# State of Florida



# **Public Service Commission**

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

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

DATE:

December 22, 2015

TO:

Carlotta S. Stauffer, Commission Clerk, Office of Commission Clerk

FROM:

Clayton Lewis, Engineering Specialist, Division of Engineering

RE:

Docket No. 150224-WU - Application for staff-assisted rate case in Polk County by

Pinecrest Utilities, LLC.

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

Thank you.

### **Terri Jones**

c	ra	m	•
г	ıv		١.

Clayton Lewis

Sent:

Tuesday, December 22, 2015 1:25 PM

To:

Terri Jones Robert Graves

Cc: Subject:

Docket No. 150224 - Pinecrest Utility (MOR's for 2015)

Attachments:

2014.12.31.Water Report.pdf; 2015.01.31.Water Report.pdf; 2015.02.28.Water Report.pdf; 2015.03.31.Water Report.pdf; 2015.04.30.Water Report.pdf; 2015.05.31.Water Report.pdf; 2015.06.30.Water Report.pdf; 2015.07.31.Water Report.pdf; 2015.08.31.Water Report.pdf; 2015.09.30.Water Report.pdf; 2015.08.31.Water Report.pdf; 2015.09.30.Water Report.pdf; 2015.00.00.Water Report.pdf; 2015.00.00.Water Report.pdf; 2015.00.00.Water Report.pdf; 2015.00.00.Water

2015.10.31.Water Report.pdf; 2015.11.30.Water Report.pdf

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

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

Thank you

**From:** Mike Smallridge [mailto:utilityconsultant@yahoo.com]

Sent: Tuesday, December 22, 2015 11:36 AM

To: Clayton Lewis

Subject: Fw: Pinecrest Utility MOR's for 2015

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

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

Thank you, Evelyn

Office: 727-937-3293 Fax: 727-940-2907

utilitymessage@yahoo.com

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

Hi Mike,

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

Dan

PLANT NAME:

Pinecrest WTP (WATER REPORT)

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

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

I General	Information for the Month	Veorot	Monitor	ing Period Fro	m: 12/01/	14 To: 12/31	/14	<del></del>		
A.	Public Water System (P									
• ••	PWS Name:	PINECREST RANCHE	S				PWS Identification I	Vumber;		6535079
	PWS Type:	Community	Non-Transient Non-C	community	<del></del>		Transient Non-Comr	nunity	Cons	secutive
		nections at End of Month		178		Total Popu	ation Served at End o	f Month:		
	PWS Owner:	Mike Smallridge				······				
	Contact Person :	Mike Smallridge	······································			Contact Pe	rson's Title:	PRESIDE	TV	
	Contact Person's Mailin	g Address:	P.O. BOX1798	City: Eaton	Park			State:	FĽ,	Zip Code: 33840
	Contact Person's Telepl	hone Number.	352-302-7406			Contact Pe	rson's Fax Number:			
	Contact Person's E-Mai	l Address:	utilityconsultant@y	ahoo.com						
В.	Water Treatment Plant	Information								
	Plant Name:	Pinecrest Utilities				Plant Telep	hone Number:		863-647-1581	
	Plant Address:	Citrus Highlands Drive	off Hankin Rd.	City: Bartov	7			State:	FL	Zip Code: 33830
	Type of Water Treated	by Plant		Raw Groun	d Water	X		Purchased	Finished Water	
	Permitted Maximum Da	y Operating capacity of I	Plant, gallons per day:				150,000			
	Plant Category ( per sul	osection 62-699.310(4),	F.A.C.): V			Plant Class				
						ikaratuwa 444	License Class.	License N	umber	
	Lead/Chief:Operator:	Cherality 2005	GAINES ALEXANDE				С	C-5472		14
	Other Operators:		DANNY ALEXANDER				C	C-12379		
			JENNIFER ALEXANI	DER			С	C-21471		
							<u> </u>			
	Other Operators:									
									,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
II. Certific									Hill House His Same	Alle Called The Alember 1982 (1997)
		r treatment plant operato								
		the information provided								
		cals used at this plant co								
		also certify that the follow								
		ant during the month inc								
	applicable, appropriate	treatment process perior	mance records, Funner	more, i agree to	provide th	ese additioan	operations records to	the PWS		
	AVVIIIII	remin them, together wit	th copies of this report, a 2015/01/12	at a convenient Gaines Ale	xander	at least ten ye	ears,		· .	C-5472

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

Printed or Typed Name

License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER 6525079 PIUM Nume: FINECREST RANCHES

III. Daily Dala for the MentuYear of:

Means of Actheving Four-Log Virus Instavation / Removal: \*

Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:

CT Calculations, or UV Done, to Demonstrate Four-Log Virus fractivation, #Applicable\*

UV Done

UV Done Day of the PWS. Identification Number Days

Plant

Plant

Plant

Staffed or Hours

Visited by Plant in Produced, F
Operator Operation gat in Net Quality of Finished Water Peak flow rate , gpd Lowest Residual
Residual
Disinfectant
concentratio
n Before or
at First
Customer
During
Peak Flow, mg/L 2.5 0.5 Disinfecta nt Contact Time (T) at C of Measure ment Point During Peak Flow. Lowest
CT
Provided
Before or
al First
Customer
During
Peak
Flow, mg-Temp of Water, C pH of CT, U Lowest Minimum Remote

Corperating UV Dose Point in C

UV Dose, required, Distribution with mW
M. Second section mg/L

Corporating to the major of Lowest Residual Disinfecta nt Ozone a Emergency or Abnormal or Operating Conditions; Repair or to Maintenance Work that Involves n. Taking Water System Components Out of Operation Combined Chlorine(Chloramines)

Effective August 26, 2003

DEP Form 62-955 900(3)



# DRINKING WATER **BACTERIOLOGICAL ANALYSIS**

	MID FLORIDA WATER	LABORATOF	<b>RY</b>	Lab R	eceipt D	ate & T	îme		<del>                                     </del>	Lam.	
•	8 Oakwood Road - Winter Ha Phone (863) 965-2540 • Fax (8 Lab I.D. #E84567 • Margaret Rajpaul - D NELAC CERTIFIE	163) 967-8601 irector, Contact Person D		Sample Sample Disinfe	ctant Che	ptance ation S ck (91	Cr On Not I	iteria; lce □ N Delected	lot On Ice	0 <u>3.6</u> 0	mg/L
	Sub-Contra	ct Lab ID:		This sa	imple doe	s not m	eet	ine follow	ring NELA	C require	ments:
	s Requested: (check all that apply) Collform/E-Coll	nterocci 🔲 Colilert 🔲	HPC 🖸	Other:					-		
7					/S LD		7	15	7		; C
	Name: PINCCLOUT HOM								لكال	$\Box$	44
	Address:							2011		<u> </u>	· · · · · · · · · · · · · · · · · · ·
System Collect	or: Kall talt	ENVI ENVI	RONWET GINEERI	VEAX#:	or's Phor	ne #:	7	165	26	519	
☑ Comn □ Privat Reasor ☑ Distri □ Clear	Supply: (check only one)  nunity Water System  Noncommunity Water  e Well  Swimming Pool  for Sampling: (check all that apply)  bution Routine  Distribution Repeat  Ra  rance  Replacement (also check type of samp	☐ Bottom (triggered or assessme		w (trigge	ered or a	Other ssessn	nen			ted Use	<del></del>
Sample	To be completed by	tecllector of armole		402 子孫						diatad t	wish.
Sample Number	Sample Point (Localion or Specific Address)	Lab Sample Number	Collection Time		Disinfect Res'd			Total Coli Fecal or E Non	orm Analys . coli Analy	is Method: sis Method Fecal or	041422 2 : Data
74	likel !	017324	0905	R		7.8	最初を		$\triangle$	<u> </u>	Qualifici
9/4	Well Z	017325	10910	2	,	7.)			A		
<i>II</i>	1/ 6000 Cirus Had N. 017326 0915 D16173 A										
7/1/9	282 Citris Hund 6	017327	7920	D	0.46	7.8			<u>A</u>		
				· ·	• .			2 . <b>2</b>			
							3				
non-trai	e of disinfectant residuals for routine and repension non-community systems serving population lant samples in the average.)				954	The te	st ro	performed	in accordar als report o	ice with NEI	AC standards.
Person  A cei  Supe	rvised by a cert. operator (#		l lab OH			/S notifie	d by	lab of pos	sitive result		<u></u>
	orized representative of supplier of water				Lab Sign	ratulre: \	7	19.	<u> </u>	C Date 2	<u> </u>
Na	me and Mailing Address of Person to Re	eceive Report		<del></del>	Tille:	<i>رل بد</i>		47 IV	<u> </u>	<u> </u>	<u> </u>
	Consta Flow, Inc -574 Commercial Blvd 		Satisfac Incomp Repeat Date Revi	lete Co Sampl iewed b	es Requ y DEP/	uired C DOH:	)R	eplace		amples	Required
		D					_	10	7		

PLANT NAME:

Pinecrest WTP (WATER REPORT)

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

DAY	METER 1	METER 2	TRC	PH	TRC	PH	MULT.	1000	TOTAL
PREV	5,559						#REF!	#REF!	#REF!
1	•	•			-		9,000		9,000
2	5,577	•	1.0		0.7	·	9,000		9,000
3	•	•	-		-		25,000		25,000
4	-	•	•		-		25,000		25,000
5	5,652	•	0.7		0.5		25,000		25,000
6		•	-		-		17,000		17,000
7	5,686	•	1.0		0.6		17,000		17,000
8		•			-		13,000		13,000
9	5,712	-	0.8		0.6		13,000		13,000
10	•	•	÷		•		20,000		20,000
11		•	•.		-		20,000		20,000
12	5,772	•	0.7		0.4		20,000		20,000
13	•	•			-		7,000		7,000
14	5,786	÷	0.5		0.3		7,000		7,000
15	-	•	•		-		7,500		7,500
16	5,801	•	0.4		0.2		7,500		7,500
17	•	•	-		-		6,333		6,333
18	-	•	•				6,333		6,333
19	5,820	-	3.5		3.1		6,333		6,333
20	•	-	•		-		40,000		40,000
21	5,900	-	3.5		2.5		40,000		40,000
22	<u> </u>	•	•		-		47,500		47,500
23	5,995	•	4.0		2.7		47,500		47,500
24	•		-		-		21,333		21,333
25	•	•	<u> </u>				21,333	ļ	21,333
26	6,059	•	4.4		3.9		21,333	ļ	21,333
27		-					11,000	<u> </u>	11,000
28	6,081	-	3.5		3.0		11,000		11,000
29	•	-			-	·	16,333	ļ	16,333
30	•				-		16,333		16,333
31	6,130	•	0.7		0.4	e.	16,333	<u> </u>	16,333
 			-	<del> </del>	*		574 000	<u> </u>	F74 600
Total Flow	ļ	ļ	-				571,000		571,000
ADF			•		<u> </u>		18,419		18,419
MAX			4.4		3.9		47,500		47,500
MIN	<u> </u>	l	0.4	l	0.2		6,333	<u></u>	6,333

	ic Water System (P		mental and the second of the second of the second	and the second s	***	Martin - 1424 (1919 - Paperton 2019 - 1919 -		77	
	S Name:	PINECREST RANCH				PWS Identification			6535079
	S Type:	Community	Non-Transient Nor			Transient Non-Com		Conse	ecutive
		nections at End of Mon	th:	178	IT	otal Population Served at End of	f Month:		
	S Owner:	Mike Smallridge	Company to the Company Long						
	tact Person:	Mike Smallridge		Tr. 1844		ontact Person's Title:	PRESIDE	NT	
	tact Person's Mailin		P.O. BOX1798	City: Eaton Pa			State:	FL	Zip Code: 33840
Cont	tact Person's Telepi	hone Number:	352-302-7406	and an exempton of	C	ontact Person's Fax Number:			
Cont	tact Person's E-Mai	Address:	utilityconsultant@	gyahoo.com			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Wate	er Treatment Plant	Information		the Wallett and the last				(ar) and the second or the second of the second or the sec	
Plan	t Name:	Pinecrest Utilities			PI	ant Telephone Number:		863-647-1581	
Plant	t Address:	Citrus Highlands Driv	e off Hankin Rd.	City: Bartow			State:	FL	Zip Code: 33830
Type	of Water Treated	by Plant:		Raw Ground V	Vater X		Purchase	d Finished Water	120 1000
Perm	nitted Maximum Da	y Operating capacity of	Plant, gallons per day:	H a company of the company		150,000			
		section 62-699,310(4)			IPI	ant Class: C			
Licer	nsed Operators		Name			License Class	License 1	Number	Day(s)/Shift(s) Works
Lead	/Chief Operator:		GAINES ALEXAND	DER	me	C	C-5472		13
Othe	er Operators:		DANNY ALEXAND	ER		С	C-12379		
			JENNIFER ALEXA	NDER		Č	C-21471		
MAIN									
							The same of the sa		
27579000						77			
B B B B B B B B B B B B B B B B B B B									
	Lead/Chief Operat	Processing the Committee of the Committe	NOVEMBER OF THE OWNER, OF THE OWNER, OF THE OWNER,				Market Market Street,		

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

MONTHLY OPERATION REPORT FOR PWS» TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER 6535079 [Plant Name: PINECREST RANCHES;

PWS: Identification Number:

Calculations of Comment	Means of A	Car Sinance	Ultraviolet Radiation	weans of Achieving Four-Log Virus (hactivation / Removal)  Othor	n / Rembya	Other (Describe)	ribe):	Cies cilionia	1176		Creditive Citoxide	CALCO		Ozona	Combined Chaosast Castratians
Lowest   Calculations   Calculatio	Type of Dis	sinfectant Re	esidual Mai	ntained in Dis	stribution S	ystem			Free Chlon	ne	16 0000	Combined	Chionne (Ci	oramines)	Chlonne Dioxide
Lowest   Calculations   Lowest   Calculations   Lowest   Calculations   Calcula				le	T CHICTIBL	ions of UV L	ose to be	montuale t	NA BOTHING	DATIONAL STATE	Oil o Agpa	100			
Distribution   Dist							CI Calculat	ons				DV Dose			
Days						R Lowest	Disinfects of Contact	Lowest						Lowest Residual Disinfecta	
Days							Time (T)	CT						Disinfects	
Days         Claskly of Final Statemen         At First Charles         Point         Customer During         Charles         Point         Charles         Minimum         Obcurson         Minimum         Obcurson         Country         Minimum         Obcurson         Country         Minimum         Obcurson         Country         Minimum         Obcurson         Country         Minimum         Observed         Point         Minimum         Dought         Minimum         Dought         Minimum         Dought         <				¥			ment	Before or at First						bon at	
Staffed or Hours   Water   During   Peak Flow,   Prov.   Peak Flow,   Prov.   Charlets by Plant   Produced, Peak flow,		Plant		Quality of Finished		at First Customer	Point	Customer During			Minimum	Lowest Operating	Minimum UV Dose	Remote Point in	Emergency of Abnormal Operating Conditions, Repair or
Cheratical Concentration   Graft   G	Day of the		Plant in	Water Produced F		Duning Peak Flow		Flow mg-	Temp of		Required:			n System	Taking Water System
X     24     90001     3       24     25000     1       24     25000     1       X     24     25000     0       X     24     17000     0       X     24     17000     1       X     24     19000     0       X     24     20000     0       X     24     7000     0       X     24     7000     0       X     24     7000     0       X     24     6333     1       X     24     40000     3       X     24     47500     3       X     24     21333     3       X     24     21333     4       X     24     21333     4       X     24     21333     4       X     24     21333     4       X     24     18333     3 <td>month</td> <td></td> <td>Operation</td> <td>gal</td> <td>ate god</td> <td>mg/L</td> <td>£700</td> <td>ממטל</td> <td>Water C</td> <td></td> <td>Train-pm</td> <td>Sec.cm2</td> <td>sec/cm2</td> <td>mg/L</td> <td>Components Out of Operation</td>	month		Operation	gal	ate god	mg/L	£700	ממטל	Water C		Train-pm	Sec.cm2	sec/cm2	mg/L	Components Out of Operation
X     224     25000     -       Z4     25000     -     -       X     24     25000     0.7       X     24     17000     0.0       X     24     17000     0.0       X     24     17000     0.0       X     24     20000     0.1       X     24     20000     0.7       X     24     20000     0.7       X     24     7500     0.4       X     24     45333     3.5       X     24     26333     3.5       X     24     27333     3.5       X     24     27333     3.5       X     24     27333     4.4       X     24     27333     4.4       X     24     17300     3.5       X     24     17300     3.5       X     24     17303     3.5 <t< td=""><td></td><td></td><td>24</td><td>0000</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>			24	0000											
24 25000	3 8.3	X	24	0000		0.1						-		0.6	
X   24   25000   0,7	8 .		74	25000											
Zet 17000	LD.	×	24	25000		0.7				-				0.5	
X   24   17000   1.0	g)		24	17000		,									
X     24     13000     0.6       X     24     13000     0.7       24     20000     0.7     0.7       X     24     20000     0.7       X     24     7000     0.5       X     24     7500     0.4       X     24     6333     0.4       X     24     6333     0.4       X     24     6333     0.7       X     24     6300     0.5       X     24     47500     0.5       X     24     47500     0.7       X     24     21333     0.7       X     24     21333     0.7       X     24     11000     0.5       X     24     11000     0.5       X     24     18333     0.7	7	×	124	17000		1.0								0.6	
24 20000	90	×	24	13000		0.6								0.6	
24 20000   0.7	10		24	20000		•								*	
X     24     20000     0.7       X     24     7000     0.5       X     24     7500     0.5       X     24     7500     0.4       X     24     6333     .       X     24     6333     .       X     24     40000     .       X     24     40000     3.5       X     24     47500     .       X     24     47500     4.0       X     24     27333     .       X     24     27333     .       X     24     27333     .       X     24     11000     3.5       X     24     11000     3.5       X     24     16333     .	-1		24	20000		,									
24 7000	12	×	24	20000		0.7				Committee of the Commit				0.4	
X     24     7500     0.5       X     24     7500     0.4       X     24     6333        24     6333        X     24     6333        X     24     4000     3.5       X     24     47500        X     24     47500        X     24     27333        X     24     27333        X     24     19333	13		24	7000											
X 24 7500 0.4  X 24 6333  24 6333  X 24 6333 3.5  X 24 4000 3.5  X 24 47500 3.5  X 24 47500 40  X 24 21333  24 21333  X 24 11000 3.5  X 25 1000 3.5	14	×	- 24	7000		0.5								0.3	
X     24     500;     0.4       24     6333     0.5       X     24     6333     3.5       X     24     40000     3.5       X     24     40000     3.5       X     24     47500     4.0       X     24     27333     -       X     24     27333     -       X     24     27333     -       X     24     11000     3.5       X     24     16333     -	15		24	7500		,								3 .	
24 6333	io	×	24	0000		0.4								20	
X     24     6333     3.5       24     40000     3.5       X     24     40000     3.5       X     24     47500     4.0       X     24     47500     4.0       X     24     21333     -       X     24     21333     -       X     24     11000     -       X     24     1833     -       X     24     1833     -       X     24     16333     -	18		24	6333											
X     24     40000     3.5       X     24     47500     3.5       X     24     47500     4.0       X     24     47500     4.0       24     21333     -     -       24     21333     -     -       X     24     21333     4.4     -       X     24     11000     -     -       X     24     18333     -     -       X     24     16333     -     -       X     257000     0.7     -     -	10	×	24	6333		3.5							9	3.1	
X     24     40000     3.5       X     24     47500     4.0       X     24     47500     4.0       X     24     21333     -       X     24     21333     -       X     24     21333     -       X     24     11000     -       X     24     18333     -       X     16333     -	20		24	40000											
X 24 47500 40 X 24 21333	21	×	24	40000		3.5								2.5	
X 24 47500 40  X 24 27333  24 27333  X 24 27333  X 24 17000 3.5  X 24 18333  X 24 18333  X 27 18333  X 28 18333  X 27 18333  X 28 18333  X 27 18333  X 27 18333  X 28 18333  X 27 18333  X 28 18333  X 27 18333  X 28 18	22		24	47500					-					1.	
24 21333	23	×	24	47500		40								27	
X 24 21933 4.4 2 21933 4.4 2 21933 4.4 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	24		24	21333											
X 24 11900 44 X 24 11900 3.5 X 24 11900 3.5 24 16333	25		24	21333			Part and the			1000		The second second			
X 24 11000 3.5 X 24 11000 3.5 24 18333 - 2 X 24 16333 - 3 X 24 16333 0.7	26	×	24	21333		4.4								39	
X 24 1000 3.5 24 1933 . 24 1933 . X 24 1533 . X 24 15,333 . 577000 0.7	27		24	11000										×	
24 16333 - 24 16333 - 25 16333 -	28	×	24	11000		3.5								3.0	
X 24 16333 - X 24 16,333 0,7 5 577070	29		24	16333					-						
X 24 16,333 0,7 571000	30		24	16333		,		The second second	Military manufacture of the second	Military Commence					
	31	×	24	16,333		0.7								0.4	
	Total			1000 × 2.3			Charles and Control of								

Aversige 19419

Maximum 47500

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

OEP From \$2,355,0003

Effective August 20, 2000



## DRINKING WATER **BACTERIOLOGICAL ANALYSIS**

# FLODINA WATER LARORATORY

	MID FLORIDA WATER	LABORATO	RY	Lab f	Receipt D	ate & Tin	ne:			
•	8 Oakwood Road - Winter Ha Phone (863) 965-2540 • Fax (8				sis Date		riteria:			
	Lab I.D. #E84567 • Margaret Rajpaul - Di	irector, Contact Persor	n			•		lot On Ice	<u> </u>	°c
Report N	NELAC CERTIFIE  Number:Sub-Contract				ectant Che			ving NELA	C requires	mg/L ments:
-	s Requested: (check all that apply)									
	Coliform/F-Coli ☐ Total Coliform/Fecal ☐ Er	nterocci 🚨 Colilert 🕻	☐ HPC ☐	Other: _						
Suctor	1 Name: Pine Clest Kl	anches		Pl	VS I.D.	10 3	513	151	0	79
	Address:				County	الكانة (:	Pol	1	L	
					•	-	<u> </u>			
Collect	or Wine's Phone #:						465	0	<u>139°</u>	9
Type of	Supply: (check only one)									
,	nunlty Water System Noncommunity Water	_	ontransient No	oncomm	-	-			ted Use	System
☐ Privat	e Well Swimming Pool  of or Sampling: (check all that apply)	□Bo	ottled Water		L	Other				<del></del>
	ibution Routine Distribution Repeat DRa	w (triggered or assessm	nent) 🔲 Ra	aw (trigg	ered or a	ssessme	nt) additi	onai C	] Well Si	urvev
	rance Replacement (also check type of samp									
Sample	Collection Date: 1-28-18	<del></del>								
	To be completed by	collector of sample				a private				
Sample	Sample Point	Lab Sample	Collection	Sample	Disinfect			orm Analys coli Analy		
Number	(Location or Specific Address)	Number	Time	Type¹	Res'd	pΗ	Non Coliform	Total Coliform		Data Qualifier <sup>2</sup>
1/11	11.00 /		1, , ,	10	7					
4	Will I		1030	K		7.7				
24	Well Z		1036	K		77				
3/4	6041 Citrus Hend S.		1040		2.10	7.7				
4/4	LODGO Citrus Hlad N		1045	D	2.20	78				
7	TO SOLING THIRE TO		10.70		-	<b>***</b>				
						1.				
						· · · · · · · · · · · · · · · · · · ·				
Averag	e of disinfectant residuals for routine and repe	eat samples. (Complete	for communi	ity and		أثق	<sup>2</sup> Defined in f	Porida Administ	rative Code Ru	fe 62-160, Table 1
non-tra	nsient non-community systems serving population plant samples in the average.)				2.15					LAC standards. to the analyses
		[]					mples subn		my relate t	w ala allalyses
Persor	ectant Residual Analysis Method: ADPD Colo n performing analysis is (Please see instructions	rimetric U Other: on reverse):			Date PW	S notified b	y lab of po	silive result	s:	
☐ A ce	rtified operator (#	Employed by a certifie Employed by DEP or D	ed lab		Date Sta	le notified t	y lab of po	sitive result	s:	
·	orized representative of supplier of water	- Cimployed by DET of E			Lab Sign	nature:			Date	
Na	me and Mailing Address of Person to Re	eceive Report		***********	Title:	·				
		soone nopen	☐ Satisfa	ctory				DEF	P/DOH U	ISE ONLY
	0		☐ Incomp	olete Co				mant C		D
	Consta Flow, Inc		Date Rev	-			•		•	Required
	5574 Commercial Blvd Winter Haven, FL 33880		DEP/DOI							

PLANT NAME:

Pinecrest WTP
(WATER REPORT)

Monitoring Period From: 201/15 To 201/15

×I		0.4	6	0.6			Z Z
29,500		3.0	le	6.6			MAX
18,857				•			ADF
528,000		•		•			Notal Flow
		•	•	-			
		•		-	•	•	
		•		•	-	•	
		•		•		•	
20,000		•			•	6,658	28
13,000		1.0	5	1.5	1	6,638	27
13,000		•		•	•	,	26
23,500		0.5	3	8.0		6,612	25
23,50		•		-	•		24
10,00		1.0	5]	1.5	•	6,565	23
10,000		-		•	•	•	22
10,000		3.0	5]	3.5		6,545	21
10,000		•		•		•	20
24,500		3.0	9	3.9	•	6,525	19
24.500		•		•	-	•	<del>1</del> 8
20,50		1.1	5	1.5	•	6,476	17
20,500		•		•		ę.	16
20,50				•			15
20,500		•		•		•	4
14,000		1.0	7	1.7	•	6,394	13
14,000				•	•	•	12
20,50		1.0	3	1.8		6,366	3
20,500		•		ŀ		•	3
21,00		1.0	7	1.7		6,325	9
21,00					•	•	۵
21,000		•			•		7
19,500		1.0	<u>.</u>	1.5	•	6,262	6
19,500		•			٠	•	თ
17,000		2.0	3	2.8		6,223	4
17,000		<b>.</b>			•	-	ယ
29,500		0.4	3	0.6	-	6,189	2
29,50		•			•	•	-
#REF!						130	PREV
MULT.	rn	TRC	PH	TRC	METER 2	METER 1	DAY

Effective August 28, 2003

	ition for the Month		IMONIC	oring Period From: 1/01	715 10: (1/BILIS	/ \			
	Name:	PWS) Information PINECREST RANCH	EC			PWS Identification	Number:		6535079
	Type:	Community	Non-Transient Non-	-Community		Transient Non-Com		Cor	nsecutive
		nnections at End of Mon		178		tion Served at End			
	Owner:	Mike Smallridge	ui,	110	1 rotar ropule	non cerved at Lina	or monur.		
	act Person :	Mike Smallridge			Contact Per	son's Title:	PRESIDE	NT	
	act Person's Maili		P.O. BOX1798	City: Eaton Park	JOURNAULT OF		State:	FL	Zip Code: 33840
	act Person's Teler		352-302-7406	15.07.	Contact Per	son's Fax Number:	- Land		1-0-1
-	act Person's E-Ma	- Committee of the contract of	utilityconsultant@	ovahoo.com	123111231				
	er Treatment Plant								
-	Name:	Pinecrest Utilities			Plant Teleph	none Number:		863-647-1581	
	Address:	Citrus Highlands Driv	e off Hankin Rd	City: Bartow	T. 18711 1,515E3	12/13/11/11/11	State:	FL	Zip Code: 33830
	of Water Treated		e on ramming.	Raw Ground Water	X	A CONTRACTOR OF THE CONTRACTOR	Purchase	d Finished Water	
		ay Operating capacity of	Plant gallons per day:		ana dente in a marina	150,000		in the second second	The state of the s
		bsection 62-699.310(4)		Marian San San San San San San San San San S	Plant Class:	C		Tarana Amburatan III	
	nsed Operators		Name			License Class	License I	Number	Day(s)/Shift(s) V
	/Chief Operator:	S MANUFACTURE STREET	GAINES ALEXAND	DER		C	C-5472		12
Other	r Operators:		DANNY ALEXANDI	ER		С	C-12379		
			JENNIFER ALEXA	NDER		C	C-21471		
E 128			Annual Control of the	Sal. (1997)					
						and the second second			
			A Lawrence and the second seco						I I
100000000000000000000000000000000000000			erf. intominimization	The second secon	- and the second second	a paralla communicación describa promunica	manufacture of the second		
				and the second s				COST CONTRACTOR CONTRA	

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER 6535079 PINECREST RANCHES

Means of Achieving Four-Log Virus Inactivation / Removal:	our-Log Virus Inactiva	Inactivation	on / Remova	al: •	1	Free Chlorine	ine		Chlorine Dioxide	oxide		Ozone I	Colloned Cholling Chichannes
Type of Disinfectant Residual Maintained in Distribution System.	esidual Main	lained in D	istribution S	ystem:	The second	montrate £	Free Chion	ne mantival	on W Anolic	Combined C	hionne(Clo	ramines)	Chlorine Dioxide
				100	Ct Calculat	ons				UV Dose			CI Calculations UV Date
				Lowest Residual	Disimfacta nl Contact Time (T) at C	Loweet CT Provided						Lowest Residual Disinfecta	
		至		concentration Before or	COLUMN TO STREET, STRE	Before or at First					-	concentra tion at	
Days Plant Staffed or	Hours.	Finished Water		Customer During		During Peak		원 약	Minimum CT.	Operating UV Dose,	UV Dose	Point in Distributio	Operating Conditions: Repair or Maintenance Work that involves
Day of the Visited by month Operator	Plant in Operation	Produced gait	Peak flow rate, gpd	Peak Flow, mg/L	Flow, minutes	Flow, mg-	Temp of Water, C	Water, if Applicable	mg-min/L	mW- Sec.cm2	mW- I	n System, mg/L	Teking Weter System Components Out of Operation
	24	ŏŏ		06								0,	
	24	17000		4.								,	
× ×	24	17000		2.8								2.0	
×	24	19500		1.5								1.0	
8 -	24	21000										. ,	
9 ×	24	21000		1.7								1.0	
**************************************	24	20500		1.8								1.0	
	24	14000											The second secon
3 3 ×	24	14000		1.7								1.0	
i s	24	20500										i	
Ġ.	24	20500											
18 X	24	24500		1.5								. 5	
79 ×	24	24500		3.9								3.0	
× 20	24	10000		35								30	
	24	10000									The second second		
23 ×	24	10000		1,5								10	
×	24	23500		0.8								0.5	
26	24	13000									_	,	
	24	20000											
				,								,	
Total		528000											
Average		18857											
	900/2010/2010/2010/2010/2010/2010/2010/2	20500											



#### DRII VATER BACTERIOLOGICAL ANALYSIS

m	MID FLORIDA WATER I	APARATAR	v	lah R	ecaint Da	ate & Tir	ne:			
•	8 Oakwood Road - Winter Ha Phone (863) 965-2540 • Fax (86 Lab I.D. #E84567 • Margaret Rajpaul - Din NELAC CERTIFIED	ven, FL 33880 53) 967-8601 rector, Contact Person		Analys Samp	is Date & le Accep	& Time: tance (		ot On Ice	o_7.	7 °c
Report No	umber:Sub-Contrac	RECEI	AFD	This sa	mple does	not me	et the follow	ing NELA	C requiren	ments:
Analysis Total	Requested: (check all that apply) Coliform/E-Coli  Total Coliform/Fecal  En	FEB 1 9 terocci Colilert CENVIRONME	HPC U	Other:		7 7 1	2115 E	2 12. TES	350	) m
System	Name: MAR CHEST NONC	hes ENGINEER	ING	– PW	S I.D.	4	욋무			
System A	Address:				County	:	401	<u> </u>		
System o				Fax#:			7310			
Collecto	or: Koloet Fee!			Collecto	r's Phon	e #:	969	) 2	344	
Comm Private Reason Distrib	Supply: (check only one) unity Water System	☐ Bottle		w (trigge	ered or as	Other_	ent) additi		ted Use t	
	The state of the s	collector of sample				ENDEZ,	To	be com	pleted b	y lab
Sample Number	Sample Point (Location or Specific Address)	Lab Sample Number	Collection Time	Sample Type <sup>1</sup>	Disinfect Res'd (mg/L)	рН	Fecal or E Non	, coli Analy	sis Method Fecal or	******
1/4	Well 1	002376	1142	R	/	7,6		A		
0/4	hell 2	002377	1105	R	/	7.6		A		
3/4	282 Cityus Hund N	002378	1110	D	2.20	7.7		A		
114	340 Cityus Hud W	002379	11/5	D	9.20	7.6		A		
non-trai	e of disinfectant residuals for routine and repensient non-community systems serving population plant samples in the average.)	eat samples. (Complete for sup to and including 4,90	or communi 00. Do not in	ty and nclude	2.20	The tes	are performed	l in accorda his report o	nce with NEI	LAC standards.
Person  A ce						te notified	by lab of po			
Na	me and Mailing Address of Person to Re	eceive Report			Title: C	Ut	2) /	ricu	100	10
	Consta Flow, Ir 5574 Commercial Winter Haven, FL	10	☐ Satisfa☐ Incomp☐ RepeaDate Rev	olete Co t Sampl riewed b	es Requ y DEP/	uired C DOH:_	ation Replace			Required
			CALLETY OF STREET	TO THE REAL PROPERTY.	TO SHOW THE PARTY OF		of the land of the	7		The second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a section in the second section in the section is a section in the section in the section is a section in the section in the section in the section is a section in the section in the section in the section is a section in the secti

PLANT NAME:

Pinecrest WTP (WATER REPORT)

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

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

I. Gene	al Information for the Mo	nth/Year of:	Monit	oring Period From: 3/0	01/15 To: 3/31/	15			
A.	Public Water System	n (PWS) Information							
	PWS Name:	PINECREST RANCHE	\$			PWS Identification	Number:		6535079
	PWS Type:	Community	Non-Transient Non	-Community		Transient Non-Cor	nmunity	Cons	secutive
		Connections at End of Month	1	178	Total Pop	ulation Served at End	of Month:		
	PWS Owner:	Mike Smallridge							
	Contact Person:	Mike Smallridge			Contact P	erson's Title:	PRESID	ENT	
	Contact Person's Ma	ailing Address:	P.O. BOX1798	City: Eaton Park			State:	FL	Zip Code: 33840
	Contact Person's Te	elephone Number:	352-302-7406		Contact P	erson's Fax Number:			
	Contact Person's E-	Mail Address:	utilityconsultant@	gyahoo.com					
B.	Water Treatment Pla	ant Information							
	Plant Name:	Pinecrest Utilities			Plant Tele	phone Number:		863-647-1581	
	Plant Address:	Citrus Highlands Drive	off Hankin Rd.	City: Bartow	17.00.0	priorite italiana	State:	FL	Zip Code: 33830
	Type of Water Treat	ed by Plant:		Raw Ground Wate	r X			ed Finished Water	12.0 0000. 00000
	Permitted Maximum	Day Operating capacity of F	lant, gallons per day:		· · · · · · · · · · · · · · · · · · ·	150,000	1 1101100	Sa Tribillo Traici	
		subsection 62-699,310(4), F			Plant Clas		:		
	Licensed Operators		Name	ie same picture in min		License Class	License	Number	Day(s)/Shift(s) Worked
	Lead/Chief Operator		GAINES ALEXAND	DER		C	C-5472		13
	Other Operators:		DANNY ALEXAND	ER		C	C-12379		
			JENNIFER ALEXA	NDER		C	C-21471		
				25 000000000000000000000000000000000000					
				- San Mile Mile Manual		1			
			1	1					The strain of th
I. Certif	cation by Lead/Chief Op	erator					and the same of		
	I, the undersigned w	ater treatment plant operator	license in Florida, ar	m the lead/chief operator	of the water treat	tment plant identified	in Part I of		
	this report. I certify the	hat the information provided	in this report is true a	and accurate to the best of	of my knowledge	and belief. I certify tha	at all drinking		
	water treatment, che	micals used at this plant con	form to NSF Internati	ional Standard 60 or othe	r applicable stan	dards referenced in si	ubsection		
	62-555.320(3), F.A.(	<ol><li>I also certify that the follow</li></ol>	ing additional operati	ons records for this plant	were prepared e	ach day that a license	ed operator		
	staffed or visited this	s plant during the month indi	cated above: (1) reco	ords of amounts of chemic	cals used and ch	emical feed rates: and	(2) is		
	applicable, appropria	ate treatment process perform	nance records. Furth	ermore, I agree to provide	e these additioan	I operations records t	o the PWS		
	so the PWS owners	an retain them, together with	copies of this report	, at a convenient location	for at least ten y	ears.			
		ley on de	2015/04/09	Gaines Alexander					C-5472
	Signature and Date			Printed or Typed N	ame			Licen	se Number

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

MONTHLY OPERATION REPORT FOR PWS\* TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER 6535079 | Plant Name: PINECREST RANCHES

PWS: Identification Number:

5											10,000	2.2		
5			-	-		The state of the s			Color of the Color	Section of the sectio	30.00	24		31
	0.5							int	8.0		-	24	×	36
												24		29
THE RESERVOIS THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN THE PERSON NAMED I												24		28
5	0.5								0.7		26500	24	×	27
*						The second second		100				24	No.	25
6	0.6								8.0		Г	24	×	25
									-			24		24
•			7.5					i i	4			24		23
7	0.7		The second second						1.0	350		24	×	22
• 14	,	1					The state of the s	4				24	H. C. L.	21
6	0.6					OWEN THE PERSON		nut.	1.0	X		24	X	20
									y.			24		- 61
7	0.7								1.2			24	×	18
,							The state of the s					24		17
0	10						ATT TOTAL STATES		1.5			24	×	16
*								10000	,	38	15000	24	10.0	15
•		1							į			24		H
0	1.0								1.4			24	×	13
								-			21000	24		12
7	0.7	-				***************************************			12		T	24	×	11
	0.7	1									23000	24		ö
7		l	T		I				1,			24	Y	0 0
4					The same of						Γ	24		, 7
8	0.8			70					1.1		15500	24	×	O
•											15500	24	1	5
1.0	-	1						one-	15			24	×	٨
•				****		311					16000	24		3
7.	1.7	A DESCRIPTION OF		S. Commercial St.				-	2.2		20000	24	×	2
-	201	-							t:			24		*
st and ctra ctra ctra ctra ctra ctra ctra ctra	Lowest Residual Residual Clainfects In Concentra fon at Remote Point of Point of Distribution In System. In System.	Minimum UV Dose Traylinda MW. secion2	UV Dose  Lowest Operating UV Dose mW- Sec.on2	mon, If App.  Minimum CT Required mig-min/L	rus inactiva  pH or  Water, #  Applicable	Temp of Water, C	Lowest CT Provided Battore or at First Customer	Districts Districts CC Cetalisators CC Cetalisators CC Catalinators CC Catalinators CC Catalinators CC Pre Meanure Bar ment Point Cut Point Cut Point Flow Flow Flow Flow Flow Flow Flow Flow	CT Calculations, or UV Does, to Demonstrate Four-Log Virus inactivation, if Applicable.  CC Calculations  CC Calculations  UV D  CC Calculations  UV D  CC Calculations  CC Calc	CT Calcute Poak flow rate, gpd	Net Ouslity of Finished Water Produced gai	Hours Plant in Operation	Days Plant Plant Staffed or Visited by Operator	Day of the month
Combined Chlorine (Cjoramines) Chlorine Dioxide	Cloramines	d Chlorine	Combine		one	Free Chionne		cribe)	Other: (Describe) System:	Distribution	Ultraviolet Radiation Other: ( Type of Disinfectant Residual Maintained in Distribution System:	Ultraviolet esidual Ma	sinfectant R	VDe of Do
(Combined Chlorine(Chloramines)	Ozone		Hoxide	Chlorine Dioxide		rine	Free Chlorine		, <u>e</u>	on / Remov	Means of Achieving Four-Log Virus Inactivation / Removal: *	our-Log Vir	Achieving F	eans of A

Average 19742

Maximum 35500

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

DEP Form 62.555 9003

Effective August 20, 2003



# DRINKING WATER BACTERIOLOGIÇAL ANALYSIS

	MID FLORIDA WATER	LABORATO	RY	Lab R	eceipt D	ate & Tir	OR RESIDENCE TO STATE				
	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		Sample		ptance ( ation © 0		Not On Ice			
Report N	lumber:Sub-Contrac	ct Lab ID;				ALM TATE OF THE PARTY OF THE PA	the follow		-		
Analysis	s Requested: (check all that apply) Coliform/E-Coli  Total Coliform/Fecal  Er	nterocci 🗆 Colilert 🗅					- 11-2				
System	Name: Fine Clest			PV 	VS I.D.		$\geq$ ) $\downarrow$ $\stackrel{<}{=}$			17	
System .	Address:				County		10	CK			
	or Owner's Phone #:	ENVIRON	FRING		or's Phor		96	10	159	7_	
Common Private Reason Distri Clear	Supply: (check only one) nunity Water System	☐ Bot w (triggered or assessme		aw (trigge	ered or a	Other_	ent) addit	ional [	ited Use	urvey	
		collector of sample						o be con			
Sample Number	Sample Point (Location or Specific Address)	Lab Sample Number	Collection Time	Sample Type <sup>1</sup>	Disinfect Res'd	рН	Fecal or Non	E. coli Anal	ysis Method Fecal or	Data	
1/4	Well	004519	1510	K	1	7.6		A			
7/4	well Z	004520	15/5	化		7.7		A			
1/4	5/009, lessie	004521	1520	D	N D	1.557	7.7		A		
1/4	330 Howhere	004522	1530	D	1.37	7.7		A			
non-tra	e of disinfectant residuals for routine and repensient non-community systems serving population plant samples in the average.)				1.46	The test	re performed	d in accorda	nce with NE	ule 62-160, Table 1 LAC standards. to the analyses	
Persor		rimetric □ Other: on reverse): □ Employed by a certified □ Employed by DEP or D				/S notified	by lab of po	ositive resul		Stactis	
Na	me and Mailing Address of Person to Re	eceive Report			Title: 💆	ab	_h	ano	305		
	Consta Flow, Inc 5574 Commercial Blv Winter Haven, FL 33		☑ Satisfa ☐ Incomp ☐ Repeat Date Rev	olete Co t Sampl iewed b	es Requ y DEP/	uired 🖸 DOH:_	Replace			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 = SM9222B & D; MTF = 9221B & EC/MUG; MMO/MUG = SM9223B; HPC = SM9215B

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

PLANT NAME:

Pinecrest WTP (WATER REPORT)

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

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

Public Water Sys		CREST RANCHES		Parket Property and the Committee of the	and the state of t	PWS Identification	Number:	1		6535079
PWS Type:		munity	Non-Transient Non-	Community		Transient Non-Con	nmunity		Consecuti	ve
		s at End of Month		178	Total Por	oulation Served at End	of Month:			1992 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993
PWS Owner:		Smallridge							Maria Maria	Marian San San San San San San San San San S
Contact Person :		Smallridge		- A STANSON MANAGEMENT TO THE STANSON	Contact F	Person's Title:	PRESIDE			
Contact Person's	Mailing Addr	ess:	P.O. BOX1798	City: Eaton Park		NO.	State:	FL		Zip Code: 33840
Contact Person's			352-302-7406	mention of the state of the state of	Contact F	Person's Fax Number:				
Contact Person's	E-Mail Addre	ess:	utilityconsultant@	yahoo.com		S THE THE SAME				
Water Treatment	Plant Informa	ation			*** **********************************	erraneous — — — — — — — — — — — — — — — — — — —		Tarrest Aventure		
Plant Name:	Pineo	crest Utilities			Plant Tel	ephone Number:		863-647-1	1581	
Plant Address:	Citru	s Highlands Drive	off Hankin Rd.	City: Bartow	A, comment		State:	FL	1,110,2000,000	Zip Code: 33830
Type of Water Tr	eated by Plan	nt:		Raw Ground Water	r X		Purchase	d Finished W	Vater	
Permitted Maxim	um Day Oper	rating capacity of P	lant, gallons per day:			150,000				
Plant Category (	per subsectio	in 62-699.310(4), F	.A.C.): V		Plant Cla		S	the contract of the		and the second s
Licensed Operate	ors		Name			License Class	License N	lumber		Day(s)/Shift(s) Worke
Lead/Chief Open	itor;		GAINES ALEXAND	ER	None of the Control o	C	C-5472			13
Other Operators:			DANNY ALEXANDI			C	C-12379	Constitution (State of State o	got a description of the	
			JENNIFER ALEXA	NDER	1102	C	C-21471			
		13 13								
		A)								
		108-10	All the second s							
fication by Lead/Chief	Operator				A STATE OF THE PARTY OF THE PAR			Contract of Table		

62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) is applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

| Gaines Alexander | Printed or Typed Name | Printed Or

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

C-5472

License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER 6535079 PINECREST RANCHES

Type of Distribution Residual Maintained in Distribution System: Free Chlorine Chlorine Combined Chlorine(Cloramines)  [CT Calculations or UV Dose, to Demonstrate Four-Log Virus Inactivation, Il Applicable*	nt Residual Mair	ntained in C	Of Calcula	tions or UV (	ose, to De	monstrate F	CHICA CHICA	nie inactivat	on II Apple	abie	Constitution Con	(animes) Chionne Dioxide
					Ct Calculat	eno				UV Dose		
					Disinfecta							Lowest
				Lowest Residual Dishrectant	nt Contact Time (T)	Lowest CT CT				la de la companya de La companya de la co		Residual Disinfects
					100	Before or						concentra
Dave		Nat Quality of		n Before or at First		al First				Lowest	Mirdmum	Remote
Plant		Finished		Customer		During			Minimum	Operating	UV Dose	Point in
- 10	Hours	Water		During		Peak		pHof		UV Dose		Distributio Maintenance Work that involves
Total Onera	Coernitor	national rate and	tota and	mo/l	minutes.	100	Walleto	Socilorania	Dominol Par	C		mon.
×	24	20000	Total Section	1.0	Name of the Party	10000		Carried Section	Manual King	Office and a	- Allendar	0.5
2	24	18500										,
3 ×	24	18500		0.4								0.2
4	24	27667										
×	24	27667		100							-	1
	24	20000								7		,
8 ×	24	20000		1.5								11
	24	20000										,
>	124	20000		1.0								6.0
12	24	16667				Street, more of the original of		The second second				
13 ×	24	16667		1.1								0.8
	24	24500										,
15 ×	24	24500		1.2			-		-			0.7
	24	17000			-			The second	AND SHEET BANK	To the same of		
17 X	24	17000		1.5			-					1.1
18	24	23333					Children (Children	Section of the second		Control of		
× 19	24	22333				The same of the sa	Action of the second	America Company of the				
	24	25500					-					
22 ×	24	25500		1.3								0
23	24	13000	3	-					4			,
24 ×	24	13000		1.2								0.8
25	24	24000										
70 X	24	24000		44,								
	24	20500			Married World		THE PERSON NAMED IN	1				0.7
29 ×	24	20,500		1.3			-					10
96	24	18,500		,								
						-						
otal		631500										
Average		21050	ni he									
Maximum	Children School September	4. J. J. L. L.										

### DRINKING WATER BACTERIOLOGICAL ANALYSIS

nalysis Total	8 Oakwood Road - Winter Ha Phone (863) 965-2540 • Fax (8 Lab I.D. #E84587 • Margaret Rajpaul - Di NELAC CERTIFIEI umber:Sub-Contract Requested: (check all that apply) Coliform/E-Coli	RECEI	VED	Analys Sample Sample Disirfer This sa	Preserva	& Time: otance stion the		of On The	<b></b>	_wayr  }*\$}
ystem	Name: <u>Fine Crest</u>	ENGINEE	RING			إيعا	2/2	لكال		72
iystem /	Address:				_		3/K			
ystem (	or Owner's Phone #:	<del></del>		Fax #:		. , ,	765	71	-00	,
ollect	or Owner's Phone #: or:			Collecto	r's Phon	ie #:	7(05	- 2	· 7 ]	<del></del>
Command Comman	Supply: (check only one) unity Water System	☐ Bott w (triggered or assessme	-	w (trigge	red or a	Other_	ent) additio		Well Si	
		collector of sample					То	be com	pleted b	y lab
Sample Number	Sample Point (Location or Specific Address)	Leb Sample Number	Collection Time	Sample Type¹	Disinfect Res'd	ρН		coti Analy Total	sis Methor Fecal or	Shrá2221 Data Qualifier²
1/4	well 1	004743	0820	R	/	7,3		A		
2/4	me 1/2 ;	004744	0830	R	_	7.8		À		
3/4	401 Highlands	004745	0850	A	0.33	7.8	`	A		
14	401 Highlands	004746	1900	Ŋ	12.35 about	17	1 \$5.A5 T	A	Tata Joan	
·			į.			Щ				
non-trai	e of disinfectant residuals for routine and repensient non-community systems serving population elant samples in the average.)				d.34		ero performed	in accorder is report o	nce with NE	le 52-150, Table 1 LAC standards. to the analyses
Person  A cer  Supe		rimetric Dother: on reverse): Demployed by a certified Demployed by DEP or DO			Date Sta	VS notified	by lab of pos	idive result		<u> </u>
Na	me and Mailing Address of Person to Ro	eceive Report			Title: _{	_X	ab.	IVU	2110	30
	Consta Flow		☐ Satisfa: ☐ Incomp ☐ Repeat Date Rev	elete Co Sample iewed b	es Requ y DEP/	uired C DOH:_			•	Required

Page 1 of 1

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

Analysis Methods: MF = SM9222B & D; MTF = 9221B & EC/MUS; MMO/MUS = SM9223B; HPC = SM9215B

Results: A = collionna are absent; P = collionna are present; C = Confluent growth; TNTC = too numerous to count. BACTI FORM REVISED 01/04

PLANT NAME: Pinecrest WTP Monitoring Period From: 5/01/15 To: 5/31/15 (WATER REPORT)

DAY	METER 1	METER 2	ITRC	PH	ITRC	PH	IMULT.	1000	TOTAL
PREV	7,902	WETERZ	1110	- I - I	<del>-  1100 -  </del>		#REF!	#REF!	#REF
1	7,920		1.3	<b> </b>	1.0		18,500	#KEF1	18,500
2	7,520		1.3	<u> </u>			25,000	<del>                                     </del>	25,000
3			-			···	25,000		25,000
4	7,995		0.7	<del> </del>	0.5		25,000		25,000
5			0.7	<b>-</b>	0.5		20,000		20,000
6	8,035		2.5	<b> </b>	1.6		20,000		20,000
<del>- 7</del> -	0,000						23,000	1	23,000
8	8,081	-	2.3		1.5		23,000	1	23,000
9	0,00.				<del> </del>		23,000		23,000
10				<del>                                     </del>	<del>-    </del> -		23,000		23,000
11	8,150	-	3.0	<del>                                     </del>	2.2		23,000		23,000
12							20,000		20,000
13	8,190		3,4	<u> </u>	2.0		20,000	<del>                                     </del>	20,000
14	5,1.55	:-					23,500	<b>!</b>	23,500
15	8,237		3.5		3.0		23,500	†	23,500
16		14		<u> </u>	-		13,250	1	13,250
17		•	-				13,250		13,250
18	-						13,250		13,250
19	8,290	•	2.5		2.1		13,250		13,250
20		. •	-		-	***********	41,000		41,000
21	8,372		2.5		2.1		41,000		41,000
22			-		-		23,500		23,500
23	8,419		2.5		2.0		23,500		23,500
24	-	-	-		4		27,333		27,333
25	•	•			-		27,333		27,333
26	8,501		2.7		2.3		27,333		27,333
27		•	-		-		29,500		29,500
28	8,560	-	1.8		1.5		29,500		29,500
29	-		-		-		24,000		24,000
30	8,608		1.6		1.5		24,000		24,000
31	8,627	•			•		18,500		18,500
			-		-		₩.		
<b>Total Flow</b>					-		725,000		725,000
ADF			-		•		23,387		23,387
MAX			3.5		3.0		41,000		41,000
MIN			0.7		0.5		13,250		13,250

PWS Name:	PINECREST RANCI	HES			PWS Identification	Number:		6535079
PWS Type:	Community	Non-Transient Non	-Community		Transient Non-Cor	nmunity	Co	onsecutive
Number of Service	Connections at End of Mo	nth:	178	Total Popu	ation Served at End	of Month:		
PWS Owner:	Mike Smallridge							
Contact Person:	Mike Smallridge			Contact Pe	rson's Title:	PRESIDE	INT	100000000000000000000000000000000000000
Contact Person's M	ailing Address:	P.O. BOX1798	City: Eaton Park	100000000000000000000000000000000000000		State:	FL	Zip Code: 33840
Contact Person's T	elephone Number:	352-302-7406		Contact Pe	rson's Fax Number:			
Contact Person's E	-Mail Address:	utilityconsultant@	yahoo.com	And the second second	The Company of	Called and the second second second	1000	And the second s
Water Treatment P	lant Information							
Plant Name:	Pinecrest Utilities			Plant Telep	hone Number:		863-647-1581	The state of the s
Plant Address:	Citrus Highlands Dri	ve off Hankin Rd.	City: Bartow			State:	FL	Zip Code: 33830
Type of Water Trea	ted by Plant:		Raw Ground Water	X			d Finished Water	121.33.1.33.1.
Permitted Maximun	Day Operating capacity of	of Plant, gallons per day:			150,000			
Plant Category ( pe	r subsection 62-699.310(4	), F.A.C.): V		Plant Class		Water been done in the Control		
Licensed Operators		Name			License Class	License I	Number -	Day(s)/Shift(s) Wor
Lead/Chief Operato		GAINES ALEXAND	ER		C	C-5472		13
Other Operators:	Service Company of the	DANNY ALEXANDI	ER .	Control of the Contro	C	C-12379		
		JENNIFER ALEXA	NDER		С	C-21471		
			721					
					1			
					American Company of the Company of t			

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 souther PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

| Gaines Alexander | Printed or Typed Name | Printed O

DEP Form 62-555,900(3)

Effective August 28, 2003

C-5472

License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER 6535079 | Plant Name: PINECREST RANCHES

PWS: Identification Number:

edicial Maintained in Dist	hition System	Ema	Chionna	Combined	hinging Clamming
dual Maintained in Distr	Calculations or UV Dose	to Demonstrate Four-L	Chlorine on Virus Inscrivation, I	Combined C	hlorine(Cloramine:
	Cic	algulations		UV Dose	
		nfecta			Lowes
	Lowest nt C Residual Tim Disinfectant a	ordad Lowest (f) CT			Lowest Residual Disirfecta nt
Net Quality of				Lowest	
Water	During	Paak	pHar	UV Dose,	required. Distributio
8	mor.	min/L	Applicable	Sec.on2	sec/cm2 mo/L
18500	1.3				Ħ
T					
			Hard or the second of the seco		
T	7.0				0.5
	2.5				1.6
					1
	2.3		117-		1.5
			Total Palatine Comment		
T				The last of	The second secon
	3.0	-	1 20		22
	34				3.
	, 3				. 0
	3.5				3.0
	-1				1
T					
T	,				
T	2.5				2.1
T	2.5				31
	,				
	2.5			-	2.0
П					
T	37			1	
T	1.3				2.3
T	1.8				16,
	•				
	1.6			1	15
7					1.5
T					
78555					
410007					
「	Part in Produced Part 25000 24 25000 24 23500 24 13250 24	CT Calculations, or I/V Dose   CT Calculations, or I/V Dose	CT Calculations	CTCAlculations or IV Dose, in Demonstrate Four-Log Vrise Recident	Interind in Distribution System:  CT Calculations or UV Doses, in Demonstrate Four-Log Virus Fractivation, (I Applicability Combined Combi



# DRINKING WATER BACTERIOLOGICAL ANALYSIS

	MID FLORIDA WATER L		tY		1.0	ate & Tin		1.01.	-61	1 'Ai a	
	8 Oakwood Road - Winter Hav Phone (863) 965-2540 • Fax (86 Lab I.D. #E84567 • Margaret Rajpaul - Dire NELAC CERTIFIED	3) 967-8601 actor, Contact Person	En	Sample Sample	le Acce Preserv	& Time: ptance C ation Do ck Silvo	riteria:	Not On los	11. 3.	ン:00 pg 7:2 	
Report N	NELAC CERTIFIED  umber:Sub-Contract	Lab ID.						wing NELA	C requirer	ments:	
Analysis	Requested: (check all that apply) Coliform/E-Coli Total Coliform/Fecal Ent		i i ta i i i i i i i i i i i i i i i i i	Other: _		CZ-1C					] ]
	Name: TOUCOUNT	ENVIRONME ENGINEER	1.14 111	- PV	VS I.D.  County			2  S  H(E	U	<u> </u>	
<u>- 1</u>	or Owner's Phone #:			 Fax #:		See an					
Collecto	or: NObert Blot			Collecto	r's Phor	ne #:	96	ے (	$\chi(9)$	ソ	
Private Reason Distrit Clear	for Sampling: (check all that apply) pution Routine D Distribution Repeat DRaw ance D Replacement (also check type of sample	☐ Bott r (triggered or assessme	led Water	w (trigge	ered or a	Other_ ssessme	nt) addi	tional C	ited Use		
Sample	Collection Date: <u>5-19-15</u>										i
	TO Decemple ted by	collector of sample			國德縣					ylabj: ≤ m92226	
Sample Number	Sample Point (Location or Specific Address)	Lab Şample Number	Collection Time	Sample Type <sup>1</sup>	Disinfect Res'd	рН	Fecal or Non	E. coli Anal Total n Coliform	ysis Method Fecal or	f: Data	Al-
14	Well 1	006824	0810	R		77	• 1	A			
2/4	WellZ	006825	0845	0		77		A			
3/4	6060 Citrus HInd M	006826	0855	1)	26	77		A			
4/4	340 ( Mc Hlad W	006827	בטרוש	$\mathcal{D}$	24	78		A			
											im
					1		Antana a				
non-trar	e of disinfectant residuals for routine and repea sient non-community systems serving populations lant samples in the average.)				25	The test	e perform results in	ed in accorda this report o	nce with NEI	♣ 62-160, Table 1 LAC standards, to the analyse:	5
Disinfe Person A cei Supe	ctant Residual Analysis Method: SDPD Colori performing analysis is (Please see instructions of tified operator (#					/S notified t	*	ositive result		Jeoli <sup>s</sup>	
Na	me and Mailing Address of Person to Re Consta Flow, Inc	ceive Report	D Satisfa	lete Co	Title: _	Informa	tion		P/DOH L	JSE ONLY	
	5574 Commercial Blvd Winter Haven, FL 33880		Date Rev	iewed t	y DEP/	DOH:_	Kepiao	5/2/ 3/4	ampies 1/5	Required (mach	2

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 (clearence, etc.)

Analysis Methods: MF = SM92228 & D; MTF = 92218 & EC/MUG; MMO/MUG = SM9223B; HPC = SM9215B

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

PLANT NAME: Pinecrest WTP Monitoring Period From: 6/01/15 To: 6/30/15 (WATER REPORT)

		(WATER REPO			- I		71 a	4055	I===
DAY	METER 1	METER 2	TRC	PH	TRC	PH	MULT.		TOTAL
PREV	8,627	<b>.</b>	-]:				#REF!	#REF!	#REF!
1	8,645		- 1.7		1.3		18,500		18,500
2	-		•		-		20,500		20,500
3	8,686		1.7		1.4		20,500		20,500
4	•		-		-		20,500		20,500
5	8,727	•	1.8		1.5		20,500		20,500
6	•						24,667		24,667
7	•		-		<b>-</b> :		24,667		24,667
8	8,801		- 2.0		1.5		24,667		24,667
9	•	•	-		<b>—</b> :		23,000		23,000
10	8,847	-	2.1		1.7		23,000		23,000
. 11			-		ت		20,500		20,500
12	8,888		- 3.5		2.7		20,500		20,500
13	-				-		27,333		27,333
14	-	•	-		* .		27,333		27,333
15	8,970	•	3.0		2.7		27,333		27,333
16	•	•			+		17,000		17,000
17.	9,004		- 3.2		2.5		17,000		17,000
18					-		18,000		18,000
19	9,040		- 2.8		2.4		18,000		18,000
20			-		. 😑		29,333		29,333
21	-						29,333		29,333
22	9,128		- 2.7		2.2		29,333		29,333
23	-				: <b></b> .		21,000		21,000
24	9,170		1.9		1.4		21,000		21,000
25	-		-		•		21,500		21,500
26	9,213		- 1.8		1.3		21,500		21,500
27	-		-		-		22,333		22,333
28	-		-	1	-	<del></del>	22,333		22,333
29	9,280		1.1		0.7		22,333		22,333
30	9,305				-		25,000		25,000
	-				-		-		
			-		•		:•.		
Total Flow	1				<b>-</b>		678,500		678,500
ADF			T -		-		22,617		22,617
MAX			3.5		2.7		29,333		29,333
MIN			1.1		0.7	****	17,000		17,000

Other Operators:  DANNY ALEXANDER C C-12379  JENNIFER ALEXANDER C C-21471	
PWS Type: Community Non-Translent Non-Community Translent Non-Community Consecutive  Number of Service Connections at End of Month:  PWS Owner: Mike Smallridge Contact Person: Mike Smallridge Contact Person: Mike Smallridge Contact Person's Mailing Address: P.O. BOX1798   City: Eaton Park   Contact Person's Title: PRESIDENT  Contact Person's Mailing Address: Journal Address: Utilityconsultant@yahoo.com  8. Water Treatment Plant Information Plant Name: Pinecrest Utilities   Plant Telephone Number: 863-647-1581  Plant Address: Citrus Highlands Drive off Hankin Rd.   City: Bartow   State: FL   Zip Code: 3  Type of Water Treated by Plant; Raw Ground Water   Permitted Maximum Day Operating capacity of Plant, gallons per day: 150,000  Plant Category (per subsection 62-699.310(4), F.A.C.): V   Plant Class: C   C-5472   Code: C   C-5472   Code: C   C-21471   C   C   C-214	
Number of Service Connections at End of Month:    Number of Service Connections at End of Month:   178	
PWS Owner: Mike Smallridge Contact Person: Mike Smallridge Contact Person: Mike Smallridge Contact Person: Mike Smallridge Contact Person's Mailing Address: P.O. BOX1798 City: Eaton Park Contact Person's Title: PRESIDENT  Contact Person's Telephone Number: 352-302-7405 Contact Person's Fax Number:  Contact Person's E-Mail Address: utilityconsultant@yahoo.com  Water Treatment Plant Information  Plant Name: Pinecrest Utilities Plant Telephone Number: 863-647-1581  Plant Address: Citrus Highlands Drive off Hankin Rd. City: Bartow State: FL Zip Code: 3  Type of Water Treated by Plant: Raw Ground Water X Purchased Finished Water  Permitted Maximum Day Operating capacity of Plant, gallons per day: 150,000  Plant Category ( per subsection 62-699-310(4), F.A.C.): V Plant Class: C  Licensed Operators Name License Class License Number Day(s)/Shift Lead/Chief Operator: DANNY ALEXANDER C C-21471  Other Operators DANNY ALEXANDER C C-21471  JENNIFER ALEXANDER C C-21471	
Contact Person: Mike Smallridge Contact Person's Mailing Address: P.O. BOX1798   City: Eaton Park   State: FL   Zip Code: 3 Contact Person's Telephone Number: 352-302-7406   Contact Person's Fax Number: Contact Person's E-Mail Address: utilityconsultant@yahoo.com  Water Treatment Plant Information Plant Name: Pinecrest Utilities Plant Address: Citrus Highlands Drive off Hankin Rd.   City: Bartow   State: FL   Zip Code: 3 Type of Water Treated by Plant: Raw Ground Water Permitted Maximum Day Operating capacity of Plant, gallons per day: 150,000 Plant Category ( per subsection 62-699.310(4), F.A.C.): V   Plant Class: C Licensed Operators   Called Contact Person's Fax Number: State: FL   Zip Code: 3 Type of Water Treated by Plant: Raw Ground Water   X   Purchased Finished Water   Permitted Maximum Day Operating capacity of Plant, gallons per day: 150,000 Plant Category ( per subsection 62-699.310(4), F.A.C.): V   Plant Class: C Licensed Operators   C   C-6472   Day(s)/Shift   Lead/Chief Operator:   GAINES ALEXANDER   C   C-12379   JENNIFER ALEXANDER   C   C-21471   JENNIFER ALEXANDER   C   C-21471    License Mumber   Day(s)/Shift   C   C-21471   C   C-21471   License Mumber   Day(s)/Shift   C   C-21471	
Contact Person's Mailing Address: P.O. BOX1798   City: Eaton Park   Contact Person's Telephone Number: 352-302-7406   Contact Person's Fax Number: Contact Person's E-Mail Address: utilityconsultant@yahoo.com  8. Water Treatment Plant Information   Plant Name: Pinecrest Utilities   Plant Telephone Number: 863-647-1581   Plant Address: Citrus Highlands Drive off Hankin Rd.   City: Bartow   State: FL   Zip Code: 3 Type of Water Treated by Plant: Raw Ground Water   X   Purchased Finished Water   Permitted Maximum Day Operating capacity of Plant, gallons per day: 150,000   Plant Category ( per subsection 62-699.310(4), F.A.C.): V   Plant Class: C   Licensed Operators   Name   License Class   License Number   Day(s)/Shift   Lead/Chief Operator:   GAINES ALEXANDER   C   C-5472   Other Operators:   DANNY ALEXANDER   C   C-21471    JENNIFER ALEXANDER   C   C-21471	
Contact Person's Telephone Number: 352-302-7406   Contact Person's Fax Number:  Contact Person's E-Mail Address: utilityconsultant@yahoo.com  Water Treatment Plant Information  Plant Name: Pinecrest Utilities   Plant Telephone Number: 863-647-1581    Plant Address: Citrus Highlands Drive off Hankin Rd.   City: Bartow   State: FL   Zip Code: 3  Type of Water Treated by Plant: Raw Ground Water X   Purchased Finished Water  Permitted Maximum Day Operating capacity of Plant, gallons per day: 150,000    Plant Category (per subsection 62-699.310(4), F.A.C.): V   Plant Class: C    Licensed Operators   Name   License Class   License Number   Day(s)/Shift    Lead/Chief, Operator   GAINES ALEXANDER   C   C-5472    Other Operators: Jennifer ALEXANDER   C   C-21471    JENNIFER ALEXANDER   C   C-21471    JENNIFER ALEXANDER   C   C-21471	
Contact Person's E-Mail Address: utilityconsultant@yahoo.com  Water Treatment Plant Information  Plant Name: Pinecrest Utilities   Plant Telephone Number: 863-647-1581  Plant Address: Citrus Highlands Drive off Hankin Rd.   City: Bartow   State: FL   Zip Code: 3  Type of Water Treated by Plant: Raw Ground Water X   Purchased Finished Water    Permitted Maximum Day Operating capacity of Plant, gallons per day: 150,000  Plant Category ( per subsection 62-699.310(4), F.A.C.): V   Plant Class: C    Licensed Operators   Name   License Glass   License Number   Day(s)/Shift    Lead/Chief Operator   GAINES ALEXANDER   C C-5472    Other Operators   DANNY ALEXANDER   C C-12379    JENNIFER ALEXANDER   C C-21471    JENNIFER ALEXANDER   C C-21471	830
B. Water Treatment Plant Information Plant Name: Pinecrest Utilities   Plant Telephone Number: 863-647-1581 Plant Address: Citrus Highlands Drive off Hankin Rd.   City: Bartow   State: FL   Zip Code: 3 Type of Water Treated by Plant: Raw Ground Water X   Purchased Finished Water Permitted Maximum Day Operating capacity of Plant, gallons per day: 150,000 Plant Category ( per subsection 62-699.310(4), F.A.C.): V   Plant Class: C Licensed Operators   Name   License Class   License Number   Day(s)/Shift Lead/Chief Operator:   GAINES ALEXANDER   C C-5472   Other Operators   DANNY ALEXANDER   C C-21471    JENNIFER ALEXANDER   C C-21471	830
Plant Name: Pinecrest Utilities   Plant Telephone Number: 863-647-1581   Plant Address: Citrus Highlands Drive off Hankin Rd.   City: Bartow   State: FL   Zip Code: 3 Type of Water Treated by Plant: Raw Ground Water   X   Purchased Finished Water   Permitted Maximum Day Operating capacity of Plant, gallons per day: 150,000   Plant Category (per subsection 62-699.310(4), F.A.C.): V   Plant Class: C   Licensed Operators   Name   License Class   License Number   Day(s)/Shift   Lead/Chief Operator:   GAINES ALEXANDER   C   C-5472   Other Operators   DANNY ALEXANDER   C   C-12379   JENNIFER ALEXANDER   C   C-21471	830
Plant Address: Citrus Highlands Drive off Hankin Rd. City: Bartow 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 Category ( per subsection 62-699.310(4), F.A.C.): V Plant Class: C Licensed Operators License Operators License Operators C C-5472 Other Operators DANNY ALEXANDER C C-12379 JENNIFER ALEXANDER C C-21471	830
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 Name License Class License Number Day(s)/Shift Cead/Chief Operator: GAINES ALEXANDER C C-5472 Other Operators: DANNY ALEXANDER C C-212379 JENNIFER ALEXANDER C C-21471	830
Permitted Maximum Day Operating capacity of Plant, gallons per day:  Plant Category ( per subsection 62-699.310(4), F.A.C.): V Plant Class:  Licensed Operators Name License Glass License Number Day(s)/Shift Ced/Chief Operator:  Other Operators DANNY ALEXANDER C C-5472  Other Operators JENNIFER ALEXANDER C C-21471  JENNIFER ALEXANDER C C-21471	~~~
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  Lead/Chief Operator: GAINES ALEXANDER C C-5472  Other Operators DANNY ALEXANDER C C-12379  JENNIFER ALEXANDER C C-21471	
License Operators Name License Glass License Number Day(s)/Shin Lead/Chief Operator GAINES ALEXANDER C C-5472 Other Operators DANNY ALEXANDER C C-12379 JENNIFER ALEXANDER C C-21471	Water and the same
Licensed Operators Name License Class License Number Day(s)/Shift Lead/Chief Operator GAINES ALEXANDER C C-5472 Other Operators DANNY ALEXANDER C C-12379 JENNIFER ALEXANDER C C-21471	Park traces ( house)
Other Operators DANNY ALEXANDER C C-12379  JENNIFER ALEXANDER C C-21471	
JENNIFER ALEXANDER C C-21471	3
	Manager 1
II. Certification by Lead/Chief Operator	
I, the undersigned water treatment plant operator license in Florida, am the lead/chief operator of the water treatment plant identified in Part I of	
this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking	
water treatment, chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection	
62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator	
staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) is	
applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additioanl operations records to the PWS	
so, the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.	
OVILLIE Glever C-5472 Gaines Alexander C-5472	
Signature and Date Printed or Typed Name License Number	

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

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER 6535079 PINECREST RANCHES

PWS: Identification Number:

Days
Days
Days
Duality of
Plant
Plant
Plant
Day of the Victed by Plant in
Produced Peak flow Parenth
Day of the Victed by Parenth
Day of the Victed by Plant in
Produced Peak flow Parenth
Develope Table 18500 Average 279500

Average 22917

Maximum 29333

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

DEP Form 62,565 8000)

Effective August 25, 2000 Means of Archeving Four-Log Virus Inactivation / Removal: \*

Other (Describe): Ultraviolet Radiation Other: (Describe):

Type of Disinfectant Residual Maintained in Distribution System:

[CT Calculations, or UV Dose; to Demonstrate Four-Log Virus fractivation, if Applicable:

[CT Calculations or UV Dose; to Demonstrate Four-Log Virus fractivation, if Applicable:

[CT Calculations or UV Dose; to Demonstrate Four-Log Virus fractivation, if Applicable:

[CT Calculations or UV Dose; to Demonstrate Four-Log Virus fractivation, if Applicable:

[CT Calculations or UV Dose; to Demonstrate Four-Log Virus fractivation, if Applicable:

[CT Calculations or UV Dose; to Demonstrate Four-Log Virus fractivation in CV Dose; to Demonstrate Four-Log Virus fra 24 20500 24 20500 24 20500 24 20500 24 20500 24 20667 24 24667 24 23900 24 23900 24 23900 24 23900 24 27333 24 27333 24 17000 24 18000 24 28933 24 29333 24 29333 24 29333 24 29333 24 29333 24 29333 24 29333 24 29333 24 29333 24 29333 24 21500 24 22333 Lowest In Contact
Resultual Time (T)
Distribution or ment at C concentration Measure in Before or ment at First Customer During Peak Flow, Peak Flow, Peak Flow, mg/L minutes Monitoring Period From: 6/01/15 To: 6/30/15
Chlorine Dioxide 3.5 or Lowest
OT
Provided
Before or
at First
Customer
During
Peak Flow, mg-Temp of Water, C pH of CT, to Water if Required Applicable ing-min/L. concentra

tion at:
Lowest Minimum Remains
Operating UV Dose, Pont in Operating Conditions, Repair or
UV Dose, required Distributio Maintenance Work that Involves
mW- mW- nSystem Taking Water System
Record section Components Out of Operation Lowest Residual Disinfecta Ozone 13, 14 2.4 Combined Chlorine(Chloramines



# DRINKING WATER BACTERIOLOGICAL ANALYSIS

	MID FLORIDA WATER	LABORATOR	Y	Lab R	eceipt D	ate & Ti	me:	A P. 6.7		
· .	8 Oakwood Road - Winter Ha Phone (863) 965-2540 • Fax (8 Lab I.D. #E84567 • Margaret Rajpaul - Di NELAC CERTIFIEI	aven, FL 33880 63) 967-8601 irector, Contact Person D		Analys Samp	sis Date le Accep Preserva	& Time:	<u>(/</u> Çriteria:	Not On Ice		7.0 °C mg/L
Report N	umber:Sub-Contrac	ct Lab ID:	1					wing NELA		
Analysis	Requested: (check all that apply) Coliform/E-Coli  Total Coliform/Fecal  Er			Other:	11/2					
System	Name: Pine Creat Y	RECEN	/Fn	PW	/S 1.D.	LE	5][3	5 5		79
system A	Address.	IIIAI 10			1000	A SHEWAY	T.			
	or Owner's Phone #:	ENVIRONM	2015	Fax #:			70	- Comment of	100	2
Collecto	or: KD DUM DEST	FNGINEF	FNIAL	Collecto	r's Phor	ne #:	74	1 0	107	1
Comm Private Reason			ed Water			Other_		Limit	ted Use	
Clear	ance Replacement (also check type of samp									
Market Street, and Street,	Collection Date: 6-11-15  To be completed by	v collector of sample						o be com	noleted (	by lab
Sample Number	Sample Point (Location or Specific Address)	Lab Sample Number	Collection Time	Sample Type <sup>1</sup>	Disinfect Res'd	рН	Total Co Fecal or Non	liform Analys E. coli Analy	sis Method sis Method Fecal or	d: Data
1/4	12000	008127	0930	K		28		A		
74	Likelz	008758	0935	K		7.8		A	4	2
14	282 Citrus Hlock W	008129	94	D	1.62	7.8		A		
111	51,009 lessile	008130	0345	D	1.54	7.9		A		
ren				, .			4.	3.242 <sub>x</sub>	in de se	21 22 12 12 12 12 12 12 12 12 12 12 12 1
non-tran	e of disinfectant residuals for routine and repensions on community systems serving population plant samples in the average.)				1,58	The tes	are perform	ed in accordar this report o	nce with NE	ule 62-160, Table 1 LAC standards to the analys
Person A cer Supe						ate notified		ositive result		liali
Na	me and Mailing Address of Person to R	eceive Report			Title: _	01	Q m	10x	100	101
1 200	Consila Flow		☐ Satisfa ☐ Incomp ☐ Repea	olete Co						Required
			Date Rev		THE REAL PROPERTY.		E	126/1	11/1/2	rehen

PLANT NAME:

Pinecrest WTP (WATER REPORT)

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

DAY	METER 1	METED 2	TRC	PH	TRC	PH	INDU T	4000	TOTAL
		METER 2	1 INC	РП	11RC	<u> </u>	MULT.		TOTAL
PREV 1	9,305	•		<del>                                     </del>	+		#REF!	#REF!	#REF!
2	9,355	<u> </u>	- 1.3		1.0		25,000		25,000
	9,333	3		ļ			25,000	ļ	25,000
3 4		,	*				18,750		18,750
5	. 1			ļ			18,750 18,750		18,750 18,750
6	9,430		0.9	<u> </u>	0.5		18,750		18,750
7	5,450		. 0.5		0.5		22,000		22,000
8	9,474		2.0	<del> </del>	1.5		22,000		22,000
9	3,7,7			<del> </del>	1.3		22,000		22,000
10	9,518		2.5		1.8	····	22,000		22,000
11	5,5.6			<del>                                     </del>	1 :	***************************************	23,000		23,000
12	_			<del> </del>	-		23,000		23,000
13	-		<del>                                     </del>	<del> </del>	-		23,000		23,000
14	9,610		- 1.9		1.6		23,000		23,000
15	9,622		- 1.6		1.2		12,000		12,000
16			-				14,667		14,667
17	-		•		-		14,667		14,667
18	9,666		- 1.9	[	1.5		14,667		14,667
19			·		•		37,000		37,000
20	9,740		- 3.0		2.5		37,000		37,000
21					-		12,500		12,500
22	9,765		- 2.5		2.0		12,500		12,500
23	•		•				25,500		25,500
24	9,816		- 2.1		1.6		25,500		25,500
25	•				-		32,000		32,000
26	9,880		- 1.5		1.0		32,000		32,000
27	-		· -		-		13,667		13,667
28	-		•		-		13,667		13,667
29	9,921		- 1.3		0.9		13,667		13,667
30	-		•		-		16,500		16,500
31	9,954		- 1.4		8.0	***************************************	16,500		16,500
			•				-		
Total Flow					-		649,000		649,000
ADF					•.		20,935		20,935
MAX			3.0		2,5		37,000		37,000
MIN			0.9		0.5		12,000		12,000

The state of the contraction of the co

Public Water System	(PWS) Information	And the second second second second second					
PWS Name:	PINECREST RANCH	IES	William County Infrastructural County	PWS Identi	fication Number:		6535079
PWS Type:	Community	Non-Transient Non	-Community		on-Community	Co	nsecutive
Number of Service Co	onnections at End of Mor	nth:	178	Total Population Served	at End of Month:		
PWS Owner:	Mike Smallridge				(Antonia ) 1/10-124 - 124 2 -		
Contact Person :	Mike Smallridge	7 100 100 100 100 100 100 100 100 100 10		Contact Person's Title:	PRESID	ENT	
Contact Person's Mai	ling Address:	P.O. BOX1798	City: Eaton Park		State:	FL	Zip Code: 33840
Contact Person's Tele	ephone Number:	352-302-7406	Paragraphy of Grand Lag. Minda Day	Contact Person's Fax Nu	mber.		
Contact Person's E-M	lail Address:	utilityconsultant@	yahoo.com				
Water Treatment Plan	nt Information					CHEROLOGICAL CONTRACTOR	
Plant Name:	Pinecrest Utilities			Plant Telephone Number	:	863-647-1581	
Plant Address:	Citrus Highlands Driv	ve off Hankin Rd.	City: Bartow		State:	FL	Zip Code: 33830
Type of Water Treate	d by Plant:		Raw Ground Wate	r X	Purchas	ed Finished Water	
Permitted Maximum I	Day Operating capacity of	f Plant, gallons per day:		150,000			
	subsection 62-699.310(4)	), F.A.C.): V		Plant Class:	C		
Licensed Operators		Name		License Cla	is License	Number	Day(s)/Shift(s) Worke
Lead/Chief Operator:		GAINES ALEXAND	ER	C	C-5472		13
Other Operators:		DANNY ALEXAND	ER	С	C-12379		
		JENNIFER ALEXA	NDER	C	C-21471		
							The state of the s
				- V			
		The second secon	A CONTRACTOR OF THE CONTRACTOR			President and the second	
 cation by Lead/Chief Ope	en la company de		Manager and Company of the Company o	The state of the s	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO I		

DEP Form 62-555.900(3) Effective August 28, 2003 Printed or Typed Name

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER 6535079 | Plant Name: PINECREST RANCHES

PWS: Identification Number:

											54900			
	8.0								1.4		Τ	24	×	31
								The second second second			T	24		30
	0.9								1.3		T	24	×	29
	,											24		28
											Γ	24		27
	0.1		The second secon						1.5			24	×	28
The second secon	100	L. Hillson	400	The serve decreases	Section of the second	The second second	The second second					24		25
	1.6			1 10				Part of the	2.1	Emilian Marin	Г	24	×	24
	*										25500	24		23
	2.0								2.5		12500	24	×	23
	11											24		21
	2.5	The same and the		***					3.0		37000	24	×	23
N. Carlotte and Ca		Mary Control			Same and the same	The state of the s		Section of the second				24		19
	1.5	Contemporary of the Contem		The second of the	The second second				1.9		To and	24	×	18
			The second second		The second				F-12			24		17
												24		10
	1.2								1.6			24	×	15
	16		A CONTRACTOR OF THE PERSON NAMED IN	STATE OF THE PARTY.	Sammary 1985				1.9		-	24	X	14
The state of the s		A						The state of the s	- S		23000	24	Section of the sectio	:3
							A STATE OF THE STA			CHARLES AND	23000	24		12
									•		23000	24		
	1.8								2.5		22000	24	×	10
											٦	24		9
	1.5		THE PERSON						2.0		T	24	×	œ
				The second							1	24		1
	0,							-	09		18750	24	×	3
											T	24		2
A STATE OF THE PROPERTY OF THE			2									24		C.
	7.0		-						13	-	25000	24	*	*
											25000	24		1-
	System, mg/L	required mW- sec/cm2	MW- Sec and	CT. Required mg-min/L	pH of Water if Applicable	Temp of Water C		240000000	Peak Flow mg/L	Peak flow rate gpd		Plant in Operation	Staffed or Visited by Operator	Day of the month
	Resoural Resoural Resoural In In Inc.	Lowest Minimum Operating UV Dase	Lowest Cperating	Minimum			Lowest CT Pravided Before or at First Customar During	Deinfecta of Contact Time (T) at C Measure ment Point During			Not Quality of Finished		79	
			UV Dose	100	100000000000000000000000000000000000000	900,000	10718	Ct Calculations	Dona or or	O On On				
Type of Danfloctant Residual Mandahad in Distribution System:  Free Chlorina  Free Chlorina  Combined Chlorine(Cloramines): Chlorina Dioxide	Joramines)	Chiorine(C	Combined	The Part of	IN B	Free Chlori	Attended to	Cons. In The	ystem	Distribution S	intained in [	esidual Ma	infectant R	pe of Dis
Community Characteristics	Cons		police	Collection Dioxida			FIGURE CHINA	ribe):	Other: (Describe)	Ultraviolet Radiation Othe	Radiation	Ultraviolet Radiation	8	910

20935

Maximum 37000

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

OEP Form 62-565 9003)

Effective August 20, 2000



# DRINKING WATER BACTERIOLOGICAL ANALYSIS

ype of Supply: (check only one) ☑Community Water System ☐ Noncommunity Water Sy ☐ Private Well ☐ Swimming Pool	ENCINE			/s I.D.	<u>/</u> al				
System Name:	ENGINE			/S I.D.	7	715	71-7		
ystem Address: 0//5					1/1/11		11 1 2 2 2 2	123 1	7/19
ystem or Owner's Phone #:  ollector: Rober + Bes +  ype of Supply: (check only one)  Rommunity Water System Noncommunity Water Sy  I Private Well Swimming Pool			<u> </u>		عا لــــــــــــــــــــــــــــــــــــ	4 <u> </u>			44
of Supply: (check only one)  Rommunity Water System Noncommunity Water System Swimming Pool		A Committee Comm	 Fax #:	County	•	7 /	<u> </u>		
/pe of Supply: (check only one)  ☑ Moncommunity Water Sy  ☑ Private Well  ☑ Swimming Pool		4.1	. ,	1,5	е#: «	96		15%	7
Private Well System Noncommunity Water Sy									A
그러움을 들는 이번 때문에 들는 이 하지만 이상을 하고 하는 방문이 하루 사람들이 이하하는 물병이 모든	stem 🚨 Nontr	ansient No	ncommu	inity Wat	er Syste	m	☐ Limi	ted Use	System
and the control of th	□ Bottle	d Water			Other_				
eason for Sampling: (check all that apply)						Figure 1		<b>.</b>	
Poistribution Routine Distribution Repeat Raw (tr Clearance Replacement (also check type of sample by	ATTENDED TO SECURE A SECURE AND A SECURE AND A SECURE ASSESSMENT AND A SECURE ASSESSMENT	Principal Committee Co.				7	ional (	⊒Weil S	urvey
ample Collection Date: 7-14-15				-					
To be completed by co	lector of sumple					1 1 1	o be con	pletell	y ab
ample Sample Point	Lab Sample	Collection	Sample	Disinfect		7	iform Analy E. coll Anal	والمراجع والمراجع والمراجع	
umber (Location or Specific Address)	Number	Time	Type¹	Res'd	pH 🏥	Non Coliforn	Total Coliform	Fecal or E. coli	Data Qualifie
1/1 1/10/1/1	009671	1100	P		つい		IA		
7 1000			0		78		1		
y wee	009672	1105	14		78		<u>                                   </u>		
4 1041 CArust pelikas	009673	1110	(1)	2.20	79		A		
4. 335 Harris Rd.	009674	1665		3.32	7.8		A		
7 300 300 4011 400 1111			9						
		in lite. En Min in							
			: 140						
Average of disinfectant residuals for routine and repeat s	amples. (Complete for	communi	ty and	tons		<sup>2</sup> Defined in	Florida Adminis	trative Code Ru	da 62-160, Table
non-transient non-community systems serving populations up raw or plant samples in the average.)	to and including 4,900	). Do not in	nclude	2.20	The test	results in	this report o	and the state of the	LAC standar to the analy
Disinfectant Residual Analysis Method: DPD Colorime	etric DÖther:					imples sub			
Person performing analysis is (Please see instructions on r	reverse):		-				ositive resul		
	nployed by a certified land in the property of the property of DOI in the property of DOI in the property of DOI in the property of the proper		No Feet	Date Sta	te notified	by lab of po	ositive resul	<u> </u>	77
Authorized representative of supplier of water				Lab Sign	and de	ryar	in	Date	<u> 11:5   1:</u>
Name and Mailing Address of Person to Recei	ive Report			Title:	-ca	10 1	1 wi	100	<u> </u>
Consta Flow, Inc		Satisfa					DE	P/UOH L	JSE ONL
5574 Commercial Blvd		⊒Incomp ⊒Repea					ament ic	- داسمه	_
Winter Haven, FL 33880		Date Rev	، ، الماء		111 GO (-)		21116311167	2.00162	Ken

Page 1 of 1

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

Analysis Methods: MF = \$M9222B & D; MTF = 9221B & EC/MUG; MMO/MUG = \$M9223B; HPC = \$M9215B

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

PLANT NAME: Pinecrest WTP
(WATER REPORT)

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

Z Z	MAX	ADF	Total Flow		31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	16	15	14	13	12	11	10	9	8	7	6	S.	4	3	2	_	PREV
					10,579			10.518		10,490	_	10,460	•		10,383	,	10,340	٠	10,300	,		10,246	•	10,202	•	10,160	•	,	10,090	.1	10,054	•	10,003	•	•	9,954
1.4	2.2	•			- 2.2	•	·	- 2.0	1	1.5	-	- 1.4	,	-	- 1.6	-	- 1.5	-	- 1.5	•	•	- 1.6	•	-  1.7	-	- 1.4	-	•	- 1.5	•	- 1.4	•	- 1.5	•	•	
				L										-																						
1.0	1.8		•		1.8	•		1.5	•	1.1	-	1.2	•		1.0		1.1	-	1.0	•	•	1.1	•	1.2	•	1.1	•	•	1.0	•	1.0	•	1.0	,	•	
14,000	25,667	20,161	625,000	,	20,333	20,333	20,333	14,000	14,000	15,000	15,000	25,667	25,667	25,667	21,500	21,500	20,000	20,000	18,000	18,000	18,000	22,000	22,000	21,000	21,000	23,333	23,333	23,333	18,000	18,000	25,500	25,500	16,333	16,333	16,333	# <b>X</b> ITT!
																																				**************************************
14,000	25,667	20,161	625,000		20,333	20,333	20,333	14,000	14,000	15,000	15,000	25,667	25,667	25,667	21,500	21,500	20,000	20,000	18,000	18,000	18,000	22,000	22,000	21.000	21,000	23,333	23,333	23,333	18,000	18,000	25,500	25,500	16,333	16,333	16,333	· 表

	Public Water System (	DIMES Information		oring Period From: 8/01/1				The state of the s	
	PWS Name:	PINECREST RANC	TIES.			Terres III			
	PWS Type:					IPWS Identification			6535079
		Community	Non-Transient Non			Transient Non-Com		Con	secutive
	Number of Service Cor		inth:	178	Total Popu	lation Served at End	of Month:		
	PWS Owner:	Mike Smallridge							
	Contact Person :	Mike Smallridge			Contact Pe	rson's Title:	PRESIDE		
	Contact Person's Maili		P.O. BOX1798	City: Eaton Park			State:	FL	Zip Code: 33840
	Contact Person's Teler		352-302-7406		Contact Pe	rson's Fax Number:			
	Contact Person's E-Ma	110.410.477.477.477.477.4	utilityconsultant@	yahoo.com					
	Water Treatment Plant		The state of the s						
	Plant Name:	Pinecrest Utilities			Plant Telep	hone Number:	ALL CHILDSON	863-647-1581	
	Plant Address:	Citrus Highlands Dr	ive off Hankin Rd.	City: Bartow			State:	FL	Zip Code: 33830
	Type of Water Treated			Raw Ground Water	X		Purchase	d Finished Water	
			of Plant, gallons per day:			150,000			
	Plant Category ( per su	bsection 62-699.310(4	i), F.A.C.): V		Plant Class	i; C			A STATE OF THE STA
	Licensed Operators		Name			License Class	License N	lumber	Day(s)/Shift(s) World
	Lead/Chief Operator:		GAINES ALEXAND	ER		C	C-5472		13
	Other Operators		DANNY ALEXAND	ER		C	C-12379	A contract of the contract of	
	<b>国际公共,由于中央</b> 基本。——		JENNIFER ALEXA	NDER		C	C-21471		
			A STATE OF THE STA				200000000000000000000000000000000000000		market and the state of the sta
							2.000		
tific	ation by Lead/Chief Opera	tor				PARTY OF THE PARTY	CONTRACTOR DES	CONTRACTOR OF THE PARTY OF THE	

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER 6535079 | Plant Name: PINECREST RANCHES

PWS: Identification Number:

De la Contraction de la contra				CT Calculat	ions, or UV (	CI Calculati	ona T	IN Bon-mo	1 15		THE CONTRACT OF PARTY	Inactivation, it Approache	CT Calculations, or O'V Lose, to Uemonissaes Four-Log Virus inactivation, it Application.  O'Calculations  UV Dose
					Lowest Residual Disinfectant concentratio n Before or	Disinfecta nt Contact Time (1) at C Measure ment	Lowest CT Provided Before or al First						
Sin Sin	Plant Staffed or Ho	Hous	Finished Water		Customer During	During	During Peak			PHO	Minimum CT.	Minimum Operating CT. UV Dose.	Minimum CT.
month Ope	Operator Oper	Operation	gal	rate gpd	rng/L	minutes	minut	Water C		Applicable	Applicable mg-min/L	mg-min/L	mg-min't Sec.cm2 sec/cm2
3		3 13	16222					-	_				
	1	24	10333						_				
	×	24	16333		1.5				+-				
th .	×	24	25500		1.4				-				
6		24	18000		,				$\vdash$				
4	×	24	18000		1.5				+				
Ð		24	23333						-				
	×	24	23333		1.4				$\overline{}$			A CONTRACTOR OF THE CONTRACTOR	
	×	24	21000		17								
13	>	24	22000		7.7								The second secon
	×	24	22000		1.6						To the second se		
15		24	18000		•			Contraction of the			100		and the second s
16		24	18000		1.								
	×	24	18000		1,5								
	×	24	20000		1 1						The state of the s		
	-	24	21500		, .								
	×	24	21500		1.6								
3 23	-	24	25667										
24	×	24	25667		3.4								
100		24	15000			Name of Street							
	×	24	15000		1.5						1 min	The second secon	
	1	24	14000		3,								
	>	2 62	14000		2.0								
30 22	+	24	20,333										
	×	2	255 00		22								
	ľ	5.2	20,000		2.2								
Average			20161										
Maylen on		24752400											



MIĎ FLORIDA WATER LABORATO	RY Lab Receipt Date & Time:	_
8 Oakwood Road - Winter Haven, FL 33880 Phone (863) 965-2540 • Fax (863) 967-8601 Lab I.D. #E84567 • Margaret Rajpaul - Director, Contact Perso NELAC CERTIFIED	Analysis Date & Time:  Sample Acceptance Criteria:  Sample Preservation  On tee  Not On tee  mg/L	7
Report Number:Sub-Contract Lab ID:	This sample does not meet the following NELAC requirements:	
Analysis Requested: (check all that apply)  Description Total Coliform/Fecal	☐ HPC ☐ Other:	
System Name: Page (40)	PWS I.D. 7 5 3 5 0 7 6	
System Address: 6/15 The / GO	County: 45 (K)	_
System or Owner's Phone #:	ECEIVED	
Collector: KOWat Col	AUG 1 4 2015 Phone # 445 2599	<del></del>
Community Water System	NVRONIENTA  NVRONIENTA  Limited Use System  Other  Other	
Reason for Sampling: (check all that apply)		
☐ Distribution Routine ☐ Distribution Repeat ☐ Raw (triggered or assessm ☐ Clearance ☐ Replacement (also check type of sample being replaced) ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐		
Sample Collection Date: 8-5-15		- - -
10 te completed by collector of sample.	To be completed by lab.	
Sample Sample Point Lab Sample Number (Location of Specific Address) Number	Collection Sample Disinfect Res'd PH   Total Coliform Analysis Method: SAQ	
010495		
2/4 WA 2 010496	185 R / 7.7 A	
1 6060 Citar Albert 010497	1 10:00 D 2.09 77 L A	$\Box$
14 401 Highland Uny 010498	10:15 D 2,207.8 L A	_
		. 2
Average of disinfectant residuals for routine and repeat samples. (Complete non-transient non-community systems serving populations up to and including 4.		
raw or plant samples in the average.)	The test results in this report only relate to the anal of the samples submitted.	lyses
Disinfectant Residual Analysis Method: DPD Colorimetric Other: Person performing analysis is (Please see instructions on reverse):	Date PWS notified by lab of positive results:	
☐ A certified operator (#) ☐ Employed by a certified		
□Supervised by a cert, operator (#☑/	DOH Stran Stranburg Will Co. I Was Mile to	
Name and Mailing Address of Person to Receive Report	The lab Albanoger	
Consta Flow, Inc	DEPISON DEPISON	LY
5574 Commercial Blvd Winter Haven, FL 33880	☐ Incomplete Gollection Information ☐ Repeat Samples Required ☐ Replacement Samples Require	ed
	Date Reviewed by DEP/DOH:	-
	, ,	_

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

PLANT NAME:

Pinecrest WTP (WATER REPORT)

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

<u> </u>		(HULLER) DEL O			7===				
	METER 1	METER 2	TRC	PH	TRC	PH	MULT.		TOTAL
PREV	10,579	•			<u> </u>		#REF!	#REF!	#REF!
1	-	•			-		18,000		18,000
2	10,615		2.2		1.7		18,000		18,000
3	-	-			-		10,500		10,500
4	10,636	-	1.7		1.2		10,500		10,500
5	. **	-	•	:	-		21,333		21,333
6		•			:-	1	21,333		21,333
7	10,700		2.2		1.5		21,333		21,333
8	•		•		-		17,500		17,500
9	10,735	•	1.7		1.4		17,500		17,500
10		٠	<b>.</b> .		-		20,000	1	20,000
11	10,775	•	1.4		1.0		20,000		20,000
12	•		-		-		20,000		20,000
13	•		•		-		20,000		20,000
14	10,835	•	1.5		1.0		20,000		20,000
15	•		•		-		17,500		17,500
16	10,870		1.4		1.0		17,500		17,500
17	•				-		15,000		15,000
18	10,900	-	1.5		1.0		15,000		15,000
19	-		*		-	· ·	22,333		22,333
20	-	•	•		-		22,333		22,333
21	10,967	•	1.4		1.0		22,333		22,333
22	*				-	:	13,000		13,000
23	10,993		1.5		1.0		13,000		13,000
24		•	• ;		-		21,000		21,000
25	11,035	*	1.4		1.0		21,000		21,000
26	•		•		-		21,667		21,667
27	•	•	-		-		21,667		21,667
28	11,100	-	1.3		0.9		21,667		21,667
29	-				- 1		17,500		17,500
30	11,135	•	1.5		1.1		17,500		17,500
		i	-		-		•		
			•		¥.				
<b>Total Flow</b>			•				556,000		556,000
ADF					=		18,533	1	18,533
MAX			2.2		1.7		22,333	3 3	22,333
MIN			1.3		0.9		10,500		10,500

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

Conmil	nformation for the Month?	/owest = feetfill and a	Monitorin	o Period From: 9/01/	5 To: 9/30/15				
A.	Public Water System (P)		Man, of Min. e.s	g r chou rom. don	10. 0.00.10		***		
Λ.	PWS Name:	PINECREST RANCHES	-			PWS Identificat	llon Number:		6535079
	PWS Type:	Community	Non-Transient Non-Co	mmunity		Transient Non-C		Conse	cutive
		ections at End of Month:		178	Total Popula	tion Served at E	nd of Month:		
	PWS Owner:	Mike Smallridge							
	Contact Person :	Mike Smallridge			Contact Pen	son's Title:	PRESIDEN	Τ	
	Contact Person's Mailing	Address:	P.O. BOX1798	City: Eaton Park			State:	FL	Zip Code: 33840
	Contact Person's Teleph	one Number;	352-302-7408		Contact Pen	son's Fax Numb	er:		
	Contact Person's E-Mail	Address:	utilityconsultant@yal	hoo.cam					
В.	Water Treatment Plant II	nformation							
	Plant Name:	Pinecrest Utilities			Plant Teleph	one Number:		863-647-1581	
	Plant Address:	Citrus Highlands Drive of	iff Hankin Rd.	City: Bartow			State:	FL	Zip Code: 33830
	Type of Water Treated b			Raw Ground Water	X		Purchased	Finished Water	
	Permitted Maximum Day					150,000			
	Plant Category ( per sub	section 62-699.310(4), F	.A.C.): V		Plant Class:		C		
							License XI	mber Landing How A	Day(a)/Shift(a)*Worked
	Lead/Chief Operator:	[1] [1] [1] [1] [1] [1] [1] [1] [1] [1]	GAINES ALEXANDER			C	C-5472		13
	Other Operators		DANNY ALEXANDER			C	C-12379	<del></del>	
			JENNIFER ALEXANDE	:R		C	C-21471		
	Other Spenators	# 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
II Codifico	tion by Lead/Chief Operati	atamatajiini, j	ada a manar a ser anggar a	r - ware and a manager to a	distantial experience	en staatileelse hid	Service and Managements of	-a-consular value of the	
II. CETUICE		treatment plant operator						en entrate de la companya della companya della companya della companya de la companya de la companya della comp	ty areas and a second s
	this report, I certify that t								
	water treatment, chemic								

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

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

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER 6535079 [Fign. Name: PINECREST RANCHES

PWS: Identification Number:

										*				
	•						-			Service Control of the Control of th	,			
	1.1								1,5		1	24	×	38
	,						77		,		T	24		29
	0.9	177							1.3			24	×	28
												24		27
	2.0								, 13		T	24		28
									1.		21000	24	×	3 3
	1.0		Vertical designation of the last of the la		-				1.5		T	24	×	23
											П	24		22
	10					100			1.4		I	24	×	21
					THE PERSON NAMED IN						1	24		20
									4			24		19
	1.0								15			24	×	18
				Sall March			1		,			24		17
	1.0						100		1.4			24	×	ő,
	i						S					24		15
	10					Manager of the same			1.5		Ů	24	×	14
												24	-	13
									. 5		20000	24	,	12
									14.			24	×	=
	1,4				-				1.7		T	24	×	5 ec
											П	24		00
	1.5								22			24	×	7
												24		O)
			The second second						•		100	24		5
A STATE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS N	12								1.7			24	×	٠
			1000000									24		3
	1.7								22			24	×	2
							1.3		-			24		-
Components Out of Operation	Distribution on System,	required, mW-	UV Dose,	Required	pH of Water, if Applicable	Temp of	Peak Flow, mg-	Peak Flow, minutes	During Peak Flow.	Peak flow	Water Produced	Hours Plant In Operation	0 ≤ 2	Day of the
Emergency or Abnormal	Lowest Residual Disinfects nt concentra tion at Remote	Minimum	Lowest				A	- 20	Lowest Residual Disinfectant concentratio n Before or at First		Outlify of		D D	
			UV Dose				tions	Ct Calcula	C) Calquiations UV.D					
			cable*	tion. If Appli	irus inactiva	our-Log V	amonstrate i	Dose, to Di	tions, or UV	CT Calcula				
Combined Chlorine(Cloramines) Chlorine Dloxide	oramines)	Chlorine(C)	Combined		ine	Free Chlorine		Circul.	System:	Stribution :	Type of Disinfectant Residual Maintained in Distribution System:	esidual Maintained in	sinfectant R	ype of D
[Combined Chlorine(Chloramines)	Ozone		hoxide	Chlorine Dioxide		rine	Free Chlorine	riha)	Other (Des	ion / Remov	Means of Achieving Four-Log Virus Inactivation / Removal: *	Ultraviolet	A Burkanny	veaus of
					Charles		1		****	1				

Average 18533
Maximum 22333
Reter to the instructions for this report to determine which plants must provide this information.

DEP Form 62:955-2003
ETHALM AUGINI 25, 2003



# **FLORIDA WATER LABORATORY**

• Report N		63) 967-8601 frector, Contact Person D		Samp Sample Disinfe	ctant Che	otance ( ation DC ck DNo	criteria in Ice C	Not On Ice	· [ [ ]	mg/L
System System System Collecte Type of Private Reason Distric	for Sampling: (check all that apply) bution Routine	ENVIRONME ENGINEER  Pr System Nont Bottle  W (triggered or assessment ple being replaced) Br	NTAL ING ransient No ed Water nt) Ra	Fax #: Collecto	er's Phononity Water Great or a little or	er Syste Other_	ent) add	litional (	lited Use	urvey
	To be completed by						Total C	oliform Analy	sis Method	
Sample Number	Sample Point (Location or Specific Address)	Lab Sample Number	Collection Time	Sample Type <sup>1</sup>	Disinfect Res'd (mg/L)	pН	Non	Total Total	Fecal or	
1/4	15/0/11	012474	0920	R	/	7.6		A	•	
2/1	1101/2	012475	0925	R		70		A		
1/4	282 Otto Hod F	012476	0935	/)	1,68	76		A		
44	340 atris Hod W	012477	2745	/)	1:54	7.7.		i A		
						27-14/00				
non-trai	e of disinfectant residuals for routine and repensient non-community systems serving population slant samples in the average.)				اما.ا	The test	re perform	ed in accorda	nce with NE	de 62-160, Table 1 LAC standards. to the analyses
Person  A cer  Supe	ctant Residual Analysis Method: DPD Color performing analysis is (Please see instructions tified operator (#		lab H			te notified		positive resu		<u> </u>
Na	me and Mailing Address of Person to Re Consta Flow, Inc 5574 Commercial Blvd Winter Haven, FL 33880		MSatisfa Incomp Repeal Date Rev DEP/DOH	lete Co Sampl iewed b	es Requ y DEP/I	uired 🖸 DOH:_	Repia			SE ONLY Required

Lab Receipt Date & Time:

PLANT NAME: Pinecrest WTP Monitoring Period From: 10/01/15 To: 10/31/15 (WATER REPORT)

DAY	METER 1	METER 2	ITRC	PH	TRC	PH	MULT.	1000	TOTAL
PREV	11,135		-				#REF!	#REF!	#REF!
1			-		-		27,000		27,000
2	11,189		- 2.0		1.8		27,000		27,000
3	-				-	*	10,500		10,500
4	11,210		- 2.1		1.7		10,500		10,500
5	-				÷.		17,000		17,000
6	-						17,000		17,000
7	11,261		- 2.0		1.7		17,000		17,000
8	•		-		· ·		19,750		19,750
9	•				-		19,750		19,750
10	-				-		19,750		19,750
11	11,340		- 1.8		1.5		19,750		19,750
12	*		-		-		20,000	· · · · · · · · · · · · · · · · · · ·	20,000
13					-		20,000		20,000
14	11,400		- 1.5		1.0		20,000		20,000
15	•				-		27,500		27,500
16	11,455		- 1.0		0.7		27,500		27,500
17					-		16,333		16,333
18							16,333		16,333
19	11,504		- 0.8		0.4		16,333		16,333
20	-		-		•		18,000		18,000
21	11,540		- 1.0		0.7		18,000		18,000
22	•		<u> </u>		-		25,000		25,000
23	11,590		- 1.0		0.7		25,000		25,000
24	•						20,000		20,000
25			• -		-		20,000		20,000
26	11,650		- 1.0		0.6		20,000		20,000
27	•		-		-		15,000		15,000
28	11,680		- 1.5		1.1		15,000		15,000
29					-	,	18,500		18,500
30	11,717		- 1.8		1.4		18,500		18,500
31	11,726		-		-		9,000		9,000
			<del> </del>				-	<u> </u>	504 000
Total Flow			•	<b></b>	•		591,000		591,000
ADF			;	<u> </u>	3		19,065		19,065
MAX		<b></b>	2.1		1.8		27,500		27,500
MIN		<u> </u>	0.8		0.4		9,000	<u> </u>	9,000

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

Public Water System (F					12772			2555333
PWS Name:	PINECREST RANCHES				PWS Identification			6535079
PWS Type:	Community	Non-Transient Non-			Transient Non-Con		Consec	cutive
THE RESIDENCE OF THE PARTY OF T	nections at End of Month		178	Total Popul	ation Served at End	of Month:		
PWS Owner:	Mike Smallridge							
Contact Person :	Mike Smallridge			Contact Pe	rson's Title:	PRESIDENT		17: 0 : 00040
Contact Person's Mailin		P.O. BOX1798	City: Eaton Park			State: F	Ц.	Zip Code: 33840
Contact Person's Telep		352-302-7406		Contact Pe	rson's Fax Number:			
Contact Person's E-Ma		utilityconsultant@	yahoo.com	OWNERS NAMED IN				
Water Treatment Plant								
Plant Name:	Pinecrest Utilities			Plant Telep	hone Number:		63-647-1581	
Plant Address:	Citrus Highlands Drive	off Hankin Rd.	City: Bartow			State: F		Zip Code: 33830
Type of Water Treated			Raw Ground Water	X		Purchased Fin	nished Water	
	y Operating capacity of P				150,000			
	bsection 62-699.310(4), F			Plant Class				16
Licensed Operators		Name			License Class	License Numb	xer	Day(s)/Shift(s) Worke
Lead/Chief Operator:		GAINES ALEXANDI			C	C-5472		12
Other Operators:		DANNY ALEXANDE			C	C-12379		
		JENNIFER ALEXAN	DER		C	C-21471		
on by Lead/Chief Opera	tor							

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 additioanl operations records to the PWS so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

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

C-5472 License Number

MONTHLY OPERATION REPORT FOR PWS» TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER 6535079 PINECREST RANCHES

PWS: Identification Number

Net   CT Calcular	Means of A	Means of Achieving Four-Log Virus inactivation / Removal: * Ultraviolet Radiation Oth	Means of Achieving Four-Log Virus Inactive Ultraviolet Radiation	is Inactivation	n / Remova	al: * Other (Describe):	ribe):	Free Chlorine	ine	ribe) Free Chlorine C	Chlorine Dioxide	oxide		Ozone	Combined Chlorine(Chloramines)
Days   Plant in Produced   Peak flow   P	Type of Dr	surfectant Re	esidual Mai	ntamed in D	stribution S	ystem	Tree to Da	nonetrala I	Free Chion	De martina	In H Anni	Combined	Digunoru	(saudire)	Chlorine Dioxide
Days					C. Calcoll	0.00	Colonia	On a				UV Dose			
District   Constitution   Constitu															
Callege   Call							Disurfacta nt Contact	Sales Comment						Lowest Residual	
Days   Cualify of Days   Consentration Measure Brown or Flority   Consentration of Part   Consentrat						Residual Disinfectant	at C	Provided						ut	
Clasely of Final-bed   Customer   Customer   Customer   Final-bed   Customer   Customer   Final-bed   Customer   Custom				Ž		concentration Before or	Measure	at First						tion at	
Shiffed or   Hours   Water   Pearly   During   Pearly   Pour   Pour   Pearly   Pour   Po		Days		Quality of		at First		Customer				Lowest	Minimum		Emergency or Abnormal
Values By   Part in   Producted   Peak Flow   Flow may   Temp of Wistert   Pequired mith.		O FIGURE	Lo Co	-inistred		Customer		During		o Hot		Operating	DV Dose		Maintenance Work that Involves
Operator         Operator         Imano         pool         mp/L         minutes         mano         Water G         Applicable imprinint         Secont         Record         Percord         Ing.           X         24         27000         2.0         1.8         1.8         1.8         1.8         1.8         1.8         1.8         1.8         1.8         1.8         1.8         1.8         1.8         1.8         1.8         1.8         1.8         1.8         1.7         1.8         1.7         1	Day of the	Visited by	Plant in	Produced.	<b>MATCHARINE</b>	Peak Flow.		Flow, mg-	Temp of	Water, If		E20102 RO	mW.		Faking Water System
X   24   27000   2.0	4		24	27000	1			- 1		C. P. C. C. C.					
24 10500	2	×	24	27000		20		18						1.8	
X     24     10500     2.1       24     17000     2.0       X     24     17000     2.0       X     24     19750     2.0       24     19750     2.     2.0       24     19750     3.     3.       X     24     19750     1.       X     24     20000     3.       X     24     20000     1.       X     24     20000     1.       X     24     27500     1.       X     24     27500     1.       X     24     27500     1.       X     24     18333     3.       X     24     18033     0.8       X     24     18033     0.8       X     24     26000     1.0       X     24     26000     1.0       X     24     26000     1.0       X     24     26000     1.       X     24     26000     1.       X     24     26000     1.       X     24     18500     1.       X     24     18500     1.       X     24     18500     1.       X	3		24	10500		,		A STATE OF THE STA							
24 17000 2.0  X 24 17000 2.0  X 24 19750 .  24 19750 .  24 19750 .  24 19750 .  24 20000 .  X 24 20000 .  X 24 20000 .  X 24 27500 .  X 24 16333 .  X 24 16333 .  X 24 18300 .  X 24 25000 .  X 24 18000 .  X 24 18000 .  X 24 18000 .  X 24 25000 .  X 25 25000 .  X 26 25000 .  X 27 25000 .  X 27 25000 .  X 28 25000 .  X 29 25000 .  X 20 250	7 2.	×	24	10500		2.1								rt	
X     24     17000     20       24     19750     .     .       24     19750     .     .       24     19750     .     .       24     20000     .     .       24     20000     .     .       24     20000     .     .       24     20000     .     .       24     20000     .     .       24     27500     .     .       24     27500     .     .       24     27500     .     .       24     18333     .     .       24     18000     .     .       24     25000     1.0     .       24     25000     1.0     .       24     25000     1.0     .       24     25000     1.0     .       24     25000     1.0     .       24     25000     1.0     .       24     25000     1.0     .       24     15000     .     .       24     15000     .     .       24     18500     1.9     .       24     18500     1.9     .       25	0		24	00071											
24 19750	7	×	24	17000		20								1.7	
24 19750	8		24	19750											The second secon
X 24 19759 1.8  X 24 19759 1.8  X 24 20000 1.5  X 24 20000 1.5  X 24 27500 1.5  X 24 19333 1.0  X 24 19333 0.8  X 24 19333 0.8  X 24 19300 1.0  X 24 25000 1.0  X 25 26 25 25 25 25 25 25 25 25 25 25 25 25 25	9		24												
X 24 20000 1.8  24 20000 1.5  X 24 20000 1.5  X 24 20000 1.5  X 24 27500 1.0  X 24 27500 1.0  X 24 16333  Z 16333 0.8  X 24 18000 1.0  X 24 25000 1.0  X 25 25 25 25 25 25 25 25 25 25 25 25 25	10		24					-	-	-	***************************************		-		
24 20000 1.5  X 24 20000 1.5  X 24 27500 1.0  X 24 27500 1.0  X 24 16333 .  X 24 16333 0.8  X 24 16333 0.8  X 24 15000 1.0  X 24 25000 1.0	3 17	*	24	06783		1,0									
X   24   20000   1.5	13		24	20000		•					Carried Charles		The state of the s		
24 27500   1.0	1.6	×	24	20000		1.5								10	
X   24   27500   1,0	31		24	27500		•									
1933   1933	16	×	24	27500		1.0								0.7	
X 24 16333 0.8  X 24 18033 0.8  X 24 18000 1.0  X 24 25000 1.0  X 24 15000 1.0  X 24 15000 1.0  X 24 15000 1.5  X 24 18,500 1.8  S 24 18,500 1.8  S 25 18,500 1.8  S 26 18,500 1.8	77		24	16333		•			78.13		200				
X   24   16333   0.8	8		24		Billion of the State of the Sta										
X 24 18000 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	19	×	24	150	8	0.8	P. C. Communication							0.4	
X 24 25000 1.0  X 24 25000 1.0  X 24 25000 1.0  Z 25000 1.0  Z 25000 1.0  X 24 20000 1.0  X 24 20000 1.0  X 24 15000 1.5  X 24 15000 1.5  X 24 15000 1.5  S 24 15000 1.8  S 25 1000 1.8  S 25 1000 1.8  S 25 1000 1.8	13		24	I					100					4	
X 24 25000 1.0 24 20000 . 24 20000 . X 24 20000 1.0 X 24 15000 1.0 X 24 15000 1.5 X 24 15000 1.5 24 18,500 1.8 597000 1.8 597000 1.8	3 (2	×	224	1		1.0				-				0.7	
24 20000   1	3 8	*	24			10								0.7	
X 24 20000 1.0  X 24 12000 1.0  X 24 15000 1.5  X 24 15000 1.5  X 24 18,500 1.5  X 24 18,500 1.5  S 24 18,500 1.8  S 26 1000 1.8	2	,	24	1						1111					
X   24   2000   1.0	25		24			,						***************************************		-	
X 24 15000 1.5 X 24 15500 1.5 24 18,500 . X 24 18,500 1.8 24 18,500 1.8 25 18,500 1.8 26 18,500 1.8 27 59,000 1.8	26	×	24	20000		1.0								0.6	
X   24   15000   1.5	27		24	15000											
X   24   18,500   .	28	×	24	15000		1.5								1.1	
X 24 18,500 1.8 24 9,000 - 1 597,000 - 1	29		24	18,500										,	
24	8	×	24			1.8			1000					14	
	31		24	9.000											
	ICIAI		WWW. Commonwealth.												

Average 19065
Maximum 27500
\*Refer to the instructions for this report to determine which plants must provide this information.
DEP Form \$255,9000)
Effective August 26, 2000



	MID FLORIDA WATER I	ABORATOR	Y	Lab R	eceipt D	ate & T	ime:			1115 F
	8 Oakwood Road - Winter Ha Phone (863) 965-2540 • Fax (86 Lab I.D. #E84567 • Margaret Rajpaul - Dir NELAC CERTIFIED	ven, FL 33880 53) 967-8601 rector, Contact Person		Sample	sis Date le Accep Preservi	ptance ation 🔼	Criteria On Ice	☐Not On Ice	- 10-	9 % 1 % 30
Report N	lumber:Sub-Contrac	t Lab ID:						flowing NELA		
	Requested: (check all that apply)  Coliform/E-Coli	RECE		D		==				
	1): 0 1 0	OCT 2	2 2 2015		/S I.D.	7	2 1	51/2		5167
	Name: PAR (ALL) FA	ENVIRO	NMENTA				$\mathcal{A}^{L}$	210		
System	Address: Collection that COE		EERING	_	County	r:	+0	1 King		
	or Owner's Phone #:			Fax #:			e1 -	( ) (	Cic	-
Collect	or: ROWER LONT			Collecto	r's Phor	ne #:	160	) OF	17	
Privat Reason	Supply: (check only one)  nunity Water System	→ Bottle		w (trigge	ered or a	Other	nent) ad		ited Use	
	Collection Date: 10 - 19 - 15	le being replaced) 🚨 B	oli vvater iv	ouce C	Ourier_					
	To be completed by	collector of sample						To be con	A STATE OF THE PARTY OF THE PARTY	
Sample Number	Sample Point (Location or Specific Address)	Lab Sample Number	Collection Time	Sample Type <sup>1</sup>	Disinfect Res'd	рН	Fecal No	Coliform Analy or E. coli Anal orm Coliform	ysis Method Fecal or	
1/4	Well 1	014458	0855	P.	7	7,7		A		7.781,3
2/4	UR112	014459	0900	R		7.6		A		
3/4	5609 CKSSIC	014460	0915	1)	1./3	76		IA		
4/4	38046 xx11	014461	0920	1)	1.21	7.(_		A		
4 19	X			- 1			E			
										Karia jag
Averag	ge of disinfectant residuals for routine and repe	at samples. (Complete fo	or communi	tv and			<sup>2</sup> Defin	ed in Florida Admini	strative Code Ru	ale 62-160, Table 1
non-tra	nsient non-community systems serving population plant samples in the average.)				1.17	The te	st results	rmed in accorda in this report submitted.		LAC standards. to the analyses
Person						ate notifie	1	of positive resu	-73	otoolis
		osivo Panort			Title:	Z	and	.17	Tais	ingul
N	ame and Mailing Address of Person to Re Gensta Flow, Inc 15574 Commercial Blvd Winter Haven, FL 33880	ceive kepon	Satisfa Incomp Repea Date Rev DEP/DOI	olete Co t Sampl riewed b	ollection es Req by DEP	uired ( /DOH:	Repl	acement S		Required,

PLANT NAME:

Pinecrest WTP (WATER REPORT)

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

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

	I Information for the Mor		Monit	oring Period From: 11	1/01/15 10: 11/3	30/15			
1.	Public Water System PWS Name:	PINECREST RANC	ucc			IPWS Identification	Number	494074444	6535079
	PWS Type:	Community	Non-Transient Non	Community		Transient Non-Com		Con	secutive
		onnections at End of Mo		178	Total Dog	ulation Served at End			30001170
	PWS Owner:	Mike Smallridge	aur.	170	Tiotairop	manon beived at Ling	Di William.		
	Contact Person :	Mike Smallridge			Contact F	erson's Title:	PRESID	ENT	
	Contact Person's Ma		P.O. BOX1798	City: Eaton Park	Toontact	CISONS TIBE.	State:	FL	Zip Code: 33840
	Contact Person's Te		352-302-7406	TORY, Lator Park	Contact F	erson's Fax Number:	Totale.		12.5 0000. 000.10
	Contact Person's E-	- Annual Control of the Control of t	utilityconsultant@	Jyahoo com	Toomacci	CISONS Lax Humber.			
	Water Treatment Pla		duntyconsumarnio	yoneo.com					
	Plant Name:	Pinecrest Utilities			Plant Teld	ephone Number:		863-647-1581	
	Plant Address:	Citrus Highlands Dri	ive off Hankin Pd	City: Bartow	Ir want tele	spriorite (rumous)	State:	FL	Zip Code: 33830
	Type of Water Treat		ve on Hankin Nu.	Raw Ground Water	er X			ed Finished Water	12.0 5555
			of Plant, gallons per day:		<u> </u>	150,000			
	Plant Category ( per	subsection 62-699.310(4	I) FACI V		Plant Clas				
	Licensed Operators		Name			License Class	License	Number	Day(s)/Shift(s) Works
	Lead/Chief Operator		GAINES ALEXAND	ER		С	C-5472		13
	Other Operators:		DANNY ALEXAND			С	C-12379	and the state of t	
			JENNIFER ALEXA	NDER		C	C-21471		The second secon
						ani ott			
	New York Control of the Control								

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

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER 6535078 PINECREST RANCHES

Net	Means of Achieving Four-Log Virus Ina Ultraviolet Radia	chieving Fo	our-Log Virus Inactiva Ultraviolet Radiation	ctivat	on / Remova	al: * Other: (Describe)	ribe)	Free Chlorine	ine	ribe) Free Chlorine C	Chlorine Dioxide	oxide		Ozone	Combined Chlorine(Chloramines)
CT Calculations, or UV Dose, 10 Demonstrate Fox-Cop Virus Inactivation, If Application   Lowest Principles   Lowest Principl	Type of Dis	infectant Re	esidual Mai	ntained in D	istribution S	ystem			Free Chlon	ne		Combined	nionneithic	ramines)	Chionne Dioxide
District					CT Calculat	ions, or UV (	Dose to De	monstrate F	our-Log Vir	rus inactivat	ion if Applic	abio"			
Days   Casility of Finance   Casility of Pask Flowers   Casility of Pask							CI Calculat	JOILS				OK POSO			
Common							Disinfects							Lowest	
Days   Causily of Paix   Pedicin of ment at First   Paix   Causily of Paix   Paix   Causily of Paix   Pai						Lowest Residual Disirrectant	nt Contact Time (T) at C	Lowest CT Provided						Residual Disinfecta nt	
Days   Charlify of Sunffield   Customer   Plant   Pl				줉		concentration Before or	ment	at First						tion at	
Sustrict or Hours   Water   Dump   Pauk Flow   Pauk		Plant		Finished		Customer Customer		During				Operating	-	Point in	Operating Conditions, Repair or
Operator         Common         Gal         Instruction         Impl.         Instruction         Waller_C         Applicable ing-moft_C         Sectoriz         sectoriz         moft_C           X         24         27000         1.3         0.9         0.9           X         24         22500         1.3         0.9         0.9           X         24         22000         1.3         0.8         0.8           X         24         17000         1.2         0.8         0.8           X         24         17000         1.2         0.9         0.9           X         24         17000         1.8         1.2         1.2           X         24         27500         1.8         1.5         1.5           X         24         17607         2.2         1.4         1.4           X         24         17500         1.7         1.4         1.4		Staffed or	Hours	Water		During		Place	600000	Wales of		and the later of t	raquired,	Distributio System	Maintenance Work that Involves Taking Water System
24   27000   1.3	month	Operator	Operation	Qai	-	mg/L	minutes	JAHD	1000			-	\$500 SS	mg/L	Components Out of Operation
X 24 22500 1.3  X 24 22500 1.3  X 24 22500 1.3  X 24 22000 1.2  X 24 17000 1.2  X 24 17000 1.2  X 24 17000 1.2  X 24 17000 1.2  X 24 17667 1.3  X 24 17667 2.2  X 24 17600 1.7  X 24 18500 1.7  X 24 18500 1.7  X 24 18500 1.7  X 24 23333 2.0  X 24 21500 2.1  X 24 21500 2.1  X 24 21500 2.1  X 24 16667 2.2  C 16.667 2.7			24	27000		•								3 .	
X   24   22500   1,3	۵,	2	24	22500											And the second s
24 22000   1.2	A	×	24	22500		1.3								0.9	
X     24     70000     1.2       24     17000     .     .       3     24     17000     .       4     17000     .     .       5     24     17000     .       6     24     20000     .       7     24     27500     .       8     24     27500     .       9     24     17697     .       10     24     17697     .       11     .     .     .       12     17697     .     .       12     17697     .     .       12     17697     .     .       12     17697     .     .       12     17697     .     .       12     17697     .     .       12     17697     .     .       13     18600     .     .       14     16000     .     .       15     24     16000     .       17     .     .     .       18     24     23333     .       24     16507     .     .       24     16507     .     .       24     16507 <t< td=""><td>Çħ.</td><td></td><td>24</td><td>22000</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	Çħ.		24	22000											
24   17000   12   12   12   12   12   12   12	6	×	24	22000		12								0.8	
X   24   17000   12   1   12   1   1   1   1   1   1	cs ·		24	17000		,				,	-			,	The desired state of the state
X 24 20000 1.8 24 27500 1.8 24 27500 1.8 24 27500 1.8 24 27500 1.8 24 27500 1.8 24 27500 1.8 24 27500 1.8 24 27500 2.2 24 17567 2.2 24 18500 2.1 2.2 24 18500 1.7 2.2 24 18500 1.7 2.2 24 23333 2.0 2.4 23333 2.0 2.4 23333 2.0 2.4 23333 2.0 2.4 23333 2.0 2.4 23500 2.0 2.0 2.4 23500 2.0 2.0 2.0 2.0 2.0 2.0 2.0 2.0 2.0 2	9	×	24	17000		12						The state of the state of		0.9	
X 24 27500 1.8  X 24 27500 1.8  X 24 27500 1.8  24 17667 .  Z4 17667 .  X 24 17687 2.2  X 24 16500 1.7  X 24 16000 1.7  X 24 16000 1.7  X 24 23333 .  Z4 23333 .  X 24 23333 2.0  X 24 21500 2.0  X 24 21500 2.0  X 24 16667 .  Z4 16867 .  Z5 164000 .  E14000	10		24	20000							200			à .	
X 24 27500 1.8  X 24 17567  24 17667  X 24 16500 1.7  X 24 16000 1.7  X 24 23333  X 24 23333  X 24 23333  X 24 23500 2  X 24 26667  X 24 16667	3 =	×	24	20000		18								2.6	
24   17667	3 8	×	24	27500		180								1.5	
Z4   17567   Z   X   X	14		24	17667					The second second	30 31 120					
X 24 17587 22  X 24 18500 1.7  X 24 18500 1.7  X 24 19500 1.7  X 24 19500 1.7  X 24 19500 1.7  X 24 23333  X 24 23333 2.0  X 24 27500 2.0  X 24 27500 2.0  X 24 26667 2.5  Z 4 16.667 2.7  X 24 16.667 2.7	15		24	17667							A				
X 24 18500 1.7 X 24 18500 1.7 X 24 15000 1.7 X 24 15000 1.7 X 24 23333 1. 24 23333 2. X 24 23333 2. X 24 23333 2. X 24 23500 2. X 24 25000 2.0 X 24 26000 2.5 X 24 16567 2. X 24 16.667 . X 24 16.667 . X 24 16.667 .	16	×	24	17867		2.2								1.7	
24 16000 1.7  X 24 16000 1.7  X 24 23000 1.7  24 23333 2.0  X 24 23333 2.0  X 24 23333 2.0  X 24 25500 2.0  X 24 26000 2.0  X 24 26000 2.0  X 24 16667 2.5  X 24 16.667 2.7  X 24 16.667 2.7  X 24 16.667 2.7  X 24 16.667 2.7	5	×	24	18500		17				***************************************				14	
X 24 1600 17	19		24	16000									Section 1		
24   2333   -	20	×	24	16000		1.7	9	A CONTRACTOR OF THE PARTY OF TH						1.4	The second secon
X. 24 23333 20 X. 24 21500 20 X. 24 21500 20 X. 24 20000 20 X. 24 20000 25 X. 24 16867	21		24	23333											
7. 24 21500 X 24 21500 2 20 2 20 X 24 20000 X 24 20000 X 24 16667 2 4 16.667 2 4 16.667 2 5 5 6 7 2 7 2 7 2 7 2 7 2 7 2 7 2 7 2 7 2 7	3 6	×	24	T		30.			-					1 29	
X 24 21500 20 20 20 20 20 20 20 20 20 20 20 20 2	24	-	24	T											
X 24 20000 2.5 X 24 120000 2.5 24 16667	25	×	24		-	20								18	
X 24 2000 25 24 16657 4 24 16657 4 24 16657 4 24 16657 4 24 16657 4 27 27 27 27 27 27 27 27 27 27 27 27 27	26		24												
24 16667	27	×	24	0.00		2.5								19	
X 24 16.667	28		24	18667		*	-								
10,007 2.7 10,007 2.7 10,007 2.7 10,007 2.7 10,007 2.7 10,007 10,	2 22		24	16,667		2 .						-		• • •	
	8														
The state of the s	Total			COUNTS											

Average 20467

Maximum 27500

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

OEP From \$2.505 00(3)

Effective August 26, 2000



WIID FLORIDA WATER									
<ul> <li>8 Oakwood Road - Winter Hage</li> <li>Phone (863) 965-2540 • Fax (8</li> </ul>			•	sis Date & le Accep		Criteria:		······································	
Lab I.D. #E84567 • Margaret Rajpaul - Di			Sample	Preserva	ntion 🔾 (	On Ice 🗆 N	lot On Ice	٥	°c
NELAC CERTIFIE						ot Detected		<u> </u>	· · · · · ·
Report Number:Sub-Contra	ct Lab ID:		This se	mple does	s not me	et the follow	ving NELA	.C require	ments:
Analysis Requested: (check all that apply)  Total Coliform/E-Coli	nterocci 🗍 Colilett 🗍	HPC []	Other:						
^				_	4	712	٦٦		76
System Name: Pine Cost Van	epes		— PV	/S I.D.			لوال	0	117
System Address: (0773 1 may (00)	<u></u>			County	:	to	CR.	)	
System or Owner's Phone #:		<del></del>	Fax #:			a/-	<del>( )</del>	100	
Collector: Robert Bist			Collecto	r's Phon	e #:	70	3 <del>~</del>	J 7 7	7
Type of Supply: (check only one)	573						_		
Community Water System Noncommunity Water System Swimming Pool		transient No	ncommu	•	-		Limi	ted Use	System
☐ Private Well ☐ Swimming Pool  Reason for Sampling: (check all that apply)	<b>L</b> Botti	led Water		ب	Other_				
Poistribution Routine ☐ Distribution Repeat ☐ Ra	aw (triggered or assessme	nt) 🗆 Ra	w (triage	ered or as	ssessm	ent) additi	onal [	] Well Si	invev
Clearance Replacement (also check type of samp									
Sample Collection Date: $1/-25-15$									
To be completed by	y collector of sample					Y LIT	be com	pleted t	y lab:
							form Analys		
Sample Sample Point  Number (Location or Specific Address)	Lab Sample Number	Collection Time	Sample Type <sup>1</sup>	Res'd	рН	Non	Total	Fecal or	Data
7/   // /			:0	(mg·L)		Coliform	Coliform	E. coli	Qualifier <sup>2</sup>
14 Well 1		080	R		76				
14 Well Z		0810	R		76	-			
3/4 6041 Citrus Highland S		0815	Ď	1.75	7,4				
4/4 401 High land Shay		0820	1)	1,67	76				
7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1									
					ļ				
					i.				
					44.7				
	L	1	<u> </u>		, , , , , , , , , , , , , , , , , , ,		Énrie Adaire	mins Co.4- C	60 F2 1F3 To-1- 1
Average of disinfectant residuals for routine and reponent reponent non-transient non-community systems serving population			1.71		<sup>3</sup> Defred in Florida Administrative Code Rule 62-160, Table 1 s are performed in accordance with NELAC standards				
raw or plant samples in the average.)				11//		it results in t iamples subi	•	nly relate (	to the analyses
Disinfectant Residual Analysis Method: Person performing analysis is (Please see Instructions	orimetric Other:			Date PW	'S notified	d by lab of po	sitive result	ls:	
	s on reverse): ☑ Employed by a certified	l lab				d by lab of po			
Supervised by a cert. operator (#2/47/_)	Employed by DEP or DO								
Authorized representative of supplier of water				Lab Sign	iature: _	-		Dale	
Name and Mailing Address of Person to R	eceive Report	<del></del>		Title:				D/D :::	10E 01:::
Consta Flow, Inc		☐ Satisfa	olete Co	llection	Inform	ation			JSE ONLY
94 44 Commercial Blvd		-	-	•				-	Required
Whater Haven, FL 33880		Date Rev		-	_				
	11	DEP/DO	1 Kevie	wing Off	ııcıaı: _				