cedar Key, Trenton, Old Town, Cross City, Williston,
 Williston Drive-Thru, Inglis Bronson, and Archer
Lafayette State Bank
 Bell

Consumer Name	HIDEAWAY INC	Statement Id.	4739535	Bill Date	02/13/2017
Account Number	207054701	Account Location	4-2-469	Due Date	02/28/2017
Map Number	F500-025H-0005	Cycle	10	SPC	N
Service Address	11261 NW 115TH AVE	Service Description	PUMP	Late Date	03/06/2017
				Cutoff Date	03/14/2017

Meter Number	Meter Reading Dates		Number of Days	Meter Readings		KWH Used	Multiplier	Rate Code
	From	To		Previous	Present			
14953104	01/12/2017	02/11/2017	30	59863	60987	1124	1	GSND3-5

Previous Balance		\$187.10
Payments		
Payment -- Thank You	(\$187.10)	
		(\$187.10)
Balance Before Current Charges		\$0.00
Current Charges		
Facilities Charge 30 Days @ \$1.50	\$45.00	
Energy Charges		
1000 kWh @ \$0.098	\$98.00	
124 kWh @ \$0.124	\$15.38	
Wholesale power cost adjustment -.005500	(\$6.18)	
Sales Tax - Local Option	\$1.57	
Gross Receipts Tax	\$3.90	
Sales GR Tax	\$10.86	
Total Current Charges		\$168.53
Total Balance Due By 5:00 pm on Due Date		\$168.53
Total Balance Due After 5:00 pm on Late Date		\$178.53

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



CFEC is an equal opportunity provider and employer.

Please detach and return the portion below with your payment. Please do not staple or paperclip.



CENTRAL FLORIDA ELECTRIC COOPERATIVE, INC.

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.	4739536	Bill Date	02/13/2017
Account Number	3266992746	Account Location	4-1-421	Due Date	02/28/2017
Map Number	F500-025J-0002	Cycle	10	SPC	N
Service Address	11084 NW 112TH PL	Service Description	SEWER PLANT	Cutoff Date	03/14/2017

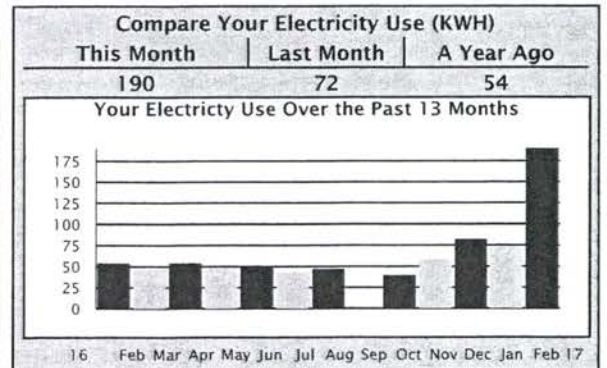
Meter Number	Meter Reading Dates		Number of Days	Meter Readings		KWH Used	Multiplier	Rate Code
	From	To		Previous	Present			
134664644	01/12/2017	02/11/2017	30	252	442	190	1	GSND1-5

Previous Balance		\$40.51
Payments		
Payment -- Thank You	(\$40.01)	(\$40.01)
Balance Before Current Charges		\$0.50
Current Charges		
Facilities Charge 30 Days @ \$0.95	\$28.50	
Energy Charges		
190 kWh @ \$0.098	\$18.62	
Wholesale power cost adjustment -.005500	(\$1.05)	
Sales Tax - Local Option	\$0.48	
Gross Receipts Tax	\$1.18	
Sales GR Tax	\$3.29	
Total Current Charges		\$51.02
Past Due Amount	\$50	
Total Balance Due By 5:00 pm on Due Date		\$51.52
Total Balance Due After 5:00 pm on Late Date		\$61.52

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

**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



CFEC is an equal opportunity provider and employer.

Please detach and return the portion below with your payment. Please do not staple or paperclip.



CENTRAL FLORIDA ELECTRIC COOPERATIVE, INC.

PO BOX 9, Chiefland, FL 32644-0009 (Mailing Address)
 11491 NW 50th Ave, Chiefland, FL 32626-3247 (Physical Address)
 (352) 493-2511 ~ (800) 227-1302
 WWW.CFEC.COM

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

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



0404440

		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 adjustment -.005500	(11.07)		
	Gross Receipts Tax	6.56		
	Sales GR Tax	18.26		
	Sales Tax - Local Option	2.63		
	Total Current Electric	283.49		283.49

CFEC is an equal opportunity provider and employer.

Please detach and return the portion below with your payment. Please do not staple or paperclip.



CENTRAL FLORIDA ELECTRIC COOPERATIVE, INC.

PO BOX 9, Chiefland, FL 32644-0009 (Mailing Address)
 11491 NW 50th Ave, Chiefland, FL 32626-3247 (Physical Address)
 (352) 493-2511 ~ (800) 227-1302
 WWW.CFEC.COM

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

Meter Number	Meter Reading Dates		Number of Days	Meter Readings		KWH Used	Multiplier	Rate Code
	From	To		Previous	Present			
14601926	02/11/2017	03/12/2017	29	5863	6139	276	1	GSND3-5



0204440

		Charges\ Adjustments	Payments\ Credits	Balance
Previous Balance				\$ 78.30
06-Mar-2017	Payment -- Thank You		78.30	0.00
15-Mar-2017	Electric			
	276 kWh @ \$0.098	27.05		
	Facilities Charge 29 Days @ \$1.50	43.50		
	Wholesale power cost adjustment -.005500	(1.52)		
	Gross Receipts Tax	1.77		
	Sales GR Tax	4.93		
	Sales Tax - Local Option	0.71		
	Total Current Electric	76.44		76.44

CFEC is an equal opportunity provider and employer.

Please detach and return the portion below with your payment. Please do not staple or paperclip.



CENTRAL FLORIDA ELECTRIC COOPERATIVE, INC.

PO BOX 9, Chiefland, FL 32644-0009 (Mailing Address)
 11491 NW 50th Ave, Chiefland, FL 32626-3247 (Physical Address)
 (352) 493-2511 ~ (800) 227-1302
 WWW.CFEC.COM

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

Meter Number	Meter Reading Dates		Number of Days	Meter Readings		KWH Used	Multiplier	Rate Code
	From	To		Previous	Present			
14953104	02/11/2017	03/12/2017	29	60987	62013	1026	1	GSND3-5



0304440

		Charges\ Adjustments	Payments\ Credits	Balance
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 adjustment -.005500	(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

CFEC is an equal opportunity provider and employer.

Please detach and return the portion below with your payment. Please do not staple or paperclip.



CENTRAL FLORIDA ELECTRIC COOPERATIVE, INC.

PO BOX 9, Chiefland, FL 32644-0009 (Mailing Address)
 11491 NW 50th Ave, Chiefland, FL 32626-3247 (Physical Address)
 (352) 493-2511 ~ (800) 227-1302
 WWW.CFEC.COM

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

Meter Number	Meter Reading Dates		Number of Days	Meter Readings		KWH Used	Multiplier	Rate Code
	From	To		Previous	Present			
134664644	02/11/2017	03/12/2017	29	442	574	132	1	GSND1-5



0104440

		Charges\ Adjustments	Payments\ Credits	Balance
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		
	Wholesale power cost adjustment -.005500	(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

CFEC is an equal opportunity provider and employer.

Please detach and return the portion below with your payment. Please do not staple or paperclip.



CENTRAL FLORIDA ELECTRIC COOPERATIVE, INC.

PO BOX 9, Chiefland, FL 32644-0009 (Mailing Address)
 11491 NW 50th Ave, Chiefland, FL 32626-3247 (Physical Address)
 (352) 493-2511 ~ (800) 227-1302
 WWW.CFEC.COM

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 Reading Dates		Number of Days	Meter Readings		KWH Used	Multiplier	Rate Code
	From	To		Previous	Present			
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					
	1000 kWh @ \$0.098		98.00			
	350 kWh @ \$0.124		43.40			
	Facilities Charge 31 Days @ \$1.50		46.50			
	Wholesale power cost adjustment -.005500		(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.

CFEC is an equal opportunity provider and employer.

Please detach and return the portion below with your payment. Please do not staple or paperclip.



CENTRAL FLORIDA ELECTRIC COOPERATIVE, INC.

PO BOX 9, Chiefland, FL 32644-0009 (Mailing Address)
 11491 NW 50th Ave, Chiefland, FL 32626-3247 (Physical Address)
 (352) 493-2511 ~ (800) 227-1302
 WWW.CFEC.COM

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 Reading Dates		Number of Days	Meter Readings		KWH Used	Multiplier	Rate Code
	From	To		Previous	Present			
134664644	03/12/2017	04/12/2017	31	574	651	77	1	GSND1-5



		Charges\ Adjustments	Payments\ Credits	Balance
Previous Balance				\$ 44.54
04/03/2017	Payment -- Thank You		44.54	0.00
04/13/2017	Electric			
	77 kWh @ \$0.098	7.55		
	Facilities Charge 31 Days @ \$0.95	29.45		
	Wholesale power cost adjustment -.005500	(0.42)		
	Gross Receipts Tax	0.94		
	Sales GR Tax	2.62		
	Sales Tax - Local Option	0.38		
	Total Current Electric	40.52		40.52

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

CFEC is an equal opportunity provider and employer.

Please detach and return the portion below with your payment. Please do not staple or paperclip.



CENTRAL FLORIDA ELECTRIC COOPERATIVE, INC.

PO BOX 9, Chiefland, FL 32644-0009 (Mailing Address)
 11491 NW 50th Ave, Chiefland, FL 32626-3247 (Physical Address)
 (352) 493-2511 ~ (800) 227-1302
 WWW.CFEC.COM

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 Reading Dates		Number of Days	Meter Readings		KWH Used	Multiplier	Rate Code
	From	To		Previous	Present			
14602012	03/12/2017	04/12/2017	31	64722	66978	2256	1	GSND3-5



		Charges\ Adjustments	Payments\ Credits	Balance
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 adjustment -.005500	(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.

CFEC is an equal opportunity provider and employer.

Please detach and return the portion below with your payment. Please do not staple or paperclip.



CENTRAL FLORIDA ELECTRIC COOPERATIVE, INC.

PO BOX 9, Chiefland, FL 32644-0009 (Mailing Address)
 11491 NW 50th Ave, Chiefland, FL 32626-3247 (Physical Address)
 (352) 493-2511 ~ (800) 227-1302
 WWW.CFEC.COM

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 Reading Dates		Number of Days	Meter Readings		KWH Used	Multiplier	Rate Code
	From	To		Previous	Present			
14601926	03/12/2017	04/12/2017	31	6139	6429	290	1	GSND3-5



	Charges\ Adjustments	Payments\ Credits	Balance
Previous Balance			\$ 76.44
04/03/2017 Payment -- Thank You		76.44	0.00
04/13/2017 Electric			
290 kWh @ \$0.098	28.42		
Facilities Charge 31 Days @ \$1.50	46.50		
Wholesale power cost adjustment -.005500	(1.60)		
Gross Receipts Tax	1.88		
Sales GR Tax	5.24		
Sales Tax - Local Option	0.76		
Total Current Electric	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.

CFEC is an equal opportunity provider and employer.

Please detach and return the portion below with your payment. Please do not staple or paperclip.



CENTRAL FLORIDA ELECTRIC COOPERATIVE, INC.

PO BOX 9, Chiefland, FL 32644-0009 (Mailing Address)
 11491 NW 50th Ave, Chiefland, FL 32626-3247 (Physical Address)
 (352) 493-2511 ~ (800) 227-1302
 WWW.CFEC.COM

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	207054727
Service Address	11210 NW 112TH TER

Statement Id.	4864571
Line & Pole Number	4-2-543
Service Description	SEWER PLANT

Meter Number	Meter Reading Dates		Number of Days	Meter Readings		KWH Used	Multiplier	Rate Code
	From	To		Previous	Present			
14602012	04/12/2017	05/12/2017	30	66978	69519	2541	1	GSND3-5



	Charges\ Adjustments	Payments\ Credits	Balance
Previous Balance			
05/05/2017 Late Fee			\$ 318.70
05/08/2017 Payment -- Thank You	15.94		334.64
05/15/2017 Electric		318.70	15.94
1000 kWh @ \$0.098	98.00		
1541 kWh @ \$0.124	191.08		
Facilities Charge 30 Days @ \$1.50	45.00		
Wholesale power cost adjustment -.005500	(13.98)		
Gross Receipts Tax	8.20		
Sales GR Tax	22.83		
Sales Tax - Local Option	3.29		
Total Current Electric	354.42		370.36



CENTRAL FLORIDA ELECTRIC COOPERATIVE, INC.

PO BOX 9, Chiefland, FL 32644-0009 (Mailing Address)
 11491 NW 50th Ave, Chiefland, FL 32626-3247 (Physical Address)
 (352) 493-2511 ~ (800) 227-1302
 WWW.CFEC.COM

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 Days	Meter Readings		KWH Used	Multiplier	Rate Code
	From	To		Previous	Present			
14601926	04/12/2017	05/12/2017	30	6429	6684	255	1	GSND3-5



		Charges\ Adjustments	Payments\ Credits	Balance
	Previous Balance			\$ 81.20
05/05/2017	Late Fee	10.00		91.20
05/08/2017	Payment -- Thank You		81.20	10.00
05/15/2017	Electric			
	255 kWh @ \$0.098	24.99		
	Facilities Charge 30 Days @ \$1.50	45.00		
	Wholesale power cost adjustment -.005500	(1.40)		
	Gross Receipts Tax	1.76		
	Sales GR Tax	4.90		
	Sales Tax - Local Option	0.71		
	Total Current Electric	75.96		85.96



CENTRAL FLORIDA ELECTRIC COOPERATIVE, INC.

PO BOX 9, Chiefland, FL 32644-0009 (Mailing Address)
 11491 NW 50th Ave, Chiefland, FL 32626-3247 (Physical Address)
 (352) 493-2511 ~ (800) 227-1302
 WWW.CFEC.COM

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 Reading Dates		Number of Days	Meter Readings		KWH Used	Multiplier	Rate Code
	From	To		Previous	Present			
14953104	04/12/2017	05/12/2017	30	63363	64781	1418	1	GSND3-5



		Charges\ Adjustments	Payments\ Credits	Balance
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 adjustment -.005500	(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



CENTRAL FLORIDA ELECTRIC COOPERATIVE, INC.

PO BOX 9, Chiefland, FL 32644-0009 (Mailing Address)
 11491 NW 50th Ave, Chiefland, FL 32626-3247 (Physical Address)
 (352) 493-2511 ~ (800) 227-1302
 WWW.CFEC.COM

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 Days	Meter Readings		KWH Used	Multiplier	Rate Code
	From	To		Previous	Present			
134664644	04/12/2017	05/12/2017	30	651	727	76	1	GSND1-5



		Charges\ Adjustments	Payments\ Credits	Balance
	Previous Balance			\$ 40.52
05/05/2017	Late Fee	10.00		50.52
05/08/2017	Payment -- Thank You		40.52	10.00
05/15/2017	Electric			
	76 kWh @ \$0.098	7.45		
	Facilities Charge 30 Days @ \$0.95	28.50		
	Wholesale power cost adjustment -.005500	(0.42)		
	Gross Receipts Tax	0.91		
	Sales GR Tax	2.54		
	Sales Tax - Local Option	0.37		
	Total Current Electric	39.35		49.35



CENTRAL FLORIDA ELECTRIC COOPERATIVE, INC.

PO BOX 9, Chiefland, FL 32644-0009 (Mailing Address)
 11491 NW 50th Ave, Chiefland, FL 32626-3247 (Physical Address)
 (352) 493-2511 ~ (800) 227-1302
 WWW.CFEC.COM

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

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



		Charges\ Adjustments	Payments\ Credits	Balance
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 adjustment -.005500	(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

CFEC is an equal opportunity provider and employer.

Please detach and return the portion below with your payment. Please do not staple or paperclip.



CENTRAL FLORIDA ELECTRIC COOPERATIVE, INC.

PO BOX 9, Chiefland, FL 32644-0009 (Mailing Address)
 11491 NW 50th Ave, Chiefland, FL 32626-3247 (Physical Address)
 (352) 493-2511 ~ (800) 227-1302
 WWW.CFEC.COM

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

Meter Number	Meter Reading Dates		Number of Days	Meter Readings		KWH Used	Multiplier	Rate Code
	From	To		Previous	Present			
14601926	05/12/2017	06/12/2017	31	6684	6959	275	1	GSND3-5



	Charges\ Adjustments	Payments\ Credits	Balance
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 adjustment -.005500	(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

CFEC is an equal opportunity provider and employer.

Please detach and return the portion below with your payment. Please do not staple or paperclip.



CENTRAL FLORIDA ELECTRIC COOPERATIVE, INC.

PO BOX 9, Chiefland, FL 32644-0009 (Mailing Address)
 11491 NW 50th Ave, Chiefland, FL 32626-3247 (Physical Address)
 (352) 493-2511 ~ (800) 227-1302
 WWW.CFEC.COM

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 Days	Meter Readings		KWH Used	Multiplier	Rate Code
	From	To		Previous	Present			
14953104	05/12/2017	06/12/2017	31	64781	66094	1313	1	GSND3-5



	Charges\ Adjustments	Payments\ Credits	Balance
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 adjustment -.005500	(7.22)		
Gross Receipts Tax	4.51		
Sales GR Tax	12.56		
Sales Tax - Local Option	1.81		
Total Current Electric	194.97		194.97

CFEC is an equal opportunity provider and employer.

Please detach and return the portion below with your payment. Please do not staple or paperclip.



CENTRAL FLORIDA ELECTRIC COOPERATIVE, INC.

PO BOX 9, Chiefland, FL 32644-0009 (Mailing Address)
 11491 NW 50th Ave, Chiefland, FL 32626-3247 (Physical Address)
 (352) 493-2511 ~ (800) 227-1302
 WWW.CFEC.COM

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 Days	Meter Readings		KWH Used	Multiplier	Rate Code
	From	To		Previous	Present			
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		
Facilities Charge 31 Days @ \$0.95	29.45		
Wholesale power cost adjustment -.005500	(0.40)		
Gross Receipts Tax	0.93		
Sales GR Tax	2.59		
Sales Tax - Local Option	0.38		
Total Current Electric	40.01		40.01

CFEC is an equal opportunity provider and employer.

Please detach and return the portion below with your payment. Please do not staple or separate.