

**Department of  
Environmental Protection**

Operator Certification Program  
Post Office Box 3070  
Tallahassee, Florida 32315  
(850) 245-7500

**CLASS A DRINKING WATER/WASTEWATER OPERATOR  
ACTIVE RENEWAL NOTICE**

NAME: CRAIG RAINES  
ADDRESS: 8550 CATHEDRAL LANE  
CLERMONT, FL 34711

PROFILE ID: 9991  
LICENSE: DW  
A  
0007960

Your license will expire April 30, 2015. In order to renew your license you must pay the applicable renewal fee and complete the required amount of continuing education established by Department rule. If you fail to properly renew your license prior to the expiration date, your license will become delinquent and automatically revert to an inactive status.

**YOU MAY NOW RENEW YOUR LICENSE ON-LINE WITH YOUR CREDIT CARD.**

Please visit our web page at <http://www.dep.state.fl.us/water/wff/ocp> for this option. You will need to use the **PROFILE ID #** listed on the top of this page to access your information on-line. Even if you choose not to renew your license on-line, you may still check the status of your license(s) and CEU's via this link. If you find that you have already taken CEU's and they are not viewable on our webpage, you will need to contact your CEU Provider directly. Each CEU provider is responsible for electronically updating the Operator Certification Program's database on a monthly basis.

If you do not wish to renew your license on-line, please return **this original renewal notice** with your payment. **Do not staple your payment to this notice.** Make your check or money order payable to: **DEP Operator Certification.** Please **allow at least six weeks** before calling the Department to confirm the receipt of fees or the status of your license.

There is no additional charge for renewing your license on-line.

Please indicate change of address below

LICENSEE'S LAST NAME	FIRST	MIDDLE INITIAL
STREET ADDRESS		
STREET ADDRESS		
CITY	STATE	ZIP

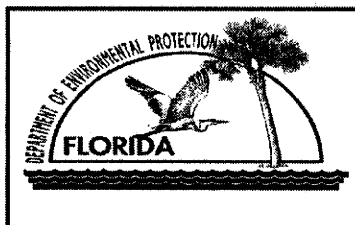
**Please remit fee of:**

**ON OR BEFORE April 30, 2015: \$75**  
**AFTER April 30, 2015: \$175**  
**On May 1, 2015 license is INACTIVE.**

Your name, address and other information given above reflect our most recent data. If any of this information is incorrect, please provide us with an accurate update by filling out the space provided. It is entirely the licensee's responsibility to provide the Department with accurate and current information. You cannot make an address change on-line.

**NOTE:** Name changes require legal documentation showing name change. A copy of an original document which shows the legal name change is acceptable unless the Department has a question about the authenticity of the document or if there is any question regarding another matter related to the application.

For Department Use Only	Org.Code/E.O./Fund	Object	Form Name	Fee	Receipt #	Payment
	37352030000/M8/780001	002192	Oper. Cert. Renewal	\$75		
<b>Fee must be received before April 30, 2015</b>		002194	Late Fec	\$100		



**Department of  
Environmental Protection**

Operator Certification Program  
Post Office Box 3070  
Tallahassee, Florida 32315  
(850) 245-7500

**CLASS B DRINKING WATER/WASTEWATER OPERATOR  
ACTIVE RENEWAL NOTICE**

NAME: MR. NATHAN VAN METER, JR.  
ADDRESS: 134 N. LOST LAKE LANE  
CASSELBERRY, FL 32707

PROFILE ID: 11672

LICENSE: WW  
B  
0007676

Your license will expire April 30, 2015. In order to renew your license you must pay the applicable renewal fee and complete the required amount of continuing education established by Department rule. If you fail to properly renew your license prior to the expiration date, your license will become delinquent and automatically revert to an inactive status.

**YOU MAY NOW RENEW YOUR LICENSE ON-LINE WITH YOUR CREDIT CARD.**

Please visit our web page at <http://www.dep.state.fl.us/water/wff/ocp> for this option. You will need to use the **PROFILE ID #** listed on the top of this page to access your information on-line. Even if you choose not to renew your license on-line, you may still check the status of your license(s) and CEU's via this link. If you find that you have already taken CEU's and they are not viewable on our webpage, you will need to contact your CEU Provider directly. Each CEU provider is responsible for electronically updating the Operator Certification Program's database on a monthly basis.

If you do not wish to renew your license on-line, please return **this original renewal notice** with your payment. **Do not staple your payment to this notice.** Make your check or money order payable to: **DEP Operator Certification.** Please **allow at least six weeks** before calling the Department to confirm the receipt of fees or the status of your license.

There is no additional charge for renewing your license on-line.

Please indicate change of address below		
LICENSEE'S LAST NAME	FIRST	MIDDLE INITIAL
STREET ADDRESS		
STREET ADDRESS		
CITY	STATE	ZIP

**Please remit fee of:**

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<b>Fee must be received before April 30, 2015</b>		002194	Late Fee	\$100		

+

Bank of America 

1501

ACH R/T 083100277

UTILITIES INC. OF FLORIDA  
200 WEATHERSFIELD AVE.  
ALTAMONTE SPRINGS, FL 32714

DATE 4/17/15

63-4/630 FL  
35108

PAY ~~DEF Ops~~ One hundred fifty + <sup>NO</sup>00/100 DOLLARS \$ 150.00

TO  
THE  
ORDER  
OF

DEF Operator Certification

PETTY CASH FUND

*Robert C. [Signature]*

⑈001501⑈ ⑆063000047⑆ 001280073899⑈

UTILITIES INC. OF FLORIDA  
ALTAMONTE SPRINGS, FL 32714

**DETACH AND RETAIN THIS STATEMENT**  
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW  
IF NOT CORRECT, PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED

DATE	DESCRIPTION	AMOUNT
4/17/15	FDEP License Renewals for Craig Raines + Nathan Van Meter BU 855100	150.00

Details on Back. Security Features Included

UTILITIES INC. OF FLORIDA  
 200 WEATHERSFIELD AVE.  
 ALTAMONTE SPRINGS, FL 32714

Bank of America

1502

ACH R/T 083100277

DATE 4/21/15

83-4/630 FL  
 35108

PAY *Sixteen & 05/100*

DOLLARS \$ 16.05

TO THE ORDER OF

*Lee Neal*

PETTY CASH FUND

*[Signature]*  
 NON-NEGOTIABLE

⑈001502⑈ ⑆063000047⑆ 001280073899⑈

UTILITIES INC. OF FLORIDA  
 ALTAMONTE SPRINGS, FL 32714

DETACH AND RETAIN THIS STATEMENT  
 THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW  
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DATE	DESCRIPTION	AMOUNT
4/21/15	Reimburse for Bay Breeze Car Wash Truck # 0461	16.05

NON-NEGOTIABLE

Bay Breeze #2  
 24726 State Road 54  
 Lot 7, Ft. 33859  
 (813) 949-7797

06/28/2015 Non 04:34 PM  
 OFFICE: AUTO CINC 4636/5  
 PWR: 2993V  
 AutoSecurity 2

Ultimate	15.00
SUB TOTAL	15.00
SALES TAX	1.05
TOTAL	16.05

AMOUNT TENDERED 16.05  
 CHANGE 0.00  
 PAYMENT BY (100) DISCOVER  
 Account # XXXXXXXXXXXX/628  
 Approval # 02/018P

Get \$5 Off Your Next Bill Change  
 Must Present This Coupon at  
 Time of Service. Coupon Expires 30 D  
 From Date in Receipt. Thank You

# FLORIDA RURAL WATER ASSOCIATION

2970 WELLINGTON CIRCLE • TALLAHASSEE, FL 32309-7813  
(850) 668-2746

## MEMORANDUM

### BOARD of DIRECTORS

**WILLIAM G. GRUBBS**  
President  
Quincy

**ROBERT MUNRO**  
Vice President  
Orlando

**BRUCE MORRISON**  
Secretary/Treasurer  
Destin

**PAUL BRAYTON**  
National Director  
Harbour Heights

**MICHAEL MCKINNEY**  
Perry

**TOM JACKSON**  
Punta Gorda

**SCOTT KELLY**  
Jacksonville

**GARY WILLIAMS**  
Executive Director  
Tallahassee



EMAIL  
[frwa@frwa.net](mailto:frwa@frwa.net)

WEBSITE  
[www.frwa.net](http://www.frwa.net)

**TO** Utilities Inc

**FROM** Amanda Read

**DATE** April 16, 2015

**SUBJECT** Refund Check

Enclosed you will find a refund check in the amount of \$35.00 for class registration for Jeff Metheney. If you have any further questions please contact me via phone @ 850-668-2746 or by e-mail at [amanda.read@frwa.net](mailto:amanda.read@frwa.net).

A handwritten signature in cursive script that reads "Amanda Read".

Amanda Read  
Financial Assistant

**FLORIDA RURAL WATER ASSOCIATION INC.**  
**OPERATING ACCOUNT**  
 2970 WELLINGTON CIR.  
 TALLAHASSEE, FL 32309

HANCOCK BANK  
 Member FDIC / hancockbank.com

18698

63-1278831  
 405

4/16/2015

PAY TO THE ORDER OF Utilities Inc

\$ \*\*35.00

Thirty-Five and 00/100\*\*\*\*\*

DOLLARS

Utilities Inc  
 200 Weathersfield Ave  
 Altamonte Springs, FL 32714

TWO SIGNATURES REQUIRED  
 VOID AFTER 90 DAYS

*Jim Williams*  
*John Love*  
 AUTHORIZED SIGNATURE

MEMO Refund - Utilities Inc

⑆018698⑆ ⑆063112786⑆ 010098507⑆

**FLORIDA RURAL WATER ASSOCIATION INC.**  
**OPERATING ACCOUNT**  
 Utilities Inc

18698

Date	Type	Reference	Original Amt.	Balance Due	4/16/2015 Discount	Payment
4/16/2015	Bill	Ref - Utilities Inc	35.00	35.00		35.00
					Check Amount	35.00

Cash In Bank - Hanco Refund - Utilities Inc

35.00

DEPOSIT TICKET

DATE: 4/16/15

CURRENCY: 35.00

COINS: 00

CHECKS: 18698

TOTAL: 35.00

UTILITIES INC. OF FLORIDA  
 200 WEATHERSFIELD AVE  
 ALTAMONTE SPRINGS, FL 32714

Bank of America

ACH R/T 063100277

\$ 35.00

⑆540600106⑆ 001280073899⑆

83-4/630 FL 35108

TOTAL ITEMS: 1

CHECKS AND OTHER ITEMS ARE RECEIVED FOR DEPOSIT SUBJECT TO THE PROVISIONS OF THE UNIFORM COMMERCIAL CODE OR ANY APPLICABLE COLLECTION AGREEMENT. DEPOSITS MAY NOT BE AVAILABLE FOR IMMEDIATE WITHDRAWAL.

PLEASE BE SURE ALL ITEMS ARE PROPERLY ENDORSED.

PLEASE SIGN TOTAL HERE



UTILITIES INC. OF FLORIDA  
 200 WEATHERSFIELD AVE.  
 ALTAMONTE SPRINGS, FL 32714

Bank of America

ACH R/T 085100277

1503

DATE 4/24/15

63-4/630 FL  
 35108

PAY Fifty one + 24/100 DOLLARS \$ 51.24

TO THE ORDER OF

Publix

PETTY CASH FUND

*[Signature]*

NON-NEGOTIABLE

⑈001503⑈ ⑆063000047⑆ 001280073899⑈

UTILITIES INC. OF FLORIDA  
 ALTAMONTE SPRINGS, FL 32714

**DETACH AND RETAIN THIS STATEMENT**  
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 IF NOT CORRECT, PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED

DATE	DESCRIPTION	AMOUNT
4/24/15	Birthday Cake 855100	51.24

A2

NON-NEGOTIABLE

**Publix**

Gateway Crossing  
 851 South SR 434  
 Altamonte Springs, FL 32714  
 Store Manager: Brett Thomas  
 407-522-1100

1/2 SHT DEC W/T FI 51.24 F  
 Order Total 51.24  
 Sales Tax 0.00  
 Grand Total 51.24  
 Check Payment 51.24  
 Change 0.00

Your cashier was Jean

04/24/2015 12:18 S0442 R105 5675 C0257

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Publix Super Markets, Inc.