

FLORIDA UTILITY SERVICES 1, LLC
3336 GRAND BLVD. SUITE 102
HOLIDAY, FL. 34690
863-904-5574

July 27, 2016

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

RECEIVED-FPSC
2016 AUG -1 AM 9:33
COMMISSION
CLERK

RE: Docket # 160143-WU. Application for a SARC.

Dear Commission Clerk:

Following is the company response to the July 6th letter titled Staff's first data request.

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

Company Response- The utility has two wells and does not purchase water.

2. Purchased Power: All utility related electricity bills from the beginning of the test year to present, which include meter number and location, kilowatts used, dollars paid, and the electric company's account numbers.

Company response- This information was sent via email.

3. Chemicals: A list of all chemicals used in the treatment of water, amounts purchased, quantity purchased, unit prices paid and dosage rates utilized.

Company Response- This information was sent via email.

4. Contractual Services-Testing: A list of tests along with costs paid to outside laboratories for testing the water during the test year.

Company Response- This information was sent via email.

5. Contractual Services-Other: The costs of operation and maintenance work not performed by utility employees with an explanation of the type of work performed. These costs include the operator's fee, mowing and grounds keeping and contracted repair for the water system.

Company Response- This information was sent via email.

6. Transportation Expenses: A schedule of all vehicles (by serial number and description) owned or leased by the utility, original cost or lease documents, whom the vehicles are assigned to, and an explanation of how they are allocated to the utility, or a copy of the log book showing miles on personal vehicles associated with utility business. All vehicles are to be available for inspection.

Company Response- See following spreadsheet.

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

Company Response- Requested documents enclosed.

8. Copies of monthly operation reports for water from January 1 to December 31, 2015 (test year) which includes:

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

Company Response- MOR enclosed

9. Copy of monthly totals of metered water sold for each month of the test year.

Company Response- See enclosed.

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

Company Response- See enclosed.

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

Company Response- None.

12. A list of all service complaints received during the test year and four years prior to the test year. Please include an explanation of how each complaint was resolved.

Company Response- See Enclosed.

13. A listing of all assets owned by the utility.

Example: 200' - 8" PVC (Sewer) 250' - 6" PVC Pipe (Water) 50' - 6" PVC Fire Hydrants (Water)

Company Response- See enclosed.

14. Number of customers classified as to meter size and class (commercial or residential) for the following points in time:


Company Response- All customers are residential with $\frac{3}{4}$ x 5/8 meters with the exception of the Gourley Plastering account at 6895 SR 64 E. Wauchula, FL. 33873 which is a general services account with a $\frac{3}{4}$ x 5/8 meter.

Company does not have any information on the customer count for the last 4 years. The customer count and the beginning of the last calendar year was 146. The customer count at the end of the last calendar year was 147. The present customer count is 147.

15. Please provide a copy of the utility's engineering electronic maps.

Company Response- Company does not have electronic maps. Full size map will be mailed separately.

On behalf of the utility,


Mike Smallridge

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

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

System Name: Village at Charlie Creek PWS I.D. # 6250288

System Type (check one): Community Nontransient Noncommunity Transient Noncommunity
Address: SR 604
City: Zolfo Springs ZIP Code: _____
Phone #: _____ Fax #: _____ E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)
Sample Number: 272751DW1 Sample Date: 7/27/15 Sample Time: 1635 AM PM (Circle One)
Sample Location (be specific): POE Location Code: POE
Disinfectant Residual (required when reporting trihalomethanes and haloacetic acids): 2.0 mg/L Field pH: 8.3

Sample Type (Check Only One) _____ Reason(s) for Sample (Check all that apply) _____

<input type="checkbox"/> Distribution	<input checked="" type="checkbox"/> Routine Compliance (with 62-550)	<input type="checkbox"/> Replacement (of invalidated Sample)
<input checked="" type="checkbox"/> Entry Point (to Distribution)	<input type="checkbox"/> Confirmation of MCL Exceedance*	<input type="checkbox"/> Special (not for compliance with 62-550)
<input type="checkbox"/> Plant Tap (not for compliance with 62-550)	<input type="checkbox"/> Composite of Multiple Sites **	<input type="checkbox"/> Clearance (permitting)
<input type="checkbox"/> Raw (at well or intake)	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Max Residence Time	<input type="checkbox"/> Sampling Procedure Used or Other Comments: _____	
<input type="checkbox"/> Avg Residence Time		
<input type="checkbox"/> Near First Customer		

* See 62-550.500(6) for requirements and restrictions And 62-550.512(3) for nitrate or nitrite exceedances.
** See 62-550.550(4) for requirements and attach a results page for each site.

Jennifer Alexander _____ **SAMPLER CERTIFICATION** Sampler _____ do HEREBY CERTIFY
(Print Name) (Print Title)

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

Signature: Jennifer Alexander Date: 8/13/15
Certified Operator #: 21471 Phone #: _____ Sampler's Fax: _____
Sampler's E-Mail: _____

✓
8/13/15

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

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

Lab Name: Flowers Chemical Laboratories, Inc.

Florida DOH Certification #: E83018

Certification Expiration Date: 6/30/2016

ATTACH CURRENT DOH ANALYTE SHEET*

Address: P. O. Box 150597, Altamonte Springs, FL 32715-0597

Phone #: 407-339-5984

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

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION(to be completed by lab)

Date Sample(s) Received: 07/28/15

PWS ID (From Page 1): 6250278

Sample Number (From Page 1): 272751DW1

Lab Assigned Report # or Job ID: 272751

Group(s) analyzed and results attached for compliance with Chapter 62-550, F.A.C. (check all that apply)

Inorganics

Synthetic Organics

Volatile Organics

Disinfection Byproducts

Radionuclides

Secondaries

All Except Asbestos

All 30

All 21

Trihalomethanes

Single Sample

All 14

Partial

All Except Dioxin

Partial

Haloacetic Acids

Qtrly Composite**

Partial

Nitrate

Partial

Chlorite

Nitrite

Dioxin Only

Bromate

Asbestos

LAB CERTIFICATION

I, Jefferson S. Flowers, Technical Director, do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:



Date: 08/11/15

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

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

CONFIRMATION AND NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE MCL EXCEEDANCES

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

Compliance Determination (to be completed by DEP or DOH - attach notes as necessary)

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

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

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

INORGANIC CONTAMINANTS
62-550.310(1)

Report Number / Job ID: 272751DW1
PWS ID (From Page 1): 6250278

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
1040	Nitrate (as N)	10	mg/L	0.200	U	EPA300.0	0.200	07/29/15	09:30 AM	E83018
1041	Nitrite (as N)	1	mg/L	0.200	U	EPA300.0	0.200	07/29/15	09:30 AM	E83018
1005	Arsenic	0.010	mg/L	0.00100	U	EPA200.8	0.00100	07/29/15		E83018
1010	Barium	2	mg/L	0.115		EPA200.8	0.00200	07/29/15		E83018
1015	Cadmium	0.005	mg/L	0.00100	U	EPA200.8	0.00100	07/29/15		E83018
1020	Chromium	0.1	mg/L	0.00100	U	EPA200.8	0.00100	07/29/15		E83018
1024	Cyanide	0.2	mg/L	0.00500	U	SM4500CN-E	0.00500	07/31/15		E83018
1025	Fluoride	4.0	mg/L	0.392		EPA300.0	0.200	07/29/15		E83018
1030	Lead	0.015	mg/L	0.00100	U	EPA200.8	0.00100	07/29/15		E83018
1035	Mercury	0.002	mg/L	0.0000200	U	EPA245.1	0.0000200	07/29/15		E83018
1036	Nickel	0.1	mg/L	0.00100	U	EPA200.8	0.00100	07/29/15		E83018
1045	Selenium	0.05	mg/L	0.00200	U	EPA200.8	0.00200	07/29/15		E83018
1052	Sodium	160	mg/L	17.3		EPA200.7	0.500	07/28/15		E83018
1074	Antimony	0.006	mg/L	0.00100	U	EPA200.8	0.00100	07/29/15		E83018
1075	Beryllium	0.004	mg/L	0.000500	U	EPA200.8	0.000500	07/29/15		E83018
1085	Thallium	0.002	mg/L	0.00100	U	EPA200.8	0.00100	07/29/15		E83018

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

SECONDARY CONTAMINANTS
62-550.320

Report Number / Job ID: 272751DW1
PWS ID (From Page 1): 6250278

Contam	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
1002	Aluminum	0.2	mg/L	0.0200	U	EPA200.8	0.0200	07/29/15		E83018
1017	Chloride	250	mg/L	25.8		EPA300.0	0.400	07/29/15		E83018
1022	Copper	1	mg/L	0.00100	U	EPA200.8	0.00100	07/29/15		E83018
1025	Fluoride	4.0	mg/L	0.392		EPA300.0	0.200	07/29/15		E83018
1028	Iron	0.3	mg/L	0.0574		EPA200.7	0.0100	07/28/15		E83018
1032	Manganese	0.05	mg/L	0.0100	U	EPA200.7	0.0100	07/28/15		E83018
1050	Silver	0.1	mg/L	0.000500	U	EPA200.8	0.000500	07/29/15		E83018
1055	Sulfate	250	mg/L	15.6		EPA300.0	1.00	07/29/15		E83018
1095	Zinc	5	mg/L	0.0553		EPA200.8	0.0100	07/29/15		E83018
1905	Color	15	CU	5.00		SM2120 B	5.00	07/28/15	01:35 PM	E83018
1920	Odor	3	TON@40C	1.00	U	SM2150 B	1.00	07/28/15	11:35 AM	E83018
1925	pH	6.5 -8.5	pH	8.37		SM4500-H B	0.0100	07/28/15	12:38 PM	E83018
1930	Total Dissolved Solids	500	mg/L	106		SM2540 C	2.50	07/30/15		E83018
2905	Foaming Agents	0.5	mg/L	0.200	U	SM5540 C	0.200	07/28/15	11:00 AM	E83018

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

VOLATILE ORGANICS
62-550.310(2)(b)

Report Number / Job ID: 272751DW1
PWS ID (From Page 1): 6250278

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	RDL	Analysis Date	Analysis Time	DOH Lab Cert #
2378	1,2,4,-trichlorobenzene	70	ug/L	0.500	U	EPA524.2	0.500	0.5	07/30/15		E83018
2380	cis-1,2-Dichloroethylene	70	ug/L	0.200	U	EPA524.2	0.200	0.5	07/30/15		E83018
2955	Xylenes	10000	ug/L	0.500	U	EPA524.2	0.500	0.5	07/30/15		E83018
2964	Dichloromethane	5	ug/L	0.500	U	EPA524.2	0.500	0.5	07/30/15		E83018
2968	o-dichlorobenzene	600	ug/L	0.500	U	EPA524.2	0.500	0.5	07/30/15		E83018
2969	Para-dichlorobenzene	75	ug/L	0.500	U	EPA524.2	0.500	0.5	07/30/15		E83018
2976	Vinyl Chloride	1	ug/L	0.500	U	EPA524.2	0.500	0.5	07/30/15		E83018
2977	1,1-Dichloroethylene	7	ug/L	0.500	U	EPA524.2	0.500	0.5	07/30/15		E83018
2979	trans-1,2-Dichloroethylene	100	ug/L	0.500	U	EPA524.2	0.500	0.5	07/30/15		E83018
2980	1,2-Dichloroethane	3	ug/L	0.500	U	EPA524.2	0.500	0.5	07/30/15		E83018
2981	1,1,1-trichloroethane	200	ug/L	0.500	U	EPA524.2	0.500	0.5	07/30/15		E83018
2982	Carbon tetrachloride	3	ug/L	0.500	U	EPA524.2	0.500	0.5	07/30/15		E83018
2983	1,2-dichloropropane	5	ug/L	0.500	U	EPA524.2	0.500	0.5	07/30/15		E83018
2984	Trichloroethylene	3	ug/L	0.500	U	EPA524.2	0.500	0.5	07/30/15		E83018
2985	1,1,2-trichloroethane	5	ug/L	0.500	U	EPA524.2	0.500	0.5	07/30/15		E83018
2987	Tetrachloroethylene	3	ug/L	0.500	U	EPA524.2	0.500	0.5	07/30/15		E83018
2989	Monochlorobenzene	100	ug/L	0.500	U	EPA524.2	0.500	0.5	07/30/15		E83018
2990	Benzene	1	ug/L	0.500	U	EPA524.2	0.500	0.5	07/30/15		E83018
2991	Toluene	1000	ug/L	0.500	U	EPA524.2	0.500	0.5	07/30/15		E83018
2992	Ethylbenzene	700	ug/L	0.500	U	EPA524.2	0.500	0.5	07/30/15		E83018
2996	Styrene	100	ug/L	0.500	U	EPA524.2	0.500	0.5	07/30/15		E83018

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

SYNTHETIC ORGANICS
62-550.310(2)(c)

Report Number / Job ID: 272751DW1
PWS ID (From Page 1): 6250278

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	RDL	Extraction Date	Analysis Date	Analysis Time	DOH Lat Cert #
2005	Endrin	2	ug/L	0.0100	U	EPA505	0.0100	0.01	08/03/15	08/03/15		E83018
2010	Lindane	0.2	ug/L	0.0100	U	EPA505	0.0100	0.02	08/03/15	08/03/15		E83018
2015	Methoxychlor	40	ug/L	0.0500	U	EPA505	0.0500	0.1	08/03/15	08/03/15		E83018
2020	Toxaphene	3	ug/L	0.500	U	EPA505	0.500	1	08/03/15	08/03/15		E83018
2031	Dalapon	200	ug/L	0.100	U	EPA515.4	0.100	1	08/03/15	08/05/15		E83018
2032	Diquat	20	ug/L	0.400	U	EPA549.2	0.400	0.4	08/03/15	08/04/15		E83018
2033	Endothall	100	ug/L	9.00	U	EPA548.1	9.00	9	07/27/15	08/04/15		E83018
2034	Glyphosate	700	ug/L	6.00	U	EPA547	6.00	6		08/10/15		E83018
2035	Di(2-ethylhexyl) adipate	400	ug/L	0.600	U	EPA525.2	0.600	0.6	08/03/15	08/05/15		E83018
2036	Oxamyl (Vydate)	200	ug/L	2.00	U	EPA531.1	2.00	2.0		07/29/15		E83018
2037	Simazine	4	ug/L	0.0700	U	EPA507	0.0700	0.07	07/28/15	08/10/15		E83018
2039	Di(2-ethylhexyl)phthalate	6	ug/L	0.600	U	EPA525.2	0.600	0.6	08/03/15	08/05/15		E83018
2040	Picloram	500	ug/L	0.100	U	EPA515.4	0.100	0.1	08/03/15	08/05/15		E83018
2041	Dinoseb	7	ug/L	0.200	U	EPA515.4	0.200	0.2	08/03/15	08/05/15		E83018
2042	Hexachlorocyclopentadiene	50	ug/L	0.100	U	EPA505	0.100	0.1	08/03/15	08/03/15		E83018
2046	Carbofuran	40	ug/L	0.900	U	EPA531.1	0.900	0.9		07/29/15		E83018
2050	Atrazine	3	ug/L	0.100	U	EPA507	0.100	0.1	07/28/15	08/10/15		E83018
2051	Alachlor	2	ug/L	0.200	U	EPA507	0.200	0.2	07/28/15	08/10/15		E83018
2065	Heptachlor	0.4	ug/L	0.0100	U	EPA505	0.0100	0.04	08/03/15	08/03/15		E83018
2067	Heptachlor epoxide	0.2	ug/L	0.0100	U	EPA505	0.0100	0.02	08/03/15	08/03/15		E83018
2105	2,4-D	70	ug/L	0.100	U	EPA515.4	0.100	0.1	08/03/15	08/05/15		E83018
2110	2,4,5-TP	50	ug/L	0.200	U	EPA515.4	0.200	0.2	08/03/15	08/05/15		E83018
2274	Hexachlorobenzene	1	ug/L	0.100	U	EPA505	0.100	0.1	08/03/15	08/03/15		E83018
2306	Benzo(a)pyrene	0.2	ug/L	0.0200	U	EPA525.2	0.0200	0.02	08/03/15	08/05/15		E83018
2326	Pentachlorophenol	1	ug/L	0.0400	U	EPA515.4	0.0400	0.04	08/03/15	08/05/15		E83018
2383	PolychlorinatedbiphenylsPCB	0.5	ug/L	0.100	U	EPA505	0.100	0.1	08/03/15	08/03/15		E83018
2931	Dibromochloropropane	0.2	ug/L	0.0200	U	EPA504.1	0.0200	0.02	08/03/15	08/03/15		E83018
2946	Ethylene Dibromide	0.02	ug/L	0.0100	U	EPA504.1	0.0100	0.01	08/03/15	08/03/15		E83018
2959	Chlordane	2	ug/L	0.0100	U	EPA505	0.0100	0.2	08/03/15	08/03/15		E83018



FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
SAFE DRINKING WATER PROGRAM LABORATORY REPORTING FORMAT

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

System Name: VILLAGE AT CHARLIE CREEK WTP

PWS # 629-0278

System Type: Community Nontransient/ Noncommunity

Transient Noncommunity

Address: State Road 64E

City: Bowling Green

State: FL

Zip Code

Phone #:

Fax #

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 16060561

Sample Date: 06/16/16

Sample Time: 11.35 am

Location Code (be specific): _____

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): _____ mg/L Field pH _____

Sample Type (Check Only One) Reason(s) for Sample (Check all that apply)

Distribution (lead)

Routine Compliance (with 62-550) Replacement

X Entry point to Distribution

Confirmation of MLC Exceedance*

Special(not for compliance with 62-550)

Plant Tap (not for compliance with 62-550)

Composite of Multiples Sites**

Clearance (permitting)

Raw (at well or intake)

Other _____

Max Residence Time

Sampling Procedure Used or Other Comments: _____

Ave Residence Time

See 62-550.500(6) for requirements and restrictions.

Near First Customer

And 62-550.512(3) for nitrate or nitrite exceedances

**See 62-550.550(4) for requirements and attach a results page for each site.

SAMPLER CERTIFICATION

JUSTIN ALEXANDER

(Print Name)

(Print Title)

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

Signature: Justin Alexander

Date: 6/20/16

Certified Operator #: 21471

Phone#: 965 2579 Sampler's fax# _____

Sampler's E-mail: _____



MID FLORIDA WATER LAB

FDOH CERTIFICATION # E84567

8 Oakwood Road, Winter Haven, FL 33880
Phone: (883) 965-2540 Fax: (863) 967-8601 Toll Free (888) 244-5657

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
SAFE DRINKING WATER PROGRAM LABORATORY REPORTING FORMAT

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

Lab Name: MID FLORIDA WATER LABORATORY Florida DOH Certification #: E84567
Certification Expiration Date: 06/30/16
Address: 8 OAKWOOD ROAD, WINTER HAVEN FL -33880. Phone #: 863-965-2540
Were any analyses subcontracted Yes No
If yes, Please provide DOH certification number(s)

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received : 06/17/16

PWS ID from page: 629-0278 Sample Number: 16060561

SUBCONTRACTED #:

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

Inorganics	Synthetic Organics	Volatile Organic	Disinfection Byproducts	Secondaries	Radionuclides
<input type="checkbox"/> All (Except Abestos)	<input type="checkbox"/> All 30	<input type="checkbox"/> All 21	<input type="checkbox"/> Trihalomethanes	<input type="checkbox"/> All 14	<input type="checkbox"/> Single sample
<input type="checkbox"/> Partial	<input type="checkbox"/> All Except Dioxin	<input type="checkbox"/> Partial	<input type="checkbox"/> Haloacetic Acids	<input type="checkbox"/> Partial	<input type="checkbox"/> Qtrly Composite**
<input checked="" type="checkbox"/> Nitrate	<input type="checkbox"/> Partial		<input type="checkbox"/> Sulphate		
<input checked="" type="checkbox"/> Nitrite	<input type="checkbox"/> Dioxin Only		<input type="checkbox"/> Total dissolved solids		
<input type="checkbox"/> Asbestos					

LAB CERTIFICATION,

Margaret Rajpaul (Contact Person)

(Print Name)

DIRECTOR

(Print Title)

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

Signature: Margaret Rajpaul Date: 6/17/16

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

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

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

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

Sample Collection & Analysis Satisfactory: Yes No

Replacement Sample(s) Requested (circle or highlight group(s) above) Person Notified: _____

Date Notified: _____

DEP/DOH Reviewing Official: _____



FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
SAFE DRINKING WATER PROGRAM LABORATORY REPORTING FORMAT

PRIMARY INORGANICS

CLIENT: CONSTA FLOW INC.
REPORT #: 16060561
SYSTEM : VILLAGE AT CHARLIE CREEK WTP
POINT OF ENTRY
SUBCONTRACTED/JOB:
PWS # : 625-0278

62-550.310(1)

Parameter ID #	PARAMETER Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification
1040	NITRATE(AS N)	10	MG/L	0.04	U	SM4500NO3E	0.04	06/17/16	11.30 am	E84567
1041	NITRITE (AS N)	1.0	MG/L	0.02	U	SM4500NO3E	0.02	06/17/16	11.30 am	E84567

COMMENTS:

THESE TESTS MEET NELAC STANDARDS

THE TEST RESULTS IN THIS REPORT RELATE ONLY TO THE ANALYSES OF THE SAMPLES SUBMITTED.

QUALIFIERS THAT MAY APPLY:

- U = BELOW DETECTION LIMIT
- X = VALUE EXCEEDS MCL

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

Rick Scott
Governor



HEALTH

John H. Armstrong, MD, FACB
State Surgeon General & Secretary
Page 1 of 2

Laboratory Scope of Accreditation

Attachment to Certificate #: E84567-19, expiration date June 30, 2016. This listing of accredited analytes should be used only when associated with a valid certificate.

State Laboratory ID: E84567

EPA Lab Code:

FL01095

(863) 965-2540

E84567

Mid Florida Water Lab
8 Oakwood Road
Winter Haven, FL 33880

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
Escherichia coli	SM 9223 B	Microbiology	NELAP	3/18/2011
Nitrate	SM 4500-NO3 E	Primary Inorganic Contaminants	NELAP	3/18/2011
Nitrite	SM 4500-NO3 E	Primary Inorganic Contaminants	NELAP	3/18/2011
Total coliforms	SM 9222 B	Microbiology	NELAP	11/21/2001
Total coliforms	SM 9223 B	Microbiology	NELAP	11/21/2001
Total nitrate-nitrite	SM 4500-NO3 E	Primary Inorganic Contaminants	NELAP	3/18/2011

Clients and Customers are urged to verify the laboratory's current certification status with the Environmental Laboratory Certification Program.

Issue Date: 7/1/2015

Expiration Date: 6/30/2016

CHAIN OF CUSTODY

FDOH Cert#E84567

FOR LAB USE ONLY

PAGE OF 72979



MID FLORIDA WATER LAB

Margaret Rajpaul, Director
8 Oakwood Rd.
Winter Haven, FL 33880

Phone (863) 965-2540
Fax (863) 967-8601
Toll Free 888-244-5657

RECEIVED

2016 JUN 17 A 8:50

Client Name <u>Village @ Charlie Creek 6250278</u>						TESTS REQUIRED																																																	
Address <u>SR 64 E Hardee Co.</u>																																																							
City:		State:		ZIP:		<table border="1"> <tr> <td>Analysis</td> <td>C.B.O.D.</td> <td>TSS</td> <td>NITRATE/NITRITE</td> <td>FECAL</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Remarks</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>7.8 - pH</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>1.9 - Chlorine</td> </tr> </table>						Analysis	C.B.O.D.	TSS	NITRATE/NITRITE	FECAL						Remarks																						7.8 - pH											1.9 - Chlorine
Analysis	C.B.O.D.	TSS	NITRATE/NITRITE	FECAL												Remarks																																							
																7.8 - pH																																							
										1.9 - Chlorine																																													
Phone #																																																							
FAX #																																																							
Collected by: <u>Susan Alexander</u> State Collected From: <u>FL</u>																																																							
Sample ID	Matrix	Date	Time	Comp/Grab	Sample Location						Remarks																																												
1	DN	6-16	11:35	G	POE																																																		
2																																																							
3																																																							
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14																																																							

CUSTODY TRANSFERS

Relinquished by [Signature] Date 6-16-16 Time 8:50
 Received by [Signature] Date 6/17/16 Time 8:50
 Laboratory Remarks _____

Delivered Directly to Lab Shipped
 Method of Shipment On R
 Containers Received _____

MATRIX CODES
 GW — GROUND WATER
 SW — SURFACE WATER
 SO — SOIL
 SL — SLUDGE
 WW — WASTE WATER

444



**FLORIDA DEPARTMENT OF
ENVIRONMENTAL PROTECTION**

13051 North Telecom Parkway
Temple Terrace, Florida 33637-0926

RICK SCOTT
GOVERNOR

CARLOS LOPEZ-CANTERA
LT. GOVERNOR

JONATHAN P. STEVERSON
SECRETARY

March 30, 2016

Mike Smallridge
3336 Grand Boulevard
Holiday, FL 24690
Utilitymessage@yahoo.com

Re: 2016 Chemical Monitoring for Community Systems
The Village of Charlie Creek
PWS-ID No. 6250278
Hardee County

Dear Mr. Smallridge:

This letter is to advise you of chemical monitoring due in 2016 for the above-referenced drinking water system. This excludes any other chemical monitoring as a result of previous Department directive. The following page is a list of contaminant analyses with corresponding due dates.

It is important for you to provide this information to your operator and/or sampler:

- **It is strongly recommended that testing be conducted early in the monitoring period to allow time for retests due to possible sampling or lab errors. Annual and triennial sampling should be completed by 9/30/2016 to provide time for revisions, re-tests, and/or corrections.**
- **Test results must be submitted to DEP within the first ten days following the end of the required monitoring period, or the first ten days following the month in which the sample results were received, whichever time is the shortest. Failure to comply may result in enforcement action.**

If you have any questions, please contact me at, (813) 470-5704, or at: Kirstan.Lane@dep.state.fl.us.

Sincerely,

Kirstan Lane
Environmental Specialist II
Compliance Assurance Program
Southwest District
Florida Department of Environmental Protection

ec: Cindy Alexander, Constaflow, cindy@constaflow.com
Jennifer Alexander, Constaflow, jennifer@constaflow.com

MONITORING & REPORTS		DUE	COMMENTS
Raw Water Microbiological ("Bacteriological")		Monthly	1 Raw Water Sample per well.
Distribution Microbiological ("Bacteriological")		Monthly	2 Distribution Samples per month. Disinfectant residuals must be reported.
Beginning April 2016 Distribution Microbiological ("Bacteriological")		Monthly	1 Distribution Sample Monthly, Raw Water Sampling does not change.
Nitrate and Nitrite		2016	Sample at each POE every year.*
Primary Inorganics		2018	Sample at each POE every three years.
Secondaries		2018	Sample at each POE every three years.
Radiologicals	Gross Alpha	2018	Sample at each POE every three, six or nine years.
	Uranium	2018	Sample at each POE every three, six or nine years.
	Radium-226	2018	Sample at each POE every three, six or nine years.
	Radium-228	2018	Sample at each POE every three, six or nine years.
Volatile Organic Contaminants (VOCs)		2018	Sample at each POE every three years.
Synthetic Organic Contaminants (SOCs)		2018	Sample at each POE every three years, or submit SOC reduced monitoring waiver, if applicable. Use Form 62-560.545(2), F.A.C.
Stage II Disinfection Byproducts (DBPs) <i>Total Trihalomethanes & Haloacetic Acids (5)</i>		July-Sept. 2018	Sample according to approved Stage 2 D/DBPR Monitoring Plan.
Asbestos		2021	Certification or results due every nine years. Use Form 62-555.900(10), F.A.C.
Lead & Copper		June-Sept. 2018	Sample from sites approved on the Lead and Copper Sampling Plan every three years.
Consumer Confidence Report (CCR) & CCR Certification of Delivery		July 1, 2016	CCR must be delivered by July 1, 2016. The CCR Certification of Delivery must be submitted to the Department by August 10, 2016. Use Form 62-555.900(alternate 19), F.A.C.

*POE = Point of entry to the distribution system. Sample at each POE that is representative of each source after treatment.

This is a good faith assessment of monitoring requirements for the above-referenced public water system for calendar year 2016 and may not include additional sampling required during the year due to special circumstances. If you have questions or disagree with the assessment, please contact the appropriate personnel at (813) 470-5700. Monitoring schedules are subject to change, at any time, based on results of analyses or other factors. This chart shall not relieve any person from any requirement of Florida law.

If your system has a storage tank, excluding a bladder or diaphragm type hydropneumatic tank without a manhole, this tank must be checked annually to ensure that hatchways are closed and screens are in place; shall be cleaned on the inside at least once every five years; and shall be inspected for structural and coating integrity at least once every five years by personnel under the responsible charge of a professional engineer registered in the state of Florida. If the tank is due for a cleaning and inspection this year, please complete the work and forward the report to your inspector within 30 days of completion of the cleaning and inspection.

Drinking water forms can be found at the following link: <http://www.dep.state.fl.us/water/drinkingwater/forms.htm>.

2015

In the table below, you may find unfamiliar terms and abbreviations. To help you better understand these terms we've provided the following definitions:

TERM Appearing in	DEFINITION
Action Level	AL The concentration of a contaminant which, if exceeded, triggers treatment or other requirements which a water system must follow
Not Applicable	n/a Does not apply
Parts per million	ppm or Milligrams per liter (mg/l) – one part by weight of analyte to one million parts by weight of the water sample.
Parts per billion	ppb or Micrograms per liter (µg/l) – one part by weight of analyte to one billion parts by weight of the water sample.
Picocuries per liter	pCi/L - picocuries per liter is a measure of the radioactivity in water
Maximum Residual Disinfectant Level	MRDL The highest level of a disinfectant allowed in drinking water. There is convincing evidence that addition of a disinfectant is necessary for control of microbial
Maximum Residual Disinfectant Level Goal	MRDLG The level of a drinking water disinfectant below which there is no known or expected risk to health. MRDLGs do not reflect the benefits of the use of disinfectants to control
Maximum Contaminant Level	MCL The "Maximum Allowed" is the highest level of a contaminant that is allowed in drinking water. MCLs are set as close to the MCLGs as feasible using the best available
Maximum Contaminant Level Goal	MCLG The "Goal" is the level of a contaminant in drinking water below which there is no known or expected risk to health. MCLGs allow for a margin of safety.
Initial Distribution Evaluation System	IDSE An important part of the Stage 2 Disinfection Byproducts Rule (DBPR) The IDSE is a one-time study conducted by water systems to identify distribution system locations with high concentrations of trihalomethanes (THMs) and haloacetic acids (HAAs). Water systems will use results from the IDSE, in conjunction with their Stage 1 DBPR compliance monitoring data, to select compliance monitoring locations for the Stage 2 DBPR.
Treatment Technique	TT A required process intended to reduce the level of a contaminant in drinking water

** Results in the Level Detected column for radiological contaminants and inorganic contaminants, are from individual samples.

Contaminant and Unit of Measurement	Dates of sampling (mo./yr.)	MCL Violation Y/N	Level Detected	MCLG	MCL	Likely Source of Contamination
-------------------------------------	-----------------------------	-------------------	----------------	------	-----	--------------------------------

Radioactive Contaminants

Alpha emitters (pCi/L)	07/12	N	7.5	0	15	Erosion of natural deposits
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Inorganic Contaminants

Barium (ppm)	07/15	N	115	2	2	Discharge of drilling wastes; discharge from metal refineries; erosion of natural deposits
Fluoride (ppm)	07/15	N	0.392	4	4.0	Erosion of natural deposits; discharge from fertilizer and aluminum factories. Water additive which promotes strong teeth when at the optimum level of 0.7 ppm
Sodium (ppm)	07/15	N	17.3	NA	160	Salt water intrusion, leaching from soil

Disinfectant or Contaminant and Unit of Measurement	Dates of sampling (mo./yr.)	MCL or MRDL Violation Y/N	Level Detected	Range of Results	MCLG or MRDLG	MCL or MRDL	Likely Source of Contamination
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Stage 2 Disinfectants and Disinfection By-Products

Chlorine: Level Detected is the 2015 monthly average for residual Chlorine; Range of Results is the range of 2015 average monthly Chlorine residual level results (lowest to highest) at the individual sampling sites. **Haloacetic Acids / TTHM:** Level Detected is the 2015 actual sample result.

Chlorine (ppm)	01/15 – 12/15	N	1.79	0.72 – 2.2	MRDLG = 4	MRDL = 4.0	Water additive used to control microbes
Haloacetic Acids (five) (HAA5) (ppb)	07/15	N	29.1	NA	NA	MCL = 60	By-product of drinking water disinfection
TTHM [Total trihalomethanes] (ppb)	07/15	N	23.3	NA	NA	MCL = 80	By-product of drinking water disinfection

2014

In the table below, you may find unfamiliar terms and abbreviations. To help you better understand these terms we've provided the following definitions:

TERM Appearing in	DEFINITION
Action Level	AL The concentration of a contaminant which, if exceeded, triggers treatment or other requirements which a water system must follow
Not Applicable	n/a Does not apply.
Parts per million	ppm or Milligrams per liter (mg/l) – one part by weight of analyte to one million parts by weight of the water sample.
Parts per billion	ppb or Micrograms per liter (µg/l) – one part by weight of analyte to one billion parts by weight of the water sample.
Picocuries per liter	pCi/L - picocuries per liter is a measure of the radioactivity in water
Maximum Residual Disinfectant Level	MRDL The highest level of a disinfectant allowed in drinking water. There is convincing evidence that addition of a disinfectant is necessary for control of microbial
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Maximum Contaminant Level	MCL The "Maximum Allowed" is the highest level of a contaminant that is allowed in drinking water. MCLs are set as close to the MCLGs as feasible using the best
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Treatment Technique	TT A required process intended to reduce the level of a contaminant in drinking water.

Microbiological Contaminants

Contaminant and Unit of Measurement	Dates of sampling (mo./yr.)	Violation Y/N	Total Number of Positive Samples for the Year	MCLG	MCL	Likely Source of Contamination
Fecal coliform and <i>E.coli</i> in the distribution system (positive samples)	01/14	Y	2 positive samples	0	0	Human and animal fecal waste

On 01/09/14 & 01/15/14, the north well tested positive for fecal-indicator, *E. Coli*. Five re-samples were collected both on 01/10/14 & 01/16/14 with no positive fecal indicator, *E.Coli*. FDEP was notified and with their compliance assistance a 10-day well survey was performed on 1/21/14 thru 1/31/14. There were no fecal contaminants indicated from the sample results. Fecal indicators are microbes whose presence indicates that the water may be contaminated with human or animal wastes. Microbes in these wastes can cause short-term effects, such as diarrhea, cramps, nausea, headaches, or other symptoms. They may pose a special health risk for infants, young children, some of the elderly, and people with severely compromised immune systems.

** Results in the Level Detected column for radiological contaminants and inorganic contaminants, are from individual samples.

Contaminant and Unit of Measurement	Dates of sampling (mo./yr.)	MCL Violation Y/N	Level Detected	MCLG	MCL	Likely Source of Contamination
Radioactive Contaminants						
Alpha emitters (pCi/L)	07/12	N	7.5	0	15	Erosion of natural deposits
Radium 226 + 228 or combined Radium (pCi/L)	04/09	N	1.1	0	5	Erosion of natural deposits
Uranium (µg/L)	04/09	N	0.135	0	30	Erosion of natural deposits

<u>VEHICLE DRIVER</u>	<u>YEAR/MAKE/MODEL</u>	<u>COST</u>	<u>VEHICLE ID NUMBER</u>	<u>Owned/Leased</u>
Jackie Love	2000/GMC/SONOMA	\$ 5,884.31	1GTCS1459YK290080	Owned
Mike Smallridge	2008/Mitsubishi/Raider	\$ 14,442.00	127HC28K58619791	Owned

Costs are allocated to other utilities by customer count



#8.

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:	VILLAGE OF CHARLIE CREEK			PWS Identification Number:	6250278	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	153		Total Population Served at End of Month:	382		
PWS Owner:						
Contact Person :	MIKE SMALLRIDGE			Contact Person's Title:	UTILITY MANAGER	
Contact Person's Mailing Address:	3336 GRAND BLVD		City:	HOLIDAY		State: FL Zip Code: 33890
Contact Person's Telephone Number:	352-302-7406		Contact Person's Fax Number:	863-229-5991		
Contact Person's E-Mail Address:	UTILITYCONSULTANT@YAHOO.COM					

B. Water Treatment Plant Information

Plant Name:	VILLAGE OF CHARLIE CREEK			Plant Telephone Number:	863-537-1971	
Plant Address:	SR 64 EAST		City:	ZOLFO SPRINGS		State: FL Zip Code: 33873
Type of Water Treated by Plant:	<input checked="" type="checkbox"/>	Raw Ground Water	<input type="checkbox"/>	Purchased Finished Water		
Permitted Maximum Day Operating capacity of Plant, gallons per day:						133,000
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			

II. Certification by Lead/Chief Operator

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

Danny Alexander 2015/02/11
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: 6250278 Plant Name: VILLAGE OF CHARLIE CREEK

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

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

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

Day of the month	Days Plant Staffed or Visited by Operator (Place X)	Hours Plant in Operation	Net Quality of Finished Water Produced, gal	GT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak flow rate, gpd	Lowest Residual Disinfectant concentration Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min	Temp of Water, C	pH of Water, if Applicable	Maximum CT Required, mg-min	Lowest Operating UV Dose, mJ/cm ² -sec	Minimum UV Dose Required, mJ/cm ² -sec	Lowest Residual Disinfectant concentration at End of Distribution System, mg/L		
1		24	18333												
2		24	18333												
3	X	24	18333			2.2								1.8	
4		24	20500												
5	X	24	20500			2.7								1.8	
6		24	22000												
7	X	24	22000			2.9								2.0	
8		24	15000												
9	X	24	15000			1.9								1.6	
10		24	14333												
11		24	14333												
12	X	24	14333			2.8								2.0	
13		24	21000												
14	X	24	21000			2.5								2.0	
15		24	15000												
16	X	24	15000			2.6								2.1	
17		24	11667												
18		24	11667												
19	X	24	11667			2.5								1.9	
20		24	19500												
21	X	24	19500			3.5								2.5	
22		24	13000												
23	X	24	13000			2.1								1.8	
24		24	22333												
25		24	22333												
26	X	24	22333			0.2								1.3	
27		24	17000												
28		24	17000												
29		24	17000												
30	X	24	17000			4.0								3.5	
31		24	10500												
Total			530500												
Average			17345												
Maximum			22333												

*Refer to the instructions for this report to determine which plants must provide this information
 DEP Form 62-555 (9/01/13)
 Effective Aug 15



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: **RECEIVED**
Sample Acceptance Criteria:
Sample Preservation On Ice Not On Ice 6.7°C
Disinfectant Check Not Detected
This sample does not meet the following NELAC requirements:
Analysis 1/14/15 @ 9:15am

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: Village at Charlie Creek

PWS I.D. 6250288

System Address: _____

County: Hardee

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: 1-13-15

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	000612	0820	R	/	7.6
2/4	Well 2	000613	0830	R	/	7.6
3/4	Clubhouse	000614	0835	D	2.20	7.6
4/4	1243 Mockingbird	000615	0845	D	2.10	7.7

Total Coliform Analysis Method: <u>SM2218</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.)

2.15

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 (# 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: Shirley McLean Date 1/15/15

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: _____

DEP/DOH Reviewing Official: _____

The Smart Earth Way

PLANT NAME: Village of Charlie Creek Monitoring Period From: 1/01/15 To: 1/31/15
(WATER REPORT)

DAY	METER 1	METER 2	TRC	PH	TRC	PH	MULT.	1000	Bact.
PREV	38929						#REF!		
1							18333.3		
2							18333.3		
3	38984		2.2		1.8		18333.3		
4							20500.0		
5	39025		2.7		1.8		20500.0		
6							22000.0		
7	39069		2.9		2.0		22000.0		
8							15000.0		
9	39099		1.9		1.6		15000.0		
10							14333.3		
11							14333.3		
12	39142		2.8		2.0		14333.3		
13							21000.0		
14	39184		2.5		2.0		21000.0		
15							15000.0		
16	39214		2.6		2.1		15000.0		
17							11666.7		
18							11666.7		
19	39249		2.5		1.9		11666.7		
20							19500.0		
21	39288		3.5		2.5		19500.0		
22							13000.0		
23	39314		2.1		1.8		13000.0		
24							22333.3		
25							22333.3		
26	39381		0.2		1.3		22333.3		
27							17000.0		
28							17000.0		
29							17000.0		
30	39449		4.0		3.5		17000.0		
31	39460						10500.0		
Total Flow							530500.0		
ADF							17344.8		
MAX			4.0		3.5		22333.3		
MIN			0.2		1.3		10500.0		

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

PWS Identification Number: **6250278** Plant Name: **VILLAGE OF CHARLIE CREEK**

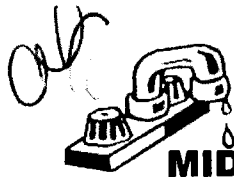
Monitoring Period From: 2/01/15 To: 2/28/15

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place X)	Hours Plant in Operation	Net Quality of Finished Water Produced, gal	Chlorine				UV Dose				Lowest Residual Disinfectant Concentration at Distribution System	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 at Peak Flow, mg/L	Disinfectant Contact Time (T) at Peak Flow, min	Lowest CT Product at Peak Flow, mg-min	UV Dose, mJ/cm ²	UV Dose, mJ/cm ²	UV Dose, mJ/cm ²	UV Dose, mJ/cm ²		
1	X	24	11000		4.0							3.7	
2	X	24	37000		3.9							3.0	
3		24	16500										
4	X	24	16500		4.0							3.5	
5		24	14500										
6	X	24	14500		3.8							2.6	
7		24	25333										
8		24	25333										
9	X	24	25333		1.0							0.6	
10		24	10500										
11	X	24	10500		1.3							1.0	
12		24	9500										
13	X	24	9500		1.4							1.0	
14		24	18667										
15		24	18667										
16	X	24	18667		2.2							2.3	
17		24	14500										
18	X	24	14500		2.5							2.1	
19		24	18000										
20	X	24	18000		3.5							2.7	
21		24	22667										
22		24	22667										
23	X	24	22667		1.4							1.0	
24		24	15500										
25	X	24	15500		1.3							1.0	
26		24	16500										
27	X	24	16500		2.0							1.7	
28		24	18000										
Total			497000										
Average			17750										
Minimum			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

Lab Receipt Date & Time: **RECEIVED**
 Analysis Date & Time: 2/13/15 @ 2:50pm
 Sample Acceptance Criteria: 1000
 Sample Preservation: Not 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
- Coliform
- HPC
- Other: _____

System Name: Village of Charlie Creek PWS I.D. 6250278

System Address: _____ County: Hardee

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: 2-13-15

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	002437	1040	R	✓	7.7
2/4	Well 2	002438	1045	R	✓	7.7
3/4	1011 Morgan Brice #2	002439	1051	D	1.88	7.7
4/4	1154 Sparrow Rd #14	002440	1055	D	1.76	7.7

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.)

1.82
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 (# _____)
 Supervised by a cert. operator (# 21471)
 Authorized representative of supplier of water _____
 Employed by a certified lab
 Employed by DEP or DOH

Date PWS notified by lab of positive results: _____
Date State notified by lab of positive results: _____
Lab Signature: [Signature] Date: 2/14/15
Title: Lab Manager

Name and Mailing Address of Person to Receive Report

Consta Flow, Inc
5574 Commercial Blvd
Winter Haven, FL 33990

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

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:	VILLAGE OF CHARLIE CREEK			PWS Identification Number:	6250278
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	153	Total Population Served at End of Month:	382		
PWS Owner:					
Contact Person :	MIKE SMALLRIDGE			Contact Person's Title:	UTILITY MANAGER
Contact Person's Mailing Address:	3336 GRAND BLVD	City:	HOLIDAY	State:	FL Zip Code: 33890
Contact Person's Telephone Number:	352-302-7406	Contact Person's Fax Number:	863-229-5991		
Contact Person's E-Mail Address:	UTILITYCONSULTANT@YAHOO.COM				

B. Water Treatment Plant Information

Plant Name:	VILLAGE OF CHARLIE CREEK			Plant Telephone Number:	863-537-1971
Plant Address:	SR 64 EAST	City:	ZOLFO SPRINGS	State:	FL Zip Code: 33873
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating capacity of Plant, gallons per day:	133,000				
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		

II. Certification by Lead/Chief Operator

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

Gaines Alexander 2015/04/09
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: **6250278** Plant Name: **VILLAGE OF CHARLIE CREEK**

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

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

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

Day of the Month	Days Plant Served or Visited by Operator (Place X)	Hours Plant in Operation	Net Quality of Finished Water Produced, gal	CT Calculations - All UV Doses to Demonstrate Four-Log Virus Inactivation (If Applicable)						Chlorine Dioxide Residual, mg/L	Chlorine Dioxide Distribution System, mg/L	Emerging or Abnormal Operating Conditions, Types of Maintenance Work that Impacted Water System Components Out of Operation
				Peak flow rate, gpd	Minimum Chlorine Residual, mg/L	Flow, mgd	Flow, mgd	Flow, mgd	Flow, mgd			
1		24	18000									
2	X	24	18000			1.8					1.5	
3		24	21500									
4	X	24	21500			1.7					1.4	
5		24	14000									
6	X	24	14000			1.7					1.3	
7		24	22333									
8		24	22333									
9	X	24	22333			1.5					0.8	
10		24	26500									
11	X	24	26500			1.8					1.0	
12		24	21000									
13	X	24	21000			1.9					1.0	
14		24	20000									
15	X	24	20000			0.9					1.0	
16		24	11867									
17		24	11867									
18	X	24	11867			1.7					0.5	
19		24	26500									
20	X	24	26500			2.5					1.4	
21		24	21333									
22		24	21333									
23	X	24	21333			1.7					1.5	
24		24	26500									
25	X	24	26500			2.0					1.5	
26		24	24500									
27	X	24	24500			2.0					1.7	
28		24	11333									
29		24	11333									
30	X	24	11333			2.0					1.5	
31		24	17500									
Total			614500									
Average			19823									
Minimum			26500									

*Refer to the instructions for this report to determine which plants must provide this information
 DEP Form 62-555 (2009)
 Effective Aug X



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: RECEIVED
Sample Acceptance Criteria:
Sample Preservation On Ice Not On Ice 7.4 °C
Disinfectant Check Not Reported 0.07 mg/L
This sample does not meet the following NELAC requirements:
Analysis 3/16/15 @ 3:30pm

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: Village of Chaile Creek

PWS I.D. 0250278

System Address: _____

County: Hardee

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: 3-16-15

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 Well</u>	<u>003906</u>	<u>1005</u>			<u>7.7</u>		<u>A</u>		
<u>2/4</u>	<u>Well 2</u>	<u>003907</u>	<u>1015</u>	<u>R</u>		<u>7.7</u>		<u>A</u>		
<u>3/4</u>	<u>Church</u>	<u>003908</u>	<u>1030</u>	<u>D</u>	<u>0.78</u>	<u>7.8</u>		<u>A</u>		
<u>4/4</u>	<u>1062 Bluejay</u>	<u>003909</u>	<u>1040</u>	<u>D</u>	<u>0.65</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.)

0.72
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: Ameyhille Date: 3/17/15

Title: Lab manager

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 = N 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: Village of Charlie Creek Monitoring Period From: 3/01/15 To: 3/31/15
(WATER REPORT)

DAY	METER 1	METER 2	TRC	PH	TRC	PH	MULT.	1000	Bact.
PREV	39956.0						#REF!		
1							18000.0		
2	39992.0		1.8		1.5		18000.0		
3							21500.0		
4	40035.0		1.7		1.4		21500.0		
5							14000.0		
6	40063.0		1.7		1.3		14000.0		
7							22333.3		
8							22333.3		
9	40130.0		1.5		0.8		22333.3		
10							26500.0		
11	40183.0		1.8		1.0		26500.0		
12							21000.0		
13	40225.0		1.9		1.0		21000.0		
14							20000.0		
15	40265.0		0.9		1.0		20000.0		
16							11666.7		
17							11666.7		
18	40300.0		1.7		0.5		11666.7		
19							26500.0		
20	40353.0		2.5		1.4		26500.0		
21							21333.3		
22							21333.3		
23	40417.0		1.7		1.5		21333.3		
24							26500.0		
25	40470.0		2.0		1.5		26500.0		
26							24500.0		
27	40519.0		2.0		1.7		24500.0		
28							11333.3		
29							11333.3		
30	40553.0		2.0		1.5		11333.3		
31	40570.5						17500.0		
Total Flow							614500.0		
ADF							19822.6		
MAX			2.5		1.7		26500.0		
MIN			0.9		0.5		11333.3		

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: VILLAGE OF CHARLIE CREEK		PWS Identification Number: 6250278	
PWS Type: <input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive
Number of Service Connections at End of Month: 153	Total Population Served at End of Month: 168		
PWS Owner:			
Contact Person: MIKE SMALLRIDGE	Contact Person's Title: UTILITY MANAGER		
Contact Person's Mailing Address: 3336 GRAND BLVD	City: HOLIDAY	State: FL	Zip Code: 33890
Contact Person's Telephone Number: 352-302-7406	Contact Person's Fax Number: 863-229-5991		
Contact Person's E-Mail Address: UTILITYCONSULTANT@YAHOO.COM			

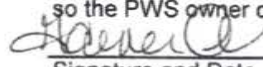
Water Treatment Plant Information

Plant Name: VILLAGE OF CHARLIE CREEK		Plant Telephone Number: 863-537-1971	
Plant Address: SR 64 EAST		City: ZOLFO SPRINGS	State: FL Zip Code: 33873
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating capacity of Plant, gallons per day: 133,000			
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	

II. Certification by Lead/Chief Operator

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

 2015/05/11

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: 6250278 Plant Name: VILLAGE OF CHARLIE CREEK

Monitoring Period From: 4/01/15 To: 4/30/15
 Means of Achieving Four-Log Virus Inactivation / Removal *
 Ultraviolet Radiation Free Chlorine Chlorine Dioxide Ozone Combined Chlorine(Chloramines)
 Other: (Describe):

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

Day of the Month	Disinfectant Applied (Type & Conc.)	Hours Since Applied	Residual (mg/L)	Free Chlorine	Combined Chlorine(Chloramines)	Chlorine Dioxide	Notes
1	X	24	35000	2.1			
2		24	14667				
3		24	14667				
4	X	24	14667	2.0			
5		24	34500				
6	X	24	34500	2.0			
7		24	23500				
8	X	24	23500	1.5			
9		24	19000				
10		24	19000				
11	X	24	19000	1.3			
12		24	20000				
13	X	24	20000	1.3			
14		24	19000				
15	X	24	19000	1.2			
16		24	18500				
17	X	24	18500	1.0			
18		24	24667				
19		24	24667				
20	X	24	24667	0.8			
21		24	25500				
22	X	24	25500	2.7			
23		24	22000				
24	X	24	22000	2.3			
25		24	23333				
26		24	23333				
27	X	24	23333	1.9			
28		24	23000				
29	X	24	23000	3.5			
30		24	20000				
31			672000				
			22400				
			35000				

*Refer to the instructions for this report to determine which plants must provide this information.
 DEP Form 62-555 900(3)
 Effective Aug. X

PLANT NAME: Village of Charlie Creek Monitoring Period From: 4/01/15 To: 4/30/15
(WATER REPORT)

DAY	METER 1	METER 2	TRC	PH	TRC	PH	MULT.	1000	Bact.
PREV	40553.0						#REF!		
1	40588.0		2.1		1.8		35000.0		
2							14666.7		
3							14666.7		
4	40632.0		2.0		1.5		14666.7		
5							34500.0		
6	40701.0		2.0		1.6		34500.0		
7							23500.0		
8	40748.0		1.5		1.0		23500.0		
9							19000.0		
10							19000.0		
11	40805.0		1.3		1.0		19000.0		
12							20000.0		
13	40845.0		1.3		0.9		20000.0		
14							19000.0		
15	40883.0		1.2		0.8		19000.0		
16							18500.0		
17	40920.0		1.0		0.6		18500.0		
18							24666.7		
19							24666.7		
20	40994.0		0.8		0.5		24666.7		
21							25500.0		
22	41045.0		2.7		2.0		25500.0		
23							22000.0		
24	41089.0		2.3		1.5		22000.0		
25							23333.3		
26							23333.3		
27	41159.0		1.9		1.2		23333.3		
28							23000.0		
29	41205.0		3.5		2.5		23000.0		
30	41225.0						20000.0		
Total Flow							672000.0		
ADF							22400.0		
MAX			3.5		2.5		35000.0		
MIN			0.8		0.5		14666.7		



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: Village of Charlie Creek
System Address:

PWS I.D. 6250278

County: Polk Florida

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: 4-8-15

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, Disinfect Res'd (mg/L), pH. Includes rows for Well 1, Well 2, 1011 Morgan Brice, and 1243 Mockingbird.

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.)

1.08 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 (# 21471) 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 4/9/15
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:
DEP/DOH Reviewing Official:

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:	VILLAGE OF CHARLIE CREEK			PWS Identification Number:	6250278
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	153	Total Population Served at End of Month:	168		
PWS Owner:					
Contact Person:	MIKE SMALLRIDGE			Contact Person's Title:	UTILITY MANAGER
Contact Person's Mailing Address:	3336 GRAND BLVD	City:	HOLIDAY	State:	FL Zip Code: 33890
Contact Person's Telephone Number:	352-302-7406	Contact Person's Fax Number:	863-229-5991		
Contact Person's E-Mail Address:	UTILITYCONSULTANT@YAHOO.COM				

B. Water Treatment Plant Information

Plant Name:	VILLAGE OF CHARLIE CREEK			Plant Telephone Number:	863-537-1971
Plant Address:	SR 64 EAST	City:	ZOLFO SPRINGS	State:	FL Zip Code: 33873
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating capacity of Plant, gallons per day:	133,000				
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		

II. Certification by Lead/Chief Operator

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

Gaines Alexander 2015/06/10
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

PWS Identification Number: **6250278** Plant Name: **VILLAGE OF CHARLIE CREEK**

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

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

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

Day of the month	Days Plant Staffed or Visited by Operator (Place X)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Type of Disinfectant Residual Maintained in Distribution System										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation			
				Peak Flow, mgd	Lowest Residual Disinfectant Concentration Before or at Peak Customer During Peak Flow, mgd	Disinfectant Contact Time (T) at Measurement Point During Peak Flow, min	Lowest CT Required at Peak Customer During Peak Flow, mg-min	Level of Water	Applicable	Minimum CT Required mg-min	Source of Disinfectant	Minimum UV Dose required mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mgd				
1	X	24	20000			1.8										1.5	
2		24	17667														
3		24	17667														
4	X	24	17667			1.9										1.3	
5		24	21000														
6		24	21000														
7		24	21000														
8	X	24	21000			1.0										0.8	
9		24	34000														
10	X	24	34000			2.5										2.0	
11		24	14000														
12		24	14000														
13	X	24	14000			3.0										2.5	
14		24	10333														
15		24	10333														
16	X	24	10333			1.3										1.0	
17		24	22000														
18	X	24	22000			0.5										0.2	
19		24	20000														
20	X	24	20000			1.5										1.0	
21		24	16500														
22	X	24	16500			1.3										1.2	
23		24	19500														
24	X	24	19500			1.0										0.6	
25		24	20000														
26	X	24	20000			1.0										0.6	
27		24	20000														
28		24	20000														
29	X	24	20000			1.0										0.6	
30		24	20000														
31	X	24	20000			2.5										2.4	
Total			594000														
Average			19161														
Maximum			34000														

*Refer to the instructions for this report to determine which plants must provide this information
 DEP Form 62-555 900(3)
 Effective 4/9 X



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: RECEIVED
Analysis Date & Time:
Sample Acceptance Criteria:
Sample Preservation: On Ice
Disinfectant Check: Not Detected
This sample does not meet the following NELAC requirements:
Analysis 5/7/15 @ 3:30 PM

Report Number: Sub-Contract Lab ID:

Analysis Requested: (check all that apply)

- Total Coliform/E-Coli
Total Coliform/Fecal
Enterocci
Colilert
HPC
Other

System Name: Vill of Charlie Creek

PWS I.D. 6250278

System Address:

County: Hardee

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: 5-7-15

To be completed by collector of sample

Table with 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, clubhouse, and Sparrow Rd NE.

To be completed by lab

Table for lab analysis results including Total Coliform Analysis Method (SM9222B) and Fecal or E. coli Analysis Method. Columns: 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.)

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 (# 21471)
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: 5/8/15

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:

DEP/DOH Reviewing Official:

PLANT NAME: Village of Charlie Creek Monitoring Period From: 5/01/15 To: 5/31/15
(WATER REPORT)

DAY	METER 1	METER 2	TRC	PH	TRC	PH	MULT.	1000 Bact.
PREV	41225.0						#REF!	
1	41245.0		1.8		1.5		20000.0	
2							17666.7	
3							17666.7	
4	41298.0		1.9		1.3		17666.7	
5							21000.0	
6							21000.0	
7							21000.0	
8	41382.0		1.0		0.8		21000.0	
9							34000.0	
10	41450.0		2.5		2.0		34000.0	
11							14000.0	
12							14000.0	
13	41492.0		3.0		2.5		14000.0	
14							10333.3	
15							10333.3	
16	41523.0		1.3		1.0		10333.3	
17							22000.0	
18	41567.0		0.5		0.2		22000.0	
19							20000.0	
20	41607.0		1.5		1.0		20000.0	
21							16500.0	
22	41640.0		1.3		1.2		16500.0	
23							19500.0	
24	41679.0		1.0		0.6		19500.0	
25							20000.0	
26	41719.0		1.0		0.6		20000.0	
27							20000.0	
28							20000.0	
29	41779.0		1.0		0.6		20000.0	
30							20000.0	
31	41819.0		2.5		2.4		20000.0	
Total Flow							594000.0	
ADF							19161.3	
MAX			3.0		2.5		34000.0	
MIN			0.5		0.2		10333.3	

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

PWS: Identification Number: 6250278	Plant Name: VILLAGE OF CHARLIE CREEK
-------------------------------------	--------------------------------------

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

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

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

Date of Sample	Location	Sample ID	Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (mg/L)	Chlorine Dioxide (mg/L)					
								Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (mg/L)	Chlorine Dioxide (mg/L)
X		24	35000				3.0					2.5
		24	21000									
X		24	21000				1.8					1.0
		24	21500									
X		24	21500				3.5					2.5
		24	21333									
		24	21333									
X		24	21333				3.2					2.2
		24	16000									
X		24	16000				1.7					1.4
		24	22500									
X		24	22500				1.6					1.3
		24	15000									
		24	15000									
		24	15000									
X		24	15000				1.5					1.0
		24	30000									
X		24	30000				1.5					1.2
		24	23250									
		24	23250									
		24	23250									
X		24	23250				2.6					
		24	23000									
X		24	23000				2.5					0.9
		24	20000									
X		24	20000				0.5					0.2
		24	20333									
		24	20333									
X		24	20333				2.5					2.0
		24	18000									
			639000									
			21300									
			35000									

*Refer to the instructions for this report to determine which plants must provide this information
 DEP Form 62-555 (9/00/3)
 Effective Aug 15



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: RECEIVED
Analysis Date & Time: 6/9/15 @ 3:30pm
Sample Acceptance Criteria: 7.7
Sample Preservation: NO On Ice 08 °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 Enterocci Colilert HPC Other: _____

System Name: Village of Charlie Creek PWS I.D. 6250278

System Address: _____ County: Hardee

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: 6-9-15

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
<u>1/4</u>	<u>Well 1</u>	<u>007861</u>	<u>1145</u>	<u>R</u>	<u>✓</u>	<u>7.8</u>
<u>2/4</u>	<u>Well 2</u>	<u>007862</u>	<u>1140</u>	<u>R</u>	<u>✓</u>	<u>7.8</u>
<u>3/4</u>	<u>Church</u>	<u>007863</u>	<u>1130</u>	<u>D</u>	<u>1.65</u>	<u>7.8</u>
<u>4/4</u>	<u>1062 Bluejay</u>	<u>007864</u>	<u>1120</u>	<u>D</u>	<u>1.72</u>	<u>7.8</u>

To be completed by lab

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

1.69

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: Cynthia Williams Date: 6/10/15

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: _____

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

PLANT NAME: Village of Charlie Creek Monitoring Period From: 6/01/15 To: 6/30/15
(WATER REPORT)

DAY	METER 1	METER 2	TRC	PH	TRC	PH	MULT.	1000	Bact.
PREV	41819.0						#REF!		
1	41854.0		3.0		2.5		35000.0		
2							21000.0		
3	41896.0		1.6		1.0		21000.0		
4							21500.0		
5	41939.0		3.5		2.5		21500.0		
6							21333.3		
7							21333.3		
8	42003.0		3.2		2.2		21333.3		
9							16000.0		
10	42035.0		1.7		1.4		16000.0		
11							22500.0		
12	42080.0		1.6		1.3		22500.0		
13							15000.0		
14							15000.0		
15							15000.0		
16	42140.0		1.5		1.0		15000.0		
17							30000.0		
18	42200.0		1.5		1.2		30000.0		
19							23250.0		
20							23250.0		
21							23250.0		
22	42293.0		2.6				23250.0		
23							23000.0		
24	42339.0		2.5		0.9		23000.0		
25							20000.0		
26	42379.0		0.5		0.2		20000.0		
27							20333.3		
28							20333.3		
29	42440.0		2.5		2.0		20333.3		
30	42458.0						18000.0		
Total Flow							639000.0		
ADF							21300.0		
MAX			3.5		2.5		35000.0		
MIN			0.5		0.2		15000.0		

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

I. General Information for the Month/Year of: Monitoring Period From: 7/01/15 To: 7/31/15

A. Public Water System (PWS) Information

PWS Name: VILLAGE OF CHARLIE CREEK		PWS Identification Number: 6250278	
PWS Type: <input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive
Number of Service Connections at End of Month: 153		Total Population Served at End of Month: 168	
PWS Owner:			
Contact Person: MIKE SMALLRIDGE		Contact Person's Title: UTILITY MANAGER	
Contact Person's Mailing Address: 3336 GRAND BLVD		City: HOLIDAY	State: FL Zip Code: 33890
Contact Person's Telephone Number: 352-302-7406		Contact Person's Fax Number: 863-229-5991	
Contact Person's E-Mail Address: UTILITYCONSULTANT@YAHOO.COM			

B. Water Treatment Plant Information

Plant Name: VILLAGE OF CHARLIE CREEK		Plant Telephone Number: 863-537-1971	
Plant Address: SR 64 EAST		City: ZOLFO SPRINGS	State: FL Zip Code: 33873
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating capacity of Plant, gallons per day: 133,000			
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

II. Certification by Lead/Chief Operator

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

Gaines Alexander 2015/08/10
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

PWS Identification Number: **6250278** Plant Name: **VILLAGE OF CHARLIE CREEK**

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

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

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

Day of the Month	Time Plant Disinfectant Applied (M:SS)	Notes Plant Disinfectant Applied	Free Chlorine (mg/L)				Combined Chlorine (mg/L)				Chlorine Dioxide (mg/L)	
			At Plant	At Distribution System	At Consumer's Tap	At End of Distribution System	At Plant	At Distribution System	At Consumer's Tap	At End of Distribution System		
1			24	18500								
2	X		24	18500		2.6						2.1
3			24	18333								
4			24	18333								
5	X		24	18333		2.0						1.7
6	X		24	30000		2.0						1.6
7			24	20000								
8	X		24	20000		1.8						1.4
9			24	23000								
10	X		24	23000		1.7						1.5
11			24	25000								
12			24	25000								
13	X		24	25000		0.3						0.2
14			24	21000								
15	X		24	21000		1.8						1.2
16			24	10000								
17	X		24	10000		2.2						1.9
18			24	21667								
19			24	21667								
20	X		24	21667		3.5						3.2
21			24	23500								
22	X		24	23500		3.0						2.5
23			24	23500								
24	X		24	23500		3.0						1.9
25			24	22000								
26			24	22000								
27	X		24	22000		2.0						1.9
28			24	21000								
29	X		24	21000		1.7						0.9
30			24	21000								
31	X		24	21000		1.0						1.2
Mean				654000								
Minimum				21097								
Maximum				30000								

*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: Village of Charlie Creek

PWS I.D. 6250278

System Address: SR04 #

County: Hardee

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: 7-23-15

To be completed by collector of sample

Sample Number	Sample Point (Location or Specific Address)	Lab-Sample Number	Collection Time	Sample Type ¹	Disinfectant Res'd (mg/L)	pH
<u>1/4</u>	<u>Well 1</u>	<u>010145</u>	<u>0940</u>	<u>R</u>	<u>✓</u>	<u>7.7</u>
<u>1/4</u>	<u>Well 2</u>	<u>010146</u>	<u>0942</u>	<u>R</u>	<u>✓</u>	<u>7.8</u>
<u>3/4</u>	<u>Clubhouse</u>	<u>010147</u>	<u>0945</u>	<u>D</u>	<u>2.20</u>	<u>7.8</u>
<u>1/4</u>	<u>1243 Mockingbird</u>	<u>010148</u>	<u>0953</u>	<u>D</u>	<u>2.20</u>	<u>7.8</u>

To be completed by lab

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

2.20

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 (# 31471) 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: Janice McManis Date: 7/24/15

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: _____
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

PLANT NAME: Village of Charlie Creek Monitoring Period From: 7/01/15 To: 7/31/15
(WATER REPORT)

DAY	METER 1	METER 2	TRC	PH	TRC	PH	MULT.	1000	Bact.
PREV	42458.0						#REF!		
1							18500.0		
2	42495.0		2.6		2.1		18500.0		
3							18333.3		
4							18333.3		
5	42550.0		2.0		1.7		18333.3		
6	42580.0		2.0		1.6		30000.0		
7							20000.0		
8	42620.0		1.8		1.4		20000.0		
9							23000.0		
10	42666.0		1.7		1.5		23000.0		
11							25000.0		
12							25000.0		
13	42741.0		0.3		0.2		25000.0		
14							21000.0		
15	42783.0		1.8		1.2		21000.0		
16							10000.0		
17	42803.0		2.2		1.9		10000.0		
18							21666.7		
19							21666.7		
20	42868.0		3.5		3.2		21666.7		
21							23500.0		
22	42915.0		3.0		2.5		23500.0		
23							23500.0		
24	42962.0		3.0		1.9		23500.0		
25							22000.0		
26							22000.0		
27	43028.0		2.0		1.9		22000.0		
28							21000.0		
29	43070.0		1.7		0.9		21000.0		
30							21000.0		
31	43112.0		1.0		1.2		21000.0		
Total Flow							654000.0		
ADF							21096.8		
MAX			3.5		3.2		30000.0		
MIN			0.3		0.2		10000.0		

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

I. General Information for the Month/Year of: Monitoring Period From: 8/01/15 To: 8/31/15

A. Public Water System (PWS) Information

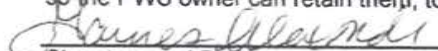
PWS Name:	VILLAGE OF CHARLIE CREEK		PWS Identification Number:	6250278	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	153		Total Population Served at End of Month:	168	
PWS Owner:					
Contact Person:	MIKE SMALLRIDGE		Contact Person's Title:	UTILITY MANAGER	
Contact Person's Mailing Address:	3336 GRAND BLVD	City: HOLIDAY	State: FL	Zip Code: 33890	
Contact Person's Telephone Number:	352-302-7406		Contact Person's Fax Number:	863-229-5991	
Contact Person's E-Mail Address:	UTILITYCONSULTANT@YAHOO.COM				

B. Water Treatment Plant Information

Plant Name:	VILLAGE OF CHARLIE CREEK		Plant Telephone Number:	863-537-1971	
Plant Address:	SR 64 EAST	City: ZOLFO SPRINGS	State: FL	Zip Code: 33873	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating capacity of Plant, gallons per day:	133,000				
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		

II. Certification by Lead/Chief Operator

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

 2015/09/10

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 **6250278** Plant Name **VILLAGE OF CHARLIE CREEK**

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Map #)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	DT Calculations or UV Dose, to Determine Four-Log Virus Inactivation, if Applicable										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation		
				Chlorination					UV Dose							
				Peak Flow, mgd	Lowest Residual Chlorine Concentration, mg/L	Flow, mgd	Flow, mgd	Flow, mgd	Flow, mgd	Flow, mgd	Flow, mgd	Flow, mgd	Flow, mgd			
1		24	22667													
2		24	22667													
3	X	24	22667			0.8										0.5
4		24	24000													
5	X	24	24000			0.4										0.2
6		24	23500													
7	X	24	23500			1.5										1.1
8		24	60000													
9		24	60000													
10		24	60000													
11	X	24	60000			1.6										1.2
12		24	33500													
13	X	24	33500			3.5										2.9
14		24	23500													
15	X	24	23500			2.0										1.7
16		24	23000													
17	X	24	23000			2.2										1.7
18		24	12667													
19		24	12667													
20	X	24	12667			1.9										1.5
21		24	20500													
22	X	24	20500			1.9										1.4
23		24	20500													
24	X	24	20500			0.9										0.4
25		24	30000													
26	X	24	30000			0.5										0.3
27		24	22000													
28	X	24	22000			2.4										0.9
29		24	25333													
30		24	25333													
31	X	24	25333			2.4										0.9
Total			863000													
Average			27839													
Minimum			60000													

*Refer to the instructions for this report to determine which plants must provide this information
 DEP Form 62-555 900(3)
 Effective Aug X



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: RECEIVED
Analysis Date & Time: 8/28/15 @ 2:35 pm
Sample Acceptance Criteria: 71°C
Sample Preservation: 2015 AUG 28 2-19
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: Village of Charlie Creek PWS I.D. 6250288

System Address: SR 64 E County: Hardee

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: 8-28-15

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 ²				
							Fecal or E. coli Analysis Method	Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier ²
<u>1/4</u>	<u>Well 1</u>	<u>011740</u>	<u>1145</u>	<u>R</u>	<u>✓</u>	<u>7.7</u>		<u>A</u>			
<u>2/4</u>	<u>Well 2</u>	<u>011741</u>	<u>1150</u>	<u>R</u>	<u>✓</u>	<u>7.7</u>		<u>A</u>			
<u>3/4</u>	<u>1011 Morgan Grice</u>	<u>011742</u>	<u>1200</u>	<u>D</u>	<u>1.95</u>	<u>7.7</u>		<u>A</u>			
<u>4/4</u>	<u>1154 Sparrow Rd</u>	<u>011743</u>	<u>1215</u>	<u>D</u>	<u>1.88</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.)

1.92 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 (# 21471) 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 8/29/15
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: _____
DEP/DOH Reviewing Official: _____

PLANT NAME: Village of Charlie Creek Monitoring Period From: 8/01/15 To: 8/31/15
(WATER REPORT)

DAY	METER 1	METER 2	TRC	PH	TRC	PH	MULT.	1000	Bact.
PREV	43112.0						#REF!		
1							22666.7		
2							22666.7		
3	43180.0		0.8		0.5		22666.7		
4							24000.0		
5	43228.0		0.4		0.2		24000.0		
6							23500.0		
7	43275.0		1.5		1.1		23500.0		
8							60000.0		
9							60000.0		
10							60000.0		
11	43515.0		1.6		1.2		60000.0		
12							33500.0		
13	43582.0		3.5		2.9		33500.0		
14							23500.0		
15	43629.0		2.0		1.7		23500.0		
16							23000.0		
17	43675.0		2.2		1.7		23000.0		
18							12666.7		
19							12666.7		
20	43713.0		1.9		1.5		12666.7		
21							20500.0		
22	43754.0		1.9		1.4		20500.0		
23							20500.0		
24	43795.0		0.9		0.4		20500.0		
25							30000.0		
26	43855.0		0.5		0.3		30000.0		
27							22000.0		
28	43899.0		2.4		0.9		22000.0		
29							25333.3		
30							25333.3		
31	43975.0		2.4		0.9		25333.3		
Total Flow							863000.0		
ADF							27838.7		
MAX			3.5		2.9		60000.0		
MIN			0.4		0.2		12666.7		

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: VILLAGE OF CHARLIE CREEK		PWS Identification Number: 6250278	
PWS Type: <input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive
Number of Service Connections at End of Month: 153		Total Population Served at End of Month: 168	
PWS Owner:			
Contact Person: MIKE SMALLRIDGE		Contact Person's Title: UTILITY MANAGER	
Contact Person's Mailing Address: 3336 GRAND BLVD		City: HOLIDAY	State: FL Zip Code: 33890
Contact Person's Telephone Number: 352-302-7406		Contact Person's Fax Number: 863-229-5991	
Contact Person's E-Mail Address: UTILITYCONSULTANT@YAHOO.COM			

B. Water Treatment Plant Information

Plant Name: VILLAGE OF CHARLIE CREEK		Plant Telephone Number: 863-537-1971			
Plant Address: SR 64 EAST		City: ZOLFO SPRINGS	State: FL Zip Code: 33873		
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating capacity of Plant, gallons per day: 133,000					
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	

II. Certification by Lead/Chief Operator

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

Danny Alexander 2015/10/08
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: 6250278 Plant Name: VILLAGE OF CHARLIE CREEK

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

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

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

Day of the month	Days Plant Staffed or Visited by Operator (Place X)	Hours Plant in Operation	Net Quality of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable								Lowest Residual Disinfectant concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations				UV Dose						
				Peak flow rate, gpd	Lowest Residual Disinfectant concentration Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²			Minimum UV Dose required, mW-sec/cm ²
1		24	449500											
2	X	24	449500			2.5							2.1	
3		24	20000											
4	X	24	20000			2.5							2.1	
5		24	19500											
6		24	19500											
7		24	19500											
8		24	19500											
9	X	24	19500			2.5							2.0	
10		24	21500											
11	X	24	21500			1.4							1.3	
12		24	23667											
13		24	23667											
14	X	24	23667			1.5							1.4	
15		24	27500											
16	X	24	27500			1.5							1.4	
17		24	10500											
18	X	24	10500			1.5							1.4	
19		24	26333											
20		24	26333											
21	X	24	26333			0.6							0.4	
22		24	1000											
23	X	24	1000			1.9							1.5	
24		24	52000											
25	X	24	52000			1.9							1.5	
26		24	54000											
27		24	54000											
28	X	24	54000			1.9							2.5	
29		24	34000											
30	X	24	34000			3.2							1.1	
Total			1641500											
Average			54717											
Minimum			449500											

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

DEP Form 62-555 900(3)

Effective Aug. X

**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

Bm
Lab Receipt Date & Time: _____
Analysis Date & Time: RECEIVED
Sample Acceptance Criteria:
Sample Preservation On Ice Not On Ice 6°C
Disinfectant Check Not Detected 8:05 AM
This sample does not meet the following NELAC requirements:
Analysis 9/30/15 @ 9:20 am

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: Village at Charlie Creek PWS I.D. 6250278

System Address: JR W E 2010 County: Hardee

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: 9-29-15

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
<u>1/4</u>	<u>Well 1</u>	<u>013433</u>	<u>1235</u>	<u>R</u>	<u>/</u>	<u>7.5</u>
<u>2/4</u>	<u>Well 2</u>	<u>013434</u>	<u>1240</u>	<u>R</u>	<u>/</u>	<u>7.6</u>
<u>3/4</u>	<u>Church</u>	<u>013435</u>	<u>1245</u>	<u>D</u>	<u>2.20</u>	<u>7.6</u>
<u>4/4</u>	<u>1062 Blue Jay</u>	<u>013436</u>	<u>1250</u>	<u>D</u>	<u>2.20</u>	<u>7.6</u>

To be completed by lab

Total Coliform Analysis Method: <u>SM9223B</u>			
Fecal or E. coli Analysis Method:			
Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier ²
	<u>A</u>		
	<u>A</u>		
	<u>A</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.)

2.20 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 (# 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: Margaret Rajpaul Date: 10/1/15
Title: Director

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: _____

Page 1 of 1
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

Kirstau ✓

PLANT NAME: Village of Charlie Creek Monitoring Period From: 9/01/15 To: 9/30/15
(WATER REPORT)

DAY	METER 1	METER 2	TRC	PH	TRC	PH	MULT.	1000	Bact.
PREV	43112						#REF!		
1							449500		
2	44011		2.5		2.1		449500		
3							20000		
4	44051		2.5		2.1		20000		
5							19500		
6							19500		
7							19500		
8							19500		
9	44168		2.5		2.0		19500		
10							21500		
11	44211		1.4		1.3		21500		
12							23667		
13							23667		
14	44282		1.5		1.4		23667		
15							27500		
16	44337		1.5		1.4		27500		
17							10500		
18	44358		1.5		1.4		10500		
19							26333		
20							26333		
21	44437		0.6		0.4		26333		
22							1000		
23	44439		1.9		1.5		1000		
24							52000		
25	44543		1.9		1.5		52000		
26							54000		
27							54000		
28	44705		1.9		2.5		54000		
29							34000		
30	44773		3.2		1.1		34000		
Total Flow							1641500		
ADF							54717		
MAX			3.2		2.5		449500		
MIN			0.6		0.4		1000		

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: VILLAGE OF CHARLIE CREEK		PWS Identification Number: 6250278	
PWS Type: <input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive
Number of Service Connections at End of Month: 153		Total Population Served at End of Month: 168	
PWS Owner:			
Contact Person: MIKE SMALLRIDGE		Contact Person's Title: UTILITY MANAGER	
Contact Person's Mailing Address: 3336 GRAND BLVD		City: HOLIDAY	State: FL Zip Code: 33890
Contact Person's Telephone Number: 352-302-7406		Contact Person's Fax Number: 863-229-5991	
Contact Person's E-Mail Address: UTILITYCONSULTANT@YAHOO.COM			

B. Water Treatment Plant Information

Plant Name: VILLAGE OF CHARLIE CREEK		Plant Telephone Number: 863-537-1971	
Plant Address: SR 64 EAST		City: ZOLFO SPRINGS	State: FL Zip Code: 33873
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating capacity of Plant, gallons per day: 133,000			
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

II. Certification by Lead/Chief Operator

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

Mike Alexander 2015/11/09
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: 6250278 Plant Name VILLAGE OF CHARLIE CREEK

Monitoring Period From: 10/01/15 To: 10/31/15

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

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

Day of the month	Days Plant Staffed or Visited by Operator (Place X)	Hours Plant in Operation	Net Quality of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation		
				CT Calculations					UV Dose							
				Peak flow rate, gpd	Lowest Residual Disinfectant concentration Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, C	pH of Water, if Applicable	Minimum CT, Required mg-min/L	Lowest Operating UV Dose, mW-Sec/cm2	Minimum UV Dose required, mW-Sec/cm2	Lowest Residual Disinfectant concentration at Remote Point in Distribution System, mg/L			
1		24	238500													
2	X	24	238500			2.8										
3		24	237000													
4		24	237000													
5	X	24	237000			2.6										
6		24	166500													
7	X	24	166500			3.5										
8		24	81750													
9		24	81750													
10		24	81750													
11		24	81750													
12	X	24	81750			3.5										
13		24	94500													
14	X	24	94500			3.5										
15		24	99000													
16	X	24	99000			2.3										
17		24	99000													
18		24	99000													
19	X	24	99000			2.3										
20		24	83250													
21	X	24	83250			2.3										
22		24	85500													
23	X	24	85500			2.2										
24		24	97500													
25		24	97500													
26	X	24	97500			2.2										
27		24	101250													
28	X	24	101250			2.2										
29		24	117000													
30	X	24	117000			2.9										
31		24	128000													
Total			3806250													
Average			122782													
Maximum			238500													

*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: Village of Charles Creek PWS I.D. 6250278

System Address: JR 64 DE Lollo Spring County: Hardee

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: 10-29-15

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	Disinfectant Res'd (mg/L)	pH
1/4	Well 1 - 014922	014922	0810	R	✓	7.4
1/4	Well 2	014923	0815	R	✓	7.5
1/4	1011 Morgan Brice	014924	0820	D	2.20	7.5
1/4	1243 Mockingbird	014925	0830	D	2.20	7.5

Total Coliform Analysis Method: <u>1222</u>			
Fecal or E. coli Analysis Method:			
Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier ²
L	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.)

2.20

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 (# 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: [Signature] Date: 10/30/15
Title: Lab Manager

Name and Mailing Address of Person to Receive Report
[Address]

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

11/2 DEP

Page 1 of 1
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: Village of Charlie Creek Monitoring Period From: 10/01/15 To: 10/31/15
(WATER REPORT)

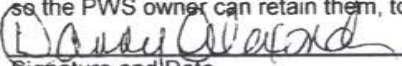
DAY	METER 1	METER 2	TRC	PH	TRC	PH	MULT.	1000	Bact.
PREV	44773						#REF!		
1							238500		
2	44879		2.8				238500		
3							237000		
4							237000		
5	45037		2.8				237000		
6							166500		
7	45111		3.5				166500		
8							81750		
9							81750		
10							81750		
11							81750		
12	45220		3.5				81750		
13							94500		
14	45262		3.5				94500		
15							99000		
16	45306		2.3				99000		
17							99000		
18							99000		
19	45372		2.3				99000		
20							83250		
21	45409		2.3				83250		
22							85500		
23	45447		2.2				85500		
24							97500		
25							97500		
26	45512		2.2				97500		
27							101250		
28	45557		2.2				101250		
29							117000		
30	45609		2.9				117000		
31	45637						126000		
Total Flow							3806250		
ADF							122782		
MAX			3.5				238500		
MIN			2.2				81750		

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: VILLAGE OF CHARLIE CREEK		PWS Identification Number: 6250278	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 153		Total Population Served at End of Month: 168	
PWS Owner:			
Contact Person: MIKE SMALLRIDGE		Contact Person's Title: UTILITY MANAGER	
Contact Person's Mailing Address: 3336 GRAND BLVD		City: HOLIDAY	State: FL Zip Code: 33890
Contact Person's Telephone Number: 352-302-7406		Contact Person's Fax Number: 863-229-5991	
Contact Person's E-Mail Address: UTILITYCONSULTANT@YAHOO.COM			
B. Water Treatment Plant Information			
Plant Name: VILLAGE OF CHARLIE CREEK		Plant Telephone Number: 863-537-1971	
Plant Address: SR 64 EAST		City: ZOLFO SPRINGS	State: FL Zip Code: 33873
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating capacity of Plant, gallons per day:		133,000	
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
			12

II. Certification by Lead/Chief Operator

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


2015/12/10
DANNY ALEXANDER
C-12379

Signature and Date
Printed or Typed Name
License Number

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

PWS: Identification Number: 6250278 Plant Name: VILLAGE OF CHARLIE CREEK

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

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

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

Day of the month	Days Plant Started or Visited by Operator (Place X)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak flow rate, gpd	Lowest Residual Disinfectant concentration Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, C	pH of Water, if Applicable	Minimum CT Required mg-min/L	Lowest Operating UV Dose, mW-Sec/cm2	Minimum UV Dose required, mW-Sec/cm2	Lowest Residual Disinfectant concentration at Remote Point in Distribution System, mg/L		
1		24	29000												
2	X	24	29000			2.9									1.5
3		24	21500												
4	X	24	21500			1.7									1.4
5		24	3000												
6	X	24	3000			2.9									1.5
7		24	29000												
8		24	29000												
9	X	24	29000			2.9									1.5
10		24	16000												
11	X	24	16000			1.7									1.4
12		24	19000												
13	X	24	19000			1.6									1.3
14		24	20333												
15		24	20333												
16	X	24	20333			1.4									1.1
17		24	16000												
18	X	24	16000			2.2									1.9
19		24	19000												
20	X	24	19000			2.8									2.3
21		24	19333												
22		24	19333												
23	X	24	19333			3.5									2.9
24		24	25000												
25	X	24	25000			2.8									2.3
26		24	21667												
27		24	21667												
28		24	21667												
29		24	21667												
30	X	24	21667			2.8									2.3
Total			611333												
Average			20378												
Maximum			29000												

*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

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 Coliform HPC Other: _____

System Name: Village at Charlie Creek

PWS I.D. 6250278

System Address: SR 64 E

County: Hardee

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

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: _____

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		0900	R	/	7.6
2/4	Well 2		0905	R	/	7.6
3/4	Clubhouse		0910	D	2.20	7.6
4/4	1154 Sparrow		0915	D	2.20	7.6

Total Coliform Analysis Method:			
Fecal or E. coli Analysis Method:			
Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier ²

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

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 (# 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
5374 Commercial Blvd
Winter Haven, FL 33909

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

PLANT NAME: Village of Charlie Creek Monitoring Period From: 11/01/15 To: 11/30/15
(WATER REPORT)

DAY	METER 1	METER 2	TRC	PH	TRC	PH	MULT.	1000	Bact.
PREV	45637						#REF!		
1							29000		
2	45695		2.9		1.5		29000		
3							21500		
4	45738		1.7		1.4		21500		
5							3000		
6	45744		2.9		1.5		3000		
7							29000		
8							29000		
9	45831		2.9		1.5		29000		
10							16000		
11	45863		1.7		1.4		16000		
12							19000		
13	45901		1.6		1.3		19000		
14							20333		
15							20333		
16	45962		1.4		1.1		20333		
17							16000		
18	45994		2.2		1.9		16000		
19							19000		
20	46032		2.8		2.3		19000		
21							19333		
22							19333		
23	46090		3.5		2.9		19333		
24							25000		
25	46140		2.8		2.3		25000		
26							21667		
27							21667		
28							21667		
29							21667		
30	46270		2.8		2.3		21667		
Total Flow							611333		
ADF							20378		
MAX			3.5		2.9		29000		
MIN			1.4		1.1		3000		

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

I. General Information for the Month/Year of:		Monitoring Period From: 12/01/15 To: 12/31/15	
A. Public Water System (PWS) Information			
PWS Name: VILLAGE OF CHARLIE CREEK		PWS Identification Number: 6250278	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive
Number of Service Connections at End of Month: 153		Total Population Served at End of Month: 168	
PWS Owner:			
Contact Person: MIKE SMALLRIDGE		Contact Person's Title: UTILITY MANAGER	
Contact Person's Mailing Address: 3336 GRAND BLVD		City: HOLIDAY	State: FL Zip Code: 33890
Contact Person's Telephone Number: 352-302-7406		Contact Person's Fax Number: 863-229-5991	
Contact Person's E-Mail Address: UTILITYCONSULTANT@YAHOO.COM			
B. Water Treatment Plant Information			
Plant Name: VILLAGE OF CHARLIE CREEK		Plant Telephone Number: 863-537-1971	
Plant Address: SR 64 EAST		City: ZOLFO SPRINGS	State: FL Zip Code: 33873
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating capacity of Plant, gallons per day:		133,000	
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
Other Operators:	DANNY ALEXANDER	C	C-12379 12
	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 owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Danny Alexander 2016/01/08

DANNY ALEXANDER
Printed or Typed Name

C-12379
License Number

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

PWS: Identification Number 6250278 Plant Name: VILLAGE OF CHARLIE CREEK

Monitoring Period From: 12/01/15 To: 12/31/15

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

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

Day of the month	Days Plant Staffed or Visited by Operator (Place X)	Hours Plant In Operation	Net Quality of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak flow rate, gpd	Lowest Residual Disinfectant concentration Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, C	pH of Water, if Applicable	Minimum CT, Required mg-min/L	Lowest Operating UV Dose, mW-Sec/cm2	Minimum UV Dose required, mW-sec/cm2	Lowest Residual Disinfectant concentration at Remote Point in Distribution System, mg/L		
1		24	94500												
2	X	24	94500			2.9									2.4
3		24	139500												
4	X	24	139500			2.9									2.4
5		24	150000												
6		24	150000												
7	X	24	150000			2.9									2.4
8		24	177750												
9	X	24	177750			2.8									2.3
10		24	117000												
11	X	24	117000			2.4									2.1
12		24	129000												
13		24	129000												
14	X	24	129000			2.3									2.0
15		24	78750												
16	X	24	78750			2.3									2.0
17		24	85500												
18	X	24	85500			2.3									2.0
19		24	96000												
20		24	96000												
21	X	24	96000			2.4									2.1
22		24	76500												
23	X	24	76500			2.4									2.1
24		24	94500												
25		24	94500												
26		24	96000												
27		24	96000												
28	X	24	96000			2.4									2.1
29		24	90000												
30	X	24	90000			2.4									2.1
31		24	90000												
Total			3411000												
Average			110032												
Maximum			177750												

*Refer to the instructions for this report to determine which plants must provide this information
 DEP Form 62-555 900(3)
 Effective Aug X

Bm



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
Lab Receipt Date & Time:
Analysis Date & Time: 12/23/15 @ 4:20pm
Sample Acceptance Criteria:
Sample Preservation: On Ice [X] Not On Ice []
Disinfectant Check: [X] 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)
[X] Total Coliform/E-Coli [] Total Coliform/Fecal [] Enterococci [] Coliform [] HPC [] Other:

System Name: Village @ Charlie Creek

PWS I.D. 6 2 5 0 2 7 8

System Address: County: Hardee

System or Owner's Phone #: Fax #:
Collector: Robert Best Collector's Phone #: 965-2599

Type of Supply: (check only one)
[X] 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)
[X] 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: 12-22-15

To be completed by collector of sample

Table with 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, Church, and Wt 283.

To be completed by lab

Table for Total Coliform Analysis Method and Fecal or E. coli Analysis Method. 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.)

2.20 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: [X] DPD Colorimetric [] Other:
Person performing analysis is (Please see instructions on reverse):
[] A certified operator (#) [] Employed by a certified lab
[X] 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: 12/24/15
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:
DEP/DOH Reviewing Official:

Page 1 of 1
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

JAV

PLANT NAME: Village of Charlie Creek Monitoring Period From: 12/01/15 To: 12/31/15
(WATER REPORT)

DAY	METER 1	METER 2	TRC	PH	TRC	PH	MULT.	1000	Bact.
PREV	46270						#REF!		
1							94500		
2	46312		2.9		2.4		94500		
3							139500		
4	46374		2.9		2.4		139500		
5							150000		
6							150000		
7	46474		2.9		2.4		150000		
8							177750		
9	46553		2.8		2.3		177750		
10							117000		
11	46605		2.4		2.1		117000		
12							129000		
13							129000		
14	46691		2.3		2.0		129000		
15							78750		
16	46726		2.3		2.0		78750		
17							85500		
18	46764		2.3		2.0		85500		
19							96000		
20							96000		
21	46828		2.4		2.1		96000		
22							76500		
23	46862		2.4		2.1		76500		
24							94500		
25	46904						94500		
26							96000		
27							96000		
28	46968		2.4		2.1		96000		
29							90000		
30	47008		2.4		2.1		90000		
31	47028						90000		
Total Flow							3411000		
ADF							110032		
MAX			2.9		2.4		177750		
MIN			2.3		2.0		76500		

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Charlie Creek Utilities, LLC

Monday, July 25, 2016

Billing Summary 1/1/2015 to 1/31/2015

water

	Date	Beginning Ending	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total			54410		\$0.00		\$0.00		\$0.00		\$10.00		\$104.79	
water			\$52.31	\$90.00		\$0.00		\$0.00		\$0.00		\$152.31		\$257.10
# of Customers Billed	13													

General

	Date	Beginning Ending	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total			11870		\$0.00		\$0.00		\$0.00		\$0.00		\$65.41	
General			\$0.00	\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$65.41
# of Customers Billed	1													

Unused

	Date	Beginning Ending	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total							\$0.00		\$0.00		\$0.00			
Unused				(\$15.00)				\$0.00		\$0.00		(\$15.00)		(\$15.00)
# of Customers Billed	1													

Report			66280		\$0.00		\$0.00		\$0.00		\$10.00		\$170.20	
Totals	# of Cust Billed	14	\$37.31	\$90.00	0	0	0	\$0.00		\$0.00		\$137.31		\$307.51
											2			

Charlie Creek Utilities, LLC

Monday, July 25, 2016

Billing Summary 2/1/2015 to 2/28/2015

water

	Date	Beginning Ending	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total			476204		\$0.00		\$0.00		\$0.00		\$400.00		\$1,149.75	
water			\$2,943.99	\$2,145.00		\$0.00		\$0.00		\$0.00		\$5,488.99		\$6,638.74
# of Customers Billed	146													

General

	Date	Beginning Ending	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total			-285730		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00	
General			\$0.00	\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00
# of Customers Billed	13													

Unused

	Date	Beginning Ending	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total							\$0.00		\$0.00		\$0.00			
Unused				\$3.00				\$0.00		\$0.00		\$3.00		\$3.00
# of Customers Billed	1													

Report Totals			190474		\$0.00		\$0.00		\$0.00		\$400.00		\$1,149.75	
# of Cust Billed	147		\$2,946.99	\$2,145.00	0	0	0	\$0.00		\$0.00	80	\$5,491.99		\$6,641.74

Charlie Creek Utilities, LLC

Monday, July 25, 2016

Billing Summary 3/1/2015 to 3/31/2015

water

	Date	Beginning Ending	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total			551592		\$72.00		\$0.00		\$0.00		\$245.00		\$945.22	
water			\$2,383.56	\$2,130.00		\$40.00		\$0.00		\$0.00		\$4,870.56		\$5,815.78
# of Customers Billed	150													

General

	Date	Beginning Ending	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total			11250		\$0.00		\$0.00		\$0.00		\$0.00		\$67.87	
General			\$0.00	\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$67.87
# of Customers Billed	16													

Report Totals			562842		\$72.00		\$0.00		\$0.00		\$245.00		\$1,013.09	
# of Cust Billed	150		\$2,383.56	\$2,130.00		\$40.00		\$0.00		\$0.00		\$4,870.56		\$5,883.65
					24	2	0				49			

Charlie Creek Utilities, LLC

Monday, July 25, 2016

Billing Summary 4/1/2015 to 4/30/2015

water

	Date	Beginning Ending	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total			693093		\$119.00		\$0.00		\$0.00		\$215.00		(\$490.96)	
water			\$2,796.78	\$2,190.00		\$75.00		\$0.00		\$0.00		\$5,395.78		\$4,904.82
# of Customers Billed	147													

General

	Date	Beginning Ending	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total			20890		\$0.00		\$0.00		\$0.00		\$0.00		\$67.87	
General			\$0.00	\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$67.87
# of Customers Billed	14													

Report Totals			713983		\$119.00		\$0.00		\$0.00		\$215.00		(\$423.09)	
# of Cust Billed	147		\$2,796.78	\$2,190.00		\$75.00		\$0.00		\$0.00		\$5,395.78		\$4,972.69
					40	4	0				43			

Charlie Creek Utilities, LLC

Monday, July 25, 2016

Billing Summary 5/1/2015 to 5/31/2015

water

	Date	Beginning Ending	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total			761745		\$89.50		\$0.00		\$0.00		\$260.00		\$331.10	
water			\$3,420.86	\$2,220.00		\$0.00		\$0.00		\$0.00		\$5,990.36		\$6,321.46
# of Customers Billed	161													

General

	Date	Beginning Ending	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total			6820		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00	
General			\$0.00	\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00
# of Customers Billed	11													

Unused

	Date	Beginning Ending	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total							\$0.00		\$0.00		\$0.00			
Unused				\$18.00				\$0.00		\$0.00		\$18.00		\$18.00
# of Customers Billed	1													

Report Totals			768565		\$89.50		\$0.00		\$0.00		\$260.00		\$331.10	
# of Cust Billed	162		\$3,438.86	\$2,220.00		\$0.00		\$0.00		\$0.00		\$6,008.36		\$6,339.46
					30	0	0				52			

Charlie Creek Utilities, LLC

Monday, July 25, 2016

Billing Summary 6/1/2015 to 6/30/2015

water

	Date	Beginning Ending	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total			674692		\$134.00		\$0.00		\$0.00		\$240.00		(\$400.58)	
water			\$2,834.73	\$2,205.00		\$0.00		\$0.00		\$0.00		\$5,413.73		\$5,013.15
# of Customers Billed	152													

General

	Date	Beginning Ending	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total			0		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00	
General			\$0.00	\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00
# of Customers Billed	12													

Report Totals			674692		\$134.00		\$0.00		\$0.00		\$240.00		(\$400.58)	
# of Cust Billed	152		\$2,834.73	\$2,205.00		\$0.00		\$0.00		\$0.00		\$5,413.73		\$5,013.15
					45	0	0				48			

Charlie Creek Utilities, LLC

Monday, July 25, 2016

Billing Summary 7/1/2015 to 7/31/2015

water

	Date	Beginning Ending	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total			754989		\$137.83		\$0.00		\$0.00		\$220.00		\$258.49	
water			\$3,306.23	\$2,145.00		\$0.00		\$0.00		\$0.00		\$5,809.06		\$6,067.55
# of Customers Billed	152													

General

	Date	Beginning Ending	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total			36690		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00	
General			\$0.00	\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00
# of Customers Billed	13													

Unused

	Date	Beginning Ending	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total							\$0.00		\$0.00		\$0.00			
Unused				\$328.92				\$0.00		\$0.00		\$328.92		\$328.92
# of Customers Billed	2													

			791679		\$137.83		\$0.00		\$0.00		\$220.00		\$258.49	
Report			\$3,635.15	\$2,145.00		\$0.00		\$0.00		\$0.00		\$6,137.98		\$6,396.47
Totals	# of Cust Billed	154			47	0	0				44			

Charlie Creek Utilities, LLC

Monday, July 25, 2016

Billing Summary 8/1/2015 to 8/31/2015

water

	Date	Beginning Ending	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total			786891		\$155.50		\$0.00		\$0.00		\$295.00		\$59.50	
water			\$3,525.04	\$2,190.00		\$0.00		\$0.00		\$0.00		\$6,165.54		\$6,225.04
# of Customers Billed	158													

General

	Date	Beginning Ending	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total			0		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00	
General			\$0.00	\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00
# of Customers Billed	15													

Report Totals			786891		\$155.50		\$0.00		\$0.00		\$295.00		\$59.50	
# of Cust Billed	158		\$3,525.04	\$2,190.00		\$0.00		\$0.00		\$0.00		\$6,165.54		\$6,225.04
					52	0	0				59			

Charlie Creek Utilities, LLC

Monday, July 25, 2016

Billing Summary 9/1/2015 to 9/30/2015

water

Date	Beginning Ending	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total		627900		\$155.50		\$0.00		\$0.00		\$245.00		\$7.69	
water		\$2,351.52	\$2,190.00		\$0.00		\$0.00		\$0.00		\$4,942.02		\$4,949.71
# of Customers Billed	152												

General

Date	Beginning Ending	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total		0		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00	
General		\$0.00	\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00
# of Customers Billed	14												

Unused

Date	Beginning Ending	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total						\$0.00		\$0.00		\$0.00			
Unused			\$39.19				\$0.00		\$0.00		\$39.19		\$39.19
# of Customers Billed	1												

Report Totals		627900		\$155.50		\$0.00		\$0.00		\$245.00		\$7.69	
# of Cust Billed	153	\$2,390.71	\$2,190.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,981.21			\$4,988.90
				52	0	0				49			

Charlie Creek Utilities, LLC

Monday, July 25, 2016

Billing Summary 10/1/2015 to 10/31/2015

water

Date	Beginning Ending	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total		693543		\$135.00		\$0.00		\$0.00		\$235.00		(\$424.82)	
water		\$3,230.99	\$2,145.00		\$0.00		\$0.00		\$0.00		\$5,745.99		\$5,321.17
# of Customers Billed	150												

General

Date	Beginning Ending	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total		540		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00	
General		\$0.00	\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00
# of Customers Billed	15												

Unused

Date	Beginning Ending	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total						\$0.00		\$0.00		\$0.00			
Unused			\$29.03				\$0.00		\$0.00		\$29.03		\$29.03
# of Customers Billed	1												

Report Totals		694083		\$135.00		\$0.00		\$0.00		\$235.00		(\$424.82)	
# of Cust Billed	151	\$3,260.02	\$2,145.00		\$0.00		\$0.00		\$0.00		\$5,775.02		\$5,350.20
				45	0	0				47			

Charlie Creek Utilities, LLC

Monday, July 25, 2016

Billing Summary 11/1/2015 to 11/30/2015

water

	Date	Beginning Ending	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total			694726		\$117.00		\$0.00		\$0.00		\$260.00		\$721.41	
water			\$3,077.49	\$2,175.00		\$0.00		\$0.00		\$0.00		\$5,629.49		\$6,350.90
# of Customers Billed	155													

General

	Date	Beginning Ending	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total			810		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00	
General			\$0.00	\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00
# of Customers Billed	12													

Unused

	Date	Beginning Ending	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total			0		\$0.00		\$0.00		\$0.00		\$0.00		(\$2.11)	
Unused			\$0.00	\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		(\$2.11)
# of Customers Billed	1													

Report Totals			695536		\$117.00		\$0.00		\$0.00		\$260.00		\$719.30	
# of Cust Billed	155		\$3,077.49	\$2,175.00		\$0.00		\$0.00		\$0.00		\$5,629.49		\$6,348.79
					39	0	0				52			

Charlie Creek Utilities, LLC

Monday, July 25, 2016

Billing Summary 12/1/2015 to 12/31/2015

water

	Date	Beginning Ending	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total			531840		\$146.50		\$0.00		\$0.00		\$240.00		\$156.01	
water			\$2,134.43	\$2,160.00		\$0.00		\$0.00		\$0.00		\$4,680.93		\$4,836.94
# of Customers Billed	150													

General

	Date	Beginning Ending	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total			430		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00	
General			\$0.00	\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00
# of Customers Billed	12													

Unused

	Date	Beginning Ending	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total							\$0.00		\$0.00		\$0.00		(\$5.00)	
Unused				\$5.00				\$0.00		\$0.00		\$5.00		\$0.00
# of Customers Billed	1													

Unused

	Date	Beginning Ending	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total							\$0.00		\$0.00		\$0.00		(\$65.46)	
Unused				\$32.62				\$0.00		\$0.00		\$32.62		(\$32.84)
# of Customers Billed	2													

Unused

	Date	Beginning Ending	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total			0		\$0.00		\$0.00		\$0.00		\$0.00		(\$19.11)	
Unused			\$0.00	\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		(\$19.11)
# of Customers Billed	1													
Report			532270		\$146.50		\$0.00		\$0.00		\$240.00		\$66.44	
Totals	# of Cust Billed	153	\$2,172.05	\$2,160.00		\$0.00		\$0.00		\$0.00		\$4,718.55		\$4,784.99
					49	0	0				48			

Company response to Staff Question #10

The company PWS # is 6250278.

Company response to Staff Question #12.

The company did not log any service complaints during the test year. However, the company had some calls from customers complaining about bad smelling water.

The utility has installed two new flushing valves in order to combat the hydrogen sulfide.

Company response to Staff Question #13.

The company does not have a list of pipe sizes and there lengths. This information was not provided by the previous owner.

However, company can confirm that there is some 6" galvanized, 6" PVC, 4" PVC, 2" PVC and $\frac{3}{4}$ " service lines.

There are no Fire Hydrants.

There is one 4" PVC fire Flow stand pipe.