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CHARLIE CREEK UTILITIES, LLC January 25, 2017

Docket No. 160143-WU. Application for Staff Assisted Rate Case in Hardee County RE: Charlie Creek Utilities, LLC (CCU).

Below is CCU's response to Staff's Third Data Request in the above mentioned proceeding.

1. Pumped & Metered Water:

- a. The following errors were identified in the submitted MOR's for the period indicated.
- Apr15 The MOR beginning balance was 40,533 instead of the Mar15 MOR actual . ending balance of 40,570. This created a 17,000 gallon difference that was indicated in CCU's previous response displayed below.
- Sep15 The MOR beginning balance was 43,112 instead of the Aug15 MOR actual . ending balance of 43,975. This created an 863,000 gallon difference. Additionally, the MOR daily average balance for the period Sep 5-9 was calculated incorrectly as 19,500 instead of an actual daily average of 23,400. This created a negative 19,500 gallon difference. The combined difference of 843,500 was indicated in CCU's previous response displayed below.
- Oct15 The daily and average daily use in the MOR's were calculated incorrectly. This . created a 2,942,000 gallon difference that was indicated in CCU's previous response displayed below.
- Nov15 The MOR daily average balance for the period Nov 26-30 was calculated . incorrectly as 21,667 instead of an actual daily average of 26,000. This created a negative 22,000 gallon difference that was indicated in CCU's previous response displayed below.
- Dec15 The daily and average daily use in the MOR's was calculated incorrectly. This created a 2,653,000 gallon difference that was indicated in CCU's previous response displayed below.

Period	Mete	r Read	Pumped /	Days	Avg/Day	Pumped /	Over
reriod	Beg	End	Actual	Days	Avg/Day	MOR	(Under)
Jan-15	38,929	39,460	531	31	17.1	531	(1)
Feb-15	39,460	39,956	496	28	17.7	497	1
Mar-15	39,956	40,570	614	31	19.8	615	1
Apr-15	40,570	41,225	655	30	21.8	672	17
May-15	41,225	41,819	594	31	19.2	594	0
Jun-15	41,819	42,458	639	30	21.3	639	0
Jul-15	42,458	43,112	654	31	21.1	654	0
Aug-15	43,112	43,975	863	31	27.8	863	0
Sep-15	43,975	44,773	798	30	26.6	1,642	844
Oct-15	44,773	45,637	864	31	27.9	3,806	2,942
Nov-15	45,637	46,270	633	30	21.1	611	(22)
Dec-15	46,270	47,028	758	31	24.5	3,411	2,653
	-	2	8,099	365	22.2	14,534	6,435

ooo s of gallons

- b. The corrected MOR calculations are attached.
- c. The highest average daily pumped water for the test year was 60,000 which occurred during the period August 8-11, 2015.
- d. We discovered similar calculation errors in the 2016 MOR's that were filed with DEP and have provided a schedule below that corrects the errors. The actual 2016 MOR's and our supporting calculations with corrections are attached.

Period	Pumped / Actual	Days	Avg/Day	Pumped / MOR	Over (Under)
Jan-16	635	31	20.5	2,857	2,222
Feb-16	891	29	30.7	4,010	3,119
Mar-16	776	31	25.0	776	0
Apr-16	743	30	24.8	738	(5)
May-16	773	31	24.9	738	(35)
Jun-16	769	30	25.6	693	(76)
Jul-16	832	31	26.8	832	0
Aug-16	751	31	24.2	751	0
Sep-16	637	30	21.2	614	(23)
Oct-16	606	31	19.5	606	0
Nov-16	666	30	22.2	746	80
Dec-16	707	31	22.8	707	0
	8,786	366	24.0	14,068	5,282

In 000's of gallons

- 2. Pro Forma
 - A. Yes. The purpose of this is to try and eliminate the calcium that is naturally occurring from the ground water that clogs up the utility pumping equipment but also is the direct cause of low pressure complaints when the calcium clogs up the customers' meters and potentially customer piping in the homes.
 - B. Yes.
 - C. Charlie Creek Utilities is in a rural part of Hardee County. The closets city to try and get engineers was Sebring. I called and asked several firms in Sebring to give me bids. The either never responded or responded with some kind of requirement that the utility was unable to comply with. Given the location of the water plant and the fact that is not a very big job price wise, I was unable to get other bids.
 - D. The improvements to the WTF have already begun on a small scale. I will be able to go forward fully upon approval of the project by the Commission.
 - E. The improvements will require a permit issued by the Florida Department of Environmental Protection (DEP). I have no idea of how long it will take them to issue the permit. Once the permit is issued, the improvements at the water plant should take 30 days.

On behalf of the utility,

michal Smage .

Mike Smallridge

Corrected 2015 MOR Calculations

Day Meter Usage Beg 40,571 Beg 43,97 1 40,588 17,500 1 2 14,667 2 44,01 3 14,667 3 3 4 40,632 14,667 3 5 5 34,500 6 5 5 6 40,701 34,500 7 5 7 23,500 7 5 8 9 19,000 9 44,16 10 19,000 10 10	75 18,000 11 18,000 20,000
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	18,000 11 18,000 20,000 20,000 51 20,000 23,400 23,400
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	11 18,000 20,000 20,000 51 20,000 23,400 23,400
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	20,000 51 20,000 23,400
4 40,632 14,667 4 44,05 5 34,500 5 5 6 40,701 34,500 6 6 7 23,500 7 7 23,500 8 9 19,000 9 44,16	51 20,000 23,400
5 34,500 5 6 40,701 34,500 6 7 23,500 7 8 40,748 23,500 8 9 19,000 9 44,16	23,400
6 40,701 34,500 6 7 23,500 7 8 40,748 23,500 8 9 19,000 9 44,16	
7 23,500 7 8 40,748 23,500 8 9 19,000 9 44,16	23,400
8 40,748 23,500 8 9 19,000 9 44,16	
9 19,000 9 44,16	23,400
	23,400
10 19,000 10	58 23,400
	21,500
11 40,805 19,000 11 44,21	1 21,500
12 20,000 12	23,600
13 40,845 20,000 13	23,600
14 19,000 14 44,28	32 23,600
15 40,883 19,000 15	27,500
16 18,500 16 44,33	37 27,500
17 40,920 18,500 17	10,500
18 24,667 18 44,35	58 10,500
19 24,667 19	26,300
20 40,994 24,667 20	26,300
21 25,500 21 44,43	37 26,300
22 41,045 25,500 22	26,500
23 22,000 23 44,43	39 26,500
24 41,089 22,000 24	26,500
25 23,333 25 44,54	3 26,500
26 23,333 26	54,000
27 41,159 23,333 27	54,000
28 23,000 28 44,70	54,000
29 41,205 23,000 29	34,000
30 41,225 20,000 30 44,77	73 34,000
31 31	
End 41,225 End 44,77	/3
Total Flow 654,500 Total Flow	797,700
Avg Daily Flow 21,817 Avg Daily Flo	w 26,590
Max Flow 34,500 Max Flow	54,000
Min Flow 14,667 Min Flow	10,500

	Octobe	r				
Day	Meter	Usage				
Beg	44,773					
1		53,000				
2	44,879	53,000				
3		52,666				
4		52,667				
5	45,037	52,667				
6		37,000				
7	45,111	37,000				
8		21,800				
9		21,800				
10		21,800				
11		21,800				
12	45,220	21,800				
13		21,000				
14	45,262	21,000				
15		22,000				
16	45,306	22,000				
17		22,000				
18		22,000				
19	45,372	22,000				
20		18,500				
21	45,409	18,500				
22		19,000				
23	45,447	19,000				
24		21,667				
25		21,667				
26	45,512	21,667				
27		22,500				
28	45,557	22,500				
29		26,000				
30	45,609	26,000				
31	45,637	28,000				
End	45,637	Ī				
Total F	low	864,000				
	aily Flow	27,871				
Max F	low	53,000				
M in Fl	ow	18,500				
		A				

	Novemb	er
Day	Meter	Usage
Beg	45,637	
1		29,000
2	45,695	29,000
3		21,500
4	45,738	21,500
5		18,600
6	45,744	18,600
7		18,600
8		18,600
9	45,831	18,600
10		16,000
11	45,863	16,000
12		19,000
13	45,901	19,000
14		20,333
15		20,333
16	45,962	20,333
17		16,000
18	45,994	16,000
19		19,000
20	46,032	19,000
21		19,333
22		19,333
23	46,090	19,333
24		25,000
25	46,140	25,000
26		26,000
27		26,000
28		26,000
29		26,000
30	46,270	26,000
31		
End	46,270	
Total I		633,000
	aily Flow	21,100
MaxF		29,000
M in F	low	16,000

December										
Day	Meter	Usage								
Beg	46,270									
1		21,000								
2	46,312	21,000								
3	·····	31,000								
4	46,374	31,000								
5		33,333								
6		33,333								
7	46,474	33,334								
8		39,500								
9	46,553	39,500								
10		26,000								
11	46,605	26,000								
12		28,666								
13		28,667								
14	46,691	28,667								
15		17,500								
16	46,726	17,500								
17		19,000								
18	46,764	19,000								
19		21,333								
20		21,333								
21	46,828	21,334								
22		17,000								
23	46,862	17,000								
24		21,000								
25	46,904	21,000								
26		21,333 21,333								
27										
28	46,968	21,334								
29		20,000								
30	47,008	20,000								
31	47,028	20,000								
End	47,008									
Total F		758,000								
	aily Flow	24,452								
M ax F		39,500								
M in Fl	ow	17,000								

Corrected 2016 MOR Calculations Monthly Summary

Difference

(40,593)

340,353

304,780

107,920

132,970

100,450

109,530

59,660

(128,650)

44,478

89,802

66,630

1,187,330

Derich	T-4-1 D			Tetel Cald	
Period	Total Pumped	Average	Maximum	Minimum	Total Sold
Jan-16	635,000	20,484	24,000	17,000	675,593
Feb-16	891,000	30,724	39,500	23,500	550,647
Mar-16	776,000	25,032	52,500	12,000	471,220
Apr-16	743,000	24,767	31,500	21,500	635,080
May-16	773,000	24,935	24,935	24,935	640,030
Jun-16	769,000	25,633	35,000	21,000	668,550
Jul-16	832,000	26,839	40,500	22,000	722,470
Aug-16	751,000	24,226	30,000	18,000	691,340
Sep-16	637,000	21,233	28,000	17,500	765,650
Oct-16	606,000	19,548	21,333	17,000	561,522
Nov-16	666,000	22,200	30,000	10,400	576,198
Dec-16	707,000	22,806	27,000	19,000	640,370
Annual	8,786,000	24,036	52,500	10,400	7,598,670

Total MOR	Difference
2,857,500	(2,222,500)
4,009,500	(3,118,500)
776,000	(0)
738,000	5,000
738,000	35,000
693,000	76,000
832,000	(0)
751,000	(0)
613,667	23,333
606,000	(0)
746,000	(80,000)
707,000	(0)
14,067,667	(5,281,667)

Corrected 2016 MOR Calculations

	J	an-16			F	e b-16			M	ar-16			A	pr-16	
Day	Mtr#1	Mtr#2	Usage	Day	Meter	Mtr#2	Usage	Day	Meter	Mtr#2	Usage	Day	Meter	Mtr# 2	Usage
Beg	47,028	28,404		Beg	47,663	28,404		Beg	48,554	28,404		Beg	49,330	28,404	
1			20,000	1	47,687	28,404	24,000	1			33,500	1	49,356		26,000
2			20,000	2		1	23,500	2	48,621	28,404	33,500	2			23,000
3			20,000	3	47,734	28,404	23,500	3			33,000	3			23,000
4	47,108	28,404	20,000	4			39,500	4	48,687	28,404	33,000	4	49,425	28,404	23,000
5			19,500	5	47,813	28,404	39,500	5			36,333	5			23,500
6	47,147	28,404	19,500	6			26,000	6			36,333	6	49,472	28,404	23,500
7			17,000	7			26,000	7	48,796	28,404	36,333	7			23,000
8	47,181	28,404	17,000	8	47,891	28,404	26,000	8			35,000	8	49,518	28,404	23,000
9			19,000	9		1	28,000	9	48,866	28,404	35,000	9			25,000
10			19,000	10	47,947	28,404	28,000	10			18,000	10			25,000
11	47,238	28,404	19,000	11			27,000	11	48,902	28,404	18,000	11	49,593	28,404	25,000
12			18,500	12	48,001	28,404	27,000	12			21,000	12			21,500
13	47,275	28,404	18,500	13			26,333	13			21,000	13	49,636	28,404	21,500
14			20,800	14			26,333	14	48,965	28,404	21,000	14			24,000
15	47,285	28,404	20,800	15	48,080	28,404	26,333	15			22,000	15	49,684	28,404	24,000
16	1		20,800	16			32,000	16	49,009	28,404	22,000	16			25,667
17			20,800	17	48,144	28,404	32,000	17			22,000	17			25,667
18	47,379	28,404	20,800	18			34,000	18	49,053	28,404	22,000	18	49,761	28,404	25,667
19			21,500	19	48,212	28,404	34,000	19			21,667	19			25,000
20	47,422	28,404	21,500	20			34,667	20			21,667	20	49,811	28,404	25,000
21			20,000	21			34,667	21	49,118	28,404	21,667	21			24,000
22	47,462	28,404	20,000	22	48,316	28,404	34,667	22			12,000	22	49,859	28,404	24,000
23			22,000	23			31,000	23	49,142	28,404	12,000	23			25,667
24			22,000	24	48,378	28,404	31,000	24			13,000	24			25,667
25	47,528	28,404	22,000	25			34,000	25	49,168	28,404	13,000	25	49,936	28,404	25,667
26			21,500	26	48,446	28,404	34,000	26			13,667	26			31,500
27	47,571	28,404	21,500	27			36,000	27			13,667	27	49,999	28,404	31,500
28			22,000	28			36,000	28	49,209	28,404	13,667	28			24,000
29	47,615	28,404	22,000	29	48,554	28,404	36,000	29			52,500	29	50,047	28,404	24,000
30			24,000	30				30	49,314	28,404	52,500	30	50,073	28,404	26,000
31	47,663	28,404	24,000	31		1		31	49,330	28,404	16,000	31			
End	47,663	28,404		End	48,554	28,404		End	49,330	28,404		End	50,073	28,404	
Total	Flo w		635,000	Total	Flo w		891,000	Total	Flow		776,000	Total	Flo w		743,000
Avg D	aily Flow		20,484	Avg D	aily Flow		30,724	Avg D	aily Flow		25,032	Avg D	ily Flow		24,767
Max F	lo w		24,000	Max F	lo w		39,500	Max F	lo w		52,500	Max F	lo w		31,500
Min Fl	lo w		17,000	Min Fl	o w	1	23,500	Min F	0 W		12,000	Min Fl	0 W		21,500

Corrected 2016 MOR Calculations

	M	ay-16	-		J	un-16			J	ul-16	-		A	ug-16	
Day	Meter	Mtr#2	Usage	Day	Meter	Mtr#2	Usage	Day	Mtr#1	Mtr# 2	Usage	Day	Meter	Mtr# 2	Usage
Beg	50,073	28,404		Beg	50,846	28,404		Beg	51,539	28,480		Beg	52,371	28,480	
1			24,935	1	50,871	28,404	25,000	1	51,564	28,480	25,000	1	52,397	28,480	26,000
2			24,935	2			27,000	2			24,000	2			18,000
3			24,935	3	50,925	28,404	27,000	3			24,000	3	52,433	28,480	18,000
4			24,935	4			29,000	4	51,636	28,480	24,000	4			30,000
5			24,935	5			29,000	5			24,500	5	52,493	28,480	30,000
6			24,935	6	51,012	28,404	29,000	6	51,685	28,480	24,500	6			24,667
7			24,935	7			35,000	7			33,000	7			24,667
8			24,935	8	51,082	28,404	35,000	8	51,751	28,480	33,000	8	52,567	28,480	24,667
9			24,935	9			22,500	9			31,000	9			23,000
10			24,935	10	51,127	28,404	22,500	10			31,000	10	52,613	28,480	23,000
11			24,935	11			21,667	11	51,844	28,480	31,000	11			24,000
12			24,935	12			21,667	12			40,500	12	52,661	28,480	24,000
13			24,935	13	51,192	28,404	21,667	13	51,925	28,480	40,500	13			24,000
14			24,935	14			22,000	14			28,000	14			24,000
15			24,935	15	51,236	28,404	22,000	15	51,981	28,480	28,000	15	52,733	28,480	24,000
16			24,935	16			21,000	16			23,667	16			24,000
17			24,935	17	51,250	28,432	21,000	17			23,667	17	52,781	28,480	24,000
18			24,935	18			24,667	18	52,052	28,480	23,667	18			23,500
19			24,935	19			24,667	19			23,000	19	52,828	28,480	23,500
20			24,935	20	51,276	28,480	24,667	20	52,098	28,480	23,000	20			23,667
21			24,935	21			24,000	21			22,000	21			23,667
22			24,935	22	51,324	28,480	24,000	22	52,142	28,480	22,000	22	52,899	28,480	23,667
23			24,935	23			24,000	23			25,667	23			25,500
24			24,935	24	51,372	28,480	24,000	24			25,667	24	52,950	28,480	25,500
25			24,935	25			30,333	25	52,219	28,480	25,667	25			25,000
26			24,935	26			30,333	26			25,000	26	53,000	28,480	25,000
27			24,935	27	51,463	28,480	30,333	27	52,269	28,480	25,000	27			27,333
28			24,935	28			25,500	28			25,000	28			27,333
29			24,935	29	51,514	28,480	25,500	29	52,319	28,480	25,000	29	53,082	28,480	27,333
30			24,935	30	51,539	28,480	25,000	30			26,000	30			20,000
31	50,846		24,935	31				31	52,371	28,480	26,000	31	53,122	28,480	20,000
End	50,846	28,404		End	51,539	28,480		End	52,371	28,480		End	53,122	28,480	
To tal]	Flow		773,000	Total	Flow		769,000	Total	Flow		832,000	Total	Flow		751,000
Avg D	aily Flow		24,935	Avg D	aily Flow		25,633	Avg D:	aily Flow		26,839	Avg D:	ily Flow		24,226
Max F			24,935	Max F			35,000	Max F			40,500	Max F			30,000
Min Fl	lo w		24,935	Min Fl	0 W		21,000	Min Fl	0 W		22,000	Min Fl	0 ₩		18,000

Corrected 2016 MOR Calculations

	S	e p-16			C)ct-16			N	o v - 16			D	e c - 16	
Day	Meter	Mtr#2	Usage	Day	Meter	Mtr#2	Usage	Day	Meter	Mtr# 2	Usage	Day	Meter	Mtr# 2	Usage
Beg	53,122	28,480		Beg	53,759	28,480		Beg	54,365	28,480		Beg	54,896	28,615	
1			20,500	1			19,667	1			18,500	1			24,000
2	53,163	28,480	20,500	2			19,667	2	54,402	28,480	18,500	2	54,944	28,615	24,000
3			28,000	3	53,818	28,480	19,667	3			10,400	3			25,333
4			28,000	4			19,000	4	54,414	28,480	10,400	4			25,333
5			28,000	5	53,856	28,480	19,000	5			10,400	5	55,020	28,615	25,333
6			28,000	6			19,000	6			10,400	6			20,000
7	53,303	28,480	28,000	7	53,894	28,480	19,000	7	54,437	28,497	10,400	7	55,060	28,615	20,000
8			20,000	8			19,667	8			30,000	8			19,000
9	53,343	28,480	20,000	9			19,667	9	54,439	28,555	30,000	9	55,098	28,615	19,000
10			19,333	10	53,953	28,480	19,667	10			30,000	10			24,667
11			19,333	11			17,500	11	54,439	28,615	30,000	11			24,667
12	53,401	28,480	19,333	12	53,988	28,480	17,500	12			25,333	12	55,172	28,615	24,667
13			17,500	13			17,000	13			25,333	13			27,000
14	53,436	28,480	17,500	14	54,022	28,480	17,000	14	54,515	28,615	25,333	14	55,226	28,615	27,000
15			19,000	15			18,667	15			21,000	15			22,000
16	53,474	28,480	19,000	16			18,667	16	54,557	28,615	21,000	16	55,270	28,615	22,000
17			20,667	17	54,078	28,480	18,667	17			19,000	17			21,333
18			20,667	18			19,500	18	54,595	28,615	19,000	18			21,333
19	53,536	28,480	20,667	19	54,117	28,480	19,500	19			21,333	19	55,334	28,615	21,333
20			21,000	20			20,000	20			21,333	20			21,000
21	53,578	28,480	21,000	21	54,157	28,480	20,000	21	54,659	28,615	21,333	21	55,376	28,615	21,000
22			19,000	22			20,667	22			24,000	22			19,500
23	53,616	28,480	19,000	23			20,667	23	54,707	28,615	24,000	23	55,415	28,615	19,500
24			21,000	24	54,219	28,480	20,667	24			27,000	24			24,333
25			21,000	25			21,000	25	54,761	28,615	27,000	25			24,333
26	53,679	28,480	21,000	26	54,261	28,480	21,000	26			27,333	26	55,488	28,615	24,333
27			20,500	27			20,000	27			27,333	27			24,000
28	53,720	28,480	20,500	28	54,301	28,480	20,000	28	54,843	28,615	27,333	28	55,536	28,615	24,000
29		T	19,500	29			21,333	29			26,500	29			23,500
30	53,759	28,480	19,500	30			21,333	30	54,896	28,615	26,500	30	55,583	28,615	23,500
31				31	54,365	28,480	21,333	31				31	55,603	28,615	20,000
End	53,759	28,480		End	54,365	28,480		End	54,896	28,615		End	55,603	28,615	
Total	Flow		637,000	Total	Flow		606,000	Total	Flow		666,000	Total	Flow		707,000
Avg D	aily Flow		21,233	Avg D	aily Flow		19,548	Avg D	aily Flow		22,200	Avg D	aily Flow		22,806
Max F	low		28,000	Max F	lo w		21,333	Max F	lo w		30,000	Max F	lo w		27,000
Min Fl	lo w		17,500	Min Fl	0 W		17,000	Min Fl	0 W		10,400	Min Fl	0 W		19,000

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

I. Ge	neral Information for the Month/Year of:	Monitoring	Period From: 1/0	1/16	To: 1/31/16					
A.	Public Water System (PWS) Informatic	n							·	
	PWS Name: VILLAGE OF CH	ARLIE CREEK			PWS Identification			6250278		
	PWS Type: X Community	Non-Transient Non-Com	munity		Transient Non-Con			Consecutive		
	Number of Service Connections at End	l of Month:	153	Tota	Population Served	i at Er	nd of Mont	h:	168	
	PWS Owner:				···					
	Contact Person : MIKE SMALLRID			Con	tact Person's Title:		TILITY MA			
	Contact Person's Mailing Address:	3336 GRAND BLVD	City: HOLIDAY				ate: FL	Zip Code	e: 33890	
	Contact Person's Telephone Number:	352-302-7406			tact Person's Fax N	lumbe	<u>r: 863</u>	-229-5991		
	Contact Person's E-Mail Address:	UTILITYCONSULTAN	T@YAHOO.CC	M						
Β.	Water Treatment Plant Information									
	Plant Name: VILLAGE OF CHARLIE	CREEK		Plan	t Telephone Numbe	er:	863	-537-1971		
	Plant Address: SR 64 EAST		City: ZOLFO S				ate: FL	Zip Code		
	Type of Water Treated by Plant:	X	Raw Ground V						er	
	Permitted Maximum Day Operating car	pacity of Plant, gallons per c			133,000					
	Plant Category (per subsection 62-699	9.310(4), F.A.C.): V		Plant Class: C						
	Licensed Operators	Name			License Class			nberDay(s)/S	hift(s) Worked	
	Lead/Chief Operator:	GAINES ALEXANDER			<u> </u>		-5472	<u> </u>		
	Other Operators:	DANNY ALEXANDER			С		-12379		12	
		JENNIFER ALEXANDER	{		С	C	-21471			
11. C	ertification by Lead/Chief Operator									

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

ONAL EX ID - 2016/02/10

DANNY ALEXANDER Printed or Typed Name C-12379 License Number

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

Stor and	DRINKING WATE		Ĩ	ar -						
	BACTERIOLOGICAL AN		, F	Q						
MID F	LORIDA WATER I		Y		eceipt Da iis Date 8		ne: <u>R</u> E		6,	50 pm
• Lab I.D	8 Oakwood Road - Winter Ha Phone (863) 965-2540 • Fax (86). #E84567 • Margaret Rajpaul - Dii NELAC CERTIFIED	53) 967-8601 rector, Contact Person		Samp Sample	l e Accep Preserva	tion (1	riteria:	k¢t Qr()ce	-	7.0. -1.6 ma/L
Report Number:	Sub-Contrac	t Lab ID:						ing NELA		¥
Analysis Requested: (check all that apply) ii 🔲 Total Coliform/Fecal 🔲 En	terocci 🔲 Colilert 🔲 I	L PC D (Other:		~~~~				
ſ	Ellage of Ch	arlie Cree	k	PW	/S I.D.	H	2 AR	j0 Dt	Ø	78
System or Owner's Ph Collector:	ione #:			Fax #:	r's Phon	e #:	765	· 2	99	
Type of Supply: (cher									1	
Community Water Sy		r System Dontr	ansient No	ncommu	•	•	m		ed Use	System
Private Well Reason for Samplin	Swimming Pool		o water		نبينة ال					
Distribution Routine	Distribution Repeat									
	placement (also check type of samp	le being replaced) 🔲 Bo	oil Water No	otice 🗆	Other					
Sample Collection	Date: <u>1-20-16</u>	collector of sample	1.238.241.241.	ereitera			Тс	be com	pleted t	ov lab
ГТ					<u></u>		Total Coli		is Method	MM93201
Sample Number (Lo	Sample Point cation or Specific Address)	Lab Sample Number	Collection Time	Sample Type ¹	Res'd (mg/t.)	рН	Non		Fecal or	Data
14 Wel	L I	000949	1115	R	\angle	25		Â		
1/4 Wel	UZ.	006950	1125	R	\leq	7.8	-	A		
3/4 Club	5 house	000951	1/25	\mathfrak{D}	2.20	25		A		
4/4 1243	Mockingbeig	000952	1130	\mathbb{D}	2.20	34		A		
	0						ļ			
Average of disinfect non-transient non-con raw or plant samples	ant residuals for routine and reponsion nmunity systems serving population in the average.)	at samples. (Complete for sup to and including 4,90	r communi 0. Do not il	ty and nclude	2.22	The test	re performed	d in accordar his report o	ice with NE	ule 62-160, Table 1 ILAC standards. to the analyses
Disinfectant Residu	al Analysis Method:	primetric Other			Dale PW			silive result	\$:	
A certified operator		Employed by a certified				1		sitile pout		
Supervised by a ce	ent. operator (* 4447777777777777777777777777777777777	Employed by DEP or DC	н		Lab Sign	-KIN	IIM	11.14	ULL L	bilib.
					Title:		api	11 li	in	Len
Name and Ma	illing Address of Person to R		Satisfa	ictory				DE	P/DOH	USEONLY
1	sta Flow, Inc		□ Incom	olete Co			ation Replace	-ment C	amolee	Required
	Chippineretal Blvd	11	Date Rev							
VV (11)	or Haven FL 33290		DEP/DO		-					
L	······································	Page 1 of 1	= Raw: N =				tTan S ~	Spacial /cl	onence e	

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

Tuesday, January 24, 2017

Charlie Creek Utilities, LLC

Billing Summary 1/1/2016 to 1/31/2016

<u>water</u>

	Date	Beginning Ending	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total			674573		\$137.50		\$0.00		\$0.00		\$260.00		\$102.75	
water			\$2,819.52	\$2,100.00		\$0.00		\$0.00		\$0.00		\$5,317.02		\$5,419.77
# of Customers Billed	147						h							· · · · · ·
General														
	Date	Beginning Ending	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total			390		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00	
General			\$0.00	\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00
# of Customers Billed	15													
<u>Unused</u>														
	Date	Beginning Ending	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Totai Amount
Total			630		\$0.00		\$0.00		\$0.00		\$0.00		(\$19.11)	
Unused			\$0.00	\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		(\$19.11)
# of Customers Billed	1													
			675593		\$137.50		\$0.00		\$0.00		\$260.00		\$83.64	
Report			\$2,819.52	\$2,100.00		\$0.00		\$0.00		\$0.00		\$5,317.02		\$5,400.66
Totals # of Cus	t Billed	147			46	0	0				52			

•

PLANT NAME:

Village of Charlie Creek

Monitoring Period From: 1/01/16 To: 1/31/16

		(WATER F				-			
	METER 1	METER 2	TRC	PH	TRC	PH	MULT.	1000	Bact.
PREV	47028						#REF!		
1							90000		
2			l				90000		
3			[90000		
4	47108		3.3		2.8		90000		
5	l	·····					87750		
6	47147		3.0	[2.6	<u> </u>	87750		
7	ľ		1				76500		
8	47181		2.5		2.2		76500		
9					1		85500		
10	1		1		T. T		85500		
11	47238		2.5	1	2.2		85500		
12		1	T	t	1		83250		
13	47275	[1.8	1	1.4		83250		
14	 		<u>†</u>	1			22500		
15	47285	<u></u>	1.8	ţ	1.4	·····	22500		
16	1	<u> </u>	t-		1	<u> </u>	141000		
17	t				11		141000		
18	47379	<u> </u>	1.8	f	1.4		141000		
19	[1		1			96750		
20	47422	<u> </u>	2.2	1	2.0		96750		
21		ſ	1				90000		
22	47462	1	2.2		2.0		90000		
23		<u>†</u>	1	t			99000		1
24	t	l	1	1			99000		t
25	47528	<u>†</u>	2.2	t	2.0		99000		<u> </u>
26	†			t			96750		
27	47571	1	2.2	t	2.0	54-09-07-07-0	96750		1
28	†	1	1	†			99000		1
29	47615	t	2.2	1	2.0		99000	······································	
30	1	1	1	<u>+</u>		*****	108000		1
31	47663	t	İ	İ			108000		1
	t	t		1			1	······	<u> </u>
Total Flow	A	t	1				2857500		<u> </u>
ADF	1	1	1	1	+		92177		1
MAX	1	1	3.3	1	2.8		141000		1
MIN	1	t	1.8		1.4		22500		

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER Plant Name VILLAGE OF CHARLIE CREEK PWS. Identification Number. 6250278 Monitoring Period From: 1/01/16, To: 1/31/16 X Free Chlorine Combined Chlorine(Chloramines) _] Ozone Means of Achieving Four-Log Virus Inactivation / Removal: * Chlorine Dioxide Other: (Describe) Ultraviolet Radiation Free Chlorine Combined Chlonne(Cloramines) Chlorine Dioxide Type of Disinfectant Residual Maintained in Distribution System: CT Calculations, or UV Dose, to Demonstrate FounLog Virus Inactivation, If Applicable* CI Calculations UN Dose Lowest CT Provided Lowest Residual **Before or at** Lowest Residual **Disinfectani** Days Plant Staffed or Disinfectant concentration Disinfectent First Lowest Minimum Contact Time (T) at UN Doss concentration at Custome Operating UV Dose, Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Gul of Operation C Measurement Point During Pack required, Remote Point In Day of the Visited by Net Quality of Before or at First **During Peak** Minimum CT Distribution System, mg/L Hours Plant Finished Water Customer During Flow, mg-Terno of pH of Water, If Required mp m\//mW-Operator (Place X) Peak flow rate Peak Flow, mg/L Flow, minutes min/L Water C Applicable min/L Sec.cm2 sec/cm2 month 4 90000 24 24 24 23 90000 90000 2.8 4 X 24 90000 24 24 87750 \$ 87750 2.6 <u>8</u> 7 Х 76500 24 22 24 76500 8 X 24 85500 9 10 11 24 85500 85500 24 2.2 X 12 13 14 15 16 24 83250 24 1,4 83250 X 24 22500 Х 24 22500 1.4 141000 17 141000 24 18 19 20 21 22 22 -24 141000 1.4 X 24 96750 96750 X 24 2.0 24 24 90000 X 2.0 90000 24 99000 24 25 26 24 24 99000 2.0 99000 Х 24 96750 27 24 96750 2.0 Х 24 28 29 99000 24 99000 2.0 Х 30 31 24 108000 24 108000 Total 2857500 92177

Average Maximum

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

141000

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EEP Form 61-655 900131

Effective Auro IX

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

	meral Information for the Month/Year of		Period From: 2/0	1/16	To: 2/29/16				
Α.	Public Water System (PWS) Informatic								
	PWS Name: VILLAGE OF CH				PWS Identification			6250278	
	PWS Type: X Community	Non-Transient Non-Com	nunity		Transient Non-Cor			nsecutive	
	Number of Service Connections at Enc	l of Month:	153	Tota	Population Served	d at End of	Month:	138	
	PWS Owner:								
	Contact Person : MIKE SMALLRID				act Person's Title:		Y MANA	GER	
	Contact Person's Mailing Address:	3336 GRAND BLVD	City: HOLIDAY			State:	FL	Zip Code: 33890	
	Contact Person's Telephone Number:	352-302-7406			act Person's Fax N	lumber:	863-229	9-5991	
	Contact Person's E-Mail Address:	UTILITYCONSULTAN	T@YAHOO.CC	<u>)M</u>					
В.	Water Treatment Plant Information								
	Plant Name: VILLAGE OF CHARLIE	CREEK			Telephone Numb	er:	863-537	7-1971	
	Plant Address: SR 64 EAST		City: ZOLFO S		GS	State:	FL	Zip Code: 33873	
	Type of Water Treated by Plant:	X	Raw Ground V	Vater		Purcha	ised Finis	hed Water	
	Permitted Maximum Day Operating ca				133,000				
	Plant Category (per subsection 62-699			A GALLAND CONTRACTOR		<u>C</u>			
	Licensed Operators	Name			License Class			Day(s)/Shift(s) Worked	1
	Lead/Chief Operator:	GAINES ALEXANDER			C	C-5472			
	Other Operators:	DANNY ALEXANDER			C	C-1237		13	
		JENNIFER ALEXANDER			С	C-2147	71		
					·				
	and Faction buil and Chief Occurter							L	
[n. U	entification by Lead/Chief Operator							and the second second second second second second second second second second second second second second second	100 M

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

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

Printed or Typed Name

C-12379 License Number

NV										
	DRINKING WAT BACTERIOLOGICAL A				11				****	
MID F	LORIDA WATER	LABORATO	RY	Lab F	Receipt D	ate & Tip	3C A	<u> </u>		
•	8 Oakwood Road - Winter Ha							EVI	=U 3.	10 pm
Lab I.D	Phone (863) 965-2540 • Fax (8 #E84567 • Margaret Rajpaul - Di NELAC CERTIFIEI	rector, Contact Person		Samp	vsis Date ble Acce j le Preserva ectant Che	Hereinaus	FED2	Sou P	2:31	.95
Report Number:	Sub-Contrac	ct Lab ID:						ving NELA	C requirer	ments:
Analysis Requested: (XPTotal Coliform/E-Col	check all that apply)	nterocci 🗋 Colilert 🗖	 НРС 🔲	Other:						
System Name:		alee Cu	rk		VS I.D.	ше	23	10	[2[78
System or Owner's Ph	one #: ~ /			Fax #						
Collector: ROK				Collect	or's Phon	e#:	965	- 25	29	
Type of Supply: (check						. .		n		
Community Water Sy	stem Swimming Pool		ntransient No tled Water	oncomm		er Systei Other		Limit L	led Use S	system
Reason for Samplin	-				_					
	Distribution Repeat									irvey
	placement (also check type of samp	ole being replaced) 🔲 I	Boil Water N	otice	Other					
Sample Collection E	Date: 2-25-16							em - 12		
r	To be completed by	collector of sample	- <u>T</u>	r	1			be com		y lab NGCCCA
Sample Number (Loo	Sample Point ation or Specific Address)	Lab Sample Number	Collection Time	Sample Type'	Disinfect Res'd (mgA.)	pН	Fecal or E Non	coli Analyi	sis Method Fecal or	
14	Vell 1	002883	1130	R	\angle	7,5		A		
14 4	lell Z	002884	1135	R	\angle	7.5		A		
3/4 1011	Morgan Brice	002885	1140	\mathcal{D}	2.19	7.5		A		
14 1154	Spann	002886	1145	D	2.16	7.5		A		
	V									
	Int residuals for routine and repermentity systems serving population				2.18		e performed	in accordance	ce with NEL/	AC standards. The analyses
			<u></u>]		nples subm			,
Person performing a	I Analysis Method: DPD Colo nalysis is (Please see instructions	on reverse):		<u>.</u>	Date PW	S notified	lab of pos	sitive results	<u>~</u>	
A certified operator		Employed by a certified Employed by DEP or D			Date Stat		y lab of pos	sitivojegitts	\$ 	
	ntative of supplier of water				Lab Sign	aiunAU	hil,	HEr	1 bale 2	16/16
Name and Mai	ling Address of Person to Re	eceive Report			Tille	Va	k l	1 1A	not	2
Cor	sta Flow. Inc		□ Satisfa	ctory		*:. <u></u>		DEP	VDOH A	SE ONLY
557	A Commercial Blvd			lete Co	llection	Informa	tion	_		
- Win	ter Haven, FL 32096		Repeat							
			Date Rev DEP/DOF							
.		Page 1 of 1				····				
DEP Sample Type	Codes: D - Distribution (Routine Complia Analysis Methods: MF = SM922 Results: A = coliforms are absent,	nce); C = Repeat or Check; 26 & D; MTF = 9221B & EC/	MUG; MMO/M	IUG = SM	9223B; HF	'C = SM92	15B	pecial (clea	irance, etc) V

Tuesday, January 24, 2017

Charlie Creek Utilities, LLC

Billing Summary 2/1/2016 to 2/29/2016

<u>water</u>

	Da	ate	Beginning Ending	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total				549967		\$199.00		\$0.00		\$0.00		\$250.00		\$127.79	
water				\$2,449.68	\$2,130.00		\$40.00		\$0.00		\$0.00		\$5,068.68		\$5,196.47
# of Customer	s Billed	154													
<u>General</u>															
	Da	ate	Beginning Ending	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total				0		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00	
General				\$0.00	\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00
# of Customer	s Billed	13													
<u>Unused</u>															
	D	ate	Beginning Ending	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total				680		\$0.00		\$0.00		\$0.00		\$0.00	*	(\$19.11)	
Unused				\$0.00	\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		(\$19.11)
# of Customer	s Billed	1													
				550647		\$199.00		\$0.00		\$0.00		\$250.00		\$108.68	
Report				\$2,449.68	\$2,130.00		\$40.00		\$0.00		\$0.00		\$5,068.68		\$5,177.36
Totals #	# of Cust Bil	lled	154			51	2	0				50			

PLANT NAME:

Village of Charlie Creek

Monitoring Period From: 2/01/16 To: 2/29/16

DAY	METER 1	(WATER F METER 2		PH	TRC	PH	MULT.	1000	Bact.
PREV	47663						#REF!		
1	47687		2.2	<u> </u>	2.0	******	108000		
2						••••••	105750		
3	47734		2.2		2.0		105750		
4							177750		
5	47813		2.2	1	2.0		177750		
6							117000		
7							117000		
8	47891		2.2		2.0		117000		
9					1		126000	******	
10	47947		2.2		2.0		126000		
11							121500	1917-11-11-11-1-1-1-1-1-1-1-1-1-1-1-1-1-	
12	48001		2.2		2.0		121500		
13						******	118500		
14					T		118500		(iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii
15	48080		2.2		2.0		118500		
16							144000		
17	48144		2.2		2.0	****	144000		in the second second
18							153000		
19	48212		3.8		2.9	******	153000		
20							156000		
21							156000		
22	48316		0.5		0.2		156000		
23							139500		*********
24	48378	28404	3.8		2.5		139500		
25							153000		
26	48446	28404	2.7		2.0		153000		······
27							162000		
28							162000		
29	48554	28404	2.6		1.9		162000		
otal Flow					+		4009500		
ADF							138259		
MAX			3.8		2.9		177750		
MIN			0.5		0.2		105750		

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER VILLAGE OF CHARLIE CREEK Plant Name: PWS: Identification Number: 6250278 Monitoring Period From: 2/01/16 To: 2/29/16 X Free Chlorine Chiorine Dioxide Ozone Combined Chlorine(Chloramines) Means of Achieving Four-Log Virus Inactivation / Removal: * Other (Describe): Ultraviolet Radiation Free Chlorine Combined Chlorine(Cloramines) Chlorine Dioxide Type of Disintectant Residual Maintained in Distribution System. , see ji CT Celevisions, or UV Dose to Demonstrate Four-Leg Virus Inactivation, If Applicable* UV Dose Ct Calculations . - 20 Ì 4 Lowest CT Provided Lowest Residual Disinfectant concentration Before or at Lowest Residua ÷..... Disinfectant. First Lowest Minimun Days Plant Staffed or Disinfected UV Dose concentration at Remote Point in Contact Time (T) at Customer Operating Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Before or at First C Measurement During Peak UV Dose required, mW-Visited by Net Quality of inimum C1 Day of Temp of pH of Water, if Distribution Required my **Customer During** Point During Peak Flow, mgmWthe Hours Plant Finished Water Peak flow rate Operator Components Out of Operation System, mg/L Peak Flaw, mo/L Water, C Applicable min/L Sec.cm2 sec/cm2 Produced, gal Flow, minutes min/L month (Place X) In Operation . gpd. 2.0 1 24 108000 2 24 24 105750 2.0 105750 3 X 24 4 177750 2.0 5 24 177750 × 117000 8 24 7 24 117000 20 . 8 24 117000 X 9 24 126000 20 125000 10 X 24 24 2.0 - 12 Х 24 121500 13 118500 24 24 14 118500 2.0 15 х 24 118500 16 144000 24 2.0 17 X 24 144000 18 24 153000 29 153000 19 24 Х 20 24 156000 21 24 156000 156000 0.2 22 X 24 23 24 24 139500 25 X 24 139500 24 25 153000 20 26 24 153000 X 27 162000 24 162000 26 24 19 162000 29 X 24 Total 4009500 138259

and the second second second second second second second second second second second second second second second

Average Maximum

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

DEP Form 62-555 000(3)

Effective Aug X

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

I. Ge	neral Information	for the Month/Year of	: Monitoring	Period From: 3/0	01/16 To: 3/31/1	6		
A.		stem (PWS) Information						
	PWS Name:	VILLAGE OF CH				tification Number:	6250278	
	PWS Type:	X Community	Non-Transient Non-Com			Non-Community	Consecutive	
		ce Connections at End	d of Month:	153	Total Population	n Served at End of I	Month:	138
	PWS Owner:							
	Contact Person				Contact Person		Y MANAGER	
		s Mailing Address:	3336 GRAND BLVD	City: HOLIDAY				e: 33890
	Summer and the second	s Telephone Number:			Contact Person	's Fax Number:	863-229-5991	
	and the second state of th	s E-Mail Address:	UTILITYCONSULTAN	NT@YAHOO.CO	<u>MC</u>			
В.	the second second second second second second second second second second second second second second second se	t Plant Information						
	Size and the second sec	/ILLAGE OF CHARLIE	E CREEK	_	Plant Telephon		863-537-1971	
	Plant Address: S			City: ZOLFO S			FL Zip Cod	
	Type of Water T			Raw Ground V			sed Finished Wat	er
			pacity of Plant, gallons per	day:	133,00	the second second second second second second second second second second second second second second second se		
		per subsection 62-69			Plant Class:	C	11 1 10 / 110	
	Licensed Opera		Name		License C		e Number Day(s)/S	Snin(s) worked
	Lead/Chief Oper		GAINES ALEXANDER			C-5472		40
	Other Operators		DANNY ALEXANDER JENNIFER ALEXANDEI	0		C-1237 C-2147		12
			JENNIFER ALEAANDEI		<u>\</u>	0-214/		······
			- · · · · · · · · · · ·					·····
								<u></u>
II. C	ertification by Lea	d/Chief Operator			1		I	Constant Contract

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

Mutal I 2016/04/08

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

DANNY ALEXANDER

Printed or Typed Name

C-12379 License Number

	Number:										
				Y	>						
S	MID FLO	RIDA WATER I	ABORATOR	Y	Lab R	eceipt D	ate & Ti	3°F ()	GIV	ED.	
٠					Analy	sis Date	& Time		37371		<u>5:25</u>
		84567 • Margaret Rajpaul - Dir	ector, Contact Person								
					Disinte	ctant Che	ck/XX	of Detecte	d	, D	mg/L
			t Lad IU:			inipie doe	STICK ING	et the lond	wing NELA	(C require	meas.
Analysis I PTotal C	oliform/E-Coli	Total Coliform/Fecal En	terocci 🛛 Colilert 🖵 I			1		പ		الحار	
-	R in	lloge of Ch	halle ale	R			LYIL	215	0	الحا	10
	9	# 0 - Cr (p=0)	10 page				4	110	<i>₹6</i> ∧//		
-	A I I	Fleist					ne #:	165	-2	(99	
Type of S	Supply: (check on	ly one)									
/			•		ncomm						
🖉 🖵 Private			L Bottle	ed Water			Other_				
			w (triagered or assessmer	n DRa	w (triaa	ered or a	ssessm	ent) addi	itional	Wells	urvev
	nce 🖸 Replace	ement (also check type of samp	le being replaced)	oil Water N	otice [Other	3303311				arrey
			<i>.</i> ,								
Sample		2 www.commission.commission.com/secution/s secution/secuti	collector of sample						lo be con	plated I	oy lab
r T				T	[Total Co	liform Analy:	sis Mend	92221
Sample Number			•	1	1 ·	Res'd	рН	Non	Total	Fecal or	Data
		1 201			1	(mg/L)		Colifor	n Coliform	E, coli	Qualifier ²
14	\mathcal{W}	ell /	003261	1030	K		2.6	ļ	A		
2/4	Uh	ell 2	·	1025	R	\angle	7.6		A		
3/4	<u> </u>	inch	003263	1020	D	1.62	24		A		
4/4	1062	2 Blue jay	003264	1015	\square	1.56	7.6		A		
		01									
}											
-											
l	-			.l				² Defined i	in Florida Adminis	iraliw: Code R	ie 62-160 Table 1
non-tran	sient non-commu	nity systems serving population	at samples. (Complete for s up to and including 4,90	or communi 0, Do not ii	nclude	1,59	The tes	are perform t results in	ed in accorda this report o	nce with NE	LAC standards.
Disinfe	tant Residual Ar	nalysis Method: 260 Cold	rimetric DOther			O ete DiA				6	
Person	performing analy	ysis is (Please see instructions	on reverse):	lah	-						
	wised by a cert. o	perator (# 9/47/)				[3	. J	7	Julat.
	prized representat	ive of supplier of water				Lab Sigr	nature: 7	ing	neg (A	_pale_	3/8//6
Na	me and Maline	Address of Person to R	eceive Report			Title:		DI	reto	~ <u>`</u>	
	5524 (Commercial Blvd	. [ictory				DE	P/DOH (JSE ONLY
	Water	Haven FL Blage		lincomp	olete Co	llection	Inform	ation		amal-c	ا معند مم
				•							
											1
ļ				DEFIDUI	TTEVIE						
1	DEP Sample Type Co	des: D - Distribution (Routine Complia	ance); C = Repeat or Check; F	= Raw; N =	Entry to C	istribution;	; P = Plar PC = SM	nt Tap; S = 92158	Special (cle	earance, e	tc.)
		Analysis Methods: MF = SM92 Results: A = coliforms are absent	; P = coliforms are present; C	= confluent g	rowth; TN	TC = too n	umerous	to count			\mathcal{V}

Tuesday, January 24, 2017

Charlie Creek Utilities, LLC

Billing Summary

3/1/2016 to 3/31/2016

<u>water</u>

	Date	Beginning Ending	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total			467650		\$153.00		\$0.00		\$0.00		\$250.00		(\$419.31)	
water			\$2,063.53	\$2,055.00		\$20.00		\$0.00		\$0.00		\$4,541.53		\$4,122.22
# of Customers Billed	144													
General														
	Date	Beginning Ending	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total			3570		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00	
General			\$0.00	\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00
# of Customers Billed	17													
<u>Unused</u>														
	Date	Beginning Ending	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total							\$0.00		\$0.00		\$0.00			
Unused # of Customers Billed	4			\$236.58		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		\$0.00		\$0.00		\$236.58		\$236.58
<u>Unused</u>														
	Date	Beginning Ending	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total			0		\$0.00		\$0.00		\$0.00		\$0.00		(\$19.11)	
Unused			\$0.00	\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		(\$19.11)
# of Customers Billed	1													

Page 1 of 2

			471220		\$153.00		\$0.00		\$0.00	\$250.00	(\$438.42)	
Report			\$2,300.11	\$2,055.00		\$20.00		\$0.00		\$0.00	\$4,778.11	\$4,339.69
Totals	# of Cust Billed	148			51	1	0			50		

PLANT NAME:

Village of Charlie Creek

Monitoring Period From: 3/01/16 To: 3/31/16

DAY	METER 1	(WATER F METER 2		PH	TRC	PH	MULT.	1000	Bact.
PREV	48554	2		<u> </u>	1		#REF!		
1					1		33500		1
2	48621	28404	1.7		1.4		33500		[
3							33000		1
4	48687	28404	2.1		1.3		33000		1
5				t	1 1		36333		1
6					1 1		36333		İ
7	48796	28404	2.1	h	1.3		36333		İ .
8		ľ			1 1		35000		l.
9	48866	28404	2.1		1.3		35000		1
10		l .		1	1 1		18000		1
11	48902	28404	2.8	1	1.6		18000		1
12	1	1		ļ	1		21000		1
13							21000		1
14	48965	28404	3.5	1	2.1		21000		1
15							22000		ľ
16	49009	28404	2.8	1	1.6		22000		1
17		1		1	1		22000		t
18	49053	28404	2.8	1	1.6		22000		1
19	1	1	1	1			21667		1
20	[1					21667		T
21	49118	28404	1.0	1	0.5		21667		ľ
22	l	1		1	1	****	12000		1
23	49142	28404		1		<u> </u>	12000		1
24	[1		1			13000		T
25	49168	28404	1.0	T	0.5		13000		İ
26	[[T			13667		1
27]		[1			13667		1
28	49209	28404	1.0	1	0.5		13667		T
29	Ī	[Ī			52500		1
30	49314	28404	3.8	T	2.5	<i></i>	52500		Ī
31	49330			I			16000		1
	[I	Ι	1					T
Total Flow				T			776000		1
ADF				1			25032		1.
MAX		I	3.8	T	2.5		52500		T
MIN	T	T	1.0	T	0.5		12000		1

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER 6250278 Plant Name: VILLAGE OF CHARLIE CREEK PWS: Identification Number Monitoring Period From: 3/01/16 To: 3/31/16 Combined Chlorine(Chloramines) X Free Chlorine Ozone Chlorine Dioxide Means of Achieving Four-Log Virus Inactivation / Removal. * Other: (Describe): Ultraviolet Radiation · · · · -----Type of Disinfectant Residual Maintained in Distribution System: Free Chionne Combined Chlonne(Cloramines) **Chlorine Dioxide** CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable* UV Dose Lowest CT Provided Lowest Residual lfore or e Lowest Residua Disinfectant Disinfectant Minimum Days Plan Disinfectant Picta Lowest concentration at Staffed or Visited by Contect Time (T) Customer Operating UV Dose. UV Dose concentration Temp of pH of Water, if Required mg Water, C Applicable min/L Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation During Pear Net Quality of Finished Water Before or at First C Measurement nequired, mW-Remote Point in Day of Customer During Point During Peak Flow, mg-min/L mW-Distribution the Operator Hours Plent Peak flow rate month (Place X) In Operation Produced, gal .god Peak Flow mg/L Flow, minutes Sec.cm2 System mg/L 1 24 33500 24 33500 1.4 2 X 8 24 33000 24 33000 1.3 4 Х \$ 24 36333 8 24 36333 36333 1.3 7 X 24 24 35000 8 9 35000 1.3 X 10 24 18000 11 12 Х 24 24 18000 1.6 21000 24 24 24 13 21000 14 21000 2.1 x 15 16 22000 X 24 22000 16 22000 22000 17 24 24 1.6 X 19 24 21667 24 24 24 21667 20 21 0.5 X 21667 22 12000 23 24 12000 24 24 13000 25 24 13000 0.5 Х 26 13667 24 24 27 13667 28 79 24 13667 Х 0.5 24 52500 30 31 24 52500 2.5 Х 24 16000 776000 Total Average 25032

Maximum

52500 *Refer to the instructions for this report to determine which plants must provide this information

0FP Farm 62-555 900:01

Effective Aug X

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

I. Ge	neral Information for the Month/Year of:	Monitoring P	eriod From: 4/0	1/16 To: 4/30/16		
Α.	Public Water System (PWS) Informatic					
1	PWS Name: VILLAGE OF CH			PWS Identification		6250278
	PWS Type: X Community	Non-Transient Non-Comm	unity	Transient Non-Cor		isecutive
	Number of Service Connections at End	of Month:	153	Total Population Served	d at End of Month:	138
	PWS Owner:					
	Contact Person : MIKE SMALLRID	GE		Contact Person's Title:	UTILITY MANA	
de la construcción de la constru	Contact Person's Mailing Address:	3336 GRAND BLVD	City: HOLIDAY		and a second second second second second second second second second second second second second second second	Zip Code: 33890
	Jontact Person's Telephone Number:	352-302-7406		Contact Person's Fax N	lumber: 863-228	9-5991
	Contact Person's E-Mail Address:	UTILITYCONSULTANT	@YAHOO.CO	M	****	
B .	Water Treatment Plant Information					
	Plant Name: VILLAGE OF CHARLIE			Plant Telephone Numb		
	Plant Address: SR 64 EAST		City: ZOLFO SI			Zip Code: 33873
	Type of Water Treated by Plant:	X	Raw Ground W		Purchased Finis	shed Water
	Permitted Maximum Day Operating cap	pacity of Plant, gallons per da	ly:	133,000		
	Plant Category (per subsection 62-699	9.310(4), F.A.C.): V			C c c	
	Licensed Operators	Name		License Class		Day(s)/Shift(s) Worked
	Lead/Chief Operator:	GAINES ALEXANDER		<u> </u>	C-5472	
	Other Operators:	DANNY ALEXANDER		С	C-12379	13
		JENNIFER ALEXANDER		<u> </u>	C-21471	
						L
11. Ce	artification by Lead/Chief Operator			1		

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

2 2016/05/10

Signature and Date DEP Form 62-556,900(3) Effective August 28, 2003 DANNY ALEXANDER Printed or Typed Name C-12379

License Number

1:57 -	8:58 AM FAX	8639678601	MI	D FLOF	IDA WA	TERL	AB	ст Б. ак	343 <u>7</u> - 75 - 7		0001	<u>/000</u> ;
AN S	0	DRINKING V CTERIOLOGICA	IL ANALYSIS		•	-	 1 (.	×1 <u></u>			:	
	MIĎ FLOR	IDA WATE	R LABOR	4) V							
S.	8 Oa	kwood Road - Wint	er Haven El 23805		XY.						. , ars.	
	rnond	9 (863) 965.754A • C	SY (R63) OCT BOOM			Ana	ilysis Da nnio Acc	te & Tirr	e: e Criteria		······	£
	Lad I.D. #284357	7 - Margaret Rajpaul NELAC CERT	I - Director, Contact	t Person		Sam	iple Prese	reptance Investion	e Criteria	a: DŅotoji	de mô	64
Report Numb)er:	Sub-Co										
Agalysis Red	Quested: (check all th			litein D	нес П	172	semple	ues not n <u>YSIS</u>	He to		5 'a	irements
System Nar	me: Villa	re of (harile	Cre	ek		WS I.D.	6	51	516	12	
	ess: <u>SRC</u>	64 E	t) i i			eccentities	Coun	ا <u>ستین</u>	IT.			
System or Or	wner's Phone #:		¢			Eav #		····	<u> </u>	uu		~
Collector:	2 - 2 - 1 - ₂ - 2								OI	~	<u>*</u>	-00
Type of Suc	piy: (check only one)		* <u>,</u>		·· .	_ Collec	tor's Pho)ne #:	96	23	20	17
Community	Water System		Vatar Sunta-	D							· .	·
O Private Wel		Swimming Pool	Tatel OYSIGM		ransient No 19 Water	oncomm				Qui	nited Us	e Syster
Reason for:	Sampling: (check al	li that apply)		1 1							·····	
Distribution	Routine 🔲 Distr	ribution Repeat	Raw (Minager -	\.	a) . [^{ma}] -		· .					,
Clearance	Replacement ((also check type of sa	ample being replaced	SSESSMer	it) L∎Ri	aw (trigg	ered or a	3550ssh	ent) add	tional -		Survey .
	ection Date:	1/2/116	ample being replaced		DII. Water N	Iolice L	-Other					·····
		the second second			-					• .		
	and the second second second second second second second second second second second second second second second	io bacompitie	Dy-collector of sar	nples		1			1996	o be co	ipleted	bvílab *
Sample	- Sample	Point	Leb Semp	ile	Collection	Čamelo	interes		Total Co	liform Aria	sis Method	£:2192
Number	(Location or Spe	cific Address)			Concernou	l saubic		рн	- HOGET UI	C. DOI AND	lysis Metho	ds nig
f	1	•	Number		Time	Type'	Res'd		Non	Total	Feed of	· Dat
1/2 -	1.1.1	1.	Numper		Ţīme	Type'	Res'd	pri l	Non	Total Coliform	Feed of	Dat Qualif
1/3	Well	e 1			Time	Type'	Res'd		Non	Total	Feed of	Qualif
1/3 2/3	Wel	2	0055	528		P	Res'd		Non	Total	Feed of	Qualif
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1/3 2/3 3/3 11	Wel	2	0055	528 529	fr. monte	P	Res'd		Non	Total	Feed of	Qualif
37 -	Wel	2 2	0055	528 529	fr. monte	P	Res'd		Non	Total	Feed of	Qualif
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37 -	Wel	2	0055	528 529	fr. monte	P	Resid		Non	Total	Feed of	Dat Qualif
37 -	Wel	2	0055	528 529	fr. monte	P	Resid		Non	Total	Feed of	Dat Qualif
57 -	Wel	2	0055	528 529	fr. monte	P	Resid		Non	Total	Feed of	Qúalif
3/3	Well Well 34	2	0055	528 529 530	4	Ne D	Resid		Non	Total	Feed of	Qúalif
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3/3 11 Average of di non-transient r raw or plant se	Well Well 54	s for routine and reems serving populations.)	0055 005 005	529 530		P P D		AU tests an	Colliforn	Total Coliforn A A A A Forda Activities in accordant is report to		Qualif
3/3 11 Average of di non-transient i raw or plant sa Disinfectant I Person perfo	well well 54 54 sinfectant residuals non-community syste amples in the everag Residual Analysis M rming analysis is (6	s for routine and re- ems serving populations.)	0055 005 005	529 530		P P D	0,9	All tests and The test	Colliforn	Total Coliforn A A A A Nodda Activities in accordant lis report o nitred,		
Average of di non-transient i raw or plant sa Disinfectant I Person perfor LA certified c	Well Well 54 54 sinfectant residuals non-community syste amples in the everag Residual Analysis is (F ming analysis is (F	s for routine and re ems serving populations. Method: DPD Co Please see instruction	0055 005 005 005	529 530	community Do not in	P P D		All tests an The test of the sa	*Colliforn	Total Coliforn A A A A A A I A I I I I I I I I I I I	Feed of College	
Average of di non-transient r raw or plant sa Disinfectant I Person perfo DA certified c Dsupervised	S 4 Sinfectant residual non-community syste amples in the everag Residual Analysis is (F perator (# by a cert. operator (#	s for routine and re- ems serving populations.) Method: DPD Co Please see instruction	0055 005 005	529 530	community Do not in	P P D		All tests an The test of the sa	*Colliforn	Total Coliforn A A A A Nodda Activities in accordant lis report o nitred,	Feed of College	
3/3]] Average of di non-transient i raw or plant sa Disinfectant I Person perfo Cl A certified c Supervisad Authorized	well well 54 54 sinfectant residual non-community syste amples in the everag Residual Analysis is (Poperator (# by a cert. operator (# representative of sup	s for routine and re- ems serving populations. Method: DPD Co Please see instruction DPlease see instruction Depler of water	0055 005 005 005 005 005 005 005 005 00	529 530	community Do not in	P D (and clude		All tests an The test of the sa S notified t	*Colliforn	Total Coliforn A A A A A A I A I I I I I I I I I I I	A A A A A A A A A A A A A A A A A A A	
3/3]] Average of di non-transient i raw or plant sa Disinfectant I Person perfo Cl A certified c Supervisad Authorized	well well 54 54 sinfectant residual non-community syste amples in the everag Residual Analysis is (Poperator (# by a cert. operator (# representative of sup	s for routine and re- ems serving populations. Method: DPD Co Please see instruction DPlease see instruction Depler of water	0055 005 005 005 005 005 005 005 005 00	529 530	community Do not in	P D (and clude	O, T Date PWS Date State	All tests an The test of the sa S notified t	*Colliforn	Total Coliforn A A A A A A I A I I I I I I I I I I I	Feed or E. coll A A A A A A A A A A A A A A A A A A	
3/3]] Average of di non-transient n raw or plant sa Disinfectant I Person perfo Cacerified c Supervised Authorized Name ar	Well Well 54 54 sinfectant residual non-community syste amples in the everag Residual Anatýsis is (F operator (# by.a cert. operator (# representative of sup nd Mailing Addre	s for routine and re- ems serving populations and the serving populations are serving	0055 005 005 005 005 005 005 005 005 00	529 530 530 polete for ing 4,900, ertified ha P or DOH	community Do not inc	P P D /and stude	Date State Lab Signa	All tests an The test of the sa S notified t	*Colliforn	Total Coliforn A A A A A A A Solds Actribut in accordan is report on atted.	A A A A A A A A A A A A A A A A A A A	Qualif
3/3]] Average of di non-transient n raw or plant sa Disinfectant I Person perfo □A cetified c □Supervised □ Authorized Name ar	Well Well 54 54 sinfectant residuals non-community syste amples in the everag Residual Analysis is (F operator (# by.a cert. operator (# representative of sup nd Mailing Addre	s for routine and re- ems serving populations and the serving populations are serving	0055 005 005 005 005 005 005 005 005 00	528 530 530	community Do not in	P P D (and stude	O, T Date PWS Date State Lab Signa Title:	All tests and full tests and full tests and full tests and full tests and the said a notified it is notified it	Colliforn Collif	Total Coliforn A A A A A A A Solds Actribut in accordan is report on atted.	Feed or E. coll A A A A A A A A A A A A A A A A A A	Qualif
3/3 11 Average of di non-transient n raw or plant sa Disinfectant 1 Person perfo Ca certified c Supervised Authorized Name ar	Well Well 54 54 sinfectant residuals non-community syste amples in the everag Residual Analysis is (F operator (# by.a cert. operator (# representative of sup nd Mailing Addre	s for routine and re- ems serving populations and the serving populations are serving	0055 005 005 005 005 005 005 005 005 00	528 529 530	communit Do not in	A and clude	O, Ţ Date PWS Date State Lab Signa Title:	All tests and All tests and full tests and the set of the set of the set of the set of the set of the set of the set of the set of the set of the set	Colliforn Collif	Total Coliforn A A A A A A A A Solds Active in accordan is report on the d. Silve result Silve result	A A A A A A A A A A A A A A A A A A A	Qualif
3/3]]] Average of di non-transient n raw or plant sa Disinfectant I Person perfo □A cetified c □Supervised □ Authorized Name ar	Well Well 54 54 sinfectant residuals non-community syste amples in the everag Residual Analysis is (F operator (# by.a cert. operator (# representative of sup nd Mailing Addre	s for routine and re- ems serving populations and the serving populations are serving	0055 005 005 005 005 005 005 005 005 00	528 530 530 solution	community Do not inc Satisfact Incompie	P P D y and stude	Date PWS Date State Lab Signa Title:	Au tests and Au tests and Au tests and Au tests and Au tests of the sea of th	Colliforn Collif	Total Coliforn A A A A A A A A Solds Active in accordan is report on the d. Silve result Silve result	A A A A A A A A A A A A A A A A A A A	Qualif
3/3]]] Average of di non-transient n raw or plant sa Disinfectant I Person perfo □A cetified c □Supervised □ Authorized Name ar	Well Well 54 54 sinfectant residual non-community syste amples in the everag Residual Anatýsis is (F operator (# by.a cert. operator (# representative of sup nd Mailing Addre	s for routine and re- ems serving populations and the serving populations are serving	0055 005 005 005 005 005 005 005 005 00	529 530 530 stilled lat P or DOH	communit Do not in	A D D Control of the Collessamples weed by	Date PWS Date State Lab Signa Title: S Requi DEP/D	Au tests and The test of the sa S notified : a notified : 	Colliforn Collif	Total Coliforn A A A A A A A A Solds Active in accordan is report on the d. Silve result Silve result	A A A A A A A A A A A A A A A A A A A	Qualif

Tuesday, January 24, 2017

Charlie Creek Utilities, LLC

Billing Summary 4/1/2016 to 4/30/2016

<u>water</u>

	Date	Beginning Ending	Usage	Water	Other Amount	Other Amount	Sewer Amount	Locai Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total			633700		\$154.00		\$0.00		\$0.00		\$175.00		(\$896.87)	
water			\$2,517.73	\$1,980.00		\$0.00		\$0.00		\$0.00		\$4,826.73		\$3,929.86
# of Customers Bille	d 133													
<u>General</u>														
	Date	Beginning Ending	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total			280		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00	
General			\$0.00	\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00
# of Customers Bille	ed 24													
<u>Unused</u>														
	Date	Beginning Ending	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total			1100		\$0.00		\$0.00		\$0.00		\$0.00		(\$19.11)	
Unused			\$0.00	\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		(\$19.11)
# of Customers Bille	ed 1													
			635080		\$154.00		\$0.00		\$0.00		\$175.00		(\$915.98)	
Report			\$2,517.73	\$1,980.00		\$0.00		\$0.00		\$0.00		\$4,826.73		\$3,910.75
Totals # of Cu	ist Billed	133			52	0	0				35			

	****	(WATER R		.					
DAY		METER 2	TRC	PH	TRC	PH	MULT.	1000	Bact.
PREV	49335						#REF!		
1	49356	28404	2.9		1.5		21000		
2							23000		
3							23000		
4	49425	28404	2.4		1.2		23000		
5							23500		
6	49472	28404	1.4	[1.1		23500		
7							23000		
8	49518	28404	1.5	T	1.2	*****	23000		
9							25000	********	
10				1			25000		
11	49593	28404	2.0	t	1.8	******	25000		
12				t	1		21500		
13	49636	28404	2.0	1	1.8	******	21500		
14						000 (co 770,007) Neosco A	24000		
15	49684	28404	2.0	t	1.8		24000		
16				1	-	*********	25667	****	
17		 		1	-	********	25667		
18	49761	28404	2.0	1	1.8		25667		1
19						*******	25000		
20	49811	28406	2.3	1	1.9		25000	******	
21				<u> </u>	11	·····	24000		
22	49859	28406	2.3	<u> </u>	1.9		24000		
23				t	-	~~~~~	25667		
24		[******				25667		t
25	49936	28406	2.3	1	1.9		25667	******	
26				+			31500		h
27	49999	28406	2.3	<u>†</u>	1.9	*****	31500		
28				1	-		24000		
29	50047	28406	2.0	<u> </u>	1.8		24000		
30	50073	28406		<u> </u>			26000	***************************************	
				1	+		+		
				<u> </u>	+		++	*****	
otal Flow				<u> </u>			738000	***************************************	
				t	++		24600		
MAX			2.9	<u> </u>	1.9	• • • • • • • • • • • • • • • • • • • •	31500	·····	
MIN			1.4	÷*************************************	1.5		21000		

			MONTHLY OPE	RATION REPO	RT FOR PWSs TRE	EATING RAW GROU	IND WATER C	or purch	ASED FINISHE	DWATER				
PWS: Ide	ntification Nu	imber:		6250278			Plant Name:		VILLAGE OF C	HARLIE CREE	EK			
-	Contraction - Incontraction of the local distance of the local dis					Monitoring Period F								
Means of		our-Log Virus Ir Ultraviolet Rac	nactivation / Rem flation	oval: *	Other: (Describe)	X	Free Chlorin	в		Chlorine Diox	ide	L	Ozone	Combined Chlorine(Chloramines)
Type of D			ned in Distributio	n System:		**************************************		Free Chlo	nine		Combined Ch	torine Cloram	ines)	Chlorine Dioxide
		1			L or IN Dote to De	monstrate Four-Loo	Virus Inactival	ion. If Acc	icable*					
						monstrate Four-Log CI Celculations					UV Dose			
				1										
	(B								1.1.1					
							Lowest CT	1						
					A second		Provided							
					Lowest Residual		Before or at			147 Star 1		Minimum	Lowest Residual Disinfectant	
	Days Plant. Staffed or				Disinfectant concentration	Disinfectant Contect Time (T) At	First Cultomer				Lowest Operating	UV Dose	concentration at	
Day of	Visited by	ř	Net Quality of		Before or at First	C Measurement	During Peak			Minimum CT.	UV Dose	reculred.	Remote Point In	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System
the	Operator		Finished Water		Customer During	Point During Peak	Flow, mg-	Temp of.	pH of Waler, I	Required mg	mW4	row-	Distribution	Meintenance Work that Involves Taking Water System Components Out of Operation
monit	(Piece X)	in Operation	Produced, gal	gpd	Peak Flow, mg/L	Flow, minutes	min/L	Water C	Applicable	min's	Sec.cm2	Sectors2	System mga	Components Out or Operation
1	X	24						L					1.5	
2		24 24					ļ	 			_			
3	x	24								+			1.2	
6		24	23500				1							
8	X	24				<u> </u>					L		1.1	
7	x	24 24											1.2	
9	<u> </u>	24	25000											
10		24	25000								L			
11 12	<u> </u>	24 24						 					1.8	
13	×	24	21500			+				<u> </u>			1.8	
14		24	24000											
15	X	24 24	24000 25667				+	þ.	[}	<u> </u>	-		1.8	
14	<u>د</u> ا	24				<u>+</u>	+			<u> </u>	<u> </u>		<u> </u>	
18	×	24	25667	'									1.8	
19		24						ļ		ļ	<u> </u>	ļ	1.9	
20	X	24 24						<u> </u>		<u> </u>			1.8	1
22	X	24	24000	1		1	1		 	1	1		1.9	
23		24	25667				L			1	1		L	
24 28	×	24 24			 		+	 	[1.9	
28	<u> </u>	24				1	1	<u> </u>	 	<u> </u>	-			
27	X	24	31500		1	1	t	1					1.9	
28		24			[<u> </u>	Į	ļ					ļ
29 30	X	24 24				+		 	<u> </u>	<u> </u>	<u> </u>	 	1.6	
		<u>44</u>	20000	1			+	 			+	 		
Total	4	*	738000		de conservation de la conservation de la conservation de la conservation de la conservation de la conservation	4		******			······	•	*	

 If Otal
 / 30000

 Average
 24600

 Maximum
 31500

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

 DEP Form 62-555 500(3)

Effective Aug X

Cores,

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

1. Ge	neral Information for the Month/Year of.	Monitoring	Period From: 5/01	/16 To: 5/31/16		
A.	Public Water System (PWS) Information	n				
	PWS Name: VILLAGE OF CH	ARLIE CREEK		PWS Identifica	tion Number:	6250278
	PWS Type: X Community	Non-Transient Non-Com	munity	Transient Non-C	Community Co	nsecutive
	Number of Service Connections at End	of Month:	153 T	otal Population Ser	ved at End of Month:	138
	PWS Owner:					
	Contact Person : MIKE SMALLRID		the second second second second second second second second second second second second second second second s	ontact Person's Titl		
	Contact Person's Mailing Address:	3336 GRAND BLVD	City: HOLIDAY		State: FL	Zip Code: 33890
	Contact Person's Telephone Number:	352-302-7406		Contact Person's Fax	x Number: 863-22	9-5991
1°	Contact Person's E-Mail Address:	UTILITYCONSULTAN	T@YAHOO.COM	<u> </u>		
	Water Treatment Plant Information					
	Plant Name: VILLAGE OF CHARLIE	CREEK		lant Telephone Nur		7-1971
	Plant Address: SR 64 EAST		City: ZOLFO SP		State: FL	Zip Code: 33873
	Type of Water Treated by Plant:	X	Raw Ground Wa		Purchased Fini	shed Water
	Permitted Maximum Day Operating car			133,000		
	Plant Category (per subsection 62-699		<u> </u> F	Plant Class:	C	
	Licensed Operators			License Class	C-5472	n Day(s)/Shift(s) Worked
	Lead/Chief Operator:	GAINES ALEXANDER		C C	C-12379	13
	Other Operators:	JENNIFER ALEXANDER		<u> </u>	C-21471	13
		JENNIFER ALEXANDER		<u>_</u>	0-214/1	· ·
						· · · · · · · · · · · · · · · · · · ·
	artification by Lead/Chief Operator					

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

haule Andre 2016/06/10

DANNY ALEXANDER

Printed or Typed Name

C-12379 License Number

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

A			\cap							16
and a	DRINKING WATH BACTERIOLOGICAL A		Y	gir					******	6
Ÿ	MID FLORIDA WATER	LABORATOR	Y	Lab R	eceipt D	EO	nfe:IV.	ΞD		
٠	8 Oakwood Road - Winter Ha Phone (863) 965-2540 • Fax (8	•		Analys	is Date a	& Time:	5/ Criteria:	6/16	212:5	iSpm
	Lab I.D. #E84567 • Margaret Rajpaul - Di NELAC CERTIFIE	rector, Contact Person		Sample	Pratition	i MAX T			<u>2.7</u>	<u>⊥</u> °c
Report N	umber:Sub-Contrac	-					ot Detected et the follow		AC require	mg/L ements:
	Requested: (check all that apply) Coliform/E-Coli 🔲 Total Coliform/Fecal 🔲 Er	ntoronoi 🗍 Colilect 🕞		Othor						
/ Total (
System	TO ATHIN	k PWS I.D. 6530278								
•	Address: $\bigcirc K (6^{\circ} + E)$		Eav #		1 .	arte	e			
•	pr: Danny Alw. ane	\mathcal{D}					96	52	59	C-7
	Supply: (check only one)									1
	unity Water System		ransient No	ncommu				🖵 Lim	ited Use	System
Reason	e Well Swimming Pool for Sampling: (check all that apply)	Botti	ed Water		ليا	Other				
-	bution Routine Distribution Repeat Ra	w (triggered or assessme	nt) 🗋 Ra	w (trigge	red or as	sessm	erit) addit	ional (] Well S	urvey
	ance CReplacement (also check type of sam)	ole being replaced) 🔲 B	oil Water N	otice	Other					
Sample	Collection Date: <u>5 - 06 - 20 16</u>	/ collector of sample	uni dirita				in the state		un latad	are take
	To be completed o		North States	Í		-	Total Col	iform Analy		Sna2228
Sample Number	Sample Point (Lccation or Specific Address)	Lab Sample Number	Collection Time	Sample Type ¹	Disinfect Res'd (mg/L)	pН	Non	Total	Eecal-or E. coli	d SrrHQ2200 Data Qualifier ²
1/3	Well 1	006085	10 100	R	/	7,8		A	A	
13	Well 2	006086	10:05	R		7,9		A	A	
B	1062 Blue jay	006087	10:15	\mathcal{D}	[,87	7,9		A	A	
		ار با با با با با با با با با با با با با								
								1		
										łł
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	e of disinfectant residuals for routine and reponsion of the second reponsion of the second residual terms and the second reponsion of the second residual terms and the second reponsion of the second residual terms and the second residual terms and the second residual terms and the second residual terms and te				1,87	All tests				ule 82-160, Table 1 LAC standards.
1	plant samples in the average.)				1.01		st results in samples sub		only relate	to the analyses
	ectant Residual Analysis Method: PD Color performing analysis is (Please see instructions	Date PWS notified in lab of positive results:								
	rtified operator (#)	Employed by a certified								
	ervised by a cert. operator (#21917)	Employed by DEP or DO	Lab Signature SIMULT pate SIM					5/2/16		
Na	me and Mailing Address of Person to R	eceive Report	F Tota 1/1/16 lab					week		
	-		DEP/DOH USE ON					USEDNLY		
	Consta Flow, Inc		Incom	plete Co				oment C	amples	Required
ł	p5/4 Commercial Blvd		Repeat Samples Required Replacement Samples Required Date Reviewed by DEP/DOH:					\$		
	Consta Flow, Inc 5574 Commercial Blvd Winter Haven, FL 33880		DEP/DO							1
L		Page 1 of 1			·····					J

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

Tuesday, January 24, 2017

Charlie Creek Utilities, LLC

Billing Summary 5/1/2016 to 5/31/2016

<u>water</u>

	Date	Beginning Ending	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total			638120		\$158.00		\$0.00		\$0.00		\$170.00		(\$678.87)	
water			\$2,628.39	\$2,055.00		\$195.00		\$0.00		\$0.00		\$5,206.39		\$4,527.52
# of Customers Billed	141													
General														
	Date	Beginning Ending	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total			1910		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00	
General			\$0.00	\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00
# of Customers Billed	22													
<u>Unused</u>														
	Date	Beginning Ending	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total							\$0.00		\$0.00		\$0.00			
Unused # of Customers Billed	1			\$21.87				\$0.00		\$0.00		\$21.87		\$21.87
<u>Unused</u>														
	Date	Beginning Ending	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total							\$0.00		\$0.00		\$0.00			
Unused # of Customers Billed	1			\$31.94				\$0.00		\$0.00		\$31.94		\$31.94

Page 1 of 2

		640030		\$158.00		\$0.00	\$0.00	\$170.00	(\$678.87)	
Report		\$2,682.20	\$2,055.00		\$195.00		\$0.00	\$0.00	\$5,260.20	\$4,581.33
Totals	# of Cust Billed	142		47	4	0		34		

PLANT NAME:

1

Village of Charlie Creek

Monitoring Period From: 5/01/16 To: 5/31/16

(W/	TER	REP	ORT)

DAY		METER 2	TRC	PH	TRC	PH	MULT.	1000	Bact.
PREV	49335	28404		Γ			#REF!		
1	49356	28404	2.9	ľ	1.5		21000		
2							23000		
3					T		23000		[
4	49425	28404	2.4	l	1.2		23000		
5				[T		23500		[
6	49472	28404	1.4	[1.1		23500		
7				[23000		
8	49518	28404	1.5	I	1.2		23000		
9				[1		25000		
10					1		25000		1
11	49593	28404	2.0		1.8	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	25000		1
12				1	1		21500	1	1
13	49636	28404	2.0		1.8		21500		1
14				t	11		24000		1
15	49684	28404	2.0	1	1.8		24000		1
16					1		25667		1
17				1	1 1	******	25667		t
18	49761	28404	2.0	ł	1.8	*******	25667		
19					††		25000		1
20	49811	28406	2.3	1	1.9		25000		1
21				1		***********	24000		1
22	49859	28406	2.3	1	1.9	30.000 and 20.000	24000		1
23				ł	1	62282274747478874707707707788888207	25667		
24				1	1 1		25667		1
25	49936	28406	2.3	f	1.9	<u> </u>	25667	1	1
26				t			31500		1
27	49999	28406	2.3		1.9		31500		1
28				ł	<u>† – – – †</u>		24000		t
29	50047	28406	2.0	<u> </u>	1.8		24000		t
30	50073	28406		t	<u> </u>		26000		1
31	50846	28406		[11		24500		t
~ ,									
Total Flow				I	t1		738000		1
ADF				<u> </u>	<u> </u>		24600		t
MAX			2.9	<u> </u>	1.9	-	31500		t
MIN			1,4		1.3		21000		t

			MONTHLY OPE	RATION REPO	RT FOR PWSs TRI	EATING RAW GROU	IND WATER C	OR PURCH	IASED FINISHE	DWATER				
D. N.C. 14	entification Nu	webee		6250278			Plant Name:		VILLAGE OF C		ΞK			
(PVV5: 10	anuncasion Nu	ander.		0200270			Frant Name.		VILDIGE OF C		=1\			
		in and specifi			Mary and a strategy system	Monitoring Period Fi	mm: 5/01/16 1	To: 5/31/16						
							Free Chiorin			Chlorina Dioxi	ido.		Ozone	Combined Chlorine(Chloramines)
Means of	Achieving Fo	Ultraviolet Rac	hactivation / Reme fistion		Other: (Describe):		Free Chionna	e		Chioma Diox		£		Complited official official analogy
			~~~~~		Officer. (Describer).	1		Free Chlo		<b></b>	Combined Ch	lavia a 201a sa an		Chlorine Dioxide
Type of [	Disinfectant R	esidual Maintai	ned in Distribution					and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second se		i	Combined Ch		nes)	
				<b>CT Calculation</b>	s, or UV Dose, to De	monstrate Four-Log Ot Calculations	Vinus (nactival	tion, If App	icabie*		4			
						Ct Calculations	r			100	UV Dose	<u>.</u>		
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			1.00			1	Provided		1997 (Mar)			1. S. S. S. S. S. S. S. S. S. S. S. S. S.		
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	Staffed or		8 N N		concentration	Contact Time (T) at				1.5	Operating	UV Dose	concentration at	
Day of	Visited by		Net Quality of		Befure or at First	C Measurement	During Peak			Minimum CT.	UV Cose,	reçuired, mW-	Remole Point in Distribution	Emergency or Abnormel Operating Conditions, Repeir or Meintenance Work that Involves Talong Water System
the	Operator	Hours Plent	Finished Water		Customer During Poer Flow, mpl.	Point During Peak Flow minutes	Plow, mg- min/L	Valer C	pH of Water, I Applicable	min/L	mW- Sec.cm2	sec/cm2	System, mo/L	Components Out of Operation
month	(Place X)	I In Croversuon	Produced, gal	gød	FIRE FILM, TOUP.	PROW, DEWARDS		* CONTRA	UNDERING	, remply	- Occorrige	- OUVINIA	September 1995	T LOUGH CHARTER
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Tatal			738000	1										

Average 24000 Average 31500 *Refer to the instructions for this report to determine which plants must provide this information.

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

I. Ge	neral information for the	Month/Year of:	M	onitoring	Period From: 6/0	1/16	To: 6/30/16							
Α.	Public Water System (PWS) Information													
		LAGE OF CHA				PWS Identification Number: 6250278								
		mmunity	Non-Transient Non-Community				Transient Non-Con	nsecutive						
	Number of Service Conn	ections at End	of Month:		153	Total Population Served at End of Month: 138								
	PWS Owner:													
	Contact Person : MIKE SMALLRIDGE						Contact Person's Title: UTILITY MANAGER							
	Contact Person's Mailing		3336 GRAND B	LVD	City: HOLIDAY			State:		Zip Code: 33890				
	Contact Person's Telephone Number: 352-302-7406 Contact Person's Fax Number: 863-229-5991								9-5991					
	Contact Person's E-Mail		UTILITYCONS	SULTAN	T@YAHOO.CC	M								
Β.	Water Treatment Plant Information													
	Plant Name: VILLAGE OF CHARLIE CREEK Plant Telephone Number: 863-537-1971													
					City: ZOLFO SI		GS		State: FL Zip Code: 33873					
	Type of Water Treated b							Purcha	Purchased Finished Water					
	Permitted Maximum Day	ed Maximum Day Operating capacity of Plant, gallons per day: 133,000												
		lant Category (per subsection 62-699.310(4), F.A.C.): V				Plant Class: C								
	Licensed Operators	5-2-	Name	WDED			License Class			Day(s)/Shift(s) Worked				
	Lead/Chief Operator:						<u> </u>	C-5472		L				
	Other Operators: DANNY ALEXAN						<u> </u>	C-12379		13				
		-	JENNIFER ALE	XANDER			C	C-214	/1					
		-							****					
	entification by Lead/Chief	Operator						L	1944 1944	1				
n. 0	erunceduri by Leeu/Criter	oberarot	P											

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

1 2 101 1 Hla 2016/07/07

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

DANNY ALEXANDER

Printed or Typed Name

C-12379 License Number

215															
704	DRINKING WAT BACTERIOLOGICAL A		(	3	******				,						
Ÿ	MID FLORIDA WATER	LABORATOR	RY	Lab F	Receipt D	Date & 1	ime:		, 						
•	8 Oakwood Road - Winter H	_	Analysis Date & TimeRECEIVED												
	Phone (863) 965-2540 • Fax (۱ Lab I.D. #E84567 • Margaret Rajpaul - D		Sample Acceptance Criteria: Sample Preservation Jup Ige, JNot On Ige J 4.4												
Pepert A	NELAC CERTIFIED           Report Number:					Disinfectant Check And During A 8 44									
	s Requested: (check all that apply)	This sample does not meet the following NELAC requirements:													
Ya Total	Collform/E-Coll Total Collform/Fecal E	nterocci 🛛 Colilert 🔾	нрс 🎴				<u> </u>								
System	Name: Ullage C	harlie Cre	ek	PV	VS I.D.	6	25	50	2	28					
	Address: SR 64 E		County County												
System	or Owner's Phone #:		Fax #:												
	or: Justin Alexander			Collecte	villector's Phone # 763 2579										
Private Reason	for Sampling: (check all that apply)	G Bott	transient No led Water			Other			nited Use						
Distril	pution Routine 🖸 Distribution Repeat 🛄 Ra	w (triggered or assessme	nt) 🛛 Ra	aw (trigge	ered or a	ssessm	ient) addit	ional	🕻 Well S	Gurvey					
	ance Replacement (also check type of sam)	ole being replaced) 🕒 🗄	loil Water N	otice	Other _										
Sample	Collection Date: $6 - 16 - 19$	 / collector of sample	stration and	alga der 1979.	ang langang			é.		an an an an an an an an an an an an an a					
r T	to be completed of	Collector of sample	<b>T</b>	ſ		<b>—</b>	Total Col	form Analy	mpleted ysis Method	SMAZZR					
Sample Number	Sample Point (Location or Specific Address)	Lab Sampie Number	Collection Time	Sample Type ¹	Disinfect Res'd (mg/t)	рН	Non	Total	Iysis Metho F <del>ocal-</del> or E. coli	d Sin 228 E d Data Qualifier ²					
3	Weel 1	007764	11:30	R.	$\angle$	78		A	A						
13	Well 2	007765	11:35	R		7.8		A	A						
1/3	1243 Mocking berch	007766	11:45	Ŋ	1.9	<u>7.</u> 6		A	A						
	U	NAMBANAN NAMBANAN SALAN MANAN MANAN SALAMA SALAMA SALAMA SALAMA SALAMA SALAMA SALAMA SALAMA SALAMA SALAMA SALAM													
		an man an an an an an an an an an an an an a						-							
non-tran	e of disinfectant residuals for routine and repe sient non-community systems serving population ant samples in the average.)	• • •		· .	1.9	The tes	are performed t results in th	in accorda his report (	nce with NE	ie 62-150, Table 1 LAC standards. to the analyses					
Disinfectant Residual Analysis Method:       DPD Colorimetric       Other:         Person performing analysis is (Please see instructions on reverse):       A certified operator (#						Date PWS notified by lab of positive results:									
				me K		llin	1.51.1								
r	rized representative of supplier of water			J	Lab Sign		7	NI.	Date	018/16					
Nar	ne and Mailing Address of Person to Re			Time	<u>ka</u>	V A	DE	PIDQLU							
	Consta Flore to	Satisfac		lection	Inform	ation	UE	rivativ	OC UNLY						
	Consta Flow, Inc 5574 Commercial Blvd	Repeat	Sample	es Requ	ired 🛛	Replace									
	Winter Haven, FL 33880	Date Reviewed by DEP/DOH DEP/DOH Reviewing Official:													
L	, , , , , , , , , , , , , , , , , , , ,	······································	DEP/DOH	l Reviev	ving Off	icial: _									
		Page 1 of 1													

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

Tuesday, January 24, 2017

# Charlie Creek Utilities, LLC

# Billing Summary 6/1/2016 to 6/30/2016

#### <u>water</u>

	Date	Beginning Ending	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total			668550		\$107.00		\$0.00		\$0.00		\$205.00		(\$55.48)	
water			\$2,705.78	\$2,145.00		\$105.00		\$0.00		\$0.00		\$5,267.78		\$5,212.30
# of Customers Billed	145										add to the state		contrast to attack metalogical actor and	
<u>General</u>														
	Date	Beginning Ending	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total			0		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00	
General			\$0.00	\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00
# of Customers Billed	19													
<u>Unused</u>														
	Date	Beginning Ending	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total							\$0.00		\$0.00		\$0.00		(\$22.25)	
Unused # of Customers Billed	2			\$68.64				\$0.00		\$0.00		\$68.64		\$46.39
<u>Unused</u>														
	Date	Beginning Ending	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total			0		\$3.00		\$0.00		\$0.00		\$0.00		(\$33.00)	
Unused # of Customers Billed	1	<u></u>	\$0.00	\$0.00		\$30.00		\$0.00		\$0.00		\$33.00		\$0.00

Page 1 of 2

<b>D</b>		668550		\$110.00		\$0.00	\$0.00	\$205.00	(\$110.73)	
Report		\$2,774.42	\$2,145.00		\$135.00		\$0.00	\$0.00	\$5,369.42	\$5,258.69
Totals	# of Cust Billed	147		31	19	0		41		

#### PLANT NAME:

Village of Charlie Creek

Monitoring Period From: 6/01/16 To: 6/30/16

		(WATER R	EPORT)			_			
DAY	METER 1	METER 2	TRC	PH	TRC	PH	MULT.	1000	Bact.
PREV	50846	28404					#REF!		
1	50871	28404	3.5		2.1		25000		
2							27000		
3	50925	28404	2.3		1.9		27000		
4							29000		
5							29000		
6	51012	28404	2.3		1.9		29000		
7							35000		
8	51082	28404	1.6		1.2		35000		
9							22500		
10	51127	28404	3.8		2.9		22500		
11					1		21667		
12		1		[		******	21667		
13	51192	28404	3.8	1	2.9		21667		
14				<b> </b>			22000		
15	51236	28404	3.8		2.9		22000		
16		Î		ľ			7000		
17	51250	28432	1.6	ſ	1.2		7000		
18	l	1		t.			8667	······	-
19		1	·····	İ			8667		
20	51276	28480	0.8	Ì.	0.2		8667		
21	1	T		1			24000		
22	51324	28480	3.9	ľ	3.0		24000		
23		1				<u></u>	24000		
24	51372	28480	1.5	t	1.1		24000		
25		T	1	1			30333		
26		1		t			30333		
27	51463	28480	3.4	İ	2.4		30333		
28	<u> </u>	1					25500		
29	51514	28480	3.5	İ	2.5		25500		
30	51539		<u></u>	1	1	politikanik tarka takant	25000		
	1	1	1	1			1		
	İ	1	1				1	1	1
Total Flow		1		T			693000	1	
ADF	1	1	1				23100		1
MAX	1	1	3.9	t	3.0		35000		
MIN	1	1	0.8	1	0.2		7000	1	1

WS: Identification Nu	imber:		6250278			Plant Name:		VILLAGE OF C	HARLIE CRE	≣ĸ			
ś					Monitoring Period Fr	ram: 6/01/16 1	a: 6/30/16	,					
siansi of Achieving Fo	our-Log Virus In Ultraviolet Rad		val: *	Other: (Describe):	X	Free Chiorine	B		Chlorine Diox	ide		.Ozone	Combined Chlorine(Chloramines)
pe of Disinfectant R			System	Contraction (Contraction		Free Chlor	ine		Combined Ch	lorine(Cloram	ines)	Chlorine Dioxide	
				s or UV Dose, to De	monstrate Four-Log	Virus Inactivat	ian, If Appl	cable*		- -			
		V			CI Calculations		-			UV Dobe .			
100	l					200 A.				1.00			
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						Lowest CT Provided							
		1.5				Provided. Before or at			1.1.1			Lowest Residual	
Days Plant	F	1.1		Lowest Residual Disinfectant	Disinfectant	First		and the second		Lowest	Minimum	Distrifectant	
Staffed of				concentration	Contact Time (T) at	Customer	1.			Operating	UV Dose	concentration at	
ay of Visited by the Operator	a and a second second	Net Quelity of Finished Water		Before or at First	C Measurement	During Peak		and the second second	Minimum CT.	UV Dose;	required, mW-	Remote Point In Distribution	Emergency or Abnormal Operating Conditions; Repair Maintenance Work that Involves Tailing Water Syste
the Operator	Hours Plant In Operation	Finished Water Produced, gai	Peak flow rate . cod	Customer During Peak Flow, mg/L	Point During Peak Flow, minutes	Flow, mg- min/L	Temp of	pH of Water, if Applicable	Required mg	mW- Sec.cm2	secion2	System more	Components Out of Operation
onth (Place X)	The operation	Produced, gee	. gpa	FOR TIME, HEPC	TOW THEILING	THEFE		, debrare					
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5	24					1				1		L	
6 X	24					+						1.	9
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10 X	24						<b>_</b>		· · · · ·		<u> </u>	2.	9
12	24					1	<u>†</u>		<b>.</b>		+	1	
13 X	24	21667		-	<u> </u>	1	1					2.	9
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18	24					ļ	L		ļ	L			
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20 X 21	24			1.		1	1		1	1		<u> </u>	1
22 X	24	24000		L.	L	1	.[		L		1	3.	0
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30	24		<u> </u>	1		1	1		1			1*	
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stel		693000 23100		I	1	1	1	1	1	1	1	1	

Average 23100 Average 23100 "Refer to the instructions for this report to determine which plants must provide this information

DEF Form 62-655 (KCk3)

Effective Aug X

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

I. Ge	neral information for the Month/Year of	Monitoring P	eriod From: 7/0	1/16 To: 7/31/16		
A.	Public Water System (PWS) Informati					
	PWS Name: VILLAGE OF CH			PWS Identification		6250278
	PWS Type: X Community	Non-Transient Non-Comm	lunity	Transient Non-Cor		nsecutive
	Number of Service Connections at En	d öf Month:	153	Total Population Served	at End of Month:	138
	PWS Owner:					
	Contact Person : MIKE SMALLRI			Contact Person's Title:	UTILITY MANA	
	Contact Person's Mailing Address:		City: HOLIDAY		State: FL	Zip Code: 33890
	Contact Person's Telephone Number:			Contact Person's Fax N	lumber: 863-22	29-5991
	Contact Person's E-Mail Address:	UTILITYCONSULTANT	@YAHOO.CC	<u>M</u>		
В.	Water Treatment Plant Information					
	Plant Name: VILLAGE OF CHARLI			Plant Telephone Numb		37-1971
	Plant Address: SR 64 EAST		City: ZOLFO S		State: FL	Zip Code: 33873
	Type of Water Treated by Plant:	X	Raw Ground V		Purchased Fin	ished Water
	Permitted Maximum Day Operating ca	pacity of Plant, gallons per da		133,000		
	Plant Category (per subsection 62-69	9.310(4), F.A.C.): V			C	
	Licensed Operators			License Class		er Day(s)/Shift(s) Worked
	Lead/Chief Operator:	GAINES ALEXANDER		C	C-5472	
	Other Operators:	DANNY ALEXANDER		C	C-12379	12
		JENNIFER ALEXANDER		C	C-21471	
10. C	ertification by Lead/Chief Operator				and the second second second second second second second second second second second second second second second	12

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

2016/08/07

DANNY ALEXANDER

Printed or Typed Name

C-12379 License Number

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

1/52		n D	ſ						······	
	DRINKING WATE BACTERIOLOGICAL A			Û						
S.	MID FLORIDA WATER I	LABORATOR	R <b>Y</b>			• • • • • • • • •	Ge≘ ∖∖	1 4		
•	8 Oakwood Road - Winter Ha Phone (863) 965-2540 • Fax (8 Lab I.D. #E84567 • Margaret Rajpaul - Dir NELAC CERTIFIED	63) 967-8601 rector, Contact Person		Samp Samp	ole Acce le Prese d	ptance	Z Criteria: In 120 II	Ann lee		<u>1-35</u> 
Report Nur	nber:Sub-Contrac			Disinfi This s	ectant Che ample doe	s not me	ot Detected et the follow	ving NELA	C requirer	mg/L nents:
	Requested: (check all that apply) bilform/E-Coll 7 🛄 Total Coliform/Fecal 🛛 🔲 En	iteracci 🖸 Colilert 🔲	нрс 🗋 (	Other:						
/ System N	lame: Villeye @ (	havile Cre	ık		VS I.D.	LL L	$2\varepsilon$	0		78
System Ac System or	Ownerds Phone #:	. 11.		Fax #			<u> </u>	XXX	4	
Collector	D. T. HOU	ander		Collect	or's Phor	ne #:	965	52.	593	7
	uppty: (check only one)				13 1 <b>6</b> 3 1			<u>.</u>		
Private V	hity Water System Soncommunity Water Nell Swimming Pool		transient No led Water	ncomm	· ·	Other		Limi	ited Use (	System
	or Sampling: (check all that apply)							<b>1</b>	~~~	
	tion Routine Distribution Repeat DRaw									
	Collection Date: $7/25/16$		on trater to	-						4-ri-Ö-1999,000,000,000,000,000,000,000
	· / /	collector of sample					and the second second second second second second second second second second second second second second second	and the second second second second second second second second second second second second second second second	pleted b	
Sample Number	Sample Point (Location or Specific Address)	Lab Sample Number	Collection Time	Sample Type'	Disinfect Res'd	рН	<del>Fecal</del> or Non	. coli Anal	/sis Method <del>Fecal</del> or	<u>Sm9aga 6</u> Sm9ag <u>06</u> -8 Data Qualifier ²
13	Well	009434	1720	Ŗ	$\mathbb{Z}$			A	A	
K/J	Uble	009435	1723	K	$\angle$		ļ	A	A	
2/3	1011 Morgan Grice	009436	1734	$\left( \right)$	.62			A	A	
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							L			
non-trans	of disinfectant residuals for routine and repe ient non-community systems serving populations int samples in the average )			-	.62	The tes	are performed	l in accorda his report c	nce with NEL	e 62-160, Table 1 AC standards, o the analyses
Person p	ant Residual Analysis Method: DPD Colo erforming analysis is (Please see instructions ied operator (#		lab		Doto Str	lla	by lab of po	iour also	ts:	
Superv		Employed by DEP or DC			Lak Ch	M	wh	146	Data 7	balic
r		popius Bosort 1			J Law orge	Va	bs	UU.	Leno	er
Inam	e and Mailing Address of Person to Re		Satisfa	ctory		ALC CO		DE	P/DØH	SE ONLY
	Consta Flow, Inc			olete Co	ollection	Inform	ation Replace	ment S	amnles	Required
	5574 Commercial Blvd Winter Haven, FL 33880		Date Rev							
	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	-	DEP/DOF	l Revie	wing Of	ficial:				
\$D6	P Sample Type Codes: D - Distribution (Routine Complia Analysis Methods: MF = SM922	2B & D: MTF = 9221B & EC/		IUG = SM	19223B; HI	PC = SMS	9215B	Special (cle	earance, et	s.)

Analysis Methods: MF = SM9228 & D: MTF = 92218 & EC/MUG; MMO/MUG = SM9228; HPC = SM92158 Results: A = coliforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count

Tuesday, January 24, 2017

# Charlie Creek Utilities, LLC

# **Billing Summary**

7/1/2016 to 7/31/2016

#### <u>water</u>

	Date	Beginning Ending	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total			722470		\$132.00		\$0.00		\$0.00		\$220.00		(\$95.39)	
water			\$3,185.85	\$2,115.00		\$40.00		\$0.00		\$0.00		\$5,692.85		\$5,597.46
# of Customers Billed	149													
<u>General</u>														
	Date	Beginning Ending	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total			0		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00	
General			\$0.00	\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00
# of Customers Billed	17													
<u>Unused</u>														
	Date	Beginning Ending	Usage	Water	Other Amount	Other Amount	Sewer Amount	Locai Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total							\$0.00		\$0.00		\$0.00			
Unused # of Customers Billed	1			\$15.54				\$0.00		\$0.00		\$15.54		\$15.54
<u>Unused</u>														
	Date	Beginning Ending	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total Unused # of Customers Billed	1			\$46.39			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$46.39		\$46.39

Page 1 of 2

<b>–</b> <i>– –</i>		722470		\$132.00		\$0.00	\$0.00		\$220.00		(\$95.39)
Report		\$3,247.7	\$\$2,115.00		\$40.00		\$0.00	\$0.00		\$5,754.78	\$5,659.39
Totals	# of Cust Billed	151		44	2	0			44		

#### PLANT NAME:

Village of Charlie Creek

Monitoring Period From: 7/01/16 To: 7/31/16

		(WATER F							
DAY	METER 1	METER 2	TRC	PH	TRC	PH	MULT.	1000	Bact.
PREV	51539	28400					#REF!		
1	51564	28400	2.7	T	2.4		25000		
2				[			24000		
3				I			24000		
4	51636			1			24000		
5		1		T			24500		
6	51685	28400	3.9	1	3.4		24500		
7	ľ			1	1		33000		
8	51751	28400	3.9		3.4		33000		
9		1		1			31000		
10		1		T		hài can am ai taoi tiù li tiù	31000		
11	51844	28400	3.9	1	3.0		31000		
12		1		1			40500		
13	51925	28400	2.8	1	2.5		40500		
14		I				************************	28000		
15	51981	28400	0.8	1	0.3		28000		
16	[	1		1			23667		
17	l			T			23667		
18	52052	28400	3.1	1	2.0		23667		
19	[	I		1		*****	23000		
20	52098	28400	2.6		2.2	*******	23000		
21		I		T			22000		
22	52142	28400	2.6	T	2.2		22000		
23				1			25667		
24				1			25667		
25	52219	28400	2.6		2.2		25667		
26				1		•••••••••	25000		
27	52269	28400	3.2		2.1	<u>.</u>	25000		
28	[		[	1			25000	1	
29	52319	28400	2.9	I	1.8		25000		[
30	T	T		Ī			26000	Ī	
31	52371	28400					26000	1	
Tatal El	ļ	ļ		<u> </u>				Į	
Total Flow		<b> </b>					832000		
ADF	ļ	<u> </u>	<u> </u>	ļ			26839		ļ
MAX	ļ	<u> </u>	3.9		3.4		40500		
MIN		L	0.8	1	0.3		22000	ł	

r			MONTHLY OPE	ERATION REPO	RT FOR PWSs TRE	EATING RAW GROU	IND WATER C	H PURCH	ASED FINISHE	DWATER				
PWS: ide	intification Nu	umber:		6250278			Plant Name:		VILLAGE OF C	HARLIE CREE	EK .			
and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s	ina di Cani	t, ta di	at an ann an an an an an an an an an an an		a da se se se se se se se se se se se se se	Monitoring Period F	rom: 7/01/16 1	0.7/31/16						
Means of	Achieving Fo		nactivation / Rem	ioval: *		×	Free Chlorine	e		Chlorine Diox	ide		Ozone	Combined Chlorine(Chloramines)
		Ultraviolet Rad	diation		Other: (Describe):									
Type of D	sinfectant R	lesidual Maintai	ned in Distributio	n System:				Free Chior	ine		Combined Ch	lorine(Cloram	ines)	Chlorine Dioxide
		B.		CT Calculation	e of LIV Dose to De	monstrate Four-Log	View Inactivat	inn il Anni	cohia*					
			1. A. A. A. A. A. A. A. A. A. A. A. A. A.	0.0000000		Ct Calculations			<del>ya</del> un.		UV Dose			
	1 - K-1	Sec. 3.1						1.16.17			<b>[</b>			
		1		and the second second				4.4.5			and the second			and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second se
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			194 A				Lowest CT	102				2.5	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
		1.19					Provided	1						
	Dunie Dinet	1.1.1	- 1		Lowest Residual Disinfectant	Distribution	Before or al. First	the state			1	Minimum	Lowest Residual Disinfectant	
	Days Plant Staffed or	1.40.5			concentration	Disinfectant Contact Time (T) at	Customer	11.645			Lowest Operating	UV Dose	concentration at	
Oay of	Visited by	1. S. S. A.	Net Quality of		Before or at First	C Measurement	Durino Peak	4.47.5		Minimum CT	LIN Com	required,	Rende Point in	Emergency or Abhormal Operating Conditions; Repair or
the	Operator	Hours Plant	Finished Water	Peak flow rete	Customer During	Point During Péak	Flow, mg-	Temp of	pH of Water, If	Required mo	mW-	mV/-	Distribution	Meintenance Work that involves Taking Weter System
month	(Place X)	in Operation	Produced, gal	gpd.	Peak Flow, mg/L	Fice, modes	- min/L	Water, C	Applicable	min/l.	Sec cm2	sec/cm2	System, mort.	Components Out of Operation
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29	X	24			+	<u> </u>	ł	<b>├</b> ───┤			Į		1.8	
30		24	26000		t		1			t	<u>†</u>		1.0	
31		24	26000	)			1			1	1	<u>†</u>		
Total	••••		832000	1			1. ipi,	**************************************		f	d		Nijaaa	1

 Average
 26639

 Maximum
 40500

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

08P Form (iC-555 000(2)

Effective Aug X

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

I.Ge	neral information for the Month/Year of:	Monitoring	Period From: 8/0	1/16	To: 8/31/16					
A.	Public Water System (PWS) Information									
	PWS Name: VILLAGE OF CHA	ARLIE CREEK	1		PWS Identificatio	n Numl	er:	6250278		
	PWS Type: X Community	Non-Transient Non-Com			<b>Transient Non-Co</b>			onsecutive		
	Number of Service Connections at End	of Month:	153	Tota	Population Serve	d at En	d of Month	• •	138	
	PWS Owner:									***
	Contact Person : MIKE SMALLRIDO		1 3.3.1.10 million of a second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second sec	Cont	act Person's Title:		LITY MAN			
	Contact Person's Mailing Address:	3336 GRAND BLVD	City: HOLIDAY			Sta		Zip Code:	33890	
	Contact Person's Telephone Number:	352-302-7406		_	act Person's Fax N	lumber	863-2	29-5991		
	Contact Person's E-Mail Address:	UTILITYCONSULTAN	<u>T@YAHOO.CC</u>	M						
В.	Water Treatment Plant Information									
	Plant Name: VILLAGE OF CHARLIE	CREEK			t Telephone Numb			37-1971		
	Plant Address: SR 64 EAST		City: ZOLFO S		IGS	Sta		Zip Code:		
	Type of Water Treated by Plant:	X	Raw Ground W	/ater	L	Pu	rchased Fi	nished Water		
	Permitted Maximum Day Operating cap				133,000	****				*****
	Plant Category (per subsection 62-699		and a second second second second second second second second second second second second second second second			C				
		Name			License Class			ber Day(s)/Sh	ift(s) Worked	
	Lead/Chief Operator:	GAINES ALEXANDER			C		472			
	Other Operators	DANNY ALEXANDER			C		2379		14	
		JENNIFER ALEXANDER	<u> </u>		C	<u> </u>	21471			
					<u></u>					
	a state of the second state of the second									
	AT A SHARE IN A SHARE AND		·							
								1		
<u>II.</u> C	entification by Lead/Chief Operator									

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

_____DA

2016/09/08

DANNY ALEXANDER Printed or Typed Name C-12379 License Number

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

DRINKING WATE		Γ	55	******************************					>			
		<b>v</b>	Lab Re	eceipt Da	nte & Tim	ie:						
8 Oakwood Road - Winter Ha		•	Analys	is Date 8	& Time:	250	EIVI	<u>=D</u>				
Phone (863) 965-2540 • Fax (80 Lab I.D. #E84567 • Margaret Rajpaul - Dir	63) 967-8601 rector, Contact Person		Samni	e ercen	Hanco L	riteria:			R. c			
NELAC CERTIFIED	)		Disinfe	tant Chec	k yald				mg/L			
Report Number:Sub-Contrac	t Lab ID:		This sa	mple does		the follow	ING NELA	yza				
Analysis Requested: (check all that apply)	terocci 🛛 Colilert 🖵 H		Other:	<b></b>				10-	······			
	ale Creek		PW	'S I.D. [		25	0	<u>ا</u> ک	78			
System Address: SR 04 E				County:	,		<u>uec</u>					
System or Owner's Phone #: Collector: <u>Jusha Alexander</u>			Fax #: Collecto	r'e Phon	• # [,]	9605	72	59	9			
		;	Conecto	15 11010	C **	1	<u> </u>	<u> </u>	<u></u>			
Type of Supply: (check only one)         Community Water System         Private Well         Reason for Sampling: (check all that apply)		ansient No d Water	ncommu	•	•	m		ted Use	System			
Distribution Routine D Distribution Repeat DRa	Distribution Routine     Distribution Repeat     Raw (triggered or assessment)     Raw (triggered or assessment) additional     Well Survey     Clearance     Replacement (also check type of sample being replaced)     Boil Water Notice     Other											
ample Collection Date:												
To be completed by	collector of sample	11	<u> </u>				be com	<b>.</b>	oy lab (M92224)			
Sample Sample Point Number (Location or Specific Address)	рН	E. coli Ar Non		od; <b>S</b> M	222 <i>GEC</i> Data							
1/3 Well 1	009820	11:25	R	$\square$	7.7		A	A				
2/3 IN lell 2	009921	11:30	K		7.6		A	A				
33 Church	009922	11:45	D	1.8	7.8	M	A	A				
			с С.									
						ļ						
Average of disinfectant residuals for routine and rependent on transient non-community systems serving population raw or plant samples in the average.)	eat samples. (Complete fo s up to and including 4,90	r communi 0. Do not ir	ty and nclude	[.8	The test	re performed	f in accorda his report o	nce with NE	ule 62-160, Table 1 LAC standards. to the analyses			
Disinfectant Residual Analysis Method: DPD Cold	orimetric Other:			Date PW	/S notified	by lab of po	sitive resul	lç:				
Person performing analysis is (Please see instructions		lab		Date Sta	ite notified	by lab of po		/ ts:				
A certified operator (#)		H		Lab Sign	Xo	illa	UUI	UL~ Data	110/16			
Authorized representative of supplier of water				itle	Lat	, Il	Juli	LO-P	2			
Name and Mailing Address of Person to R		DEP/DØH USE				USE ONLY						
Consta Flow, inc	I	Satisfa	olete Co	llection	Inform	ation			_			
5574 Commercial Blvd		Repeat Samples Required      Replacement Samples Required     Date Serieured by DER/DOH										
Winter Haven, FL 33880	Whiter Haven, FL 33880							Date Reviewed by DEP/DOH:				
	Page 1 of 1	age 1 of 1 Check: B = Baw: N = Entry to Distribution: P = Plant Tap: S = Special (clearance, etc.)										

¹DEP Sample Type Codes: D - Distribution (Routine Compliance); C = Repeat or Čheck; 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

Tuesday, January 24, 2017

# Charlie Creek Utilities, LLC

# Billing Summary 8/1/2016 to 8/31/2016

#### <u>water</u>

	Date	Beginning Ending	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total			691010		\$147.00		\$0.00		\$0.00		\$260.00		(\$434.97)	
water			\$2,826.02	\$2,085.00		\$150.00		\$0.00		\$0.00		\$5,468.02		\$5,033.05
# of Customers Billed	146													
General														
	Date	Beginning Ending	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total			330		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00	
General			\$1.16	\$45.00		\$0.00		\$0.00		\$0.00		\$46.16		\$46.16
# of Customers Billed	3													
<u>Unused</u>														
	Date	Beginning Ending	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total			0		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00	
Unused # of Customers Billed	2		\$0.00	\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00
<u>Unused</u>														
	Date	Beginning Ending	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total			0		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00	
Unused # of Customers Billed	5		\$0.00	\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00

Page 1 of 2

# <u>Unused</u>

	Date	Beginning Ending	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total			0		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00	
Unused			\$0.00	\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00
# of Customers Billed	3													

### <u>Unused</u>

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

# <u>Unused</u>

		Date	Beginning Ending	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total				0		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00	
Unused				\$0.00	\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00
# of Custor	mers Billed	2													
				691340		\$147.00		\$0.00		\$0.00		\$260.00		(\$434.97)	
Report				\$2,827.18	\$2,130.00		\$150.00		\$0.00		\$0.00		\$5,514.18		\$5,079.21
Totals	# of Cust	Billed	149			49	6	0				52			

#### PLANT NAME:

Village of Charlie Creek

Monitoring Period From: 8/01/16 To: 8/31/16

		(WATER F	EPORT)			_			
DAY	METER 1	METER 2	TRC	PH	TRC	PH	MULT.	1000	Bact.
PREV	52371	28400					#REF!		
1	52397	28400	0.7		0.5		26000		
2							23000		
3	52443	28400	1.8	[	1.5		23000		
4	l						25000		
5	52493	28400	1.4	l	1.1		25000		
6	1	1					24667		
7	[	<b>1</b>		1			24667		
8	52567	28400	1.6	1	1.3		24667		
9		1					23000		
10	52613	28400	1.1	1	0.6		23000		
11	<u> </u>	<u>}</u>		1			24000		
12	52661	28400	3.2	1	2.1		24000	······	
13	<b>1</b>	1	1	1			24000		
14	<u>.</u>	1	1	1			24000		
15	52733	28400	2.9		1.8		24000		
16	1	1	1	1			24000		1
17	52781	28400	2.0	1	1.5		24000		I
18	1	1	1	1		**************	22000		
19	52825	28400	2.0	1	1.5		22000		1
20	1	1	1				24667		1
21		1	1	1			24667		T
22	52899	28400	1.5	1	1.2		24667		1
23	1	1		1	-		25500		1
24	52950	28400	1.5		1.2		25500		1
25		1	1	1			25000		<u> </u>
26	53000	28400	1.6		1.3		25000		
27	1	1	1	T			27333		1
28	1	1	1	1			27333		ĺ
29	53082	2 28400	3.9		2.6		27333		1
30	1		1	1			20000		
31	53122	2 28400	2.0	1	1.5		20000		1
<u> </u>		<u> </u>	1	1			1 1		1
Total Flow	/	1	1	1			751000	,,	1
ADF	1	1	1	1		ſ	24226	****	1
MAX	1	1	3.9	, <del> </del>	2.6	İ	27333		1
MIN	1	1	0.7		0.5		20000		1

S: Identification N.	mber		6250278		P1	ant Neme:		VILLAGE OF C	HARLIE CRE	EK			
							0.04.40						
				Monitorin	g Period From	n: 8/01/16 To ree Chlorine			Chindre Diau			Ozone	Combined Chlorine(Chloramines)
ans of Achieving Fo	our-Log Virus Ina Ultraviolet Radia	ctivation / Removal: *	Other: (De	senha).	L <u>A</u> Fr	ree Chiorine		ليسمعا	Chlorine Diox	(ide	L	Uzone i	(Combined Chionne(Chiorannines)
				scribel.		F1.	-ree Chior		<b></b>	Combined Chi	(O)	·	Chlorine Dioxide
e of Disinfectant R	esidual Maintaine	d in Distribution Syst								Combined Chi	onne(Ciorain	nes)	Chiotine Dioxide
19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1.000		andalions, or UV Da	se, to Demonstrate	e Fourk og Vir	us necessi	in if Appl	cable"				1.1.1.1.1.1	
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Days Plant	1000		, Disinit	clant Distri	fectarit .	- Fire -				Lowest	Minimum UV Dose	Distriction	the second second second second
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ey of Visited by he Operator onth (Place X)	Hours Plant 1 In Operation	Withhod Water Dool	Course Costons	Durino Porr De	Deal	King Peak Flow, ng- min/L	Temp of	off of Water I	Meana on CT. Requesto ing rand.	mvy	mW.	- Oteknitedion	Emergency or Abnormal Operating Conditions: R Maintenance Work that involves Taking Water 5 Components Out of Operation
he Operator unth (Place X)	in Operation	Produced cel	ced Peak Fid	K mon Cow	wing Peak minutes	mint	water C	pH of Water, I Applicable	rinna.	envi- Sec.ont2	1994- 580/07/2	System, mpd.	Components Out of Operation
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Mee X	24	20000		1					1	1		1	5
		751000											

Average 24226
 Z4323
 Z7333
 Refer to the testinations for this report to determine which plants must provide this information.

UEP Horm \$2-555 (000(3)

Effective Aug. 2.

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

1. Ge	neral Information for the Month/Year o	f: Monitoring	Period From: 9/01	1/16 To: 9/30/16	*******	
Α.	Public Water System (PWS) Informat					
	PWS Name: VILLAGE OF CI			PWS Identificati		6250278
	PWS Type: X Community	Non-Transient Non-Com		Transient Non-C	the second second second second second second second second second second second second second second second se	onsecutive
	Number of Service Connections at En	d of Month:	153	Total Population Serv	ed at End of Month	138
	PWS Owner:					
	Contact Person : MIKE SMALLRI			Contact Person's Title		
	Contact Person's Mailing Address:	3336 GRAND BLVD	City: HOLIDAY		State: FL	Zip Code: 33890
	Contact Person's Telephone Number:			Contact Person's Fax	Number: 863-2	229-5991
	Contact Person's E-Mail Address:	UTILITYCONSULTAN	<u>T@YAHOO.CO</u>	M		
Β.	Water Treatment Plant Information	ter a transmission transmission transmission transmission transmission transmission transmission transmission t				
	Plant Name: VILLAGE OF CHARLI	E CREEK		Plant Telephone Num		537-1971
	Plant Address: SR 64 EAST		City: ZOLFO SI		State: FL	Zip Code: 33873
	Type of Water Treated by Plant:		Raw Ground W		Purchased Fi	nished Water
	Permitted Maximum Day Operating ca			133,000		
	Plant Category (per subsection 62-69			Plant Class:	C	
	Licensed Operators			License Class		ber Day(s)/Shift(s) Worked
	Lead/Chief Operator:	GAINES ALEXANDER		<u> </u>	C-5472	
	Other Operators:	DANNY ALEXANDER JENNIFER ALEXANDER	S	C C	C-12379	11
		JEININIFER ALEXANDER	(		C-21471	
				· · · · · · · · · · · · · · · · · · ·		
				····		
III C	ertification by Lead/Chief Operator			l	I	
<u> </u>	L the undersigned water treatment pl	ant operator license in Elerid	a om the lead/abi	of operator of the wet	or transmont alast	de atifica d'il De at traf

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

11112 Signature and Date

DANNY ALEXANDER

2016/10/04

Printed or Typed Name

C-12379 License Number

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

DRIVERING WATER     BACTERRIGUESS     MID FLORIDA WATER LABORATORY     BOLVONG Road - Winter Heave, FL 3380     Lab 10. #E4507 * Margaret Ragaret Advess.     Lab 10. #E4507 * Margaret Ragaret Advess.     Sub-Contract Lab D.     Analysis Bequested: (check all advess)     Sub-Contract Lab D.     Analysis Bequested: (check all advess)     Sub-Contract Lab D.     System Address:     Lab 10. #E4507 * Margaret Ragaret Ragaret     System Address:     Lab 2.     System Address:     Lab 2.     System Address:     Lab 2.     Contract Lab D.     System Address:     Lab 2.     System Address:     Lab 2.     Contract Lab D.     System Address:     Lab 2.     Contract Lab D.     System Address:     Lab 2.     Contract Lab D.     Contract Lab D.     Contract Lab D.     System Address:     Lab 2.     Contract Lab D.     Contract Lab D.     System Address:     Lab 2.     Contract Lab D.     Contract Lab D.     Contract Lab D.     Contract Lab D.     Contract Lab D.     Contract Lab D.     System Address:     Lab 2.     Contract Lab D.     Contract Lab D.     Contract Lab D.     Contract Lab D.     Contract Lab D.     Contract Lab D.     Contract Lab D.     Contract Lab D.     Contract Lab D.     Contract Lab D.     Contract Lab D.     Contract Lab D.     Contract Lab D.     Contract Lab D.     Contract Lab D.     Contract Lab D.     Contract Lab D.     Contract Lab D.     Contract Lab D.     Contract Lab D.     Contract Lab D.     Contract Lab D.     Contract Lab D.     Contract Lab D.     Contract Lab D.     Contract Lab D.     Contract Lab D.     Contract Lab D.     Contract Lab D.     Contract Lab D.     Contract Lab D.     Contract Lab D.     Contract Lab D.     Contract Lab D.     Contract Lab D.     Contract Lab D.     Contract Lab D.     Contract Lab D.     Contract Lab D.     Contract Lab D.     Contract Lab D.     Contract Lab D.     Contract Lab D.     Contract Lab D.     Contract Lab D.     Contract Lab D.     Contract Lab D.     Contract Lab D.     Contract Lab D.     Contract Lab D.     Contract Lab D.     Con	10	$\sim$							
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Lab D.D. #E8457 * Margaret Rajpart - Director, Contact Person       safetyreffexa. Star 2000 ftc y 1 () * C         Report Number:					Analy	sis Date & Time	»: 919	16@9:	·30 AM
Report Number:		Lab I.D. #E84567 • Margaret Rajpaul - D	irector, Contact Person		Sann	HPISEPation)	Arce823doo		<u>3_°c</u>
Analysis Requested: (ineed at this spoy)         Protect Contermice: Control Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Content: Conten: Content: Content: Content: Content: Conte	Report N							U IELAC requir	
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System Name:       Up to the system of the system       County:       Up to the system of the system         System Owner's Phone #       Collector:       County:       Up to the system         Conneutry Weak System       Devices at the splity       Collector's Phone #       765 20 7 7         Type of Stippk]: (check only one)       Concommunity Water System       Donor transient Noncommunity Water System       Dimited Use System       Dimited Use System         Contractify Weak System       Devices at the splity       Devices at the splity       Devices at the splity       Devices at the splity         Distribution Routine       Distribution Routine       Distribution Routine       Distribution Routine       Distribution Routine       Distribution Routine       Distribution Routine       Distribution Routine       Distribution Routine       Distribution Routine       Distribution Routine       Distribution Routine       Distribution Routine       Distribution Routine       Distribution Routine       Distribution Routine       Distribution Routine       Distribution Routine       Distribution Routine       Distribution Routine       Distribution Routine       Distribution Routine       Distribution Routine       Distribution Routine       Distribution Routine       Distribution Routine       Distribution Routine       Distribution Routine       Distribution Routine       Distribution Routine       Distribution Routine       Distr		Coliform/E-Coli Coliform/Fecal E	nterocci 🖸 Colilert 📮	нрс 🔾	Other:		r		·
System or Owner's Phone #	•	(VI) ZI	hartie Vec	Ł	PV	le le	R J S K	22	78
Collector:	-		Λ		 Fax #:		Varia		
Type of Stipple: (check only one)       Imonormunity Water System       Imonormunity Water System       Imited Use System         Private Water       Swimping: (check at that spip)       Bottled Water       Other         Reason for Sampling: (check at that spip)       Distribution Repeat       Raw (triggered or assessment)       additional       Well Survey         Interpret Collection Date:	Collect	or: ennie ALYO	h		Collect	or's Phone #	965	259	9
Private Well       Swimming Pool       Bottled Water       Other         Reason for Sampling: (beck at the apply)       Distribution Routine       Distribution Routine       Distribution Routine       Distribution Routine       Distribution Routine       Distribution Routine       Distribution Routine       Distribution Routine       Distribution Routine       Distribution Routine       Distribution Routine       Distribution Routine       Distribution Routine       Distribution Routine       Distribution Routine       Distribution Routine       Distribution Routine       Distribution Routine       Distribution Routine       Distribution Routine       Distribution Routine       Distribution Routine       Distribution Routine       Distribution Routine       Distribution Routine       Distribution Routine       Distribution Routine       Distribution Routine       Distribution Routine       Distribution Routine       Distribution Routine       Distribution Routine       Distribution Routine       Distribution Routine       Distribution Routine       Distribution Routine       Distribution Routine       Distribution Routine       Distribution Routine       Distribution Routine       Distribution Routine       Distribution Routine       Distribution Routine       Distribution Routine       Distribution Routine       Distribution Routine       Distribution Routine       Distribution Routine       Distribution Routine       Distribution Routine       Distribution Routine       <	C - 20	· · · ·							*
Resist for Sampling: (check all hal apply)         Distribution Routine       Distribution Repeat       Raw (triggered or assessment)       Raw (triggered or assessment)       additional       Well Survey         Clearance       Replacement (also offect (type of sample being replaced)       Boil Water Notice       Other	L				ncomm			Limited Use	e System
Clearance       Replacement (also object type of sample being replaced)       Boil Water Notice       Other         Sample Collection Date:		-		ed vvater		Uotner			
Sample Collection Date:       To be completed by callector of sample         Sample       Sample Point (Location or Specific Address)       Lab Sample Number       Collection Sample Disinfect me       The Completed by fab         3       UPCCP       011336       340       7.4       A       A         3       UPCCP       011337       340       7.4       A       A         3       UPCCP       011337       340       7.4       A       A         3       UPCCP       011338       352       0       A       A         3       UPCCP       011338       352       0       A       A         3       UPCCP       011338       352       0       A       A         4       UPCCP       011338       352       0       A       A         4       UPCCP       011338       0       A       A       A         4       UPCCP       011338       0       A       A       A         4       UPCCP       ODE       0       A       A       A         4       UPCCP       UPCCP       0       A       A       A         4       UPCCP	Distri	bution Routine U Distribution Repeat QRa							
To be completed by collector of sample         Sample       Sample Point (Location of Specific Address)       Lab Sample Number       Collection Sample Disinfect Time       District       PH         1/3       UPCC /       011336       1340       7.4       A       A         2/3       UPCC /       011337       24/td>       7.4       A       A         2/3       UPCC /       011338       1340       7.4       A       A         2/3       UPCC /       011338       1340       7.4       A       A         2/3       UPCC /       011338       1355       0       7.7       A       A         2/3       UPCC /       011338       1355       0       7.7       A       A         2/3       UPCC /       011338       1355       0       7.7       A       A         3       Ommunity Systems serving populations up to and including 4,900. Do not include non-transient non-community systems serving populations up to and including 4,900. Do not include are or plant samples in the average.)       Dieter section inthe context the to include rescue to the context the context the context the context the context the context the context the context the context the context the context the context the context the context the context the context the context the context the context the context the context the context the conte		CICIII.	ble being replaced) 🛛 B	oil Water N	otice	Other			
Sample       Sample Point (Location or Specific Address)       Lab Sample Number       Collection       Sample Time       Disinfact Pyper       PH         13       UPCC       011336       1340       7.4       A       A         23       UPCC       011337       124       A       A         24       UPCC       011337       124       A       A         23       UPCC       011338       1340       7.4       A       A         24       UPCC       011338       1340       7.4       A       A         24       UPCC       011338       1355       0       7.7       A       A         25       UPCC       011338       1355       0       7.7       A       A         24       UPCC       011338       1355       0       7.7       A       A         26       Disinfact ant residuals for routine and repeat samples. (Complete for community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.)       The tart are performed in accodarce with RELAG atmade.         Disinfact and repeat samples in the average.)       Deption of the amples atmitted.       Deption of the amples atmitted.       Deption of the amples atmitted.	Sample						<b>7</b> - L.		
Number       Time       Type1       Reg d Feed       PT       Non       Total Coliform       Data Coliform         13       UCCC       011336       1340       7.4       A       A         23       WCCC2       011337       1247       7.4       A       A         23       WCCC2       011338       1340       7.4       A       A         23       WCCC2       011338       1352       0       7.7       A       A         23       WCCC2       011338       1352       0       7.7       A       A         24       WCC2       011338       1352       0       7.7       A       A         24       WCC2       011338       1352       0       7.7       A       A         25       WCC2       A       A       0       0       0       0       0         26       Winter residuals for routine and repeat samples. (Complete for community and non-transient non-community systems serving populations up to and including 4,900. Do not include war plant samples in the avergas.)       The test samples.       Colimeter for any reside to the analyses of the samples wintext.       Colemeter wintext.       A         26       Metana samples in the avergas.)       Employed			ſ	1	[		Total Coliform A	nalysis Method	1.Sm922338
3       Ullel       011336       340       1.4       A       A         3       Well       011337       340       7.5       A       A         3       Well       011338       340       7.5       A       A         3       Well       011338       340       7.5       A       A         3       Well       011338       352       7.5       A       A         3       Mmunity       911338       352       7.5       A       A         4       A       A       A       A       A         3       Mmunity       911338       352       7.5       A       A         4       Interview of disinfectant residuals for routine and repeat samples. (Complete for community and non-transient non-community systems serving populations up to and including 4,900. Do not include reverse in this reperformed in accedance with RELK standard. The work of the samples in the average.)       The test revelue in this reperforming in always is a (Please see instructions on reverse):       The test revelue in this reperforming in always is a (Please see instructions on reverse):       The test revelue in this reperforming individe to the analyzee of the samples to the opsilve result. The accedance with RELK standard. The properties of the samples in the average.)       The test revelue in this reperforming individe to the analyzee of the samples samples in the average	1 1	· •				Res'd P	Non Tot	al 🔍	Data
Arrage of disinfectant residuals for routine and repeat samples. (Complete for community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.)       Image: Complete for community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.)       Image: Complete for community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.)       Image: Complete for community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.)       Image: Complete for community and non-transient non-community systems serving populations on reverse):       Image: Complete for community and rest are particular.         Disinfectant Residual Analysis is (Please see instructions on reverse):       Image: Complete for community and rest are average.)       Image: Complete for community and rest are average.)         Disinfectant Residual Analysis is (Please see instructions on reverse):       Image: Complete for community and rest average.)       Image: Complete for community and rest average.)         Disinfectant Residual Analysis is (Please see instructions on reverse):       Image: Complete for community and rest average.)       Image: Complete for community and rest average.)         Disinfectant Residual Analysis is (Please see instructions on reverse):       Image: Complete for community and rest average.)       Image: Complete for community and rest average.)         Name and Mailing Address of Person to Receive Report       <	1/3	Weel 1	011336	1340	<b>{</b> /	17.0	A		Qualmer ²
Average of disinfectant residuals for routine and repeat samples. (Complete for community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) ¹ Detend a Ferida Administrative Code Rele 5:400. Table 1 Average of disinfectant residuals for routine and repeat samples. (Complete for community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or of meta are potentiated in accordance with NELAC standards.	PX	11/0002	011337	17/10	7	170	, A	A	
In on-frager of until term representative of supplier of water       It tests are performed in accordance with NELAC standards. The test results in this report only relate to the analyses of the samples submitted.         Disinfectant Residual Analysis Method:       DPD Colorimetric       Other:	\$75	A RIL	011338	127	X	1-1-		$\frac{1}{1}$	<u></u>
In on-frager of until term representative of supplier of water       It tests are performed in accordance with NELAC standards. The test results in this report only relate to the analyses of the samples submitted.         Disinfectant Residual Analysis Method:       DPD Colorimetric       Other:	Ko l	Amminity DIdg		1352	Ľ.	6 /X /2	1  -1	$\Delta \mu$	
In on-frager of until term representative of supplier of water       It tests are performed in accordance with NELAC standards. The test results in this report only relate to the analyses of the samples submitted.         Disinfectant Residual Analysis Method:       DPD Colorimetric       Other:		/ 0							
In on-frager of until test and including any performed in accordance with NELAC standards.         non-frager of until test are performed in accordance with NELAC standards.         raw or plant samples in the average.)         Disinfectant Residual Analysis Method:       DPD Colorimetric         Other:									
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In on-frager of until test and including any performed in accordance with NELAC standards.         non-frager of until test are performed in accordance with NELAC standards.         raw or plant samples in the average.)         Disinfectant Residual Analysis Method:       DPD Colorimetric         Other:			· · · · · · · · · · · · · · · · · · ·						
In on-frager of until test and including any performed in accordance with NELAC standards.         non-frager of until test are performed in accordance with NELAC standards.         raw or plant samples in the average.)         Disinfectant Residual Analysis Method:       DPD Colorimetric         Other:						لرحا			
Disinfectant Residual Analysis Method:       DPD Colorimetric       Other:	non-trai	nsient non-community systems serving population				1 1 1 2	are performed in acco	ordance with NE	LAC standards.
Person performing analysis is (Please see instructions on reverse):       Date PWS notilied of positive results         A certified operator (#	·	· · · · · · · · · · · · · · · · · · ·						ort only relate	to the analyses
Authorized representative of supplier of water       Lab Signature With the factory for the factory for the factory for the factory for the factory for the factory for the factory for the factory for the factory for the factory for the factory for the factory for the factory for the factory for the factory for the factory for the factory for the factory for the factory for the factory for the factory for the factory for the factory for the factory for the factory for the factory for the factory for the factory for the factory for the factory for the factory for the factory for the factory for the factory for the factory for the factory for the factory for the factory for the factory for the factory for the factory for the factory for the factory for the factory for the factory for the factory for the factory for the factory for the factory for the factory for the factory for the factory for the factory for the factory for the factory for the factory for the factory for the factory for the factory for the factory for the factory for the factory for the factory for the factory for the factory for the factory for the factory for the factory for the factory for the factory for the factory for the factory for the factory for the factory for the factory for the factory for the factory for the factory for the factory for the factory for the factory for the factory for the factory for the factory for the factory for the factory for the factory for the factory for the factory for the factory for the factory for the factory for the factory for the factory for the factory for the factory for the factory for the factory for the factory for the factory for the factory for the factory for the factory for the factory for the factory for the factory for the factory for the factory for the factory for the factory for the factory for the factory for the factory for the factory for the factory for the factory for the factory for the factory factory for the factory for the factory for	Person	performing analysis is (Please see instructions				Date PWS notified	they lab of positive n	sulty	
Authorized representative of supplier of water       Lab Signature With the supplier of water         Name and Mailing Address of Person to Receive Report       Title         Consta Flow, Inc       Satisfactory         5574 Commercial Blvd       Incomplete Collection Information         Winter Haven, FL 33880       Dep/DoH use on Ly         DEP/DOH Reviewing Official:       Dep/DoH use		rtified operator (#////1/)	Employed by a certified Employed by DEP or DC	lab H		Date State notifie	by lab of positive n	K TIT	tr, ,
Name and Waining Address of Person to Receive Report         Consta Flow, Inc         5574 Commercial Blvd         Winter Haven, FL 33880         Dep/Doh/Use only         Dep/Doh/Use only         Dep/Doh/Use only         Dep/Doh/Use only         Dep/Doh/Use only         Dep/Doh/Use only         Dep/Doh/Use only         Dep/Doh/Use only         Dep/Doh/Use only         Dep/Doh/Use only         Dep/Doh/Use only         Dep/Doh/Use only         Dep/Doh/Use only         Dep/Doh/Use only         Dep/Doh/Use only         Dep/Doh/Use only         Dep/Doh/Use only         Dep/Doh/Use only         Dep/Doh/Use only         Dep/Doh/Use only         Dep/Doh/Use only         Dep/Doh/Use only         Dep/Doh/Use only         Dep/Doh         Dep/Doh         Dep/Doh         Dep/Doh         Dep/Doh         Dep/Doh         Dep/Doh         Dep/Doh         Dep/Doh         Dep/Doh	Auth	orized representative of supplier of water				Lab Signature	NACE IN	Dale_	7/10/16
Consta Flow, Inc       Incomplete Collection Information         5574 Commercial Blvd       Repeat Samples Required Replacement Samples Required         Winter Haven, FL 33880       Date Reviewed by DEP/DOH:         DEP/DOH Reviewing Official:	Na	me and Mailing Address of Person to Re	eceive Report			Tille	W/V	which	<u>k</u>
5574       Commercial Blvd         Winter Haven, FL 33880       Date Reviewed by DEP/DOH:         DEP/DOH Reviewing Official:		Consta Flow. Inc			ctory	llootion Infor-		DEP/DOHN	USE ONLY
DEP/DOH Reviewing Official:		5574 Commercial Blvd			Sampl	esRequired 🗆	Replacemen	-	· ·
		Winter Haven, FL 33880							
	<u> </u>		Page 1 of 1	DEP/DOF	1 Kevie	wing Official: _			

 

 ¹DEP Sample Type Codes: D - Distribution (Routine Compliance); C = Repeat or Čheck; 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

Tuesday, January 24, 2017

# Charlie Creek Utilities, LLC

# **Billing Summary**

9/1/2016 to 9/30/2016

#### <u>water</u>

	Date	Beginning Ending	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total			764870		\$148.00		\$0.00		\$0.00		\$230.00		(\$942.21)	
water			\$3,316.41	\$2,100.00		\$40.00		\$0.00		\$0.00		\$5,834.41		\$4,892.20
# of Customers Billed	147													
<u>General</u>														
	Date	Beginning Ending	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total			780		\$0.00		\$0.00		\$0.00	•••••	\$0.00		\$15.00	
General			\$2.73	\$30.00		\$0.00		\$0.00		\$0.00		\$32.73		\$47.73
# of Customers Billed	2													
<u>Unused</u>														
	Date	Beginning Ending	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total							\$0.00		\$0.00		\$0.00			
Unused # of Customers Billed	1			(\$30.00)		1		\$0.00		\$0.00		(\$30.00)		(\$30.00)
Unused														
	Date	Beginning Ending	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total Unused # of Customers Billed	2		0 \$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Page 1 of 2

# <u>Unused</u>

	Date	Beginning Ending	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total			0		\$0.00		\$0.00		\$0.00		\$0.00		\$15.00	
Unused			\$0.00	\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$15.00
# of Customers Billed	<b>1</b> 7													

#### <u>Unused</u>

	Date	Beginning Ending	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total			0		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00	
Unused			\$0.00	\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00
# of Customers Bille	ed 4													

# <u>Unused</u>

	Date	Beginning Ending	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total			0		\$0.00		\$0.00		\$0.00		\$0.00		\$12.00	
Unused			\$30.00	\$30.00		\$0.00		\$0.00		\$0.00		\$30.00		\$42.00
# of Customers Bille	ed 2													

# <u>Unused</u>

		Date	Beginning Ending	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total Unused		•		0 \$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
# of Custor Report Totals	mers Billed	2		765650 \$3,319.14	\$2,130.00	\$148.00	\$40.00	\$0.00	\$0.00	\$0.00		\$230.00	\$5,867.14	(\$900.21)	\$4,966.93
TULAIS	# of Cust	Billed	151			50	2	0				46			

## PLANT NAME:

Village of Charlie Creek

Monitoring Period From: 9/01/16 To: 9/30/16

	(W

		(WATER R							
DAY	METER 1	METER 2		PH	TRC	PH	MULT.	1000	Bact.
PREV	53122	28400		<b>[</b>		*******	#REF!	-	4 <del>11</del>
1					T. T		20500		
2	53163	28400	2.0		1.5		20500		
3			·		T	*****************	23333		
4				[	1	-	23333		
5				1			23333		
6							23333		
7	53303	28400	1.1	ľ	0.5		23333		
8			<b>A</b> erijen (				20000		
9	53343	28400	2.0	1	1.5		20000		····
10							19333		
11				l	1		19333		
12	53401	28400	2.8		1.7		19333		
13							17500		
14	53436	28400	2.6		1.6	<u> </u>	17500	·····	
15				t			19000		
16	53474	28400	2.5		1.5		19000		
17					1		20667		
18							20667		
19	53536	28400	2.4	l	1.4		20667		
20							21000	-	
21	53578	28400	1.8	[	1.5		21000		
22							19000		
23	53616	28400	2.4		1.3		19000		
24			·	l			21000		
25			······	ľ			21000	······	
26	53679	28400	2.4		1.3	******	21000		
27							20500		
28	53720	28400	2.4	[	1.3		20500		
29							19500		
30	53759	28400					19500		
					T		1		
				<b> </b>			1		
<b>Total Flow</b>							613667		
ADF				ſ			20456		
MAX			2.8		1.7	N8922	23333		
MIN			1.1		0.5		17500		

	MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER S; Identification Number: 6250278 Plant Name: VILLAGE OF CHARLIE CREEK													
PWS: Ide	aritification Nu	mbor:		6250278			Plant Name:		VILLAGE OF C	HARLIE CREI	EK			
					State and the street of the state	Monitoring Period Fr		- 0/20/16		*****				
Means of	Achievina Er	ouct on Vieus Ir	nactivation / Rem	avat *		••••••••••••••••••••••••••••••••••••••	Free Chlorine			Chlorine Diox	de	11	Ozone	Combined Chlorine(Chloramines)
	- Acriseving Fi	Ultraviolet Rad			Other: (Describe)			•	·	OTIONIC DIOX	190	لسسسا		
Type of C	Disinfectant R	esidual Maintai	ned in Distribution	n System:				Free Chio	ine		Combined Ch	lorine(Cloram	ines)	Chlorine Dioxide
(F)			Construction of Construction College of Construction College		s or IN Dose to Dr	monstrate Four-Log	Virus Inactivat	ion If Appl	icable*	-			100	
					×	Ct Calculations					UV Cose			
		1.1.1					÷.,	1.16					1997 (A. 1997)	
	1.000										6	and a second		
				1.1	100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 March 100 Ma		5.2			1.1		1.0.053	1. A. A. A. A. A. A. A. A. A. A. A. A. A.	
	1						Lowest CT							
					10 A 10		Provided					1.00		
				and a period	Lowest Residual		Before or at						Lowest Residual	
	Days Plant Staffed or		1.1	Sec. 1	Disinfectant	Disinfectant Contact Time (T) at	First Customer		ц.		Lowest Operating	Minimum UV Dose	Disinfectant concentration at	and the second second second second second second second second second second second second second second second
Day of	Visited by		Net Guality of	1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	Sefore or at First	C Measurement	Ouring Peak			Minimum CT.	UV Dose.	required	Remote Point in	Emergency or Abnormal Operating Conditions: Repair or
the	Operator		<b>Finished Water</b>		Customer During	Point During Peek	Flow, mg-	Temp of	pH of Water, If	Required mg	16W	mW-	Distribution	Maintenance Work that Involves Taking Water System
month	(Place X)	in Operation	Produced gel	.gpd	Peak Flow, mg/L	Flow, minutes	min/L	Water, C	Applicable	minVL	Sec.cm2	sec/cm2	System mg/L	Components Out of Operation
1		24	20500											
2	Х	24	20500	İ	İ							1	1,5	
3	1	24 24			<u> </u>							Ļ		
4	X	24												
6		24	23333	1	1		<u> </u>							
7	X	24									ļ		0.5	
<u>8</u> 9	· X.	24 24			<b>.</b>		<b>[</b>				ļ	<u> </u>	1.5	
	<u>``</u>	24										<u> </u>	1,0	
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28	×	24					<u> </u>	<u> </u>				+	13	
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30		24	19500		ļ		ļ	[						
Total	J	1	613667		I	L	L	1	L	l	1	1	L	
10000			01300/	1										

Average 20456 Maximum 23333 *Refer to the instructions for this report to determine which clants must provide this information

Effective Aug X

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

I. Ge	neral Information for the Month/Year of	Monitoring	Period From: 10/	01/16 To: 10/31/16		
A.	Public Water System (PWS) Information	on				
	PWS Name: VILLAGE OF CH	ARLIE CREEK		PWS Identificati	on Number:	6250278
	PWS Type: X Community	Non-Transient Non-Com	munity	Transient Non-C	ommunity Co	onsecutive
	Number of Service Connections at End	l of Month:	153	Total Population Serve	ed at End of Month:	138
	PWS Owner:					
	Contact Person : MIKE SMALLRID	-	Leave the second second second second second second second second second second second second second second se	Contact Person's Title	UTILITY MAN/	AGER
	Contact Person's Mailing Address:	3336 GRAND BLVD	City: HOLIDAY		State: FL	Zip Code: 33890
	Contact Person's Telephone Number:			Contact Person's Fax	Number: 863-2	29-5991
_	Contact Person's E-Mail Address:	UTILITYCONSULTAN	T@YAHOO.CC	<u>M</u>		
В.	Water Treatment Plant Information					
	Plant Name: VILLAGE OF CHARLIE	CREEK		Plant Telephone Num	ber: 863-5	37-1971
	Plant Address: SR 64 EAST		City: ZOLFO S		State: FL	Zip Code: 33873
	Type of Water Treated by Plant:		Raw Ground W		Purchased Fin	ished Water
	Permitted Maximum Day Operating car	bacity of Plant, gallons per c		133,000		
	Plant Category (per subsection 62-699			Plant Class:	С	
	Licensed Operators Lead/Chief Operator:			License Class		er Day(s)/Shift(s) Worked
	Other Operators:	GAINES ALEXANDER		<u> </u>	C-5472	
		JENNIFER ALEXANDER		<u>C</u>	C-12379	13
		JENNIFER ALEXANDER	\		C-21471	
			-			
II. C	ertification by Lead/Chief Operator	245-1253			I	
	L the updersigned water treatment alo	at an analas Kasura in Etuida				

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

an min a 111 2016/11/10

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

DANNY ALEXANDER

Printed or Typed Name

C-12379 License Number

TUS				
DRINKING W BACTERIOLOGICA	LANALYSIS		10	
MIĎ FLORIDA WATE	R LABORA	TOPY	E	
8 Oakwood Road - Winte	Haven EL Secon	IUNI	Lab Receipt Pates One	IVED
Phone (863) 965-2540 • Fa Lab I.D. #E84567 • Margaret Rajpaul NELAC CERTI	IX (863) 967-8601	erson	Sample Acceptance Crit	10/13/16@9:30Am
Report Number:Sub-Cor	tract Lab ID		Sample PreseNatio	
Analysis Regulation of the second			This sample does not most the	e following NELAC requirements:
Total Coliform/E-Coli	Enterocci 🗋 Coliler	rt 🖸 HPC 🖸	Other	
System Name: Ullafeld (	harlie Ci	eek	PWS I.D. 1/2	
System Address: 0 1 64 E			County: AJa	
System or Owner's Phone #:	the second second second second second second second second second second second second second second second s		Fax #	nace
Collector:			Collector's Phone # 90	
Type of Supply: (check only one)			**************************************	2017
Private Well	_	Nontransient No	ncommunity Water System	
Private Well Swimming Pool Reason for Sampling: (check all that apply)		Bottled Water		Limited Use System
Distribution Routine Distribution Report	aw (triggered)			
Clearance Replacement (also check type of sam Sample Collection Date:	iple being replaced)	sment) 🖸 Ra	w (triggered or assessment) ad	ditional 🔲 Well Suprav
Sample Collection Date: 12-16	(in some replaced)	Boll Water No	tice Other	_ TTC# Ourvey
	y collector of sample			
Sample Sample Point				To be completed by lab
Number (Location or Specific Address)	Lab Sample Number			oliform Analysis Method Strf 202 B Analysis Method Strf 202 B
				Data
13 Vill	01282	4 13:00 0		A Qualifier ²
2/3 111007	01282		YE ZAL	IALAL
31 Il ale c	8105-A	13:10	2 7.8	AA
13 1154 Spano	012826	13:35	$\int \eta \eta$	
ľ l		++-		AAA
		++-		
Average of disinfectant residuals for routine and repeat non-transient non-community systems serving populations u raw or plant samples in the average.)	samples. (Complete fo	or community an		prida Administrative Code Rule 62-160, Table 1
		JU. Do not includ	The test results in this	accordance with NELAC standards.
Disinfectant Residual Analysis Method: DPD Colorim Person performing analysis is (Please see instructions on	etric Other:			
$\Box$ A certified operator (# $\Box$ $\Box$ E $\Box$ Supervised by a cert operator (# $2/471$	reverse): mployed by a certified !		Date PWS notified by lab of positi	ive results:
□ Supervised by a cert. operator (# _2.14 ] □ Er □ Authorized representative of supplier of water	nployed by DEP or DO	H	Date State notified by lab of positi	ye thouse
			Lab Signature AUMU //	April
Name and Mailing Address of Person to Rece	ive Report		The lab 1	Date 10/14/10
<u>^</u>	(	Satisfactory		DEP/DOH USE ONLY
Consta Flow, Inc	F F L	Incomplete C	ollection Information	New State
UU/4 Commercial Plus	11-	- vehear oaut	ples Required D Replaceme	ent Samples Required
Winter Haven, FL 33880	11	EP/DOH Revie		
¹ DEP Sample Type Codes: D - Distribution (Routine Compliance)	Page 1 of 1			
¹ DEP Sample Type Codes: D - Distribution (Routine Compliance); Analysis Methods: MF ≈ SM9222B & Results: A ≈ coliforms are absent; P ≈ c	D; MTF = 9221B & EC/MU(	Raw; N = Entry to D G; MMO/MUG = SM	listribution; P = Plant Tap; S = Speci 9223B; HPC = SM0215P	al (clearance, etc.)
ingen in stationer er stationer er stationer er stationer er stationer er stationer er stationer er stationer e	,	onnuent growth; TN	TC = too numerous to count	arintegija. L

# Charlie Creek Utilities, LLC

# Billing Summary 10/1/2016 to 10/31/2016

#### <u>water</u>

	Date	Beginning Ending	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total		· · · · · · · · · · · · · · · · · · ·	560852		\$9.00		\$0.00		\$0.00		\$160.00		(\$679.38)	
water			\$2,388.51	\$2,145.00		\$126.50		\$0.00		\$0.00		\$4,829.01		\$4,149.63
# of Customers Billed	149						,							
<u>General</u>														
	Date	Beginning Ending	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total			670		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00	
General			\$2.35	\$15.00		\$0.00		\$0.00		\$0.00		\$17.35		\$17.35
# of Customers Billed	1													
<u>Unused</u>														
	Date	Beginning Ending	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total			0		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00	
Unused # of Customers Billed	1		\$0.00	\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00
Unused														
	Date	Beginning Ending	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total			0		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00	
Unused			\$0.00	\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00
# of Customers Billed	2													

Page 1 of 2

# <u>Unused</u>

	Date	Beginning Ending	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total			0		\$0.00		\$0.00		\$0.00		\$0.00		\$15.00	
Unused			\$0.00	\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$15.00
# of Customers Billed	6													

#### <u>Unused</u>

	Date	Beginning Ending	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total			0		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00	
Unused			\$0.00	\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00
# of Customers Billed	<b>d</b> 4													

# <u>Unused</u>

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

# <u>Unused</u>

		Date	Beginning Ending	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total				0		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00	
Unused				\$0.00	\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00
# of Custor	mers Billed	2													
				561522		\$9.00		\$0.00		\$0.00		\$160.00		(\$664.38)	
Report				\$2,390.86	\$2,160.00		\$126.50		\$0.00		\$0.00		\$4,846.36		\$4,181.98
Totals	# of Cust E	Billed	150			3	43	0				32			

#### PLANT NAME:

PLANT NA	ME:	Village of ( (WATER R		ek	Monitori	ng Peri	iod From: 10/	/01/16 To: 10	)/31/16
DAY	METER 1	METER 2		PH	TRC	PH	MULT.	1000	Bact.
PREV	53759	28400		1			#REF!		
1				t in the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second se	1	*****	19667	· · · · ·	
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3	53818	28400	1.5	[	1.2		19667		· · · · · ·
4				I			19000		
5	53856	28400	2.1	Ι	1.1		19000		
6							19000		
7	53894	28400	2.1		1.1		19000		
8							19667		
9							19667		
10	53953	28400	1.8		1.5		19667		
11							17500		
12	53988	28400	2.9		1.9		17500		
13							17000		
14	54022	28400	1.8		1.5		17000		
15							18667		
16							18667		
17	54078	28400	1.0		0.4		18667		
18							19500		
19	54117	28400	3.9		2.7		19500		
20							20000		
21	54157	28400	3.2		2.1		20000		
22							20667		
23							20667		
24	54219	28400	3.2		2.1		20667		
25							21000		
26	54261	28400	3.6		2.4		21000		
27	L						20000		
28	54301	28400	3.2		2.1		20000		
29							21333		
30							21333		
31	54365	28400	3.2	ļ	2.1		21333		
Total Flow				<del> </del>	+	******	606000		
ADF	[			1			19548	······	
MAX	[		3.9	1	2.7		21333		
MIN	[		1.0		0.4		17000		

			MONTHLY OPER	RATION REPO	RT FOR PWSs TRE	ATING RAW GROU	IND WATER C	R PURCH	ASED FINISHE	DWATER				
NS: ider	dification Nu	mber		6250278			Plant Name:		VILLAGE OF C	HARLIE CREE	EK			
						Monitoring Period Fi		The 600041	40					
append d	Achieving Ec	sur-Log Virus in	activation / Remo	wai *	ge. 'n e Mannadall	·	Free Chlorine		10	Chlorine Dioxi	ide		Ozone	Combined Chlorine(Chloramines)
		Ultraviolet Rac			Other: (Describe):			•				تــــــا		
oe of Di	sinfectant Re	esidual Maintai	ned in Distribution	System				Free Chlo	ine		Combined Ch	lorine(Cloram	ines)	Chlorine Dioxide
T				and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second se	tint IV One to De	monstrate Four-Log		*****				(1) T		
				or convention	a, pr UV Dose, to De	CI Calculations	14.00 - 44.01				UV Cote			and the second second second second second second second second second second second second second second second
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ay of	Staffed or Visited by		NACIONAL		Concentration Before or at First	Contect Time (T) at C Measurement	Customer During Peak				Operating UV Dose	UV Dose required	concentration at Remote Point in	Provide a state of the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second se
ine i	Operator	Hours Plant	Net Quality of Finished Water	Peak flow rate	Customer During	Point During Peak	Flow, mo-	Temp of	pH of Water, If	Minimum CT: Required mg	mW-	mW-	Distribution	Emergency of Abnormal Operating Conditions, Repair Maintenance Work Inst Involves Taking Water Syste
onth	(Piece X)	in Operation	Produced, gal	god	Peak Flow mg/L	Flow, minutes	stin/i_	Water, C	Applicable	min/t,	Sec.cm2	seciom2	System, mg/l.	Components Out of Operation
1		24	19667											3/4 & 4/4 LINE BREAK ON MOCKINGBIRD, CLEARAN
$\frac{1}{2}$		24	19667		···							·		13/4 & 4/4 LINE BREAK ON WOCKINGBIRD, CLEARAN
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and a summer and stars are successively successful star and the subscription of the subscription of the subscription of the subscription of the subscription of the subscription of the subscription of the subscription of the subscription of the subscription of the subscription of the subscription of the subscription of the subscription of the subscription of the subscription of the subscription of the subscription of the subscription of the subscription of the

Average 19548 Maximum 21333 "Refer to the instructions for this report to determine which plants must provide this information

DEP Form 62-555 900(3)

Effeci∿e Aug X

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

	intellinometernesseevent Actively		Period From: 11/0	01/16 To: 11/30/16		
A.	Public Water System (PWS) Information	n				
	PWS Name: VILLAGE OF CHA			PWS Identificatio	a second a second second second second second second second second second second second second second second s	6250278
	PWS Type: X Community	Non-Transient Non-Comn		Transient Non-Co		nsecutive
	Number of Service Connections at End	of Month:	153	Total Population Serve	d at End of Month:	138
	PWS Owner:					
	Contact Person : MIKE SMALLRID			Contact Person's Title:		
	Contact Person's Mailing Address:	3336 GRAND BLVD	City: HOLIDAY		State: FL	Zip Code: 33890
	Contact Person's Telephone Number:			Contact Person's Fax N	lumber: 863-22	9-5991
	Contact Person's E-Mail Address:	UTILITYCONSULTAN	T@YAHOO.CO	<u>M</u>		and a second second second second second second second second second second second second second second second
Β.	Water Treatment Plant Information				****	
	Plant Name: VILLAGE OF CHARLIE	CREEK		Plant Telephone Numb	فلنتحذ ألمانا المتعاد المانا المتعاد ومستعده ومندار ومستعمل والمتعاد والمتعاد والمتعادي فالتنافي	
	Plant Address: SR 64 EAST		City: ZOLFO SF		State: FL	Zip Code: 33873
	Type of Water Treated by Plant:		Raw Ground W		Purchased Fini	shed Water
	Permitted Maximum Day Operating cap			133,000		
	Plant Category (per subsection 62-699	.310(4), F.A.C.): V			C	
	Licensell Operators	Nome As		License Wasser		CevestSmill(s) Workade Har Parent
	Leso/Calef Ogenator	GAINES ALEXANDER		<u> </u>	C-5472	
		DANNY ALEXANDER		<u> </u>	C-12379	12
		JENNIFER ALEXANDER		<u> </u>	C-21471	
		*****	······			
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I, the undersigned water treatment plant operator license in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment, chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) is applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner se the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

2016/12/10

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

C-12379 License Number

Printed or Typed Name

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DRINKING WATER BACTERIOLOGICAL ANALYSIS	
MID FLORIDA WATER LABORATORY 8 Oakwood Road - Winter Haven El Store	he
S Oakwood Road	Na
8 Oakwood Road - Winter Haven, FL 33880 Phone (863) 966-2540 • Fax (863) 967-8601 Lab I.D. #E84567 • Margaret Rajpaul • Director	Analysis Date & T
Report Number: NELAC CERTIFIED	
	Plance Cate LT / / ( ( ))
I Iotal Coliform/Fecal	Disinfectant Check Shot Detected
System Name:	It is sample does not meet the following NELAC requirements:
System or Owner's Phone #: Collector:	PWS I.D. 6266
	County:County:
Community Mater	
	ilector's Phone # 965 2000
Doublet for Sampling: (check all that and the Pool	nmunity Water System
Distribution Routine Distribution Repeat Raw (triggered or assessment) Raw (triggered or assessment)     Sample Collection Date: 1-4-12     To be completed by	Other Limited Use System
Sample Collection Date: 11-4-16 Boil Water Notice	Sign System
	Dered or assessment) additional Well Sur-
Sample Sample Sample	Other Other
(Location or Specific Address)	
1/2 Number Collection Sample	To be completed by lab
12 Nett / 013902	Resid pH Non Non
35 Well 2 DI 2003 11 R	Coliform Coliform E. coli Data Qualifier ²
33 1062 Bus 61 013994 11:05 R	
013995 Mir N	AA
	228 TATA
	THAA I
	RECEIVED
Average of disinfectant residuals for routine and repeat samples. (Complete for community systems serving populations up to and including 4,900. Do not including 4,900. Do not including 4,900.	
w or plant samples in the average.)	NOV 1 0 2016
A certified operator (#	All tasts are performed in accordance with Net 92-160, Table 1
A certified operator (# Colorimetric Other	All tasts are parformed in scoordance with NELAC standards, The test results in this report only relate to the analyses of the samples submitted.
	of the samples submitted.
Authorized representative of supplier of water Date State Name and Mailing Add	e notified by lab of positive results:
Name and Mailing Address of Person to Receive Report     Date Stat       Consta     Flow, Inc     Title	ture CMM in the sum
5574 Commercial Dive	ab. MA Date 11/5/16
Haven El acas	DEpin
¹ DEP Sample Type Codes: D - Distribution /Routi	DEP/DOF/USE ONLY formation ed D Replacement Samples Required
¹ DEP Sample Type Codes: D - Distribution (Routine Compliance); C = Repeat of Check; R = Raw. N = Entry to Distribution; P = F Analysis Methods: MF = SM92228 & D: MTF = 92218 & EC/MUG; MMO/MUG = SM9223B; HPC = S WWW A WWW A Colliforms are present; C = confluent growth; TNTC = too numerous	
Analysis Methods: $MF = SM92228 \& D$ : $MTF = s2216 \& EC/MUG$ ; $MMO/MUG = SM9223B$ ; $HPC = s$	
	The second clearance, etc.

Tuesday, January 24, 2017

# Charlie Creek Utilities, LLC

# Billing Summary 11/1/2016 to 11/30/2016

#### <u>water</u>

	Date	Beginning Ending	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total			575138		\$53.00		\$0.00		\$0.00		\$180.00		(\$463.34)	
water			\$2,309.94	\$2,100.00		\$120.00		\$0.00		\$0.00		\$4,762.94		\$4,299.60
# of Customers Billed	141													
<u>General</u>														
	Date	Beginning Ending	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Totai			300		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00	
General			\$1.05	\$15.00		\$0.00		\$0.00		\$0.00		\$16.05		\$16.05
# of Customers Billed	1													
<u>Unused</u>														
	Date	Beginning Ending	Usage	Water	Other Amount	Other Amount	Sewer Amount	Locai Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total			0		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00	
Unused # of Customers Billed	1		\$0.00	\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00
<u>Unused</u>														
	Date	Beginning Ending	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total			0		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00	
Unused			\$0.00	\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00
# of Customers Billed	4													

Page 1 of 2

# <u>Unused</u>

	Date	Beginning Ending	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total			760		\$0.00		\$0.00		\$0.00		\$0.00		\$15.00	
Unused			\$0.00	\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$15.00
# of Customers Bille	d 7													

# <u>Unused</u>

	Date	Beginning Ending	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total			0		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00	
Unused			\$0.00	\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00
# of Customers Bille	ed 4													

# <u>Unused</u>

	Date	Beginning Ending	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Totai Amount
Total			0		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00	
Unused			\$0.00	\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00
# of Customers Bille	ed 1													

# <u>Unused</u>

	Date	Beginning Ending	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total			0		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00	
Unused			\$0.00	\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00
# of Custor	mers Billed 3													
_			576198		\$53.00		\$0.00		\$0.00		\$180.00		(\$448.34)	
Report			\$2,310.99	\$2,115.00		\$120.00		\$0.00		\$0.00		\$4,778.99		\$4,330.65
Totals	# of Cust Billed	142			3	40	0				36			

### PLANT NAME:

Village of Charlie Creek (WATER REPORT)

Monitoring Period From: 11/01/16 To: 11/30/16

DAY	METER 1	METER 2	TRC	PH	TRC	PH	MULT.	1000	Bact.
PREV	54365	28400							
1							18500		
2	54402	28400	3.5		2.2		18500		
3							6000		
4	54414	28400	3.2		1.9		6000		
5			5. 				7667	32333	
6							7667	32333	
7	54437	28497	3.2		1.9		7667	32333	
8							1000	29000	
9	54439	28555	1.5	Ι	1.2		1000	29000	
10	[			[	1			30000	
11	54439	28615	0.8	1	0.2			30000	ſ
12	I		[				25333		
13	T						25333		
14	54515	28615	3.8	Ι	2.6		25333		
15	I		1		1		21000		
16	54557	28615	3.8	1	2.6		21000		I
17	1	[		1			19000		]
18	54595	28615	3.8	1	2.6		19000		
19		[		1	1		21333	[	1
20	Ī.	I		I			21333	<b>1</b>	[
21	54659	28615	3.9	1	2.7		21333	1	ļ
22		Γ					24000	[	[
23	54707	28615	3.9	1	2.7		24000	[	1
24				]	1		27000		1
25	54761	28615	1	Γ.	1		27000	1	1
26		1		1			27333	1	1
27		1	1	1			27333	1	1
28	54843	28615	1.5	1	1.2		27333	1	1
29		T		1	T		26500		1
30	54896	28615	1.0		0.4		26500	A	1
		<b>I</b>		$\frac{1}{1}$	-			1	
Total Flow	/	Τ	1	1	1	1	531000	215000	
ADF		I	1	1	1		17700		
MAX			3.9		2.7		27333		
MIN	T	ľ	0.8	1	0.2			1	1

PWS: Identification N	lumber:		6250278			Plant Name:		VILLAGE OF	CHARLIE CRE	EK			· · · · · · · · · · · · · · · · · · ·	
1				·••: *	*****	1								
			·	M	onitoring Period F	rom: 11/01/16	To: 11/30	118					2	
Means of Achieving I	Four-Log Virus Ultraviolet Ri		wai: "	)ther: (Describe);	×	Free Chiorin			Chiorine Diox	de		Ozone	Combined Chlorine(Chloramines)	
Type of Disinfectant I	Residual Maint	ained in Distribution	System				Free Chio	rine		Combined Ch	lorina/Cloram	ines)	Chiorine Dioxide	
		Access to a	a constant of	<b>Marka Series</b> (Series) (Series)		Section 2				12 YO 16 1 YO		0341 <b>%</b> 0000000		
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Refer to be removed and second and the report to determine which plants must provide this information.
 DEP Form 62-555 (600)

Effective Aug X

- 24

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

I. Ge	neral Information for the Month/Year of:	Monitoring Period From: 1	2/01/16 To: 12/31/16		
Α.	Public Water System (PWS) Information				
	PWS Name: VILLAGE OF CHA		PWS Identificat	ion Number:	6250278
	PWS Type: X Community	Non-Transient Non-Community	Transient Non-C	ommunity Con	secutive
	Number of Service Connections at End	of Month; 153	Total Population Serv	ed at End of Month:	138
	PWS Owner:		· · · · ·		
	Contact Person : MIKE SMALLRIDG	Æ	Contact Person's Title	: UTILITY MANAC	SER
	Contact Person's Mailing Address:	3336 GRAND BLVD City: HOLIDA	٨Y	State: FL	Zip Code: 33890
	Contact Person's Telephone Number:	352-302-7406	Contact Person's Fax	Number: 863-229	-5991
	Contact Person's E-Mail Address:	UTILITYCONSULTANT@YAHOO.C	<u>COM</u>		
Β.	Water Treatment Plant Information				
	Plant Name: VILLAGE OF CHARLIE		Plant Telephone Num	ber: 863-537	-1971
	Plant Address: SR 64 EAST	City: ZOLFO	SPRINGS	State: FL	Zip Code: 33873
	Type of Water Treated by Plant:	👔 🛛 🗙 Raw Ground	Water	Purchased Finis	hed Water
	Permitted Maximum Day Operating capa		133,000		
	Plant Category (per subsection 62-699.	310(4), F.A.C.): V	Plant Class:	.C	
	Licensed Operators	Name	License Class		Day(s)/Shift(s) Worked
	Lead/Chief Operator:	GAINES ALEXANDER	C	C-5472	
	Other Operators:	DANNY ALEXANDER	C	C-12379	11
		JENNIFER ALEXANDER	C	C-21471	· · · · · · · · · · · · · · · · · · ·
		*****			
P12			l		
<u>III. C</u>	ertification by Lead/Chief Operator				

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

AVINDAL 2017/01/09 MALISIA.

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

DANNY ALEXANDER

Printed or Typed Name

C-12379 License Number

DRINKING WATER BACTERIOLOGICAL ANALYSIS         WID FLORIDA WATER LABORATORY         As Dakwood Road - Winter Haven, FL 33800         Promore (B6) 395-2560 - Far (B6) 396-76601         Promore (B6) 395-2560 - Far (B6) 396-76601         NeLAC CERTIFIED         Report Number:         Sub-Contract Lab ID:         Analysis Requesties:         Sub-Contract Lab ID:         Analysis Requesties:         System Address:         System Address:         System or Owner's Phone #:         Collector's Phone #:         System or Owner's Phone #:         Collector's Phone #:         Pros of Supply: (check only one)         Ommunuly Water System         Ontionne Collector is Phone #:         Collector's Phone #:         Collector's Phone #:         Collector's Phone #:         Collector's Phone #:         Other         Physic of Supply: (check only one)         Ommunuly Water System         Obstrobule Collector of sample Acception (Check only one)         Optimulation Repeat       Raw (triggered or assessment) additional       Weil Survey         Other       Distribution Repeat       Raw (triggered or assessment) additional       Weil Survey         Obstrobution Routine       Di	
B Oakwood Road - Winter Haven, FL 33880 Phone (85) 955-2540 - Fax (85) 967-8601 Lab LD. #E8456 * Margaret Rejaul > Director, Contact Person NELAC CERTIFIED Report Number:	
Phone (863) 965-2800 · Fax (863) 967-8801         Lab LD. #E84567 · Margaret Rajpaul - Director, Contact Person         NELAC CERTIFIED         Report Number:         Sub-Contract Lab ID:         Analysis Requested: (check all that apply)         P Total Coliform/E-Coli         Total Coliform/E-Coli         System Name:         ULL Q CERTIFIED         System Name:         ULL Q CERTIFICA         System Name:         ULL Q CERTIFICA         System Name:         ULL Q CERTIFICA         System Name:         ULL Q CERTIFICA         System Name:         ULL Q CERTIFICA         System Name:         ULL Q CERTIFICA         System Name:         ULL Q CERTIFICA         System Name:         ULL Q CERTIFICA         System Name:         ULL Q CERTIFICA         System Name:         ULL Q CERTIFICA         System Name:         ULL Q CERTIFICA         System Name:         ULL Q CERTIFICA         System Name:         ULL Q CERTIFICA         System Name:         ULL Q CERTIFICA         System Name:	
Report Number:       Sub-Contract Lab ID:	
Analysis Requested: (check all that apply)         P Total Colliform/E-Coll       Total Colliform/Fecal       Enterocci       Colliert       HPC       Other:         System Name:       / L/L & Q       / Aulleo       Luck       PWS I.D.       2       2       2       7       8         System Name:       / L/L & Q       / Aulleo       Luck       PWS I.D.       2       2       7       8         System Name:       / L/L & Q       / Aulleo       Luck       PWS I.D.       2       2       7       8         System Address:       SR	
System Name:       ////////////////////////////////////	
System or Owner's Phone #:	
Collector:       Collector's Phone #	••••••••••••••••••••••••••••••••••••••
Type of Supply: (check only one)         Germmunity Water System       Noncommunity Water System       Limited Use System         Private Well       Swimming Pool       Bottled Water       Other	
Openmunity Water System       Incommunity Water System       Indicators in the system       Indicators in the system       Indicators in the system       Indicators in the system       Indicators in the system       Indicators in the system       Indicators in the system       Indicators in the system       Indicators in the system       Indicators in the system       Indicators in the system       Indicators in the system       Indicators in the system       Indicators in the system       Indicators in the system       Indicators in the system       Indicators in the system       Indicators in the system       Indicators in the system       Indicators in the system       Indicators in the system       Indicators in the system       Indicators in the system       Indicators in the system       Indicators in the system       Indicators in the system       Indicators in the system       Indicators in the system       Indicators in the system       Indicators in the system       Indicators in the system       Indicators in the system       Indicators in the system       Indicators in the system       Indicators in the system       Indicators in the system       Indicators in the system       Indicators in the system       Indicators in the system       Indicators in the system       Indicators in the system       Indicators in the system       Indicators in the system       Indicators in the system       Indicators in the system       Indicators in the system       Indicators in the system       Indicators in the system       Indicators in th	
Clearance       Replacement (also check type of sample being replaced)       Boil Water Notice       Other         Sample Collection Date:       III-G-IG       To be completed by collector of sample       To be completed by lab         Sample       Sample Point (Location or Specific Address)       L'ab Sample Number       Collection Sample Disinfect Type'       PH       To be completed by lab         //3       Well 1       015255       b:oo       IIIIII       PH         //3       Well 2       015256       b:oo       IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	
Sample Collection Date: 12-6-16         To be completed by collector of sample         To be completed by collector of sample         Sample       Sample Point (Location or Specific Address)       L'ab Sample Number       Collection Time       Sample Disinfect Type ¹ pH Res'd (mgL)       To be completed by lab         1/3       WLU1       0152555       6:00       7.8       M       A       A         2/3       Wellez       0152556       10:05       7.8       M       A       A	
To be completed by collector of sample       Sample     Sample Point (Location or Specific Address)     L'ab Sample Number     Collection Time     Sample Type'     Disinfect Res'd (mgL)     pH     To be completed by lab       //3     W.W.l     015255     b: oo     pH     Total Coliform Analysis Methods (M49 202       //3     W.W.l     015255     b: oo     pH     Total Coliform Coliform E. coli     Data Qualifier       //3     Well     0152556     b: oo     pH     Total Coliform Analysis Methods (M49 202       //3     Well     0152556     b: oo     pH     Total Coliform Coliform E. coli     Qualifier       //3     Well     0152556     b: oo     pH     Total Coliform Coliform E. coli     Qualifier	
Sample Number     Sample Point (Location or Specific Address)     L'ab Sample Number     Collection Time     Sample Type'     Disinfect Res'd (mgL)     pH     E. coli Analysis Method 5727 Non     Total Qualifier       //3     WWL 1     015255     b: or     k. or     k. r     7.8     M     A       2/3     Well 2     015256     b: or     k. r     7.8     A     A	8
1/3 Wills 015255 1:00 R - 78 M A A 2/3 Wellz 015256 10:05 R - 7.8 A A	10-0
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Average of disinfectant residuals for routine and repeat samples. (Complete for community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.)	ds.
Disinfectant Residual Analysis Method:       DPD Colorimetric       Other:       Date PWS notified by lab of positive results:         Person performing analysis is (Please see instructions on reverse):       A certified operator (#	
Authorized representative of supplier of water Lab Signature 12 U Date 12 11	16
Name and Mailing Address of Person to Receive Report	Ч С
Consta Flow, Inc 5574 Commercial Blvd DEP/DOH USE ONLY Consta Flow, Inc DEP/DOH USE ONLY Consta Flow, Inc Dep/DoH USE ONLY Consta Flow, Inc Dep/DoH USE ONLY Dep/DoH USE ONLY Dep/DoH USE ONLY Dep/DoH USE ONLY Dep/DoH USE ONLY Dep/DoH USE ONLY Dep/DoH USE ONLY Dep/DoH USE ONLY Dep/DoH USE ONLY Dep/DoH USE ONLY Dep/DoH USE ONLY Dep/DoH USE ONLY Dep/DoH USE ONLY Dep/DoH USE ONLY Dep/DoH USE ONLY Dep/DoH USE ONLY Dep/DoH USE ONLY Dep/DoH USE ONLY Dep/DoH USE ONLY Dep/DoH USE ONLY Dep/DoH USE ONLY Dep/DoH USE ONLY Dep/DoH USE ONLY Dep/DoH USE ONLY Dep/DoH USE ONLY Dep/DoH USE ONLY Dep/DoH USE ONLY Dep/DoH USE ONLY Dep/DoH USE ONLY Dep/DoH USE ONLY Dep/DoH USE ONLY Dep/DoH USE ONLY Dep/DoH USE ONLY Dep/DoH USE ONLY Dep/DoH USE ONLY Dep/DoH USE ONLY Dep/DoH USE ONLY Dep/DoH USE ONLY Dep/DoH USE ONLY Dep/DoH USE ONLY Dep/DoH USE ONLY Dep/DoH USE ONLY Dep/DoH USE ONLY Dep/DoH USE ONLY Dep/DoH USE ONLY Dep/DoH USE ONLY Dep/DoH USE ONLY Dep/DoH USE ONLY Dep/DoH USE ONLY Dep/DoH USE ONLY Dep/DoH USE ONLY Dep/DoH USE ONLY Dep/DoH USE ONLY Dep/DoH USE ONLY Dep/DoH USE ONLY Dep/DoH USE ONLY Dep/DoH USE ONLY Dep/DoH USE ONLY Dep/DoH USE ONLY Dep/DoH USE ONLY Dep/DoH USE ONLY Dep/DoH USE ONLY Dep/DoH USE ONLY Dep/DoH USE ONLY Dep/DoH USE ONLY Dep/DoH USE ONLY Dep/DoH USE ONLY Dep/DoH USE ONLY Dep/DoH USE ONLY Dep/DoH USE ONLY Dep/DoH USE ONLY Dep/DoH USE ONLY Dep/DoH USE ONLY Dep/DoH USE ONLY Dep/DoH USE ONLY Dep/DoH USE ONLY Dep/DoH USE ONLY Dep/DoH USE ONLY Dep/DoH USE ONLY Dep/DoH USE ONLY Dep/DoH USE ONLY Dep/DoH USE ONLY Dep/DoH USE ONLY Dep/DoH USE ONLY Dep/DoH USE ONLY Dep/DoH USE ONLY Dep/DoH USE ONLY Dep/DoH USE ONLY Dep/DoH USE ONLY Dep/DoH USE ONLY Dep/DoH USE ONLY Dep/DoH USE ONLY Dep/DoH USE ONLY Dep/DoH USE ONLY Dep/DoH USE ONLY Dep/DoH USE ONLY Dep/DoH USE ONLY Dep/DoH USE ONLY Dep/DoH USE ONLY Dep/DoH USE ONLY Dep/DoH USE ONLY Dep/DoH USE ONLY Dep/DoH USE ONLY Dep/DoH USE ONLY Dep/DoH USE ONLY Dep/DoH USE ONLY Dep/DoH USE ONLY Dep/DoH USE ONLY Dep/DoH USE ONLY Dep/Doh USE ONLY Dep/DoH USE ONLY Dep/Doh USE ONLY D	T
Winter Haven, FL 33880       Date Reviewed by DEP/DOH:         DEP/DOH Reviewing Official:	a

 

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

# Charlie Creek Utilities, LLC

# Billing Summary 12/1/2016 to 12/31/2016

#### <u>water</u>

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	Date	Beginning Ending	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total			639670		\$63.00		\$0.00		\$0.00		\$260.00		(\$164.04)	
water			\$2,577.80	\$2,100.00		\$110.50		\$0.00		\$0.00		\$5,111.30		\$4,947.26
# of Customers Billed	145													
General														
	Date	Beginning Ending	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total			210		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00	
General			\$0.74	\$15.00		\$0.00		\$0.00		\$0.00		\$15.74		\$15.74
# of Customers Billed	1													
<u>Unused</u>														
	Date	Beginning Ending	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total			0		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00	
Unused # of Customers Billed	1		\$0.00	\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00
Unused														
	Date	Beginning Ending	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total			320		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00	
Unused # of Customers Billed	4		\$0.00	\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00

Page 1 of 2

# <u>Unused</u>

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	Date	Beginning Ending	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total			10		\$0.00		\$0.00		\$0.00		\$0.00		\$15.00	
Unused			\$0.00	\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$15.00
# of Customers Billed	7													

# <u>Unused</u>

	Date	Beginning Ending	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total			0		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00	
Unused			\$0.00	\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00
# of Customers Bille	d 4													

# <u>Unused</u>

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

# <u>Unused</u>

		Date	Beginning Ending	Usage	Water	Other Amount	Other Amount	Sewer Amount	Local Tax	County Tax	State Tax	Late Fee	Period Total	Previous Balance	Total Amount
Total Unused # of Custor	mers Billed	4		160 \$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Report Totals	# of Cust	Billed	146	640370 \$2,578.54	\$2,115.00	\$63.00 4	<b>\$110.50</b> 36	<b>\$0.00</b> 0	\$0.00	\$0.00	\$0.00	<b>\$260.00</b> 52	\$5,127.04	(\$149.04)	\$4,978.00

#### PLANT NAME:

Village of Charlie Creek

Monitoring Period From: 12/01/16 To: 12/31/16

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		(WATER R	EPORT)			-			
DAY	METER 1	METER 2	TRC	PH	TRC	PH	MULT.	1000	Bact.
PREV	54896	28615		ľ					
1				[			24000	-	24000
2	54944	28615	1.1	Γ	0.5		24000		24000
3							25333		25333
4							25333		25333
5	55020	28615	1.1		0.5		25333		25333
6							20000		20000
7	55060	28615	1.1		0.5		20000		20000
8			:	I			19000		19000
9	55098	28615	3.5		2.4		19000		19000
10							24667		24667
11							24667		24667
12	55172	28615	0.8	1	0.5		24667		24667
13							27000		27000
14	55226	28615	0.8		0.5		27000		27000
15							22000		22000
16	55270	28615	2.4		1.3		22000		22000
17							21333		21333
18		:					21333		21333
19	55334	28615	3.8		2.6		21333		21333
20							21000		21000
21	55376	28615	3.1		2.1		21000		21000
22							19500		19500
23	55415	28615	3.5		2.2		19500		19500
24							24333		24333
25							24333		24333
26	55488	28615					24333		24333
27							24000		24000
28	55536	28615	2.6		1.4		24000		24000
29							23500		23500
30	55583	28615		Γ			23500		23500
31	55603	28615					20000		20000
Total Flow		[					707000		707000
ADF			-				22806		22806
MAX			3.8		2.6		27000		27000
MIN			0.8	1	0.5		19000		19000

·····	MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER													
PWS: Ide	intification Nu	imber.		6250278			Plant Name:		VILLAGE OF O	HARLIE CREE	ĸ			
														······································
	. ene esta de la consta	an an an an an an an an an an an an an a				Monitoring Period Fr	om 12/01/16	To: 12/31	16					
Means of		bur-Log Virus Ir Ultraviolet Rad	nactivation / Rem diation		Other: (Describe):	[ <u>·×</u> ].  -	Free Chlorin	2		Chlorine Dioxi	de		Ozone	Combined Chlorine(Chloramines)
Type of D	isinfectant R	esidual Maintai	ned in Distributio	n System		•••••••••••••••••••••••••••••••••••••••		Free Chlo	rine		Combined Ch	lonne (Cloram	ines)	Chionne Dioxide
-			1	1	Lor UV Dose to De	monstrate Four-Log	Visua Inactivat							
				V. Output Divin		CI Calculations	11.00 110201701		14426-10	T .	UV Dase			
		1.000		Sec. 25.							Assessed as			
							Lowest CT							
							Provided							
	Days Plant				Lowest Residual Disinfectent	Disinfectant	Before or at First			1.000	Lowest	Minimum	Lowest Residuel Disinfectant	
	Staffed or				concentration	Contact Time (T) at	Customer			1000	Operating	UV Dose	concentration at	
Day of	Visited by		Net Quality of		Before or at First	C Meesurement	During Peak	_		Minimum CT.	UV Dose,	required,	Remote Point in	Emergency or Abnormal Operating Conditions; Repair or
the month	Operator (Place X)	Hours Plant In Operation	Finished Water Produced, gal	opd	Customer During Peak Flow, mg/L	Point Ouring Peak Flow, minutes	Flow, mg- min/L	Vater, C	pH of Water, I Applicable	Required mg min/L	mW- Sec.cm2	mW- sec/cm2	Distribution System, ma/L	Maintenance Work that Involves Taking Water System Components Out of Operation
		r		1					. gymeetic		- Constante	adurente	Cystem, marc	Components duriti Operation
$\frac{1}{2}$	X	24					****			<u> </u>			0.5	
3		24	25333							1				
4		24												
<u>5</u> 6	X	24											0.5	e conduct
7	X	24	20000										0.5	
8	×	24												· · · · · · · · · · · · · · · · · · ·
10	<u>`</u>	24			····				• • • • • • • • • • • • • • • • • • •				2.4	· · · · · · · · · · · · · · · · · · ·
<u>11</u>		24	24667										······	
12 13	X	24											0.5	
14	X	24 24								+			0.5	
15		24	22000							1			0.0	
18 17	<u> </u>	24											1.3	
18	<b></b>	24								+	·			
19	X	24	21333										2.6	
20	X	24 24						·					<u> </u>	
22	<u> </u>	24	19500				· · · · · · · · · · · · · · · · · · ·	·	······	+			2.1	
23	X	24											2.2	
24 25	<b> </b>	24												
28		24	24333							+				
27		24	24000											
28 29	<u> </u>	24 24											1.4	
30		24						k						
31		24	20000											· · · · · · · · · · · · · · · · · · ·
Total			707000	1										***************************************

 Average
 22806

 Maximum
 27900

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

08.P Fwm 82-555 000(3)

SHective Aug X