

State of Florida



Public Service Commission

CAPITAL CIRCLE OFFICE CENTER • 2540 SHUMARD OAK BOULEVARD
TALLAHASSEE, FLORIDA 32399-0850

-M-E-M-O-R-A-N-D-U-M-

DATE: December 22, 2015
TO: Carlotta S. Stauffer, Commission Clerk, Office of Commission Clerk
FROM: Clayton Lewis, Engineering Specialist, Division of Engineering *CKL JS*
RE: Docket No. 150224-WU - Application for staff-assisted rate case in Polk County by Pinecrest Utilities, LLC.

Please file this Response to First Data Request- Monthly Operating Reports, in the above mentioned Docket File.

Thank you.

Terri Jones

From: Clayton Lewis
Sent: Tuesday, December 22, 2015 1:25 PM
To: Terri Jones
Cc: Robert Graves
Subject: Docket No. 150224 - Pinecrest Utility (MOR's for 2015)
Attachments: 2014.12.31.Water Report.pdf; 2015.01.31.Water Report.pdf; 2015.02.28.Water Report.pdf; 2015.03.31.Water Report.pdf; 2015.04.30.Water Report.pdf; 2015.05.31.Water Report.pdf; 2015.06.30.Water Report.pdf; 2015.07.31.Water Report.pdf; 2015.08.31.Water Report.pdf; 2015.09.30.Water Report.pdf; 2015.10.31.Water Report.pdf; 2015.11.30.Water Report.pdf

Please print and file the attached documents in Docket Mo. 150224.

Please title filing as "Response to First Data Request – MOR Data".

Thank you

From: Mike Smallridge [<mailto:utilityconsultant@yahoo.com>]
Sent: Tuesday, December 22, 2015 11:36 AM
To: Clayton Lewis
Subject: Fw: Pinecrest Utility MOR's for 2015

Dear Clayton, the attachements are the MOR's for Pinecrest as part of staff first data request.

On Tuesday, December 15, 2015 1:14 PM, On Behalf of Mike Smallridge <utilitymessage@yahoo.com> wrote:

Thank you,
Evelyn
Office: 727-937-3293
Fax: 727-940-2907
utilitymessage@yahoo.com

On Tuesday, December 15, 2015 1:06 PM, Daniel Walsh <danielwalsh23@yahoo.com> wrote:

Hi Mike,

Attached are the MOR's for Dec 2014 thru Nov 2015 for the PSC request

Dan

PLANT NAME:

Pinecrest WTP
(WATER REPORT)

Monitoring Period From: 12/01/14 To: 12/31/14

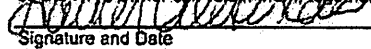
DAY	METER 1	METER 2	TRC	PH	TRC	PH	MULT.	1000	TOTAL
PREV	5,005	-	-	-	-	-	#REF!	#REF!	#REF!
1	5,020	-	2.5	-	1.9	-	15,000	-	15,000
2	-	-	-	-	-	-	16,000	-	16,000
3	5,052	-	1.8	-	1.0	-	16,000	-	16,000
4	-	-	-	-	-	-	11,500	-	11,500
5	5,075	-	1.7	-	1.0	-	11,500	-	11,500
6	-	-	-	-	-	-	18,667	-	18,667
7	-	-	-	-	-	-	18,667	-	18,667
8	5,131	-	1.0	-	0.6	-	18,667	-	18,667
9	-	-	-	-	-	-	17,000	-	17,000
10	5,165	-	0.5	-	0.2	-	17,000	-	17,000
11	-	-	-	-	-	-	16,500	-	16,500
12	5,198	-	1.0	-	0.6	-	16,500	-	16,500
13	-	-	-	-	-	-	17,333	-	17,333
14	-	-	-	-	-	-	17,333	-	17,333
15	5,250	-	0.5	-	0.3	-	17,333	-	17,333
16	-	-	-	-	-	-	22,000	-	22,000
17	5,294	-	0.4	-	0.2	-	22,000	-	22,000
18	-	-	-	-	-	-	23,500	-	23,500
19	5,341	-	3.4	-	3.0	-	23,500	-	23,500
20	-	-	-	-	-	-	14,667	-	14,667
21	-	-	-	-	-	-	14,667	-	14,667
22	5,385	-	2.5	-	1.9	-	14,667	-	14,667
23	-	-	-	-	-	-	12,500	-	12,500
24	5,410	-	1.7	-	1.2	-	12,500	-	12,500
25	-	-	-	-	-	-	24,000	-	24,000
26	5,458	-	1.8	-	1.3	-	24,000	-	24,000
27	-	-	-	-	-	-	20,667	-	20,667
28	-	-	-	-	-	-	20,667	-	20,667
29	5,520	-	1.5	-	1.1	-	20,667	-	20,667
30	-	-	-	-	-	-	19,500	-	19,500
31	5,559	-	1.4	-	1.0	-	19,500	-	19,500
			-	-	-	-	-	-	-
Total Flow			-	-	-	-	554,000	-	554,000
ADF			-	-	-	-	17,871	-	17,871
MAX			3.4	-	3.0	-	24,000	-	24,000
MIN			0.4	-	0.2	-	11,500	-	11,500

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

I. General Information for the Month/Year of:		Monitoring Period From: 12/01/14 To: 12/31/14		
A. Public Water System (PWS) Information				
PWS Name:	PINECREST RANCHES	PWS Identification Number:	6535079	
PWS Type:	Community Non-Transient Non-Community	Transient Non-Community	Consecutive	
Number of Service Connections at End of Month:	178	Total Population Served at End of Month:		
PWS Owner:	Mike Smallridge			
Contact Person :	Mike Smallridge	Contact Person's Title:	PRESIDENT	
Contact Person's Mailing Address:	P.O. BOX1788	City: Eaton Park	State: FL Zip Code: 33840	
Contact Person's Telephone Number:	352-302-7406	Contact Person's Fax Number:		
Contact Person's E-Mail Address:	utilityconsultant@yahoo.com			
B. Water Treatment Plant Information				
Plant Name:	Pinecrest Utilities	Plant Telephone Number:	883-647-1581	
Plant Address:	Citrus Highlands Drive off Hankin Rd.	City: Bartow	State: FL Zip Code: 33830	
Type of Water Treated by Plant:	Raw Ground Water	X	Purchased Finished Water	
Permitted Maximum Day Operating capacity of Plant, gallons per day:	150,000			
Plant Category (per subsection 62-599.310(4), F.A.C.):	V	Plant Class:	C	
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	GAINES ALEXANDER	C	C-5472	14
Other Operators:	DANNY ALEXANDER	C	C-12379	
	JENNIFER ALEXANDER	C	C-21471	

II. Certification by Lead/Chief Operator

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

	<u>2015/01/12</u>	<u>Gaines Alexander</u>	<u>C-5472</u>
Signature and Date		Printed or Typed Name	License Number

MONTHLY OPERATION REPORT FOR PWS3 TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 6535079

Plant Name: FINECREST RANCHES

Chlorine Dioxide

Ozone

Combined Chlorine(Chloramines), Chlorine Dioxide

Monitoring Period From: 12/01/14 To: 12/31/14

Means of Achieving Four-Log Virus Inactivation / Removal: Ultraviolet Radiation

Other (Describe): Free Chlorine

Free Chlorine

Free Chlorine

Combined Chlorine(Chloramines), Chlorine Dioxide

Ozone

Combined Chlorine(Chloramines), Chlorine Dioxide

Type of Disinfectant Residual Maintained in Distribution System: CT Calculations or UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable

CT Calculations

UV Dose

UV Dose

UV Dose

UV Dose

Day of the Month	Days Started or Plant Operator	Hours Plant in Operation	Net Quality of Finished Water (gpd)	Peak flow rate - gpd		Lowest Residual Disinfectant Concentration at First Customer Peak Flow, mg/L		Disinfectant Contact Time (T) at C Point During Peak Flow, minutes		Lowest CT Provided Before or at First Customer Peak Flow, min-L		Temp of Water / C		pH of Water, if Applicable		Minimum Required CT, mg-min/L		Lowest Operating UV Dose, mW-sec/cm2		Minimum UV Dose required, mW-sec/cm2		Lowest Residual Disinfectant Concentration at Point in Distribution System, mg/L		Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Peak flow rate - gpd	Peak flow rate - gpd	Peak Flow, mg/L	Peak Flow, mg/L	Flow, mg-min/L	Flow, mg-min/L	Temp of Water / C	Temp of Water / C	pH of Water, if Applicable	pH of Water, if Applicable	Minimum Required CT, mg-min/L	Minimum Required CT, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose required, mW-sec/cm2	Lowest Residual Disinfectant Concentration at Point in Distribution System, mg/L						
1	X	24	15000			2.5																		
2		24	16000				1.8																	
3	X	24	16000																					
4		24	11500																					
5	X	24	11500			1.7																		
6		24	18667																					
7		24	18667																					
8	X	24	18667				1.0																	
9		24	17000																					
10	X	24	17000				0.5																	
11		24	16500																					
12		24	16500				1.0																	
13	X	24	17333																					
14		24	17333																					
15	X	24	17333				0.5																	
16		24	22000																					
17	X	24	22000				0.4																	
18		24	23500																					
19	X	24	23500				3.4																	
20		24	14667																					
21		24	14667																					
22	X	24	14667				2.5																	
23		24	12500																					
24	X	24	12500				1.7																	
25		24	24000																					
26	X	24	24000				1.8																	
27		24	24000																					
28	X	24	20967																					
29		24	20967																					
30	X	24	19500				1.5																	
31		24	19500																					
Total			534000				1.4																	
Average			17871																					
Maximum			24000																					

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

DEP Form 62 (05, 2003)
 Revised August 28, 2003



DRINKING WATER BACTERIOLOGICAL ANALYSIS

MID FLORIDA WATER LABORATORY

8 Oakwood Road - Winter Haven, FL 33880
Phone (863) 965-2540 • Fax (863) 967-8601
Lab I.D. #E84567 • Margaret Rajpaul - Director, Contact Person
NELAC CERTIFIED

Lab Receipt Date & Time:
Analysis Date & Time: 12/16/14 @ 1:00pm
Sample Acceptance Criteria:
Sample Preservation: On Ice [X] Not On Ice []
Disinfectant Check: Not Detected [X] mg/L []
This sample does not meet the following NELAC requirements:

Report Number: Sub-Contract Lab ID:

Analysis Requested: (check all that apply)

- Total Coliform/E-Coli Total Coliform/Fecal Enterocci Colliert HPC Other:

System Name: Pinecrest Ranches RECEIVED PWS I.D. 0535079

System Address: DEC 23 2014 County: POLK

System or Owner's Phone #: Collector: Robert East ENVIRONMENTAL ENGINEERING Collector's Phone #: 405 2899

Type of Supply: (check only one)

- Community Water System Noncommunity Water System Nontransient Noncommunity Water System Limited Use System
Private Well Swimming Pool Bottled Water Other:

Reason for Sampling: (check all that apply)

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

Sample Collection Date: 12-16-14

To be completed by collector of sample

To be completed by lab

Table with 7 columns: Sample Number, Sample Point (Location or Specific Address), Lab Sample Number, Collection Time, Sample Type, Disinfect Res'd (mg/L), pH. Rows include Well 1, Well 2, 6060 Citrus Blvd N., and 2802 Citrus Blvd E.

Average of disinfectant residuals for routine and repeat samples. (Complete for community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.)

0.54 All tests are performed in accordance with NELAC standards. The test results in this report only relate to the analyses of the samples submitted.

Disinfectant Residual Analysis Method: DPD Colorimetric Other:
Person performing analysis is (Please see instructions on reverse):
A certified operator (#) Employed by a certified lab
Supervised by a cert. operator (#) Employed by DEP or DOH
Authorized representative of supplier of water

Date PWS notified by lab of positive results:
Date State notified by lab of positive results:
Lab Signature: Date: 12/17/14
Title: Lab Manager

Name and Mailing Address of Person to Receive Report
Consta Flow, Inc
574 Commercial Blvd
Winter Haven, FL 33880

DEP/DOH USE ONLY
Satisfactory
Incomplete Collection Information
Repeat Samples Required Replacement Samples Required
Date Reviewed by DEP/DOH: 12/29/14
DEP/DOH Reviewing Official:

1DEP Sample Type Codes: D - Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)
Analysis Methods: MF = SM9222B & D; MTF = 9221B & EC/MUG; MMOMUG = SM9223B; HPC = SM9215B
Results: A = coliforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count

PLANT NAME: Pinecrest WTP
(WATER REPORT)

Monitoring Period From: 1/01/15 To: 1/31/15

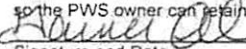
DAY	METER 1	METER 2	TRC	PH	TRC	PH	MULT.	1000	TOTAL
PREV	5,559	-	-	-	-	-	#REF!	#REF!	#REF!
1	-	-	-	-	-	-	9,000		9,000
2	5,577	-	1.0	-	0.7	-	9,000		9,000
3	-	-	-	-	-	-	25,000		25,000
4	-	-	-	-	-	-	25,000		25,000
5	5,652	-	0.7	-	0.5	-	25,000		25,000
6	-	-	-	-	-	-	17,000		17,000
7	5,686	-	1.0	-	0.6	-	17,000		17,000
8	-	-	-	-	-	-	13,000		13,000
9	5,712	-	0.8	-	0.6	-	13,000		13,000
10	-	-	-	-	-	-	20,000		20,000
11	-	-	-	-	-	-	20,000		20,000
12	5,772	-	0.7	-	0.4	-	20,000		20,000
13	-	-	-	-	-	-	7,000		7,000
14	5,786	-	0.5	-	0.3	-	7,000		7,000
15	-	-	-	-	-	-	7,500		7,500
16	5,801	-	0.4	-	0.2	-	7,500		7,500
17	-	-	-	-	-	-	6,333		6,333
18	-	-	-	-	-	-	6,333		6,333
19	5,820	-	3.5	-	3.1	-	6,333		6,333
20	-	-	-	-	-	-	40,000		40,000
21	5,900	-	3.5	-	2.5	-	40,000		40,000
22	-	-	-	-	-	-	47,500		47,500
23	5,995	-	4.0	-	2.7	-	47,500		47,500
24	-	-	-	-	-	-	21,333		21,333
25	-	-	-	-	-	-	21,333		21,333
26	6,059	-	4.4	-	3.9	-	21,333		21,333
27	-	-	-	-	-	-	11,000		11,000
28	6,081	-	3.5	-	3.0	-	11,000		11,000
29	-	-	-	-	-	-	16,333		16,333
30	-	-	-	-	-	-	16,333		16,333
31	6,130	-	0.7	-	0.4	-	16,333		16,333
			-	-	-	-	-		-
Total Flow			-	-	-	-	571,000		571,000
ADF			-	-	-	-	18,419		18,419
MAX			4.4	-	3.9	-	47,500		47,500
MIN			0.4	-	0.2	-	6,333		6,333

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

I. General Information for the Month/Year of:		Monitoring Period From: 1/01/15 To: 1/31/15		
A. Public Water System (PWS) Information				
PWS Name:	PINECREST RANCHES		PWS Identification Number:	6535079
PWS Type:	Community	Non-Transient Non-Community	Transient Non-Community	Consecutive
Number of Service Connections at End of Month:	178		Total Population Served at End of Month:	
PWS Owner:	Mike Smallridge			
Contact Person:	Mike Smallridge		Contact Person's Title:	PRESIDENT
Contact Person's Mailing Address:	P.O. BOX1798	City: Eaton Park	State: FL	Zip Code: 33840
Contact Person's Telephone Number:	352-302-7406		Contact Person's Fax Number:	
Contact Person's E-Mail Address:	utilityconsultant@yahoo.com			
B. Water Treatment Plant Information				
Plant Name:	Pinecrest Utilities		Plant Telephone Number:	863-647-1581
Plant Address:	Citrus Highlands Drive off Hankin Rd.	City: Bartow	State: FL	Zip Code: 33830
Type of Water Treated by Plant:	Raw Ground Water X		Purchased Finished Water	
Permitted Maximum Day Operating capacity of Plant, gallons per day:	150,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class:	C
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	GAINES ALEXANDER	C	C-5472	13
Other Operators:	DANNY ALEXANDER	C	C-12379	
	JENNIFER ALEXANDER	C	C-21471	

II. Certification by Lead/Chief Operator

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

 2015/02/10

Signature and Date
DEP Form 62-555 900(3)
Effective August 28, 2003

Gaines Alexander
Printed or Typed Name

C-5472
License Number

MONTHLY OPERATION REPORT FOR PWS: TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 6535079

Monitoring Period From: 10/1/15 To: 10/31/15

Free Chlorine

Chlorine Dioxide

Ozone

Means of Achieving Four-Log Virus Inactivation / Removal: Ultraviolet Radiation
 Other: (Describe): Free Chlorine

Plant Name: PINECREST RANCHES

Combined Chlorine (Chloramines)

Day of the month	Days Started or Operator	Hours Plant in Operation	Net Quality of Finished Water Produced gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable		Free Chlorine		Combined Chlorine (Chloramines)		Ozone	Combined Chlorine (Chloramines)	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Peak flow rate, gpd	Lowest Residual Disinfectant Concentration Before or at First Customer Peak Flow, mg/L	Disinfectant Contact Time (T) at Contact Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer Peak Flow, mg/L-min	Temp of Water, °C	pH of Water, if Applicable			
1		24	9000		1.0							
2	X	24	9000		-							
3		24	25000		-							
4		24	25000		-							
5	X	24	25000		0.7							
6		24	17000		-							
7	X	24	17000		1.0							
8		24	13000		-							
9	X	24	13000		0.8							
10		24	20000		-							
11		24	20000		-							
12	X	24	20000		0.7							
13		24	7000		-							
14	X	24	7000		0.5							
15		24	7500		-							
16	X	24	7500		0.4							
17		24	6333		-							
18		24	6333		-							
19	X	24	6333		3.5							
20		24	40000		-							
21	X	24	40000		3.5							
22		24	47500		-							
23	X	24	47500		4.0							
24		24	21333		-							
25	X	24	21333		4.4							
26		24	11000		-							
27	X	24	11000		3.5							
28		24	15333		-							
29	X	24	15333		0.7							
30		24	15333		-							
31	X	24	15333		0.4							
Total			571000									
Average			18419									
Maximum			47500									

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

DEP Form 62-655 (9/03/15)
 Effective August 26, 2003



DRINKING WATER
BACTERIOLOGICAL ANALYSIS

MID FLORIDA WATER LABORATORY

8 Oakwood Road - Winter Haven, FL 33880
Phone (863) 965-2540 • Fax (863) 967-8601
Lab I.D. #E84567 • Margaret Rajpaul - Director, Contact Person
NELAC CERTIFIED

Lab Receipt Date & Time: _____
Analysis Date & Time: _____
Sample Acceptance Criteria:
Sample Preservation On Ice Not On Ice _____ °C
Disinfectant Check Not Detected _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: _____ Sub-Contract Lab ID: _____

Analysis Requested: (check all that apply)

Total Coliform/E-Coli Total Coliform/Fecal Enterococci Colifert HPC Other: _____

System Name: Pinecrest Ranches

PWS I.D. 0535079

System Address: _____

County: Polk

System or Owner's Phone #: _____

Fax #: _____

Collector: Robert Best

Collector's Phone #: 905 2599

Type of Supply: (check only one)

Community Water System Noncommunity Water System Nontransient Noncommunity Water System Limited Use System
 Private Well Swimming Pool Bottled Water Other: _____

Reason for Sampling: (check all that apply)

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

Sample Collection Date: 1-28-15

To be completed by collector of sample

To be completed by lab

Sample Number	Sample Point (Location or Specific Address)	Lab Sample Number	Collection Time	Sample Type ¹	Disinfect Res'd (mg/L)	pH	Total Coliform Analysis Method:			
							Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier ²
<u>1/4</u>	<u>Well 1</u>		<u>1030</u>	<u>R</u>	<u>/</u>	<u>7.7</u>				
<u>2/4</u>	<u>Well 2</u>		<u>1036</u>	<u>R</u>	<u>/</u>	<u>7.7</u>				
<u>3/4</u>	<u>6041 Citrus Hlnd S.</u>		<u>1040</u>	<u>D</u>	<u>2.10</u>	<u>7.7</u>				
<u>4/4</u>	<u>6060 Citrus Hlnd N</u>		<u>1045</u>	<u>D</u>	<u>2.20</u>	<u>7.8</u>				

Average of disinfectant residuals for routine and repeat samples. (Complete for community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.)

2.15

¹Defined in Florida Administrative Code Rule 62-163, Table 1
All tests are performed in accordance with NELAC standards.
The test results in this report only relate to the analyses of the samples submitted.

Disinfectant Residual Analysis Method: DPD Colorimetric Other: _____
Person performing analysis is (Please see instructions on reverse):
 A certified operator (# 2471) Employed by a certified lab
 Supervised by a cert. operator (# 2471) Employed by DEP or DOH
 Authorized representative of supplier of water _____

Date PWS notified by lab of positive results: _____
Date State notified by lab of positive results: _____
Lab Signature: _____ Date _____
Title: _____

Name and Mailing Address of Person to Receive Report

Consta Flow, Inc
5574 Commercial Blvd
Winter Haven, FL 33880

DEP/DOH USE ONLY

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

PLANT NAME:

Pinecrest WTP
(WATER REPORT)

Monitoring Period From: 10/1/15 To: 10/31/15

DAY	METER 1	METER 2	TRC	PH	TRC	PH	MULT.	#REF1	#REF1	1000 TOTAL	#REF1
PREV	6,130	-	-	-	-	-	-	-	-	-	-
1	-	-	-	-	-	-	29,500	-	-	29,500	-
2	6,189	-	0.6	-	0.4	-	29,500	-	-	29,500	-
3	-	-	-	-	-	-	17,000	-	-	17,000	-
4	6,223	-	2.8	-	2.0	-	17,000	-	-	17,000	-
5	-	-	-	-	-	-	19,500	-	-	19,500	-
6	6,262	-	1.5	-	1.0	-	19,500	-	-	19,500	-
7	-	-	-	-	-	-	21,000	-	-	21,000	-
8	-	-	-	-	-	-	21,000	-	-	21,000	-
9	6,325	-	1.7	-	1.0	-	21,000	-	-	21,000	-
10	-	-	-	-	-	-	20,500	-	-	20,500	-
11	6,366	-	1.8	-	1.0	-	20,500	-	-	20,500	-
12	-	-	-	-	-	-	14,000	-	-	14,000	-
13	6,394	-	1.7	-	1.0	-	14,000	-	-	14,000	-
14	-	-	-	-	-	-	20,500	-	-	20,500	-
15	-	-	-	-	-	-	20,500	-	-	20,500	-
16	-	-	-	-	-	-	20,500	-	-	20,500	-
17	6,476	-	1.5	-	1.1	-	20,500	-	-	20,500	-
18	-	-	-	-	-	-	24,500	-	-	24,500	-
19	6,525	-	3.9	-	3.0	-	24,500	-	-	24,500	-
20	-	-	-	-	-	-	10,000	-	-	10,000	-
21	6,545	-	3.5	-	3.0	-	10,000	-	-	10,000	-
22	-	-	-	-	-	-	10,000	-	-	10,000	-
23	6,555	-	1.5	-	1.0	-	10,000	-	-	10,000	-
24	-	-	-	-	-	-	23,500	-	-	23,500	-
25	6,612	-	0.8	-	0.5	-	23,500	-	-	23,500	-
26	-	-	-	-	-	-	13,000	-	-	13,000	-
27	6,636	-	1.5	-	1.0	-	13,000	-	-	13,000	-
28	6,658	-	-	-	-	-	20,000	-	-	20,000	-
	-	-	-	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	-	-	-
Total Flow							528,000			528,000	
ADF							18,857			18,857	
MAX			3.9		3.0		29,500			29,500	
MIN			0.6		0.4		10,000			10,000	

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

I. General Information for the Month/Year of: _____		Monitoring Period From: 1/01/15 To: 1/31/15		
A. Public Water System (PWS) Information				
PWS Name:	PINECREST RANCHES	PWS Identification Number: 6535079		
PWS Type:	Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive <input type="checkbox"/>			
Number of Service Connections at End of Month:	178	Total Population Served at End of Month: _____		
PWS Owner:	Mike Smallridge			
Contact Person:	Mike Smallridge	Contact Person's Title: PRESIDENT		
Contact Person's Mailing Address:	P.O. BOX1798 City: Eaton Park	State: FL Zip Code: 33840		
Contact Person's Telephone Number:	352-302-7406	Contact Person's Fax Number: _____		
Contact Person's E-Mail Address:	utilityconsultant@yahoo.com			
B. Water Treatment Plant Information				
Plant Name:	Pinecrest Utilities	Plant Telephone Number: 863-647-1581		
Plant Address:	Citrus Highlands Drive off Hankin Rd. City: Bartow	State: FL Zip Code: 33830		
Type of Water Treated by Plant:	Raw Ground Water <input checked="" type="checkbox"/> Purchased Finished Water <input type="checkbox"/>			
Permitted Maximum Day Operating capacity of Plant, gallons per day:	150,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class: C			
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	GAINES ALEXANDER	C	C-5472	12
Other Operators:	DANNY ALEXANDER	C	C-12379	
	JENNIFER ALEXANDER	C	C-21471	
II. Certification by Lead/Chief Operator				

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

Gaines Alexander 2015/03/10
Signature and Date

Gaines Alexander
Printed or Typed Name

C-5472
License Number

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

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

Type of Disinfectant Residual Maintained in Distribution System: CT Calculations or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable

Day of the Month	Days Started or Valid by Operator	Hours in Operation	Quality of Finished Water Produced gal	CT Calculations or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable		Free Chlorine		Combined Chlorine(Chloramines)		Chlorine Dioxide	Ozone	Combined Chlorine(Chloramines)
				Peak flow rate, gpd	Peak flow mgl	Lowest Residual Concentration at First Customer During Peak Flow, mgl	Distriacta n(Conduct) Time (T) at C Measure at First Customer During Peak Flow, minutes	Lowest CT Provided or at First Customer During Peak Flow, min	Temp of Water, C			
1												
2	X	24	29500		0.6							0.4
3		24	17000		-							2.0
4	X	24	17000		2.8							1.0
5		24	18500		-							-
6	X	24	18500		1.5							-
7		24	21000		-							-
8		24	21000		-							-
9	X	24	21000		1.7							1.0
10		24	20500		-							-
11	X	24	20500		1.8							1.0
12		24	14000		-							-
13	X	24	14000		1.7							1.0
14		24	20500		-							-
15		24	20500		-							-
16		24	20500		-							-
17	X	24	20500		1.5							1.1
18		24	24500		-							-
19	X	24	24500		3.9							3.0
20		24	10000		-							-
21	X	24	10000		3.5							3.0
22		24	10000		-							-
23	X	24	10000		1.5							1.0
24		24	23500		-							-
25	X	24	23500		0.8							0.5
26		24	13000		-							-
27	X	24	13000		1.5							1.0
28		24	20000		-							-
29					-							-
30					-							-
Total			528000									
Average			18857									
Maximum			29500									

*Refer to the instructions for this report to determine which plants must provide this information.
 ODP Form 62-555 (06/03)
 Effective August 24, 2003



**DRINKING WATER
BACTERIOLOGICAL ANALYSIS**

MID FLORIDA WATER LABORATORY

8 Oakwood Road - Winter Haven, FL 33880
Phone (863) 965-2540 • Fax (863) 967-8601
Lab I.D. #E84567 • Margaret Rajpaul - Director, Contact Person
NELAC CERTIFIED

Lab Receipt Date & Time: _____
Analysis Date & Time: _____
Sample Acceptance Criteria:
Sample Preservation On Ice Not On Ice 7.7 °C
Disinfectant Check Not Detected _____ mg/L
This sample does not meet the following NELAC requirements:
Analysis 2/12/15 @ 12:35pm

RECEIVED

Report Number: _____ Sub-Contract Lab ID: _____

Analysis Requested: (check all that apply)

- Total Coliform/E-Coli Total Coliform/Fecal Enterococci Colilert HPC Other: _____

System Name: Pinecrest Ranches

System Address: _____

System or Owner's Phone #: _____

Collector: Robert Peel

PWS I.D. 6535079

County: Polk

Fax #: _____

Collector's Phone #: 965 2599

Type of Supply: (check only one)

- Community Water System Noncommunity Water System Nontransient Noncommunity Water System Limited Use System
 Private Well Swimming Pool Bottled Water Other _____

Reason for Sampling: (check all that apply)

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

Sample Collection Date: 2/12/15

To be completed by collector of sample

To be completed by lab

Sample Number	Sample Point (Location or Specific Address)	Lab Sample Number	Collection Time	Sample Type ¹	Disinfect Res'd (mg/L)	pH
1/4	Well 1	002376	1100	R	✓	7.6
2/4	Well 2	002377	1105	R	✓	7.6
3/4	282 Citrus Blvd N	002378	1110	D	2.2077	
4/4	340 Citrus Blvd W	002379	1115	D	2.2076	

Total Coliform Analysis Method: <u>SM9222B</u>			
Fecal or E. coli Analysis Method:			
Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier ²
	A		
	A		
	A		
	A		

Average of disinfectant residuals for routine and repeat samples. (Complete for community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.)

²Defined in Florida Administrative Code Rule 62-160, Table 1
All tests are performed in accordance with NELAC standards. The test results in this report only relate to the analyses of the samples submitted.

Disinfectant Residual Analysis Method: DPD Colorimetric Other: _____
Person performing analysis is (Please see instructions on reverse):
 A certified operator (# _____) Employed by a certified lab
 Supervised by a cert. operator (# 21471) Employed by DEP or DOH
 Authorized representative of supplier of water _____

Date PWS notified by lab of positive results: _____
Date State notified by lab of positive results: _____
Lab Signature: [Signature] Date 2/13/15
Title: Lab manager

Name and Mailing Address of Person to Receive Report
Consta Flow, Inc
5574 Commercial Blvd
Winter Haven, FL 33880

DEP/DOH USE ONLY

Satisfactory
 Incomplete Collection Information
 Repeat Samples Required Replacement Samples Required
Date Reviewed by DEP/DOH: 2/20/15
DEP/DOH Reviewing Official: [Signature]

PLANT NAME: **Pinecrest WTP**
(WATER REPORT)

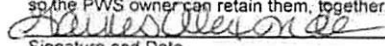
Monitoring Period From: 3/01/15 To: 3/31/15

DAY	METER 1	METER 2	TRC	PH	TRC	PH	MULT.	1000	TOTAL
PREV	6,658	-	-	-	-	-	#REF!	#REF!	#REF!
1	-	-	-	-	-	-	20,000		20,000
2	6,698	-	2.2	-	1.7	-	20,000		20,000
3	-	-	-	-	-	-	16,000		16,000
4	6,730	-	1.5	-	1.0	-	16,000		16,000
5	-	-	-	-	-	-	15,500		15,500
6	6,761	-	1.1	-	0.8	-	15,500		15,500
7	-	-	-	-	-	-	17,000		17,000
8	-	-	-	-	-	-	17,000		17,000
9	6,812	-	1.1	-	0.7	-	17,000		17,000
10	-	-	-	-	-	-	23,000		23,000
11	6,858	-	1.2	-	0.7	-	23,000		23,000
12	-	-	-	-	-	-	21,000		21,000
13	6,900	-	1.4	-	1.0	-	21,000		21,000
14	-	-	-	-	-	-	15,000		15,000
15	-	-	-	-	-	-	15,000		15,000
16	6,945	-	1.5	-	1.0	-	15,000		15,000
17	-	-	-	-	-	-	15,000		15,000
18	6,975	-	1.2	-	0.7	-	15,000		15,000
19	-	-	-	-	-	-	35,500		35,500
20	7,046	-	1.0	-	0.6	-	35,500		35,500
21	-	-	-	-	-	-	31,500		31,500
22	7,109	-	1.0	-	0.7	-	31,500		31,500
23	-	-	-	-	-	-	13,333		13,333
24	-	-	-	-	-	-	13,333		13,333
25	7,149	-	0.8	-	0.6	-	13,333		13,333
26	-	-	-	-	-	-	26,500		26,500
27	7,202	-	0.7	-	0.5	-	26,500		26,500
28	-	-	-	-	-	-	16,000		16,000
29	-	-	-	-	-	-	16,000		16,000
30	7,250	-	0.8	-	0.5	-	16,000		16,000
31	7,270	-	-	-	-	-	20,000		20,000
							-		-
Total Flow							612,000		612,000
ADF							19,742		19,742
MAX			2.2		1.7		35,500		35,500
MIN			0.7		0.5		13,333		13,333

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

I. General Information for the Month/Year of:		Monitoring Period From: 3/01/15 To: 3/31/15	
A. Public Water System (PWS) Information			
PWS Name: PINECREST RANCHES		PWS Identification Number: 6535079	
PWS Type: Community		Non-Transient Non-Community Transient Non-Community Consecutive	
Number of Service Connections at End of Month: 178		Total Population Served at End of Month:	
PWS Owner: Mike Smallridge		Contact Person's Title: PRESIDENT	
Contact Person: Mike Smallridge		Contact Person's Mailing Address: P.O. BOX1798	
Contact Person's Telephone Number: 352-302-7406		City: Eaton Park	
Contact Person's E-Mail Address: utilityconsultant@yahoo.com		State: FL	
Contact Person's Fax Number:		Zip Code: 33840	
B. Water Treatment Plant Information			
Plant Name: Pinecrest Utilities		Plant Telephone Number: 863-647-1581	
Plant Address: Citrus Highlands Drive off Hankin Rd.		City: Bartow	
Type of Water Treated by Plant:		State: FL	
Raw Ground Water <input checked="" type="checkbox"/>		Zip Code: 33830	
Purchased Finished Water <input type="checkbox"/>		Permitted Maximum Day Operating capacity of Plant, gallons per day: 150,000	
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class: C	
Licensed Operators			
Lead/Chief Operator:		Name	
Other Operators:		License Class	
		License Number	
		Day(s)/Shift(s) Worked	
		GAINES ALEXANDER	
		C	
		C-5472	
		13	
		DANNY ALEXANDER	
		C	
		C-12379	
		JENNIFER ALEXANDER	
		C	
		C-21471	
II. Certification by Lead/Chief Operator			

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

 2015/04/09

Gaines Alexander
Printed or Typed Name

C-5472
License Number

MONTHLY OPERATION REPORT FOR PWS, TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

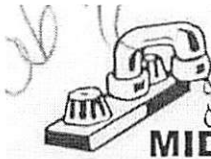
PWS Identification Number: 6555079 Plant Name: PINECREST RANCHES

Means of Achieving Four-Log Virus Inactivation / Removal: Free Chlorine Monitoring Period From: 3/01/15 To: 3/31/15

Other: (Describe): Free Chlorine Chlorine Dioxide Chlorine Dioxide Ozone Combined Chlorine(Chloramines)

Day of the month	Date Visited by Operator	Hours of Operation	Net Quality of Finished Water Produced gal	CT Calculations: or UV Dose, to Demonstrate Four-Log Virus Inactivation, (If Applicable)		Lowest Residual at C	Dilution at C	Lowest CT Before or After Customer Peak Flow, mg-min.	Temp of Water, C	pH of Water, if Applicable	Minimum CT Required mg-min.	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose required, mW-sec/cm ²	Lowest Residual at Remble Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Peak flow rate, gpd	Peak flow, mg/L										
1	X	24	20000	-	-	-	-	-	-	-	-	-	-	-	
2	X	24	20000	-	-	-	-	-	-	-	-	-	-	-	
3	X	24	16000	-	-	-	-	-	-	-	-	-	-	-	
4	X	24	16000	-	-	-	-	-	-	-	-	-	-	-	
5	X	24	15500	-	-	-	-	-	-	-	-	-	-	-	
6	X	24	15500	-	-	-	-	-	-	-	-	-	-	-	
7	X	24	17000	-	-	-	-	-	-	-	-	-	-	-	
8	X	24	17000	-	-	-	-	-	-	-	-	-	-	-	
9	X	24	17000	-	-	-	-	-	-	-	-	-	-	-	
10	X	24	23000	-	-	-	-	-	-	-	-	-	-	-	
11	X	24	23000	-	-	-	-	-	-	-	-	-	-	-	
12	X	24	21000	-	-	-	-	-	-	-	-	-	-	-	
13	X	24	21000	-	-	-	-	-	-	-	-	-	-	-	
14	X	24	19000	-	-	-	-	-	-	-	-	-	-	-	
15	X	24	15000	-	-	-	-	-	-	-	-	-	-	-	
16	X	24	15000	-	-	-	-	-	-	-	-	-	-	-	
17	X	24	15000	-	-	-	-	-	-	-	-	-	-	-	
18	X	24	15000	-	-	-	-	-	-	-	-	-	-	-	
19	X	24	36500	-	-	-	-	-	-	-	-	-	-	-	
20	X	24	36500	-	-	-	-	-	-	-	-	-	-	-	
21	X	24	31500	-	-	-	-	-	-	-	-	-	-	-	
22	X	24	31500	-	-	-	-	-	-	-	-	-	-	-	
23	X	24	13333	-	-	-	-	-	-	-	-	-	-	-	
24	X	24	13333	-	-	-	-	-	-	-	-	-	-	-	
25	X	24	13333	-	-	-	-	-	-	-	-	-	-	-	
26	X	24	28500	-	-	-	-	-	-	-	-	-	-	-	
27	X	24	26500	-	-	-	-	-	-	-	-	-	-	-	
28	X	24	18000	-	-	-	-	-	-	-	-	-	-	-	
29	X	24	16000	-	-	-	-	-	-	-	-	-	-	-	
30	X	24	16000	-	-	-	-	-	-	-	-	-	-	-	
31	X	24	20000	-	-	-	-	-	-	-	-	-	-	-	
Total			612000												
Average			19742												
Maximum			35500												

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



DRINKING WATER BACTERIOLOGICAL ANALYSIS

MID FLORIDA WATER LABORATORY

8 Oakwood Road - Winter Haven, FL 33880
Phone (863) 965-2540 • Fax (863) 967-8601
Lab I.D. #E84567 • Margaret Rajpaul - Director, Contact Person
NELAC CERTIFIED

Report Number: Sub-Contract Lab ID:

Analysis Requested: (check all that apply)

Total Coliform/E-Coli Total Coliform/Fecal Enterococci Colilert HPC Other:

System Name: Pine Crest RECEIVED

System Address: APR 02 2015 County: Polk

System or Owner's Phone #: ENVIRONMENTAL ENGINEERING Fax #:

Collector: Robert Best Collector's Phone #: 961 2599

Type of Supply: (check only one)

- Community Water System Noncommunity Water System Nontransient Noncommunity Water System Limited Use System
Private Well Swimming Pool Bottled Water Other

Reason for Sampling: (check all that apply)

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

Sample Collection Date: 3-26-15

To be completed by collector of sample

To be completed by lab

Table with 7 columns: Sample Number, Sample Point (Location or Specific Address), Lab Sample Number, Collection Time, Sample Type, Disinfectant Res'd (mg/L), pH. Contains 4 rows of sample data.

Table with 4 columns: Non Coliform, Total Coliform, Fecal or E. coli, Data Qualifier. Contains 4 rows of analysis results.

Average of disinfectant residuals for routine and repeat samples. (Complete for community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.)

1.46

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

All tests are performed in accordance with NELAC standards. The test results in this report only relate to the analyses of the samples submitted.

Disinfectant Residual Analysis Method: DPD Colorimetric Other:
Person performing analysis is (Please see instructions on reverse):
A certified operator (#) Employed by a certified lab
Supervised by a cert. operator (#21471) Employed by DEP or DOH
Authorized representative of supplier of water

Date PWS notified by lab of positive results:

Date State notified by lab of positive results:

Lab Signature: Date 3/26/15

Title: Lab manager

Name and Mailing Address of Person to Receive Report

Consta Flow, Inc
5574 Commercial Blvd
Winter Haven, FL 33880

DEP/DOH USE ONLY
Satisfactory
Incomplete Collection Information
Repeat Samples Required Replacement Samples Required
Date Reviewed by DEP/DOH: 4/2/15
DEP/DOH Reviewing Official: R. H. Hatcher

1DEP Sample Type Codes: D - Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)

Analysis Methods: MF = SM9222B & D; MTF = 9221B & EC/MUG; MMO/MUG = SM9223B; HPC = SM9215B
Results: A = coliforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count

PLANT NAME: **Pinecrest WTP**
(WATER REPORT)

Monitoring Period From: 4/01/15 To: 4/30/15

DAY	METER 1	METER 2	TRC	PH	TRC	PH	MULT.	1000	TOTAL
PREV	7,270	-					#REF!	#REF!	#REF!
1	7,290	-	1.0		0.5		20,000		20,000
2	-	-	-		-		18,500		18,500
3	7,327	-	0.4		0.2		18,500		18,500
4	-	-	-		-		27,667		27,667
5	-	-	-		-		27,667		27,667
6	7,410	-	1.6		1.3		27,667		27,667
7	-	-	-		-		20,000		20,000
8	7,450	-	1.5		1.1		20,000		20,000
9	-	-	-		-		20,000		20,000
10	7,490	-	1.3		0.9		20,000		20,000
11	-	-	-		-		16,667		16,667
12	-	-	-		-		16,667		16,667
13	7,540	-	1.1		0.8		16,667		16,667
14	-	-	-		-		24,500		24,500
15	7,589	-	1.2		0.7		24,500		24,500
16	-	-	-		-		17,000		17,000
17	7,623	-	1.5		1.1		17,000		17,000
18	-	-	-		-		23,333		23,333
19	-	-	-		-		23,333		23,333
20	7,693	-	1.2		0.7		23,333		23,333
21	-	-	-		-		25,500		25,500
22	7,744	-	1.3		1.0		25,500		25,500
23	-	-	-		-		13,000		13,000
24	7,770	-	1.2		0.8		13,000		13,000
25	-	-	-		-		24,000		24,000
26	-	-	-		-		24,000		24,000
27	7,842	-	1.1		0.7		24,000		24,000
28	-	-	-		-		20,500		20,500
29	7,883	-	1.3		1.0		20,500		20,500
30	7,902	-	-		-		18,500		18,500
	-	-	-		-		-		-
			-		-		-		-
Total Flow			-		-		631,500		631,500
ADF			-		-		21,050		21,050
MAX			1.6		1.3		27,667		27,667
MIN			0.4		0.2		13,000		13,000

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

I. General Information for the Month/Year of:		Monitoring Period From: 4/01/15 To: 4/30/15			
A. Public Water System (PWS) Information					
PWS Name:	PINECREST RANCHES		PWS Identification Number:	6535079	
PWS Type:	Community	Non-Transient Non-Community	Transient Non-Community	Consecutive	
Number of Service Connections at End of Month:	178		Total Population Served at End of Month:		
PWS Owner:	Mike Smallridge				
Contact Person:	Mike Smallridge	Contact Person's Title:	PRESIDENT		
Contact Person's Mailing Address:	P.O. BOX1798	City:	Eaton Park	State:	FL
Contact Person's Telephone Number:	352-302-7406	Contact Person's Fax Number:			
Contact Person's E-Mail Address:	utilityconsultant@yahoo.com				
B. Water Treatment Plant Information					
Plant Name:	Pinecrest Utilities		Plant Telephone Number:	863-647-1581	
Plant Address:	Citrus Highlands Drive off Hankin Rd.	City:	Bartow	State:	FL
Type of Water Treated by Plant:	Raw Ground Water	X	Purchased Finished Water		
Permitted Maximum Day Operating capacity of Plant, gallons per day:	150,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class:	C	
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked	
Lead/Chief Operator:	GAINES ALEXANDER	C	C-5472	13	
Other Operators:	DANNY ALEXANDER	C	C-12379		
	JENNIFER ALEXANDER	C	C-21471		

II. Certification by Lead/Chief Operator

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

Gaines Alexander 2015/05/08
 Signature and Date

Gaines Alexander
 Printed or Typed Name

C-5472
 License Number

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

PWS Identification Number: 6535079

Plant Name: PINECREST RANCHES

Monitoring Period From: 4/01/15 To: 4/30/15

Free Chlorine

Chlorine Dioxide

Ozone

[Combined Chlorine/Chloramines]

Means of Achieving Four-Log Virus Inactivation / Removal: Ultraviolet Radiation

Type of Disinfectant Residual Maintained in Distribution System: CI Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, If Applicable

Day of the Month	Days Started or Operator	Hours Plant in Operation	Net Quality of Filtered Water Produced gal	Peak flow rate, gpd.	Lowest Residual Disinfectant Concentration at First Customer During Peak Flow, mg/L	Disinfectant in Contact Time (T) at C Measure Before or After Peak Flow, minutes	Lowest CT Provided Before or After Peak Flow, mg-min/L	Temp of Water, C	pH of Water, If Applicable	Minimum CT Required, mg-min/L	UV Dose		Lowest Residual Disinfectant Concentration at Point of Distribution, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
											Operating UV Dose, mW-sec/cm ²	Minimum UV Dose required, mW-sec/cm ²		
1	X	24	20000		1.0	-							0.5	
2		24	18500											
3	X	24	18500		0.4								0.2	
4		24	27667											
5		24	27667											
6	X	24	27667		1.8								1.3	
7		24	20000											
8	X	24	20000		1.5								1.1	
9		24	20000											
10	X	24	20000		1.3								0.9	
11		24	16667											
12		24	16667											
13	X	24	16667		1.1								0.8	
14		24	24500											
15	X	24	24500		1.2								0.7	
16		24	17000											
17	X	24	17000		1.5								1.1	
18		24	23333											
19		24	23333											
20	X	24	23333		1.2								0.7	
21		24	25500											
22	X	24	25500		1.3								1.0	
23		24	13000											
24	X	24	13000		1.2								0.8	
25		24	24000											
26	X	24	24000		1.1								0.7	
27		24	20500											
28	X	24	20500		1.3								1.0	
29		24	18500											
30	X	24	18500											
Total			631500											
Average			21050											
Maximum			27667											

Refer to the instructions for this report to determine which plants must provide this information.
 DEP Form 62-666 (00-03)
 Effective August 28, 2003



DRINKING WATER BACTERIOLOGICAL ANALYSIS

MID FLORIDA WATER LABORATORY

8 Oakwood Road - Winter Haven, FL 33880
Phone (863) 965-2540 - Fax (863) 967-8601
Lab I.D. #E84567 - Margaret Rajpaul - Director, Contact Person
NELAC CERTIFIED

RECEIVED

Report Number: Sub-Contract Lab ID:

Analysis Requested: (check all that apply)

- Total Coliform/E-Coli, Total Coliform/Fecal, Enterococci, Coliform, HPC, Other

APR 08 2015

ENVIRONMENTAL ENGINEERING

System Name: Pine Crest

PWS I.D. 6535079

System Address:

County: Polk

System or Owner's Phone #:

Fax #:

Collector: Robert Best

Collector's Phone #: 965-2599

Type of Supply: (check only one)

- Community Water System, Noncommunity Water System, Nontransient Noncommunity Water System, Limited Use System, Private Well, Swimming Pool, Bottled Water, Other

Reason for Sampling: (check all that apply)

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

Sample Collection Date: 4-3-15

To be completed by collector of sample

To be completed by lab

Table with 7 columns: Sample Number, Sample Point (Location or Specific Address), Lab Sample Number, Collection Time, Sample Type, Disinfectant Res'd (mg/L), pH. Rows include well 1, well 2, well Citrus, and 401 Highlands.

Table for lab analysis results with columns: Non Coliform, Total Coliform, Fecal or E. coli, Data Qualifier. Results show 'A' for all samples.

Average of disinfectant residuals for routine and repeat samples. (Complete for community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.)

0.34

Defined in Florida Administrative Code Rule 62-100, Table 1. All tests are performed in accordance with NELAC standards. The test results in this report only relate to the analyses of the samples submitted.

Disinfectant Residual Analysis Method: DPD Colorimetric. Person performing analysis is: Supervised by a cert. operator (# 21471).

Date PWS notified by lab of positive results: Date State notified by lab of positive results: Lab Signature: Date: 4/14/15 Title: Lab Manager

Name and Mailing Address of Person to Receive Report

Consta Flow

DEP/DOH USE ONLY. Satisfactory. Date Reviewed by DEP/DOH: 4/9/15. DEP/DOH Reviewing Official: R. Stadelbrocher

PLANT NAME: Pinecrest WTP
(WATER REPORT)

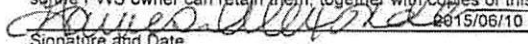
Monitoring Period From: 5/01/15 To: 5/31/15

DAY	METER 1	METER 2	TRC	PH	TRC	PH	MULT.	1000	TOTAL
PREV	7,902	-	-	-	-	-	#REF!	#REF!	#REF!
1	7,920	-	1.3	-	1.0	-	18,500	-	18,500
2	-	-	-	-	-	-	25,000	-	25,000
3	-	-	-	-	-	-	25,000	-	25,000
4	7,995	-	0.7	-	0.5	-	25,000	-	25,000
5	-	-	-	-	-	-	20,000	-	20,000
6	8,035	-	2.5	-	1.6	-	20,000	-	20,000
7	-	-	-	-	-	-	23,000	-	23,000
8	8,081	-	2.3	-	1.5	-	23,000	-	23,000
9	-	-	-	-	-	-	23,000	-	23,000
10	-	-	-	-	-	-	23,000	-	23,000
11	8,150	-	3.0	-	2.2	-	23,000	-	23,000
12	-	-	-	-	-	-	20,000	-	20,000
13	8,190	-	3.4	-	2.0	-	20,000	-	20,000
14	-	-	-	-	-	-	23,500	-	23,500
15	8,237	-	3.5	-	3.0	-	23,500	-	23,500
16	-	-	-	-	-	-	13,250	-	13,250
17	-	-	-	-	-	-	13,250	-	13,250
18	-	-	-	-	-	-	13,250	-	13,250
19	8,290	-	2.5	-	2.1	-	13,250	-	13,250
20	-	-	-	-	-	-	41,000	-	41,000
21	8,372	-	2.5	-	2.1	-	41,000	-	41,000
22	-	-	-	-	-	-	23,500	-	23,500
23	8,419	-	2.5	-	2.0	-	23,500	-	23,500
24	-	-	-	-	-	-	27,333	-	27,333
25	-	-	-	-	-	-	27,333	-	27,333
26	8,501	-	2.7	-	2.3	-	27,333	-	27,333
27	-	-	-	-	-	-	29,500	-	29,500
28	8,560	-	1.8	-	1.5	-	29,500	-	29,500
29	-	-	-	-	-	-	24,000	-	24,000
30	8,608	-	1.6	-	1.5	-	24,000	-	24,000
31	8,627	-	-	-	-	-	18,500	-	18,500
Total Flow			-	-	-	-	725,000		725,000
ADF			-	-	-	-	23,387		23,387
MAX			3.5	-	3.0	-	41,000		41,000
MIN			0.7	-	0.5	-	13,250		13,250

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

I. General Information for the Month/Year of:		Monitoring Period From: 5/01/15 To: 5/31/15	
A. Public Water System (PWS) Information			
PWS Name:	PINECREST RANCHES	PWS Identification Number:	6535079
PWS Type:	Community	Non-Transient Non-Community	Transient Non-Community
Number of Service Connections at End of Month:		178	Total Population Served at End of Month:
PWS Owner:		Mike Smallridge	
Contact Person:	Mike Smallridge	Contact Person's Title:	PRESIDENT
Contact Person's Mailing Address:	P.O. BOX1798	City: Eaton Park	State: FL
Contact Person's Telephone Number:	352-302-7406	Contact Person's Fax Number:	
Contact Person's E-Mail Address:	utilityconsultant@yahoo.com		
B. Water Treatment Plant Information			
Plant Name:	Pincrest Utilities	Plant Telephone Number:	863-647-1581
Plant Address:	Citrus Highlands Drive off Hankin Rd.	City: Bartow	State: FL
Type of Water Treated by Plant:	Raw Ground Water	X	Purchased Finished Water
Permitted Maximum Day Operating capacity of Plant, gallons per day:	150,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class:	C
Licensed Operators	Name	License Class	License Number
Lead/Chief Operator:	GAINES ALEXANDER	C	C-5472
Other Operators:	DANNY ALEXANDER	C	C-12379
	JENNIFER ALEXANDER	C	C-21471
II. Certification by Lead/Chief Operator:			

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

 5/06/10

Signature and Date
DEP Form 62-555.900(3)
Effective August 28, 2003

Gaines Alexander
Printed or Typed Name

C-5472
License Number

MONTHLY OPERATION REPORT FOR PWS: TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS: Identification Number: 6535079 Monitoring Period From: 5/01/15 To: 5/31/15 Plant Name: PINECREST RANCHES

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

Day of the Month	Days Plant Started by Operator	Hours of Operation	Net Quality of Water Produced	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable		Free Chlorine		Combined Chlorine/Chloramines		Ozone	Chlorine Dioxide	Chlorine Dioxide	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Peak flow rate, gpd	Lowest Residual Disinfectant Concentration Before or at First Customer Peak Flow, mg/L	Diapneic Time (T) at Contact Point Measure at First Customer Peak Flow, minutes	Lowest CT Provided Before or at First Customer Peak Flow, mg-min/L	Temp of Water, C	pH of Water, if Applicable				
1	X	24	18500	1.3	-	-	-	-	-	-	-	-	-
2		24	25000	-	-	-	-	-	-	-	-	-	-
3		24	25000	-	-	-	-	-	-	-	-	-	-
4	X	24	25000	0.7	-	-	-	-	-	-	-	-	-
5		24	20000	-	-	-	-	-	-	-	-	-	-
6	X	24	20000	2.5	-	-	-	-	-	-	-	-	-
7		24	23000	-	-	-	-	-	-	-	-	-	-
8	X	24	23000	2.3	-	-	-	-	-	-	-	-	-
9		24	23000	-	-	-	-	-	-	-	-	-	-
10		24	23000	-	-	-	-	-	-	-	-	-	-
11	X	24	23000	3.0	-	-	-	-	-	-	-	-	-
12		24	20000	-	-	-	-	-	-	-	-	-	-
13	X	24	20000	3.4	-	-	-	-	-	-	-	-	-
14		24	23500	-	-	-	-	-	-	-	-	-	-
15	X	24	23500	3.5	-	-	-	-	-	-	-	-	-
16		24	13250	-	-	-	-	-	-	-	-	-	-
17		24	13250	-	-	-	-	-	-	-	-	-	-
18		24	13250	-	-	-	-	-	-	-	-	-	-
19	X	24	13250	2.5	-	-	-	-	-	-	-	-	-
20		24	41000	-	-	-	-	-	-	-	-	-	-
21	X	24	41000	2.5	-	-	-	-	-	-	-	-	-
22		24	23500	-	-	-	-	-	-	-	-	-	-
23	X	24	23500	2.5	-	-	-	-	-	-	-	-	-
24		24	27333	-	-	-	-	-	-	-	-	-	-
25	X	24	27333	2.7	-	-	-	-	-	-	-	-	-
26		24	27333	-	-	-	-	-	-	-	-	-	-
27	X	24	29500	1.8	-	-	-	-	-	-	-	-	-
28	X	24	29500	1.8	-	-	-	-	-	-	-	-	-
29		24	24000	-	-	-	-	-	-	-	-	-	-
30	X	24	24000	1.8	-	-	-	-	-	-	-	-	-
31		24	18,500	-	-	-	-	-	-	-	-	-	-
Total			725000										
Average			23387										
Maximum			41000										

* Refer to the instructions for this report to determine which plants must provide this information.
 DEP Form 62566-0003
 Effective August 26, 2003



DRINKING WATER
BACTERIOLOGICAL ANALYSIS

MID FLORIDA WATER LABORATORY

8 Oakwood Road - Winter Haven, FL 33880
Phone (863) 965-2540 • Fax (863) 967-8601
Lab I.D. #E84567 • Margaret Rajpaul - Director, Contact Person
NELAC CERTIFIED

RECEIVED

Report Number: _____ Sub-Contract Lab ID: _____

Analysis Requested: (check all that apply)

- Total Coliform/E-Coli Total Coliform/Fecal Enterocci HAVer? 2015C Other: _____

System Name: Pinecrest ENVIRONMENTAL PWS I.D. 6535079

System Address: _____ ENVIRONMENTAL ENGINEERING County: Polk

System or Owner's Phone #: _____ Fax #: _____

Collector: Robert Biot Collector's Phone #: 961 2599

Type of Supply: (check only one)

- Community Water System Noncommunity Water System Nontransient Noncommunity Water System Limited Use System
 Private Well Swimming Pool Bottled Water Other _____

Reason for Sampling: (check all that apply)

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

Sample Collection Date: 5-19-15

To be completed by collector of sample							To be completed by lab			
Sample Number	Sample Point (Location or Specific Address)	Lab Sample Number	Collection Time	Sample Type ¹	Disinfect Res'd (mg/L)	pH	Total Coliform Analysis Method: <u>SM9222B</u>			
							Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier ²
<u>1/4</u>	<u>Well 1</u>	<u>006824</u>	<u>08:16</u>	<u>R</u>	<u>✓</u>	<u>7.7</u>	<u>A</u>			
<u>2/4</u>	<u>Well 2</u>	<u>006825</u>	<u>08:45</u>	<u>R</u>	<u>✓</u>	<u>7.7</u>	<u>A</u>			
<u>3/4</u>	<u>6060 Citrus Hlnd N</u>	<u>006826</u>	<u>08:55</u>	<u>D</u>	<u>2.6</u>	<u>7.7</u>	<u>A</u>			
<u>4/4</u>	<u>340 Citrus Hlnd W</u>	<u>006827</u>	<u>09:00</u>	<u>D</u>	<u>2.4</u>	<u>7.8</u>	<u>A</u>			

Average of disinfectant residuals for routine and repeat samples. (Complete for community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.)

Disinfectant Residual Analysis Method: DPD Colorimetric Other: _____
Person performing analysis is (Please see instructions on reverse):
 A certified operator (# _____) Employed by a certified lab
 Supervised by a cert. operator (# 21476) Employed by DEP or DOH
 Authorized representative of supplier of water _____

²Defined in Florida Administrative Code Rule 62-160, Table 1
All tests are performed in accordance with NELAC standards. The test results in this report only relate to the analyses of the samples submitted.

Date PWS notified by lab of positive results: _____
Date State notified by lab of positive results: _____
Lab Signature: Camille Date: 5/20/15
Title: Lab manager

Name and Mailing Address of Person to Receive Report
Consta Flow, Inc
5574 Commercial Blvd
Winter Haven, FL 33880

DEP/DOH USE ONLY
 Satisfactory
 Incomplete Collection Information
 Repeat Samples Required Replacement Samples Required
Date Reviewed by DEP/DOH: 5/21/15
DEP/DOH Reviewing Official: R. J. Stadelbacher

PLANT NAME: Pinecrest WTP
(WATER REPORT)

Monitoring Period From: 6/01/15 To: 6/30/15


DAY	METER 1	METER 2	TRC	PH	TRC	PH	MULT.	1000	TOTAL
PREV	8,627	-	-	-	-	-	#REF!	#REF!	#REF!
1	8,645	-	1.7	-	1.3	-	18,500	-	18,500
2	-	-	-	-	-	-	20,500	-	20,500
3	8,666	-	1.7	-	1.4	-	20,500	-	20,500
4	-	-	-	-	-	-	20,500	-	20,500
5	8,727	-	1.8	-	1.5	-	20,500	-	20,500
6	-	-	-	-	-	-	24,667	-	24,667
7	-	-	-	-	-	-	24,667	-	24,667
8	8,801	-	2.0	-	1.5	-	24,667	-	24,667
9	-	-	-	-	-	-	23,000	-	23,000
10	8,847	-	2.1	-	1.7	-	23,000	-	23,000
11	-	-	-	-	-	-	20,500	-	20,500
12	8,888	-	3.5	-	2.7	-	20,500	-	20,500
13	-	-	-	-	-	-	27,333	-	27,333
14	-	-	-	-	-	-	27,333	-	27,333
15	8,970	-	3.0	-	2.7	-	27,333	-	27,333
16	-	-	-	-	-	-	17,000	-	17,000
17	9,004	-	3.2	-	2.5	-	17,000	-	17,000
18	-	-	-	-	-	-	18,000	-	18,000
19	9,040	-	2.8	-	2.4	-	18,000	-	18,000
20	-	-	-	-	-	-	29,333	-	29,333
21	-	-	-	-	-	-	29,333	-	29,333
22	9,128	-	2.7	-	2.2	-	29,333	-	29,333
23	-	-	-	-	-	-	21,000	-	21,000
24	9,170	-	1.9	-	1.4	-	21,000	-	21,000
25	-	-	-	-	-	-	21,500	-	21,500
26	9,213	-	1.8	-	1.3	-	21,500	-	21,500
27	-	-	-	-	-	-	22,333	-	22,333
28	-	-	-	-	-	-	22,333	-	22,333
29	9,280	-	1.1	-	0.7	-	22,333	-	22,333
30	9,305	-	-	-	-	-	25,000	-	25,000
	-	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	-
Total Flow			-	-	-	-	678,500		678,500
ADF			-	-	-	-	22,617		22,617
MAX			3.5	-	2.7	-	29,333		29,333
MIN			1.1	-	0.7	-	17,000		17,000

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

I. General Information for the Month/Year of:		Monitoring Period From: 6/01/15 To: 6/30/15		
A. Public Water System (PWS) Information				
PWS Name: PINECREST RANCHES		PWS Identification Number: 6535079		
PWS Type: Community		Non-Transient Non-Community	Transient Non-Community	Consecutive
Number of Service Connections at End of Month: 178		Total Population Served at End of Month:		
PWS Owner: Mike Smallridge				
Contact Person: Mike Smallridge		Contact Person's Title: PRESIDENT		
Contact Person's Mailing Address: P.O. BOX1798		City: Eaton Park	State: FL	Zip Code: 33840
Contact Person's Telephone Number: 352-302-7406		Contact Person's Fax Number:		
Contact Person's E-Mail Address: utilityconsultant@yahoo.com				
B. Water Treatment Plant Information				
Plant Name: Pinecrest Utilities		Plant Telephone Number: 863-647-1581		
Plant Address: Citrus Highlands Drive off Hankin Rd.		City: Bartow	State: FL	Zip Code: 33830
Type of Water Treated by Plant:		Raw Ground Water	<input checked="" type="checkbox"/>	Purchased Finished Water
Permitted Maximum Day Operating capacity of Plant, gallons per day:		150,000		
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class: C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	GAINES ALEXANDER	C	C-5472	13
Other Operators:	DANNY ALEXANDER	C	C-12379	
	JENNIFER ALEXANDER	C	C-21471	

II. Certification by Lead/Chief Operator

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

 2015/07/10

Signature and Date
DEP Form 62-555 900(3)
Effective August 28, 2003

Gaines Alexander
Printed or Typed Name

C-5472
License Number

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

PWSs Identification Number: 6335079

Monitoring Period From: 6/01/15 To: 6/30/15

Plant Name: PINECREST RANCHES

Free Chlorine

Chlorine Dioxide

Ozone

Combined Chlorine(Chloramines)

Chlorine Dioxide

Means of Achieving Foul-Log Virus Inactivation / Removal: Ultraviolet Radiation

Other: (Describe):

Free Chlorine

Chlorine Dioxide

Ozone

Combined Chlorine(Chloramines)

Chlorine Dioxide

Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Turning Water System Components Out of Operation

Day of the Month	Days Plant Started or Operator	Hours in Operation	Net Quality of Water Produced, gal	Peak flow rate, gpd	Lowest Residual Disinfectant Concentration at First Customer During Peak Flow, mg/L	Disinfectant at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or During Peak Flow, mg-min/L	Temp of Water at Application	pH of Water if Applicable	Minimum Required CT, mg-min/L	UV Dose		Lowest Residual Disinfectant Concentration at Distribution System	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Turning Water System Components Out of Operation
											Operating UV Dose, mW-sec/cm2	Minimum UV Dose required, mW-sec/cm2		
1	X	24	18500	1.7	-	-	-	-	-	-	-	1.3	-	
2		24	20500	-	-	-	-	-	-	-	-	-	-	
3	X	24	20500	1.7	-	-	-	-	-	-	-	1.4	-	
4		24	20500	-	-	-	-	-	-	-	-	-	-	
5	X	24	20500	1.8	-	-	-	-	-	-	-	1.5	-	
6		24	24697	-	-	-	-	-	-	-	-	-	-	
7		24	24667	-	-	-	-	-	-	-	-	-	-	
8	X	24	24667	2.0	-	-	-	-	-	-	-	1.5	-	
9		24	23000	-	-	-	-	-	-	-	-	-	-	
10	X	24	23000	2.1	-	-	-	-	-	-	-	1.7	-	
11		24	20500	-	-	-	-	-	-	-	-	-	-	
12	X	24	20500	3.5	-	-	-	-	-	-	-	2.7	-	
13		24	27333	-	-	-	-	-	-	-	-	-	-	
14		24	27333	-	-	-	-	-	-	-	-	-	-	
15	X	24	27333	3.0	-	-	-	-	-	-	-	2.7	-	
16		24	17000	-	-	-	-	-	-	-	-	-	-	
17	X	24	17000	3.2	-	-	-	-	-	-	-	2.5	-	
18		24	18000	-	-	-	-	-	-	-	-	-	-	
19	X	24	18000	2.8	-	-	-	-	-	-	-	2.4	-	
20		24	29333	-	-	-	-	-	-	-	-	-	-	
21		24	29333	-	-	-	-	-	-	-	-	-	-	
22	X	24	29333	2.7	-	-	-	-	-	-	-	2.2	-	
23		24	21000	-	-	-	-	-	-	-	-	-	-	
24	X	24	21000	1.9	-	-	-	-	-	-	-	1.4	-	
25		24	21500	-	-	-	-	-	-	-	-	-	-	
26	X	24	21500	1.8	-	-	-	-	-	-	-	1.3	-	
27		24	22333	-	-	-	-	-	-	-	-	-	-	
28		24	22333	-	-	-	-	-	-	-	-	-	-	
29	X	24	22333	1.1	-	-	-	-	-	-	-	0.7	-	
30		24	25000	-	-	-	-	-	-	-	-	-	-	
TOTAL			678500	-	-	-	-	-	-	-	-	-	-	
Average			22617	-	-	-	-	-	-	-	-	-	-	
Maximum			29333	-	-	-	-	-	-	-	-	-	-	

Refer to the instructions for this report to determine which plants must provide this information.
 DEP Form 62-566 (9/03)
 Effective August 26, 2003



DRINKING WATER
BACTERIOLOGICAL ANALYSIS

MID FLORIDA WATER LABORATORY

8 Oakwood Road - Winter Haven, FL 33880
Phone (863) 965-2540 • Fax (863) 967-8601
Lab I.D. #E84567 • Margaret Rajpaul - Director, Contact Person
NELAC CERTIFIED

Lab Receipt Date & Time: _____

Analysis Date & Time: 6/11/15 at 11:00am

Sample Acceptance Criteria:

Sample Preservation On Ice Not On Ice 37.0 °C

Disinfectant Check Not Detected _____ mg/L

This sample does not meet the following NELAC requirements:

Report Number: _____ Sub-Contract Lab ID: _____

Analysis Requested: (check all that apply)

Total Coliform/E-Coli Total Coliform/Fecal Enterococci Colilert HPC Other: _____

System Name: Pinecrest Ranch

PWS I.D.

6	5	3	5	0	7	9
---	---	---	---	---	---	---

System Address: _____

County: Polk

System or Owner's Phone #: _____

Fax #: _____

Collector: Robert Best

Collector's Phone #: 945 2599

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JUN 18 2015
ENVIRONMENTAL
ENGINEERING

Type of Supply: (check only one)

Community Water System Noncommunity Water System Nontransient Noncommunity Water System Limited Use System
 Private Well Swimming Pool Bottled Water Other _____

Reason for Sampling: (check all that apply)

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

Sample Collection Date: 6-11-15

To be completed by collector of sample

Sample Number	Sample Point (Location or Specific Address)	Lab Sample Number	Collection Time	Sample Type ¹	Disinfect Res'd (mg/L)	pH
1/4	Well 1	008127	0930	R	✓	7.8
2/4	Well 2	008128	0935	R	✓	7.8
3/4	282 Citrus Hwy W	008129	0940	D	1.62	7.8
4/4	5609 Jessite	008130	0945	D	1.54	7.9

To be completed by lab

Total Coliform Analysis Method: <u>SM9211B</u>			
Fecal or E. coli Analysis Method:			
Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier ²
	A		
	A		
	A		
	A		

Average of disinfectant residuals for routine and repeat samples. (Complete for community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.)

1.58

²Defined in Florida Administrative Code Rule 62-160, Table 1

All tests are performed in accordance with NELAC standards. The test results in this report only relate to the analyses of the samples submitted.

Disinfectant Residual Analysis Method: DPD Colorimetric Other: _____
Person performing analysis is (Please see instructions on reverse):
 A certified operator (# 21476) Employed by a certified lab
 Supervised by a cert. operator (# 21476) Employed by DEP or DOH
 Authorized representative of supplier of water _____

Date PWS notified by lab of positive results: _____

Date State notified by lab of positive results: _____

Lab Signature: [Signature] Date: 6/11/15

Title: Lab manager

Name and Mailing Address of Person to Receive Report
Consta Flow

DEP/DOH USE ONLY
 Satisfactory
 Incomplete Collection Information
 Repeat Samples Required Replacement Samples Required
Date Reviewed by DEP/DOH: 6/26/15
DEP/DOH Reviewing Official: R. Jablonski

PLANT NAME: Pinecrest WTP
(WATER REPORT)

Monitoring Period From: 7/01/15 To: 7/31/15

DAY	METER 1	METER 2	TRC	PH	TRC	PH	MULT.	1000	TOTAL
PREV	9,305	-	-	-	-	-	#REF!	#REF!	#REF!
1	-	-	-	-	-	-	25,000		25,000
2	9,355	-	1.3		1.0		25,000		25,000
3	-	-	-		-		18,750		18,750
4	-	-	-		-		18,750		18,750
5	-	-	-		-		18,750		18,750
6	9,430	-	0.9		0.5		18,750		18,750
7	-	-	-		-		22,000		22,000
8	9,474	-	2.0		1.5		22,000		22,000
9	-	-	-		-		22,000		22,000
10	9,518	-	2.5		1.8		22,000		22,000
11	-	-	-		-		23,000		23,000
12	-	-	-		-		23,000		23,000
13	-	-	-		-		23,000		23,000
14	9,610	-	1.9		1.6		23,000		23,000
15	9,622	-	1.6		1.2		12,000		12,000
16	-	-	-		-		14,667		14,667
17	-	-	-		-		14,667		14,667
18	9,666	-	1.9		1.5		14,667		14,667
19	-	-	-		-		37,000		37,000
20	9,740	-	3.0		2.5		37,000		37,000
21	-	-	-		-		12,500		12,500
22	9,765	-	2.5		2.0		12,500		12,500
23	-	-	-		-		25,500		25,500
24	9,816	-	2.1		1.6		25,500		25,500
25	-	-	-		-		32,000		32,000
26	9,880	-	1.5		1.0		32,000		32,000
27	-	-	-		-		13,667		13,667
28	-	-	-		-		13,667		13,667
29	9,921	-	1.3		0.9		13,667		13,667
30	-	-	-		-		16,500		16,500
31	9,954	-	1.4		0.8		16,500		16,500
			-		-		-		-
Total Flow			-		-		649,000		649,000
ADF			-		-		20,935		20,935
MAX			3.0		2.5		37,000		37,000
MIN			0.9		0.5		12,000		12,000

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

I. General Information for the Month/Year of:		Monitoring Period From: 7/01/15 To: 7/31/15			
A. Public Water System (PWS) Information					
PWS Name: PINECREST RANCHES		PWS Identification Number: 6535079			
PWS Type: Community		Non-Transient Non-Community		Transient Non-Community	
				Consecutive	
Number of Service Connections at End of Month: 178		Total Population Served at End of Month:			
PWS Owner: Mike Smallridge					
Contact Person: Mike Smallridge		Contact Person's Title: PRESIDENT			
Contact Person's Mailing Address: P.O. BOX1798		City: Eaton Park		State: FL	
				Zip Code: 33840	
Contact Person's Telephone Number: 352-302-7406		Contact Person's Fax Number:			
Contact Person's E-Mail Address: utilityconsultant@yahoo.com					
B. Water Treatment Plant Information					
Plant Name: Pinecrest Utilities		Plant Telephone Number: 863-647-1581			
Plant Address: Citrus Highlands Drive off Hankin Rd.		City: Bartow		State: FL	
				Zip Code: 33830	
Type of Water Treated by Plant:		Raw Ground Water		Purchased Finished Water	
		X			
Permitted Maximum Day Operating capacity of Plant, gallons per day:		150,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class: C			
Licensed Operators		Name		License Class	
Lead/Chief Operator:		GAINES ALEXANDER		C	
Other Operators:		DANNY ALEXANDER		C	
		JENNIFER ALEXANDER		C	
II. Certification by Lead/Chief Operator					

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

Gaines Alexander 2015/08/10
 Signature and Date
 DEP Form 62-555.900(3)
 Effective August 28, 2003

Gaines Alexander
 Printed or Typed Name

C-5472
 License Number

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

PWS Identification Number: **6535079** Monitoring Period From: **7/01/15 To: 7/31/15** Free Chlorine: **Chlorine Dioxide** Ozone: **Combined Chlorine(Chloramines)**

Means of Achieving Four-Log Virus Inactivation / Removal: **Ultraviolet Radiation** Other (Describe): **Free Chlorine** Part Name: **PINECREST RANCHES** Combined Chlorine(Chloramines): **Chlorine Dioxide**

Type of Disinfectant Residual Maintained in Distribution System:	Days Plant Staffed or Operator	Hours in Operation	Net Quality of Finished Water Produced, gal	CT Calculations		CT Calculations		UV Dose		Lowest Residual Disinfectant Concentration at Distribution Point in System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Testing Water System Components Out of Operation
				Lowest Disinfectant Concentration at First Customer Peak Flow, mg/L	Diapneic Contact Time (T) at C	Lowest CT Provided Before or During Peak Flow, min	Temp of Water, C	Minimum Operating UV Dose required, mJ/cm ²	Minimum UV Dose required, mJ/cm ²		
1	X	24	25000	1.3	-	-	-	-	-	1.0	-
2		24	18750	-	-	-	-	-	-	-	-
3		24	18750	-	-	-	-	-	-	-	-
4		24	18750	-	-	-	-	-	-	-	-
5		24	18750	-	-	-	-	-	-	-	-
6	X	24	18750	0.9	-	-	-	-	-	0.5	-
7		24	22000	-	-	-	-	-	-	-	-
8	X	24	22000	2.0	-	-	-	-	-	1.5	-
9		24	22000	-	-	-	-	-	-	-	-
10	X	24	22000	2.5	-	-	-	-	-	1.8	-
11		24	23000	-	-	-	-	-	-	-	-
12		24	23000	-	-	-	-	-	-	-	-
13		24	23000	-	-	-	-	-	-	-	-
14	X	24	23000	1.9	-	-	-	-	-	1.6	-
15	X	24	12000	1.6	-	-	-	-	-	1.2	-
16		24	14667	-	-	-	-	-	-	-	-
17		24	14667	-	-	-	-	-	-	-	-
18	X	24	14667	1.9	-	-	-	-	-	1.5	-
19		24	37000	-	-	-	-	-	-	-	-
20	X	24	37000	3.0	-	-	-	-	-	2.5	-
21		24	12500	-	-	-	-	-	-	-	-
22	X	24	12500	2.5	-	-	-	-	-	2.0	-
23		24	25500	-	-	-	-	-	-	-	-
24	X	24	25500	2.1	-	-	-	-	-	1.6	-
25		24	32000	-	-	-	-	-	-	-	-
26	X	24	32000	1.5	-	-	-	-	-	1.0	-
27		24	13667	-	-	-	-	-	-	-	-
28	X	24	13667	1.3	-	-	-	-	-	0.9	-
29		24	16500	-	-	-	-	-	-	-	-
30	X	24	16500	1.4	-	-	-	-	-	0.8	-
31	X	24	16500	1.4	-	-	-	-	-	0.8	-
Average			649000								
Maximum			37000								

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



DRINKING WATER BACTERIOLOGICAL ANALYSIS

MID FLORIDA WATER LABORATORY

8 Oakwood Road - Winter Haven, FL 33880
Phone (863) 965-2540 • Fax (863) 967-8601
Lab I.D. #E84567 • Margaret Rajpaul - Director, Contact Person
NELAC CERTIFIED

RECEIVED

Report Number: Sub-Contract Lab ID: JUL 16 2015

Analysis Requested: (check all that apply)

- Total Coliform/E-Coli, Total Coliform/Fecal, Enterococci, ENVIRONMENTAL ENGINEERING

System Name: Pinecrest Pines

PWS I.D. 6535079

System Address: 6115 Hwy 60E

County: Polk

System or Owner's Phone #: Collector: Robert Best

Fax #: Collector's Phone #: 965 2547

Type of Supply: (check only one)

- Community Water System, Noncommunity Water System, Nontransient Noncommunity Water System, Limited Use System, Private Well, Swimming Pool, Bottled Water, Other

Reason for Sampling: (check all that apply)

- Distribution Routine, Distribution Repeat, Raw (triggered or assessment), Raw (triggered or assessment) additional, Well Survey, Clearance, Replacement, Boil Water Notice, Other

Sample Collection Date: 7-14-15

Table with columns: Sample Number, Sample Point (Location or Specific Address), Lab Sample Number, Collection Time, Sample Type, Disinfect Res'd (mg/L), pH, Total Coliform Analysis Method, Fecal or E. coli Analysis Method, Non Coliform, Total Coliform, Fecal or E. coli, Data Qualifier.

Average of disinfectant residuals for routine and repeat samples. (Complete for community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.)

2.20 Defined in Florida Administrative Code Rule 62-160, Table 1. All tests are performed in accordance with NELAC standards. The test results in this report only relate to the analyses of the samples submitted.

Disinfectant Residual Analysis Method: DPD Colorimetric, Person performing analysis is (Please see instructions on reverse): A certified operator, Supervised by a cert. operator, Authorized representative of supplier of water

Date PWS notified by lab of positive results: Date State notified by lab of positive results: Lab Signature: Date 7/15/15 Title: Lab Manager

Name and Mailing Address of Person to Receive Report: Consta Flow, Inc, 5574 Commercial Blvd, Winter Haven, FL 33880

DEP/DOH USE ONLY: Satisfactory, Incomplete Collection Information, Repeat Samples Required, Replacement Samples Required, Date Reviewed by DEP/DOH: 7/20/15, DEP/DOH Reviewing Official: R. Adellache

PLANT NAME:

Pinecrest WTP
(WATER REPORT)

Monitoring Period From: 8/01/15 To: 8/31/15

DAY	METER 1	METER 2	TRC	PH	TRC	PH	MULT.	1000	TOTAL
PREV	9,954						#REF!	#REF!	#REF!
1	-	-	-	-	-	-	16,333	16,333	16,333
2	-	-	-	-	-	-	16,333	16,333	16,333
3	10,003	-	1.5	-	1.0	-	16,333	16,333	16,333
4	-	-	-	-	-	-	25,500	25,500	25,500
5	10,054	-	1.4	-	1.0	-	18,000	18,000	18,000
6	-	-	-	-	-	-	18,000	18,000	18,000
7	10,090	-	1.5	-	1.0	-	18,000	18,000	18,000
8	-	-	-	-	-	-	23,333	23,333	23,333
9	-	-	-	-	-	-	23,333	23,333	23,333
10	10,160	-	1.4	-	1.1	-	23,333	23,333	23,333
11	-	-	-	-	-	-	21,000	21,000	21,000
12	10,202	-	1.7	-	1.2	-	21,000	21,000	21,000
13	-	-	-	-	-	-	22,000	22,000	22,000
14	10,246	-	1.6	-	1.1	-	22,000	22,000	22,000
15	-	-	-	-	-	-	18,000	18,000	18,000
16	-	-	-	-	-	-	18,000	18,000	18,000
17	10,300	-	1.5	-	1.0	-	18,000	18,000	18,000
18	-	-	-	-	-	-	20,000	20,000	20,000
19	10,340	-	1.5	-	1.1	-	20,000	20,000	20,000
20	-	-	-	-	-	-	21,500	21,500	21,500
21	10,383	-	1.6	-	1.0	-	21,500	21,500	21,500
22	-	-	-	-	-	-	25,667	25,667	25,667
23	-	-	-	-	-	-	25,667	25,667	25,667
24	10,460	-	1.4	-	1.2	-	25,667	25,667	25,667
25	-	-	-	-	-	-	15,000	15,000	15,000
26	10,490	-	1.5	-	1.1	-	15,000	15,000	15,000
27	-	-	-	-	-	-	14,000	14,000	14,000
28	10,518	-	2.0	-	1.5	-	14,000	14,000	14,000
29	-	-	-	-	-	-	20,333	20,333	20,333
30	-	-	-	-	-	-	20,333	20,333	20,333
31	10,579	-	2.2	-	1.8	-	20,333	20,333	20,333
Total Flow							625,000		625,000
ADF							20,161		20,161
MAX			2.2		1.8		25,667		25,667
MIN			1.4		1.0		14,000		14,000

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

I. General Information for the Month/Year of:		Monitoring Period From: 8/01/15 To: 8/31/15		
A. Public Water System (PWS) Information				
PWS Name:	PINECREST RANCHES		PWS Identification Number:	6535079
PWS Type:	Community	Non-Transient Non-Community	Transient Non-Community	Consecutive
Number of Service Connections at End of Month:	178		Total Population Served at End of Month:	
PWS Owner:	Mike Smallridge			
Contact Person :	Mike Smallridge		Contact Person's Title:	PRESIDENT
Contact Person's Mailing Address:	P.O. BOX1798	City: Eaton Park	State:	FL Zip Code: 33840
Contact Person's Telephone Number:	352-302-7406		Contact Person's Fax Number:	
Contact Person's E-Mail Address:	utilityconsultant@yahoo.com			
B. Water Treatment Plant Information				
Plant Name:	Pinecrest Utilities		Plant Telephone Number:	863-647-1581
Plant Address:	Citrus Highlands Drive off Hankin Rd.	City: Bartow	State:	FL Zip Code: 33830
Type of Water Treated by Plant:	Raw Ground Water	X	Purchased Finished Water	
Permitted Maximum Day Operating capacity of Plant, gallons per day:			150,000	
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class:	C
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	GAINES ALEXANDER	C	C-5472	13
Other Operators:	DANNY ALEXANDER	C	C-12379	
	JENNIFER ALEXANDER	C	C-21471	
II. Certification by Lead/Chief Operator:				

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

Danny Alexander 2015/09/10
Signature and Date

Gaines Alexander
Printed or Typed Name

C-5472
License Number

MONTHLY OPERATION REPORT FOR PWS: TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 6335079

Monitoring Period From: 8/01/15 To: 8/31/15

Plant Name: PINECREST RANCHES

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

Day of the month	Days Started by Operator	Hours Plant in Operation	Net Quality of Finished Water Produced gal	Peak flow rate - gpd	Lowest Residual Disinfectant concentration Before or at First Customer Peak Flow, mg/L	Disinfectant Contact Time (T) at C, minutes	Lowest CT Provided Before or at First Customer Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum Required CT, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose required, mW-sec/cm ²	Lowest Residual Disinfectant concentration at Distribution Point in Distribution System, mg/L	Emergency or Abnormal Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1		24	18333	-	-	-	-	-	-	-	-	-	-	
2	X	24	18333	1.5	-	-	-	-	-	-	-	-	1.0	
3	X	24	18333	1.5	-	-	-	-	-	-	-	-	1.0	
4	X	24	25500	1.4	-	-	-	-	-	-	-	-	1.0	
5	X	24	25500	1.4	-	-	-	-	-	-	-	-	1.0	
6	X	24	18000	1.5	-	-	-	-	-	-	-	-	1.0	
7	X	24	18000	1.5	-	-	-	-	-	-	-	-	1.1	
8	X	24	23333	1.4	-	-	-	-	-	-	-	-	1.1	
9	X	24	23333	1.4	-	-	-	-	-	-	-	-	1.1	
10	X	24	23333	1.4	-	-	-	-	-	-	-	-	1.1	
11	X	24	21000	1.7	-	-	-	-	-	-	-	-	1.2	
12	X	24	21000	1.7	-	-	-	-	-	-	-	-	1.1	
13	X	24	22000	1.6	-	-	-	-	-	-	-	-	1.1	
14	X	24	22000	1.6	-	-	-	-	-	-	-	-	1.1	
15	X	24	18000	1.5	-	-	-	-	-	-	-	-	1.0	
16	X	24	18000	1.5	-	-	-	-	-	-	-	-	1.0	
17	X	24	18000	1.5	-	-	-	-	-	-	-	-	1.0	
18	X	24	20000	1.5	-	-	-	-	-	-	-	-	1.1	
19	X	24	20000	1.5	-	-	-	-	-	-	-	-	1.1	
20	X	24	21500	1.6	-	-	-	-	-	-	-	-	1.0	
21	X	24	21500	1.6	-	-	-	-	-	-	-	-	1.0	
22	X	24	25667	1.4	-	-	-	-	-	-	-	-	1.2	
23	X	24	25667	1.4	-	-	-	-	-	-	-	-	1.1	
24	X	24	25667	1.4	-	-	-	-	-	-	-	-	1.2	
25	X	24	19000	1.5	-	-	-	-	-	-	-	-	1.1	
26	X	24	15000	2.0	-	-	-	-	-	-	-	-	1.5	
27	X	24	14000	2.0	-	-	-	-	-	-	-	-	1.5	
28	X	24	14000	2.0	-	-	-	-	-	-	-	-	1.5	
29	X	24	20333	2.2	-	-	-	-	-	-	-	-	1.8	
30	X	24	20333	2.2	-	-	-	-	-	-	-	-	1.8	
31	X	24	20333	2.2	-	-	-	-	-	-	-	-	1.8	
Total			625000											
Average			20161											
Maximum			25667											

Refer to the instructions for this report to determine which plants must provide this information.
 DEP Form 63365 (8/09)
 Effective August 26, 2003



DRINKING WATER
BACTERIOLOGICAL ANALYSIS

MID FLORIDA WATER LABORATORY

8 Oakwood Road - Winter Haven, FL 33880
Phone (863) 965-2540 • Fax (863) 967-8601
Lab I.D. #E84567 • Margaret Rajpaul - Director, Contact Person
NELAC CERTIFIED

Lab Receipt Date & Time: _____
Analysis Date & Time: 8/11/15 11:55am
Sample Acceptance Criteria: 7.15
Sample Preservation On Ice Not On Ice _____
Disinfectant Check Not Detected _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: _____ Sub-Contract Lab ID: _____

Analysis Requested: (check all that apply)

- Total Coliform/E-Coli Total Coliform/Fecal Enterococci Colilert HPC Other: _____

System Name: Pinecroft

PWS I.D. 1532070

System Address: 6115 Hwy 60

County: Dick

System or Owner's Phone #: _____

RECEIVED

Collector: Robert West

Collector's Phone #: 405 2599

Type of Supply: (check only one)

- Community Water System Noncommunity Water System Nontransient Noncommunity Water System Limited Use System
 Private Well Swimming Pool Bottled Water Other _____

Reason for Sampling: (check all that apply)

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

Sample Collection Date: 8-5-15

To be completed by collector of sample							To be completed by lab			
Sample Number	Sample Point (Location of Specific Address)	Lab Sample Number	Collection Time	Sample Type	Disinfect Res'd (mg/L)	pH	Total Coliform Analysis Method: <u>SM9222B</u>			
							Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier ¹
<u>1/4</u>	<u>Well 1</u>	<u>010495</u>	<u>9:50</u>	<u>R</u>	<u>✓</u>	<u>7.7</u>	<u>L</u>	<u>A</u>		
<u>2/4</u>	<u>Well 2</u>	<u>010496</u>	<u>9:55</u>	<u>R</u>	<u>✓</u>	<u>7.7</u>		<u>A</u>		
<u>7/4</u>	<u>6115 Hwy 60 (Pinecroft)</u>	<u>010497</u>	<u>10:00</u>	<u>D</u>	<u>2.09</u>	<u>7.7</u>	<u>L</u>	<u>A</u>		
<u>4/4</u>	<u>401 Highland Way</u>	<u>010498</u>	<u>10:15</u>	<u>D</u>	<u>2.20</u>	<u>7.8</u>	<u>L</u>	<u>A</u>		

Average of disinfectant residuals for routine and repeat samples. (Complete for community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.)

2.14

¹Defined in Florida Administrative Code Rule 62-160, Table 1
All tests are performed in accordance with NELAC standards. The test results in this report only relate to the analyses of the samples submitted.

Disinfectant Residual Analysis Method: DPD Colorimetric Other: _____

Person performing analysis is (Please see instructions on reverse):

- A certified operator (# _____) Employed by a certified lab
 Supervised by a cert. operator (# 27471) Employed by DEP or DOH
 Authorized representative of supplier of water.

Date PWS notified by lab of positive results: _____

Date State notified by lab of positive results: _____

Lab Signature: [Signature] Date: 8/11/15

Title: [Signature]

Name and Mailing Address of Person to Receive Report

Consta Flow, Inc
5574 Commercial Blvd
Winter Haven, FL 33880

DEP/DOH USE ONLY

Satisfactory
 Incomplete Collection Information
 Repeat Samples Required Replacement Samples Required

Date Reviewed by DEP/DOH: 8/17/15
DEP/DOH Reviewing Official: [Signature]

¹DEP Sample Type Codes: D - Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)
Analysis Methods: MF = SM9222B & D; MTF = 9221B & EC/MUG; MMO/MUG = SM9223B; HPC = SM9215B
Results: A = coliforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count

PLANT NAME: Pinecrest WTP
(WATER REPORT)

Monitoring Period From: 9/01/15 To: 9/30/15

DAY	METER 1	METER 2	TRC	PH	TRC	PH	MULT.	1000	TOTAL
PREV	10,579	-	-	-	-	-	#REF!	#REF!	#REF!
1	-	-	-	-	-	-	18,000	-	18,000
2	10,615	-	2.2	-	1.7	-	18,000	-	18,000
3	-	-	-	-	-	-	10,500	-	10,500
4	10,636	-	1.7	-	1.2	-	10,500	-	10,500
5	-	-	-	-	-	-	21,333	-	21,333
6	-	-	-	-	-	-	21,333	-	21,333
7	10,700	-	2.2	-	1.5	-	21,333	-	21,333
8	-	-	-	-	-	-	17,500	-	17,500
9	10,735	-	1.7	-	1.4	-	17,500	-	17,500
10	-	-	-	-	-	-	20,000	-	20,000
11	10,775	-	1.4	-	1.0	-	20,000	-	20,000
12	-	-	-	-	-	-	20,000	-	20,000
13	-	-	-	-	-	-	20,000	-	20,000
14	10,835	-	1.5	-	1.0	-	20,000	-	20,000
15	-	-	-	-	-	-	17,500	-	17,500
16	10,870	-	1.4	-	1.0	-	17,500	-	17,500
17	-	-	-	-	-	-	15,000	-	15,000
18	10,900	-	1.5	-	1.0	-	15,000	-	15,000
19	-	-	-	-	-	-	22,333	-	22,333
20	-	-	-	-	-	-	22,333	-	22,333
21	10,967	-	1.4	-	1.0	-	22,333	-	22,333
22	-	-	-	-	-	-	13,000	-	13,000
23	10,993	-	1.5	-	1.0	-	13,000	-	13,000
24	-	-	-	-	-	-	21,000	-	21,000
25	11,035	-	1.4	-	1.0	-	21,000	-	21,000
26	-	-	-	-	-	-	21,667	-	21,667
27	-	-	-	-	-	-	21,667	-	21,667
28	11,100	-	1.3	-	0.9	-	21,667	-	21,667
29	-	-	-	-	-	-	17,500	-	17,500
30	11,135	-	1.5	-	1.1	-	17,500	-	17,500
	-	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	-
Total Flow			-	-	-	-	556,000		556,000
ADF			-	-	-	-	18,533		18,533
MAX			2.2		1.7		22,333		22,333
MIN			1.3		0.9		10,500		10,500

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

I. General Information for the Month/Year of: Monitoring Period From: 9/01/15 To: 9/30/15				
A. Public Water System (PWS) Information				
PWS Name:	PINECREST RANCHES			
PWS Identification Number:	6535079			
PWS Type:	Community Non-Transient Non-Community			
Transient Non-Community	Consecutive			
Number of Service Connections at End of Month:	178			
Total Population Served at End of Month:				
PWS Owner:	Mike Smalbridge			
Contact Person:	Mike Smalbridge			
Contact Person's Title:	PRESIDENT			
Contact Person's Mailing Address:	P.O. BOX1798			
City:	Eaton Park			
State:	FL			
Zip Code:	33840			
Contact Person's Telephone Number:	352-302-7406			
Contact Person's Fax Number:				
Contact Person's E-Mail Address:	utilityconsultant@yahoo.com			
B. Water Treatment Plant Information				
Plant Name:	Pinecrest Utilities			
Plant Telephone Number:	863-647-1581			
Plant Address:	Citrus Highlands Drive off Hankin Rd.			
City:	Bartow			
State:	FL			
Zip Code:	33830			
Type of Water Treated by Plant:	Raw Ground Water X			
Purchased Finished Water				
Permitted Maximum Day Operating capacity of Plant, gallons per day:	150,000			
Plant Category (per subsection 62-899.310(4), F.A.C.):	V			
Plant Class:	C			
Licensed Operator	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	GAINES ALEXANDER	C	C-5472	13
Other Operators:	DANNY ALEXANDER	C	C-12378	
	JENNIFER ALEXANDER	C	C-21471	

II. Certification by Lead/Chief Operator

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

Gaines Alexander 2015/10/12
 Signature and Date

Gaines Alexander
 Printed or Typed Name

C-5472
 License Number

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

PWS Identification Number: 6535079 Plant Name: PINECREST RANCHES

Means of Achieving Four-Log Virus Inactivation / Removal: UV/Violet Radiation
 Other: (Describe): Free Chlorine
 Monitoring Period From: 9/01/15 To: 9/30/15
 Chlorine Dioxide
 Ozone
 Combined Chlorine/Chloramines

Day of the Month	Days Started or Operator	Hours Plant in Operation	Quality of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*		Free Chlorine		Combined Chlorine/Chloramines		Ozone	Chlorine Dioxide	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Peak flow rate, gpd	Lowest Residual at Customer Peak Flow, mg/L	Distribeled at Contact Point During Peak Flow, minutes	Lowest CT Provided Before or After Customer Peak Flow, mg-min/L	Minimum Required CT, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²			
1												
2	X	24	18000		2.2							
3		24	18000									
4	X	24	10500		1.7							
5		24	21333									
6		24	21333									
7	X	24	21333		2.2							
8		24	17500									
9	X	24	17500		1.7							
10		24	20000									
11	X	24	20000		1.4							
12		24	20000									
13		24	20000									
14	X	24	20000		1.5							
15		24	17500									
16	X	24	17500		1.4							
17		24	15000									
18	X	24	15000		1.5							
19		24	22333									
20		24	22333									
21	X	24	22333		1.4							
22		24	13000									
23	X	24	13000		1.5							
24		24	21000									
25	X	24	21000		1.4							
26		24	21687									
27	X	24	21687		1.3							
28		24	17500									
29	X	24	17500		1.5							
30		24	17500									
Total			556000									
Average			18533									
Maximum			22333									

*Refer to the instructions for this report to determine which plants must provide this information
 DEP Form 6-255 (9/03)
 Effective April 25, 2003

DRINKING WATER
BACTERIOLOGICAL ANALYSIS



MID FLORIDA WATER LABORATORY

8 Oakwood Road - Winter Haven, FL 33880
Phone (863) 965-2640 • Fax (863) 967-8601
Lab I.D. #E84567 • Margaret Rajpaul - Director, Contact Person
NELAC CERTIFIED

Lab Receipt Date & Time: _____
Analysis Date & Time: 9/14/15 @ 11:55 am
Sample Acceptance Criteria: _____
Sample Preservation On Ice Not On Ice _____
Disinfectant Check Not Detected _____ mg/L
This sample does not meet the following NELAC requirements: _____

Report Number: _____ Sub-Contract Lab ID: _____

Analysis Requested: (check all that apply)

- Total Coliform/E-Coli Total Coliform/Fecal Enterococci Coliforms Other: _____

System Name: Pinecrest Utilities

PWS I.D. 6035079

System Address: 16115 Hwy 60 E

County: POLK

System or Owner's Phone #: _____

Fax #: _____

Collector: Robert Deet

Collector's Phone #: 905-2079

Type of Supply: (check only one)

- Community Water System Noncommunity Water System Nontransient Noncommunity Water System Limited Use System
 Private Well Swimming Pool Bottled Water Other _____

Reason for Sampling: (check all that apply)

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

Sample Collection Date: 9-14-15

To be completed by collector of sample: _____ To be completed by lab: _____

Sample Number	Sample Point (Location or Specific Address)	Lab Sample Number	Collection Time	Sample Type ¹	Disinfect Res'd (mg/L)	pH	Total Coliform Analysis Method: <u>SM 9228B</u>			
							Fecal or E. coli Analysis Method:	Non Coliform	Total Coliform	Fecal or E. coli
<u>1/4</u>	<u>Well 1</u>	<u>012474</u>	<u>0920</u>	<u>R</u>	<u>1.6</u>	<u>7.6</u>		<u>A</u>		
<u>2/4</u>	<u>Well 2</u>	<u>012475</u>	<u>0925</u>	<u>R</u>	<u>1.6</u>	<u>7.6</u>		<u>A</u>		
<u>3/4</u>	<u>282 Citrus Blvd E</u>	<u>012476</u>	<u>0935</u>	<u>D</u>	<u>1.68</u>	<u>7.6</u>		<u>A</u>		
<u>4/4</u>	<u>340 Citrus Blvd W</u>	<u>012477</u>	<u>0945</u>	<u>D</u>	<u>1.54</u>	<u>7.7</u>		<u>A</u>		

Average of disinfectant residuals for routine and repeat samples. (Complete for community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.)

1.61

²Defined in Florida Administrative Code Rule 62-160, Table 1
All tests are performed in accordance with NELAC standards. The test results in this report only relate to the analyses of the samples submitted.

Disinfectant Residual Analysis Method: DPD Colorimetric Other: _____
Person performing analysis is (Please see instructions on reverse):
 A certified operator (# _____) Employed by a certified lab
 Supervised by a cert. operator (# 21476) Employed by DEP or DOH
 Authorized representative of supplier of water _____

Date PWS notified by lab of positive results: _____
Date State notified by lab of positive results: _____
Lab Signature: [Signature] Date: 9/15/15
Title: Lab Manager

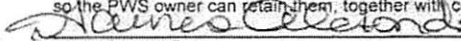
Name and Mailing Address of Person to Receive Report
Consta Flow, Inc
5574 Commercial Blvd
Winter Haven, FL 33880

DEP/DOH USE ONLY
 Satisfactory
 Incomplete Collection Information
 Repeat Samples Required Replacement Samples Required
Date Reviewed by DEP/DOH: 9/24/15
DEP/DOH Reviewing Official: [Signature]

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

I. General Information for the Month/Year of:		Monitoring Period From: 10/01/15 To: 10/31/15			
A. Public Water System (PWS) Information					
PWS Name:	PINECREST RANCHES		PWS Identification Number:	6535079	
PWS Type:	Community	Non-Transient Non-Community	Transient Non-Community	Consecutive	
Number of Service Connections at End of Month:	178		Total Population Served at End of Month:		
PWS Owner:	Mike Smallridge				
Contact Person:	Mike Smallridge		Contact Person's Title:	PRESIDENT	
Contact Person's Mailing Address:	P.O. BOX 1798	City: Eaton Park	State:	FL	Zip Code: 33840
Contact Person's Telephone Number:	352-302-7406		Contact Person's Fax Number:		
Contact Person's E-Mail Address:	utilityconsultant@yahoo.com				
B. Water Treatment Plant Information					
Plant Name:	Pinecrest Utilities		Plant Telephone Number:	863-647-1581	
Plant Address:	Citrus Highlands Drive off Hankin Rd.		City: Bartow	State: FL	Zip Code: 33830
Type of Water Treated by Plant:	Raw Ground Water	X	Purchased Finished Water		
Permitted Maximum Day Operating capacity of Plant, gallons per day:	150,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class:	C	
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked	
Lead/Chief Operator:	GAINES ALEXANDER	C	C-5472	12	
Other Operators:	DANNY ALEXANDER	C	C-12379		
	JENNIFER ALEXANDER	C	C-21471		
II. Certification by Lead/Chief Operator					

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

 10/15/11/10

Signature and Date
DEP Form 62-555 900(3)
Effective August 28, 2003

Gaines Alexander
Printed or Typed Name

C-5472
License Number

MONTHLY OPERATION REPORT FOR PWS: TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 6535079 Monitoring Period From: 10/01/15 to: 10/31/15 Plant Name: PINECREST RANCHES Chlorine Dioxide Ozone Combined Chlorine(Chloramines)

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

Day of the Month	Day's Plant Started or Operator	Hours in Plant in Operation	Net Quality of Finished Water	CT Calculations of UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable		UV Dose		Lowest Residual Chlorine at Distribution Point in System	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Impaired Taking Water System Components Out of Operation
				Peak flow rate - gpd	Peak flow rate - mgd	Lowest CT Provided Before or at First Customer During Peak Flow - minutes	Temp of Water - C		
1		24	27000		2.0			1.8	
2	X	24	27000		-			-	
3		24	10500		-			-	
4	X	24	10500		2.1			1.7	
5		24	17000		-			-	
6		24	17000		-			-	
7	X	24	17000		2.0			1.7	
8		24	19750		-			-	
9		24	19750		-			-	
10		24	19750		-			-	
11	X	24	19750		1.8			1.5	
12		24	30000		-			-	
13		24	20000		-			-	
14	X	24	20000		1.5			1.0	
15		24	27500		-			-	
16	X	24	27500		1.0			0.7	
17		24	16333		-			-	
18		24	16333		-			-	
19	X	24	16333		0.8			0.4	
20		24	18000		-			-	
21	X	24	18000		1.0			0.7	
22		24	25000		-			-	
23		24	29000		-			-	
24	X	24	20000		1.0			0.7	
25		24	20000		-			-	
26	X	24	20000		1.0			0.6	
27		24	15000		-			-	
28	X	24	15000		1.5			1.1	
29		24	18500		-			-	
30	X	24	18500		1.8			1.4	
31		24	9000		-			-	
Total			591000						
Average			19065						
Maximum			27500						

Refer to the instructions for this report to determine which plants must provide this information
 DEP Form 62-565 (9/00/03)
 Effective August 28, 2003



**DRINKING WATER
BACTERIOLOGICAL ANALYSIS**

MID FLORIDA WATER LABORATORY

8 Oakwood Road - Winter Haven, FL 33880
Phone (863) 965-2540 • Fax (863) 967-8601
Lab I.D. #E84567 • Margaret Rajpaul - Director, Contact Person
NELAC CERTIFIED

Lab Receipt Date & Time: _____
Analysis Date & Time: 10/19/15 @ 1:00pm
Sample Acceptance Criteria:
Sample Preservation On Ice Not On Ice _____ °C
Disinfectant Check Not Detected _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: _____ Sub-Contract Lab ID: _____

RECEIVED

Analysis Requested: (check all that apply)
 Total Coliform/E-Coli Total Coliform/Fecal Enterococci Colilert HPC Other: _____

OCT 22 2015

System Name: Pine Crest Ponds

PWS I.D.

6	5	3	5	0	7	7
---	---	---	---	---	---	---

System Address: 6115 Hwy 60E

**ENVIRONMENTAL
ENGINEERING**

County: Dock

System or Owner's Phone #: _____ Fax #: _____

Collector: Robert Boat

Collector's Phone #: 765 2579

Type of Supply: (check only one)

- Community Water System Noncommunity Water System Nontransient Noncommunity Water System Limited Use System
 Private Well Swimming Pool Bottled Water Other _____

Reason for Sampling: (check all that apply)

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

Sample Collection Date: 10-19-15

To be completed by collector of sample							To be completed by lab			
Sample Number	Sample Point (Location or Specific Address)	Lab Sample Number	Collection Time	Sample Type ¹	Disinfect Res'd (mg/L)	pH	Total Coliform Analysis Method: <u>9222B</u>			
							Fecal or E. coli Analysis Method:			
							Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier ²
1/6	Well 1	014458	0855	R	✓	7.7		A		
2/4	Well 2	014459	0910	R	✓	7.6		A		
3/4	5609 Okessie	014460	0915	D	1.13	7.6		A		
4/4	3308 Hankin	014461	0920	D	1.21	7.6		A		

Average of disinfectant residuals for routine and repeat samples. (Complete for community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.)

²Defined in Florida Administrative Code Rule 62-160, Table 1
All tests are performed in accordance with NELAC standards. The test results in this report only relate to the analyses of the samples submitted.

Disinfectant Residual Analysis Method: DPD Colorimetric Other: _____
Person performing analysis is (Please see instructions on reverse):
 A certified operator (# _____) Employed by a certified lab
 Supervised by a cert. operator (# 21471) Employed by DEP or DOH
 Authorized representative of supplier of water _____

Date PWS notified by lab of positive results: _____
Date State notified by lab of positive results: _____
Lab Signature: [Signature] Date: _____
Title: Lab Manager

Name and Mailing Address of Person to Receive Report
Consta Flow, Inc
5574 Commercial Blvd
Winter Haven, FL 33880

DEP/DOH USE ONLY

Satisfactory
 Incomplete Collection Information
 Repeat Samples Required Replacement Samples Required
Date Reviewed by DEP/DOH: 10/23/15
DEP/DOH Reviewing Official: R. Hadelbacher

PLANT NAME:

Pincrest WTP

Monitoring Period From: 11/01/15 To: 11/30/15

(WATER REPORT)

DAY	METER 1	METER 2	TRC	PH	TRC	PH	MULT.	#REFI	#REFI	1000	TOTAL	#REFI
PREV	11,726	-	-	-	-	-	-	27,000	-	-	27,000	27,000
1	-	-	-	-	-	-	-	27,000	-	-	27,000	27,000
2	11,780	-	1.3	-	0.9	-	27,000	-	-	27,000	22,500	22,500
3	-	-	-	-	-	-	22,500	-	-	22,500	22,500	22,500
4	11,825	-	1.3	-	0.9	-	22,500	-	-	22,500	22,500	22,500
5	-	-	-	-	-	-	22,000	-	-	22,000	22,000	22,000
6	11,869	-	1.2	-	0.8	-	22,000	-	-	22,000	22,000	22,000
7	-	-	-	-	-	-	17,000	-	-	17,000	17,000	17,000
8	-	-	-	-	-	-	17,000	-	-	17,000	17,000	17,000
9	11,920	-	1.2	-	0.9	-	17,000	-	-	17,000	17,000	17,000
10	-	-	-	-	-	-	20,000	-	-	20,000	20,000	20,000
11	11,960	-	1.8	-	1.2	-	20,000	-	-	20,000	20,000	20,000
12	-	-	-	-	-	-	27,500	-	-	27,500	27,500	27,500
13	12,015	-	1.8	-	1.5	-	27,500	-	-	27,500	27,500	27,500
14	-	-	-	-	-	-	17,667	-	-	17,667	17,667	17,667
15	-	-	-	-	-	-	17,667	-	-	17,667	17,667	17,667
16	12,068	-	2.2	-	1.7	-	17,667	-	-	17,667	17,667	17,667
17	-	-	-	-	-	-	18,500	-	-	18,500	18,500	18,500
18	12,105	-	1.7	-	1.4	-	18,500	-	-	18,500	18,500	18,500
19	-	-	-	-	-	-	16,000	-	-	16,000	16,000	16,000
20	12,137	-	1.7	-	1.4	-	16,000	-	-	16,000	16,000	16,000
21	-	-	-	-	-	-	23,333	-	-	23,333	23,333	23,333
22	-	-	-	-	-	-	23,333	-	-	23,333	23,333	23,333
23	12,207	-	2.0	-	1.8	-	23,333	-	-	23,333	23,333	23,333
24	-	-	-	-	-	-	21,500	-	-	21,500	21,500	21,500
25	12,250	-	2.0	-	1.8	-	21,500	-	-	21,500	21,500	21,500
26	-	-	-	-	-	-	20,000	-	-	20,000	20,000	20,000
27	12,290	-	2.5	-	1.9	-	20,000	-	-	20,000	20,000	20,000
28	-	-	-	-	-	-	16,667	-	-	16,667	16,667	16,667
29	-	-	-	-	-	-	16,667	-	-	16,667	16,667	16,667
30	12,340	-	2.7	-	1.9	-	16,667	-	-	16,667	16,667	16,667
	-	-	-	-	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	-	-	-	-
Total Flow							614,000			614,000	614,000	614,000
ADF							20,467			20,467	20,467	20,467
MAX			2.7		1.9		27,500			27,500	27,500	27,500
MIN			1.2		0.8		16,000			16,000	16,000	16,000

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

I. General Information for the Month/Year of:		Monitoring Period From: 11/01/15 To: 11/30/15		
A. Public Water System (PWS) Information				
PWS Name:	PINECREST RANCHES	PWS Identification Number:	6535079	
PWS Type:	Community	Non-Transient Non-Community	Transient Non-Community	
Number of Service Connections at End of Month:	178	Total Population Served at End of Month:	Consecutive	
PWS Owner:	Mike Smalridge	Contact Person's Title:	PRESIDENT	
Contact Person:	Mike Smalridge	Contact Person's Mailing Address:	P.O. BOX 1798	
Contact Person's Telephone Number:	352-302-7406	City:	Eaton Park	
Contact Person's E-Mail Address:	utilityconsultant@yahoo.com	State:	FL	
		Zip Code:	33840	
		Contact Person's Fax Number:		
B. Water Treatment Plant Information				
Plant Name:	Pinecrest Utilities	Plant Telephone Number:	853-647-1581	
Plant Address:	Citrus Highlands Drive off Hankin Rd.	City:	Bartow	
Type of Water Treated by Plant:	Raw Ground Water	X	Purchased Finished Water	
Permitted Maximum Day Operating capacity of Plant, gallons per day:	150,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class:	C	
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	GAINES ALEXANDER	C	C-5472	13
Other Operators:	DANNY ALEXANDER	C	C-12379	
	JENNIFER ALEXANDER	C	C-21471	
II. Certification by Lead/Chief Operator				

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

 2015/12/10

Gaines Alexander
Printed or Typed Name

C-5472
License Number

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

PWS Identification Number: 6535078 Plant Name: PINECREST RANCHES

Monitoring Period From: 11/01/15 To: 11/30/15 Free Chlorine Chlorine Dioxide Ozone Combined Chlorine(Chloramines)

Means of Achieving Four-Log Virus Inactivation / Removal: Ultraviolet Radiation Other: (Describe): Free Chlorine

Day of the Month	Days Plant Started or Visited by Operator	Hours Plant in Operation	Net Quantity of Filtered Water Produced gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable		CT Calculations		Free Chlorine		Combined Chlorine(Chloramines)		Ozone	Combined Chlorine(Chloramines)	Chlorine Dioxide	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Peak flow rate, gpd	Lowest Residual Disinfectant Concentration Before or at End of Customer During Peak Flow, mg/L	Disinfectant Time (T) at C Measure Before or at End of Customer During Peak Flow, minutes	Lowest CT Provided Before or at End of Customer During Peak Flow, mg-min	Temp of Water, C	pH of Water, if Applicable	Minimum Required CT, mg-min/L	Lowest Operating UV Dose, sec/cm ²				
1	X	24	27000		1.3										
2		24	22500												
3	X	24	22500		1.3										
4		24	22500												
5	X	24	22000												
6	X	24	22000		1.2										
7		24	17000												
8		24	17000												
9	X	24	17000		1.2										
10		24	20000												
11	X	24	20000		1.8										
12		24	27500												
13	X	24	27500		1.8										
14		24	17667												
15		24	17667												
16	X	24	17667		2.2										
17		24	18500												
18	X	24	18500		1.7										
19		24	16000												
20	X	24	16000		1.7										
21		24	23333												
22		24	23333												
23	X	24	23333		2.0										
24		24	21500												
25	X	24	21500		2.0										
26		24	20000												
27	X	24	20000		2.5										
28		24	16667												
29	X	24	16667		2.7										
30	X	24	16667												
Total			614000												
Average			20467												
Maximum			27500												

Refer to the instructions for this report to determine which plants must provide this information.
 DEP Form 62-505 (9/03)
 Effective August 28, 2003



DRINKING WATER
BACTERIOLOGICAL ANALYSIS

MID FLORIDA WATER LABORATORY

8 Oakwood Road - Winter Haven, FL 33880
Phone (863) 965-2540 • Fax (863) 967-8601
Lab I.D. #E84567 • Margaret Rajpaul - Director, Contact Person
NELAC CERTIFIED

Report Number: _____ Sub-Contract Lab ID: _____

Analysis Requested: (check all that apply)

- Total Coliform/E-Coli Total Coliform/Fecal Enterococci Coliform HPC Other: _____

System Name: Pinecrest Ranches

PWS I.D. 535079

System Address: 6015 Hwy 60E

County: Polk

System or Owner's Phone #: _____ Fax #: _____

Collector: Robert Best

Collector's Phone #: 965 2599

Type of Supply: (check only one)

- Community Water System Noncommunity Water System Nontransient Noncommunity Water System Limited Use System
 Private Well Swimming Pool Bottled Water Other _____

Reason for Sampling: (check all that apply)

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

Sample Collection Date: 11-25-15

To be completed by collector of sample							To be completed by lab			
Sample Number	Sample Point (Location or Specific Address)	Lab Sample Number	Collection Time	Sample Type ¹	Disinfect Res'd (mg/L)	pH	Total Coliform Analysis Method:			
							Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier ²
<u>1/4</u>	<u>Well 1</u>		<u>0820</u>	<u>R</u>	<u>/</u>	<u>7.6</u>				
<u>2/4</u>	<u>Well 2</u>		<u>0810</u>	<u>R</u>	<u>/</u>	<u>7.6</u>				
<u>3/4</u>	<u>6041 Citrus Highlands</u>		<u>0815</u>	<u>D</u>	<u>1.75</u>	<u>7.4</u>				
<u>4/4</u>	<u>401 Highlands Way</u>		<u>0820</u>	<u>D</u>	<u>1.67</u>	<u>7.6</u>				

Average of disinfectant residuals for routine and repeat samples. (Complete for community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.)

1.71
²Defined in Florida Administrative Code Rule 62-163, Table 1
All tests are performed in accordance with NELAC standards. The test results in this report only relate to the analyses of the samples submitted.

Disinfectant Residual Analysis Method: DPD Colorimetric Other: _____
Person performing analysis is (Please see instructions on reverse):
 A certified operator (# _____) Employed by a certified lab
 Supervised by a cert. operator (# 21471) Employed by DEP or DOH
 Authorized representative of supplier of water _____

Date PWS notified by lab of positive results: _____
Date State notified by lab of positive results: _____
Lab Signature: _____ Date _____
Title: _____

Name and Mailing Address of Person to Receive Report

Consta Flow, Inc
11774 Commercial Blvd
Winter Haven, FL 33880

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

¹DEP Sample Type Codes: D - Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)
Analysis Methods: MF = SM9222B & D; MTF = 9221B & EC/MUG; MMO/MUG = SM9223B; HPC = SM9215B
Results: A = coliforms are absent, P = coliforms are present, C = confluent growth; TNTC = too numerous to count