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

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.

 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.

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.

 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.

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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.

<u>Company Response-</u> Requested documents enclosed.

8. Copies of monthly operation reports for water from January I 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).

<u>Company Response-</u> MOR enclosed

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

<u>Company Response-</u> See enclosed.

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

<u>Company Response-</u> 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 \(^3/_x\) 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 ¾ x5/8 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,
Mull Smare.

PUBLIC WATER SYSTEM INFORMATION (to be d	completed by sampler - please type or print legibly)	
System Name: Village at	Charlie Creek	PWS I.D.# 6250288
System Type (check one):	☐ Nontransient Noncommunity [☐Transient Noncommunity
City: 2016 Springs		ZIP Code:
Phone #: Fa		il Address:
SAMPLE INFORMATION (to be completed by sample	ler)	
Sample Number: 272751DW1	Sample Date: 127(1)	Sample Time: 1635 AM PM (Circle One)
Sample Location (be specific):		Location Code: POE
Disinfectant Residual (required when reporting trihak	omethanes and haloacetic acids): $2-0$ mg/l	L Field pH: 83
Sample Type (Check Only One)	Reason(s) for Sample (C	theck all that apply)
■ Distribution	Routine Compliance (with 62-550)	Replacement (of Invalidated Sample)
Entry Point (to Distribution)	☐ Confirmation of MCL Exceedance*	Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	☐ Composite of Multiple Sites **	Clearance (permitting)
Raw (at well or intake)	Other:	
Max Residence Time	Sampling Procedure Used or Other Comments:	
Avg Residence Time		
☐ Near First Customer		
	 See 62-550.500(6) for requirements and restrictions And 62-550.512(3) for nitrate or nitrite exceedances 	` , , , ,
Jonnifer Alexander	sampler certification	, do HEREBY CERTIFY
(Print Name)	(Print Title)	
that the above public water system and collection info	ormation is complete and correct.	Date: 8/13/15
Certified Operator #: Pt	none #:	Sampler's Fax:
Sampler's E-Mail:		

LABORATORY CERTIFIC	CATION INFORMATION	(to be completed by lab - pl	ease type or print legibly)		
Lab Name: Flowers Chem	nical Laboratories, Inc.	Florida DOH	Certification #: E83018	Certi	fication Expiration Date: 6/30/2016
				ATTACH CL	JRRENT DOH ANALYTE SHEET*
Address: P. O. Box 15059	97, Altamonte Springs, FL 3	2715-0597			Phone #: 407-339-5984
Were any analyses subco	ntracted?	No if yes, please prov	ide DOH certification number(s):		
	r		ATTACH DO	H ANALYTE SHEET FOR	EACH SUBCONTRACTED LAB*
ANALYSIS INFORMATIO	ON(to be completed by lab)	Date	Sample(s) Received: 07/28/15		
PWS ID (From Page 1):	6250278	Sample Number (Fr	om Page 1): 272751DW1	Lab As	signed Report # or Job ID: 272751
Group(s) analyzed and re	sults attached for complian	ce with Chapter 62-550, F.A	A.C. (check all that apply)		
Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts	<u>Radionuclides</u>	<u>Secondaries</u>
All Except Asbestos	√272 30	>ÆPAll 21	☐ Trihalomethanes	☐ Single Sample	√ 2011 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, Te	echnical Director, do HERE	BY CERTIFY that all attach	ed analytical data are correct ar	nd unless noted meet all re	equirements of the
National Environmental L	aboratory Accreditation Co	nference (NELAC).			
Signature:		Date	: 08/11/15		
* Failure to provide a valid a	nd current Florida DOM certific	ation number and a current An	alyte Sheet for the attached analysis	secults will moult in sciention	of the
			may result in notification of the DOI		
	il sample dates & locations for	•	Thay result in mountation of the DO	n bureau of Laboratory Servi	ces.
riease provide radiologica	il sample dates a locations for	sau i qualter.			
	CONFIRMATION AND	NOTIFICATION IS REQU	IRED WITHIN 24 HRS FOR NIT	RATE MCL EXCEEDANG	CES
NON-DETECTS	ARE TO BE REPORTED A	S THE MDL WITH A "U"	QUALIFIER. (Non-detects repo	orted as "BDL" or with a	"<" are not acceptable.)
Compliance Determinati	ion (to be completed by DI	EP or DOH - attach notes a	s necessary)		, ,
Sample Collection & Anal	ysis Satisfactory Yes	□No	Replacement Sampl	e or Report Requested (ci	rcle or highlight group(s) above)
Person Notified:		Date Notified:			
			Page 2 of 6		

INORGANIC CONTAMINANTS 62-550.310(1)

Contai	r			Analysis		Analytical	Lab	Analysis	Analysis	DOH Lab
ID	Contam Name	MCL			Qualifier	Method	MDL	Date	Time	Cert #
1040	Nitrate (as N)	10	mg/L	0.200	Ū	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	Thailium	0.002	mg/L	0.00100	U	EPA200.8	0.00100	07/29/15		E83018

SECONDARY CONTAMINANTS 62-550.320

Contar	T			Analysis		Analytical	Lab	Analysis	Analysis	DOH Lab
ID	Contam Name	MCL	Units	Result	Qualifier	Method	MDL	Date	Time	Cert #
1002	Aluminum	0.2	mg/L	0.0200	Ū	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	υ	SM2150 B	1.00	07/28/15	11:35 AM	E83018
1925	рH	6.5 -8.5	pН	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

VOLATILE ORGANICS 62-550.310(2)(b)

Contar	r			Analysis		Analytical	Lab		Analysis	Analysis	DOH Lab
ID	Contam Name	MCL	Units	Result	Qualifier	Method	MDL	RDL	Date	Time	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	Tetrachioroethylene	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	Ü	EPA524.2	0.500	0.5	07/30/15		E83018
2991	Toluene	1000	ug/L	0.500	Ü	EPA524.2	0.500	0.5	07/30/15		E83018
2992	Ethylbenzene	700	ug/L	0.500	Ü	EPA524.2	0.500	0.5	07/30/15		E83018
2996	Styrene	100	ug/L	0.500	Ü	EPA524.2	0.500	0.5	07/30/15		E83018

SYNTHETIC ORGANICS 62-550.310(2)(c)

Conta	ı			Analysis		Analytical	Lab		Extraction	Analysis	Analysis	DOH Lat
ID	Contam Name	MCL	Units	Result	Qualifier	Method	MDL	RDL	Date	Date	Time	Cert #
2005	Endrin	2	ug/L	0.0100	Ū	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	Alachior	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



☐ Flowers Chemical Laboratories, Inc. Bus: 407-339-5984

481 Newburyport Ave. Altamonte Springs, FL 32701 Fax: 407-260-6110

☐ Ficwers Chemical Labs-South

West Park Industrial Plaza 571 N.W. Mercantile Pl., Ste. 111 Port St. Lucie, FL 34986

Bus: 772-343-8006

☐ Flowers Chemical Labs-North

812 S.W. Harvey Greene Dr. Madison, FL 32340

Bus: 850-973-6878 Fax: 850-973-6878

☐ Flowers Chemical Labs-Keys 3980 Overseas Highway Ste. 103 Marathon, FL 33050 Bus: 305-743-8598

	IN. CORPORATED								Fac: 772-343-8089 www.flowerslabs.com									Fax	c 305-743-8598						
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FDOH CERTIFICATION # E84567

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

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

PUBLIC WATER SYSTEM INFO	RIMATION (to be completed by sampler – I	Please type or print legibly)
System Name: VILLAGE AT CHAP	RLIE CREEK WTP	PWS # 629-0278
System Type: Community Address: State Road	Nontransient/ Noncommunity	Transient Noncommunity
City Bowling Freen	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 Cod	de (be specific):
Disinfectant Residual (Required when re	eporting results for trihalomethanes and ha	aloacetic acids):mg/L Field pH
Sample Type (Check Only One)	Reason(s) for Sample (Check all	that apply)
Distribution (lead) Routin	ne Compliance (with 62-550) Replace	ment
X Entry point to Distribution Plant Tap (not for compliance with 62-550)	Confirmation of MLC Exceedance Composite of Multiples Sites**	Special(not for compliance with 62-550) 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 re	
Near First Customer	And 62-550.512(3) for nitrate or nitrite ex- **See 62-550.550(4) for requirements and	
	SAMPLER CERTIFICATION	
JUSTIN ALEXANDER (Print Name)	(Print Title)	
that the above public water system an	d sample collection information is com	plete and correct.
Signature July 4 lly un	Date: 4/20/15	<u>.</u>
Certified Operator #: 2/47/ Sampler's E-mail	Phone#: 965359 Sai	mpler's fax#



MID FLORIDA WATER LAB

FDOH CERTIFICATION # E84567

8 Oakwood Road, Winter Haven , FL 33880 Phone: (863) 965-2540 Fax: (863) 967-8601 Toll Free (888) 244-5657 FLORIDA DEPARTMENT OF EVIRONMENTAL 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 X No Yes 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): Volatile Organic **Disinfection Byproducts** Secondaries Radionuclides Inorganics Synthetic Organics All (Except Abestos) **∏All 30** ☐ All 21 ☐ Trihalomethanes ☐ All 14 Single sample Partial ☐All Except Dioxin Partial ☐ Haloacetic Acids ☐ Partial Qtrly Composite** ☐ Partial Sulphate Total dissolved solids Nitrite Dioxin Only ☐ Asbestos LAB CERTIFICATION, DIRECTOR Margaret Raipaul (Contact Person) (Print Title) (Print Name) 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: 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:**



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FLORIDA DEPARTMENT OF EVIRONMENTAL 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





John H. Armstrong, MD, FACS State Surgeon General & Secretary

Laboratory Scope of Accreditation

Page 1 of 2

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

CHAIN OF CUSTODY

FDOH Cert#E84567

FOR LAB USE ONLY

PAGE ____ OF _

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

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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

PWS Name: The Village of Charlie Creek

PWS ID #: 6250278

PWS Name: 1r	ie Village of Charlie Ci	еек	Γγγ51D #. 0230270					
	NG & REPORTS	DUE	COMMENTS					
Raw Water Micr ("Bacteriological	0	Monthly	1 Raw Water Sample per well.					
Distribution Mic	crobiological	Monthly	2 Distribution Samples per month. Disinfectant residuals must be reported.					
Beginning Apri	l 2016 Distribution ("Bacteriological")	Monthly	1 Distribution Sample Monthly, Raw Water Sampling does not change.					
Nitrate and Nitr		2016	Sample at each POE every year.*					
Primary Inorgan	nics	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 Organio (VOCs)	Contaminants	2018	Sample at each POE every three years.					
	nic Contaminants	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.					
(DBPs)	es & Haloacetic Acids (5)	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.					
	fidence Report (CCR) ation 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.

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	j in	DEFINITIO								
Action Level		AL		entration of a			if exceeded, triggers treatment or oth			
Not Applicable		n/a	Does not		ater system	illust ioliov				
Parts per million		ppm		ams per liter (the water sam		part by w	veight of analyte to one million parts t			
Parts per billion		ppb		rams per liter the water sam		e part by v	weight of analyte to one billion parts t			
Picocuries per liter		pCi/L	- picocune	es per liter is a	measure of	the radioa	ctivity in water			
Maximum Residual D Level		MRDL					in drinking water. There is convincing is necessary for control of microbia			
Maximum Residual D Level Goal	isinfectant	MRDLG	risk to hea	alth. MRDLG:	s to not refle	ct the ben	ow which there is no known or expected selfits of the use of disinfectants to contri			
Maximum Contamina	nt 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 Contamina Goal	nt Level	MCLG	The "Goa	" is the level	of a contar	ninant in	drinking water below which there is r w for a margin of safety.			
Initial Distribution Ev System	aluation	IDSE	one-time with high Water sys	study conduct concentration stems will use	ted by water as of trihalor results from	systems methanes the IDSE,	Byproducts Rule (DBPR). The IDSE is to identify distribution system location (THMs) and haloacetic acids (HAAs, in conjunction with their Stage 1 DBP ance monitoring locations for the Stage			
Treatment Technique		TT	A required	process inter	ided to reduc	ce the leve	el of a contaminant in drinking water			
** Results in the Level I	Detected colu	mn for radiologic	cal contaminant	s and inorganic	contaminants	are from in	ndividual samples.			
Contaminant and Unit Measurement	of	Dates of sampling (mo./yr.)	MCL Violati	ion Leve Detect	MULL	MCL	Likely Source of Contamination			
Radioactive Co	ontamin					1				
Alpha emitters (pCi/L)		07/12	N	7.5	0	15	Erosion of natural deposits			
Inorganic Con	taminan	ts								
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	0 393	2 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	Ν	17.3	NA	160	Salt water intrusion, leaching from soil			
Disinfectant or Contaminant and Unit of Measurement	Dates of sampling (mo./yr.)	WRDL Violation	Level Detected	Range of Results	MCLG or MRDLG	MCL MRD				
Stage 2 Disinfe	ctants a	nd Disinfe	ction By-	Products			e annulus an anti-commission of the second			
Chlorine Level Detecte	d is the 2015	monthly average	for residual Cl	dorine; Range o	of Results is th	e range of Detected is	2015 average monthly Chlorine residual street 2015 actual sample result.			
Chlorine (ppm)	01/15 - 12		1.79	0.72 - 2.2	MRDLG-4	MRDL.	Water additive used to control			
Haloacetic Acids (five) (HAA5) (ppb)	07/15	N	29.1	NA	NA	MCL =	By-product of drinking water			
TTHM [Total tribalomethanes] (ppb)	07/15	N	23.3	NA	NA	MCI -	80 By-product of drinking water disinfection			

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 $(\mu g/l)$ – 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 to not reflect the benefits of the use of disinfectants to
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
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.

Microbiological	Contami	nants	Open and the second	211		
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 E.coli 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-indicater, E. Coli. Five re-samples were collected both on 01/10/14 & 01/16/14 with no positive fecal indicater, 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.

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

VEHICLE DRIVER	YEAR/MAKE/MODEL	COST	VEHICLE ID NUMBER	Owned/Leased
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





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

A. Public Water System (PWS) Information PWS Name: VILLAGE OF CHARLIE CREEK PWS Type: X Community Information Informatio	General Information for the Month	n/Year of: Monitoring Period Fro	om: 1/01/15 To: 1/31/15					
PWS Name: VILLAGE OF CHARLIE CREEK PWS Identification Number: 6250278 PWS Type: X Community Non-Transient Non-Community Transient Non-Community 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 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: X Raw Ground Water 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 License Number Day(s)/Shift(s) Worked Lead/Chief Operator: DANNY ALEXANDER C C-5472 13 Other Operators: DANNY ALEXANDER C C-12379 C C-12379 C C-12379 C C-12379 C C-12379 C C-12379 C C C C C C C C C	 Public Water System (PWS) I 							
Number of Service Connections at End of Month: Number of Service Connections at End of Month: 153 Total Population Served at End of Month: 382		E OF CHARLIE CREEK	PWS Identificatio	n Number:	6250278			
PWS Owner: Contact Person: MIKE SMALLRIDGE 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: X Raw Ground Water 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	PWS Type: X Commu	nity Non-Transient Non-Community	Transient Non-Co	Transient Non-Community Consecutiv				
Contact Person: MIKE SMALLRIDGE Contact Person's Mailing Address: 3336 GRAND BLVD Contact Person's Heighone Number: 352-302-7406 Contact Person's E-Mail Address: UTILITY CONSULTANT (QYAHOO.COM Water Treatment Plant Information Plant Name: VILLAGE OF CHARLIE CREEK Plant Address: SR 64 EAST City: ZOLFO SPRINGS Type of Water Treatded by Plant: Permitted Maximum Day Operating capacity of Plant, gallons per day: Plant Category (per subsection 62-699.310(4), F.A.C.): V Plant Category (per subsection GAINES ALEXANDER CC.5472 DANNY ALEXANDER CC.7-12379 I. Certification by Lead/Chief Operator	Number of Service Connection	ns at End of Month: 153	Total Population Serve	d at End of Month:	382			
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: Raw Ground Water 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 I. Certification by Lead/Chief Operator	PWS Owner:							
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: x Raw Ground Water 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: C C-5472 13 Other Operators: DANNY ALEXANDER C C-12379 Certification by Lead/Chief Operator			Contact Person's Title:	UTILITY MANA	GER			
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: X Raw Ground Water 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 L. Certification by Lead/Chief Operator	Contact Person's Mailing Add	ress: 3336 GRAND BLVD City: HO	LIDAY	State: FL	Zip Code: 33890			
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Plant Address: SR 64 EAST Type of Water Treated by Plant: Permitted Maximum Day Operating capacity of Plant, gallons per day: Plant Category (per subsection 62-699.310(4), F.A.C.): V Plant Class: C Licensed Operators Lead/Chief Operator: Other Operators: DANNY ALEXANDER C C-5472 C-12379 Certification by Lead/Chief Operator	. Water Treatment Plant Inform	ation						
Type of Water Treated by Plant: X Raw Ground Water Purchased Finished Water	Plant Name: VILLAGE OF	CHARLIE CREEK	Plant Telephone Numb	er: 863-53	7-1971			
Permitted Maximum Day Operating capacity of Plant, gallons per day: Plant Category (per subsection 62-699.310(4), F.A.C.): V Licensed Operators Lead/Chief Operator: Other Operators: DANNY ALEXANDER C C-5472 Table Control of Control o	Plant Address: SR 64 EAST	City: ZO	LFO SPRINGS	State: FL	Zip Code: 33873			
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 I. Certification by Lead/Chief Operator			ound Water	Purchased Fini	shed Water			
Licensed Operators Lead/Chief Operator: Other Operators: DANNY ALEXANDER DANNY ALEXANDER C C-5472 13 C-12379 DANNY ALEXANDER C C-12379 License Class License Number Day(s)/Shift(s) Worked C C-5472 13 C-12379			133,000					
Lead/Chief Operator: GAINES ALEXANDER C C-5472 13 Other Operators: DANNY ALEXANDER C C-12379 Certification by Lead/Chief Operator		on 62-699.310(4), F.A.C.): V	Plant Class:	С				
Other Operators: DANNY ALEXANDER C C-12379 Certification by Lead/Chief Operator	and the same of th		License Class	License Number	Day(s)/Shift(s) Worked			
Certification by Lead/Chief Operator	The Albert of the Control of the Con	GAINES ALEXANDER	С	C-5472	13			
	Other Operators:	DANNY ALEXANDER	С	C-12379				
		(A) (A)						
	以为是是是是一个企业的							
	Continue by London to Con-							
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								
	unis report. I certify that the in	ormation provided in this report is true and acc	turate to the best of my knowle	edge and belief. I ce	ertify that all drinking			
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	62 FFF 220/2) F A C Lales a	sed at this plant conform to NSF International S	tandard 60 or other applicable	standards reference	ced in subsection			
water treatment, chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection	staffed or visited this plant de	ertify that the following additional operations re	cords for this plant were prepa	ared each day that a	a licensed operator			
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	applicable appropriate treatment	and the month indicated above: (1) records of	amounts of chemicals used ar	nd chemical feed ra	tes; and (2) is			
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	so the DMS owner can retain	them transfer with agains of this second at	e, I agree to provide these add	litional operations re	ecords to the PWS owner			
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.	A / 1/	// .		ten years.				
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.		CAINES			C-5472			
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 C-5472	•	Printed of	or Typed Name	Lic	ense Number			
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.	DEP Form 62-555 000(3)							

DEP Form 62-555.900(3)

Effective August 28, 2003

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: * X Free Chlorine Chlorine Dioxide Combined Chlorine(Chloramines) Other: (Describe): Ultraviolet Radiation Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine(Cloramines) CT Calculations, or UV Oces, to Demonstrate Fourst of Virus training lightering. If Applicable? Days Plant cated time (1.2) Staffed or Visited by Day of Not Quality of Before or at First Emergescy of Astromet Operating Conditions, Repeir or Maintenance Work trial Involves Taking Water System Components Gut of Operation the Operator Hours Plant Finished Water Peak flow rate Customer During Peak Flow mg/L month in Operation (Place X) Produced, gel . god 18333 24 18333 X 24 18333 22 18 24 20500 24 20500 2.7 1.8 24 22000 Х 24 22000 2.9 2.0 24 15000 24 15000 1.9 24 16 14333 24 14333 24 X 14333 28 20 24 24 21000 21000 2.5 2.0 24 15000 24 15000 2.6 300 700 21 24 24 11667 11667 19 24 24 11667 2.5 19 19500 24 19500 3.5 24 13000 24 13000 1.6 24 24 22333 22333 24 22333 1.3 24 17000 24 17000 24 17000 24 17000 24 3.5 10500

530500

17345

22333

Average

^{*}Refer to the instructions for this report to determine which plants must provide this information DEP Form 62-555 900(3)



DRINKING WATER **BACTERIOLOGICAL ANALYSIS**

MIĎ FLORIDA WATER LABORATORY

8 Oakwood Road - Winter Haven, FL 33880 Phone (863) 965-2540 • Fax (863) 967-8601

Phone (863) 965-2540 • Fax (80 Lab I.D. #E84567 • Margaret Rajpaul - Dir NELAC CERTIFIED	rector, Contact Person		Sample Disinfe	ctant Chec	ition Ho	n Ice QI	13 JAN	<u> </u>	Amg/8 419
Report Number:Sub-Contrac	at Lab ID:		This sa	mole does	s noi√nee	t the follow	rina NELA	C requirer	nents:
Analysis Requested: (check all that apply) Total Coliform/E-Coli Total Coliform/Fecal En			Other:	- 0				,,, <u>,,,</u>	
System Name: Village at (Marlee Ci	eok	PV.	/S I.D.		$\neg \neg \neg$	JO Tudo	0	X 8
System Address.				-			WIZE		
System or Owner's Phone #: Bost			Fax #: Collecto	or's Phon	e #:	96	52	S90	2
Type of Supply: (check only one) Adommunity Water System Noncommunity Water Private Well Swimming Pool Reason for Sampling: (check all that apply) Distribution Routine Distribution Repeat Ray	☐ Bottle w (triggered or assessmer		w (trigge	ered or as	Other	ent) additi	onal C		
Clearance Replacement (also check type of samp	le being replaced) 🚨 Bo	oil Water N	otice <u></u>	Other _			····		
Sample Collection Date: 1-13-15		. maratan di Lati wa meta dalah Na	our e e const		on the second of	all or a selection of the selection of	OBSTANCE OF SUR	والمداعل ويتارك وتواجع	Transport of the state of the s
To be completed by	collector of sample						be com		y lab Scazz]/
Sample Sample Point Number (Location or Specific Address)	Lab Sample Number	Collection Time	Sample Type ¹	Disinfect Res'd (mg/L)	рН	Fecal or f	coli Analy	sis Method Fecal or	
74 Well 1	000612		R		7.6		A		
Ty well Z	000613	0830	R		7.4		À		
By Clubhouse	000614	13635	$\left \right \left(\right)$	2:20	7.4		A		
4/4 1243 Mackinsbuid	000615	0845	D	2.10	7.7		A		
O									
Average of disinfectant residuals for routine and repe non-transient non-community systems serving population raw or plant samples in the average.)	at samples. (Complete for sup to and including 4,90	or communi 00. Do not i	ity and nclude	2.15	The test	re performe	in accorda his report o	nce with NE	de 62-160, Table 1 LAC standards. to the analyses
	orimetric Other: on reverse): DEmployed by a certified Employed by DEP or DC			Date Sta		by lab of po by lab of po	silive resul		 i 115lis
				ار التالف نے :Title	16	26	///a	11005	1
Name and Mailing Address of Person to Re	aceive Report			E			DE	P/DOH'L	JSE ONLY
Consta Flow, Inc 5574 Commercial Blvd Winter Haven, FL 33880		☐ Satisfactory ☐ Incomplete Collection Information ☐ Repeat Samples Required ☐ Replacement Samples Required							
		Date Rev		•					

Lab Receipt Date & Time:

Analysis Date & Time:

Page 1 of 1

DEP 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

16 Sept tan Nail

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! 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 2.9 39069 2.0 22000.0 8 15000.0 39099 9 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 11666.7 1.9 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 22333.3 1.3 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

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Effective August 28, 2003

I. G	eneral Information for the Month/Year of	Monitoring	Period From: 2/0	1/15 To: 2/28/15		
A.	Public Water System (PWS) Information					
	PWS Name: VILLAGE OF CH			PWS Identification	n Number:	6250278
	PWS Type: X Community	Non-Transient Non-Com	munity	Transient Non-Con	nmunity Co	onsecutive
	Number of Service Connections at End	of Month:	153	Total Population Served	at End of Month:	382
	PWS Owner:					
	Contact Person : MIKE SMALLRID	GE		Contact Person's Title:	UTILITY MAN	AGER
	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 N	umber: 863-2	29-5991
	Contact Person's E-Mail Address:	UTILITYCONSULTAN	T@YAHOO.CC	M		
B.	Water Treatment Plant Information					
	Plant Name: VILLAGE OF CHARLIE	CREEK		Plant Telephone Number	er: 863-5	37-1971
	Plant Address: SR 64 EAST		City: ZOLFO S		State: FL	Zip Code: 33873
	Type of Water Treated by Plant:	X	Raw Ground W		Purchased Fin	
	Permitted Maximum Day Operating cap	pacity 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 Numb	er Day(s)/Shift(s) Worked
	Lead/Chief Operator:	GAINES ALEXANDER		C	C-5472	13
	Other Operators:	DANNY ALEXANDER		С	C-12379	
	Enter All Transfer and Control of the Fig.					
II. C	Certification by Lead/Chief Operator				ALL MALLON	
	I, the undersigned water treatment plan	nt operator license in Florida	a, am the lead/chi	ef operator of the water	treatment plant id	entified in Part I of
	this report. I certify that the information	provided in this report is tri	ue and accurate to	the best of my knowled	dge and belief. I co	ertify that all drinking
	water treatment, chemicals used at this	plant conform to NSF Inte	rnational Standar	d 60 or other applicable	standards referen	ced in subsection
	62-555.320(3), F.A.C. I also certify that	the following additional op	erations records f	or this plant were prepa	red each day that	a licensed operator
	staffed or visited this plant during the r	nonth indicated above: (1)	records of amoun	ts of chemicals used an	d chemical feed ra	ates; and (2) is
	applicable, appropriate treatment proce	ess performance records. F	urthermore, I agre	ee to provide these addi	tional operations r	ecords to the PWS owner
	so the PWS owner can retain them, too	gether with copies of this re	port, at a conveni	ent location for at least I	ten years.	
	I aus alleronde	2015/03/10	GAINES ALEX	ANDER		C-5472
	Signature and Date		Printed or Type	d Name	- Li	cense Number
	DEP Form 62-555 900(3)		.,,,			

MONTH V OREDATION DEPORT FOR THE	TREATING RAW GROLIND WATER OR PURCHASED FINISHED WATER

PWS Id	entification Nu	mber		6250278			Plant Name:		VILLAGE OF	CHARLIE CRE	EK				
						Monitoring Period F			<u> </u>						
Means o	f Achieving Fo	our-Log Virus II Ultraviolet Rad	Ase Questry of Protection of Remodiation in Distribution in Di	noval: *	Other: (Describe):	<u> </u>	Free Chlorine	•	Ш	Chlorine Diox	ide		Ozone	Combined Chlorine(Chloramines)	
Type of I	Disinfectant R	esidual Maintai	ined in Distributio	n System:				Free Chic	rine		Combined Ch	nlorine(Cloram	nines)	Chlorine Dioxide	
					. OF THE COST OF C			CH 14-2200			100				
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					Correct Residual Characters		Paris Pales Solid						Spirit Street Street Spirite		
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Down	Visited by	A	Net Coulty of				y Magazinia				West transfer to the last	S. Denney		Employed Committee Committee	
the	Operator	Hours Plant	Finished Water	Peak for ide						recently the					
month	(Place X)	in Operation	Problems, pal	.004	Paul Flow, start.	Despressor Comment from (1) of C. Manufactural Point Despressor Florit Military	Senior Senior Process Senior S	Visit, C	Agreeme	- mark	OVECAL STORY Special		Pelipae Pore a Deletion System right	Emergency or Abnormal Operating Contitions; Rejear Maintenance Work that Innoince Tables Winder Opsier Components Out of Operation	
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DEP Form 52-555 900(3)

Effective Aug X



DRINKING WATER **BACTERIOLOGICAL ANALYSIS**

FLORIDA WATER LABORATORY

• Report N	8 Oakwood Road - Winter Ha Phone (863) 965-2540 • Fax (8 Lab I.D. #E84567 • Margaret Rajpaul - Di NELAC CERTIFIEI Jumber:Sub-Contrac		Samp Sampli Disinfe	le Acce Preserva clant Che	ck DNO	riteria:	Rolls & Bot bridge I Wing NELA	P_2:	7. 3 24 mg/L	
Agalysis	s Requested: (check all that apply)		l	<u> </u>				······································		
	Coliform/E-Coli Total Coliform/Fecal F		_							
System	Name: Village of Ch	Valertie	rek	PV	/S I.D.	كوال	$\frac{2}{3}$	إعال	김	78
	Address:				County		Ha	Val	مو	
				Fax#:			010) ec2	
Collect	or: Robert Dest			Collecto	r's Phon	ne #:	40) ~	J7.	7
	Supply: (check only one)	.								
Comm	nunity Water System Noncommunity Water Well Swimming Pool	_	ontransient No ottled Water	ncomm	-	. •	m		ted Use	System
	for Sampling: (check all that apply)	4 50	Augu Water			- Ou IÇI			· · · · · · · · · · · · · · · · · · ·	
71	bution Routine Distribution Repeat DRa	w (triggered or assessm	nent) 🗆 Ra	w (trigge	red or a	ssessme	nt) additi	ional C] Well S	urvey
6 Clear	ance Replacement (also check type of same	ple being replaced)	Boil Water N	otice 📮	Other_					
Sample	Collection Date: 2 - 13 - 15	and the same to								
		y collector of sample		77.30	7.4					
Sample	Sample Point	Lab Sample	Collection	Sample	Disinfect	_,,		form Analys E. coli Analy		5mi2228
Number	(Location or Specific Address)	Number	Time	Type ¹	Res'd	pH	Non Coliform	Total Coliform	Fecal or F. coli	Data Qualifier ²
1/4	Well 1	002437	1040	R		7.7		A	2. 0011	400.11101
2/4	100UZ	002438	1045	R	/	7.7		Α		
3/4	1011 Morgan Evice +	002439	1051	D	1.88	7.7		A		
4/4	1154 Spanow Rd # 14	002440	1055	D	1.76	7-7		A		
	•	; •				N.				
non-tra	e of disinfectant residuals for routine and repension non-community systems serving population plant samples in the average.)	eat samples. (Complete is up to and including 4,	for communi 900. Do not in	ty and nclude	1.82	The test	re performed	i in accordan	ice with NEL	le 62-160, Table 1 LAC standards. to the analyses
Disinfe	ectant Residual Analysis Method: ADPD Colo	orimetric Other:			D - L - DIA		•			
Person	n performing analysis is (Please sed instructions	on reverse): Employed by a certifie	od lab					sitive result		
☐ ☐ Supe	rtified operator (#	Employed by DEP or	DOH		Date Sta	te notified	by lab of po	sitive result	s:	Julia
☐ Auth	orized representative of supplier of water				Lab Sign	ather M	JAY.	MIC	ZDate C	41717
Na	me and Mailing Address of Person to Ro	eceive Report			Title:	ap	<u> </u>	an	$\alpha \varphi$	<u> </u>
	_	·	Satisfa					DEI	P/DOH U	SE ONLY
	Consta Flow, Inc	,d	☐Incomp ☐Repeat	lete Co				ment C	amples	Peguired
	5574 Commercial Blv Vy or Haven FL 33	000	Date Rev	•	-		•		•	· ·
	VV OF CHANGES € .		DEP/DOF		•					
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Lab Receipt Date & TimeRECEIVED

PLANT NAME:

Village of Charlie Creek (WATER REPORT)

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

		(WATER F	(EPUKI)						
DAY	METER 1	METER 2	TRC	PH	TRC	PH	MULT.	1000	Bact.
PREV	39459						#REF!		
1	39470		4.0		3.7		11000.0		
2	39507		3.9		3.0		37000.0		
3			,				16500.0		
4	39540		4.0		3.5		16500.0		
5							14500.0		
6	39569		3.8		2.6		14500.0		
7							25333.3		
8							25333.3		
9	39645		1.0		0.6		25333.3		
10							10500.0		
11	39666		1.3		1.0		10500.0		
12							9500.0		
13	39685		1.4		1.0		9500.0		
14							18666.7		
15							18666.7		
16	39741		2.2		2.3		18666.7		
17							14500.0		
18	39770		2.5		2.1		14500.0	·	
19							18000.0		
20	39806		3.5		2.7		18000.0		
21							22666.7		
22							22666.7		
23	39874		1.4		1.0		22666.7		
24							15500.0		
25	39905		1.3		1.0		15500.0		
26							16500.0		
27	39938		2.0		1.7		16500.0		
28	39956						18000.0		
Total Flow							497000.0		
ADF							17750.0		
MAX			4.0		3.7		37000.0		
MIN			1.0		0.6		9500.0		

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

I. G	eneral Information for the Month/Year of:	Monitoring	Period From: 3/0	1/15 To: 3/31/15			
A.	Public Water System (PWS) Information	on					
	PWS Name: VILLAGE OF CH	ARLIE CREEK		PWS Identification		6250278	
	PWS Type: x Community	Non-Transient Non-Com	nmunity	Transient Non-Com		nsecutive	
	Number of Service Connections at End	of Month:	153	Total Population Served	at End of Month:	382	
	PWS Owner:						
	Contact Person : MIKE SMALLRID	GE		Contact Person's Title:	UTILITY MANA		
	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 Nu	ımber: 863-22	29-5991	
	Contact Person's E-Mail Address:	UTILITYCONSULTAN	NT@YAHOO.CC	M			
B.	Water Treatment Plant Information						
	Plant Name: VILLAGE OF CHARLIE	CREEK		Plant Telephone Numbe		37-1971	
	Plant Address: SR 64 EAST		City: ZOLFO S	PRINGS	State: FL	Zip Code: 33873	
	Type of Water Treated by Plant:	x	Raw Ground V	/ater	Purchased Fin	ished Water	
	Permitted Maximum Day Operating ca	pacity of Plant, gallons per	day:	133,000			
	Plant Category (per subsection 62-699	9.310(4), F.A.C.): V		Plant Class: C			
	Licensed Operators	Name		License Class	License Numb	er Day(s)/Shift(s) Worked	-
							_
	Lead/Chief Operator:	GAINES ALEXANDER		С	C-5472	13	
		GAINES ALEXANDER DANNY ALEXANDER			C-5472 C-12379	13	
	Lead/Chief Operator:			С		13	
	Lead/Chief Operator:			С		13	
	Lead/Chief Operator:			С		13	
	Lead/Chief Operator:			С		13	
	Lead/Chief Operator: Other Operators:			С		13	
11, 0	Lead/Chief Operator: Other Operators: Certification by Lead/Chief Operator	DANNY ALEXANDER		CC	C-12379		- 4
[II. C	Certification by Lead/Chief Operator I, the undersigned water treatment pla	DANNY ALEXANDER nt operator license in Floric	da, am the lead/ch	C C	C-12379	entified in Part I of	
II. O	Certification by Lead/Chief Operator I, the undersigned water treatment plaths report. I certify that the information	DANNY ALEXANDER Introduction of the provided in this report is to	rue and accurate	C C	C-12379 treatment plant iddge and belief. I co	entified in Part I of ertify that all drinking	
11, 0	Certification by Lead/Chief Operator I, the undersigned water treatment plaths report. I certify that the information water treatment, chemicals used at this	nt operator license in Florical provided in this report is to splant conform to NSF Interest.	rue and accurate ternational Standa	ief operator of the water to the best of my knowled and 60 or other applicable	C-12379 treatment plant id dge and belief. I costandards referen	entified in Part I of ertify that all drinking ced in subsection	
II. C	Certification by Lead/Chief Operator 1, the undersigned water treatment plathis report. I certify that the information water treatment, chemicals used at this 62-555.320(3), F.A.C. I also certify that	nt operator license in Florical provided in this report is to splant conform to NSF Intent the following additional operators.	rue and accurate ternational Standar perations records	ief operator of the water to the best of my knowled of 60 or other applicable for this plant were prepar	treatment plant id dge and belief. I co standards referen	entified in Part I of ertify that all drinking ced in subsection a licensed operator	
11, 0	Certification by Lead/Chief Operator I, the undersigned water treatment plathis report. I certify that the information water treatment, chemicals used at this 62-555.320(3), F.A.C. I also certify that staffed or visited this plant during the	nt operator license in Florida provided in this report is to splant conform to NSF Intent the following additional opmonth indicated above: (1)	rue and accurate ernational Standal perations records records of amour	ilef operator of the water to the best of my knowled of 60 or other applicable for this plant were preparats of chemicals used and	treatment plant id dge and belief. I co standards referen red each day that d chemical feed ra	entified in Part I of ertify that all drinking ced in subsection a licensed operator ates; and (2) is	
[II. C	Certification by Lead/Chief Operator I, the undersigned water treatment plathis report. I certify that the information water treatment, chemicals used at this 62-555.320(3), F.A.C. I also certify that staffed or visited this plant during the applicable, appropriate treatment process.	nt operator license in Florion provided in this report is to splant conform to NSF Intent the following additional operator indicated above: (1) these performance records.	rue and accurate ernational Standar perations records records of amour Furthermore, I agi	ilef operator of the water to the best of my knowled for this plant were preparats of chemicals used and the to provide these additional control of the cont	treatment plant id dge and belief. I co standards referent red each day that d chemical feed ra- tional operations r	entified in Part I of ertify that all drinking ced in subsection a licensed operator ates; and (2) is	
[II, C	Certification by Lead/Chief Operator I, the undersigned water treatment plat this report. I certify that the information water treatment, chemicals used at this 62-555.320(3), F.A.C. I also certify tha staffed or visited this plant during the applicable, appropriate treatment process the PWS owner, can retain them, to	nt operator license in Florion provided in this report is to so plant conform to NSF Intent at the following additional operator in the following additional op	rue and accurate ernational Standar perations records records of amour Furthermore, I agreeport, at a conven	ief operator of the water to the best of my knowled for this plant were preparts of chemicals used and the to provide these additional location for at least to	treatment plant id dge and belief. I co standards referent red each day that d chemical feed ra- tional operations r	entified in Part I of ertify that all drinking ced in subsection a licensed operator ates; and (2) is ecords to the PWS owner	
[II, C	Certification by Lead/Chief Operator I, the undersigned water treatment plathis report. I certify that the information water treatment, chemicals used at this 62-555.320(3), F.A.C. I also certify that staffed or visited this plant during the applicable, appropriate treatment process.	nt operator license in Florion provided in this report is to splant conform to NSF Intent the following additional operator indicated above: (1) these performance records.	rue and accurate ernational Standar perations records records of amour Furthermore, I agi	ief operator of the water to the best of my knowled for this plant were preparts of chemicals used and the to provide these additional location for at least to ANDER	treatment plant id dge and belief. I constandards referent red each day that d chemical feed rational operations ren years.	entified in Part I of ertify that all drinking ced in subsection a licensed operator ates; and (2) is	

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

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER VILLAGE OF CHARLIE CREEK Plant Name: PWS: Identification Number: Monitoring Period From: 3/01/15 To: 3/31/15 X Free Chlorine Ozone Combined Chlorine(Chloramines) Chlorine Dioxide Means of Achieving Four-Log Virus Inactivation / Removal: * Other: (Describe): Ultraviolet Radiation Free Chlorine Combined Chlorine(Cloramines) Chlorine Dioxide Type of Disinfectant Residual Maintained in Distribution System: 24 Х 1.3 0.8 Х 1.5 24 24 1.8 1.0 1.9 24 0.9 24 24 0.5 х 24 1.7 x

2.0

2.0

DEP Form 62-555 900(3)

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Effective Aug X

^{*}Refer to the managements for this report to determine which plants must provide this information



DRINKING WATER BACTERIOLOGICAL ANALYSIS

	Lab Receipt Date & Time:									
•	Analysis Date & TimeRECEIVED Sample Acceptance Criteria:									
	Phone (863) 965-2540 • Fax (8 Lab I.D. #E84567 • Margaret Rajpaul - Di	irector, Contact Person		Sample Preservation Con Ice Not On Ice 7, 4°C						
	NELAC CERTIFIE			Disinfectant Check Mast handted 6 P B: 0] mg/L						
Report No		ct Lab ID:		Disinfectant Check MNN Margles 6 PB: 01 mg/L This sample does not meet the following NELAC requirements: Unaly 3: 3 14 15 0 3:300 m						Dm
	Requested: (check all that apply) Coliform/E-Coli Total Coliform/Fecal E	nterocci 🗖 Colilert 📮 I	нрс 🔲		- (1					
	1/11/000 01 0	1	PV	VS I.D.	6	7 4		5	718	
	0 1	ele	- ``	l	616	THE				
	Address:			0201 00	County		Ke	ae		
	or Owner's Phone #:			Fax #:		. (765	2	(90	,
				Collect	or's Phon	e #:	(4)		1/	
	Supply: (check only one)					0 1-		Ditter	Mad 11aa	Ct
Private	unity Water System Noncommunity Water Well Swimming Pool	and the second of the second o	ransient No ed Water	oncomm		Other		- Limi	ited Use	System
	for Sampling: (check all that apply)				:000					
Distrib	oution Routine Distribution Repeat DRa									urvey
	ance Replacement (also check type of samp	ple being replaced) 🚨 Bo	oil Water N	lotice [Other_					
Sample	Collection Date: 3-16-15									
	To be completed by	y collector of sample		(National		the s	-	o be com	ASSESSMENT OF THE PARTY OF THE	y lab
Sample	Sample Point	Lab Sample	Collection	Sample	Disinfect		Fecal or	E. coli Analy	ysis Method	i;
Number	(Location or Specific Address)	Number	Time	Type ¹	Res'd	ph	Non Coliform	Coliform	Fecal or E. coli	Data Qualifier ²
1/4	(Vell I Well	C03906	1005			7.7		A		
74	Well Z	003907	1015	R	1	7.7		A		
74	Church	003908	1030	D	0,78	7.8		A		
1/4	1062 Bue sou	003909	1040	1	0.15	2.7		A		
11/	1000	4400000	10							
				_	-	- 4				
A	of disinfectant residuals for routine and repe	nat earmales (Complete fo	r commun	ity and			² Defined in	Florida Administ	trative Code Ru	le 62-160, Table 1
non-tran	sign of distribution residuals for routine and repe sign non-community systems serving population lant samples in the average.)	ns up to and including 4,900	0. Do not i	nclude	0.72	The test		this report o		AC standards. to the analyses
Disinfed	ctant Residual Analysis Method: DPD Colo	orimetric Other:			Date DW		S.		le:	
Person	performing analysis is (Please see instructions	s on reverse): ☐ Employed by a certified I	Date PWS notified by							
		Employed by DEP or DO			Date Stat	e notified	by labror po	ositive result	0 2	Litte
Autho	orized representative of supplier of water				Lab Sigh	attired U	4	110	(Date)	JI HIL
Nar	me and Mailing Address of Person to R	eceive Report			Title: (_	CLA	21	na	ias	1
	Consta Flam In		Satisfa					DE	P/DOH U	ISE ONLY
	Consta Flow, Ir 5574 Commercial		☐ Incomp					ement S	amples	Required
	Winter Haven, FL	D.110	Date Rev							
	The parent I		DEP/DOI		A					

PLANT NAME:

Village of Charlie Creek (WATER REPORT)

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

		(WATER R							
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	ľ			T			11333.3		
30	40553.0		2.0		1.5		11333.3		
31	40570.5		1	1			17500.0		
				I	T.				
Total Flow	1			Ī			614500.0		
ADF				1			19822.6		
MAX			2.5	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 Mon	th/Year of: Monito	oring Period From: 4/01/15 To: 4/30/15	,				
 A. Public Water System (PWS) 							
PWS Name: VILLAC	GE OF CHARLIE CREEK	PWS Identifica	tion Number: 625	60278			
PWS Type: X Comm	unity Non-Transient Non-	Community Transient Non-C	Transient Non-Community Consecutive				
Number of Service Connecti	ons at End of Month:	153 Total Population Sen	ved at End of Month:	168			
PWS Owner:							
	SMALLRIDGE	Contact Person's Titl	e: UTILITY MANAGER				
Contact Person's Mailing Ad		City: HOLIDAY	State: FL Zip	Code: 33890			
Contact Person's Telephone	Number: 352-302-7406	Contact Person's Far	Number: 863-229-59	91			
Contact Person's E-Mail Add	ress: UTILITYCONSUL	TANT@YAHOO.COM					
Water Treatment Plant Inform	mation						
Plant Name: VILLAGE OF	CHARLIE CREEK	Plant Telephone Nur	nber: 863-537-19	71			
Plant Address: SR 64 EAST		City: ZOLFO SPRINGS		Code: 33873			
Type of Water Treated by Pl	ant: X	Raw Ground Water	Purchased Finished				
Permitted Maximum Day Op	erating capacity of Plant, gallons	per day: 133,000					
	ion 62-699.310(4), F.A.C.): V	Plant Class:	С				
Licensed Operators	Name	License Class	License Number Day	/(s)/Shift(s) Worked			
Lead/Chief Operator:	GAINES ALEXAND	ER C	C-5472	13			
Other Operators:	DANNY ALEXANDE	R C	C-12379				
	Mark State Comments						
 Certification by Lead/Chief Ope 	rator						
I, the undersigned water trea	tment plant operator license in F	lorida, am the lead/chief operator of the wa	ter treatment plant identifie	d in Part I of			
this report. I certify that the in	nformation provided in this report	is true and accurate to the best of my know	vledge and belief. I certify t	hat all drinking			
water treatment, chemicals u	ised at this plant conform to NSF	International Standard 60 or other applical	ole standards referenced in	subsection			
62-555.320(3), F.A.C. I also	certify that the following additions	al operations records for this plant were pre	pared each day that a lice	nsed operator			
staffed or visited this plant d	uring the month indicated above:	(1) records of amounts of chemicals used	and chemical feed rates: a	nd (2) is			
applicable, appropriate treatr	ment process performance record	ds. Furthermore, I agree to provide these a	dditional operations record	s to the PWS owner			
, so the PWS owner can retain	them, together with copies of th	is report, at a convenient location for at lea	st ten vears	0 10 110 1 110 0 111101			
agener &	2015/05/11	GAINES ALEXANDER	1.50	472			
	E010/00/11	OF INTED ALLAMIDER	U-0	412			
Signature and Date		Printed or Typed Name	Liconea	Number			

Effective August 28, 2003

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER PWS: Identification Number. Plant Name: VILLAGE OF CHARLIE CREEK Monitoring Period From: 4/01/15 To: 4/30/15 X Free Chlorine Means of Achieving Four-Log Virus Inactivation / Removal.* Chlorine Dioxide Combined Chlorine(Chlorimines) Ultraviolet Radiation Other: (Describe): Free Chlorine Type of Disinfectant Residual Maintained in Distribution System: Combined Chlonne(Cloramines) Chlorine Dioxide х 2.0 1.6 X 1.0 1.3 0.9 0.8 1.0 x 0.8 2.3 24 1.9 1 2 3.5

*Refer to the results 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 (WATER REPORT)

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

		(MAYIEK H					To act to the last of the last		
		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		<u></u>
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	, i						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		
							1		Mir.
Total Flow							672000.0		· · · · · · · · · · · · · · · · · · ·
ADF							22400.0		
MAX			3.5		2.5		35000.0		
MIN			0.8		0.5		14666.7		



FLORIDA WATER LABORATORY

8 Oakwood Road - Winter Ha Phone (863) 965-2540 • Fax (8 Lab I.D. #E84567 • Margaret Rajpaul - Di NELAC CERTIFIEI Report Number:Sub-Contract	63) 967-8601 rector, Contact Person D	Analysis Date & Time: 181501: Sample Acceptance (150) - 8 P Sample Preservation On Ice ONO Ice OT Disinfectant Check On Detected OT This sample does not meet the following NELAC required.							1,3 _mg/L
Analysis Requested: (check all that apply)			-						
Total Coliform/E-Coli Total Coliform/Fecal Er	nterocci 🗆 Colilert 🖵	нрс □ с	Other: _						
System Name: Willage of Cha	ulic Crock	J	PW	County	4	25		2	7 8 mloo
System Address:System or Owner's Phone #:			Fav #			-		1	A. 1. A
Collector: KORUE Best			Collecto	r's Phon	e #	960	5 =	259	9
			Concoto	10111011	·				
Type of Supply: (check only one) Community Water System	☐ Bottl		w (trigge	ered or a	Other_	ent) addit		Well Su	
	collector of sample			S. M. E.	VI-TY	T	o be com	pleted b	y lab
Sample Sample Point Number (Location or Specific Address)	Lab Sample Number	Collection Time	Sample Type ¹	Disinfect Res'd (mg/L)	pH	Fecal or Non	E. coli Analy	rsis Method Fecal or	Data Qualifier ²
1/4 Well 1	005024	0945	R	/	7.6		A		
2/4 Well 2	005025	1000	R	/	7.7		A		
3/4 1011 Morgan Grice	005026	1028	0	1.09	7.7		A		
4/4 1243 Mocking bud	005027	1010	1)	1.08	37		A		
					- 1				
Average of disinfectant residuals for routine and repronon-transient non-community systems serving population raw or plant samples in the average.)	eat samples. (Complete f ns up to and including 4,9	for communi 00. Do not ir	ty and nclude	1.08	The test	re performe	d in accorda	nce with NEI	ie 52-160, Table 1 .AC standards. to the analyses
	orimetric Other: s on reverse): Employed by a certified Employed by DEP or De			000000000000000000000000000000000000000	te notified		ositive resul	7.0	19/15
Name and Mailing Address of Person to R	eceive Report			Title:	La	10 K	Noi	na	gv
Consta Flow, Inc 5574 Commercial Blvd Winter Haven, FL 3388		□ Satisfactory □ Incomplete Collection Information □ Repeat Samples Required □ Replacement Samples Required □ Date Reviewed by DEP/DOH: □ DEP/DOH Reviewing Official:							

Lab Receipt Date & Time:

Page 1 of 1

DEP 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 = SM92228 & D; MTF = 92218 & EC/MUG; MMO/MUG = SM9223B; HPC = SM9215B

Results: A = coliforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count 4128 1DEPS KINSTAN LAUL BACTIFORM REVISED 01004

I. General Information for the Mont	h/Year of: Monitoring	Period From: 5/01	1/15 To: 5/31/15						
A. Public Water System (PWS)	Information								
PWS Name: VILLAG	E OF CHARLIE CREEK		PWS Identificatio		6250278				
PWS Type: X Commu	unity Non-Transient Non-Con		Transient Non-Co		Consecutive				
Number of Service Connection	ins at End of Month:	153	Total Population Serve	d at End of Month	: 168				
PWS Owner:									
	MALLRIDGE		Contact Person's Title:						
Contact Person's Mailing Add		City: HOLIDAY		State: FL	Zip Code: 33890				
Contact Person's Telephone			Contact Person's Fax N	Number: 863-2	229-5991				
Contact Person's E-Mail Add	ress: <u>UTILITYCONSULTAN</u>	NT@YAHOO.CO	M						
B. Water Treatment Plant Inform	nation								
Plant Name: VILLAGE OF	CHARLIE CREEK		Plant Telephone Numb		537-1971				
Plant Address: SR 64 EAST		City: ZOLFO SF	PRINGS	State: FL	Zip Code: 33873				
Type of Water Treated by Pla		Raw Ground W	The state of the s	Purchased Fi	nished 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		ber Day(s)/Shift(s) Worked				
Lead/Chief Operator:	GAINES ALEXANDER		C	C-5472	13				
Other Operators:	DANNY ALEXANDER		С	C-12379					
II. Certification by Lead/Chief Oper									
	tment plant operator license in Florid								
	formation provided in this report is to								
	sed at this plant conform to NSF Inte								
	certify that the following additional or								
	uring the month indicated above: (1)								
	ment process performance records. I				records to the PWS owner				
so the PWS owner can retain	them, together with copies of this re	eport, at a conveni	ent location for at least	t ten years.					
Davier allere	OXAR-2015/06/10	GAINES ALEXA	ANDER		C-5472				
Signature and Date		Printed or Type	d Name	ī	icense Number				
DEP Form 62-555,900(3)			monecui (G)	107					

Effective August 28, 2003

MONTHLY OPERATION REPORT FOR PWS 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 X Free Chlorine Means of Achieving Four-Log Virus Inactivation / Removal: * Chlorine Dioxide Ozone Combined Chlorine(Chloramines) Ultraviolet Radiation Other: (Describe): Type of Disinfectant Residual Maintained in Distribution System. Free Chlorine Combined Chlorine(Cloramines) Chlorine Dioxide Characters of Winds Con Day of the Emagarity of Abnormal Operating Conditions: Repair or Managarity With that Involves Lading Water System Components Out of Operation morth 20000 17667 A 18 80 1 24 17667 24 17667 1.9 1.3 24 21000 21000 24 21000 and British 24 21000 1.0 08 34000 24 10 34000 25 2.0 24 14000 100 CM 14000 X 24 14000 3.0 10333 19 24 10333 10333 13 1.0 37 24 22000 24 22000 0.5 02 . 19 20000 24 24 20000 1.5 10 24 16500 16500 1.2 24 19500 1967 E 6 X 19500 1.0 0.6 25 24 20000 100 20000 10 0.6

0.6

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

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DEP Form 62-555 900(3)

Effective Aug X

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FLORIDA WATER LABORATORY

Amalusis	8 Oakwood Road - Winter Ha Phone (863) 965-2540 • Fax (86 Lab I.D. #E84567 • Margaret Rajpaul - Dir NELAC CERTIFIED mber:Sub-Contrac Requested: (check all that apply)	i3) 967-8601 rector, Contact Person t Lab ID:		Sample Sample Disinfed This sai	Preserva ctant Chec mple does	tance Clion To	Criteria: In Ice ON It Detected It the follow	ot 2015 e	لم لم C requirem	_ mg/L nents:	54
Z Total C	Soliform/E-Coli Total Coliform/Fecal En				/S I.D.	4	2 3	10	[₂][-		
					County		Flar	lee		رگال	
System A	ddress:				County	·	700			March and the State of the Stat	
System o Collecto	r Owner's Phone #: r: Robert Bet			Collecto	r's Phon	e #: <u></u>	765	-25	99		
Type of S Common Private Reason Distrib	Supply: (check only one) unity Water System	or System Nontr Bottle W (triggered or assessment ble being replaced) Bo	ansient No ad Water at) Ra bil Water No	ncommu w (trigge otice	inity Wat	er Syste Other_ ssessme	em ent) additi	Limi	ted Use S	System	
	To be completed by	collector of sample	3.34						pleted b	y lab Sw <i>i 2228</i>	
Sample Number	Sample Point (Location or Specific Address)	Lab Sample Number	Collection Time		Disinfect Res'd (mg/L)	рН	Fecal or I	E. coli Analı	rsis Method Fecal or		
1/3	well	006344	1020	R	/	2-7		A			
2/3	Clibhouse	006345	1130	D	1.00	7.7		A			
3/3	Clubhouse Sparrow Rd ME	006346	1 45	D	1.12	7.8		A			
					1.00						
non-tra	e of disinfectant residuals for routine and rep- nsient non-community systems serving population plant samples in the average.)	eat samples. (Complete for ns up to and including 4,90	or communi 10. Do not i	ity and nclude		The les	are performe	d in accorda this report	nce with NEL	is 62-160, Table 1 .AC standards. to the analyses	
Disinfe Persor A ce	ctant Residual Analysis Method: DPD Col. performing analysis is (Please see instructions	orimetric □ Other: s on reverse): □ Employed by a certified □ Employed by DEP or DC	lab DH			VS notified	d by lab of p	ositive resu		1815	
****	me and Mailing Address of Person to R	eceive Report			Title: L	الاه	$a\alpha$	an	00		
INC	Consta Flow, Inc 5574 Commercial Blvd Winter Haven, FL 33880		Satisfa Incom Repea	plete Co it Samp viewed	les Req by DEP	uired C /DOH:	Replac	ement S	Samples	SE ONLY Required	

Page 1 of 1

DEP 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 = SM92228 & D; MTF = 92218 & EC/MUG; MMO/MUG = SM92238; HPC = SM92158

Results: A = coliforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count

Lab Receipt Date & Time:

Village of Charlie Creek (WATER REPORT)

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

	·	(AAVIEK L							
DAY		METER 2	TRC	PH	TRC	PH	MULT.	1000	Bact.
PREV	41225.0						#REF!		
11	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		

I. G	eneral Information for the Month/Year of	Monitoring	Period From: 6/0	11/15 To: 6/30/15		
A.	Public Water System (PWS) Information	n				
	PWS Name: VILLAGE OF CH	ARLIE CREEK		PWS Identification	Number:	6250278
	PWS Type: X Community	Non-Transient Non-Com	munity	Transient Non-Com	nmunity Co	onsecutive
	Number of Service Connections at End	of Month:	153 Total Population Served at E			168
	PWS Owner:					
	Contact Person : MIKE SMALLRID	GE				AGER
	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 No	umber: 863-22	29-5991
	Contact Person's E-Mail Address:	UTILITYCONSULTAN	T@YAHOO.CO	MC		
B.	Water Treatment Plant Information					
	Plant Name: VILLAGE OF CHARLIE	CREEK		Plant Telephone Numbe	er: 863-53	37-1971
	Plant Address: SR 64 EAST		City: ZOLFO S	PRINGS	State: FL	Zip Code: 33873
	Type of Water Treated by Plant:	X	Raw Ground V	Vater	Purchased Fin	ished Water
	Permitted Maximum Day Operating car	pacity of Plant, gallons per	day:	133,000		
	Plant Category (per subsection 62-699	9.310(4), F.A.C.): V		Plant Class: C	·	
	Licensed Operators	Name		License Class		edDay(s)/Shift(s) Worked
	Lead/Chief Operator:	GAINES ALEXANDER		C	C-5472	12
	Other Operators:	DANNY ALEXANDER		С	C-12379	
THE 2						
11. (Certification by Lead/Chief Operator	t Flaid	and because the second second			
	I, the undersigned water treatment plan					
	this report. I certify that the information					
	water treatment, chemicals used at this					
	62-555.320(3), F.A.C. I also certify tha					
	staffed or visited this plant during the					
	applicable, appropriate treatment proc					ecords to the PVVS owner
	so the PWS owner can retain them, to		*()		en years.	
	Daines alexxide	2015/07/10	GAINES ALEX			C-5472
	Signature and Date		Printed or Type	ed Name	Lie	cense Number

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

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER Plant Name: VILLAGE OF CHARLIE CREEK PWS: Identification Number: Monitoring Period From: 6/01/15 To: 6/30/15 X Free Chlorine Combined Chlorine(Chloramines) Chlorine Dioxide Means of Achieving Four-Log Virus Inactivation / Removal: * Other: (Describe): Ultraviolet Radiation Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine(Cloramines) Chlorine Dioxide X 1.0 24 X 2.2 3.2 X 24 22500 X 1.3 24 1.0 1.2 23000 0.9 Х 24 0.2 0.5

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

DEP Form 62-555 900(3)

Effective Aug X



FLORIDA WATER LABORATORY

	MID FLORIDA WATER	LABORATO	RY	Lab F	Receipt D	ate & Ti	her C	-11/1	7	
•	8 Oakwood Road - Winter Ha Phone (863) 965-2540 • Fax (8 Lab I.D. #E84567 • Margaret Rajpaul - Di NELAC CERTIFIEI	63) 967-8601 rector, Contact Person	n	Samp	le Preserv	ptance (Criteria:	18 onlice		7.77 mg/L
Report Nu	ımber: Sub-Contrac	ct Lab ID:					t the follow		C require	
	Requested: (check all that apply) Coliform/E-Coli Total Coliform/Fecal Er	nterocci 🖸 Colilert 📮	⊒ нрс □	Other: _						
	Name: Vollage of C	harlee C	reek	_ P\	WS I.D.	Cer	2 5 Hay	de	2	78
System o Collecto	Union and						94	25	250	19
Private Reason Distrib Cleara	for Sampling: (check all that apply) ution Routine Distribution Repeat Ran nce Replacement (also check type of samp	☐ Bo		aw (trigg	ered or a	Other_			ited Use	
Sample	Collection Date: 6-9-15	_								
	To be completed by	collector of sample							pleted b	y lab
Sample Number	Sample Point (Location or Specific Address)	Lab Sample Number	Collection Time	Sample Type ¹	Disinfect Res'd	pН	Fecal or E Non	coli Anal	rsis Method Fecal or	
1/4	Well 1	007861	1145	K	/	78		A		
7/4	WeelZ	007862	1140	R	/	7.8		A		
2/4	Church	007863	1130	D	1.65			A		
9/4	1062 Blue Jay	007864	1120	1	1.72	7.8		A		
						1				
non-trans	of disinfectant residuals for routine and repe sient non-community systems serving populations ant samples in the average.)				1.69	The test	re performed	in accordar is report o	ice with NEL	e 62-160, Table 1 AC standards. o the analyses
Person A cert Super		rimetric Other: On reverse): Employed by a certified Employed by DEP or I				S notified t	by lab of pos	sitive result	1415	photis
	ne and Mailing Address of Person to Re	ceive Report			Title: _	La	DO	na	na	QU
714	Consta Flor		□ Satisfa □ Incomp □ Repeat	lete Co Sampl	es Requ	uired 🔾	Replace	ment Sa	amples l	
			Date Rev							
					4.50					

Village of Charlie Creek (WATER REPORT)

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

		(WATER F							
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		

eral Information for the Month/Year of:	Monitoring	Period From: 7/0	1/15 To: 7/31/15			
Public Water System (PWS) Informatio						
	ARLIE CREEK		PWS Identificatio	n Number:	6250278	
PWS Type: X Community	Non-Transient Non-Con	nmunity	Transient Non-Co	mmunity C	onsecutive	
	of Month:	153	Total Population Serve	d at End of Month:	168	
PWS Owner:						
Contact Person : MIKE SMALLRID	GE		Contact Person's Title:	UTILITY MAN	AGER	
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 N	Number: 863-2	29-5991	
Contact Person's E-Mail Address:	UTILITYCONSULTAN	NT@YAHOO.CC	M			
Nater Treatment Plant Information						
Plant Name: VILLAGE OF CHARLIE	CREEK		er: 863-5	37-1971		
Plant Address: SR 64 EAST		City: ZOLFO SI	PRINGS	State: FL	Zip Code: 33873	
Type of Water Treated by Plant:	x	Raw Ground W	/ater	Purchased Fir		
Permitted Maximum Day Operating cap	pacity of Plant, gallons per	day:	133,000			
	0.310(4), F.A.C.): V		Plant Class:	С		
icensed Operators	Name		License Class	License Numb	per Day(s)/Shift(s) Worked	
ad/Chief Operator: GAINES ALEXAND			С		14	
Other Operators:	DANNY ALEXANDER		С			
			THE PART OF THE PA			
, the undersigned water treatment plan	t operator license in Floric	da, am the lead/chi	ef operator of the water	r treatment plant ic	lentified in Part I of	
his report. I certify that the information	provided in this report is to	rue and accurate to	the best of my knowle	edge and belief. I d	ertify that all drinking	
vater treatment, chemicals used at this	plant conform to NSF Inte	ernational Standar	d 60 or other applicable	standards referen	nced in subsection	
62-555.320(3), F.A.C. I also certify that	the following additional or	perations records f	or this plant were prepa	ared each day that	a licensed operator	
staffed or visited this plant during the n	nonth indicated above: (1)	records of amoun	ts of chemicals used ar	nd chemical feed r	ates: and (2) is	
applicable, appropriate treatment proce	ess performance records. I	Furthermore, I agre	ee to provide these add	litional operations	records to the PWS owner	
og the PWS owner can retain them, too	ether with copies of this re	eport, at a conveni	ent location for at least	ten years.	occident and in the officer	
Anures algundi	2015/08/10			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	C 5472	
					C-5472	
Signature and Date		Printed or Type			cense Number	
	Public Water System (PWS) Information PWS Name: VILLAGE OF CHAPWS Type: VILLAGE OF CHAPWS Type: VILLAGE OF CHAPWS Type: VILLAGE OF CHAPWS Type: VILLAGE OF CHAPWS Owner: Contact Person: Contact Person's Mailing Address: Contact Person's Telephone Number: Contact Person's E-Mail Address: Vater Treatment Plant Information Plant Name: VILLAGE OF CHARLIE Plant Address: VILLAGE OF CHARLIE VILLAGE OF CHARLIE Plant Address: VILLAGE OF CHARLIE V	Public Water System (PWS) Information PWS Name: VILLAGE OF CHARLIE CREEK PWS Type: X Community Non-Transient Non-Consumber of Service Connections at End of Month: PWS Owner: Contact Person: MIKE SMALLRIDGE Contact Person's Mailing Address: 3336 GRAND BLVD Contact Person's Telephone Number: 352-302-7406 Contact Person's E-Mail Address: UTILITYCONSULTAIN Water Treatment Plant Information Plant Name: VILLAGE OF CHARLIE CREEK Plant Address: SR 64 EAST Type of Water Treated by Plant: X Permitted Maximum Day Operating capacity of Plant, gallons per Plant Category (per subsection 62-699.310(4), F.A.C.): V Licensed Operators Lead/Chief Operator: GAINES ALEXANDER Other Operators: DANNY ALEXANDER Other Operators: DANNY ALEXANDER Distriction by Lead/Chief Operator (at the undersigned water treatment plant operator license in Floric his report. I certify that the information provided in this report is the vater treatment, chemicals used at this plant conform to NSF Interport of the plant of the plan	Public Water System (PWS) Information PWS Name: VILLAGE OF CHARLIE CREEK PWS Type: X Community Non-Transient Non-Community Number of Service Connections at End of Month: 153 PWS Owner: Contact Person: MIKE SMALLRIDGE Contact Person's Mailing Address: 3336 GRAND BLVD City: HOLIDAY Contact Person's Telephone Number: 352-302-7406 Contact Person's E-Mail Address: UTILITYCONSULTANT@YAHOO.CO Vater Treatment Plant Information Plant Name: VILLAGE OF CHARLIE CREEK Plant Address: SR 64 EAST City: ZOLFO SI Type of Water Treated by Plant: X Raw Ground We Permitted Maximum Day Operating capacity of Plant, gallons per day: Plant Category (per subsection 62-699.310(4), F.A.C.): V Idensed Operators Name Lead/Chief Operator: GAINES ALEXANDER DANNY ALEXANDER tification by Lead/Chief Operator It the undersigned water treatment plant operator license in Florida, am the lead/chief is report. I certify that the information provided in this report is true and accurate to water treatment, chemicals used at this plant conform to NSF International Standar (22-555.320(3), F.A.C. I also certify that the following additional operations records for staffed or visited this plant during the month indicated above: (1) records of amount applicable, appropriate treatment process performance records. Furthermore, I agree the PWS owner can retain them, together with copies of this report, at a convening the plant with copies of this report, at a convening the plant with copies of this report, at a convening the plant with copies of this report, at a convening the plant with copies of this report, at a convening the plant with copies of this report, at a convening the plant with copies of this report, at a convening the plant with copies of this report, at a convening the plant with copies of this report, at a convening the plant with copies of this report, at a convening the plant with copies of this report, at a convening the plant with copies of this report, at a convening the plant with copies of this report, at a convening the	Public Water System (PWS) Information PWS Name: VILLAGE OF CHARLIE CREEK PWS Type: x Community Non-Transient Non-Community Transient Non-Com	Public Water System (PWS) Information PWS Name: VILLAGE OF CHARLIE CREEK PWS Type:	

Effective August 28, 2003

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER PWS: Identification Number: Plant Name: VILLAGE OF CHARLIE CREEK Monitoring Period From: 7/01/15 To: 7/31/15 X Free Chlorine Ozone Combined Chlorine(Chloramines) Chlorine Dioxide Means of Achieving Four-Log Virus Inactivation / Removal: * Other: (Describe): Ultraviolet Radiation Free Chlorine Type of Disinfectant Residual Maintained in Distribution System: Combined Chlorine(Cloramines) Chlorine Dioxide 2.1 2.6 24 30000 2.0 X 1.6 23000 23000 1.8 1.4 X 24 0.2 X 3.2 3.0 2.5 100 C 3.0 1.9 0.9

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

DEP Form 62-555 900(3)

Effective Aug X



	MIĎ FLORIDA WATER	LABORATOR	RY				ME CT		The State of	
•	8 Oakwood Road - Winter Ha Phone (863) 965-2540 • Fax (8 Lab I.D. #E84567 • Margaret Rajpaul - Di NELAC CERTIFIED	63) 967-8601 rector, Contact Person D		Sample Sample Disinfe	le Accep e Preserva ctant Che	otance C ation 1145 ck ZNo	Criteria:	ig on le	12:3	mg/L
Report N	umber:Sub-Contrac	ot Lab ID:		This sa	imple doe	s not mee	t the follow	ring NELA	C requirer	ments:
Dotal	Requested: (check all that apply) Coliform/E-Coli Total Coliform/Fecal En	1 1								
	TO TO			_	County	r:		and		
System	or Owner's Phone #:			Fax #:			91.	~	2000	
Collect	or: Robert Best			Collecto	or's Phor	ne #:	10	20	01	
Private	for Sampling: (check all that apply)	Bott	ntransient No tled Water			Other_				
	bution Routine Distribution Repeat DRamance Replacement (also check type of samp									urvey
	Collection Date: 7-23-15									
		collector of sample	De Will			815			pleted b	
Sample Number	Sample Point (Location or Specific Address)	Lab-Sample Number	Collection Time	Sample Type ¹	Disinfect Res'd	рН	Fecal or E Non	coli Analy	rsis Method Fecal or	Data Qualifier ²
1/4	11/2021	010145	0940	R	/	7.7	Comorni	A	2.0011	Qualifor
9/4	Well Z	010146	0330	K	/	7.8		A		
3/4	Clubhouse	010147	0945	D	2.10	7.8		A		
4/4	1243 Markingbur	010148	0953	D	2.20	7.3		A		
			-			-	_			
			-				_		_	
non-tra	e of disinfectant residuals for routine and repensient non-community systems serving population plant samples in the average.)	eat samples. (Complete to us up to and including 4,9	for communi 000. Do not in	ty and nolude	2.20	The test	re performed	l in accordar his report o	nce with NEL	le 62-160, Table 1 .AC standards. o the analyses
Person A ce	rectant Residual Analysis Method: SPD Color performing analysis is (Please see instructions rtified operator (#	orimetric Other: on reverse): Employed by a certified Employed by DEP or D	d lab	-		/S notified	by lab of pos	sitive result	00000	
	orized representative of supplier of water	a chiployed by DEF Of D	**!!		Lab Sign	nature	mile	11	_pate _	124/15
_	me and Mailing Address of Person to Re	eceive Report			Title _	la	Vb .	116	inos	gVII
	Consta Flow, Inc 5574 Commercial Blvd Winter Haven, FL 33880	52	□ Satisfa □ Incomp □ Repeat	olete Co t Sampl	es Req	uired 🖵	Replace	ement Sa	155	Required
	Willer Davell, FE 3366		Date Rev							

Page 1 of 1

DEP 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 = SM92228 & D; MTF = 92218 & EC/MUG; MMO/MUG = SM92238; HPC = SM92158

Results: A = coliforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count

Village of Charlie Creek (WATER REPORT)

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

		(WATER F							
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		

I. G	eneral Information for the Month/Year of:	Monitoring	Period From: 8/0	1/15 To: 8/31/15				
A.	Public Water System (PWS) Information							
	PWS Name: VILLAGE OF CH	ARLIE CREEK		PWS Identification	Number:	6250278		
	PWS Type: X Community	Non-Transient Non-Con	nmunity	Transient Non-Con		onsecutive		
	Number of Service Connections at End	of Month:	153	Total Population Served				
	PWS Owner:					100		
	Contact Person : MIKE SMALLRID	GE		Contact Person's Title:	UTILITY MAN	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 No		29-5991		
	Contact Person's E-Mail Address:	UTILITYCONSULTAN	T@YAHOO.CC	M				
B.	Water Treatment Plant Information							
	Plant Name: VILLAGE OF CHARLIE	CREEK		Plant Telephone Numbe	r 863-5	37-1971		
	Plant Address: SR 64 EAST		City: ZOLFO S	PRINGS	State: FL	Zip Code: 33873		
	Type of Water Treated by Plant:	ly l	Raw Ground W		Purchased Fir			
		nitted Maximum Day Operating capacity of Plant, gallons per day: 133,000						
	Plant Category (per subsection 62-699	9.310(4), F.A.C.): V		Plant Class: C				
	Licensed Operators	Name	18 7 S F 1 W 1 L S F	License Class		per Day(s)/Shift(s) Worked		
	Lead/Chief Operator:	GAINES ALEXANDER		C	C-5472	13		
	Other Operators:	DANNY ALEXANDER		C	C-12379	10		
					1			
I. C	ertification by Lead/Chief Operator		A STATE OF THE STA		No. of the San	Allen was very action		
	I, the undersigned water treatment plan	nt operator license in Florid	a, am the lead/chi	ef operator of the water	treatment plant in	dentified in Part Lof		
	The state of the s					diffico il i di i di		
	this report. I certify that the information	provided in this report is tr	ue and accurate to	the best of my knowled	ne and helief I c	ertify that all drinking		
	this report. I certify that the information	provided in this report is tr plant conform to NSF Inte	ue and accurate to	the best of my knowled	ge and belief I c	ertify that all drinking		
	water treatment, chemicals used at this	plant conform to NSF Inte	ue and accurate to emational Standar	the best of my knowled d 60 or other applicable:	lge and belief. I c	ertify that all drinking		
	water treatment, chemicals used at this 62-555.320(3), F.A.C. I also certify that	s plant conform to NSF Inte the following additional op	ue and accurate to ernational Standar perations records f	the best of my knowled d 60 or other applicable or this plant were prepar	lge and belief. I c standards referer red each day that	ertify that all drinking need in subsection a licensed operator		
	water treatment, chemicals used at this 62-555.320(3), F.A.C. I also certify that staffed or visited this plant during the n	s plant conform to NSF Inte the following additional op nonth indicated above: (1)	ue and accurate to ernational Standar perations records for records of amoun	the best of my knowled d 60 or other applicable for this plant were prepar ts of chemicals used and	lge and belief. I o standards referer ed each day that the chemical feed r	ertify that all drinking need in subsection a licensed operator ates; and (2) is		
	water treatment, chemicals used at this 62-555.320(3), F.A.C. I also certify that staffed or visited this plant during the mapplicable, appropriate treatment process.	s plant conform to NSF Inte the following additional op nonth indicated above: (1) ess performance records. F	ue and accurate to ernational Standar perations records for records of amoun furthermore, I ago	the best of my knowled d 60 or other applicable for this plant were prepar ts of chemicals used and the to provide these addition	lge and belief. I on standards referent ed each day that dischange feed re ional operations.	ertify that all drinking need in subsection a licensed operator ates; and (2) is		
	water treatment, chemicals used at this 62-555.320(3), F.A.C. I also certify that staffed or visited this plant during the mapplicable, appropriate treatment process the PWS owner can retain them, tog	s plant conform to NSF Inter the following additional op- month indicated above: (1) ess performance records. Figether with copies of this re-	ue and accurate to ernational Standar erations records for records of amoun Furthermore, I agre eport, at a convening eport, at a convening eport.	to the best of my knowled d 60 or other applicable of for this plant were prepar ts of chemicals used and the to provide these addit the entilocation for at least to	lge and belief. I on standards referent ed each day that dischange feed re ional operations.	pertify that all drinking anced in subsection a licensed operator ates; and (2) is records to the PWS owner		
C	water treatment, chemicals used at this 62-555.320(3), F.A.C. I also certify that staffed or visited this plant during the mapplicable, appropriate treatment process.	s plant conform to NSF Inte the following additional op nonth indicated above: (1) ess performance records. F	ue and accurate to ernational Standar perations records for records of amoun furthermore, I ago	to the best of my knowled d 60 or other applicable of for this plant were prepar ts of chemicals used and the to provide these addit the ent location for at least to ANDER	lge and belief. I on standards referent ed each day that dichemical feed re ional operations en years.	ertify that all drinking need in subsection a licensed operator ates; and (2) is		

Effective August 28, 2003

MONTHLY OPERATION REPORT FOR PWS# TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER VILLAGE OF CHARLIE CREEK Plant Name PWS: Identification Number Monitoring Period From: 8/01/15 To: 8/31/15 Combined Chlorine(Chloramines) X Free Chlorine Chlorine Dioxide Ozone Means of Achieving Four-Log Virus Inactivation / Removal: * Ultraviolet Radiation Other: (Describe): ____ Free Chlorine Chlorine Dioxide Combined Chlorine(Cloramines) Type of Disinfectant Residual Maintained in Distribution System: CIT Calculation & or UN Dodg. to Disprove palls Frank Log Navall Resolutions. Magnification Hours Plant in Operation 0.5 0.8 0.2 0.4 1.5 X A. 11 mg 1.6 14 18 2.0 17 18 1.7 # **19**: 24 1.5 21 X 1.4 Х 0.5 . 26 25333 1909A 1903B 0.9 2.4 (Ga

DEP Form 62-555 900(3)

Effective Aug X

^{*}Refer to the methodons for this report to determine which plants must provide this information



FLORIDA WATER LABORATORY

	MID FLORIDA WATER I 8 Oakwood Road - Winter Ha Phone (863) 965-2540 • Fax (86 Lab I.D. #E84567 • Margaret Rajpaul - Dir NELAC CERTIFIED	63) 967-8601 rector, Contact Person)	-	Analys Samp Sample Disinfe	sis Date le Accep Preserva	& Time: otance	Criteria: 2015 Ab of Detected	15 0 Got 2 n8ce	pp 2:	19 _ mg/L
	mber: Sub-Contrac	t Lab ID:		Inis sa	mple doe	s not me	et the follow	wing NELAC	requirer	nents.
System A System o	ddress: SR 6 4 E	Charlie C	reck	PW	/S I.D.		2 9	, O	2	88
Private Reason Distrib Cleara	Supply: (check only one) unity Water System	or System ☐ Nontr ☐ Bottle w (triggered or assessmen	ransient No ed Water	ncommu	ered or a	er Syste	em ent) addit	Limit		
		collector of sample				HW		o be com		
Sample Number	Sample Point (Location or Specific Address)	Lab Sample Number	Collection Time	Sample Type ¹	Disinfect Res'd (mg/L)	рН	Fecal or Non	iform Analys E. coli Analys Total Coliform	sis Method Fecal or	
1/4	Wel 1	011740	1145	R	/	7.7		A		
1/4	Well Z	011741	1150	R	/	7.7	-	A		
3/4 4/4	1011 Morgangrice	011742	1215	D	1.95	7.8		A		
non-tran raw or p	e of disinfectant residuals for routine and repe sient non-community systems serving population ant samples in the average.)	s up to and including 4,90	or communi 0. Do not in	ity and	192	The tes	are performe	d in accordan this report o	ce with NEL	le 62-160, Table 1 LAC standards. to the analyses
Person A cer Super	vised by a cert. operator (#	on reverse): Employed by a certified I Employed by DEP or DO			Date Sta	ate notified	by lab of po	ositive results	s: }_Date_C	3/29/15
	me and Mailing Address of Person to Re Consta Flow, Inc 5574 Commercial Blvd Winter Haven, FL 33880		Satisfa Incomp Repea Date Rev	olete Co t Sampl viewed b	es Req	uired C DOH:_	nation Replac			SE ONLY

Village of Charlie Creek (WATER REPORT)

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

DAY	METER 1	METER 2		PH	TRC	PH	MULT.	1000	Bact.
PREV	43112.0	MICIER 2	INU	7.	11NO	FN	#REF!	1000	Dact.
	43112.0								
1							22666.7		
2	42400.0		~ ~	ļ	1 A E		22666.7		
3	43180.0		0.8		0.5		22666.7		
4	42000.0		0.4		+		24000.0		
5	43228.0		0.4	 	0.2	··· <u>·</u> ································	24000.0		
6 7	42075.0		4 6		4 4		23500.0		
	43275.0		1.5	<u> </u>	1.1		23500.0		
8				ļ	+	<u></u>	60000.0		
9							60000.0		<u> </u>
10	10515			 	1 1		60000.0		ļ
11	43515.0		1.6		1.2		60000.0		
12				ļ			33500.0		
13	43582.0		3.5		2.9		33500.0		
14							23500.0		
15	43629.0		2.0		1.7		23500.0		<u> </u>
16							23000.0		
17	43675.0		2.2		1.7		23000.0		
18			ļ <u></u>				12666.7		
19				L			12666.7		
20	43713.0		1.9	<u> </u>	1.5		12666.7		
21				<u> </u>			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		ļ
ADF		 		-	-		27838.7		
MAX	<u> </u>		3.5	 	1 20				
		<u> </u>			2.9		60000.0		
MIN	<u> </u>	1	0.4	1	0.2		12666.7	l	1

eneral Information for the Month/Year of	Monitoring	g Period From: 9/0	1/15 To: 9/30/15		
Public Water System (PWS) Information	on				
	ARLIE CREEK		PWS Identification	n Number:	6250278
		nmunity			onsecutive
Number of Service Connections at End	of Month:	153			168
PWS Owner:					
Contact Person : MIKE SMALLRID	GE		Contact Person's Title:	UTILITY MAN	AGER
Contact Person's Mailing Address:	3336 GRAND BLVD	City: HOLIDAY			Zip Code: 33890
Contact Person's Telephone Number:	352-302-7406		Contact Person's Fax N		229-5991
Contact Person's E-Mail Address:	UTILITYCONSULTAI			000 1	
Water Treatment Plant Information					
Plant Name: VILLAGE OF CHARLIE	CREEK		Plant Telephone Number	er: 863-5	37-1971
Plant Address: SR 64 EAST					Zip Code: 33873
Type of Water Treated by Plant:	Y				
Permitted Maximum Day Operating cap	pacity of Plant, gallons per				noned states
Plant Category (per subsection 62-699	9.310(4), F.A.C.): V			2	
Licensed Operators	Name			License Numl	per Day(s)/Shift(s) Worked
Lead/Chief Operator:	GAINES ALEXANDER		C	C-5472	12
Other Operators:	DANNY ALEXANDER		C		12
ertification by Lead/Chief Operator					
I, the undersigned water treatment plan	nt operator license in Florio	da, am the lead/chi	ef operator of the water	treatment plant in	dentified in Part Lof
this report. I certify that the information	provided in this report is to	rue and accurate to	the best of my knowled	dge and belief I o	ertify that all drinking
water treatment, chemicals used at this	plant conform to NSF Inte	ernational Standard	60 or other applicable	standards referen	aced in subsection
62-555.320(3), F.A.C. I also certify that	the following additional or	perations records for	or this plant were prepar	red each day that	a licensed operator
staffed or visited this plant during the n	nonth indicated above: (1)	records of amount	s of chemicals used an	d chemical feed r	ates: and (2) is
applicable, appropriate treatment proce	ess performance records. I	Furthermore, I agre	e to provide these addi	tional operations	records to the PWS owner
so the PWS owner can retain them, too	ether with copies of this re	eport, at a convenie	ent location for at least t	ten vears	TOO TO TO THE OWNER
				Jouro.	
h 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A2015/10/08	GAINES ALEYA	MDED		C E470
Signature and Date	2015/10/08	Printed or Type			C-5472 cense Number
	Public Water System (PWS) Information PWS Name: VILLAGE OF CH PWS Type: X Community Number of Service Connections at End PWS Owner: Contact Person: MIKE SMALLRID Contact Person's Mailing Address: Contact Person's Telephone Number: Contact Person's E-Mail Address: Water Treatment Plant Information Plant Name: VILLAGE OF CHARLIE Plant Address: SR 64 EAST Type of Water Treated by Plant: Permitted Maximum Day Operating cap Plant Category (per subsection 62-699 Licensed Operators Lead/Chief Operator: Other Operators: Other Operators: ertification by Lead/Chief Operator I, the undersigned water treatment plant this report. I certify that the information water treatment, chemicals used at this 62-555.320(3), F.A.C. I also certify that staffed or visited this plant during the rapplicable, appropriate treatment processo the PWS owner can retain them, tog	Public Water System (PWS) Information PWS Name: VILLAGE OF CHARLIE CREEK PWS Type: X Community Non-Transient Non-Corn Number of Service Connections at End of Month: PWS Owner: Contact Person: MIKE SMALLRIDGE Contact Person's Mailing Address: 3336 GRAND BLVD Contact Person's Telephone Number: 352-302-7406 Contact Person's Telephone Number: 352-302-7406 Contact Person's E-Mail Address: UTILITYCONSULTAL Water Treatment Plant Information Plant Name: VILLAGE OF CHARLIE CREEK Plant Address: SR 64 EAST Type of Water Treated by Plant: X Permitted Maximum Day Operating capacity of Plant, gallons per Plant Category (per subsection 62-699.310(4), F.A.C.): V Licensed Operators Name Lead/Chief Operator: GAINES ALEXANDER Other Operators: DANNY ALEXANDER Other Operators: DANNY ALEXANDER 62-555.320(3), F.A.C. I also certify that the following additional of staffed or visited this plant during the month indicated above: (1) applicable, appropriate treatment process performance records. I so the PWS owner can retain them, together with copies of this records.	Public Water System (PWS) Information PWS Name: VILLAGE OF CHARLIE CREEK PWS Type: X Community Non-Transient Non-Community Number of Service Connections at End of Month: 153 PWS Owner: Contact Person: MIKE SMALLRIDGE Contact Person's Mailing Address: 3336 GRAND BLVD City: HOLIDAY Contact Person's Telephone Number: 352-302-7406 Contact Person's E-Mail Address: UTILITYCONSULTANT@YAHOO.CO Water Treatment Plant Information Plant Name: VILLAGE OF CHARLIE CREEK Plant Address: SR 64 EAST City: ZOLFO St Type of Water Treated by Plant: X Raw Ground W Permitted Maximum Day Operating capacity of Plant, gallons per day: Plant Category (per subsection 62-699.310(4), F.A.C.): V Licensed Operators Name Lead/Chief Operator: GAINES ALEXANDER Other Operators: DANNY ALEXANDER Other Operators: DANNY ALEXANDER Other Operators: DANNY ALEXANDER Other Operators treatment, chemicals used at this plant conform to NSF International Standard 62-555.320(3), F.A.C. I also certify that the following additional operators fatfled or visited this plant during the month indicated above: (1) records of amount applicable, appropriate treatment process performance records. Furthermore, I agree to the PWS owner can retain them, together with copies of this report, at a convenience of the PWS owner can retain them, together with copies of this report, at a convenience of the PWS owner can retain them, together with copies of this report, at a convenience of the PWS owner can retain them, together with copies of this report, at a convenience of the PWS owner can retain them, together with copies of this report, at a convenience of the PWS owner can retain them, together with copies of this report, at a convenience of the PWS owner can retain them, together with copies of this report, at a convenience of the PWS owner can retain them, together with copies of this report, at a convenience of the PWS owner can retain them, together with copies of this report, at a convenience of the PWS owner can retain them.	Public Water System (PWS) Information PWS Name: VILLAGE OF CHARLIE CREEK PWS Type: X Community Non-Transient Non-Community Transient Non-Com	Public Water System (PWS) Information PVNS Name: VILLAGE OF CHARLIE CREEK PWS Type: \(\) Community Non-Transient Non-Community Transient Non-Community Number of Service Connections at End of Month: 153 Total Population Served at End of Month PVS Owner: Contact Person: MIKE SMALLRIDGE Contact Person's Title: UTILITY MAN Contact Person's Mailing Address: 3336 GRAND BLVD City: HOLIDAY State: FL Contact Person's Telephone Number: 352-302-7406 Contact Person's Fax Number: 863-2 Contact Person's Fe-Mail Address: UTILITYCONSULTANT@YAHOO.COM Water Treatment Plant Information Plant Name: VILLAGE OF CHARLIE CREEK Plant Telephone Number: 863-2 Plant Address: SR 64 EAST City: ZOLFO SPRINGS State: FL Type of Water Treated by Plant: X Raw Ground Water Purchased Fir 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 Numl Lead/Chief Operator: GAINES ALEXANDER C C-5472 Other Operators: DANNY ALEXANDER C C-12379 Other Operators: DANNY ALEXANDER C C-12379 DANNY ALEXANDER C C-12379 Other Operators treatment, chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referer water treatment, chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referer co-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rapplicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations of the PWS owner cap-fetain them, together with copies of this report, at a convenient location for at least ten years.

Effective August 28, 2003

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER														
PWS: ide	ntification Nu			6250278			Plant Name:		VILLAGE OF C		K			
						Monitoring Period Fr	rom: 9/01/15 1	To: 9/30/15	22.848.002					
Means of	Achieving Fo	our-Log Virus In Ultraviolet Rad	nactivation / Rem diation	oval: *	Other: (Describe)	X X	Free Chlorin	e		Chlorine Dioxi	de		Ozone	Combined Chlorine(Chloramines)
Type of D	isinfectant Re		ned in Distribution					Free Chlor	ine		Combined Ch	lorine(Cloram	nes)	Chlorine Dioxide
			Charles and Charle	toward) corrector, manufacture from the first	s or UV Dose to D	emonetrate Four-Log	Virus inactival	ion. If Acci	cabte*					
						CI Cultivations			57.730.000.000		UV Dose			
Day of the manth	Days Plant Staffed or Visited by Operator (Place X)	Hours Plant in Operation		Peak flow rate	Lowest Residual Distributions concentration Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (f) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer Customer Cuiting Peak Flow, ing- min/L	Temp of Water, C	phi of Water, If Applicable	Minimum CT, Required my min/L	Lowest Operating UV-Dose, mW- Sec.an2	Minimum LIV Dosa required, mW- secton2	Lowest Residual Disinfectant concentration at Remote Point Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Teichig Water System Components Out of Operation
1		24	449500											
2	×	24	449500		2.5								21	
9		24												
4	Х	24			2.5			ļ		L			2.1	
8		24												
		24						ļ						
7		24						<u> </u>						
8		24			2.5	ļ	ļ	ļ					20	
9	X	24			2.5	1		 						
10	×	24 24			1.4								13	
12		24			1.4	' }		 						
13		24			 	 	 	—						
14	×	24			1.5								1.4	
18		24							The Management of the Section					
16	×	24			15								1.4	
17		24												
18	X	24			15								1.4	
19		24						ļ		ļ		<u> </u>		<u> </u>
20		24					ļ	 						
21	X	24			0.6	<u> </u>		 		 	<u> </u>		0.4	
- 22		24			1,9		 	 		 		<u> </u>	1.5	
28	X	24			1.8	4		 					1.6	
- 43	X	24			1.9		-	 		 			1.5	
24 24 25 25 26 27 28 28	1 ^ 	24			1	1	 	 		 		 	,	
27	1	24			†			 				 		
1 76	 x	24			1.9	al .		†		1		†	2.5	
29	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' 	24					1		·					
30 Total	X	24		0	3.2	2		I					1.1	
		1										L		
Total			1641500) i										

Average 54717
Medimum 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



FLORIDA WATER LABORATORY

8 Oakwood Road - Winter Haven, FL 33880

	Phone (863) 965-2540 • Fax (86 Lab I.D. #E84567 • Margaret Rajpaul - Dir NELAC CERTIFIED	rector, Contact Person)		Sample Disinter	clant Chec	tion (Sec	n Detected	JU 7	U O L	Lyng/L
Report Nu	mber:Sub-Contrac	t Lab ID:		This sa	mple does	not me	et the follow	IND NELA	requiren	nents:
Analysis F	Requested: (check all that apply)		. .			<u></u>	~~~			
Total C	coliform/E-Coli Total Coliform/Fecal En	terocci U Colliert U I	HPC LLIC		-	- 		٦		
System I	Name: VIII G at Codess: SR GY E 20	Marle a	ach ,	, P W	/S I.D.		215 Ha	de Ode		70
				Fax #:		•				
-	r: X Over Const					e #:	969	<i>De</i>	199	
20ommu Private	•		ransient No ed Water	ncommu		er Syste Other_			led Use !	System
Distribu	for Sampling: (check all that apply) ution Routine Distribution Repeat DRaw nce Replacement (also check type of samp Collection Date: 9-29-15	ole being replaced) 🚨 B	nt) 🔲 Ra oli Water N	rw (trigge otice C	ered or at 2 Other _	86688M		o be com		
	To be completed by	collector of sample	T	T	T		Total Col	form Analys	is Method:	CIEEEPMI
Sample Number	Sample Point (Location or Specific Address)	Lab Sample Number	Collection Time	Sample Type ¹	Disinfect Res'd (mgL)	рН	Non	E coli Anal Total Coliform	Fecal or	Data
1/4	Well /	013433	1235	R	/	7.5		A		
3/4	Weel 2	013434	1240	R		26		A		
3/4	Church	013435	1245	11/2	2.20	H		14		
4/4	1062 Blue Jay	013436	1280	$ \mathcal{D} $	2.20	7.6		A		
	O									
non-tran	e of disinfectant residuals for routine and represent non-community systems serving population lant samples in the average.)	eat samples. (Complete fine up to and including 4,90	or commun 00. Do not	ity and include	2.20	The te		d in accords this report	nce with ME	ule 62-100, Tuble 1 EAC standards. to the analyses
Person	ctant Residual Analysis Method: DPO Cok performing analysis is (Please see instructions tifled operator (#	s on reverse): DEmployed by a certified			Date St	ate notifie	ed by lab of p	ositive rem	its	
☐ Autho	rvised by a cert. operator (#	Employed by DEP or D	ОН			nature	laga	18 S	130m	14/15
Na	me and Mailing Address of Person to R	eceive Report			Title		NIL	ח	P/DOH	USE ONLY
	Consta Flow, Inc 5574 Commercial Blvd		•	plete C at Samp	oles Req	juired (Replac	ement S	Samples	Required
	Winter Haven, Ft 33880				•					

Lab Receipt Date & Time:

Page 1 of 1

DEP 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 = SM92228 & D; MTF = 92218 & EC/MUG; MMO/MUG = SM92238; HPC = SM92158

Results: A = coliforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count

Kirstan /

BACTI FORM REVISED 01/04

Village of Charlie Creek (WATER REPORT)

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

		Intra Cont.							T
		METER 2	TRC	PH	TRC	PH	MULT.	1000	Bact.
PREV	43112			L			#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				f			10500		
18	44358		1.5		1.4		10500		
19				1			26333		
20	<u> </u>			1			26333		
21	44437		0.6		0.4		26333		
22		1					1000		
23	44439		1.9		1.5		1000		
24							52000		
25	44543		1.9		1.5		52000		
26				1			54000		
27							54000		
28	44705		1.9		2.5		54000		
29							34000		
30	44773		3.2		1.1		34000		
			1						
							1	İ	
Total Flow							1641500		
ADF				1			54717		
MAX			3.2		2.5		449500		
MIN			0.6		0.4		1000		

·

Effective August 28, 2003

General Information for the Month/Y	ear of: Monitoring	ng Period From: 10/	/01/15 To: 10/31/15		
Public Water System (PWS) Info	ormation				
	OF CHARLIE CREEK		PWS Identification	Number:	6250278
PWS Type: X Communit	ty Non-Transient Non-Co	mmunity	Transient Non-Con	nmunity C	onsecutive
Number of Service Connections	at End of Month:	153	Total Population Served	at End of Month:	168
PWS Owner:			***************************************		
Contact Person : MIKE SMA	LLRIDGE		Contact Person's Title:	UTILITY MAN	AGER
Contact Person's Mailing Addres		City: HOLIDAY		State: FL	Zip Code: 33890
Contact Person's Telephone Nur			Contact Person's Fax N	umber: 863-2	29-5991
Contact Person's E-Mail Address	s: UTILITYCONSULTA	NT@YAHOO.CC	M		
Water Treatment Plant Informati	on				
Plant Name: VILLAGE OF CH	ARLIE CREEK		Plant Telephone Number	er: 863-5	37-1971
Plant Address: SR 64 EAST		City: ZOLFO S	PRINGS	State: FL	Zip Code: 33873
Type of Water Treated by Plant:	X	Raw Ground V	Vater	Purchased Fir	nished Water
Permitted Maximum Day Operati	ing capacity of Plant, gallons pe	er day:	133,000		
Plant Category (per subsection	62-699.310(4), F.A.C.): V		Plant Class: (
Licensed Operators	Name		License Class	License Numb	er Day(s)/Shift(s) Worked
Lead/Chief Operator:	GAINES ALEXANDER	1	С	C-5472	12
Other Operators:	DANNY ALEXANDER		С	C-12379	
Certification by Lead/Chief Operato		The same and			Mars - Williams
I, the undersigned water treatme	nt plant operator license in Flor	ida, am the lead/ch	ief operator of the water	treatment plant ic	lentified in Part I of
I, the undersigned water treatme this report. I certify that the inform	mation provided in this report is	true and accurate t	to the best of my knowled	dge and belief. I c	ertify that all drinking
 the undersigned water treatmenthis report. I certify that the informater treatment, chemicals used 	mation provided in this report is I at this plant conform to NSF In	true and accurate t ternational Standar	to the best of my knowled to the best of my knowled to the best of my knowled to the best of the best	dge and belief. I constandards referen	ertify that all drinking
I, the undersigned water treatmethis report. I certify that the informater treatment, chemicals used 62-555.320(3), F.A.C. I also cert	mation provided in this report is I at this plant conform to NSF In tify that the following additional of	true and accurate to ternational Standar operations records	to the best of my knowled rd 60 or other applicable for this plant were prepa	dge and belief. I c standards referer red each day that	ertify that all drinking need in subsection a licensed operator
I, the undersigned water treatmethis report. I certify that the informater treatment, chemicals used 62-555.320(3), F.A.C. I also cert	mation provided in this report is I at this plant conform to NSF In tify that the following additional of	true and accurate to ternational Standar operations records	to the best of my knowled rd 60 or other applicable for this plant were prepa	dge and belief. I c standards referer red each day that	ertify that all drinking need in subsection a licensed operator
I, the undersigned water treatmenthis report. I certify that the informater treatment, chemicals used 62-555.320(3), F.A.C. I also cert staffed or visited this plant during	mation provided in this report is I at this plant conform to NSF In ify that the following additional or the month indicated above: (1)	true and accurate to iternational Standar operations records 1) records of amour	to the best of my knowled rd 60 or other applicable for this plant were prepa nts of chemicals used an	dge and belief. I c standards referer red each day that d chemical feed re	ertify that all drinking need in subsection a licensed operator ates: and (2) is
I, the undersigned water treatmenth this report. I certify that the informater treatment, chemicals used 62-555.320(3), F.A.C. I also cert staffed or visited this plant during applicable, appropriate treatments.	mation provided in this report is I at this plant conform to NSF In ify that the following additional of the month indicated above: (1 at process performance records.)	true and accurate to ternational Standar operations records 1) records of amour Furthermore, I agr	to the best of my knowled rd 60 or other applicable for this plant were prepa nts of chemicals used an tee to provide these addi	dge and belief. I c standards referer red each day that d chemical feed re tional operations	ertify that all drinking need in subsection a licensed operator ates: and (2) is
I, the undersigned water treatmenth this report. I certify that the informater treatment, chemicals used 62-555.320(3), F.A.C. I also cert staffed or visited this plant durin applicable, appropriate treatments of the PWS owner can retain the	mation provided in this report is I at this plant conform to NSF In tify that the following additional or the month indicated above: (1 the process performance records, em, together with copies of this	true and accurate to sternational Standar operations records 1) records of amour Furthermore, I agreeport, at a conven	to the best of my knowled rd 60 or other applicable for this plant were prepaints of chemicals used an ree to provide these additional location for at least	dge and belief. I c standards referer red each day that d chemical feed re tional operations	ertify that all drinking need in subsection a licensed operator ates; and (2) is records to the PWS owner
I, the undersigned water treatmenth this report. I certify that the informater treatment, chemicals used 62-555.320(3), F.A.C. I also cert staffed or visited this plant during applicable, appropriate treatments.	mation provided in this report is I at this plant conform to NSF In tify that the following additional or the month indicated above: (1 the process performance records, em, together with copies of this	true and accurate to ternational Standar operations records 1) records of amour Furthermore, I agr	to the best of my knowled rd 60 or other applicable for this plant were prepaints of chemicals used an ree to provide these additional location for at least the ANDER	dge and belief. I o standards referer red each day that d chemical feed re tional operations ten years.	ertify that all drinking need in subsection a licensed operator ates: and (2) is

			MONTHLY OPE	RATION REPO	RT FOR PWSs TRE	ATING RAW GROU	ND WATER C	R PURCH	ASED FINISH	D WATER				
				6250278			Plant Name			HARLIE CREE	ĸ			
PWS: Ide	ntrication Nu	imper:	·····	0230278			1 104 15) 754 116							
			Server of A. E. Server	المعارض الماسية		Monitoring Period Fr	om: 10/01/15	To: 10/31/	15					
Name :		rus Log Minis Is	nactivation / Rem	ovat.			Free Chlorine			Chlorine Dioxi	de		Ozone	Combined Chlorine(Chloramines)
Means of	Achieving Fo	our-Log Virus in Ultraviolet Rag	iacuvation / Remi	Ovar.	Other: (Describe):	الننا		-			-			
								Free Chlo	rine		Combined Ch	lorine(Cloram	ines)	Chlorine Dioxide
Type of L	isinfectant Re	esiqual Maintai	ned in Distribution							ale Sierra Sie	(45) A. (25)			
				CT Calculations	i, or UV Dose, to De	monstrate Four-Log Ct Calculations	VITUS IMECUVAL	ION, II ADD		1	UV Dose			왕병 경기를 되었다면 살아 살아 있다면 되었다.
						O VALUE OF THE PROPERTY OF THE	XXXXXXXX			373,474				있는 하지 않았다고 한 하고 들어 없다고 보다는데
							20 g					2 TO A 18 TO		[1] : [1] : [2] :
	l Value													[하] 1. 4. 2 [1] 이 경우 하는 하다 하는 다른 아니다 다.
								N 200 -67						[1] [40] 교육 - 맛있는데 맛요 합니다 이 시간 중요한 것이다.
1			25-86				Lowest CT							
							Provided							불통한 1. 2011년 12일 2011년 12일 2012년
1000		大切 田 (井本)			Lowest Residuel		Before or at		Link to the		Lowest	Minimum	Lowest Residual Disinfectant	
1	Days Plant				Disinfectant concentration	Disinfectant Contact Time (T) at	First Customer			1.50	Operating		concentration at	
Day of	Staffed or Visited by		Net Quality of		Before or at First	C Measurement	During Peak			Minimum CT,	UV Dose.	required,	Remote Point in	Emergency or Abnormal Operating Conditions; Repair or
the	Operator	Hours Plant	Finished Weter	Pesk flow rate	Customer During	Point During Peak	Flow, mp-	Temp of	pH of Water, I	Required mg	mW-	mW-	Distribution	Maintenance Work that Involves Taking Water System
month	(Place X)		Produced, gal	gpd	Peak Flow, mg/L	Flow, minutes	min/L	Water, C	Applicable	min/L	Sec.cm2	sec/cm2	System, mg/L	Components Out of Operation
			229500					i	1					
1 2	l x	24			2.8					1				
1 3	 	24												
4	1	24	237000)								<u> </u>		
5	Χ	24			2.6				ļ			 		
6		24			<u> </u>				<u> </u>	+		 		
7	X	24			3.5	4		-		 		 	 	
8	 	24				 		1		 				
10	1	24												
11		24	81750									<u> </u>		
12	X	24			3.5			ļ	ļ		ļ		ļ	
13		24			3.5		-	 	 	+	 	 	_	
15	×	24			3.5	ή	 	 	†	†	 	†	T	
16	X	24			2.3	3								
17	1	24	99000											
18		24						1	ļ		<u> </u>	1		
19	X	24			2,3	4	<u> </u>		 	-		 		
20	X	24			2.3		 	 	 	 	 	 	 	
22	 ^	24			 	1	 	 	†	1			†	
23	X	24	85500		2.2	Į.								
24		24	9750	o e								<u> </u>		
25		24	9750		ļ	J		 	-	+	-	 	 	
26	X	24			2.2	4	 	 	 	+	-	 	-	
27	1 x	24			2.2	,	 	+	 	+	 	-	 	
29	1	24			1		<u> </u>	†	1	1	†		1	
30	X	24	11700	0	29									
31		24												
Total			380625	0										

Average 122782

Maximum 238500

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

DEP Form G2-555 900(3)

Effective Aug X



ODIDA WATER I ARORATORY

	MIĎ FLORIDA WATER I	LABORATOF	RY		•	ate & Tin	1			
•	8 Oakwood Road - Winter Ha Phone (863) 965-2540 • Fax (8 Lab I.D. #E84567 • Margaret Rajpaul - Di NELAC CERTIFIED	63) 967-8601 rector, Contact Person D		Samp Sample Disinfe	l e Acce e Preservi ctant Che	ptance C ation 400 ick BNo	riteria: h ke	iotion lee	<u>.d: ()</u>	7./ mg/L
-	lumber;Sub-Contrac	at Lab ID:		i nis sa	impie ace	s not mee	I the follow	ving NELA	(C require	menis:
Analysis D Total	s Requested: (check all that apply) Coliform/E-Coli	nterocci 🔲 Colilert 🔲	ІНРС 🗔 (Other: _						
/ System	Name: MUY OF Chales Address: R 64 F 201	Creek Phip		PV 	VS I.D. County	عالیکا ک	7]5 Ha	O AUR	2	78
System	or Owner's Phone #:	<u> </u>		Fax#:			73. .			
Collect	or: Killert Deat	L. L		Collecto	or's Phor	ne #:	762	2	597	
Private Reason	Supply: (check only one) nunity Water System	□ Bot w (triggered or assessme		aw (trigge	ered or a	Other_	ent) additi	onal (] Well S	
	Collection Date: 10-29-15				_					
Sample	To be completed by	y collector of sample					To	be con	npleted i	oy lab
			ı	İ			IOISI COI	form Analy		122275
Sample Number	Sample Point (Location or Specific Address)	Lab Sample Number	Collection Time	Sample Type ¹	Disinfect Res'd	рН	Non	Total	Fecal or E. coli	Data
1/4	Week / - according	1492	20810	R	/	7.4		A		
13/4	Well 2	014923	1	R		75		A		
3/4	1011 Morgan Brice	014924	0820	1030	2,20	715		A		
4/4	1243 Mockinghard	014925	0830	D	2,20	7.3		A		
ĺ	U							<u></u>		
						Ę.				
non-tra	e of disinfectant residuals for routine and repensions to a community systems serving population plant samples in the average.)	Leat samples. (Complete as up to and including 4,5	for communi 900. Do not i	ity and nclude	2.20	The test	re performe	d in accorda his report :	nce with NE	Lac standards. to the analyse
Persor A ce		orimetric □ Other: s on reverse): □ Employed by a certified □ Employed by DEP or D			Date Sta	VS notified	by lab of po	ositive resul		1/30/15
Na	rme and Mailing Address of Person to R	eceive Report			Title:	11/1	10.1	614	1 Long	10F 01***
:	The state of the s		Date Rev	olete Co t Samp riewed l	les Req by DEP	uired 🗖 /DOH:	Replace		Samples	JSE ONLY Required
1 1	the first of the four form		DEP/DO	H Revie	wing O	fficial: _				

0

11/2 DEP S

Village of Charlie Creek (WATER REPORT)

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

		(AAVIEK H				·			
		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	2		1	85500		
24							97500		
25						1	97500		
26	45512		2.2				97500		
27						T	101250		
28	45557		2.2				101250		
29							117000		
30	45609		2.9			1	117000		
31	45637						126000		
						<u> </u>	1		
Total Flow					T		3806250		
ADF						1	122782		
MAX			3.5				238500		
MIN			2.2				81750		

1. G	eneral Information for the Month/Year of	. Monitoring	Period From: 11/	01/15 To: 11/30/15		
A.	Public Water System (PWS) Information	on				
	PWS Name: VILLAGE OF CH	ARLIE CREEK		PWS Identification		6250278
	PWS Type: X Community	Non-Transient Non-Com	munity	Transient Non-Com		onsecutive
	Number of Service Connections at End	of Month:	153	Total Population Served	at End of Month:	168
	PWS Owner:					
	Contact Person : MIKE SMALLRID	GE		Contact Person's Title:	UTILITY MAN	
	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 Nu	mber: 863-2	29-5991
	Contact Person's E-Mail Address:	UTILITYCONSULTAN	T@YAHOO.CC	M		
B.	Water Treatment Plant Information					
	Plant Name: VILLAGE OF CHARLIE	CREEK		Plant Telephone Number		37-1971
	Plant Address: SR 64 EAST		City: ZOLFO S	PRINGS	State: FL	Zip Code: 33873
	Type of Water Treated by Plant:	x	Raw Ground W	/ater	Purchased Fi	nished Water
	Permitted Maximum Day Operating ca	pacity of Plant, gallons per d	lay:	133,000		
	Plant Category (per subsection 62-699	9.310(4), F.A.C.): V		Plant Class: C		
	Licensed Operators	Name		License Class		per Day(s)/Shift(s) Worked
	Lead/Chief Operator:	GAINES ALEXANDER		C	C-5472	
	Other Operators:	DANNY ALEXANDER		С	C-12379	12
11. (Certification by Lead/Chief Operator					
	I, the undersigned water treatment pla	nt operator license in Florida	a, am the lead/ch	ief operator of the water t	reatment plant is	dentified in Part I of
	this report. I certify that the information	provided in this report is tru	ue and accurate t	o the best of my knowled	ge and belief. I o	certify that all drinking
	water treatment, chemicals used at thi	s plant conform to NSF Inter	rnational Standar	d 60 or other applicable s	standards refere	nced in subsection
	62-555.320(3), F.A.C. I also certify tha	t the following additional ope	erations records	for this plant were prepare	ed each day that	a licensed operator
	staffed or visited this plant during the	month indicated above: (1) i	records of amour	its of chemicals used and	chemical feed	ates; and (2) is
	applicable, appropriate treatment proc	ess performance records. F	urthermore, I agr	ee to provide these additi	onal operations	records to the PWS owner
	so the PWS owner can retain them, to	gether with copies of this re	port, at a conven	ient location for at least to	en years.	
	(L) Audu al alaxa	2015/12/10	DANNY ALEX	ANDER		C-12379
	Signature and Date		Printed or Type	ed Name	- τ	icense Number

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

•			MONTHLY OPE	RATION REPO	RT FOR PWSs TRE	ATING RAW GROU	ND WATER	OR PURCH	ASED FINISHE	D WATER				
PWS: Ide	ntification Nu	mber:		6250278			Plant Name:		VILLAGE OF C	HARLIE CREE	K			
						Monitoring Period Fr			15				-	
Means of	Achieving Fo	our-Log Virus In Ultraviolet Rad	nactivation / Remo	oval: *	Other: (Describe):	×	Free Chlorin	e		Chlorine Dioxi	de		Ozone	Combined Chlorine(Chloramines)
Type of D			ned in Distribution	n System:				Free Chlo	rine		Combined Ch	lorine(Cloram	ines)	Chlorine Dioxide
7,000		***			, or UV Dose, to De	named Parking	Vince in a second		and the same of					
						C.C.C.C.C.			1000	2.30	UV Dose	14. C. S. S. S. S. S. S.	19 m	
Čuly of Sne	Days Plant Status or Visited by Operator	Hous Plant	Net Quelity of Final ad Water	Peak Sov rate	Below or at First Customer During	Disinfectant: Contact Tase (1) Bit C Messurement: Pork During Pasis	During Peak Flow, mg-		pH of Wave, 8	Molecum CT, Respured ing		Minaraum UV Dose regulact, mW-	Lovest Residual Disinfectant opportration at Remote Point in Distribution	Emergency of Abritamial Operating Conditions, Replair or Maintenance Work that involves Taking Water System Components Out of Operation
month	(Place X)	in Operation	Produced, get	, gpt.	Peak Flow, mgs.	Flow, minutes	mireL	Water, C	Applicable	min/t.	Sec.em2	seciom2	System, mg/L	Congoneris Cox of Comment
1.		24												
2	X	24			29			ļ		<u> </u>	ļ		1.5	
3		24						 		 		 	1.4	
	X	24			1.7		}	 		 	<u> </u>	 	1.4	
		24			2.9			├		 	 	 	1.5	
19	X	24 24			2.8			 	<u> </u>	 	 			
		24			 		 	 				 		
•	×	24			2.9		 	 			i		1.5	
10	- ^ -	24												
- 11	×	24			17								1.4	
12		24												
13	X	24	19000		1.6					1			13	3
14		24										<u> </u>		
-16		24								↓		ļ		
- 18	X	24			14					 		 	1 1	<u> </u>
- 17		24			ļ		 	 	}	 		 	15	
	×	24			2.2		 	+	 	 	 	 	<u> </u>	
19	 	24 24			28		 	+		 	 	 	2.3	
20	X	24			1		t	1 	 	 		 		
23	1	24			 		†	1		1				
23	X	24			3.5					T			2.9	
34	1	24												
25	×	24			2.8							L	2 3	3
25		24	21667	1										
23	d	24								1		<u> </u>		
28		24										ļ	1	
- 39		24					ļ		!	 	}		2:	
30	X	24	21667	1	2.8		 	 	 	 	 	 		
Total	L	<u> </u>	611333	1	1			1	1	J	<u> </u>		<u> </u>	

DEP Form 62-555 900(3)

Effective Aug X

Asses 20378
Secure 2900
*Refer to the instructions for this report to determine which plants must provide this information



B FLORIDA WATER LABORATORY

Report Nu	8 Oakwood Road - Winter Hav Phone (863) 965-2540 • Fax (86: Lab I.D. #E84567 • Margaret Rajpaul - Dire NELAC CERTIFIED umber:Sub-Contract	ren. FL 33880 3) 967-8601 actor, Contact Person	Disinfectant Check UNot Detected						mg/L_
SievlenA	Requested: (check all that apply)		L						
🛭 Total C	Coliform/E-Coli 📮 Total Coliform/Fecal 🖵 Ent						7 []		
System	Name: Village at (houlie (Kiek	PW	s I.D.	2 6		21	78
System A	Address: SR 64 E				County:	ara	VV.		
System o	or Owner's Phone #; Description: ** Best			Fax #: Collecto	r's Phone #:	965	- 2	J 90	<u> </u>
			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			•		•	•
Commi	Supply: (check only one) unity Water System	•	transient No led Water		nity Water Syste		Limit	ed Use	System
N Distrit	nution Routine Distribution Repeat DRaw	v (triggered or assessme	ent) 🗆 Ra	w (trigge	red or assessm	ent) additi	onal 🗆	Well Su	ırvey
Cleara	ance Replacement (also check type of sample	e being replaced) 🚨 I	Boil Water N	otice 🗆	Other				AND THE PROPERTY OF THE PROPER
	Collection Date:								
	To be completed by						be com		
	D. 1. O.: 1.	Lab Sample	Collection	Sample	Disinfect		orm Analys . coli Analy		
Sample Number	Sample Point (Location or Specific Address)	Number	Time	Type ¹	Res'd	Non Coliform	Total Coliform	Fecal or E. coli	
1/4	Well !		0900	R.	170				
9/4	Well Z		1305	R	76				
3/4	Rub house		25/12	()	2.2076				
4/4	1154 Spanow		19915	1)	2.23 71				<u></u>
	V	4							
non-tra	e of disinfectant residuals for routine and repensions to a community systems serving populations plant samples in the average.)	at samples. (Complete s up to and including 4,8	for commun 900. Do not i	ity and nclude	The tes	are performe	d in accorda this report (nce with NE	ule 62-160, Table 1 LAC standards to the analyse
Persor	ectant Residual Analysis Method: PPD Colo performing analysis is (Please see instructions	rimetric Other: on reverse): Demployed by a certifie	d lab		Date PWS notifie				
Supe	ertified operator (#	Employed by DEP or D	ЮН		Lab Signature:				
		aceive Penort			Title:				
Ne	ame and Mailing Address of Person to Re Consta Flow, Inc	eceive Report	□ Satisfa □ Incom	plete C	ollection Inform	nation			USE ONLY
	5) /4 Commercial Blvd Wester Haven, FL 33557		Date Re	viewed	les Required (by DEP/DOH: wing Official:				

Page 1 of 1

**DEP 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

Village of Charlie Creek (WATER REPORT)

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

DAY	METER 1	METER 2	TRC	PH	TRC	PH	MULT.	1000	Bact.
PREV	45637						#REF!		
1	70001						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	7"	
Total Flow							611333		
ADF							20378		
MAX			3.5		2.9		29000		
MIN			1.4		1.1		3000		

I. Ge	eneral Information for the Month/Year of	. Monitoring	Period From: 12/01	/15 To: 12/31/15		
A.	Public Water System (PWS) Informati	on	District Control			
	PWS Name: VILLAGE OF CH			PWS Identification	Number:	6250278
	PWS Type: X Community	Non-Transient Non-Com	nmunity	Transient Non-Con	nmunity C	onsecutive
	Number of Service Connections at En	d of Month:	153 To	otal Population Served		168
	PWS Owner:					100
	Contact Person: MIKE SMALLRIE	OGE	IC	ontact Person's Title:	UTILITY MAN	AGER
	Contact Person's Mailing Address:	3336 GRAND BLVD	City: HOLIDAY		State: FL	Zip Code: 33890
	Contact Person's Telephone Number:	352-302-7406		ontact Person's Fax N		29-5991
	Contact Person's E-Mail Address:	UTILITYCONSULTAN			000 2	20 0001
3.	Water Treatment Plant Information					
	Plant Name: VILLAGE OF CHARLIE	CREEK	lp!	ant Telephone Number	er 863-5	37-1971
	Plant Address: SR 64 EAST		City: ZOLFO SPF		State: FL	Zip Code: 33873
Ţ	Type of Water Treated by Plant:	Y	Raw Ground Wat		Purchased Fire	
- 7	Permitted Maximum Day Operating ca	pacity of Plant, gallons per	day:	133,000	1 dichaseu i ii	islied vvalei
- 1	Plant Category (per subsection 62-69	9.310(4), F.A.C.): V		ant Class: C		
	Licensed Operators	Name		License Class		er Day(s)/Shift(s) Worked
	Lead/Chief Operator:	GAINES ALEXANDER		C	C-5472	eq Day(s)/Still(s) vvolked
	Other Operators:	DANNY ALEXANDER		C	C-12379	12
- 1		JENNIFER ALEXANDER	3	C	C-21471	12
					1021111	
- 1						
,						
- 4						
Ce	ertification by Lead/Chief Operator				New York Tell Complete	
Ce	ertification by Lead/Chief Operator I, the undersigned water treatment plan	nt operator license in Florida	a, am the lead/chief	operator of the water	treatment plant id	entified in Part Lof
	I, the undersigned water treatment planthis report. I certify that the information	provided in this report is tru	ue and accurate to t	he best of my knowled	de and helief I co	artify that all drinking
	I, the undersigned water treatment planthis report. I certify that the information water treatment, chemicals used at this	n provided in this report is true s plant conform to NSF Inter	ue and accurate to t rnational Standard 6	he best of my knowled	ige and belief. I co	ertify that all drinking
	I, the undersigned water treatment planthis report. I certify that the information water treatment, chemicals used at this	n provided in this report is true s plant conform to NSF Inter	ue and accurate to t rnational Standard 6	he best of my knowled	ige and belief. I co	ertify that all drinking
	I, the undersigned water treatment plain this report. I certify that the information water treatment, chemicals used at this 62-555.320(3), F.A.C. I also certify tha	n provided in this report is tru s plant conform to NSF Intel t the following additional op	ue and accurate to t rnational Standard (erations records for	he best of my knowled 60 or other applicable this plant were prepar	dge and belief. I co standards referen- red each day that	ertify that all drinking ced in subsection
	I, the undersigned water treatment planthis report. I certify that the information water treatment, chemicals used at this 62-555.320(3), F.A.C. I also certify the staffed or visited this plant during the	n provided in this report is tru s plant conform to NSF Inter t the following additional op- month indicated above: (1) (1)	ue and accurate to to rnational Standard 6 erations records for records of amounts	he best of my knowled 50 or other applicable this plant were prepar of chemicals used and	dge and belief. I constant of the standards referenced each day that the chemical feed re-	ertify that all drinking ced in subsection a licensed operator
	I, the undersigned water treatment planthis report. I certify that the information water treatment, chemicals used at this 62-555.320(3), F.A.C. I also certify the staffed or visited this plant during the applicable, appropriate treatment process.	n provided in this report is true s plant conform to NSF Inter t the following additional op- month indicated above: (1) ness performance records. F	ue and accurate to t rnational Standard (erations records for records of amounts urthermore, I agree	he best of my knowled 50 or other applicable this plant were prepar of chemicals used and to provide these addit	dge and belief. I constandards referent red each day that discharged feed rations references	ertify that all drinking ced in subsection a licensed operator
	I, the undersigned water treatment planthis report. I certify that the information water treatment, chemicals used at this 62-555.320(3), F.A.C. I also certify that staffed or visited this plant during the applicable, appropriate treatment processo the PWS owner can retain them, to	n provided in this report is true s plant conform to NSF Inter t the following additional op- month indicated above: (1) it ess performance records. F gether with copies of this re	ue and accurate to ternational Standard (erations records for records of amounts furthermore, I agree port, at a convenien	he best of my knowled 50 or other applicable this plant were prepar of chemicals used and to provide these addit t location for at least to	dge and belief. I constandards referent red each day that discharged feed rations references	ertify that all drinking ced in subsection a licensed operator ites; and (2) is ecords to the PWS owner
	I, the undersigned water treatment planthis report. I certify that the information water treatment, chemicals used at this 62-555.320(3), F.A.C. I also certify that staffed or visited this plant during the applicable, appropriate treatment process the PWS owner can retain them, to the public of	n provided in this report is true s plant conform to NSF Inter t the following additional op- month indicated above: (1) ness performance records. F	ue and accurate to ternational Standard (erations records for records of amounts furthermore, I agree port, at a convenien DANNY ALEXAN	he best of my knowled 50 or other applicable this plant were prepar of chemicals used and to provide these addit t location for at least to DER	dge and belief. I constandards referent standards referent red each day that dichemical feed rational operations renyears.	ertify that all drinking ced in subsection a licensed operator ites; and (2) is ecords to the PWS owner
	I, the undersigned water treatment planthis report. I certify that the information water treatment, chemicals used at this 62-555.320(3), F.A.C. I also certify that staffed or visited this plant during the applicable, appropriate treatment processo the PWS owner can retain them, to	n provided in this report is true s plant conform to NSF Inter t the following additional op- month indicated above: (1) it ess performance records. F gether with copies of this re	ue and accurate to ternational Standard (erations records for records of amounts furthermore, I agree port, at a convenien	he best of my knowled 50 or other applicable this plant were prepar of chemicals used and to provide these addit t location for at least to DER	dge and belief. I constandards referent standards referent red each day that dichemical feed rational operations renyears.	ertify that all drinking ced in subsection a licensed operator ites; and (2) is ecords to the PWS owner

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER Plant Name: VILLAGE OF CHARLIE CREEK 6250278 PWS: Identification Number Monitoring Penad From: 12/01/15 To: 12/31/15 B. Daily Data for the Month/Year of: X Free Chlorine Ozone Combined Chlorine(Chloramines) Chlorine Dioxide Means of Achieving Four-Log Virus Inactivation / Removal: * Other: (Describe): Ultraviolet Radiation Free Chlorine Type of Disinfectant Residual Maintained in Distribution System: Combined Chlorine(Cloramines) Chlorine Dioxide CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*
Ct Calculations UV Dose Lowest CT Provided Lowest Residual Before or at Lowest Residual First Minimum Disinfectant DisInfectant Disinfectant Lowest Days Plant Staffed or concentration Contact Time (T) at Customer Operating UV Dose concentration at Before or at First C Measurement During Peak UV Dose. Remote Point In Emergency or Abnormal Operating Conditions; Repair or Day of Visited by Net Quality of Minimum CT. required, Flow, mg-Customer During Maintenance Work that Involves Taking Water System Hours Plant | Finished Water | Peak flow rate Point During Peak Temp of pH of Water, If Required mg mWmW-Distribution the Operator Water, C Applicable Components Out of Operation Peak Flow, mg/L System, mg/L month (Place X) in Operation | Produced, gal , gpd Flow, minutes min/L min/L Sec.cm2 sec/cm2 94500 29 24 24 94500 X 24 139500 24 4 X 24 139500 24 150000 24 150000 24 150000 29 24 Х 24 177750 8 24 23 8 28 24 10 117000 11 24 117000 24 21 24 129000 12 24 13 129000 14 20 129000 15 24 78750 16 X 24 78750 23 2.0 24 85500 17 18 85500 19 24 96000 24 20 96000 21 24 96000 24 2.1 24 76500 23 24 76500 24 2.1 24 94500 24 25 28 24 94500 24 96000

21

96000

96000

90000 90000

90000 3411000

110032

24

24

24

24

24

DEP Form 62-555 900(3)

Effective Aug X

27

28

29

31

Maximum

Total Average

¹⁷⁷⁷⁵⁰ *Refer to the instructions for this report to determine which plants must provide this information



FLORIDA WATER LABORATORY

8 Oakwood Road - Winter Haven, FL 33880

	Phone (863) 965-2540 • Fax (86 Lab I.D. #E84567 • Margaret Rajpaul - Dir NELAC CERTIFIED		Sample Acceptance Criteria: Sample Preservation of or ice Unit on ice U 5 3 °C Disinfectant Check Not Detected							
Report Nu	mber:Sub-Contract	This sai	nple does	not mee	t the followi	ng NELAC	C requirem	ents:		
Total C	Requested: (check all that apply) oliform/E-Coli Total Coliform/Fecal En					7][1			
	Name: Village @ Charl			- PW			ard			7 8
ystem A	ddress:			Fav #	A STATE OF THE STATE OF					
ystem o	r Owner's Phone #:			Collecto	r's Phone	e#:	965	-25	99	
Communication Co	Supply: (check only one) unity Water System Noncommunity Wate Well Swimming Pool		ansient No		nity Wate	er Syste		Limit	ted Use S	
Distrib	for Sampling: (check all that apply) ution Routine Distribution Repeat Ran nce Replacement (also check type of samp	ole being replaced) 🚨 Bo	t) 🔲 Ra oil Water N	w (trigge otice	ered or as	sessm	ent) additio	onal C	Well Su	rvey
Sample	Collection Date: 12-22-15									
	To be completed by	collector of sample							pleted b	y lab
Sample Number	Sample Point (Location or Specific Address)	Lab Sample Number	Collection Time	Sample Type ¹	Disinfect Res'd	pН	Fecal or E Non	coli Analy	Fecal or	
1/4	well 1	017951	_	_	/	7.5		Α		
2/4	well 2	017952	_		/	7.5		A		
3/4	Chirds	017953	1715	D	2.20	7.5		A		
4/4	wf 283	017954	1720	D	2.20	7,6		Α		
	e of disinfectant residuals for routine and rep	eat samples (Complete fo	or commun	nity and		Ш				de 82-180, Table 1
non-tra	e of distribution in the analysis of the arrange of	ns up to and including 4,90	00. Do not	include	2.20	The ter	are performe st results in s samples sub	his report	ince with NE only relate	LAC standards to the analyse
Person A ce		orimetric Other:s on reverse): Carphoyed by a certified Employed by DEP or DC			02000	ate notifie	d by lab of posts to be lab of posts lab of		1	2/24/
Na	me and Mailing Address of Person to R	Receive Report			Title.	10	MC	DE	EP/DOH I	ISP ONLY
	Consta Flow, Inc 5574 Commercial Blvd		□ Satisfi □ Incom □ Repe	plete C	ollection	Informuired [nation Replac		20.0.110.110.00.	Required
	Winter Haven, FL 33880	Date Reviewed by DEP/DOH: DEP/DOH Reviewing Official:								
BACTI FORM RE	Winter Haven, FL 33880 **DEP Sample Type Codes: D - Distribution (Routine Companalysis Methods: MF = SM9 Results: A = coliforms are abset	Page 1 of 1 pliance); C = Repeat or Check; 8 1222B & D; MTF = 9221B & EC/I ont, P = coliforms are present; C	Date Re	H Reviewed H Reviewed Entry to	by DEP ewing O	/DOH: /fficial:	ant Tap, S =			

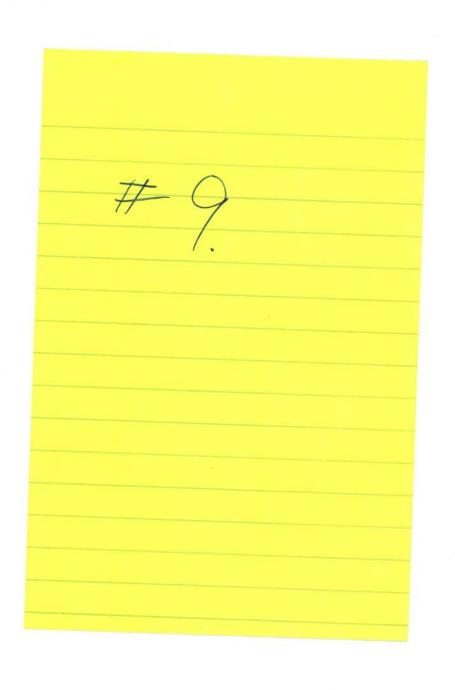
Lab Receipt Date & Time

Analysis Date & Time:

PLANT NAME: Village o

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

(WATER REPORT)												
DAY		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						<u> </u>	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					



Charlie Creek Utilities, LLC

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 Custom	ners Billed	13													
<u>General</u>															
		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 Custom	ners Billed	1													
<u>Unused</u>															
		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 Custom	ners Billed	1													
D				66280		\$0.00		\$0.00		\$0.00		\$10.00	THE RESERVE OF THE PARTY OF THE	\$170.20	w - No - 1 - 199 *
Report				\$37.31	\$90.00		\$0.00		\$0.00		\$0.00		\$137.31		\$307.51
Totais	# of Cust E	Billed	14			0	0	0				2			

Charlie Creek Utilities, LLC

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 E	Billed 146													
<u>General</u>														
	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 E	Billed 13													
<u>Unused</u>														
	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 E	Billed 1													
_			190474		\$0.00		\$0.00		\$0.00		\$400.00		\$1,149.75	
Report			\$2,946.99	\$2,145.00		\$0.00		\$0.00		\$0.00		\$5,491.99		\$6,641.74
Totals # of	f Cust Billed	147			0	0	0				80			

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

water

<u>water</u>	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 water # of Customers Bi	lied 150		551592 \$2,383.56	\$2,130.00	\$72.00	\$40.00	\$0.00	\$0.00	\$0.00	\$0.00	\$245.00	\$4,870.56	\$945.22	\$5,815.78
General		Beginning	Usage	Water	Other	Other	Sewer	Local	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total General	Date	Ending	11250 \$0.00	\$0.00	Amount \$0.00	Amount \$0.00	\$0.00	Tax \$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$67.87	\$67.87
# of Customers Bi	illed 16		562842		\$72.00		\$0.00		\$0.00		\$245.00		\$1,013.09	The second secon
Report Totals # of	Cust Billed	150	\$2,383.56	\$2,130.00	24	\$40.00 2	0	\$0.00		\$0.00	49	\$4,870.56		\$5,883.65

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

	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								·					
<u>General</u>														
	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	1 14													
B 4			713983		\$119.00		\$0.00		\$0.00		\$215.00		(\$423.09)	
Report			\$2,796.78	\$2,190.00		\$75.00		\$0.00		\$0.00		\$5,395.78		\$4,972.69
Totals # of Cus	t Billed	147			40	4	0				43			

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

W	ater

	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 Bille	161								^					
<u>General</u>														
	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 Bille	d 11													
<u>Unused</u>														
	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 Bille	d 1													Carrieron II
			768565		\$89.50		\$0.00		\$0.00		\$260.00		\$331.10	
Report			\$3,438.86	\$2,220.00		\$0.00		\$0.00		\$0.00		\$6,008.36		\$6,339.46
Totals # of Cu	st Billed	162			30	0	0				52			

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

	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 # of Customers Bille	d 152		\$2,834.73	\$2,205.00		\$0.00		\$0.00		\$0.00		\$5,413.73		\$5,013.15
General														New Park
	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 # of Customers Bille	d 12		\$0.00	\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00
Report			674692		\$134.00		\$0.00		\$0.00		\$240.00		(\$400.58)	No. 10 - 10-0
Totals	st Billed	152	\$2,834.73	\$2,205.00	45	\$0.00 O	0	\$0.00	•	\$0.00	48	\$5,413.73		\$5,013.15

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

W	a	te	r

	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 water	ed 152		754989 \$3,306.23	\$2,145.00	\$137.83	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$220.00	\$5,809.06	\$258.49	\$6,067.55
# of Customers Bill	90 152			,										
<u>General</u>														
	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 Bill	ed 13										- 4			
<u>Unused</u>														
	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 Bill	ed 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 C	ust Billed	154			47	0	0				44			

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

	Date	Beginning Ending	Usage	Water	Other Amount	Other Amount	Sewer Amount	Locai 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	· · · · · · · · · · · · · · · · · · ·												E = 100 1000
<u>General</u>														
	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					74 - 4								
D			786891		\$155.50		\$0.00		\$0.00		\$295.00		\$59.50	
Report			\$3,525.04	\$2,190.00		\$0.00		\$0.00		\$0.00		\$6,165.54		\$6,225.04
Totals # of Cust	Billed	158			52	0	0				59			

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

	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													
<u>General</u>														
	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				A - 1.001 / WHITE TO THE RESIDENCE									
<u>Unused</u>														
	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													* * * * * * * * * * * * * * * * * * *
D		debinor 1 (A. a. hard per 11 op 11 o	627900		\$155.50		\$0.00		\$0.00		\$245.00		\$7.69	
Report			\$2,390.71	\$2,190.00		\$0.00		\$0.00		\$0.00		\$4,981.21		\$4,988.90
Totals # of Cus	t Billed	153			52	0	0				49			

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	450		\$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													
<u>Unused</u>														
	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			694083		\$135.00		\$0.00		\$0.00	· · · · · · · · · · · · · · · · · · ·	\$235.00		(\$424.82)	
Totale			\$3,260.02	\$2,145.00		\$0.00		\$0.00		\$0.00		\$5,775.02		\$5,350.20
# of Cust	Billed	151			45	0	0				47			

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 water # of Customers Bille	ed 155		694726 \$3,077.49	\$2,175.00	\$117.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$260.00	\$5,629.49	\$721.41	\$6,350.90
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 Bille	ed 12													
<u>Unused</u>														
	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 Bill	edi 1													
			695536		\$117.00		\$0.00		\$0.00		\$260.00		\$719.30	
Report			\$3,077.49	\$2,175.00		\$0.00		\$0.00		\$0.00		\$5,629.49		\$6,348.79
Totals # of Co	ust Billed	155			39	0	0				52			

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													War edi
<u>General</u>														
	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													TOTAL COLOR
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 # of Customers Billed	1			\$5.00				\$0.00		\$0.00		\$5.00		\$0.00
<u>Unused</u>														
	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 # of Customers Billed	2			\$32.62				\$0.00		\$0.00		\$32.62		(\$32.84)

<u>Unused</u>

	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 Custon	mers Billed 1													
Report Totals			532270		\$146.50								\$66.44	
			\$2,172.05	\$2,160.00		\$0.00		\$0.00		\$0.00		\$4,718.55		\$4,784.99
	# of Cust Billed	153			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 ¾ " service lines.

There are no Fire Hydrants.

There is one 4" PVC fire Flow stand pipe.