

COVER LETTER

June 3, 2022

To: Commission Clerk

RE: Docket #20220034-WS - Hidden Cove, Ltd.

Please accept this response to Staff's First Data Request (Via Email)

Sincerely,
/s/ Brian Altman

Brian Altman,
Vice President

COMMISSIONERS:
ANDREW GILES FAY, CHAIRMAN
ART GRAHAM
GARY F. CLARK
MIKE LA ROSA
GABRIELLA PASSIDOMO

STATE OF FLORIDA



DIVISION OF ENGINEERING
TOM BALLINGER
DIRECTOR
(850) 413-6910

Public Service Commission

April 29, 2022

Mr. Martin S. Friedman
Dean Mead Law Firm
420 S. Orange Ave., Ste. 700
Orlando, FL 32801
mfriedman@deanmead.com

STAFF'S FIRST DATA REQUEST VIA EMAIL

Re: Docket No. 20220034-WS – Application for staff-assisted rate case in Polk County by Hidden Cove, Ltd.

Dear Mr. Friedman:

For the engineering portion of this rate case, staff requires several items to be completed to ensure fast and expedient treatment of your rate case. Please submit the following information for the period of January 2021 through December 2021, (test year), unless another time period is specified, to the Commission Clerk, Office of Commission Clerk, 2540 Shumard Oak Blvd., Tallahassee, FL 32399-0850, by **May 23, 2022**.

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

Pages 5 - 53 2. Purchased Power: All utility related electricity bills from the beginning of the test year to present, which include meter number and location, kilowatts used, dollars paid, and the electric company's account numbers.

Pages 55 - 77 3. Chemicals: A list of all chemicals used in the treatment of water and wastewater, amounts purchased, quantity purchased, unit prices paid and dosage rates utilized. *Invoices attached reflecting quantities and cost.*

Pages 79 - 87 4. Sludge Removal Expenses: Provide a schedule showing the total cost and quantity of removing the sludge, if persons other than owners, stockholders, and employees of the utility perform such work during the test year. *Invoices attached reflecting quantities and cost.*

Pages 89 - 110 5. Contractual Services – Testing: A list of tests along with costs paid to outside laboratories for testing the water and wastewater treatment during the test year. *Invoices attached showing tests performed and costs.*

Pages 112 - 142 6. Contractual Services – Other: The costs of operation and maintenance work not performed by utility employees with an explanation of the type of work performed. These costs include the operator's fee, mowing and grounds keeping and contracted repair for the water and wastewater systems. *Invoices attached detailing this work.*

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

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PSC Website: <http://www.floridapsc.com>

Internet E-mail: contact@psc.state.fl.us

Pages 144 - 156 7. Transportation Expenses: A schedule of all vehicles by serial number and description owned or leased by the utility, original cost or lease documents, whom the vehicles are assigned to, and an explanation of how they are allocated to the utility, or a copy of the log book showing miles on personal vehicles associated with utility business. All vehicles are to be available for inspection.

Pages 158 - 160 8. Copies of your most recent Primary and Secondary Water Quality test results.

9. Copies of monthly operation reports for water, and discharge monitoring reports for wastewater from January 2021 through December 2021 (test year) in Microsoft Excel format, if available, which includes:

Pages 162 - 211 FOR WASTEWATER – Total treated, total wash water, total of each chemical in points, chemical dosage rates (average).

Pages 212 - 247 FOR WATER – Total water purchased or pumped, total wash water, total of each chemical in points, chemical dosages rates (average)

Pages 249 - 260 10. Copy of monthly totals of metered water sold for each month of the test year.

Pages 262 - 306 11. A written summary, by permit number, of all Department of Environmental Protection, Water Management District, and/or County Health Department permits.

n/a 12. If any plant addition has been made or will be required due to a written order from a governmental agency, please provide a copy of that order.

n/a 13. A list of all service complaints received during the test year and four years prior to the test year. Please include the date of the complaint, an explanation of how each complaint was resolved, and the date of resolution.

Pages 307 - 308 14. A listing of all water and wastewater assets owned by the utility, including distribution piping, pumping stations, sewer piping, lift stations, fire hydrants, etc.

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

Pages 310 - 313 15. Number of customers classified as to meter size and class (commercial or residential) for the following points in time:

- a. A minimum of 4 years prior to the beginning of the test (or calendar last) year.
- b. The beginning of the last calendar year.
- c. The end of the last calendar year.
- d. Present.

Page 315 16. Please provide a copy of the utility's engineering maps for water and wastewater showing location and size of water and wastewater mains throughout the service area and customer

Mr. Martin S. Friedman

Page 3

April 29, 2022

location and classification. On each map, please identify vacant customer lots, customer meter sizes, flush points, fire hydrants, pumping stations, and lift stations.

Pages 317 - 319 17. Please fill out the attached spreadsheet concerning the pro forma items the utility is requesting. Please include any bid proposals or estimates for the pro forma items.

a. If less than 3 bid proposals were requested for each pro forma item, please explain why. *see page 317*

Please contact me by phone at (850) 413-6686 or by email at OWooten@psc.state.fl.us, if you have any questions.

Sincerely,

/s/Orlando Wooten

Orlando Wooten

Engineering Specialist

OW:jp

Enclosure

cc: Office of Commission Clerk (Docket No. 20220034-WS)

Rhonda Hicks, Office of Auditing and Performance Analysis

Simon Ojada, Office of Auditing and Performance Analysis



duke-energy.com
1.877.372.8477

2061

Your Energy Bill

page 1 of 3

Service address
CRF MANAGEMENT CO INC
O HIDE A WAY LN LIFT,
*HIDDEN COVE

Bill date Jan 7, 2021
For service Dec 7 - Jan 7
31 days

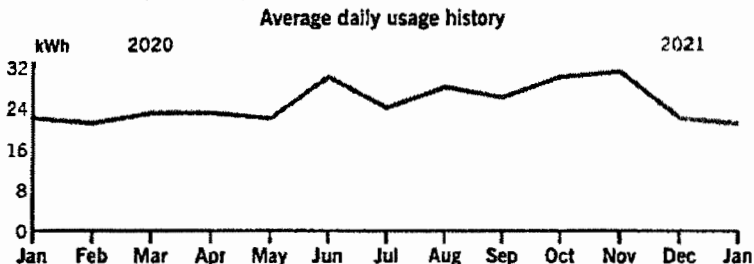
Account number **37114 66682**

Billing summary

Previous amount due	\$118.44
Payment received Dec 28	-118.44
Electric Charges	91.20
Taxes	17.61
Total amount due Jan 29	\$108.81

\$ 66682-01/21
Thank you for your payment.

Your usage snapshot



	Current Month	Jan 2020
Electric	21	22

Current electric usage for meter number 003899939	
Actual reading	15083
Previous reading	- 14446
Energy used	637 kWh

A kilowatt-hour (kWh) is a measure of the energy used by a 1,000-watt appliance in one hour. A 10-watt LED lightbulb would take 100 hours to use 1 kWh.

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Mail your payment at least 7 days before the due date or pay instantly at duke-energy.com/billing. Late payments are subject to a \$5.00 or 1.5% late charge, whichever is greater.

Please return this portion with your payment. Thank you for your business.



Duke Energy Return Mail
PO Box 1090
Charlotte, NC 28201-1090

Account number
37114 66682

\$108.81 by Jan 29	Your payment is scheduled to be made by monthly automatic draft on Jan 29.
------------------------------	--

\$ _____ Amount enclosed

CRF MANAGEMENT CO INC
PO BOX 330
LAKELAND FL 33802 - 0330

Duke Energy Payment Processing
PO Box 1004
Charlotte, NC 28201-1004



duke-energy.com
1.877.372.8477

Account number **37114 66682**

Billing details - Electric Charges

General Service Non-Demand Secondary (GS-1)	
BILLING PERIOD..12-07-20 TO 01-07-21 31 DAYS	
CUSTOMER CHARGE	\$15.09
ENERGY CHARGE	
637 KWH @ 8.602c	54.79
FUEL CHARGE	
637 KWH @ 3.094c	19.71
ASSET SECURITIZATION CHARGE	
637 KWH @ 0.252c	1.61
Total Electric Charges	\$91.20

Your current rate is General Service Non-Demand Secondary (GS-1).

For a complete listing of all Florida rates and riders, visit duke-energy.com/rates

Billing details - Taxes

GROSS RECEIPTS TAX	\$2.34
COUNTY UTILITY TAX	7.83
STATE AND OTHER TAXES ON ELECTRIC	7.44
Total Taxes	\$17.61



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1.877.372.8477

2061

Your Energy Bill

page 1 of 3

Service address: CRF MANAGEMENT CO INC, 0 WOODSIDE LN LIFT, *HIDDEN COVE
Bill date: Jan 13, 2021
For service: Dec 11 - Jan 13, 33 days

Account number: 37131 94803

Billing summary

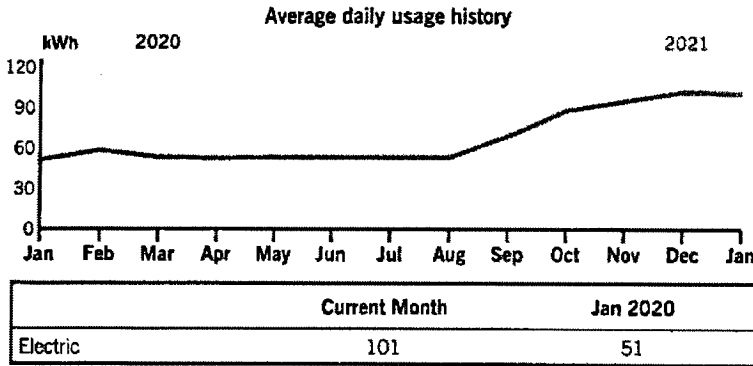
Previous amount due	\$461.97
Payment received Dec 31	-461.97
Electric Charges	412.37
Taxes	78.53
Total amount due Feb 04	\$490.90



94083-06/21

Thank you for your payment.

Your usage snapshot



Mail your payment at least 7 days before the due date or pay instantly at duke-energy.com/billing. Late payments are subject to a \$5.00 or 1.5% late charge, whichever is greater.

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Please return this portion with your payment. Thank you for your business.



Duke Energy Return Mail
PO Box 1090
Charlotte, NC 28201-1090

Account number
37131 94803

\$490.90 by Feb 4	Your payment is scheduled to be made by monthly automatic draft on Feb 4.
-----------------------------	---

\$ _____ Amount enclosed

CRF MANAGEMENT CO INC
PO BOX 330
LAKELAND FL 33802 - 0330

Duke Energy Payment Processing
PO Box 1004
Charlotte, NC 28201-1004

990037131948030006600000000000000000000000004909000000490907



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1.877.372.8477

Account number **37131 94803**

Your usage snapshot - continued

Current electric usage for meter number 001027105			
Actual reading		28748	
Previous reading		- 25423	
<hr/>			
Energy used		3,325 kWh	
PRESENT ONPEAK	7,573	PREVIOUS ONPEAK	6,860
DIFFERENCE ONPEAK	713	ON PEAK KWH	713
PRESENT KW (ACTUAL)	4.89	PRESENT PEAK KW	4.89
BASE KW	5	ON-PEAK KW	5
LOAD FACTOR	84.0%		



A kilowatt-hour (kWh) is a measure of the energy used by a 1,000-watt appliance in one hour. A 10-watt LED lightbulb would take 100 hours to use 1 kWh.

Billing details - Electric Charges

General Service Non-Demand Secondary (GS-1)	
BILLING PERIOD..12-11-20 TO 01-13-21 33 DAYS	
CUSTOMER CHARGE	\$15.09
ENERGY CHARGE	
3,325 KWH @ 8.602c	286.02
FUEL CHARGE	
3,325 KWH @ 3.094c	102.88
ASSET SECURITIZATION CHARGE	
3,325 KWH @ 0.252c	8.38
Total Electric Charges	\$412.37

Your current rate is General Service Non-Demand Secondary (GS-1).

For a complete listing of all Florida rates and riders, visit duke-energy.com/rates

Billing details - Taxes

GROSS RECEIPTS TAX	\$10.57
COUNTY UTILITY TAX	34.33
STATE AND OTHER TAXES ON ELECTRIC	33.63
Total Taxes	\$78.53



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1.877.372.8477

Your Energy Bill

2061

Service address
CRF MANAGEMENT CO INC
O HIDE A WAY LN LIFT,
*HIDDEN COVE

Bill date Feb 8, 2021
For service Jan 7 - Feb 8
32 days

Account number 37114 66682

Billing summary

Previous amount due	\$108.81
Payment received Jan 28	-108.81
Electric Charges	91.91
Taxes	17.74
Total amount due Mar 02	\$109.65

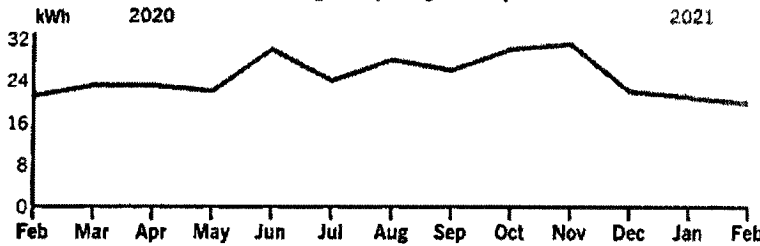


66682-02/21

Thank you for your payment.

Your usage snapshot

Average daily usage history



	Current Month	Feb 2020
Electric	20	21

Current electric usage for meter number 003899939

Actual reading	15726
Previous reading	- 15083
Energy used	643 kWh



A kilowatt-hour (kWh) is a measure of the energy used by a 1,000-watt appliance in one hour. A 10-watt LED lightbulb would take 100 hours to use 1 kWh.

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Mail your payment at least 7 days before the due date or pay instantly at duke-energy.com/billing. Late payments are subject to a \$5.00 or 1.5%, late charge, whichever is greater.

Please return this portion with your payment. Thank you for your business.



Duke Energy Return Mail
PO Box 1090
Charlotte, NC 28201-1090

Account number
37114 66682

\$109.65 by Mar 2	Your payment is scheduled to be made by monthly automatic draft on Mar 2.
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\$ _____ Amount enclosed

CRF MANAGEMENT CO INC
PO BOX 330
LAKELAND FL 33802 - 0330

Duke Energy Payment Processing
PO Box 1004
Charlotte, NC 28201-1004

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Billing details - Electric Charges

General Service Non-Demand Secondary (GS-1)	
BILLING PERIOD..01-07-21 TO 02-08-21 32 DAYS	
CUSTOMER CHARGE	\$15.09
ENERGY CHARGE	
643 KWH @ 8.602c	55.31
FUEL CHARGE	
643 KWH @ 3.094c	19.89
ASSET SECURITIZATION CHARGE	
643 KWH @ 0.252c	1.62
Total Electric Charges	\$91.91

Your current rate is General Service Non-Demand Secondary (GS-1).

For a complete listing of all Florida rates and riders, visit duke-energy.com/rates

Duke Energy Florida utilized fuel in the following proportions to generate your power: Coal 7%, Purchased Power 10%, Gas 81%, Oil 0%, Nuclear 0%, Solar 2% (For prior 12 months ending December 31, 2020).

Billing details - Taxes

GROSS RECEIPTS TAX	\$2.36
COUNTY UTILITY TAX	7.89
STATE AND OTHER TAXES ON ELECTRIC	7.49
Total Taxes	\$17.74



duke-energy.com
1.877.372.8477

Your Energy Bill

Service address
CRF MANAGEMENT CO INC
0 WOODSIDE LN LIFT,
*HIDDEN COVE

Bill date Feb 12, 2021
For service Jan 13 - Feb 12
30 days

Account number **37131 94803**

Billing summary

Previous amount due	\$490.50
Payment received Feb 03	490.90
Electric Charges	373.41
Taxes	71.14
Total amount due Mar 08	\$444.55

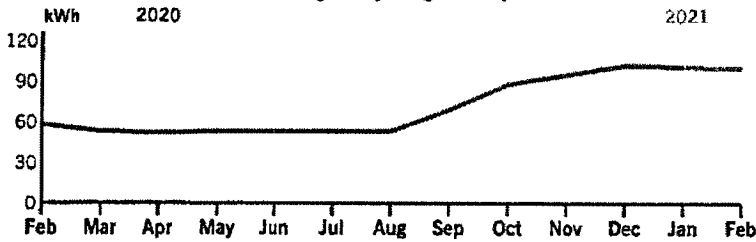


94803-02/21

Thank you for your payment.

Your usage snapshot

Average daily usage history



	Current Month	Feb 2020
Electric	100	58

Mail your payment at least 7 days before the due date or pay instantly at duke-energy.com/billing. Late payments are subject to a \$5.00 or 1.5% late charge, whichever is greater.

Please return this portion with your payment. Thank you for your business.



Duke Energy Return Mail
PO Box 1090
Charlotte, NC 28201-1090

Account number
37131 94803

\$444.55
by Mar 8

Your payment is scheduled
to be made by monthly
automatic draft on Mar 8.

\$ _____ Amount enclosed

CRF MANAGEMENT CO INC
PO BOX 330
LAKELAND FL 33802 - 0330

Duke Energy Payment Processing
PO Box 1004
Charlotte, NC 28201-1004

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Your usage snapshot - continued

Current electric usage for meter number 001027105			
Actual reading			31747
Previous reading			- 28748
Energy used			2,999 kWh
PRESENT ONPEAK	8,309	PREVIOUS ONPEAK	7,573
DIFFERENCE ONPEAK	736	ON PEAK KWH	736
PRESENT KW (ACTUAL)	4.56	PRESENT PEAK KW	4.44
BASE KW	5	ON-PEAK KW	4
LOAD FACTOR	83.3%		



A kilowatt-hour (kWh) is a measure of the energy used by a 1,000-watt appliance in one hour. A 10-watt LED lightbulb would take 100 hours to use 1 kWh.

Billing details - Electric Charges

General Service Non-Demand Secondary (GS-1)	
BILLING PERIOD..01-13-21 TO 02-12-21 30 DAYS	
CUSTOMER CHARGE	\$15.09
ENERGY CHARGE	
2,999 KWH @ 8.602c	257.97
FUEL CHARGE	
2,999 KWH @ 3.094c	92.79
ASSET SECURITIZATION CHARGE	
2,999 KWH @ 0.252c	7.56
Total Electric Charges	\$373.41

Your current rate is General Service Non-Demand Secondary (GS-1).

For a complete listing of all Florida rates and riders, visit duke-energy.com/rates

Duke Energy Florida utilized fuel in the following proportions to generate your power: Coal 7%, Purchased Power 10%, Gas 81%, Oil 0%, Nuclear 0%, Solar 2% (For prior 12 months ending December 31, 2020).

Billing details - Taxes

GROSS RECEIPTS TAX	\$9.57
COUNTY UTILITY TAX	31.12
STATE AND OTHER TAXES ON ELECTRIC	30.45
Total Taxes	\$71.14



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1.877.372.8477

2061

Your Energy Bill

page 1 of 3

Service address CRF MANAGEMENT CO INC
0 HIDE A WAY LN LIFT,
*HIDDEN COVE
Bill date Mar 10, 2021
For service Feb 8 - Mar 10
30 days

Account number 37114 66682

Billing summary

Previous amount due	\$109.65
Payment received Mar 01	109.65
Electric Charges	82.61
Taxes	15.99
Total amount due Apr 01	\$98.60



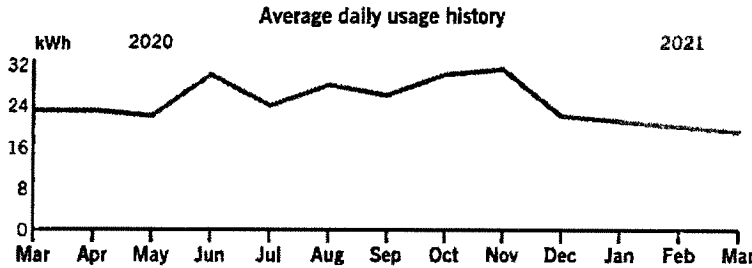
46682-03/21

Thank you for your payment.

Important power line safety reminder: Stay away from power lines. Do not work near overhead lines. Always assume that downed lines are energized and dangerous. Report downed power lines to Duke Energy immediately by calling 1-800-543-5599.

Learn how to lower your bill with an online or free on-site Business Energy Check. This no-cost analysis provides you with specific tips on how to save energy and qualify for valuable rebates for energy-savings measures. You may also qualify for a FREE Commercial Energy Savings Kit. Go to duke-energy.com/FreeBizCheck or call 877.426.0009.

Your usage snapshot



	Current Month	Mar 2020
Electric	19	23

Current electric usage for meter number 003899939	
Actual reading	16292
Previous reading	- 15726
Energy used	566 kWh



A kilowatt-hour (kWh) is a measure of the energy used by a 1,000-watt appliance in one hour. A 10-watt LED lightbulb would take 100 hours to use 1 kWh.

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Mail your payment at least 7 days before the due date or pay instantly at duke-energy.com/billing. Late payments are subject to a \$5.00 or 1.5% late charge, whichever is greater.

Please return this portion with your payment. Thank you for your business.



Duke Energy Return Mail
PO Box 1090
Charlotte, NC 28201-1090

Account number
37114 66682

Amount of automatic draft	
\$98.60 by Apr 1	Your payment is scheduled to be made by monthly automatic draft on Apr 1.

\$ _____ Amount enclosed

CRF MANAGEMENT CO INC
PO BOX 330
LAKELAND FL 33802 - 0330

Duke Energy Payment Processing
PO Box 1004
Charlotte, NC 28201-1004

990037114666820006600000000000000000000000986000000098603



duke-energy.com
1.877.372.8477

Account number **37114 66682**

Billing details - Electric Charges

General Service Non-Demand Secondary (GS-1)	
BILLING PERIOD..02-08-21 TO 03-10-21 30 DAYS	
CUSTOMER CHARGE	\$15.09
ENERGY CHARGE	
566 KWH @ 8.602c	48.69
FUEL CHARGE	
566 KWH @ 3.094c	17.51
ASSET SECURITIZATION CHARGE	
566 KWH @ 0.234c	1.32
Total Electric Charges	\$82.61

Your current rate is General Service Non-Demand Secondary (GS-1).

For a complete listing of all Florida rates and riders, visit duke-energy.com/rates

Billing details - Taxes

GROSS RECEIPTS TAX	\$2.12
COUNTY UTILITY TAX	7.12
STATE AND OTHER TAXES ON ELECTRIC	6.75
Total Taxes	\$15.99



duke-energy.com
1.877.372.8477

2061

Your Energy Bill

Service address
CRF MANAGEMENT CO INC
0 WOODSIDE LN LIFT,
*HIDDEN COVE

Bill date Mar 16, 2021
For service Feb 12 - Mar 16
32 days

Account number 37131 94803

Billing summary

Previous amount due	\$444.55
Payment received Mar 05	-444.55
Electric Charges	362.49
Taxes	69.05
Total amount due Apr 07	\$431.54

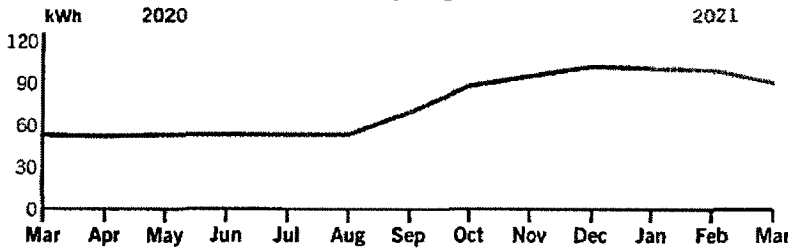
\$ 94803-03/21

Thank you for your payment.

Important power line safety reminder: Stay away from power lines. Do not work near overhead lines. Always assume that downed lines are energized and dangerous. Report downed power lines to Duke Energy immediately by calling 1-800-543-5599.

Your usage snapshot

Average daily usage history



	Current Month	Mar 2020
Electric	91	53

Learn how to lower your bill with an online or free on-site Business Energy Check. This no-cost analysis provides you with specific tips on how to save energy and qualify for valuable rebates for energy-savings measures. You may also qualify for a FREE Commercial Energy Savings Kit. Go to duke-energy.com/FreeBizCheck or call 877.426.0009.

132

Mail your payment at least 7 days before the due date or pay instantly at duke-energy.com/billing. Late payments are subject to a \$5.00 or 1.5% late charge, whichever is greater.

Please return this portion with your payment. Thank you for your business.



Duke Energy Return Mail
PO Box 1090
Charlotte, NC 28201-1090

Account number
37131 94803

Amount to be paid	
\$431.54 by Apr 7	Your payment is scheduled to be made by monthly automatic draft on Apr 7.

\$ _____ Amount enclosed

CRF MANAGEMENT CO INC
PO BOX 330
LAKELAND FL 33802 - 0330

Duke Energy Payment Processing
PO Box 1004
Charlotte, NC 28201-1004

990037131948030006600000000000000004315400000431546



Your usage snapshot - continued

Current electric usage for meter number 001027105			
Actual reading		34659	
Previous reading		- 31747	
Energy used		2,912 kWh	
PRESENT ONPEAK	8,975	PREVIOUS ONPEAK	8,309
DIFFERENCE ONPEAK	666	ON PEAK KWH	666
PRESENT KW (ACTUAL)	4.67	PRESENT PEAK KW	4.67
BASE KW	5	ON-PEAK KW	5
LOAD FACTOR	75.8%		



A kilowatt-hour (kWh) is a measure of the energy used by a 1,000-watt appliance in one hour. A 10-watt LED lightbulb would take 100 hours to use 1 kWh.

Billing details - Electric Charges

General Service Non-Demand Secondary (GS-1)	
BILLING PERIOD..02-12-21 TO 03-16-21 32 DAYS	
CUSTOMER CHARGE	\$15.09
ENERGY CHARGE	
2,912 KWH @ 8.602c	250.49
FUEL CHARGE	
2,912 KWH @ 3.094c	90.10
ASSET SECURITIZATION CHARGE	
2,912 KWH @ 0.234c	6.81
Total Electric Charges	\$362.49

Your current rate is General Service Non-Demand Secondary (GS-1).

For a complete listing of all Florida rates and riders, visit duke-energy.com/rates

Billing details - Taxes

GROSS RECEIPTS TAX	\$9.29
COUNTY UTILITY TAX	30.20
STATE AND OTHER TAXES ON ELECTRIC	29.56
Total Taxes	\$69.05



duke-energy.com
1.877.372.8477

2061

Your Energy Bill

Service address
CRF MANAGEMENT CO INC
O HIDE A WAY LN LIFT,
*HIDDEN COVE

Bill date Apr 9, 2021
For service Mar 10 - Apr 9
30 days

Account number 37114 66682

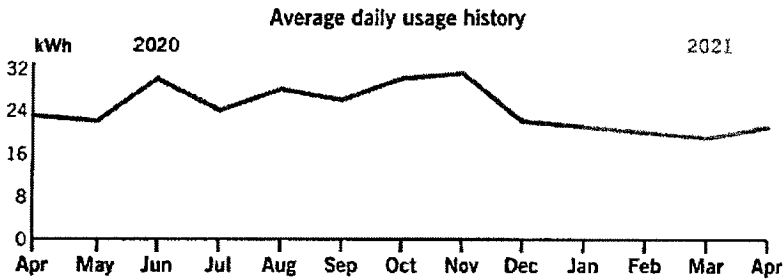
Billing summary

Previous amount due	\$98.60
Payment received Mar 31	-98.60
Electric Charges	92.06
Taxes	17.77
Total amount due May 03	\$109.83

\$ 66682-04/21
Thank you for your payment.

On April 29 the Florida Public Counsel will be conducting an online presentation about the rate changes pending in Duke Energy Florida's rate case settlement. Visit duke-energy.com/settlement to learn more.

Your usage snapshot



Current Month		Apr 2020
Electric	21	23

Current electric usage for meter number 003899939	
Actual reading	16932
Previous reading	- 16292
Energy used	640 kWh

A kilowatt-hour (kWh) is a measure of the energy used by a 1,000-watt appliance in one hour. A 10-watt LED lightbulb would take 100 hours to use 1 kWh.

Mail your payment at least 7 days before the due date or pay instantly at duke-energy.com/billing. Late payments are subject to a \$5.00 or 1.5%, late charge, whichever is greater.

Please return this portion with your payment. Thank you for your business.



Duke Energy Return Mail
PO Box 1090
Charlotte, NC 28201-1090

Account number
37114 66682

\$109.83
by May 3

Your payment is scheduled to be made by monthly automatic draft on May 3.

\$ _____ Amount enclosed

CRF MANAGEMENT CO INC
PO BOX 330
LAKELAND FL 33802 - 0330

Duke Energy Payment Processing
PO Box 1004
Charlotte, NC 28201-1004



duke-energy.com
1.877.372.8477

Account number **37114 66682**

Billing details - Electric Charges

General Service Non-Demand Secondary (GS-1)	
BILLING PERIOD..03-10-21 TO 04-09-21 30 DAYS	
CUSTOMER CHARGE	\$15.25
ENERGY CHARGE	
640 KWH @ 8.674c	55.51
FUEL CHARGE	
640 KWH @ 3.094c	19.80
ASSET SECURITIZATION CHARGE	
640 KWH @ 0.234c	1.50
Total Electric Charges	\$92.06

Your current rate is General Service Non-Demand Secondary (GS-1).

For a complete listing of all Florida rates and riders, visit duke-energy.com/rates

Billing details - Taxes

GROSS RECEIPTS TAX	\$2.36
COUNTY UTILITY TAX	7.91
STATE AND OTHER TAXES ON ELECTRIC	7.50
Total Taxes	\$17.77



duke-energy.com
1.877.372.8477

Your Energy Bill

Service address CRF MANAGEMENT CO INC
0 WOODSIDE LN LIFT,
*HIDDEN COVE
Bill date Apr 15, 2021
For service Mar 16 - Apr 15
30 days

Account number **37131 94803**

Billing summary

Previous amount due	\$431.54
Payment received Apr 06	-431.54
Electric Charges	279.89
Taxes	53.43
Total amount due May 07	\$333.32

2061



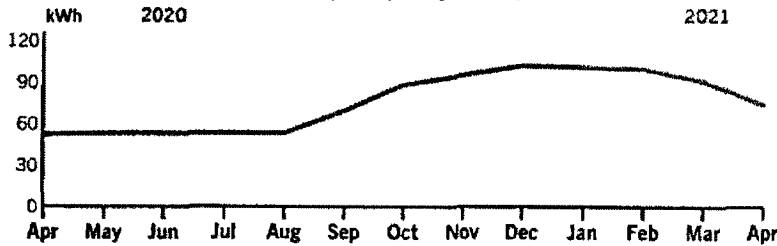
94803 - 04/21

Thank you for your payment.

On April 29 the Florida Public Counsel will be conducting an online presentation about the rate changes pending in Duke Energy Florida's rate case settlement. Visit duke-energy.com/settlement to learn more.

Your usage snapshot

Average daily usage history



	Current Month	Apr 2020
Electric	74	52

132

Mail your payment at least 7 days before the due date or pay instantly at duke-energy.com/billing. Late payments are subject to a \$5.00 or 1.5% late charge, whichever is greater.

Please return this portion with your payment. Thank you for your business.



Duke Energy Return Mail
PO Box 1090
Charlotte, NC 28201-1090

Account number
37131 94803

Amount of automatic draft

\$333.32 by May 7	Your payment is scheduled to be made by monthly automatic draft on May 7.
-----------------------------	---

\$ _____ Amount enclosed

CRF MANAGEMENT CO INC
PO BOX 330
LAKELAND FL 33802 - 0330

Duke Energy Payment Processing
PO Box 1004
Charlotte, NC 28201-1004

99003713194803000660000000000000000003333200000333321



Your usage snapshot - continued

Current electric usage for meter number 001027105			
Actual reading			36864
Previous reading			- 34659
Energy used			2,205 kWh
PRESENT ONPEAK	9,544	PREVIOUS ONPEAK	8,975
DIFFERENCE ONPEAK	569	ON PEAK KWH	569
PRESENT KW (ACTUAL)	3.20	PRESENT PEAK KW	3.17
BASE KW	3	ON-PEAK KW	3
LOAD FACTOR	102.1%		



A kilowatt-hour (kWh) is a measure of the energy used by a 1,000-watt appliance in one hour. A 10-watt LED lightbulb would take 100 hours to use 1 kWh.

Billing details - Electric Charges

General Service Non-Demand Secondary (GS-1)	
BILLING PERIOD..03-16-21 TO 04-15-21 30 DAYS	
CUSTOMER CHARGE	\$15.25
ENERGY CHARGE	
2,205 KWH @ 8.674c	191.26
FUEL CHARGE	
2,205 KWH @ 3.094c	68.22
ASSET SECURITIZATION CHARGE	
2,205 KWH @ 0.234c	5.16
Total Electric Charges	\$279.89

Your current rate is General Service Non-Demand Secondary (GS-1).

For a complete listing of all Florida rates and riders, visit duke-energy.com/rates

Billing details - Taxes

GROSS RECEIPTS TAX	\$7.18
COUNTY UTILITY TAX	23.43
STATE AND OTHER TAXES ON ELECTRIC	22.82
Total Taxes	\$53.43



duke-energy.com
1.877.372.8477

2061

Your Energy Bill

Service address
CRF MANAGEMENT CO INC
0 HIDE A WAY LN LIFT,
*HIDDEN COVE

Bill date May 10, 2021
For service Apr 9 - May 10
31 days

Account number 37114 66682

Billing summary

Previous amount due	\$109.83
Payment received Apr 30	109.83
Electric Charges	120.38
Taxes	23.16
Total amount due Jun 01	\$143.54

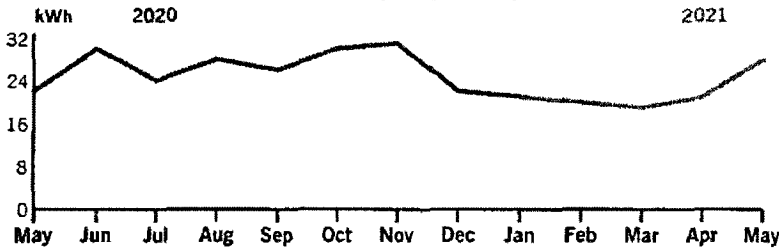
\$ 66682-0521

Thank you for your payment.

Important power line safety reminder. Stay away from power lines. Do not work near overhead lines. Always assume that downed lines are energized and dangerous. Report downed power lines to Duke Energy immediately by calling 1-800-769-3766.

Your usage snapshot

Average daily usage history



	Current Month	May 2020
Electric	28	22

Current electric usage for meter number 003899939

Actual reading	17808
Previous reading	- 16932
Energy used	876 kWh



A kilowatt-hour (kWh) is a measure of the energy used by a 1,000-watt appliance in one hour. A 10-watt LED lightbulb would take 100 hours to use 1 kWh.

32

Mail your payment at least 7 days before the due date or pay instantly at duke-energy.com/billing. Late payments are subject to a \$5.00 or 1.5% late charge, whichever is greater.

Please return this portion with your payment. Thank you for your business.



Duke Energy Return Mail
PO Box 1090
Charlotte, NC 28201-1090

Account number
37114 66682

\$143.54 by Jun 1	Your payment is scheduled to be made by monthly automatic draft on Jun 1.
-----------------------------	---

\$ _____ Amount enclosed

CRF MANAGEMENT CO INC
PO BOX 330
LAKELAND FL 33802 - 0330

Duke Energy Payment Processing
PO Box 1004
Charlotte, NC 28201-1004

99003711466682000660000000000000000001435400000143548



Billing details - Electric Charges

General Service Non-Demand Secondary (GS-1)	
BILLING PERIOD..04-09-21 TO 05-10-21 31 DAYS	
CUSTOMER CHARGE	\$15.25
ENERGY CHARGE	
876 KWH @ 8.674c	75.98
FUEL CHARGE	
876 KWH @ 3.094c	27.10
ASSET SECURITIZATION CHARGE	
876 KWH @ 0.234c	2.05
Total Electric Charges	\$120.38

Your current rate is General Service Non-Demand Secondary (GS-1).

For a complete listing of all Florida rates and riders, visit duke-energy.com/rates

Duke Energy Florida utilized fuel in the following proportions to generate your power: Coal 10%, Purchased Power 9%, Gas 79%, Oil 0%, Nuclear 0%, Solar 2% (For prior 12 months ending March 31, 2021).

Billing details - Taxes

GROSS RECEIPTS TAX	\$3.09
COUNTY UTILITY TAX	10.25
STATE AND OTHER TAXES ON ELECTRIC	9.82
Total Taxes	\$23.16



duke-energy.com
1.877.372.8477

2061

Your Energy Bill

Service address
CRF MANAGEMENT CO INC
0 WOODSIDE LN LIFT,
*HIDDEN COVE

Bill date May 14, 2021
For service Apr 15 - May 14
29 days

Account number 37131 94803

Billing summary

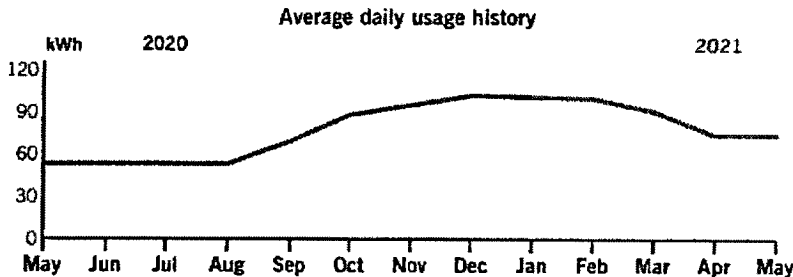
Previous amount due	\$333.32
Payment received May 06	333.32
Electric Charges	272.58
Taxes	52.04
Total amount due Jun 07	\$324.62

\$ 94803-05/21

Thank you for your payment.

Important power line safety reminder. Stay away from power lines. Do not work near overhead lines. Always assume that downed lines are energized and dangerous. Report downed power lines to Duke Energy immediately by calling 1-800-769-3766.

Your usage snapshot



	Current Month	May 2020
Electric	74	53

132

Mail your payment at least 7 days before the due date or pay instantly at duke-energy.com/billing. Late payments are subject to a \$5.00 or 1.5%, late charge, whichever is greater.

Please return this portion with your payment. Thank you for your business.



Duke Energy Return Mail
PO Box 1090
Charlotte, NC 28201-1090

Account number
37131 94803

\$324.62 by Jun 7	<i>Your payment is scheduled to be made by monthly automatic draft on Jun 7.</i>
-----------------------------	--

\$ _____ Amount enclosed

CRF MANAGEMENT CO INC
PO BOX 330
LAKELAND FL 33802 - 0330

Duke Energy Payment Processing
PO Box 1004
Charlotte, NC 28201-1004

9900371319480300066000000000000000003246200000324623



Your usage snapshot - continued

Current electric usage for meter number 001027105			
Actual reading	39008		
Previous reading	- 36864		
Energy used	2,144 kWh		
PRESENT ONPEAK	10,122	PREVIOUS ONPEAK	9,544
DIFFERENCE ONPEAK	578	ON PEAK KWH	578
PRESENT KW (ACTUAL)	4.28	PRESENT PEAK KW	4.28
BASE KW	4	ON-PEAK KW	4
LOAD FACTOR	77.0%		



A kilowatt-hour (kWh) is a measure of the energy used by a 1,000-watt appliance in one hour. A 10-watt LED lightbulb would take 100 hours to use 1 kWh.

Billing details - Electric Charges

General Service Non-Demand Secondary (GS-1)	
BILLING PERIOD..04-15-21 TO 05-14-21 29 DAYS	
CUSTOMER CHARGE	\$15.25
ENERGY CHARGE	
2,144 KWH @ 8.674c	185.97
FUEL CHARGE	
2,144 KWH @ 3.094c	66.34
ASSET SECURITIZATION CHARGE	
2,144 KWH @ 0.234c	5.02
Total Electric Charges	\$272.58

Your current rate is General Service Non-Demand Secondary (GS-1).

For a complete listing of all Florida rates and riders, visit duke-energy.com/rates

Duke Energy Florida utilized fuel in the following proportions to generate your power: Coal 10%, Purchased Power 9%, Gas 79%, Oil 0%, Nuclear 0%, Solar 2% (For prior 12 months ending March 31, 2021).

Billing details - Taxes

GROSS RECEIPTS TAX	\$6.99
COUNTY UTILITY TAX	22.82
STATE AND OTHER TAXES ON ELECTRIC	22.23
Total Taxes	\$52.04



duke-energy.com
1.877.372.8477

Your Energy Bill

Service address
CRF MANAGEMENT CO INC
0 HIDE A WAY LN LIFT,
*HIDDEN COVE

Bill date Jun 9, 2021
For service May 10 - Jun 9
30 days

Account number **37114 66682**

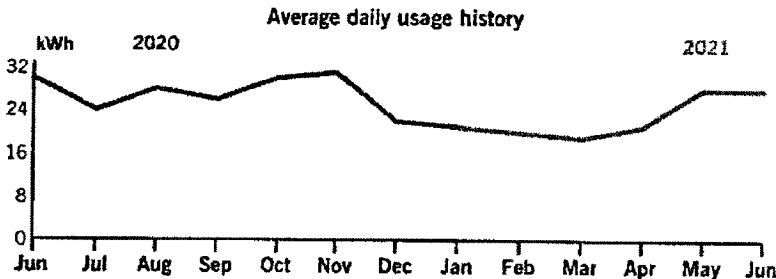
2061

Billing summary

Previous amount due	\$143.54
Payment received May 28	-143.54
Electric Charges	114.75
Taxes	22.08
Total amount due Jul 01	\$136.83

\$ 60682-06/21
Thank you for your payment.

Your usage snapshot



	Current Month	Jun 2020
Electric	28	30

Current electric usage for meter number 003899939	
Actual reading	18637
Previous reading	- 17808
Energy used	829 kWh

132
A kilowatt-hour (kWh) is a measure of the energy used by a 1,000-watt appliance in one hour. A 10-watt LED lightbulb would take 100 hours to use 1 kWh.

Mail your payment at least 7 days before the due date or pay instantly at duke-energy.com/billing. Late payments are subject to a \$5.00 or 1.5%, late charge, whichever is greater.

Please return this portion with your payment. Thank you for your business.



Duke Energy Return Mail
PO Box 1090
Charlotte, NC 28201-1090

Account number
37114 66682

\$136.83 by Jul 1	Your payment is scheduled to be made by monthly automatic draft on Jul 1.
-----------------------------	---

\$ _____ Amount enclosed

CRF MANAGEMENT CO INC
PO BOX 330
LAKELAND FL 33802 - 0330

Duke Energy Payment Processing
PO Box 1004
Charlotte, NC 28201-1004

990037114666820006600000000000000001368300000136831



Billing details - Electric Charges

General Service Non-Demand Secondary (GS-1)	
BILLING PERIOD..05-10-21 TO 06-09-21 30 DAYS	
CUSTOMER CHARGE	\$15.25
ENERGY CHARGE	
829 KWH @ 8.674c	71.91
FUEL CHARGE	
829 KWH @ 3.094c	25.65
ASSET SECURITIZATION CHARGE	
829 KWH @ 0.234c	1.94
Total Electric Charges	\$114.75

Your current rate is General Service Non-Demand Secondary (GS-1).

For a complete listing of all Florida rates and riders, visit duke-energy.com/rates

Billing details - Taxes

GROSS RECEIPTS TAX	\$2.94
COUNTY UTILITY TAX	9.78
STATE AND OTHER TAXES ON ELECTRIC	9.36
Total Taxes	\$22.08



duke-energy.com
1.877.372.8477

Your Energy Bill

2061

Service address
CRF MANAGEMENT CO INC
0 WOODSIDE LN LIFT,
*HIDDEN COVE

Bill date Jun 15, 2021
For service May 14 - Jun 15
32 days

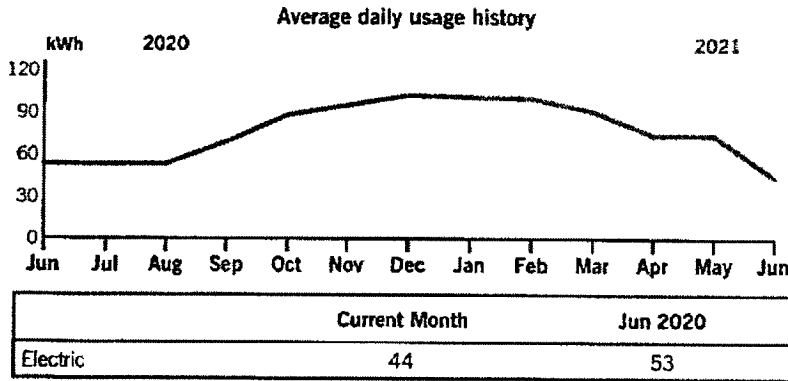
Account number **37131 94803**

Billing summary

Previous amount due	\$324.62
Payment received Jun 04	324.62
Electric Charges	183.88
Taxes	35.21
Total amount due Jul 07	\$219.09

\$ 94803-06/21
Thank you for your payment.

Your usage snapshot



132

Mail your payment at least 7 days before the due date or pay instantly at duke-energy.com/billing. Late payments are subject to a \$5.00 or 1.5%, late charge, whichever is greater.

Please return this portion with your payment. Thank you for your business.



Duke Energy Return Mail
PO Box 1090
Charlotte, NC 28201-1090

Account number
37131 94803

Amount of automatic draft

\$219.09 by Jul 7	Your payment is scheduled to be made by monthly automatic draft on Jul 7.
-----------------------------	---

\$ _____ Amount enclosed

CRF MANAGEMENT CO INC
PO BOX 330
LAKELAND FL 33802 - 0330

Duke Energy Payment Processing
PO Box 1004
Charlotte, NC 28201-1004

990037131948030006600000000000000002190900000219096



Your usage snapshot - continued

Current electric usage for meter number 001027105			
Actual reading		40413	
Previous reading		- 39008	
Energy used		1,405 kWh	
PRESENT ONPEAK	10,550	PREVIOUS ONPEAK	10,122
DIFFERENCE ONPEAK	428	ON PEAK KWH	428
PRESENT KW (ACTUAL)	3.23	PRESENT PEAK KW	3.19
BASE KW	3	ON-PEAK KW	3
LOAD FACTOR	61.0%		



A kilowatt-hour (kWh) is a measure of the energy used by a 1,000-watt appliance in one hour. A 10-watt LED lightbulb would take 100 hours to use 1 kWh.

Billing details - Electric Charges

General Service Non-Demand Secondary (GS-1)	
BILLING PERIOD..05-14-21 TO 06-15-21 32 DAYS	
CUSTOMER CHARGE	\$15.25
ENERGY CHARGE	
1,405 KWH @ 8.674c	121.87
FUEL CHARGE	
1,405 KWH @ 3.094c	43.47
ASSET SECURITIZATION CHARGE	
1,405 KWH @ 0.234c	3.29
Total Electric Charges	\$183.88

Your current rate is General Service Non-Demand Secondary (GS-1).

For a complete listing of all Florida rates and riders, visit duke-energy.com/rates

Billing details - Taxes

GROSS RECEIPTS TAX	\$4.71
COUNTY UTILITY TAX	15.49
STATE AND OTHER TAXES ON ELECTRIC	15.01
Total Taxes	\$35.21



duke-energy.com
1.877.372.8477

Your Energy Bill

2061

Service address
CRF MANAGEMENT CO INC
O HIDE A WAY LN LIFT,
*HIDDEN COVE

Bill date Jul 9, 2021
For service Jun 9 - Jul 9
30 days

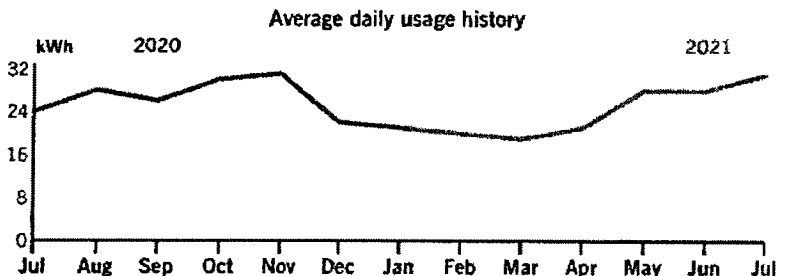
Account number 37114 66682

Billing summary

Previous amount due	\$136.83
Payment received Jun 30	-136.83
Electric Charges	126.03
Taxes	24.23
Total amount due Aug 02	\$150.26

\$ 66682-07/21
Thank you for your payment.

Your usage snapshot



	Current Month	Jul 2020
Electric	31	24

Current electric usage for meter number 003899939	
Actual reading	19560
Previous reading	- 18637
Energy used	923 kWh

! A kilowatt-hour (kWh) is a measure of the energy used by a 1,000-watt appliance in one hour. A 10-watt LED lightbulb would take 100 hours to use 1 kWh.

Mail your payment at least 7 days before the due date or pay instantly at duke-energy.com/billing. Late payments are subject to a \$5.00 or 1.5%, late charge, whichever is greater.

Please return this portion with your payment. Thank you for your business.



Duke Energy Return Mail
PO Box 1090
Charlotte, NC 28201-1090

Account number
37114 66682

\$150.26 by Aug 2	Your payment is scheduled to be made by monthly automatic draft on Aug 2.
-----------------------------	---

\$ _____ Amount enclosed

CRF MANAGEMENT CO INC
PO BOX 330
LAKELAND FL 33802 - 0330

Duke Energy Payment Processing
PO Box 1004
Charlotte, NC 28201-1004



duke-energy.com
1.877.372.8477

Account number 37114 66682

Billing details - Electric Charges

General Service Non-Demand Secondary (GS-1)	
BILLING PERIOD..06-09-21 TO 07-09-21 30 DAYS	
CUSTOMER CHARGE	\$15.25
ENERGY CHARGE	
923 KWH @ 8.674c	80.06
FUEL CHARGE	
923 KWH @ 3.094c	28.56
ASSET SECURITIZATION CHARGE	
923 KWH @ 0.234c	2.16
Total Electric Charges	\$126.03

Your current rate is General Service Non-Demand Secondary (GS-1).

For a complete listing of all Florida rates and riders, visit duke-energy.com/rates

Billing details - Taxes

GROSS RECEIPTS TAX	\$3.23
COUNTY UTILITY TAX	10.72
STATE AND OTHER TAXES ON ELECTRIC	10.28
Total Taxes	\$24.23



duke-energy.com
1.877.372.8477

Your Energy Bill

2061

Service address
CRF MANAGEMENT CO INC
0 WOODSIDE LN LIFT,
*HIDDEN COVE

Bill date Jul 15, 2021
For service Jun 15 - Jul 15
30 days

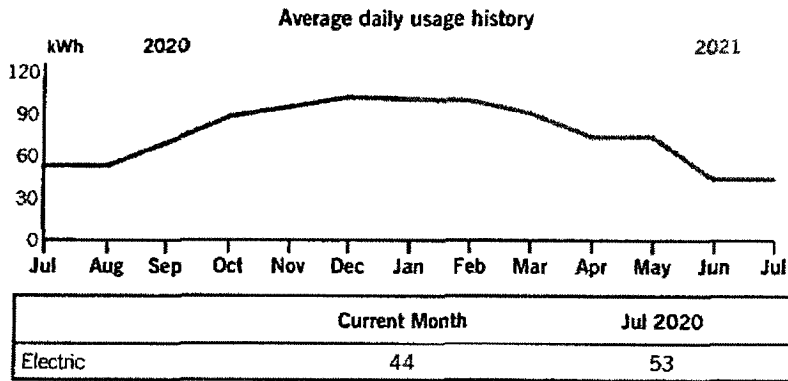
Account number **37131 94803**

Billing summary

Previous amount due	\$219.09
Payment received Jul 06	219.09
Electric Charges	172.12
Taxes	32.97
Total amount due Aug 06	\$205.09

\$ **94803-07/21**
Thank you for your payment.

Your usage snapshot



132

Mail your payment at least 7 days before the due date or pay instantly at duke-energy.com/billing. Late payments are subject to a \$5.00 or 1.5%, late charge, whichever is greater.

Please return this portion with your payment. Thank you for your business.



Duke Energy Return Mail
PO Box 1090
Charlotte, NC 28201-1090

Account number
37131 94803

\$205.09
by Aug 6

Your payment is scheduled to be made by monthly automatic draft on Aug 6.

\$ _____ Amount enclosed

CRF MANAGEMENT CO INC
PO BOX 330
LAKELAND FL 33802 - 0330

Duke Energy Payment Processing
PO Box 1004
Charlotte, NC 28201-1004

99003713194803000660000000000000002050900000205098



Your usage snapshot - continued

Current electric usage for meter number 001027105			
Actual reading	41720		
Previous reading	- 40413		
Energy used	1,307 kWh		
PRESENT ONPEAK	10,974	PREVIOUS ONPEAK	10,550
DIFFERENCE ONPEAK	424	ON PEAK KWH	424
PRESENT KW (ACTUAL)	3.23	PRESENT PEAK KW	3.18
BASE KW	3	ON-PEAK KW	3
LOAD FACTOR	60.5%		



A kilowatt-hour (kWh) is a measure of the energy used by a 1,000-watt appliance in one hour. A 10-watt LED lightbulb would take 100 hours to use 1 kWh.

Billing details - Electric Charges

General Service Non-Demand Secondary (GS-1)	
BILLING PERIOD..06-15-21 TO 07-15-21 30 DAYS	
CUSTOMER CHARGE	\$15.25
ENERGY CHARGE	
1,307 KWH @ 8.674c	113.37
FUEL CHARGE	
1,307 KWH @ 3.094c	40.44
ASSET SECURITIZATION CHARGE	
1,307 KWH @ 0.234c	3.06
Total Electric Charges	\$172.12

Your current rate is General Service Non-Demand Secondary (GS-1).

For a complete listing of all Florida rates and riders, visit duke-energy.com/rates

Billing details - Taxes

GROSS RECEIPTS TAX	\$4.41
COUNTY UTILITY TAX	14.52
STATE AND OTHER TAXES ON ELECTRIC	14.04
Total Taxes	\$32.97



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1.877.372.8477

Your Energy Bill

page 1 of 3

Service address

CRF MANAGEMENT CO INC
0 HIDE A WAY LN LIFT,
*HIDDEN COVE

Bill date Aug 9, 2021

For service Jul 9 - Aug 9
31 days

Account number 37114 66682

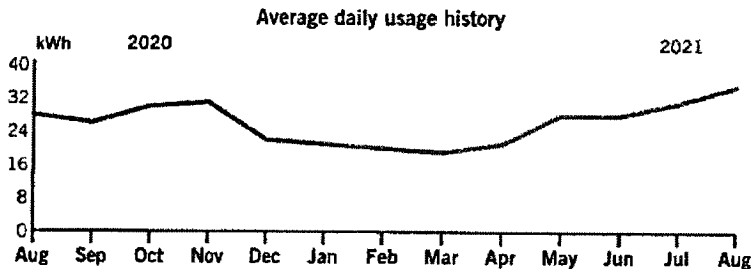
Billing summary

Previous amount due	\$150.26
Payment received Jul 30	150.26
Electric Charges	147.41
Taxes	28.29
Total amount due Aug 31	\$175.70



Thank you for your payment.

Your usage snapshot



	Current Month	Aug 2020
Electric	35	28

Current electric usage for meter number 003899939

Actual reading	20657
Previous reading	- 19560
Energy used	1,097 kWh



A kilowatt-hour (kWh) is a measure of the energy used by a 1,000-watt appliance in one hour. A 10-watt LED lightbulb would take 100 hours to use 1 kWh.

Mail your payment at least 7 days before the due date or pay instantly at duke-energy.com/billing. Late payments are subject to a \$5.00 or 1.5% late charge, whichever is greater.

Please return this portion with your payment. Thank you for your business.



Duke Energy Return Mail
PO Box 1090
Charlotte, NC 28201-1090

Account number
37114 66682

Amount of automatic draft

\$175.70
by Aug 31

Your payment is scheduled to be made by monthly automatic draft on Aug 31.

\$ _____ Amount enclosed

CRF MANAGEMENT CO INC
PO BOX 330
LAKELAND FL 33802 - 0330

Duke Energy Payment Processing
PO Box 1004
Charlotte, NC 28201-1004

#2061



duke-energy.com
1.877.372.8477

We're here for you

Report an emergency

Electric outage duke-energy.com/outages
800.228.8485

Convenient ways to pay your bill

Online duke-energy.com/billing
Automatically from your bank account duke-energy.com/automatic-draft
Speedpay (fee applies) duke-energy.com/pay-now
800.700.8744
By mail payable to Duke Energy P.O. Box 1004
Charlotte, NC 28201-1004
In person duke-energy.com/location

Help managing your account (not applicable for all customers)

Register for free paperless billing duke-energy.com/paperless
Home duke-energy.com/manage-home
Business duke-energy.com/manage-bus

General questions or concerns

Residential
Online duke-energy.com
Call (Monday - Friday, 7 a.m. to 7 p.m.) 800.700.8744
For hearing impaired TDD/TTY 800.222.3448 or 711
International 1.407.629.1010

Business Customer

Online duke-energy.com
Call (Monday - Friday, 7 a.m. to 7 p.m.) 877.372.8477

Call before you dig

Call 800.432.4770 or 811

Check utility rates

Check rates and charges duke-energy.com/rates

Correspond with Duke Energy (not for payment)

P.O. Box 14042
St Petersburg, FL 33733

Important to know

Your next meter reading: Sep 10

Please be sure we can safely access your meter. Don't worry if your digital meter flashes eights from time to time. That's a normal part of the energy measuring process.

Your electric service may be disconnected if your payment is past due

If payment for your electric service is past due, we may begin disconnection procedures. The due date on your bill applies to current charges only. Any unpaid, past due charges are not extended to the new due date and may result in disconnection. The reconnection fee is \$40 between the hours of 7 a.m. and 7 p.m. Monday through Friday and \$50 after 7 p.m. or on the weekends.

Electric service does not depend on payment for other products or services

Non-payment for non-regulated products or services (such as surge protection or equipment service contracts) may result in removal from the program but will not result in disconnection of electric service.

When you pay by check

We may process the payment as a regular check or convert it into a one-time electronic check payment.

Asset Securitization Charge

A charge to recover cost associated with nuclear asset-recovery bonds. Duke Energy Florida is acting as the collection agent for Special Purpose Entity (SPE) until the bonds have been paid in full or legally discharged.

Medical Essential Program

Identifies customers who are dependent on continuously electric-powered medical equipment. The program does not automatically extend electric bill due dates, nor does it provide priority restoration. To learn more or find out if you qualify, call 800.700.8744 or visit duke-energy.com/home/billing/special-assistance/medically-essential.

Special Needs Customers

Florida Statutes offer a program for customers who need special assistance during emergency evacuations and sheltering. Customers with special needs may contact their local emergency management agency for registration and more information.

Para nuestros clientes que hablan Español

Representantes bilingües están disponibles para asistirle de lunes a viernes de 7 a.m. - 7 p.m. Para obtener más información o reportar problemas con su servicio eléctrico, favor de llamar al 800.700.8744.



duke-energy.com
1.877.372.8477

Billing details - Electric Charges

General Service Non-Demand Secondary (GS-1)	
BILLING PERIOD..07-09-21 TO 08-09-21 31 DAYS	
CUSTOMER CHARGE	\$15.25
ENERGY CHARGE	
1,097 KWH @ 8.719c	95.65
FUEL CHARGE	
1,097 KWH @ 3.094c	33.94
ASSET SECURITIZATION CHARGE	
1,097 KWH @ 0.234c	2.57
Total Electric Charges	\$147.41

Your current rate is General Service Non-Demand Secondary (GS-1).

For a complete listing of all Florida rates and riders, visit duke-energy.com/rates

Duke Energy Florida utilized fuel in the following proportions to generate your power: Coal 12%, Purchased Power 9%, Gas 77%, Oil 0%, Nuclear 0%, Solar 2% (For prior 12 months ending June 30, 2021).

Billing details - Taxes

GROSS RECEIPTS TAX	\$3.78
COUNTY UTILITY TAX	12.49
STATE AND OTHER TAXES ON ELECTRIC	12.02
Total Taxes	\$28.29



duke-energy.com
1.877.372.8477

Your Energy Bill

Service address
CRF MANAGEMENT CO INC
0 WOODSIDE LN LIFT,
*HIDDEN COVE

Bill date Aug 13, 2021
For service Jul 15 - Aug 13
29 days

Account number 37131 94803

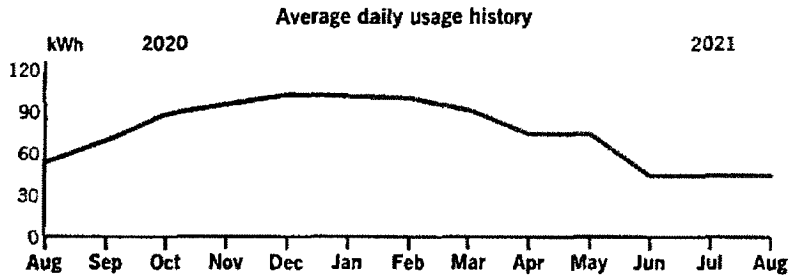
Billing summary

Previous amount due	\$205.09
Payment received Aug 05	205.09
Electric Charges	168.01
Taxes	32.21
Total amount due Sep 07	\$200.22



Thank you for your payment.

Your usage snapshot



V#2061

	Current Month	Aug 2020
Electric	44	53

Mail your payment at least 7 days before the due date or pay instantly at duke-energy.com/billing. Late payments are subject to a \$5.00 or 1.5%, late charge, whichever is greater.

Please return this portion with your payment. Thank you for your business.



Duke Energy Return Mail
PO Box 1090
Charlotte, NC 28201-1090

Account number
37131 94803

Amount of automatic draft

\$200.22 by Sep 7	<i>Your payment is scheduled to be made by monthly automatic draft on Sep 7.</i>
-----------------------------	--

\$ _____ **Amount enclosed**

CRF MANAGEMENT CO INC
PO BOX 330
LAKELAND FL 33802 - 0330

Duke Energy Payment Processing
PO Box 1004
Charlotte, NC 28201-1004

99003713194803000660000000000000002002200000200222



Your usage snapshot - continued

Current electric usage for meter number 001027105			
Actual reading		42988	
Previous reading		- 41720	
Energy used		1,268 kWh	
PRESENT ONPEAK	11,399	PREVIOUS ONPEAK	10,974
DIFFERENCE ONPEAK	425	ON PEAK KWH	425
PRESENT KW (ACTUAL)	3.27	PRESENT PEAK KW	3.26
BASE KW	3	ON-PEAK KW	3
LOAD FACTOR	60.7%		



A kilowatt-hour (kWh) is a measure of the energy used by a 1,000-watt appliance in one hour. A 10-watt LED lightbulb would take 100 hours to use 1 kWh.

Billing details - Electric Charges

General Service Non-Demand Secondary (GS-1)	
BILLING PERIOD..07-15-21 TO 08-13-21 29 DAYS	
CUSTOMER CHARGE	\$15.25
ENERGY CHARGE	
1,268 KWH @ 8.719c	110.56
FUEL CHARGE	
1,268 KWH @ 3.094c	39.23
ASSET SECURITIZATION CHARGE	
1,268 KWH @ 0.234c	2.97
Total Electric Charges	\$168.01

Your current rate is General Service Non-Demand Secondary (GS-1).

For a complete listing of all Florida rates and riders, visit duke-energy.com/rates

Duke Energy Florida utilized fuel in the following proportions to generate your power: Coal 12%, Purchased Power 9%, Gas 77%, Oil 0%, Nuclear 0%, Solar 2% (For prior 12 months ending June 30, 2021).

Billing details - Taxes

GROSS RECEIPTS TAX	\$4.31
COUNTY UTILITY TAX	14.20
STATE AND OTHER TAXES ON ELECTRIC	13.70
Total Taxes	\$32.21



duke-energy.com
1.877.372.8477

Your Energy Bill

Service address
CRF MANAGEMENT CO INC
O HIDE A WAY LN LIFT,
*HIDDEN COVE

Bill date Sep 9, 2021
For service Aug 9 - Sep 9
31 days

Account number **37114 66682**

2061

Billing summary

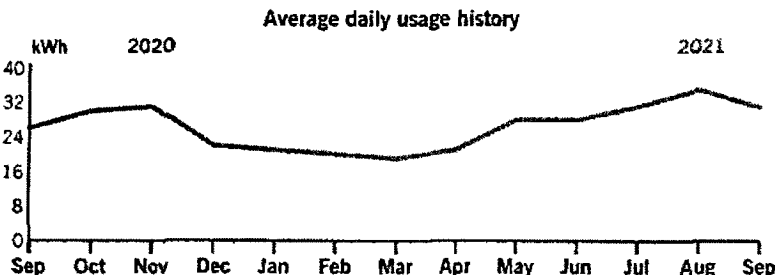
Previous amount due	\$175.70
Payment received Aug 30	175.70
Electric Charges	137.03
Taxes	26.00
Total amount due Oct 01	\$163.03

\$ 66682-08/21

Thank you for your payment.

To help us repair malfunctioning streetlights, quickly: 1. Call us at 1-800-228-8485 or visit duke-energy.com/lightrepair 2. Provide us with the light's location and your contact information 3. Specific addresses, landmarks and directions work best

Your usage snapshot



	Current Month	Sep 2020
Electric	31	26

132

Current electric usage for meter number 003899939	
Actual reading	21633
Previous reading	- 20657
Energy used	976 kWh

? A kilowatt-hour (kWh) is a measure of the energy used by a 1,000-watt appliance in one hour. A 10-watt LED lightbulb would take 100 hours to use 1 kWh.

Mail your payment at least 7 days before the due date or pay instantly at duke-energy.com/billing. Late payments are subject to a \$5.00 or 1.5% late charge, whichever is greater.

Please return this portion with your payment. Thank you for your business.



Duke Energy Return Mail
PO Box 1090
Charlotte, NC 28201-1090

Account number
37114 66682

\$163.03 by Oct 1	Your payment is scheduled to be made by monthly automatic draft on Oct 1.
-----------------------------	---

\$ _____ Amount enclosed

CRF MANAGEMENT CO INC
PO BOX 330
LAKELAND FL 33802 - 0330

Duke Energy Payment Processing
PO Box 1004
Charlotte, NC 28201-1004



duke-energy.com
1.877.372.8477

Account number **37114 66682**

Billing details - Electric Charges

General Service Non-Demand Secondary (GS-1)	
BILLING PERIOD..08-09-21 TO 09-09-21 31 DAYS	
CUSTOMER CHARGE	\$15.25
ENERGY CHARGE	
976 KWH @ 8.719c	85.10
FUEL CHARGE	
976 KWH @ 3.514c	34.30
ASSET SECURITIZATION CHARGE	
976 KWH @ 0.244c	2.38
Total Electric Charges	\$137.03

Your current rate is General Service Non-Demand Secondary (GS-1).

For a complete listing of all Florida rates and riders, visit duke-energy.com/rates

Billing details - Taxes

GROSS RECEIPTS TAX	\$3.51
COUNTY UTILITY TAX	11.31
STATE AND OTHER TAXES ON ELECTRIC	11.18
Total Taxes	\$26.00



duke-energy.com
1.877.372.8477

Your Energy Bill

Service address
CRF MANAGEMENT CO INC
0 WOODSIDE LN LIFT,
*HIDDEN COVE

Bill date Sep 15, 2021
For service Aug 13 - Sep 15
33 days

Account number 37131 94803

2061

Billing summary

Previous amount due	\$200.22
Payment received Sep 03	200.22
Electric Charges	216.25
Taxes	40.82
Total amount due Oct 07	\$257.07

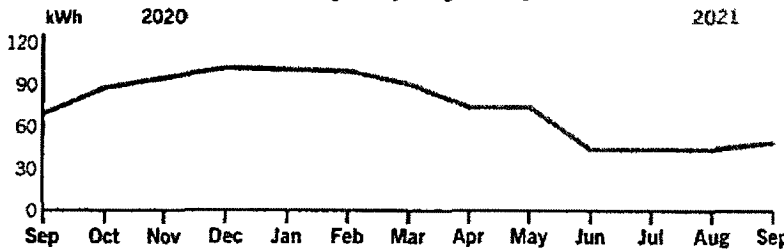
\$ 94803-09/21

Thank you for your payment.

To help us repair malfunctioning streetlights, quickly: 1. Call us at 1-800-228-8485 or visit duke-energy.com/lightrepair 2. Provide us with the light's location and your contact information 3. Specific addresses, landmarks and directions work best

Your usage snapshot

Average daily usage history



	Current Month	Sep 2020
Electric	49	69

Mail your payment at least 7 days before the due date or pay instantly at duke-energy.com/billing. Late payments are subject to a \$5.00 or 1.5%, late charge, whichever is greater.

132

Please return this portion with your payment. Thank you for your business.



Duke Energy Return Mail
PO Box 1090
Charlotte, NC 28201-1090

Account number
37131 94803

\$257.07 by Oct 7	Your payment is scheduled to be made by monthly automatic draft on Oct 7.
-----------------------------	---

\$ _____ Amount enclosed

CRF MANAGEMENT CO INC
PO BOX 330
LAKELAND FL 33802 - 0330

Duke Energy Payment Processing
PO Box 1004
Charlotte, NC 28201-1004

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Your usage snapshot - continued

Current electric usage for meter number 001027105			
Actual reading	44599		
Previous reading	- 42988		
Energy used	1,611 kWh		
PRESENT ONPEAK	11,906	PREVIOUS ONPEAK	11,399
DIFFERENCE ONPEAK	507	ON PEAK KWH	507
PRESENT KW (ACTUAL)	3.40	PRESENT PEAK KW	3.40
BASE KW	3	ON-PEAK KW	3
LOAD FACTOR	67.8%		



A kilowatt-hour (kWh) is a measure of the energy used by a 1,000-watt appliance in one hour. A 10-watt LED lightbulb would take 100 hours to use 1 kWh.

Billing details - Electric Charges

General Service Non-Demand Secondary (GS-1)	
BILLING PERIOD..08-13-21 TO 09-15-21 33 DAYS	
CUSTOMER CHARGE	\$15.25
ENERGY CHARGE	
1,611 KWH @ 8.719c	140.46
FUEL CHARGE	
1,611 KWH @ 3.514c	56.61
ASSET SECURITIZATION CHARGE	
1,611 KWH @ 0.244c	3.93
Total Electric Charges	\$216.25

Your current rate is General Service Non-Demand Secondary (GS-1).

For a complete listing of all Florida rates and riders, visit duke-energy.com/rates

Billing details - Taxes

GROSS RECEIPTS TAX	\$5.54
COUNTY UTILITY TAX	17.64
STATE AND OTHER TAXES ON ELECTRIC	17.64
Total Taxes	\$40.82



duke-energy.com
1.877.372.8477

2061

Your Energy Bill

Service address
CRF MANAGEMENT CO INC
0 HIDE A WAY LN LIFT,
*HIDDEN COVE

Bill date Oct 11, 2021
For service Sep 9 - Oct 11
32 days

Account number 37114 66682

Billing summary

Previous amount due	\$163.03
Payment received Sep 30	-163.03
Electric Charges	137.03
Taxes	26.00
Total amount due Nov 02	\$163.03



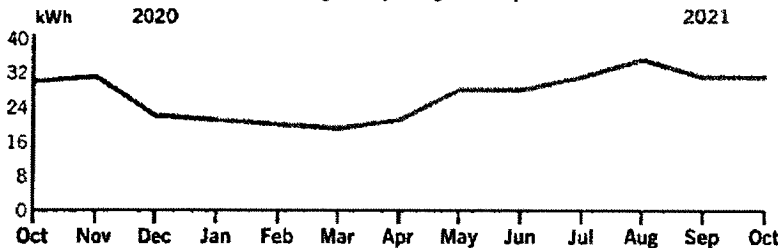
66682-10/21

Thank you for your payment.

Learn how to lower your bill with an online or free on-site Business Energy Check. This no-cost analysis provides you with specific tips on how to save energy and qualify for valuable rebates for energy-savings measures. You may also qualify for a FREE Commercial Energy Savings Kit. Go to duke-energy.com/FreeBizCheck or call 877.426.0009.

Your usage snapshot

Average daily usage history



	Current Month	Oct 2020
Electric	31	30

Current electric usage for meter number 003899939	
Actual reading	22609
Previous reading	- 21633
Energy used	976 kWh



A kilowatt-hour (kWh) is a measure of the energy used by a 1,000-watt appliance in one hour. A 10-watt LED lightbulb would take 100 hours to use 1 kWh.

132

Mail your payment at least 7 days before the due date or pay instantly at duke-energy.com/billing. Late payments are subject to a \$5.00 or 1.5%, late charge, whichever is greater.

Please return this portion with your payment. Thank you for your business.



Duke Energy Return Mail
PO Box 1090
Charlotte, NC 28201-1090

Account number
37114 66682

\$163.03 by Nov 2	Your payment is scheduled to be made by monthly automatic draft on Nov 2.
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\$ _____ Amount enclosed

CRF MANAGEMENT CO INC
PO BOX 330
LAKELAND FL 33802 - 0330

Duke Energy Payment Processing
PO Box 1004
Charlotte, NC 28201-1004

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duke-energy.com
1.877.372.8477

Account number 37114 66682

Billing details - Electric Charges

General Service Non-Demand Secondary (GS-1)	
BILLING PERIOD..09-09-21 TO 10-11-21 32 DAYS	
CUSTOMER CHARGE	\$15.25
ENERGY CHARGE	
976 KWH @ 8.719c	85.10
FUEL CHARGE	
976 KWH @ 3.514c	34.30
ASSET SECURITIZATION CHARGE	
976 KWH @ 0.244c	2.38
Total Electric Charges	\$137.03

Your current rate is General Service Non-Demand Secondary (GS-1).

For a complete listing of all Florida rates and riders, visit duke-energy.com/rates

Billing details - Taxes

GROSS RECEIPTS TAX	\$3.51
COUNTY UTILITY TAX	11.31
STATE AND OTHER TAXES ON ELECTRIC	11.18
Total Taxes	\$26.00



duke-energy.com
1.877.372.8477

Your Energy Bill

2061

Service address
CRF MANAGEMENT CO INC
0 WOODSIDE LN LIFT,
*HIDDEN COVE

Bill date Oct 15, 2021
For service Sep 15 - Oct 15
30 days

Account number 37131 94803

Billing summary

Previous amount due	\$257.07
Payment received Oct 06	-257.07
Electric Charges	237.84
Taxes	44.87
Total amount due Nov 08	\$282.71

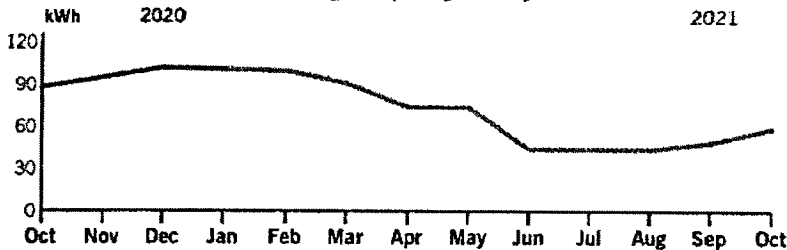
\$ 94803-10/21

Thank you for your payment.

Learn how to lower your bill with an online or free on-site Business Energy Check. This no-cost analysis provides you with specific tips on how to save energy and qualify for valuable rebates for energy-savings measures. You may also qualify for a FREE Commercial Energy Savings Kit. Go to duke-energy.com/FreeBizCheck or call 877.426.0009.

Your usage snapshot

Average daily usage history



	Current Month	Oct 2020
Electric	59	88

132

Mail your payment at least 7 days before the due date or pay instantly at duke-energy.com/billing. Late payments are subject to a \$5.00 or 1.5% late charge, whichever is greater.

Please return this portion with your payment. Thank you for your business.



Duke Energy Return Mail
PO Box 1090
Charlotte, NC 28201-1090

Account number
37131 94803

\$282.71
by Nov 8

Your payment is scheduled to be made by monthly automatic draft on Nov 8.

\$ _____ Amount enclosed

CRF MANAGEMENT CO INC
PO BOX 330
LAKELAND FL 33802 - 0330

Duke Energy Payment Processing
PO Box 1004
Charlotte, NC 28201-1004

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Your usage snapshot - continued

Current electric usage for meter number 001027105			
Actual reading	46383		
Previous reading	- 44599		
Energy used	1,784 kWh		
PRESENT ONPEAK	12,439	PREVIOUS ONPEAK	11,906
DIFFERENCE ONPEAK	533	ON PEAK KWH	533
PRESENT KW (ACTUAL)	3.42	PRESENT PEAK KW	3.41
BASE KW	3	ON-PEAK KW	3
LOAD FACTOR	82.6%		



A kilowatt-hour (kWh) is a measure of the energy used by a 1,000-watt appliance in one hour. A 10-watt LED lightbulb would take 100 hours to use 1 kWh.

Billing details - Electric Charges

General Service Non-Demand Secondary (GS-1)	
BILLING PERIOD..09-15-21 TO 10-15-21 30 DAYS	
CUSTOMER CHARGE	\$15.25
ENERGY CHARGE	
1,784 KWH @ 8.719c	155.55
FUEL CHARGE	
1,784 KWH @ 3.514c	62.69
ASSET SECURITIZATION CHARGE	
1,784 KWH @ 0.244c	4.35
Total Electric Charges	\$237.84

Your current rate is General Service Non-Demand Secondary (GS-1).

For a complete listing of all Florida rates and riders, visit duke-energy.com/rates

Billing details - Taxes

GROSS RECEIPTS TAX	\$6.10
COUNTY UTILITY TAX	19.37
STATE AND OTHER TAXES ON ELECTRIC	19.40
Total Taxes	\$44.87

V 2061

Your Energy Bill

Service address
CRF MANAGEMENT CO INC
0 HIDE A WAY LN LIFT
LIFT *HIDDEN COVE

Bill date Nov 12, 2021
For service Oct 11 - Nov 10
31 days

Account number 9100 8222 4499

Billing summary

Previous Amount Due	\$163.03
Payment Received Nov 05	-163.03
Current Electric Charges	112.97
Taxes	21.87
Total Amount Due Dec 03	\$135.64

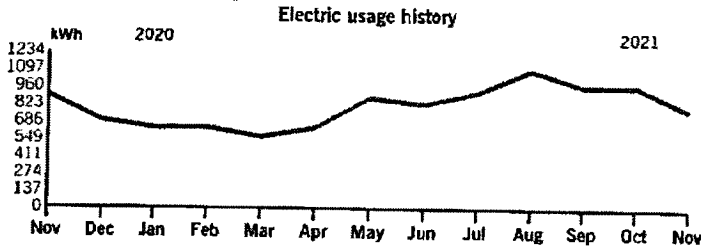


4499 - 11/21

Thank you for your payment.

We've made updates to your bill! Your usage snapshot now includes the average outdoor temperature, and a new account number also displays at the top of your statement. If paying electronically, we encourage you to use this new 12-digit number, although payments can be processed under the old account number, too. You can also add a contribution on your payment to help others. Visit duke-energy.com/BizBillUpdates to learn more.

Your usage snapshot



END DEC 08 2021

Average temperature in degrees

	73°	60°	61°	67°	76°	73°	78°	81°	81°	82°	89°	77°	66°
	Current Month		Nov 2020	12-Month Usage		Avg Monthly Usage							
Electric (kWh)	791	892	9,648	804									
Avg. Daily (kWh)	26	31	26										

12-month usage based on most recent history

Mail your payment at least 7 days before the due date or pay instantly at duke-energy.com/billing. Late payments are subject to a \$5.00 or 0.0% late charge, whichever is greater.

Please return this portion with your payment. Thank you for your business.



Duke Energy Return Mail
PO Box 1090
Charlotte, NC 28201-1090

Account number
9100 8222 4499

\$135.64
by Dec 3

Your payment is scheduled to be made by monthly automatic draft on Dec 3

\$ _____ \$ _____
Add here, to help others with a contribution to Energy Neighbor Fund **Amount enclosed**

CRF MANAGEMENT CO INC
PO BOX 330
LAKELAND FL 33802-0330

Duke Energy Payment Processing
PO Box 1094
Charlotte, NC 28201-1094

8891008222449900066000000000000000001356400000135642

132



Your usage snapshot - Continued

Current electric usage for meter number 3899939	
Actual reading on Nov 10	23400
Previous reading on Oct 11	- 22609
<hr/>	
Energy used	791 kWh
Billed kWh	791.000 kWh



A kilowatt-hour (kWh) is a measure of the energy used by a 1,000-watt appliance in one hour. A 10-watt LED lightbulb would take 100 hours to use 1 kWh.

Billing details - Electric

Billing Period - Oct 11 to Nov 10	
Meter - 3899939	
Customer Charge	\$15.25
Energy Charge	
791.000 kWh @ 8.722c	68.99
Fuel Charge	
791.000 kWh @ 3.514c	27.80
Asset Securitization Charge	
791.000 kWh @ 0.244c	1.93
Total Current Charges	\$113.97

Your current rate is General Service Non-Demand Secondary (GS-1).

Duke Energy Florida utilized fuel in the following proportions to generate your power: Coal 12%, Purchased Power 10%, Gas 76%, Oil 0%, Nuclear 0%, Solar 2% (For prior 12 months ending September 30, 2021).

Billing details - Taxes

State And Other Taxes	\$8.12
Gross Receipts Tax	2.92
County Utility Tax	9.46
County Optional Tax	1.17
Total Taxes	\$21.67



duke-energy.com
877.372.8477

Your Energy Bill

V2061

Service address
CRF MANAGEMENT CO INC
0 WOODSIDE LN
LIFT *HIDDEN COVE

Bill date Nov 18, 2021
For service Oct 15 - Nov 16
33 days

Account number 9100 8222 4803

Billing summary

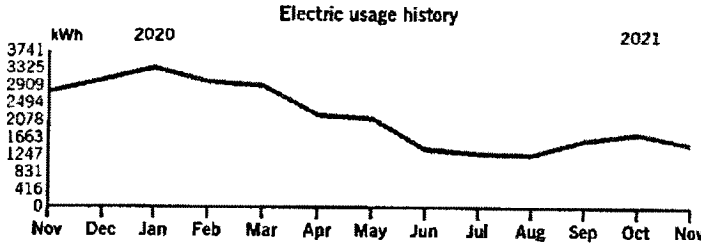
Previous Amount Due	\$282.71
Payment Received Nov 08	282.71
Current Electric Charges	706.03
Taxes	66.91
Total Amount Due Dec 09	\$244.94



Thank you for your payment.

We've made updates to your bill! Your usage snapshot now includes the average outdoor temperature, and a new account number also displays at the top of your statement. If paying electronically, we encourage you to use this new 12-digit number, although payments can be processed under the old account number, too. You can also add a contribution on your payment to help others. Visit duke-energy.com/BlzBillUpdates to learn more.

Your usage snapshot



Average temperature in degrees

73° 60° 61° 67° 70° 73° 78° 81° 81° 82° 86° 77° 67°

	Current Month	Nov 2020	12-Month Usage	Avg Monthly Usage
Electric (kWh)	1,529	2,752	25,534	2,128
Avg. Daily (kWh)	46	95	69	

12-month usage based on most recent history

4803-11/21

END DEC 10 2021

132C

Mail your payment at least 7 days before the due date or pay instantly at duke-energy.com/billing. Late payments are subject to a \$5.00 or 0.0% late charge, whichever is greater.

Please return this portion with your payment. Thank you for your business.



Duke Energy Return Mail
PO Box 1090
Charlotte, NC 28201-1090

Account number
9100 8222 4803

\$244.94
by Dec 9

Your payment is scheduled to be made by monthly automatic draft on Dec 9

\$ _____ \$ _____
Add here, to help others with a contribution to Energy Neighbor Fund **Amount enclosed**

CRF MANAGEMENT CO INC
PO BOX 330
LAKELAND FL 33802-0330

Duke Energy Payment Processing
PO Box 1094
Charlotte, NC 28201-1094

8891008222480300066000000000000000002449400000244947



Your usage snapshot - Continued

Current electric usage for meter number 1027105	
Actual reading on Nov 16	47912
Previous reading on Oct 15	- 46383
Energy used	1,529 kWh
Billed kWh	1,529.000 kWh



A kilowatt-hour (kWh) is a measure of the energy used by a 1,000-watt appliance in one hour. A 10-watt LED lightbulb would take 100 hours to use 1 kWh.

Billing details - Electric

Billing Period - Oct 15 to Nov 16	
Meter - 1027105	
Customer Charge	\$15.25
Energy Charge	
1,529.000 kWh @ 8.719c	133.32
Fuel Charge	
1,529.000 kWh @ 3.514c	53.73
Asset Securitization Charge	
1,529.000 kWh @ 0.244c	3.73
Total Current Charges	\$206.03

Your current rate is General Service Non-Demand Secondary (GS-1).

Duke Energy Florida utilized fuel in the following proportions to generate your power: Coal 12%, Purchased Power 10%, Gas 76%, Oil 0%, Nuclear 0%, Solar 2% (For prior 12 months ending September 30, 2021).

Billing details - Taxes

State And Other Taxes	\$14.69
Gross Receipts Tax	5.28
County Utility Tax	16.83
County Optional Tax	2.11
Total Taxes	\$38.91



duke-energy.com
877.372.8477

✓2061

Your Energy Bill

Service address
CRF MANAGEMENT CO INC
0 HIDE A WAY LN LIFT
LIFT *HIDDEN COVE

Bill date Dec 14, 2021
For service Nov 11 - Dec 10
30 days

Account number 9100 8222 4499

Billing summary

Previous Amount Due	\$135.64
Payment Received Dec 03	-135.64
Current Electric Charges	26.48
Taxes	17.09
Total Amount Due Jan 04	\$106.57

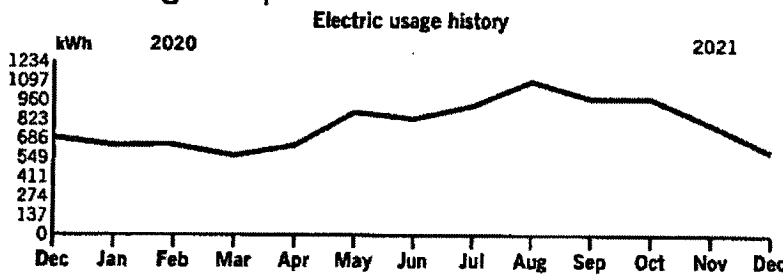


Thank you for your payment.

4499-12/21

We've made updates to your bill! Your usage snapshot now includes the average outdoor temperature, and a new account number also displays at the top of your statement. If paying electronically, we encourage you to use this new 12-digit number, although payments can be processed under the old account number, too. You can also add a contribution on your payment to help others. Visit duke-energy.com/BizBillUpdates to learn more.

Your usage snapshot



ENT'D JAN 1 1 2022

Average temperature in degrees

60° 61° 67° 70° 73° 78° 81° 81° 82° 80° 77° 66°

	Current Month	Dec 2020	12-Month Usage	Avg Monthly Usage
Electric (kWh)	595	694	9,549	796
Avg. Daily (kWh)	20	22	26	

12-month usage based on most recent history

132-10

Mail your payment at least 7 days before the due date or pay instantly at duke-energy.com/billing. Late payments are subject to a \$5.00 or 0.0% late charge, whichever is greater.

Please return this portion with your payment. Thank you for your business.



Duke Energy Return Mail
PO Box 1090
Charlotte, NC 28201-1090

Account number
9100 8222 4499

Amount due	
\$106.57 by Jan 4	After Jan 4, the amount due will increase to \$106.57.

\$ _____ \$ _____
Add here, to help others with a contribution to Share the Light **Amount enclosed**

CRF MANAGEMENT CO INC
PO BOX 330
LAKELAND FL 33802-0330

Duke Energy Payment Processing
PO Box 1094
Charlotte, NC 28201-1094

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Your usage snapshot - Continued

Current electric usage for meter number 3899939	
Actual reading on Dec 10	23995
Previous reading on Nov 11	- 23400
<hr/>	
Energy used	595 kWh
Billed kWh	595.000 kWh



A kilowatt-hour (kWh) is a measure of the energy used by a 1,000-watt appliance in one hour. A 10-watt LED lightbulb would take 100 hours to use 1 kWh.

Billing details - Electric

Billing Period - Nov 11 to Dec 10	
Meter - 3899939	
Customer Charge	\$15.25
Energy Charge	
595.000 kWh @ 8.718c	51.87
Fuel Charge	
595.000 kWh @ 3.514c	20.91
Asset Securitization Charge	
595.000 kWh @ 0.244c	1.45
<hr/>	
Total Current Charges	\$89.48

Your current rate is General Service Non-Demand Secondary (GS-1).

Billing details - Taxes

State And Other Taxes	\$6.38
Gross Receipts Tax	2.29
County Utility Tax	7.50
County Optional Tax	0.92
<hr/>	
Total Taxes	\$17.09

V 2061

Your Energy Bill

Service address
CRF MANAGEMENT CO INC
0 WOODSIDE LN
LIFT *HIDDEN COVE

Bill date Dec 20, 2021
For service Nov 17 - Dec 16
30 days

Account number 9100 8222 4803

Billing summary

Previous Amount Due	\$244.94
Payment Received Dec 09	-244.94
Current Electric Charges	192.06
Taxes	36.29
Total Amount Due Jan 10	\$228.35

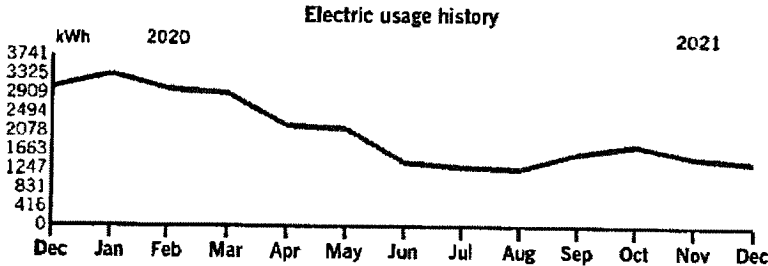


Thank you for your payment.

4903-12/21

We've made updates to your bill! Your usage snapshot now includes the average outdoor temperature, and a new account number also displays at the top of your statement. If paying electronically, we encourage you to use this new 12-digit number, although payments can be processed under the old account number, too. You can also add a contribution on your payment to help others. Visit duke-energy.com/BizBillUpdates to learn more.

Your usage snapshot



ENTD JAN 14 2022

Average temperature in degrees

60°	61°	67°	76°	73°	78°	81°	81°	82°	80°	77°	69°	68°
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

	Current Month	Dec 2020	12-Month Usage	Avg Monthly Usage
Electric (kWh)	1,417	3,045	23,906	1,992
Avg. Daily (kWh)	47	102	64	

12-month usage based on most recent history

132-10

Mail your payment at least 7 days before the due date or pay instantly at duke-energy.com/billing. Late payments are subject to a \$5.00 or 0.0% late charge, whichever is greater.

Please return this portion with your payment. Thank you for your business.



Duke Energy Return Mail
PO Box 1090
Charlotte, NC 28201-1090

Account number
9100 8222 4803

\$228.35 by Jan 10	After Jan 10, the amount due will increase to \$228.35.
------------------------------	---

\$ _____ \$ _____
Add here, to help others with a contribution to Share the Light **Amount enclosed**

CRF MANAGEMENT CO INC
PO BOX 330
LAKELAND FL 33802-0330

Duke Energy Payment Processing
PO Box 1094
Charlotte, NC 28201-1094

88910082224803000660000000000000002283500000228358



Your usage snapshot - Continued

Current electric usage for meter number 1027105	
Actual reading on Dec 16	49329
Previous reading on Nov 17	- 47912
<hr/>	
Energy used	1,417 kWh
Billed kWh	1,417.000 kWh



A kilowatt-hour (kWh) is a measure of the energy used by a 1,000-watt appliance in one hour. A 10-watt LED lightbulb would take 100 hours to use 1 kWh.

Billing details - Electric

Billing Period - Nov 17 to Dec 16	
Meter - 1027105	
Customer Charge	\$15.25
Energy Charge	
1,417.000 kWh @ 8.720c	123.56
Fuel Charge	
1,417.000 kWh @ 3.514c	49.79
Asset Securitization Charge	
1,417.000 kWh @ 0.244c	3.46
<hr/>	
Total Current Charges	\$192.06

Your current rate is General Service Non-Demand Secondary (GS-1).

Billing details - Taxes

State And Other Taxes	\$13.69
Gross Receipts Tax	4.92
County Utility Tax	15.71
County Optional Tax	1.97
<hr/>	
Total Taxes	\$36.29

Original



Hawkins, Inc.
2381 Rosegate
Roseville, MN 55113
Phone: (612) 331-6910

INVOICE

Total Invoice	\$370.76
Invoice Number	4830335
Invoice Date	11/16/20
Sales Order Number/Type	3330447 SO
Branch Plant	76
Shipment Number	3774318

Sold To: 292849
HIDDEN COVE
Attn: Accounts Payable
PO Box 330
Lakeland FL 33802

Ship To: 294695
HIDDEN COVE WW
626 Lake Henry Dr
Winter Haven FL 33881

Net Due Date	Terms	FOB Description	Ship Via	Customer P.O.#	P.O. Release	Sales Agent #			
12/16/20	Net 30	PPA Origin	HAWKINS SOUTHEAST FLEET			B76			
Line #	Item Number	Item Name/ Description	Tax	Qty Shipped	Trans UOM	Unit Price	Price UOM	Weight Net/Gross	Extended Price
1.000	43967	Ultra-Chlor (Sod. Hypo 12.5%) 1 GA BLK (Mini-Bulk)	Y	250.0000 250.0000	GA GA	\$1.3500	GA	2,522.5 LB 2,730.8 GW	\$337.50
1.010	Fuel Surcharge	Freight	Y	1.0000	EA	\$9.0000			\$9.00

***** Receive Your Invoice Via Email *****

Please contact our Accounts Receivable Department via email at Credit.Dept@HawkinsInc.com or call 612-331-6910 to get it setup on your account.

132-10-4270.718

Page 1 of 1

Tax Rate	Sales Tax
7 %	\$24.26

Invoice Total **\$370.76**

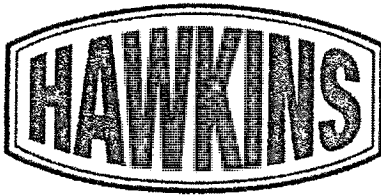
No Discounts on Freight or Containers
IMPORTANT: All products are sold without warranty of any kind and purchasers will, by their own tests, determine suitability of such products for their own use. Seller warrants that all goods covered by this invoice were produced in compliance with the requirements of the Fair Labor Standards Act of 1938, as amended. Containers are to be paid for in full, as invoiced, and full refund will be made promptly, provided containers are returned to original point of shipment. Return freight charges to be prepaid. The containers returned must be the same originally shipped, and show no evidence of abuse, or use for purposes other than the storage of original containers. Seller specifically disclaims and excludes any warranty of merchantability and any warranty of fitness for a particular purpose.
NO CLAIMS FOR LOSS, DAMAGE OR LEAKAGE ALLOWED AFTER DELIVERY IS MADE IN GOOD CONDITION .

Please Remit To: **Hawkins, Inc.**
P.O. Box 860263
Minneapolis, MN 55486-0263

This contractor and subcontractor shall abide by the requirements of 41 CFR §§60-1.4(a), 60-300.5(a) and 60-741.5(a). These regulations prohibit discrimination against qualified individuals based on their status as protected veterans or individuals with disabilities, and prohibit discrimination against all individuals based on their race, color, religion, sex, or national origin. Moreover, these regulations require that covered prime contractors and subcontractors take affirmative action to employ and advance in employment individuals without regard to race, color, religion, sex, national origin, protected veteran status or disability.

4821

Original



Hawkins, Inc.
2381 Rosegate
Roseville, MN 55113
Phone: (612) 331-6910

INVOICE

Total Invoice	\$515.21
Invoice Number	4877402
Invoice Date	2/10/21
Sales Order Number/Type	3387292 SO
Branch Plant	76
Shipment Number	3859418

Sold To: 292849
HIDDEN COVE
Attn: Accounts Payable
PO Box 330
Lakeland FL 33802

Ship To: 294695
HIDDEN COVE WW
626 Lake Henry Dr
Winter Haven FL 33881

Net Due Date	Terms	FOB Description	Ship Via	Customer P.O.#	P.O. Release	Sales Agent #			
3/12/21	Net 30	PPA Origin	HAWKINS SOUTHEAST FLEET			B76			
Line #	Item Number	Item Name/ Description	Tax	Qty Shipped	Trans UOM	Unit Price	Price UOM	Weight Net/Gross	Extended Price
1.000	43967	Ultra-Chlor (Sod. Hypo 12.5%) 1 GA BLK (Mini-Bulk)	Y	350.0000 350.0000	GA GA	\$1.3500	GA	3,531.5 LB 3,823.2 GW	\$472.50
1.010	Fuel Surcharge	Freight	Y	1.0000	EA	\$9.0000			\$9.00

***** Receive Your Invoice Via Email *****

Please contact our Accounts Receivable Department via email at Credit.Dept@HawkinsInc.com or call 612-331-6910 to get it setup on your account.

132-10-4270.711

Page 1 of 1

Tax Rate	Sales Tax
7 %	\$33.71

Invoice Total	\$515.21
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No Discounts on Freight or Containers

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Please Remit To: **Hawkins, Inc.**
P.O. Box 860263
Minneapolis, MN 55486-0263

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48801

Original

Hawkins, Inc.
2381 Rosegate
Roseville, MN 55113
Phone: (612) 331-6910

INVOICE

Total Invoice	\$341.33
Invoice Number	4880502
Invoice Date	2/16/21
Sales Order Number/Type	3401172 SO
Branch Plant	76
Shipment Number	3880971

Sold To: 292849
HIDDEN COVE
Attn: Accounts Payable
PO Box 330
Lakeland FL 33802

Ship To: 294695
HIDDEN COVE WW
626 Lake Henry Dr
Winter Haven FL 33881

Net Due Date	Terms	FOB Description	Ship Via	Customer P.O.#	P.O. Release	Sales Agent #			
3/18/21	Net 30	PPA Origin	HAWKINS SOUTHEAST FLEET			B76			
Line #	Item Number	Item Name/ Description	Tax	Qty Shipped	Trans UOM	Unit Price	Price UOM	Weight Net/Gross	Extended Price
1.000	371404	CCH Granular (100#) DRUM DNR (BLEACH,	Y	1.0000	DR	\$175.0000	DR	100.0 LB	\$175.00
				1.0000	DR			105.0 GW	
1.010	Fuel Surcharge	Freight	Y	1.0000	EA	\$9.0000			\$9.00
2.000	43967	Ultra-Chlor (Sod. Hypo 12.5%) 1 GA BLK (Mini-Bulk)	Y	100.0000	GA	\$1.3500	GA	1,009.0 LB	\$135.00
				100.0000	GA			1,092.3 GW	

***** Receive Your Invoice Via Email *****

Please contact our Accounts Receivable Department via email at Credit.Dept@HawkinsInc.com or call 612-331-6910 to get it setup on your account.

132-10-4270.718

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Page 1 of 1

Tax Rate	Sales Tax
7 %	\$22.33

Invoice Total **\$341.33**

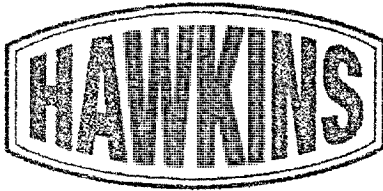
No Discounts on Freight or Containers
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Please Remit To: **Hawkins, Inc.**
P.O. Box 860263
Minneapolis, MN 55486-0263

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Original

4801



Hawkins, Inc.
2381 Rosegate
Roseville, MN 55113
Phone: (612) 331-6910

INVOICE

Total Invoice	\$442.98
Invoice Number	4893502
Invoice Date	3/9/21
Sales Order Number/Type	3409748 SO
Branch Plant	76
Shipment Number	3894116

Sold To: 292849
HIDDEN COVE
Attn: Accounts Payable
PO Box 330
Lakeland FL 33802

Ship To: 294695
HIDDEN COVE WW
626 Lake Henry Dr
Winter Haven FL 33881

Net Due Date	Terms	FOB Description	Ship Via	Customer P O #	P.O. Release	Sales Agent #			
4/8/21	Net 30	PPA Origin	HAWKINS SOUTHEAST FLEET			B76			
Line #	Item Number	Item Name/ Description	Tax	Qty Shipped	Trans UCM	Unit Price	Price UOM	Weight Net/Gross	Extended Price
1.000	43967	Ultra-Chlor (Sod. Hypo 12.5%) 1 GA BLK (Mini-Bulk)	Y	300.0000 300.0000	GA GA	\$1.3500	GA	3,027.0 LB 3,277.0 GW	\$405.00
1.010	Fuel Surcharge	Freight	Y	1.0000	EA	\$9.0000			\$9.00

***** Receive Your Invoice Via Email *****

Please contact our Accounts Receivable Department via email at Credit.Dept@HawkinsInc.com
or call 612-331-6910 to get it setup on your account.

132-10-4270.718

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Page 1 of 1

Tax Rate	Sales Tax
7 %	\$28.98

Invoice Total **\$442.98**

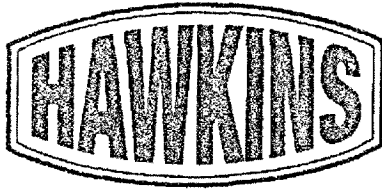
No Discounts on Freight or Containers

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Please Remit To: **Hawkins, Inc.**
P.O. Box 860263
Minneapolis, MN 55486-0263

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Original



Hawkins, Inc.
2381 Rosegate
Roseville, MN 55113
Phone: (612) 331-6910

INVOICE

Total Invoice	\$515.21
Invoice Number	4911191
Invoice Date	4/6/21
Sales Order Number/Type	3432820 SO
Branch Plant	76
Shipment Number	3929510

Sold To: 292849
HIDDEN COVE
Attn: Accounts Payable
PO Box 330
Lakeland FL 33802

Ship To: 294695
HIDDEN COVE WW
626 Lake Henry Dr
Winter Haven FL 33881

Net Due Date	Terms	FOB Description	Ship Via	Customer P.O.#	P.O. Release	Sales Agent #			
5/6/21	Net 30	PPA Origin	HAWKINS SCOUTHEAST FLEET			B76			
Line #	Item Number Cust Item #	Item Name/ Description	Tax	Qty Shipped	Trans UOM	Unit Price	Price UOM	Weight Net/Gross	Extended Price
1.000	43967	Ultra-Chlor (Sod. Hypo 12.5%) 1 GA BLK (Mini-Bulk)	Y	350.0000 350.0000	GA GA	\$1.3500	GA	3,531.5 LB 3,823.2 GW	\$472.50
1.010	Fuel Surcharge	Freight	Y	1.0000	EA	\$9.0000			\$9.00

***** Receive Your Invoice Via Email *****

Please contact our Accounts Receivable Department via email at Credit.Dept@HawkinsInc.com or call 612-331-6910 to get it setup on your account.

132-10-4270.718

RECEIVED APR 16 2021

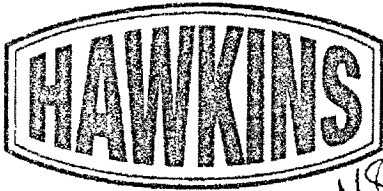
Page 1 of 1	Tax Rate	Sales Tax	Invoice Total	\$515.21
	7 %	\$33.71		

No Discounts on Freight or Containers
IMPORTANT: All products are sold without warranty of any kind and purchasers will, by their own tests, determine suitability of such products for their own use. Seller warrants that all goods covered by this invoice were produced in compliance with the requirements of the Fair Labor Standards Act of 1938, as amended. Containers are to be paid for in full, as invoiced, and full refund will be made promptly, provided containers are returned to original point of shipment. Return freight charges to be prepaid. The containers returned must be the same originally shipped, and show no evidence of abuse, or use for purposes other than the storage of original contents. Seller specifically disclaims and excludes any warranty of merchantability and any warranty of fitness for a particular purpose. Seller specifically NO CLAIMS FOR LOSS, DAMAGE OR LEAKAGE ALLOWED AFTER DELIVERY IS MADE IN GOOD CONDITION.

Please Remit To: **Hawkins, Inc.**
P.O. Box 860263
Minneapolis, MN 55486-0263

This contractor and subcontractor shall abide by the requirements of 41 CFR 5560-1.4(a), 60-300.5(a) and 60-741.5(a). These regulations prohibit discrimination against qualified individuals based on their status as protected veterans or individuals with disabilities, and prohibit discrimination against all individuals based on their race, color, religion, sex, or national origin. Moreover, these regulations require that covered prime contractors and subcontractors take affirmative action to employ and advance in employment individuals without regard to race, color, religion, sex, national origin, protected veteran status or disability.

Original



Hawkins, Inc.
2381 Rosegate
Roseville, MN 55113
Phone: (612) 331-6910

4821

INVOICE

Total Invoice	\$479.09
Invoice Number	4931767
Invoice Date	5/6/21
Sales Order Number/Type	3456393 SO
Branch Plant	76
Shipment Number	3965270

Sold To: 292849
HIDDEN COVE
Attn: Accounts Payable
PO Box 330
Lakeland FL 33802

RECEIVED MAY 17 2021

Ship To: 294695
HIDDEN COVE WW ✓
626 Lake Henry Dr
Winter Haven FL 33881

Net Due Date	Terms	FOB Description	Ship Via	Customer P.O.#	P.O. Release	Sales Agent #			
6/5/21	Net 30	PPA Origin	HAWKINS SOUTHEAST FLEET			B76			
Line #	Item Number	Item Name/ Description	Tax	Qty Shipped	Trans UOM	Unit Price	Price UOM	Weight Net/Gross	Extended Price
1.000	43967	Ultra-Chlor (Sod. Hypo 12.5%) 1 GA BLK (Mini-Bulk)	Y	325.0000 325.0000	GA GA	\$1.3500	GA	3,279.3 LB 3,550.1 GW	\$438.75
1.010	Fuel Surcharge	Freight	Y	1.0000	EA	\$9.0000			\$9.00

***** Receive Your Invoice Via Email *****

Please contact our Accounts Receivable Department via email at Credit.Dept@HawkinsInc.com or call 612-331-6910 to get it setup on your account.

132-10-4270.718

3456393 SO / HC

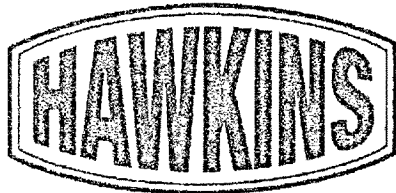
Page 1 of 1	Tax Rate	Sales Tax	Invoice Total	\$479.09
	7 %	\$31.34		

No Discounts on Freight or Containers

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Please Remit To: **Hawkins, Inc.**
P.O. Box 860263
Minneapolis, MN 55486-0263

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4801

Original

Hawkins, Inc.
2381 Rosegate
Roseville, MN 55113
Phone: (612) 331-6910

INVOICE

Total Invoice	\$298.53
Invoice Number	4950351
Invoice Date	6/2/21
Sales Order Number/Type	3483117 SO
Branch Plant	76
Shipment Number	4004790

Sold To: 292849
HIDDEN COVE ✓
Attn: Accounts Payable
PO Box 330
Lakeland FL 33802

Ship To: 294695
HIDDEN COVE WW
626 Lake Henry Dr
Winter Haven FL 33881

Net Due Date	Terms	FOB Description	Ship Via	Customer P.O #	P.O. Release	Sales Agent #			
7/2/21	Net 30	PPA Origin	HAWKINS SOUTHEAST FLEET			B76			
Line #	Item Number	Item Name/ Description	Tax	Qty Shipped	Trans UOM	Unit Price	Price UOM	Weight Net/Gross	Extended Price
1.000	43967	Ultra-Chlor (Sod. Hypo 12.5%) 1 GA BLK (Mini-Bulk)	Y	200.0000 200.0000	GA GA	\$1.3500	GA	2,018.0 LB 2,184.7 GW	\$270.00
1.010	Fuel Surcharge	Freight	Y	1.0000	EA	\$9.0000			\$9.00

***** Receive Your Invoice Via Email *****

Please contact our Accounts Receivable Department via email at Credit.Dept@HawkinsInc.com or call 612-331-6910 to get it setup on your account.

132-10-4270.718

RECEIVED JUN 11 2021

Page 1 of 1

Tax Rate	Sales Tax
7 %	\$19.53

Invoice Total \$298.53

No Discounts on Freight or Containers

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Please Remit To:
Hawkins, Inc.
P.O. Box 860263
Minneapolis, MN 55486-0263

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1821

Original

Hawkins, Inc.
2381 Rosegate
Roseville, MN 55113
Phone: (612) 331-6910

INVOICE

Total Invoice	\$154.08
Invoice Number	4973100
Invoice Date	6/30/21
Sales Order Number/Type	3516419 SO
Branch Plant	76
Shipment Number	4051590

Sold To: 292849
HIDDEN COVE
Attn: Accounts Payable ✓
PO Box 330
Lakeland FL 33802

Ship To: 294695
HIDDEN COVE WW
626 Lake Henry Dr
Winter Haven FL 33881

Net Due Date	Terms	FOB Description	Ship Via	Customer P.O.#	P.O. Release	Sales Agent #			
7/30/21	Net 30	PPA Origin	HAWKINS SOUTHEAST FLEET			B76			
Line #	Item Number	Item Name/ Description	Tax	Qty Shipped	Trans UOM	Unit Price	Price UOM	Weight Net/Gross	Extended Price
1.000	43967	Ultra-Chlor (Sod. Hypo 12.5%) 1 GA BLK (Mini-Bulk)	Y	100.0000 100.0000	GA GA	\$1.3500	GA	1,009.0 LB 1,092.3 GW	\$135.00
1.010	Fuel Surcharge	Freight	Y	1.0000	EA	\$9.0000			\$9.00

***** Receive Your Invoice Via Email *****

Please contact our Accounts Receivable Department via email at Credit.Dept@HawkinsInc.com or call 612-331-6910 to get it setup on your account.

132-10-4270.718

Page 1 of 1

Tax Rate	Sales Tax
7 %	\$10.08

Invoice Total	\$154.08
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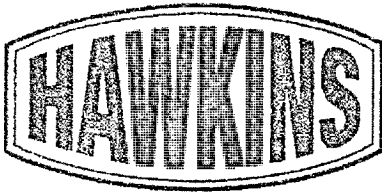
No Discounts on Freight or Containers
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NO CLAIMS FOR LOSS, DAMAGE OR LEAKAGE ALLOWED AFTER DELIVERY IS MADE IN GOOD CONDITION.

Please Remit To:	Hawkins, Inc. P.O. Box 860263 Minneapolis, MN 55486-0263
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Original

4821



Hawkins, Inc.
2381 Rosegate
Roseville, MN 55113
Phone: (612) 331-6910

INVOICE

Total Invoice	\$164.78
Invoice Number	4994518
Invoice Date	7/28/21
Sales Order Number/Type	3547897 SO
Branch Plant	76
Shipment Number	4090656

Sold To: 292849
HIDDEN COVE
Attn: Accounts Payable
PO Box 330
Lakeland FL 33802

Ship To: 294695
HIDDEN COVE WW
626 Lake Henry Dr
Winter Haven FL 33881

Net Due Date	Terms	FOB Description	Ship Via	Customer P.O.#	P.O. Release	Sales Agent #			
8/27/21	Net 30	PPA Origin	HAWKINS SOUTHEAST FLEET			B76			
Line #	Item Number	Item Name/ Description	Tax	Qty Shipped	Trans UOM	Unit Price	Price UOM	Weight Net/Gross	Extended Price
1.000	43967	Ultra-Chlor (Sod. Hypo 12.5%) 1 GA BLK (Mini-Bulk)	Y	100.0000 100.0000	GA GA	\$1.4500	GA	1,009.0 LB 1,092.3 GW	\$145.00
1.010	Fuel Surcharge	Freight	Y	1.0000	EA	\$9.0000			\$9.00

***** Receive Your Invoice Via Email *****

Please contact our Accounts Receivable Department via email at Credit.Dept@HawkinsInc.com or call 612-331-6910 to get it setup on your account.

132-10-4270.718

RECEIVED AUG 06 2021

Page 1 of 1	Tax Rate	Sales Tax	Invoice Total	\$164.78
	7 %	\$10.78		

No Discounts on Freight or Containers

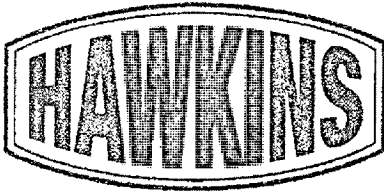
IMPORTANT: All products are sold without warranty of any kind and purchasers will, by their own tests, determine suitability of such products for their own use. Seller warrants that all goods covered by this invoice were produced in compliance with the requirements of the Fair Labor Standards Act of 1938, as amended. Containers are to be paid for in full, as invoiced, and full refund will be made promptly, provided containers are returned to original point of shipment. Return freight charges to be prepaid. The containers returned must be the same originally shipped, and show no evidence of abuse, or use for purposes other than the storage of original containers. Seller specifically disclaims and excludes any warranty of merchantability and any warranty of fitness for a particular purpose. NO CLAIMS FOR LOSS, DAMAGE OR LEAKAGE ALLOWED AFTER DELIVERY IS MADE IN GOOD CONDITION.

Please Remit To: **Hawkins, Inc.**
P.O. Box 860263
Minneapolis, MN 55486-0263

This contractor and subcontractor shall abide by the requirements of 41 CFR §§60-1.4(a), 60-300.5(a) and 60-741.5(a). These regulations prohibit discrimination against qualified individuals based on their status as protected veterans or individuals with disabilities, and prohibit discrimination against all individuals based on their race, color, religion, sex, or national origin. Moreover, these regulations require that covered prime contractors and subcontractors take affirmative action to employ and advance in employment individuals without regard to race, color, religion, sex, national origin, protected veteran status or disability.

Original

4821



Hawkins, Inc.
2381 Rosegate
Roseville, MN 55113
Phone: (612) 331-6910

INVOICE

Total Invoice	\$352.03
Invoice Number	6008010
Invoice Date	8/25/21
Sales Order Number/Type	3597691 SO
Branch Plant	76
Shipment Number	4153083

Sold To: 292849
HIDDEN COVE
Attn: Accounts Payable ✓
PO Box 330
Lakeland FL 33802

Ship To: 294695
HIDDEN COVE WW
626 Lake Henry Dr
Winter Haven FL 33881

132-10-4270.718

Net Due Date	Terms	FOB Description	Ship Via	Customer P.O.#	P.O. Release	Sales Agent #			
9/24/21	Net 30	PPA Origin	HAWKINS SOUTHEAST FLEET			B76			
Line #	Item Number	Item Name/ Description	Tax	Qty Shipped	Trans UOM	Unit Price	Price UOM	Weight Net/Gross	Extended Price
1.000	371404	CCH Granular (100#) DRUM DNR (BLEACH,	Y	1.0000	DR	\$175.0000	DR	100.0 LB	\$175.00
				1.0000	DR			105.0 GW	
1.010	Fuel Surcharge	Freight	Y	1.0000	EA	\$9.0000			\$9.00
2.000	43967	Ultra-Chlor (Sod. Hypo 12.5%) 1 GA BLK (Mini-Bulk)	Y	100.0000	GA	\$1.4500	GA	1,009.0 LB	\$145.00
				100.0000	GA			1,092.3 GW	

***** Receive Your Invoice Via Email *****

Please contact our Accounts Receivable Department via email at Credit.Dept@HawkinsInc.com or call 612-331-6910 to get it setup on your account.

Page 1 of 1

Tax Rate	Sales Tax
7 %	\$23.03

Invoice Total **\$352.03**

No Discounts on Freight or Containers

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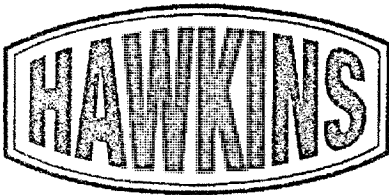
Please Remit To:

Hawkins, Inc.
P.O. Box 860263
Minneapolis, MN 55486-0263

This contractor and subcontractor shall abide by the requirements of 41 CFR §§60-1.4(a), 60-300.5(a) and 60-741.5(a). These regulations prohibit discrimination against qualified individuals based on their status as protected veterans or individuals with disabilities, and prohibit discrimination against all individuals based on their race, color, religion, sex, or national origin. Moreover, these regulations require that covered prime contractors and subcontractors take affirmative action to employ and advance in employment individuals without regard to race, color, religion, sex, national origin, protected veteran status or disability.

Original

4821



Hawkins, Inc.
2381 Rosegate
Roseville, MN 55113
Phone: (612) 331-6910

INVOICE

Total Invoice	\$125.99
Invoice Number	6026703
Invoice Date	9/22/21
Sales Order Number/Type	3617538 SO
Branch Plant	76
Shipment Number	4179075

Sold To: 292849
HIDDEN COVE ✓
Attn: Accounts Payable
PO Box 330
Lakeland FL 33802

Ship To: 294695
HIDDEN COVE WW
626 Lake Henry Dr
Winter Haven FL 33881

Net Due Date	Terms	FOB Description	Ship Via	Customer P.O.#	P.O. Release	Sales Agent #			
10/22/21	Net 30	PPA Origin	HAWKINS SOUTHEAST FLEET			B76			
Line #	Item Number	Item Name/Description	Tax	Qty Shipped	Trans UOM	Unit Price	Price UOM	Weight Net/Gross	Extended Price
1.000	43967	Ultra-Chlor (Sod. Hypo 12.5%) 1 GA BLK (Mini-Bulk)	Y	75.0000 75.0000	GA GA	\$1.4500	GA	756.8 LB 819.2 GW	\$108.75
1.010	Fuel Surcharge	Freight	Y	1.0000	EA	\$9.0000			\$9.00

***** Receive Your Invoice Via Email *****

Please contact our Accounts Receivable Department via email at Credit.Dept@Hawkinsinc.com or call 612-331-6910 to get it setup on your account.

132-10-4270.718

RECEIVED OCT 04 2021

Page 1 of 1	Tax Rate	Sales Tax	Invoice Total	\$125.99
	7 %	\$8.24		

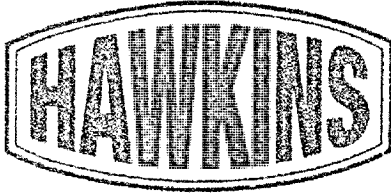
No Discounts on Freight or Containers
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Please Remit To: **Hawkins, Inc.**
P.O. Box 860263
Minneapolis, MN 55486-0263

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Original

INVOICE



Hawkins, Inc.
2381 Rosegate
Roseville, MN 55113
Phone: (612) 331-6910

Total Invoice **\$92.56**
Invoice Number 6083655
Invoice Date 12/14/21
Sales Order Number/Type 3692253 SO
Branch Plant 76
Shipment Number 4279067

Sold To: 292849
HIDDEN COVE
Attn: Accounts Payable
PO Box 330
Lakeland FL 33802

Ship To: 294695
HIDDEN COVE WW
626 Lake Henry Dr
Winter Haven FL 33881

RECEIVED DEC 27 2021

Net Due Date	Terms	FOB Description	Ship Via	Customer P O #	P O Release	Sales Agent #			
1/13/22	Net 30	PPA Origin	HAWKINS SOUTHEAST FLEET			B76			
Line #	Item Number	Item Name/ Description	Tax	Qty Shipped	Trans UOM	Unit Price	Price UOM	Weight Net/Gross	Extended Price
1.000	43967	Ultra-Chlor (Sod. Hypo 12.5%) 1 GA BLK (Mini-Bulk)	Y	50.0000 50.0000	GA GA	\$1.5500	GA	504.5 LB 546.2 GW	\$77.50
1.010	Fuel Surcharge	Freight	Y	1.0000	EA	\$9.0000			\$9.00

***** Receive Your Invoice Via Email *****

Please contact our Accounts Receivable Department via email at Credit.Dept@HawkinsInc.com or call 612-331-6910 to get it setup on your account.

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132-10-4270.718

Page 1 of 1

Tax Rate 7 %
Sales Tax \$6.06

Invoice Total **\$92.56**

No Discounts on Freight or Containers

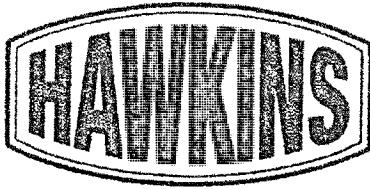
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Please Remit To: **Hawkins, Inc.**
P.O. Box 860263
Minneapolis, MN 55486-0263

This contractor and subcontractor shall abide by the requirements of 41 CFR 55.0-1.4(a), 60-300.5(a) and 60-741.5(a). These regulations prohibit discrimination against qualified individuals based on their status as protected veterans or individuals with disabilities, and prohibit discrimination against all individuals based on their race, color, religion, sex, or national origin. Moreover, these regulations require that covered prime contractors and subcontractors take affirmative action to employ and advance in employment individuals without regard to race, color, religion, sex, national origin, protected veteran status or disability.

4821

Original



Hawkins, Inc.
2381 Rosegate
Roseville, MN 55113
Phone: (612) 331-6910

INVOICE

Total Invoice	\$72.23
Invoice Number	4861370
Invoice Date	1/13/21
Sales Order Number/Type	3369623 SO
Branch Plant	76
Shipment Number	3832247

Sold To: 292849
HIDDEN COVE
Attn: Accounts Payable
PO Box 330
Lakeland FL 33802

Ship To: 294694
HIDDEN COVE W
626 Lake Henry Dr
Winter Haven FL 33881

Net Due Date	Terms	FOB Description	Ship Via	Customer P.O.#	P.O Release	Sales Agent #			
2/12/21	Net 30	PPA Origin	HAWKINS SOUTHEAST FLEET			B76			
Line #	Item Number	Item Name/ Description	Tax	Qty Shipped	Trans UOM	Unit Price	Price UOM	Weight Net/Gross	Extended Price
1.000	43967	Ultra-Chlor (Sod. Hypo 12.5%) 1 GA BLK (Mini-Bulk)	Y	50.0000 50.0000	GA GA	\$1.3500	GA	504.5 LB 546.2 GW	\$67.50

***** Receive Your Invoice Via Email *****

Please contact our Accounts Receivable Department via email at Credit.Dept@Hawkinsinc.com or call 612-331-6910 to get it setup on your account.

132-10-4280.618

Page 1 of 1

Tax Rate	Sales Tax
7 %	\$4.73

Invoice Total	\$72.23
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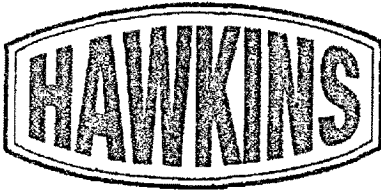
No Discounts on Freight or Containers

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Please Remit To: **Hawkins, Inc.**
P.O. Box 860263
Minneapolis, MN 55486-0263

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Original



Hawkins, Inc.
2381 Rosegate
Roseville, MN 55113
Phone: (612) 331-6910

INVOICE

Total Invoice	\$45.74
Invoice Number	4911190
Invoice Date	4/6/21
Sales Order Number/Type	3432812 SO
Branch Plant	76
Shipment Number	3929490

Sold To: 292849
HIDDEN COVE
Attn: Accounts Payable
PO Box 330
Lakeland FL 33802

Ship To: 294694
HIDDEN COVE W
626 Lake Henry Dr
Winter Haven FL 33881

Net Due Date	Terms	FOB Description	Ship Via	Customer P.O.#	P.O. Release	Sales Agent #			
5/6/21	Net 30	PPA Origin	HAWKINS SOUTHEAST FLEET			B76			
Line #	Item Number	Item Name/Description	Tax	Qty Shipped	Trans UOM	Unit Price	Price UOM	Weight Net/Gross	Extended Price
1.000	43967	Ultra-Chlor (Sod. Hypo 12.5%)	Y	25.0000	GA	\$1.3500	GA	252.3 LB	\$33.75
		1 GA BLK (Mini-Bulk)		25.0000	GA			273.1 GW	
1.010	Fuel Surcharge	Freight	Y	1.0000	EA	\$9.0000			\$9.00

***** Receive Your Invoice Via Email *****

Please contact our Accounts Receivable Department via email at Credit.Dept@Hawkinsinc.com or call 612-331-6910 to get it setup on your account.

132-10-4280.618

RECEIVED APR 16 2021

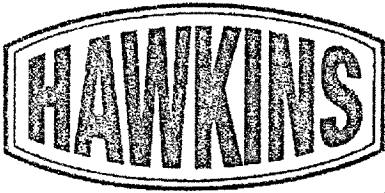
Page 1 of 1	Tax Rate	Sales Tax	Invoice Total	\$45.74
	7 %	\$2.99		

No Discounts on Freight or Containers
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Please Remit To:
Hawkins, Inc.
P.O. Box 860263
Minneapolis, MN 55486-0263

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Original



Hawkins, Inc.
2381 Rosegate
Roseville, MN 55113
Phone: (612) 331-6910

4821

INVOICE

Total Invoice	\$45.74
Invoice Number	4931766
Invoice Date	5/6/21
Sales Order Number/Type	3456391 SO
Branch Plant	76
Shipment Number	3965269

Sold To: 292849
HIDDEN COVE
Attn: Accounts Payable
PO Box 330
Lakeland FL 33802

Ship To: 294694
HIDDEN COVE W ✓
626 Lake Henry Dr
Winter Haven FL 33881

RECEIVED MAY 17 2021

Net Due Date	Terms	FOB Description	Ship Via	Customer P.O.#	P.O. Release	Sales Agent #			
6/5/21	Net 30	PPA Origin	HAWKINS SOUTHEAST FLEET			B76			
Line #	Item Number	Item Name/ Description	Tax	Qty Shipped	Trans UOM	Unit Price	Price UOM	Weight Net/Gross	Extended Price
1.000	43967	Ultra-Chlor (Sod. Hypo 12.5%) 1 GA BLK (Mini-Bulk)	Y	25.0000	GA	\$1.3500	GA	252.3 LB 273.1 GW	\$33.75
1.010	Fuel Surcharge	Freight	Y	1.0000	EA	\$9.0000			\$9.00

***** Receive Your Invoice Via Email *****

Please contact our Accounts Receivable Department via email at Credit.Dept@HawkinsInc.com or call 612-331-6910 to get it setup on your account.

132-10-4280.618

3456391 SO / HC

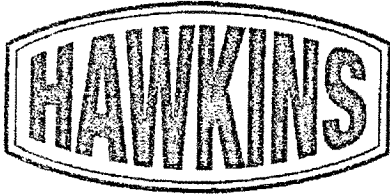
Page 1 of 1	Tax Rate	Sales Tax
	7 %	\$2.99

Invoice Total \$45.74

No Discounts on Freight or Containers
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Please Remit To: **Hawkins, Inc.**
P.O. Box 860263
Minneapolis, MN 55486-0263

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4821

Original

Hawkins, Inc.
2381 Rosegate
Roseville, MN 55113
Phone: (612) 331-6910

INVOICE

Total Invoice	\$45.74
Invoice Number	4950350
Invoice Date	6/2/21
Sales Order Number/Type	3483116 SO
Branch Plant	76
Shipment Number	4004788

Sold To: 292849
HIDDEN COVE ✓
Attn: Accounts Payable
PO Box 330
Lakeland FL 33802

Ship To: 294694
HIDDEN COVE W
626 Lake Henry Dr
Winter Haven FL 33881

Net Due Date	Terms	FOB Description	Ship Via	Customer P.O.#	P.O. Release	Sales Agent #			
7/2/21	Net 30	PPA Origin	HAWKINS SOUTHEAST FLEET			B76			
Line #	Item Number	Item Name/ Description	Tax	Qty Shipped	Trans UOM	Unit Price	Price UOM	Weight Net/Gross	Extended Price
1.000	43967	Ultra-Chlor (Sod. Hypo 12.5%) 1 GA BLK (Mini-Bulk)	Y	25.0000 25.0000	GA GA	\$1.3500	GA	252.3 LB 273.1 GW	\$33.75
1.010	Fuel Surcharge	Freight	Y	1.0000	EA	\$9.0000			\$9.00

***** Receive Your Invoice Via Email *****

Please contact our Accounts Receivable Department via email at Credit.Dept@HawkinsInc.com or call 612-331-6910 to get it setup on your account.

132-10-4280.618

RECEIVED JUN 11 2021

Page 1 of 1

Tax Rate	Sales Tax
7 %	\$2.99

Invoice Total \$45.74

No Discounts on Freight or Containers

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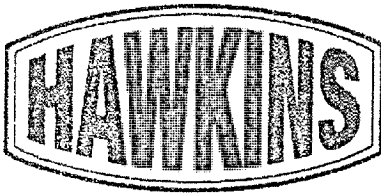
Please Remit To:

Hawkins, Inc.
P.O. Box 860263
Minneapolis, MN 55486-0263

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4821

Original



Hawkins, Inc.
2381 Rosegate
Roseville, MN 55113
Phone: (612) 331-6910

INVOICE

Total Invoice	\$45.74
Invoice Number	4973099
Invoice Date	6/30/21
Sales Order Number/Type	3516418 SO
Branch Plant	76
Shipment Number	4051589

Sold To: 292849
HIDDEN COVE
Attn: Accounts Payable ✓
PO Box 330
Lakeland FL 33802

Ship To: 294694
HIDDEN COVE W
626 Lake Henry Dr
Winter Haven FL 33881

Net Due Date	Terms	FOB Description	Ship Via	Customer P.O.#	P.O. Release	Sales Agent #			
7/30/21	Net 30	PPA Origin	HAWKINS SOUTHEAST FLEET			B76			
Line #	Item Number	Item Name/ Description	Tax	Qty Shipped	Trans UOM	Unit Price	Price UOM	Weight Net/Gross	Extended Price
1.000	43967	Ultra-Chlor (Sod. Hypo 12.5%) 1 GA BLK (Mini-Bulk)	Y	25.0000 25.0000	GA GA	\$1.3500	GA	252.3 LB 273.1 GW	\$33.75
1.010	Fuel Surcharge	Freight	Y	1.0000	EA	\$9.0000			\$9.00

***** Receive Your Invoice Via Email *****

Please contact our Accounts Receivable Department via email at Credit.Dept@HawkinsInc.com or call 612-331-6910 to get it setup on your account.

132-10-4280.618

Page 1 of 1

Tax Rate	Sales Tax
7 %	\$2.99

Invoice Total	\$45.74
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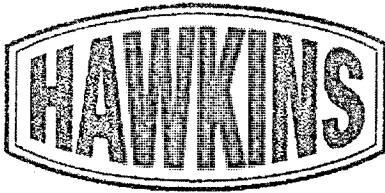
No Discounts on Freight or Containers

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Please Remit To:

Hawkins, Inc.
P.O. Box 860263
Minneapolis, MN 55486-0263

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Hawkins, Inc.
2381 Rosegate
Roseville, MN 55113
Phone: (612) 331-6910

4821

Original

INVOICE

Total Invoice	\$48.42
Invoice Number	4994517
Invoice Date	7/28/21
Sales Order Number/Type	3547896 SO
Branch Plant	76
Shipment Number	4090652


Sold To: 292849
HIDDEN COVE
Attn: Accounts Payable
PO Box 330
Lakeland FL 33802

Ship To: 294694
HIDDEN COVE W
626 Lake Henry Dr
Winter Haven FL 33881

Not Due Date	Terms	FOB Description	Ship Via	Customer P.O.#	P.O. Release	Sales Agent #			
8/27/21	Net 30	PPA Origin	HAWKINS SOUTHEAST FLEET			B76			
Line #	Item Number	Item Name/Description	Tax	Qty Shipped	Trans UOM	Unit Price	Price UOM	Weight Net/Gross	Extended Price
1.000	43967	Ultra-Chlor (Sod. Hypo 12.5%)	Y	25.0000	GA	\$1.4500	GA	252.3 LB	\$36.25
		1 GA BLK (Mini-Bulk)		25.0000	GA			273.1 GW	
1.010	Fuel Surcharge	Freight	Y	1.0000	EA	\$9.0000			\$9.00

***** Receive Your Invoice Via Email *****

Please contact our Accounts Receivable Department via email at Credit.Dept@HawkinsInc.com or call 612-331-6910 to get it setup on your account.

132-10-4280. 
618

RECEIVED AUG 06 2021

Page 1 of 1	Tax Rate	Sales Tax	Invoice Total	\$48.42
	7 %	\$3.17		

No Discounts on Freight or Containers

IMPORTANT: All products are sold without warranty of any kind and purchasers will, by their own tests, determine suitability of such products for their own use. Seller warrants that all goods covered by this invoice were produced in compliance with the requirements of the Fair Labor Standards Act of 1938, as amended. Containers are to be paid for in full, as invoiced, and full refund will be made promptly, provided containers are returned to original point of shipment. Return freight charges to be provided. The containers returned must be the same originally shipped, and show no evidence of abuse, or use for purposes other than the storage of original containers. Seller specifically disclaims and excludes any warranty of merchantability and any warranty of fitness for a particular purpose.
NO CLAIMS FOR LOSS, DAMAGE OR LEAKAGE ALLOWED AFTER DELIVERY IS MADE IN GOOD CONDITION.

Please Remit To: **Hawkins, Inc.**
P.O. Box 860263
Minneapolis, MN 55486-0263

This contractor and subcontractor shall abide by the requirements of 41 CFR §§60-1.4(a), 60-300.5(a) and 60-741.5(a). These regulations prohibit discrimination against qualified individuals based on their status as protected veterans or individuals with disabilities, and prohibit discrimination against all individuals based on their race, color, religion, sex, or national origin. Moreover, these regulations require that covered prime contractors and subcontractors take affirmative action to employ and advance in employment individuals without regard to race, color, religion, sex, national origin, protected veteran status or disability.



Hawkins, Inc.
2381 Rosegate
Roseville, MN 55113
Phone: (612) 331-6910

Original

4821

INVOICE

Total Invoice **\$48.42**
Invoice Number 6007945
Invoice Date 8/25/21
Sales Order Number/Type 3580312 SO
Branch Plant 76
Shipment Number 4130510

Sold To: 292849
HIDDEN COVE ✓
Attn: Accounts Payable
PO Box 330
Lakeland FL 33802

Ship To: 294694
HIDDEN COVE W
626 Lake Henry Dr
Winter Haven FL 33881

132-10-4280.618

Net Due Date	Terms	FOB Description	Ship Via	Customer P.O.#	P.O. Release	Sales Agent #			
9/24/21	Net 30	PPA Origin	HAWKINS SOUTHEAST FLEET			B76			
Line #	Item Number	Item Name/ Description	Tax	Qty Shipped	Trans UOM	Unit Price	Price UOM	Weight Net/Gross	Extended Price
1.000	43967	Ultra-Chlor (Sod. Hypo 12.5%) 1 GA BLK (Mini-Bulk)	Y	25.0000 25.0000	GA GA	\$1.4500	GA	252.3 LB 273.1 GW	\$36.25
1.010	Fuel Surcharge	Freight	Y	1.0000	EA	\$9.0000			\$9.00

***** Receive Your Invoice Via Email *****

Please contact our Accounts Receivable Department via email at Credit.Dept@HawkinsInc.com
or call 612-331-6910 to get it setup on your account.

RECEIVED SEP 02 2021

Page 1 of 1

Tax Rate Sales Tax
7 % \$3.17

Invoice Total **\$48.42**

No Discounts on Freight or Containers

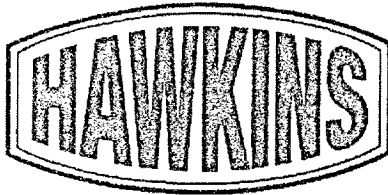
IMPORTANT: All products are sold without warranty of any kind and purchasers will, by their own tests, determine suitability of such products for their own use. Seller warrants that all goods covered by this invoice were produced in compliance with the requirements of the Fair Labor Standards Act of 1938, as amended. Containers are to be paid for in full, as invoiced, and full refund will be made promptly, provided containers are returned to original point of shipment. Return freight charges to be prepaid. The containers returned must be the same originally shipped, and show no evidence of abuse, or use for purposes other than the storage of original containers. Seller specifically disclaims and excludes any warranty of merchantability and any warranty of fitness for a particular purpose. Seller specifically disclaims and excludes any warranty of merchantability and any warranty of fitness for a particular purpose. NO CLAIMS FOR LOSS, DAMAGE OR LEAKAGE ALLOWED AFTER DELIVERY IS MADE IN GOOD CONDITION.

Please Remit To: **Hawkins, Inc.**
P.O. Box 860263
Minneapolis, MN 55486-0263

This contractor and subcontractor shall abide by the requirements of 41 CFR 5560-1.4(a), 50-100.5(a) and 50-741.5(a). These regulations prohibit discrimination against qualified individuals based on their status as protected veterans or individuals with disabilities, and prohibit discrimination against all individuals based on their race, color, religion, sex, or national origin. Moreover, these regulations require that covered prime contractors and subcontractors take affirmative action to employ and advance in employment individuals without regard to race, color, religion, sex, national origin, protected veteran status or disability.

Original

4821



Hawkins, Inc.
2381 Rosegate
Roseville, MN 55113
Phone: (612) 331-6910

INVOICE

Total Invoice	\$48.42
Invoice Number	6026702
Invoice Date	9/22/21
Sales Order Number/Type	3617536 SO
Branch Plant	76
Shipment Number	4179074

Sold To: 292849
HIDDEN COVE ✓
Attn: Accounts Payable
PO Box 330
Lakeland FL 33802

Ship To: 294694
HIDDEN COVE W
626 Lake Henry Dr
Winter Haven FL 33881

Net Due Date	Terms	FOB Description	Ship Via	Customer P.O.#	P.O. Release	Sales Agent #
10/22/21	Net 30	PPA Origin	HAWKINS SOUTHEAST FLEET			B76

Line #	Item Number	Item Name/ Description	Tax	Qty Shipped	Trans UOM	Unit Price	Price UOM	Weight Net/Gross	Extended Price
1.000	43967	Ultra-Chlor (Sod. Hypo 12.5%)	Y	25.0000	GA	\$1.4500	GA	252.3 LB	\$36.25
		1 GA BLK (Mini-Bulk)		25.0000	GA			273.1 GW	
1.010	Fuel Surcharge	Freight	Y	1.0000	EA	\$9.0000			\$9.00

***** Receive Your Invoice Via Email *****

Please contact our Accounts Receivable Department via email at Credit.Dept@HawkinsInc.com or call 612-331-6910 to get it setup on your account.

132-10-4280.618

RECEIVED OCT 04 2021

Page 1 of 1

Tax Rate	Sales Tax
7 %	\$3.17

Invoice Total \$48.42

No Discounts on Freight or Containers

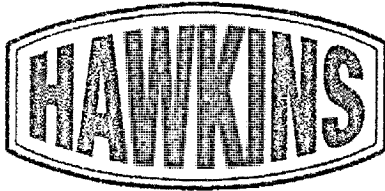
IMPORTANT: All products are sold without warranty of any kind and purchasers will, by their own tests, determine suitability of such products for their own use. Seller warrants that all goods covered by this invoice were produced in compliance with the requirements of the Fair Labor Standards Act of 1938, as amended. Containers are to be paid for in full, as invoiced, and full refund will be made promptly, provided containers are returned to original point of shipment. Return freight charges to be prepaid. The containers returned must be the same originally shipped, and show no evidence of abuse, or use for purposes other than the storage of original containers. Seller specifically disclaims and excludes any warranty of merchantability and any warranty of fitness for a particular purpose. NO CLAIMS FOR LOSS, DAMAGE OR LEAKAGE ALLOWED AFTER DELIVERY IS MADE IN GOOD CONDITION.

Please Remit To:

Hawkins, Inc.
P.O. Box 860263
Minneapolis, MN 55486-0263

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Original



Hawkins, Inc.
2381 Rosegate
Roseville, MN 55113
Phone: (612) 331-6910

INVOICE

Total Invoice	\$51.09
Invoice Number	6044806
Invoice Date	10/19/21
Sales Order Number/Type	3643837 SO
Branch Plant	76
Shipment Number	4214596

Sold To: 292849
HIDDEN COVE ✓
Attn: Accounts Payable
PO Box 330
Lakeland FL 33802

Ship To: 294694
HIDDEN COVE W
626 Lake Henry Dr
Winter Haven FL 33881

Net Due Date	Terms	FOB Description	Ship Via	Customer P.O.#	P.O. Release	Sales Agent #			
11/18/21	Net 30	PPA Origin	HAWKINS SOUTHEAST FLEET			B76			
Line #	Item Number	Item Name/ Description	Tax	Qty Shipped	Trans UOM	Unit Price	Price UOM	Weight Net/Gross	Extended Price
1.000	43967	Ultra-Chlor (Sod. Hypo 12.5%) 1 GA BLK (Mini-Bulk)	Y	25.0000 25.0000	GA GA	\$1.5500	GA	252.3 LB 273.1 GW	\$38.75
1.010	Fuel Surcharge	Freight	Y	1.0000	EA	\$9.0000			\$9.00

***** Receive Your Invoice Via Email *****

Please contact our Accounts Receivable Department via email at Credit.Dept@HawkinsInc.com or call 612-331-6910 to get it setup on your account.

132-10-4280.618

Page 1 of 1

Tax Rate	Sales Tax
7 %	\$3.34

Invoice Total	\$51.09
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No Discounts on Freight or Containers
IMPORTANT: All products are sold without warranty of any kind and purchasers will, by their own tests, determine suitability of such products for their own use. Seller warrants that all goods covered by this invoice were produced in compliance with the requirements of the Fair Labor Standards Act of 1939, as amended. Containers are to be paid for in full, as invoiced, and full refund will be made promptly, provided containers are returned to original point of shipment. Return freight charges to be prepaid. The containers returned must be the same originally shipped, and show no evidence of abuse, or use for purposes other than the storage of original containers. Seller specifically disclaims and excludes any warranty of merchantability and any warranty of fitness for a particular purpose.
NO CLAIMS FOR LOSS, DAMAGE OR LEAKAGE ALLOWED AFTER DELIVERY IS MADE IN GOOD CONDITION.

Please Remit To: **Hawkins, Inc.**
P.O. Box 860263
Minneapolis, MN 55486-0263

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www.hawkinsinc.com

Job# 1471657

Original



Hawkins, Inc.
2381 Rosegate
Roseville, MN 55113
Phone: (612) 331-6910

INVOICE

Total Invoice **\$51.09**
Invoice Number **6064692**
Invoice Date **11/15/21**
Sales Order Number/Type **3670863 SO**
Branch Plant **76**
Shipment Number **4250330**

Sold To: 292849
HIDDEN COVE ✓
Attn: Accounts Payable
PO Box 330
Lakeland FL 33802

Ship To: 294694
HIDDEN COVE W
626 Lake Henry Dr
Winter Haven FL 33881

Net Due Date	Terms	FOB Description	Ship Via	Customer P.O.#	P.O. Release	Sales Agent #
12/15/21	Net 30	PPA Origin	HAWKINS SOUTHEAST FLEET			B76

Line #	Item Number	Item Name/ Description	Tax	Qty Shipped	Trans UOM	Unit Price	Price UOM	Weight Net/Gross	Extended Price
1.000	43967	Ultra-Chlor (Sod. Hypo 12.5%) 1 GA BLK (Mini-Bulk)	Y	25.0000	GA	\$1.5500	GA	252.3 LB 273.1 GW	\$38.75
1.010	Fuel Surcharge	Freight	Y	1.0000	EA	\$9.0000			\$9.00

***** Receive Your Invoice Via Email *****

Please contact our Accounts Receivable Department via email at Credit.Dept@HawkinsInc.com or call 612-331-6910 to get it setup on your account.

NOV 23 2021

132-10-4280.618

Page 1 of 1

Tax Rate Sales Tax
7 % \$3.34

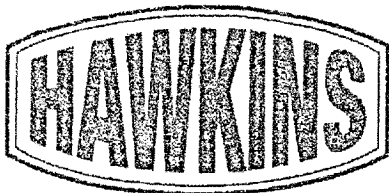
Invoice Total **\$51.09**

No Discounts on Freight or Containers
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Please Remit To: **Hawkins, Inc.**
P.O. Box 860263
Minneapolis, MN 55486-0263

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Original



Hawkins, Inc.
2381 Rosegate
Roseville, MN 55113
Phone: (612) 331-6910

INVOICE

Total Invoice	\$51.09
Invoice Number	6083654
Invoice Date	12/14/21
Sales Order Number/Type	3692246 SO
Branch Plant	76
Shipment Number	4279064

Sold To: 292849
HIDDEN COVE
Attn: Accounts Payable
PO Box 330
Lakeland FL 33802

Ship To: 294694
HIDDEN COVE W
626 Lake Henry Dr
Winter Haven FL 33881

RECEIVED DEC 27 2021

Net Due Date	Terms	FOB Description	Ship Via	Customer P.O.#	P.O. Release	Sales Agent #			
1/13/22	Net 30	PPA Origin	HAWKINS SOUTHEAST FLEET			B76			
Line #	Item Number	Item Name/ Description	Tax	Qty Shipped	Trans UOM	Unit Price	Price UOM	Weight Net/Gross	Extended Price
1.000	43967	Ultra-Chlor (Sod. Hypo 12.5%)	Y	25.0000	GA	\$1.5500	GA	252.3 LB	\$38.75
		1 GA BLK (Mini-Bulk)		25.0000	GA			273.1 GW	
1.010	Fuel Surcharge	Freight	Y	1.0000	EA	\$9.0000			\$9.00

***** Receive Your Invoice Via Email *****

Please contact our Accounts Receivable Department via email at Credit.Dept@HawkinsInc.com or call 612-331-6910 to get it setup on your account.

005-10-4250

132-10-4280.618

Page 1 of 1

Tax Rate	Sales Tax
7 %	\$3.34

Invoice Total **\$51.09**

No Discounts on Freight or Containers

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Please Remit To:

Hawkins, Inc.
P.O. Box 860263
Minneapolis, MN 55486-0263

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A-Able Septic Sewer Service, Inc.
2190 N. Crede Avenue
Crystal River, FL 34428
(352)7951554

Invoice 49502

DATE 02/01/2021	PLEASE PAY \$582.50	
--------------------	------------------------	--

BILL TO
Hidden Cove WWTF
PO Box 330
Lakeland, FL 33802

PLEASE DETACH TOP PORTION AND RETURN WITH YOUR PAYMENT.

ACTIVITY	GALLONS	RATE	AMOUNT
Sludge Hauled 3500 Gallons of Unstabilized Sludge From Hidden Cove to A-ABLE Septic Biosolids Treatment Facility (BTF) on 01/29/2021	3,500	0.145	507.50
Services Environmental Fee Taken from Digester	1	75.00	75.00
Ordered by Jason			

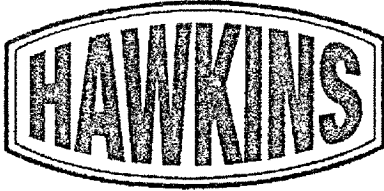
TOTAL DUE	\$582.50
------------------	-----------------

THANK YOU.

132-10-4270.711

4821

Original



Hawkins, Inc.
2381 Rosegate
Roseville, MN 55113
Phone: (612) 331-6910

INVOICE

Total Invoice	\$515.21
Invoice Number	4877402
Invoice Date	2/10/21
Sales Order Number/Type	3387292 SO
Branch Plant	76
Shipment Number	3859418

Sold To: 292849
HIDDEN COVE
Attn: Accounts Payable
PO Box 330
Lakeland FL 33802

Ship To: 294695
HIDDEN COVE WW
626 Lake Henry Dr
Winter Haven FL 33881

Net Due Date	Terms	FOB Description	Ship Via	Customer P.O.#	P.O. Release	Sales Agent #			
3/12/21	Net 30	PPA Origin	HAWKINS SOUTHEAST FLEET			B76			
Line #	Item Number	Item Name/Description	Tax	Qty Shipped	Trans UOM	Unit Price	Price UOM	Weight Net/Gross	Extended Price
1.000	43967	Ultra-Chlor (Sod. Hypo 12.5%) 1 GA BLK (Mini-Bulk)	Y	350.0000 350.0000	GA GA	\$1.3500	GA	3,531.5 LB 3,823.2 GW	\$472.50
1.010	Fuel Surcharge	Freight	Y	1.0000	EA	\$9.0000			\$9.00

***** Receive Your Invoice Via Email *****

Please contact our Accounts Receivable Department via email at Credit.Dept@HawkinsInc.com or call 612-331-6910 to get it setup on your account.

132-10-4270.711

Page 1 of 1

Tax Rate Sales Tax
7 % \$33.71

Invoice Total \$515.21

No Discounts on Freight or Containers
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Please Remit To: **Hawkins, Inc.**
P.O. Box 860263
Minneapolis, MN 55486-0263

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A-Able Septic Sewer Service, Inc.
 2190 N. Crede Avenue
 Crystal River, FL 34428
 (352)7951554

Invoice 49783

DATE 03/01/2021	PLEASE PAY \$727.50	
---------------------------	--------------------------------------	--

BILL TO
 Hidden Cove WWTF
 PO Box 330
 Lakeland, FL 33802

PLEASE DETACH TOP PORTION AND RETURN WITH YOUR PAYMENT.

ACTIVITY	GALLONS	RATE	AMOUNT
Sludge Hauled 4500 Gallons of Unstabilized Sludge From Hidden Cove to A-ABLE Septic Biosolids Treatment Facility (BTF) on 02/26/2021	4,500	0.145	652.50
Services Environmental Fee Taken from Digester	1	75.00	75.00
Ordered by Jason			

TOTAL DUE **\$727.50**

THANK YOU.

132-10-4270.711



A-Able Septic Sewer Service, Inc.
 2190 N. Crede Avenue
 Crystal River, FL 34428
 (352)7951554

Invoice 50067

DATE 03/25/2021	PLEASE PAY \$582.50
--------------------	------------------------

BILL TO
 Hidden Cove WWTF
 PO Box 330
 Lakeland, FL 33802

PLEASE DETACH TOP PORTION AND RETURN WITH YOUR PAYMENT.

ACTIVITY	GALLONS	RATE	AMOUNT
Sludge Hauled 3500 Gallons of Unstabilized Sludge From Hidden Cove to A-ABLE Septic Biosolids Treatment Facility (BTF) on 03/24/2021	3,500	0.145	507.50
Services Environmental Fee Taken from Digester	1	75.00	75.00
Ordered by Jason			

TOTAL DUE **\$582.50**

THANK YOU.

132-10-4270.711



A-Able Septic Sewer Service, Inc.
 2190 N. Crede Avenue
 Crystal River, FL 34428
 (352)7951554

Invoice 50600

DATE 05/10/2021	PLEASE PAY \$607.50	
--------------------	------------------------	--

10025

BILL TO
 Hidden Cove WWTF
 PO Box 330
 Lakeland, FL 33802

PLEASE DETACH TOP PORTION AND RETURN WITH YOUR PAYMENT.

ACTIVITY	GALLONS	RATE	AMOUNT
Sludge Hauled 3500 Gallons of Unstabilized Sludge From Hidden Cove to A-ABLE Septic Biosolids Treatment Facility (BTF) on 05/07/2021	3,500	0.145	507.50
Environmental Fee Environmental Fee Taken from Digester	1	75.00	75.00
Ordered by Jason 582.50 IS THE CORRECT PRICE			
Late Fee Late Fee of \$25.00 will be added after 30 days	1	25.00	25.00

TOTAL DUE

~~\$607.50~~

THANK YOU.

582.50

132-10-4270.711



A-Able Septic Sewer Service, Inc.
 2190 N. Crede Avenue
 Crystal River, FL 34428
 (352)7951554

10025

Invoice 51721

DATE 08/30/2021	PLEASE PAY \$582.50	
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BILL TO
 Hidden Cove WWTF
 PO Box 330
 Lakeland, FL 33802

PLEASE DETACH TOP PORTION AND RETURN WITH YOUR PAYMENT.

ACTIVITY	GALLONS	RATE	AMOUNT
Sludge Hauled 3500 Gallons of Unstabilized Sludge From Hidden Cove to A-ABLE Septic Biosolids Treatment Facility (BTF) on 8/27/21	3,500	0.145	507.50
Environmental Fee	1	75.00	75.00

TOTAL DUE \$582.50

THANK YOU.

126 - 10 - 4270.711
 127 - 10 - 4270.711

\$ 233
 \$ 349.50

16625



A-Able Septic Sewer Service, Inc.
2190 N. Crede Avenue
Crystal River, FL 34428
(352)7951554

Invoice 51878

DATE 09/20/2021	PLEASE PAY \$582.50
--------------------	------------------------

BILL TO
Hidden Cove WWTF
PO Box 330
Lakeland, FL 33802

PLEASE DETACH TOP PORTION AND RETURN WITH YOUR PAYMENT.

ACTIVITY	GALLONS	RATE	AMOUNT
Sludge Hauled 3500 Gallons of Unstabilized Sludge From Hidden Cove to A-ABLE Septic Biosolids Treatment Facility (BTF)	3,500	0.145	507.50
Environmental Fee	1	75.00	75.00

TOTAL DUE \$582.50

THANK YOU.

$126 - 10 - 4270.711 = 349.50$
 $127 - 10 - 4270.711 = 233$



A-Able Septic Sewer Service, Inc.
 2190 N. Crede Avenue
 Crystal River, FL 34428
 (352)7951554

Invoice 52587

DATE 11/30/2021	PLEASE PAY \$635.00	
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BILL TO
 Hidden Cove WWTF
 PO Box 330
 Lakeland, FL 33802

PLEASE DETACH TOP PORTION AND RETURN WITH YOUR PAYMENT.

ACTIVITY	GALLONS	RATE	AMOUNT
Sludge Hauled 3500 Gallons of Unstabilized Sludge From Hidden Cove to A-ABLE Septic Biosolids Treatment Facility (BTF) on 11/29/2021	3,500	0.145	507.50
Environmental Fee Environmental Fee	1	75.00	75.00
Fuel Per contract Fuel Surcharge assessed when fuel exceeds \$3.25 per gallon.	3,500	0.015	52.50
Ordered by Jason			

TOTAL DUE

\$635.00

THANK YOU.

132-10-4270.711



A-Able Septic Sewer Service, Inc.
 2190 N. Crede Avenue
 Crystal River, FL 34428
 (352)7951554

10095

Invoice 52862

DATE 12/29/2021	PLEASE PAY \$635.00
--------------------	------------------------

BILL TO
 Hidden Cove WWTF
 PO Box 330
 Lakeland, FL 33802

PLEASE DETACH TOP PORTION AND RETURN WITH YOUR PAYMENT.

ACTIVITY	GALLONS	RATE	AMOUNT
Sludge Hauled 3500 Gallons of Unstabilized Sludge From Hidden Cove to A-ABLE Septic Biosolids Treatment Facility (BTF) on 12/28/2021	3,500	0.145	507.50
Environmental Fee Environmental Fee	1	75.00	75.00
Fuel Per contract Fuel Surcharge assessed when fuel exceeds \$3.25 per gallon.	3,500	0.015	52.50

Ordered by Jason @Century

TOTAL DUE **\$635.00**

THANK YOU.

132-10-4270.711

Wastewater

BENCHMARK
EnviroAnalytical, Inc.

1711 12th Street East
Palmetto, FL 34221
Tel: (941) 723-9986

DATE INVOICE #
1/11/2021 20121456

Century Realty Funds
Realco Properties, Inc.
P.O. Box 330
Lakeland FL 33801

P.O. No. Terms
Net 60 Days

Waste Water Analysis
Sampled 12/23/20
Angler's Cove - 20121456
Four Lakes - 20121457
Hidden Cove - 20121458
Swiss Golf - 20121459

4 Total Suspended Solids SM2540D	12.00	48.00
4 Nitrogen, Nitrate (300.0)	13.00	52.00
4 Carbonaceous Biochemical Oxygen Demand CBODS SM5210B	20.00	80.00
4 Fecal Coliform (SM9222D) (MF)	18.00	72.00

WE ACCEPT VISA AND MASTERCARD

Total \$252.00

1.5% MONTHLY FINANCE CHARGE ASSESSED AFTER 30 DAYS OR TERMS OF CONTRACT.

<u>Property</u>	<u>GL Code</u>	<u>Acct</u>	<u>Amount</u> <u>\$252.00</u>	<u>%</u>	<u>Spaces</u>
Anglers Cove West	006	4270.735	\$30.06	12%	340
Four Lakes	160	4270.735	\$71.97	29%	814
Hidden Cove	132	4270.735	\$10.79	4%	122
Hidden/Swiss Golf	048	4270.735	\$76.84	30%	869
SV Utilities	285	4270.735	\$62.34	25%	705
TOTAL			<u><u>\$252.00</u></u>	100%	2850

Hidden Cove East	172				82
H.C.W. Ltd.	126				95
Hidden Cove West	127				148
Swiss Village	044				380

Included in SV Utilities Plant Total 705

BENCHMARK
EnviroAnalytical, Inc.

1711 12th Street East
Palmetto, FL 34221
Tel: (941) 723-9986

DATE INVOICE #
1/22/2021 21010722

Century Realty Funds
Realco Properties, Inc.
P.O. Box 330
Lakeland FL 33801

P.O. No. Terms
Net 60 Days

Waste Water Analysis
Sampled 01/14/21
Angler's Cove - 21010722
Four Lakes - 21010723
Hidden Cove - 21010724
Swiss Golf - 21010725

4 Total Suspended Solids SM2540D	12.00	48.00
4 Nitrogen, Nitrate (300.0)	13.00	52.00
4 Carbonaceous Biochemical Oxygen Demand CBOD5 SM5210B	20.00	80.00
4 Fecal Coliform (SM9222D) (MF)	18.00	72.00

006-10-4270.735

160-10-4270.735

132-10-4270.735

048-10-4270.735

WE ACCEPT VISA AND MASTERCARD

Total \$252.00

1.5% MONTHLY FINANCE CHARGE ASSESSED AFTER 30 DAYS OR TERMS OF CONTRACT.

Vendor	Description	Amount	Amount Paid	Amount Open	Commitment	Job	Opt/unit	Cost Code	Cat	Expense Account
5532	WASTE WATER ANALYSIS	63.00	63.00	.00						006-10-4270.735
	WASTE WATER ANALYSIS	63.00	63.00	.00						160-10-4270.735
	WASTE WATER ANALYSIS	63.00	63.00	.00						132-10-4270.735
	WASTE WATER ANALYSIS	63.00	63.00	.00						048-10-4270.735
Report Totals:		252.00*	252.00*	.00*						

BENCHMARK
EnviroAnalytical, Inc.

1711 12th Street East
Palmetto, FL 34221
Tel: (941) 723-9986

DATE INVOICE #
3/3/2021 21021350

Century Realty Funds
Realco Properties, Inc.
P.O. Box 330
Lakeland FL 33801

P.O. No. Terms
Net 60 Days

Waste Water Analysis - Influent & Effluent
Sampled 02/23/21
Angler's Cove - 21021350
Four Lakes - 21021351
Hidden Cove - 21021352
Swiss Golf - 21021353
Swiss Village - 21021354 (No Nutrients)

10 Total Suspended Solids SM2540D	12.00	120.00
4 Nitrogen, Nitrate (300.0)	13.00	52.00
10 Carbonaceous Biochemical Oxygen Demand CBOD5 SM5210B	20.00	200.00
5 Fecal Coliform (SM9222D) (MF)	18.00	90.00

WE ACCEPT VISA AND MASTERCARD

Total \$462.00

1.5% MONTHLY FINANCE CHARGE ASSESSED AFTER 30 DAYS OR TERMS OF CONTRACT.

<u>Property</u>	<u>Code</u>	<u>Acct</u>	<u>\$462.00</u>	<u>%</u>	<u>Spaces</u>
Anglers Cove West	006	4270.735	\$55.12	12%	340
Four Lakes	160	4270.735	\$131.95	29%	814
Hidden Cove	132	4270.735	\$19.78	4%	122
Hidden/Swiss Golf	048	4270.735	\$140.87	30%	869
SV Utilities	285	4270.735	\$114.28	25%	705
TOTAL			<u>\$462.00</u>	100%	2850

Hidden Cove East	172				82
H.C.W. Ltd.	126				95
Hidden Cove West	127				148
Swiss Village	044				380

Included in SV Utilities Plant Total 705

BENCHMARK
EnviroAnalytical, Inc.

1711 12th Street East
Palmetto, FL 34221
Tel: (941) 723-9986

5532

DATE INVOICE #
4/7/2021 21031790

Century Realty Funds
Realco Properties, Inc.
P.O. Box 330
Lakeland FL 33801

P.O. No. Terms
Net 60 Days

Waste Water Analysis - Effluent
Sampled 03/30/21
Angler's Cove - 21031790
Hidden Cove - 21031791

2 Total Suspended Solids SM2540D	12.00	24.00
2 Nitrogen, Nitrate (300.0)	13.00	26.00
2 Carbonaceous Biochemical Oxygen Demand CBOD5 SM5210B	20.00	40.00
2 Fecal Coliform (SM9222D) (MF)	18.00	36.00

006-10-4270.735 = \$63.00

132-10-4270.735 = \$63.00

WE ACCEPT VISA AND MASTERCARD

Total \$126.00

1.5% MONTHLY FINANCE CHARGE ASSESSED AFTER 30 DAYS OR TERMS OF CONTRACT.

BENCHMARK
EnviroAnalytical, Inc.

1711 12th Street East
Palmetto, FL 34221
Tel: (941) 723-9986

DATE INVOICE #
5/7/2021 21041841

Century Realty Funds ✓
Realco Properties, Inc.
P.O. Box 330
Lakeland FL 33801

P.O. No. Terms
Net 60 Days

Waste Water Analysis - Effluent
Sampled 04/29/21
Angler's Cove - 21041841
Hidden Cove - 21041842

2 Total Suspended Solids SM2540D	12.00	24.00
2 Nitrogen, Nitrate (300.0)	13.00	26.00
2 Carbonaceous Biochemical Oxygen Demand CBOD5 SM5210B	20.00	40.00
2 Fecal Coliform (SM9222D) (MF)	18.00	36.00

006-10-4270.735

132-10-4270.735

WE ACCEPT VISA AND MASTERCARD

Total \$126.00

1.5% MONTHLY FINANCE CHARGE ASSESSED AFTER 30 DAYS OR TERMS OF CONTRACT.

BENCHMARK
EnviroAnalytical, Inc.

1711 12th Street East
Palmetto, FL 34221
Tel: (941) 723-9986

DATE INVOICE #
5/28/2021 21051201

Century Realty Funds ✓
Realco Properties, Inc.
P.O. Box 330
Lakeland FL 33801

P.O. No. Terms
Net 60 Days

Waste Water Analysis - Effluent
Sampled 05/20/21
Angler's Cove - 21051201
Hidden Cove - 21051202
Four Lakes - 21051203
Swiss Golf - 21051404

4 Total Suspended Solids SM2540D	12.00	48.00
4 Nitrogen, Nitrate (300.0)	13.00	52.00
4 Carbonaceous Biochemical Oxygen Demand CBOD5 SM5210B	20.00	80.00
4 Fecal Coliform (SM9222D) (MF)	18.00	72.00

006-10-4270.735 = \$63.00
132-10-4270.735 = \$63.00
160-10-4270.735 = \$63.00
048-10-4270.735 = \$63.00

WE ACCEPT VISA AND MASTERCARD

Total \$252.00

1.5% MONTHLY FINANCE CHARGE ASSESSED AFTER 30 DAYS OR TERMS OF CONTRACT.

BENCHMARK
EnviroAnalytical, Inc.

1711 12th Street East
Palmetto, FL 34221
Tel: (941) 723-9986

DATE INVOICE #
7/8/2021 21070021

Century Realty Funds
Realco Properties, Inc.
P.O. Box 330
Lakeland FL 33801

P.O. No. Terms
Net 60 Days

Waste Water Analysis - Effluent
Sampled 07/01/21
Angler's Cove - 21070021
Swiss Golf - 21070022
Swiss Village - 21070023
Sampled 07/02/21
Four Lakes - 21040106
Hidden Cove - 21070107

5 Total Suspended Solids SM2540D	12.00	60.00
5 Nitrogen, Nitrate (300.0)	13.00	65.00
5 Carbonaceous Biochemical Oxygen Demand CBOD5 SM5210B	20.00	100.00
5 Fecal Coliform (SM9222D) (MF)	18.00	90.00

WE ACCEPT VISA AND MASTERCARD

Total \$315.00

1.5% MONTHLY FINANCE CHARGE ASSESSED AFTER 30 DAYS OR TERMS OF CONTRACT.

<u>Property</u>	<u>GL Code</u>	<u>Acct</u>	<u>Amount</u> <u>\$315.00</u>	<u>%</u>	<u>Spaces</u>
Anglers Cove West	006	4270.735	\$37.58	12%	340
Four Lakes	160	4270.735	\$89.97	29%	814
Hidden Cove	132	4270.735	\$13.48	4%	122
Hidden/Swiss Golf	048	4270.735	\$96.05	30%	869
SV Utilities	285	4270.735	\$77.92	25%	705
TOTAL			<u><u>\$315.00</u></u>	100%	2850

Hidden Cove East	172				82
H.C.W. Ltd.	126				95
Hidden Cove West	127				148
Swiss Village	044				380

Included in SV Utilities Plant Total 705

BENCHMARK
EnviroAnalytical, Inc.

1711 12th Street East
Palmetto, FL 34221
Tel: (941) 723-9986

DATE INVOICE #
7/28/2021 21070716

Century Realty Funds
Realco Properties, Inc.
P.O. Box 330
Lakeland FL 33801

P.O. No. Terms
Net 60 Days

Waste Water Analysis - Effluent
Sampled 07/14/21
Angler's Cove - 21070713
Four Lakes - 21070714
Hidden Cove - 21070715
Swiss Golf - 21070716

4 Total Suspended Solids SM2540D	12.00	48.00
4 Nitrogen, Nitrate (300.0)	13.00	52.00
4 Carbonaceous Biochemical Oxygen Demand CBOD5 SM5210B	20.00	80.00
4 Fecal Coliform (SM9222D) (MF)	18.00	72.00

006-10-4270.735 = \$ 63.00
160-10-4270.735 = \$ 63.00
132-10-4270.735 = \$ 63.00
048-10-4270.735 = \$ 63.00

WE ACCEPT VISA AND MASTERCARD

Total \$252.00

1.5% MONTHLY FINANCE CHARGE ASSESSED AFTER 30 DAYS OR TERMS OF CONTRACT.

BENCHMARK
EnviroAnalytical, Inc.

1711 12th Street East
Palmetto, FL 34221
Tel: (941) 723-9986

DATE INVOICE #
9/9/2021 21081824

Century Realty Funds
Realco Properties, Inc.
P.O. Box 330
Lakeland FL 33801

P.O. No. Terms
Net 60 Days

Waste Water Analysis - Effluent
Sampled 08/30/21
Angler's Cove - 21081824
Four Lakes - 21081825
Hidden Cove - 21081826
Swiss Golf - 21081827
Swiss Village - 21080828

5 Total Suspended Solids SM2540D	12.00	60.00
5 Nitrogen, Nitrate (300.0)	13.00	65.00
5 Carbonaceous Biochemical Oxygen Demand CBOD5 SM5210B	20.00	100.00
5 Fecal Coliform (SM9222D) (MF)	18.00	90.00

006-10-4270.735 = \$63.00

160-10-4270.735 = \$63.00

132-10-4270.735 = \$63.00

048-10-4270.735 = \$63.00

285-10-4270.735 = \$63.00

WE ACCEPT VISA AND MASTERCARD

Total \$315.00

1.5% MONTHLY FINANCE CHARGE ASSESSED AFTER 30 DAYS OR TERMS OF CONTRACT.

BENCHMARK
EnviroAnalytical, Inc.

1711 12th Street East
Palmetto, FL 34221
Tel: (941) 723-9986

DATE INVOICE #
9/17/2021 21091002

Century Realty Funds
Realco Properties, Inc.
P.O. Box 330
Lakeland FL 33801

P.O. No. Terms
 Net 60 Days

Waste Water Analysis - Effluent
Sampled 09/16/21
Angler's Cove - 21091000
Four Lakes - 21091001
Hidden Cove - 21091002
Swiss Golf - 21091003

4 Total Suspended Solids SM2540D	12.00	48.00
4 Nitrogen, Nitrate (300.0)	13.00	52.00
4 Carbonaceous Biochemical Oxygen Demand CBOD5 SM5210B	20.00	80.00
4 Fecal Coliform (SM9222D) (MF)	18.00	72.00

WE ACCEPT VISA AND MASTERCARD

Total \$252.00

1.5% MONTHLY FINANCE CHARGE ASSESSED AFTER 30 DAYS OR TERMS OF CONTRACT.

<u>Property</u>	<u>GL Code</u>	<u>Acct</u>	<u>Amount</u> <u>\$252.00</u>	<u>%</u>	<u>Spaces</u>
Anglers Cove West	006	4270.735	\$39.94	16%	340
Four Lakes	160	4270.735	\$95.63	38%	814
Hidden Cove	132	4270.735	\$14.33	6%	122
Hidden/Swiss Golf	048	4270.735	\$102.09	41%	869
TOTAL			<u><u>\$252.00</u></u>	100%	2145
Hidden Cove East	172				82
H.C.W. Ltd.	126				95
Hidden Cove West	127				148
Swiss Village	044				380
Included in SV Utilities Plant				Total	705

BENCHMARK
EnviroAnalytical, Inc.

1711 12th Street East
Palmetto, FL 34221
Tel: (941) 723-9986

DATE INVOICE #
11/5/2021 21101677

Century Realty Funds
Realco Properties, Inc.
P.O. Box 330
Lakeland FL 33801

P.O. No. Terms
Net 60 Days

Waste Water Analysis - Effluent
Sampled 10/28/21
Angler's Cove - 21101674
Four Lakes - 21101675
Hidden Cove - 21101676
Swiss Golf - 21101677
Swiss Village - 21101678

5 Total Suspended Solids SM2540D	12.00	60.00
5 Nitrogen, Nitrate (300.0)	13.00	65.00
5 Carbonaceous Biochemical Oxygen Demand CBOD5 SM5210B	20.00	100.00
5 Fecal Coliform (SM9222D) (MF)	18.00	90.00

WE ACCEPT VISA AND MASTERCARD

Total \$315.00

1.5% MONTHLY FINANCE CHARGE ASSESSED AFTER 30 DAYS OR TERMS OF CONTRACT.

<u>Property</u>	<u>GL Code</u>	<u>Acct</u>	<u>Amount</u> <u>\$315.00</u>	<u>%</u>	<u>Spaces</u>
Anglers Cove West	006	4270.735	\$37.58	12%	340
Four Lakes	160	4270.735	\$89.97	29%	814
Hidden Cove	132	4270.735	\$13.48	4%	122
Hidden/Swiss Golf	048	4270.735	\$96.05	30%	869
SV Utilities	285	4270.735	\$77.92	25%	705
TOTAL			<u><u>\$315.00</u></u>	100%	2850

Hidden Cove East	172				82
H.C.W. Ltd.	126				95
Hidden Cove West	127				148
Swiss Village	044				380

Included in SV Utilities Plant Total 705

BENCHMARK
EnviroAnalytical, Inc.

1711 12th Street East
Palmetto, FL 34221
Tel: (941) 723-9986

DATE INVOICE #
12/1/2021 21111502

Century Realty Funds
Realco Properties, Inc.
P.O. Box 330
Lakeland FL 33801

P.O. No. Terms
Net 60 Days

Waste Water Analysis - Effluent
Sampled 11/23/21
Angler's Cove - 21111502
Four Lakes - 21111503
Hidden Cove - 21111504
Swiss Golf - 21111505
Swiss Village - 21111506

5 Total Suspended Solids SM2540D	12.00	60.00
5 Nitrogen, Nitrate (300.0)	13.00	65.00
5 Carbonaceous Biochemical Oxygen Demand CBOD5 SM5210B	20.00	100.00
5 Fecal Coliform (SM9222D) (MF)	18.00	90.00

WE ACCEPT VISA AND MASTERCARD

Total \$315.00

1.5% MONTHLY FINANCE CHARGE ASSESSED AFTER 30 DAYS OR TERMS OF CONTRACT.

<u>Property</u>	<u>GL Code</u>	<u>Acct</u>	<u>Amount</u> <u>\$315.00</u>	<u>%</u>	<u>Spaces</u>
Anglers Cove West	006	4270.735	\$37.58	12%	340
Four Lakes	160	4270.735	\$89.97	29%	814
Hidden Cove	132	4270.735	\$13.48	4%	122
Hidden/Swiss Golf	048	4270.735	\$96.05	30%	869
SV Utilities	285	4270.735	\$77.92	25%	705
TOTAL			<u><u>\$315.00</u></u>	100%	2850

Hidden Cove East	172				82
H.C.W. Ltd.	126				95
Hidden Cove West	127				148
Swiss Village	044				380

Included in SV Utilities Plant Total 705



5574 Commercial Blvd
Winter Haven, FL 33880
(863) 965-2599
www.constaflow.com

2951

INVOICE

DATE INVOICE #
7/14/2021 26333

Hidden Cove, Ltd.
Brian Altman
P.O. Box 330
Lakeland, FL 33802

P.O. Number Terms
631129 Net 15

Quantity	Description	Rate	Total
1	62-550 - Triennial Samples Requirement for Drinking Water Facilities- Primary/Secondary Inorganic, SOC, VOC, GA Rads 228/226	2,100.00	2,100.00

Collect and process 2021 Triennial Drinking Water Samples and submit results to Health Dept on customer's behalf.

Sample collection date: 6/16/2021

132-10-4280.635

Additional charge will apply for payment by credit card.

Invoices not paid 30 days from due date will incur a minimum monthly \$25 late fee up to 18% per annum.

TOTAL	\$2,100.00
Payments/Credits	\$0.00
Balance Due	\$2,100.00



CONSTA FLOW INC.

5574 Commercial Blvd
Winter Haven, FL 33880
(863) 965-2599
www.constaflow.com

INVOICE

DATE INVOICE #
7/23/2021 26401

Hidden Cove, Ltd.
Brian Altman
P.O. Box 330
Lakeland, FL 33802

P.O. Number Terms
631960 Net 15

Quantity	Description	Rate	Total
5	Lead & Copper Lab Analysis Results	55.00	275.00
1	Collection Fee/Processing Fee	85.00	85.00

Process 2021 Lead and Copper Samples for Hidden Cove and submit results to the Health Dept on customer's behalf.

132-10-4280.635

Additional charge will apply for payment by credit card.

Invoices not paid 30 days from due date will incur a minimum monthly \$25 late fee up to 18% per annum.

TOTAL	\$360.00
Payments/Credits	\$0.00
Balance Due	\$360.00



**CONSTA FLOW
INC.**

5574 Commercial Blvd
Winter Haven, FL 33880
(863) 965-2599
www.constaflow.com

INVOICE

DATE INVOICE #
8/13/2021 26672

Hidden Cove, Ltd.
Brian Altman
P.O. Box 330
Lakeland, FL 33802

Quantity	Description	P.O. Number	Terms	Rate	Total
1	Disinfection Byproducts TTHM, Haa5		Net 15	225.00	225.00
Collect and process 2021 Disinfection Byproducts Samples and submit results to Polk Health Dept on customers behalf. Sample Collection Date: 07/28/2021					

132-10-4280.635

Additional charge will apply for payment by credit card.

Invoices not paid 30 days from due date will incur a
minimum monthly \$25 late fee up to 18% per annum.

TOTAL	\$225.00
Payments/Credits	\$0.00
Balance Due	\$225.00


A.W.K. INDUSTRIES, INC
 P.O. Box 547872
 Orlando, FL. 32854
 407-579-2945
 awkindustriesinc@bellsouth.net

INVOICE

DATE:	INVOICE #
04/24/2021	21-142

BILL TO:
Century Realty P.O. Box 5252 Lakeland, FL 32807

SHIP TO:
Hidden Cove Wastewater Treatment Plant 04/20/2021

P.O.	TERMS
	Net 30

DESCRIPTION	QTY	RATE	AMOUNT
Ran Pump Flow Test on Influent Flow Pump #1, Pump #2 Provided Certificate of Calibration <div style="font-size: 2em; font-family: cursive;">132-10-4270.736</div> Price Includes All Travel Time and Mileage			260.00
TOTAL DUE			\$ 260.00

Thank you for your business!



6266

INVOICE

TNT SEWER
6967 North Palmer Way
Hernando, FL 34442
United States

Phone: 352-302-8672
Fax: 352-860-2663

BILL TO
Jason Winterhaven ✓
Jason Wright

jwright@a-mproperties.com

Invoice Number: 21-112
Invoice Date: June 19, 2021
Payment Due: July 19, 2021
Amount Due (USD): \$4,909.00

Description	Price	Total
Lift station Cleaning Vactruck Cleaning	\$500.00	\$4,500.00
Dumping Fees Enviromental Dumping Fees on 4.09 Tons	\$409.00	\$409.00
Total:		\$4,909.00
Amount Due (USD) :		\$4,909.00

Notes / Terms

This invoice is for Cleaning of 9 lift stations (Swiss Golf 1/2/3/8 , Four lakes grease Trap , Hw 1/Hc 1/AC 4/AG 1)

048-10-4270.736 - ~~\$~~ 2,181.79
 160-10-4270.736 - ~~\$~~ 545.44
 285-10-4270.736 - ~~\$~~ 545.44
 006-10-4270.736 - ~~\$~~ 1,090.89
 132-10-4270.736 - ~~\$~~ 545.44

Thank you for using T-N-T Sewer



5574 Commercial Blvd
Winter Haven, FL 33880
(863) 965-2599
www.constaflow.com

INVOICE

DATE INVOICE #
9/10/2021 27015

Hidden Cove, Ltd.
Brian Altman
P.O. Box 330
Lakeland, FL 33802

	P.O. Number	Terms	
	23200	Net 15	
Quantity	Description	Rate	Total
1	DM Boom Truck	165.00	165.00

Date of Service: 08/27/ 2021
Description of Job: Perform check of lift station at Hidden Cove; found pumps were pulling high amps. Pulled both pumps, removed debris, watched pumps cycle.
HC 1

132-10-4270.736

Additional charge will apply for payment by credit card.

Invoices not paid 30 days from due date will incur a minimum monthly \$25 late fee up to 18% per annum.

TOTAL	\$165.00
Payments/Credits	\$0.00
Balance Due	\$165.00



2951

INVOICE

5574 Commercial Blvd
Winter Haven, FL 33880
(863) 965-2599
www.constaflow.com

DATE INVOICE #
9/8/2021 26924

Hidden Cove, Ltd. ✓
Brian Altman
P.O. Box 330
Lakeland, FL 33802

P.O. Number Terms
23174-1300 Net 15

Quantity	Description	Rate	Total
0.5	Labor DM	75.00	37.50

Date of Service: 08/13/2021
Description of Job: Perform check of lift station at Hidden Cove to ensure operating normally. No issues found.

132-10-4270.736

RECEIVED SEP 10 2021

Additional charge will apply for payment by credit card.

Invoices not paid 30 days from due date will incur a minimum monthly \$25 late fee up to 18% per annum.

TOTAL	\$37.50
Payments/Credits	\$0.00
Balance Due	\$37.50



gas 1

INVOICE

5574 Commercial Blvd
Winter Haven, FL 33880
(863) 965-2599
www.constaflow.com

DATE INVOICE #
9/8/2021 26931

Hidden Cove, Ltd. ✓
Brian Altman
P.O. Box 330
Lakeland, FL 33802

Quantity	Description	P.O. Number	Terms	Rate	Total
	Contract Operation Wastewater (Labor)		Net 15	75.00	75.00

Provide temporary wastewater operator coverage August 13, 2021 at Four Lakes

132-10-4270.736

RECEIVED SEP 10 2021

Additional charge will apply for payment by credit card.

Invoices not paid 30 days from due date will incur a minimum monthly \$25 late fee up to 18% per annum.

TOTAL	\$75.00
Payments/Credits	\$0.00
Balance Due	\$75.00



INVOICE

Master Meter, Inc.
 101 Regency Parkway
 Mansfield, Texas 76063

Phone: 817-842-8000

Page	Invoice Number:
1	240387
Invoice Date	Due Date
10/17/2021	12/1/2021
Terms	Customer ID
Net 45 days	0213860
P.O. Number	P.O. Date
	10/12/2021
RMA No.	Sales Person
	David Reas

Confirm To:	
Bill To:	Century Companies - Swiss Vill 500 S Florida Ave #700 Lakeland, FL 33801 USA

Ship To:	Ship To Code: Century Companies - Swiss Vill 500 S Florida Ave #700 Lakeland, FL 33801 USA
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Our Order No.		Ship Via	Ship Date	Shipping Agent
			10/12/2021	

Item/Description	Unit	Invoiced	Unit Price	Total Price
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RSS-MLK-A-READ-DB Mlink Vehicle Reading Software Support	EACH	1	1,500.00	1,500.00
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Annual Support - MLVRS
 December 1, 2021 - November 30, 2022

Amount Subject to Sales Tax USD
0.00

Amount Exempt from Sales Tax
1,500.00

Remit Payment to:

Master Meter, Inc.
 P.O. Box 842192
 Dallas, TX 75284-2192

Subtotal:	1,500.00
Invoice Discount:	0.00
Total Sales Tax:	0.00
Total Due (USD):	1,500.00
Remaining Due:	1,500.00

<u>Property</u>	<u>GL Code</u>	<u>Acct</u>	<u>Amount</u> <u>\$1,500.00</u>	<u>%</u>	<u>Spaces</u>
Anglers Cove West	006	4280.630	\$178.95	12%	340
Four Lakes	160	4280.630	\$428.42	29%	814
Hidden Cove	132	4280.630	\$64.21	4%	122
Hidden/Swiss Golf	048	4280.630	\$457.37	30%	869
SV Utilities	285	4280.630	\$371.05	25%	705
TOTAL			<u><u>\$1,500.00</u></u>	100%	2850
Hidden Cove East	172				82
H.C.W. Ltd.	126				95
Hidden Cove West	127				148
Swiss Village	044				380
Included in SV Utilities Plant				Total	705

CONSTA FLOW INC.

Treating Today's Water for Tomorrow SM

5574 COMMERCIAL BLVD., WINTER HAVEN, FL 33880
863-965-2599 Fax 863-965-1733 www.constaflow.com

2951

Invoice

DATE	INVOICE #
1/11/2021	24380

BILL TO:

Century Realty Funds
Hidden Cove
Brian Altman
P.O. Box 330
Lakeland, FL 33802

P.O. NUMBER	TERMS	PROJECT
Jan 2021	Net 15	

QUANTITY	DESCRIPTION	RATE	AMOUNT
----------	-------------	------	--------

1	Contract operations water - 6 days per week monthly samples included.	600.00	600.00
---	---	--------	--------

HIDDEN COVE

132-10-4280.636

RECEIVED

Invoices not paid 30 days from due date will incur a minimum monthly \$25 late fee up to 18% per annum.

TOTAL

\$600.00



Phone: (863) 816-9414
 Tyler@richardfoxplumbing.com
 www.richardfoxplumbing.com

Richard C. Fox Plumbing, LLC
 5811 Floy Drive
 Lakeland, FL 33810

Bill to
Swiss Village
 365 Bem Drive
 Winter Haven FL 33881

Service address
56 Woodside Ln. (Hidden Cove)
 56 Woodside Ln.
 Winter Haven FL 33881

132-10-4280.636

Work Order #: 7394

Transaction Date: 2/22/2021

Terms: Net 30

Invoice Due Date: 3/24/2021

Job Name:

Invoice I5255

Please include your invoice number and make checks payable to "Richard Fox Plumbing."
 There will be a 2.9% processing fee added on to all invoices paid via credit or debit card.

Item	Description	Quantity	Price	Amount
Labor - 1 technician	Labor completed by one technician (hourly)	1	\$95.00	\$95.00
	Fixed 2 leaks in the same area that were on polybutylene.			
0.50" Tee JC77440LF	Sharkbite 0.5" Tee	2	\$20.00	\$40.00
0.50" JC77400LF	0.50" Sharkbite Coupling	5	\$12.00	\$60.00
0.50" Red	0.5" Red Uponor Pipe	5	\$2.00	\$10.00
Subtotal value	Subtotal of the above listed work and associated items.	1	\$205.00	\$205.00
% Processing Fee	2.9% (0.029) processing fee* for all credit/debit card transactions. Disregard this if paying by check.	1	\$5.94	\$5.94

*Dana's Railroad Supply v. Attorney General, No. 14-14426 (11th Cir. 2015)

Subtotal:	\$210.94
Total:	\$210.94
Payments:	\$0.00
Balance Due:	\$210.94

Full payment due upon receipt of invoice. A service charge of 1.5% (18% annum) or \$15.00, whichever is greater, will be added monthly to any invoice not paid within 30 days of completion of job, plus all costs of collection including reasonable attorney's fees. Venue for purpose of dispute shall be in Polk County, FL.



5574 Commercial Blvd
 Winter Haven, FL 33880
 (863) 965-2599
 www.constaflow.com

2951

INVOICE

DATE: 2/15/2021
 INVOICE #: 24672

Century Realty Funds
 Hidden Cove
 Brian Altman
 P.O. Box 330
 Lakeland, FL 33802

P.O. Number: February 2021
 Terms: Net 15

Quantity	Description	Rate	Total
1	Contract operations water - 6 days per week monthly samples included.	600.00	600.00

HIDDEN COVE

132-10-4280.636

RECEIVED FEB 16 2021

TOTAL	\$600.00
Payments/Credits	\$0.00
Balance Due	\$600.00

Invoices not paid 30 days from due date will incur a minimum monthly \$25 late fee up to 18% per annum.



**CONSTA FLOW
INC.**

2951

INVOICE

5574 Commercial Blvd
Winter Haven, FL 33880
(863) 965-2599
www.constaflow.com

DATE INVOICE #
3/3/2021 24951

Century Realty Funds
Hidden Cove
Brian Altman
P.O. Box 330
Lakeland, FL 33802

P.O. Number Terms
March 2021 Net 15

Quantity	Description	Rate	Total
1	Contract operations water - 6 days per week monthly samples included.	600.00	600.00

HIDDEN COVE

132-10-4280.636

TOTAL	\$600.00
Payments/Credits	\$0.00
Balance Due	\$600.00

Invoices not paid 30 days from due date will incur a minimum monthly \$25 late fee up to 18% per annum.



5574 Commercial Blvd
 Winter Haven, FL 33880
 (863) 965-2599
 www.constaflow.com

2951

INVOICE

DATE INVOICE #
 4/1/2021 25266

Century Realty Funds
 Hidden Cove
 Brian Altman
 P.O. Box 330
 Lakeland, FL 33802

P.O. Number **Terms**
 April 2021 Net 15

Quantity	Description	Rate	Total
1	Monthly Contract Operations water - 6 days per week monthly samples included.	600.00	600.00

HIDDEN COVE

132-10-4280-636

Additional charge will apply for payment by credit card.

Invoices not paid 30 days from due date will incur a minimum monthly \$25 late fee up to 18% per annum.

TOTAL	\$600.00
Payments/Credits	\$0.00
Balance Due	\$600.00



2951

INVOICE

5574 Commercial Blvd
Winter Haven, FL 33880
(863) 965-2599
www.constaflow.com

DATE INVOICE #
4/22/2021 25483

Century Realty Funds
Hidden Cove
Brian Altman
P.O. Box 330
Lakeland, FL 33802

P.O. Number Terms
2020-CCR Net 15

Quantity	Description	Rate	Total
1	2020 Consumer Confidence Report	275.00	275.00

HIDDEN COVE

132-10-4280.636

RECEIVED APR 26 2021

Additional charge will apply for payment by credit card.

Invoices not paid 30 days from due date will incur a minimum monthly \$25 late fee up to 18% per annum.

TOTAL	\$275.00
Payments/Credits	\$0.00
Balance Due	\$275.00



Diversified Technology Corp.

PO Box 949
Bloomsburg, PA 17815

INVOICE

Invoice Date 4/1/21 Invoice # 18947

Phone # 800-537-8903 Fax # 570-245-0051

Bill To:

Century Companies
Benjamin Falk
500 South Florida Ave
Suite 700
Lakeland, FL 33801

PLEASE PAY \$1,300.00

Make checks payable to: **Diversified Technology Corp.**

Please check box if address is incorrect or has changed, and indicate change(s) on reverse side.

Please Update email:

Diversified Technology Corp.

PLEASE DETACH AND RETURN TOP PORTION WITH PAYMENT

Ship Date 4/1/21	P.O. No.	Terms	Due Date 4/1/21
---------------------	----------	-------	--------------------

Qty	Description	Price Each	Amount
1	Visual Utility Billing Annual Maint: Up to 3000 Customers	1,000.00	1,000.00T
1	WebLink: Complete Online Customer Service & Bill Pay - annual	300.00	300.00T
	<p>MAY 2021 - APRIL 2022</p> <p>Thank you for renewing your annual maintenance and support agreement which includes:</p> <ul style="list-style-type: none"> * Annual Upgrades and Enhancements * Toll Free Customer Support for Trained Operators * Online Internet Support (High Speed Required) * Bug fixes for all reproducible errors *FREE Attendance to Customer Workshops <p>VUB Annual Support does not include (these services are billable)</p> <ul style="list-style-type: none"> * New or custom programming * Operator Training (On Phone, Online or Onsite) * Assistance with Hardware or Operating System Issues * Fixing Operator Errors <p>TOLL FREE SUPPORT LINE # 1-800-537-8903</p>	0.00%	0.00

Subtotal	\$1,300.00
Total	\$1,300.00
Payments/Credits	\$0.00
Balance Due	\$1,300.00

www.DiversifiedTechnology.net

Billing Inquiries? Call 800-537-8903

RECEIVED APR 26 2021

1029

<u>Property</u>	<u>GL Code</u>	<u>Acct</u>	<u>Amount</u> <u>\$1,300.00</u>	<u>%</u>	<u>Spaces</u>
Anglers Cove West	006	4280.636	\$155.09	12%	340
Four Lakes	160	4280.636	\$371.30	29%	814
Hidden Cove	132	4280.636	\$55.65	4%	122
Hidden/Swiss Golf	048	4280.636	\$396.39	30%	869
SV Utilities	285	4280.636	\$321.58	25%	705
TOTAL			<u><u>\$1,300.00</u></u>	100%	2850
Hidden Cove East	172				82
H.C.W. Ltd.	126				95
Hidden Cove West	127				148
Swiss Village	044				380
Included in SV Utilities Plant				Total	705



**CONSTA FLOW
INC.**

2951

5574 Commercial Blvd
Winter Haven, FL 33880
(863) 965-2599
www.constaflow.com

INVOICE

DATE INVOICE #
5/5/2021 25562

Hidden Cove, Ltd.
Brian Altman
P.O. Box 330
Lakeland, FL 33802

P.O. Number Terms
May 2021 Net 15

Quantity	Description	Rate	Total
1	Monthly Contract Operations water - 6 days per week monthly samples included.	600.00	600.00

HIDDEN COVE

132-10-4280.636

RECEIVED MAY 10 2021

Additional charge will apply for payment by credit card.

Invoices not paid 30 days from due date will incur a
minimum monthly \$25 late fee up to 18% per annum.

TOTAL	\$600.00
Payments/Credits	\$0.00
Balance Due	\$600.00



CONSTA FLOW INC.

2951

5574 Commercial Blvd
Winter Haven, FL 33880
(863) 965-2599
www.constaflow.com

INVOICE

DATE INVOICE #
6/1/2021 25902

Hidden Cove, Ltd.
Brian Altman
P.O. Box 330
Lakeland, FL 33802

Quantity	Description	P.O. Number	Terms	Rate	Total
1	Monthly Contract Operations water - 6 days per week monthly samples included.	June 2021	Net 15	600.00	600.00

HIDDEN COVE

132-10-4280.636

RECEIVED JUN 03 2021

Additional charge will apply for payment by credit card.

Invoices not paid 30 days from due date will incur a
minimum monthly \$25 late fee up to 18% per annum.

TOTAL	\$600.00
Payments/Credits	\$0.00
Balance Due	\$600.00



CONSTA FLOW INC.

2951

5574 Commercial Blvd
Winter Haven, FL 33880
(863) 965-2599
www.constaflow.com

INVOICE

DATE INVOICE #
7/9/2021 26195

Hidden Cove, Ltd.
Brian Altman
P.O. Box 330
Lakeland, FL 33802

Quantity	Description	P.O. Number	Terms	Rate	Total
1	Monthly Contract Operations water - 6 days per week monthly samples included.	July 2021	Net 15	600.00	600.00

HIDDEN COVE

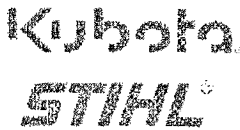
132-10-4280.636

RECEIVED JUL 12 2021

Additional charge will apply for payment by credit card.

Invoices not paid 30 days from due date will incur a
minimum monthly \$25 late fee up to 18% per annum.

TOTAL	\$600.00
Payments/Credits	\$0.00
Balance Due	\$600.00



Polk Tractor Company

3450 Havendale Blvd NW
 Winter Haven, FL 33881
 (863) 967-0651
 ptractor@tampabay.rr.com
 www.polktractorco.com

WORK ORDER



SOLD TO:				SHIP TO:			
LAKE HENRY GOLF / CHC ATTN: RUSS LATTIN P O BOX 330 LAKELAND FL 33802				LAKE HENRY GOLF / CHC ATTN: RUSS LATTIN P O BOX 330 LAKELAND FL 33802 W: 863-299-9705 H: 863-647-1581 CELL: 863-287-7002			

Acct No.	Payment	Date	Time	Invoice Number	SP	P.O. Number	Tax ID	Pg.#
LAKEH1	In-House Charge	7/13/21	12:46PM	WO123351	TH			1

Starting Date	Ending Date	Make	Model	Serial Number	Stock Number
6/30/21	7/12/21	KUB	MX5200D	60096	

Call When Ready	Deliver?	2nd Serial Number	Usage	Invoice Type	St.#
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		216 H	DUPLICATE	01

QTY	B/O	DESCRIPTION OF WORK DONE/PART NUMBER	PRICE	AMOUNT
-----	-----	--------------------------------------	-------	--------

CUSTOMER-SEE NOTES		SEGMENT 01 TOTAL:		524.54
CUST STATES UNIT IS LOOSING POWER				
OVERHEATS QUICKLY				
AIR FILTER CLOGS QUICKLY				
CALL DARREN AT 863-529-9957 WITH EST				
=====				
ERROR CODE PRESENT P0217- ENGINE OVERHEAT				
=====				
UNIT ONLY SHOWED OVERHEAT CODE ONCE, PREFORMED ENGINE SERVICE ON UNIT. DRAINED AND CHANGED ENGINE OIL AND FILTER. CHANGED AIR FILTERS, FUEL FILTERS. BLEW OUT RADIATOR AND GREASED COMPLETE. DRAINED AND FLUSHED FUEL SYSTEM. ADDED FRESH FUEL AND TEST RAN. RAN UNIT AT HIGH IDLE WITH PTO ON FOR OVER AN HOUR. NO OVER HEAT ISSUES.				
* 3.00		LABOR/TRACTOR & EQUI 7/08/21 TECH:8	95.00	285.00
		Shop Supplies		25.00
* 1		51 HH164-32430 CARTRIDGE, OIL FILTER F2C	13.81	13.81
* 1		51 1J800-43172 CARTRIDGE, FILTER *** F4C	41.03	41.03
* 1		51 1G311-43380 ELEMENT, FILTER FUEL * K12	30.21	30.21
* 1		51 R1401-42270 FILTER, OUTER AIR *** F3A	32.03	32.03
* 1		51 R2401-42280 FILTER, INNER AIR F3B	24.56	24.56
* 3		51 70000-10055G 15W40 BULK	24.30	72.90

Kubota Tractor Service

No returns after 30 days. All returns must be accompanied by this invoice. No returns on electrical parts or special order parts. A 20% restocking charge applies.

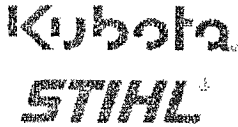
LABOR	
PARTS	
FREIGHT/MILEAGE	
OTHER	
SHOP SUPPLIES	
SALES TAX	
TOTAL	

** CONTINUED ON NEXT PAGE **

INVOICE NO. WO123351



* Designates Tax Applied to This Item



Polk Tractor Company

3450 Havendale Blvd NW
 Winter Haven, FL 33881
 (863) 967-0651
 ptractor@tampabay.rr.com
 www.polktractorco.com

WORK ORDER



SOLD TO: LAKE HENRY GOLF / CHC ATTN: RUSS LATTIN P O BOX 330 LAKELAND FL 33802	SHIP TO: LAKE HENRY GOLF / CHC ATTN: RUSS LATTIN P O BOX 330 LAKELAND FL 33802 W:863-299-9705 H:863-647-1581 CELL:863-287-7002
---	---

Acct No.	Payment	Date	Time	Invoice Number	SP	P.O. Number	Tax ID	Pg.#
LAKEH1	In-House Charge	7/13/21	12:46PM	WO123351	TH			2

Starting Date	Ending Date	Make	Model	Serial Number	Stock Number	
6/30/21	7/12/21	KUB	MX5200D	60096		
Promised	Call When Ready	Deliver?	2nd Serial Number	Usage	Invoice Type	St.#
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		216 H	DUPLICATE	01

QTY B/O DESCRIPTION OF WORK DONE/PART NUMBER PRICE AMOUNT

POLK TRACTOR WILL NOT BE HELD RESPONSIBLE FOR LOSS OR DAMAGE TO SAID MACHINERY FROM FIRE, THEFT OR OTHER CAUSES BEYOND OUR CONTROL.
 MINIMUM 1/2 HOUR LABOR CHARGE ON ALL REPAIRS!

No returns after 30 days. All returns must be accompanied by this invoice. No returns on electrical parts or special order parts. A 20% restocking charge applies.

TERMS: NET CASH - PAYABLE 10TH OF MONTH FOLLOWING DATE OF PURCHASE.
 A SERVICE CHARGE OF 1 1/2% WILL BE CHARGED ON ALL ACCOUNTS 30 DAYS PAST DUE.

SIGNATURE _____

INVOICE NO. WO123351



LABOR	285.00
PARTS	214.54
FREIGHT/MILEAGE	0.00
OTHER	0.00
SHOP SUPPLIES	25.00
SALES TAX	36.72
TOTAL	561.26

** CUSTOMER COPY **

* Designates Tax Applied to This Item

<u>Property</u>	<u>GL Code</u>	<u>Acct</u>	<u>Amount</u> <u>\$561.26</u>	<u>%</u>	<u>Spaces</u>
Anglers Cove West	006	4280.636	\$66.96	12%	340
Four Lakes	160	4280.636	\$160.30	29%	814
Hidden Cove	132	4280.636	\$24.03	4%	122
Hidden/Swiss Golf	048	4280.636	\$171.14	30%	869
SV Utilities	285	4280.636	\$138.84	25%	705
TOTAL			<u><u>\$561.26</u></u>	100%	2850

Hidden Cove East	172				82
H.C.W. Ltd.	126				95
Hidden Cove West	127				148
Swiss Village	044				380

Included in SV Utilities Plant Total 705



2951

INVOICE

5574 Commercial Blvd
Winter Haven, FL 33880
(863) 965-2599
www.constaflow.com

DATE INVOICE #
8/4/2021 26544

Hidden Cove, Ltd.
Brian Altman
P.O. Box 330
Lakeland, FL 33802

P.O. Number Terms
August 2021 Net 15

Quantity	Description	Rate	Total
1	Monthly Contract Operations water - 6 days per week monthly samples included.	600.00	600.00

HIDDEN COVE

132-10-4280.636

RECEIVED AUG 09 2021

Additional charge will apply for payment by credit card.

Invoices not paid 30 days from due date will incur a
minimum monthly \$25 late fee up to 18% per annum.

TOTAL	\$600.00
Payments/Credits	\$0.00
Balance Due	\$600.00

2951



5574 Commercial Blvd
Winter Haven, FL 33880
(863) 965-2599
www.constaflow.com

INVOICE

DATE INVOICE #
8/16/2021 26686

Hidden Cove, Ltd.
Brian Altman
P.O. Box 330
Lakeland, FL 33802

Quantity	Description	P.O. Number	Terms	Rate	Total
1	2021 Water Tank Inspection 2,500 Gallon Tank		Net 15	1,955.00	1,955.00

Tank Inspection Date: 08/03/2021

132-10-4280.636

Additional charge will apply for payment by credit card.

Invoices not paid 30 days from due date will incur a minimum monthly \$25 late fee up to 18% per annum.

TOTAL	\$1,955.00
Payments/Credits	\$0.00
Balance Due	\$1,955.00



2951

INVOICE

5574 Commercial Blvd
Winter Haven, FL 33880
(863) 965-2599
www.constaflow.com

DATE INVOICE #
8/26/2021 26759

Hidden Cove, Ltd.
Brian Altman
P.O. Box 330
Lakeland, FL 33802

P.O. Number Terms
23028 Net 15

Quantity	Description	Rate	Total
1	NG Labor	75.00	75.00
1	Pulsafeeder 3/8" Injection Fitting	81.95	81.95
1	3/8" Foot Valve Pulsafeeder J40116	42.39	42.39
8	Pulsafeeder 3/8" Black Discharge Tubing, per ft	2.90	23.20
3	Pulsafeeder 3/8" Clear Suction Tubing	1.45	4.35

Date of Service: 08/03/21
Description of Job: Performed annual chlorine maintenance.

132-10-4280.636

RECEIVED AUG 30 2021

Additional charge will apply for payment by credit card.

Invoices not paid 30 days from due date will incur a minimum monthly \$25 late fee up to 18% per annum.

TOTAL	\$226.89
Payments/Credits	\$0.00
Balance Due	\$226.89



2951

5574 Commercial Blvd
Winter Haven, FL 33880
(863) 965-2599
www.constaflow.com

INVOICE

DATE 9/3/2021 INVOICE # 26853

Hidden Cove, Ltd.
Brian Altman
P.O. Box 330
Lakeland, FL 33802

P.O. Number Sept 2021 Terms Net 15

Quantity	Description	Rate	Total
1	Monthly Contract Operations water - 6 days per week monthly samples included.	600.00	600.00

HIDDEN COVE

132-10-4280.636

RECEIVED SEP 08 2021

Additional charge will apply for payment by credit card.

Invoices not paid 30 days from due date will incur a minimum monthly \$25 late fee up to 18% per annum.

TOTAL	\$600.00
Payments/Credits	\$0.00
Balance Due	\$600.00



**CONSTA FLOW
INC.**

5574 Commercial Blvd
Winter Haven, FL 33880
(863) 965-2599
www.constaflow.com

INVOICE

DATE INVOICE #
9/20/2021 27093

Hidden Cove, Ltd. ✓
Brian Altman
P.O. Box 330
Lakeland, FL 33802

P.O. Number Terms
23412 Net 15

Quantity	Description	Rate	Total
4	JA Labor	75.00	300.00
40	Mileage Service Truck	1.50	60.00
-30	Mileage Service Truck	1.50	-45.00
18	1/4" Packing, per inch	0.55	9.90

Date of Service: 09/15/21
Description of Job: Replaced packing on Well at WTP.

132-10-4280.634

Additional charge will apply for payment by credit card.

Invoices not paid 30 days from due date will incur a minimum monthly \$25 late fee up to 18% per annum.

TOTAL	\$324.90
Payments/Credits	\$0.00
Balance Due	\$324.90



**CONSTA FLOW
INC.**

2951

5574 Commercial Blvd
Winter Haven, FL 33880
(863) 965-2599
www.constaflow.com

INVOICE

DATE 10/5/2021 INVOICE # 27183

Hidden Cove, Ltd.
Brian Altman
P.O. Box 330
Lakeland, FL 33802

P.O. Number October 2021 Terms Net 15

Quantity	Description	Rate	Total
1	Monthly Contract Operations water - 6 days per week monthly samples included.	600.00	600.00

HIDDEN COVE

132-10-4280.636

RECEIVED OCT 9 8 2021

Additional charge will apply for payment by credit card.

Invoices not paid 30 days from due date will incur a minimum monthly \$25 late fee up to 18% per annum.

TOTAL	\$600.00
Payments/Credits	\$0.00
Balance Due	\$600.00



CONSTA FLOW INC.

5574 Commercial Blvd
Winter Haven, FL 33880
(863) 965-2599
www.constaflow.com

INVOICE

DATE INVOICE #
11/5/2021 27457

Hidden Cove, Ltd.
Brian Altman
P.O. Box 330
Lakeland, FL 33802

P.O. Number Terms
Nov 2021 Net 15

Quantity	Description	Rate	Total
1	Monthly Contract Operations water - 6 days per week monthly samples included.	600.00	600.00

HIDDEN COVE

132-10-4280.636

Additional charge will apply for payment by credit card.

Invoices not paid 30 days from due date will incur a
minimum monthly \$25 late fee up to 18% per annum.

TOTAL	\$600.00
Payments/Credits	\$0.00
Balance Due	\$600.00



5574 Commercial Blvd
 Winter Haven, FL 33880
 (863) 965-2599
 www.constaflow.com

INVOICE

DATE: 12/6/2021
 INVOICE #: 27697

Hidden Cove, Ltd.
 Brian Altman
 P.O. Box 330
 Lakeland, FL 33802

P.O. Number: Dec 2021
 Terms: Net 15

Quantity	Description	Rate	Total
1	Monthly Contract Operations water - 6 days per week monthly samples included.	600.00	600.00

HIDDEN COVE

132-10-4280.636

Additional charge will apply for payment by credit card.

Invoices not paid 30 days from due date will incur a minimum monthly \$25 late fee up to 18% per annum.

TOTAL	\$600.00
Payments/Credits	\$0.00
Balance Due	\$600.00

WRA



4260 West Linebaugh Avenue
Tampa, FL 33624

Invoice

DATE	INVOICE #
6/25/2021	21-0804.2

BILL TO
A & M Business Properties Attn: Brian Altman 500 S. Florida Avenue Suite 700 Lakeland, FL 33801

P.O. NO.	TERMS	PROJECT
	Due on receipt	0804

SERVICE	ITEM	DESCRIPTION	HRS.	RATE	AMOUNT
		For professional services rendered in connection with the A & M Business Properties - Century - Permitting Maintenance project.			
4/14/2021	Sr. Prof. Hy...	PSARs and FDEP letter.	4	185.00	740.00
4/20/2021	Sr. Prof. Hy...	PSARs, conference call with client.	1	185.00	185.00
4/21/2021	Sr. Prof. Hy...	PSARs and FDEP letter response.	7	185.00	1,295.00
4/22/2021	Sr. Prof. Hy...	Finalize and submit PSARs	3	185.00	555.00
4/26/2021	Sr. Prof. Hy...	Conference call with client, PSAR updates and submittal to District. PSARs updates.	2	185.00	370.00
5/11/2021	Sr. Prof. Hy...	Reuse reporting.	1	185.00	185.00
5/14/2021	Sr. Prof. Hy...	Conference call with District and update to Four Lakes PSAR.	2	185.00	370.00
5/18/2021	Sr. Prof. Hy...	Conference call with client. Updates to SV Utilities PSAR.	1	185.00	185.00

Total	\$3,885.00
--------------	-------------------

Phone #	EIN
813-265-3130	59-3408132

WRA

<u>Property</u>	<u>GL Code</u>	<u>Acct</u>	<u>Amount</u> <u>\$3,885.00</u>	<u>%</u>	<u>Spaces</u>
Four Lakes	160	4280.631	\$1,259.92	32%	814
Hidden Cove	132	4280.631	\$188.83	5%	122
Hidden/Swiss Golf	048	4280.631	\$1,345.05	35%	869
SV Utilities	285	4280.631	\$1,091.21	28%	705
TOTAL			<u><u>\$3,885.00</u></u>	100%	2510
Hidden Cove East	172				82
H.C.W. Ltd.	126				95
Hidden Cove West	127				148
Swiss Village	044				380
Included in SV Utilities Plant				Total	705

AUTO SPREADSHEET

2021-2022 COMPANY VEHICLES

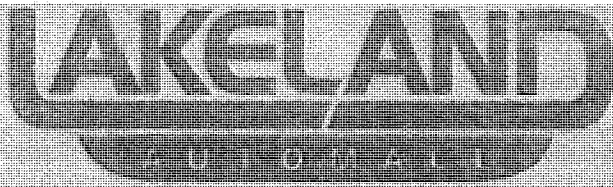
COMPANY VEHICLE #	License Plate	YEAR	MAKE	MODEL	BODY TYPE	VIN	TITLE#	COST NEW	REGISTERED NAME	DRIVER	LOCATION	TAG EXPIRATION DATE	
1	Z68 DUL	2007	Ford	F150	PK	1FTRF14W77NA80176	101263874	25000	A&M BUSINESS PROPERTIES, INC.	DARREN WONDERS	SWISS VILLAGE WATER ENGINEER	6/30/23	A & M PROPERTIES
2	PYC J06	2019	Ford	F150	TK	1FTBF2A63KEC49341	139538717	46000	PROCO PROPERTIES, INC.	RICARDO McCOY	WATER/SEWER/TREATMENT PLANT	12/31/22	A & M PROPERTIES
3	IMP R56	2017	Ford	F250	PK	1FDBF2A68HEE66128	1286668212	40092	PHOENIX COMMERCIAL PROP.	STEVE MARQUART	WATER/SEWER/TREATMENT PLANT	12/31/22	A & M PROPERTIES
4	IY4 8SU	2013	Ford	F150	PK	1FTMF1CM2DKG41696	114024412	27350	PHOENIX COMMERCIAL PROPERTY MGMT	DAVID ZAMBRANO	WATER TREATMENT PLANT	6/30/23	A & M PROPERTIES
5	QXD D60	2021	Ford	F-250	PK	1FD7X2A6XMEC43389	143207221	54733.93	PHOENIX COMMERCIAL PROPERTY MGMT	JASON WRIGHT	SEWER PLANT	12/31/22	A & M PROPERTIES

Expense Allocation (Wastewater) - Vehicles 3 & 5

<u>Property</u>	<u>GL Code</u>		<u>Acct</u>	<u>Amount</u> <u>\$0.00</u>	<u>%</u>	<u>Spaces</u>
Anglers Cove West	006	40	0750.000	\$0.00	12%	340
Four Lakes	160	40	0750.005	\$0.00	29%	814
Hidden Cove	132	40	0750.000	\$0.00	4%	122
Hidden/Swiss Golf	048	40	0750.000	\$0.00	30%	869
SV Utilities	285	40	0750.000	\$0.00	25%	705
TOTAL				<u><u>\$0.00</u></u>	100%	2850
Hidden Cove East	172					82
H.C.W. Ltd.	126					95
Hidden Cove West	127					148
Swiss Village	044					380
Included in SV Utilities Plant					Total	705

Expense Allocation (Water) - Vehicles 1,2 & 4

<u>Property</u>	<u>GL Code</u>		<u>Acct</u>	<u>Amount</u> <u>\$0.00</u>	<u>%</u>	<u>Spaces</u>
Anglers Cove West	006	40	0650.000	\$0.00	12%	340
Four Lakes	160	40	0650.006	\$0.00	29%	814
Hidden Cove	132	40	0650.000	\$0.00	4%	122
Hidden/Swiss Golf	048	40	0650.000	\$0.00	30%	869
SV Utilities	285	40	0650.000	\$0.00	25%	705
TOTAL				<u><u>\$0.00</u></u>	100%	2850
Hidden Cove East	172					82
H.C.W. Ltd.	126					95
Hidden Cove West	127					148
Swiss Village	044					380
Included in SV Utilities Plant					Total	705



Buyer's Order, Agreement & Vehicle Information Form

Vehicle 2 - Buyers Order

1430 West Memorial Blvd., Lakeland, FL 33815
Sales: (888) 583-9255 | Service: (888) 583-9234

Date: 08/14/2020

DEAL# 283635

CUST #: 113155

Buyer Name and Address	Co-Buyer Name and Address	Seller Name and Address
PROCO PROPERTIES, INC 500 FLORIDA AVE S 700 LAKELAND FL 33801 County: POLK Email: Phone: Cell:	N/A County: Email: Phone: Cell:	Lakeland Ford 1430 W. Memorial Blvd. Lakeland, FL 33815 Salesperson: GOVEO, EMMANUEL

In this Buyer's Order, Agreement and Vehicle Information Form ("Order and Agreement"), "you" means the buyer, and any co-buyer. "We," "us" and "our" means the Seller. You agree to purchase the vehicle from us according to the terms of this Order and Agreement.

Vehicle Description				
Year:	Make:	Model:	Mileage:	Vehicle Identification Number:
2019	FORD	F-250	136	1FTBF2A63KEC49341
New/Used/Demo/Executive:	Color:	Body:	Stock Number:	
NEW	Z1/WHITE	PU	4663FD	

Additional Vehicle Information

Unless checked below, Seller has no knowledge of and makes no representation about the history of the vehicle.

The vehicle was previously titled, registered, or used as a (check as applicable) taxicab police vehicle short term rental.

The vehicle is (check as applicable) rebuilt or assembled from parts a kit car a glider kit a replica a flood vehicle a manufacturer buy back.

THIS VEHICLE WAS DELIVERED TO A PREVIOUS PURCHASER.
Buyer X _____
Co-Buyer X N/A

Purchase Information (e) means an estimate	
Vehicle Purchase Price	41839.00
Accessories	N/A
DEALER INSTALLED OPTIONS	1999.00

Disclosures

Unless the Seller makes a written warranty, or enters into a service contract within 90 days from the date of this contract, this vehicle is sold "AS IS" and "WITH ALL FAULTS." The Seller makes no warranties, express or implied, on the vehicle, and there will be no implied warranties of merchantability or of fitness for a particular purpose.

This provision does not affect any warranties covering the vehicle that the vehicle manufacturer may provide. Buyer acknowledges receipt of any warranty information prior to the sale of the vehicle.

Buyer's Initials PO Co-Buyer's Initials N/A

Used Car Buyers Guide. The information you see on the window form for this vehicle is part of this contract. Information on the window form overrides any contrary provisions in the contract of sale.

Spanish Translation: Guía para compradores de vehículos usados. La información que ve en el formulario de la ventanilla para este vehículo forma parte del presente contrato. La información del formulario de la ventanilla de este contrato...

Subtotal	43838.00
Less Allowance or Discount of	1000.00
Net Difference	42838.00
Predelivery Service Charge**	775.00
Electronic Registration Filing Fee**	
**These charges represent costs and profit to the dealer for items such as inspecting, cleaning, and adjusting vehicles, and preparing documents related to the sale.	
Lead Acid Battery Fee	1.50
New Tire Fee (\$1.00 per tire)	5.00
Subtotal	43019.50
Sales Tax	2581.17
County Tax	50.00
Other Tax	N/A
Lemon Law - Warranty Enforcement Act (New Cars Only)	2.00
Title, Registration, and License Fees (e)	
<input type="checkbox"/> New <input type="checkbox"/> Transfer	152.18
Prior Credit or Lease Balance	N/A
Subtotal	45804.85

contenida en el contrato de venta.

You have thoroughly inspected, accepted, and approved the vehicle described above in all respects. You may obtain an independent third party inspection of the vehicle on your own.

Buyer's Initials *RP* Co-Buyer's Initials *N/A*

We acknowledge that as a condition of sale of the Vehicle, we will perform the following services within _____ days of the date of purchase. Call _____ to schedule service.

Service Contract	N/A
Maintenance Agreement	N/A
DOC STAMPS	122.50
Sales Tax on Ancillary Products	N/A
Total Sale Price	45927.35
Rebate	3000.00
Cash Down	8000.00
Other Downpayment (Describe)	N/A
Total Downpayment	11000.00
Balance Due on Delivery	34927.35

Trade-in Vehicle

Year 2008 Make FORD Model F-250
 VIN FDHF205X8CCS4109 Mileage 281520

Lienholder _____ Good Thru: _____
 Payoff Amount N/A

Lienholder _____ Good Thru: _____
 Payoff Amount N/A

Trade-in Vehicle

Year N/A Make _____ Model _____
 VIN _____ Mileage _____

Lienholder _____ Good Thru: _____
 Payoff Amount N/A

Lienholder _____ Good Thru: N/A
 Payoff Amount N/A

You assign to us all of your rights, title and interest in such Trade-in vehicle(s). You represent that your Trade-in vehicle(s) was not previously used as a police vehicle, taxicab, or under a short-term lease. To the best of your knowledge, the vehicle(s) you are trading in have have not been in any accident with damages exceeding \$500.

Buyer Initials *RP* Co-Buyer Initials *N/A*

SELLER'S RIGHT TO CANCEL - If Buyer and Co-buyer sign here, the provisions of the Seller's Right to Cancel section on the back, which gives the Seller the right to cancel if Seller is unable to assign a Retail Instalment Sale Contract signed with this Order and Agreement within 30 days, will apply. If you fail to return the vehicle within 48 hours after receipt of the notice of cancellation, you agree to pay Seller a charge of \$ 35.00 per day from the date of cancellation until the vehicle is returned or repossessed.

X Buyer Signs

X *N/A* Co-Buyer Signs

Payoff Agreement - We relied on information from you and/or the lienholder(s) or lessor(s) of your Trade-in vehicle(s) to arrive at the payoff amount(s) shown above. You understand that the amount(s) quoted is/are an estimate. We agree to pay the payoff amount(s) shown above to the identified lienholder(s) or lessor(s) of the Trade-in vehicle(s), or a designee. If the actual payoff amount(s) is/are more than the amount(s) shown above, you must pay us the excess on demand. If the actual payoff amount(s) is less than the amount(s) shown above, we will refund to you any overage we receive from your prior lienholder(s) or lessor(s).

You may secure financing through us or through any financing entity you choose. The financing terms you get could be more favorable than the terms we give you. If we sell you any ancillary product, such as credit insurance or GAP, we may receive part of the cost of the product and/or other compensation from the provider of the product.

The Annual Percentage Rate in a Retail Instalment Sale Contract may be negotiable with the Seller. The Seller may assign any Retail Instalment Sale Contract to a finance source and retain its right to receive a part of the finance charge imposed on that contract.

Section 501.98, Florida Statutes, requires that, at least 30 days before bringing any claim against a motor vehicle dealer for an unfair or deceptive trade practice, a consumer must provide the dealer with a written demand letter stating the name, address, and telephone number of the consumer; the name and address of the dealer; a description of the facts that serve as the basis for the claim; the amount of damages; and copies of any documents in the possession of the consumer which relate to the claim. Such notice must be delivered by the United States Postal Service or by a nationally recognized carrier, return receipt requested, to the address where the subject vehicle was purchased or leased or where the subject transaction occurred, or an address at which the dealer regularly conducts business.

X Buyer's Signature

X *N/A* Co-Buyer's Signature

This Order and Agreement represents the final agreement between the parties related to the sale of the vehicle and may not be contradicted by evidence of prior, contemporaneous, or subsequent oral agreements of the parties.

Buyer Signs: X

Co-Buyer Signs: X *N/A*


You have read each page of this Order and Agreement, including the arbitration provision on the reverse side, and agree to its terms. You have received a completely filled in copy of this Order and Agreement.

Buyer Signs: X

Co-Buyer Signs: X *N/A*

Accepted by Seller: X Lakeland Ford

By: _____

 FORD CREDIT www.fordcredit.com	Buyer (and Co-Buyer) Name and Address (Including County and Zip Code) PROCO PROPERTIES, INC 500 FLORIDA AVE S 700 LAKELAND FL 33801 POLK COUNTY	SELLER/CREDITOR (Seller Name and Address) Lakeland Ford 1430 W. Memorial Blvd. Lakeland, FL 33815
	Month of Birth _____	<p style="text-align: right;">Vehicle 2 - Installment Note</p>

You, the Buyer (and Co-Buyer, if any), may buy the vehicle described below for cash or on credit. The cash price is shown below as "Cash Price." The credit price is shown below as "Total Sale Price." By signing this contract, you choose to buy the vehicle on credit under the agreements on the front and back of this contract.

New/Used	Mileage	Year and Make	Model	Vehicle Identification Number	Use For Which Purchased
NEW	136	2019 FORD	F-250	1FTBF2A63KEC49341	Personal use unless otherwise checked below <input type="checkbox"/> Commercial <input type="checkbox"/> Agricultural

Trade-in	2008 FORD F-250	\$ 1000.00	\$ N/A
	Year and Make	Gross Allowance	Amount Owning

ITEMIZATION OF AMOUNT FINANCED

1. Cash Price (including a Predelivery Service Charge \$ N/A)	\$ 46644.17 (1)
*This charge represents costs and profit to the dealer for items such as inspecting, cleaning, and adjusting vehicles, and preparing documents related to the sale.	
2. Down Payment	
Third Party Rebate Assigned to Creditor	\$ 3000.00
Cash Paid	\$ 8000.00
N/A	\$ N/A
Trade-in (description above)	\$ 1000.00
Total Down Payment	\$ 12000.00 (2)
3. Unpaid Balance of Cash Price (1 minus 2)	\$ 34644.17 (3)
4. Amounts paid on your behalf (Seller may be retaining a portion of these amounts)	
To Public Officials	
(i) for license, title & registration fees \$ 152.18	
(ii) for official fees \$ N/A	
(iii) for documentary stamps \$ 122.50	
(iv) for taxes (not in Cash Price) \$ N/A	\$ 274.68
To Insurance Companies for:	
Credit Life Insurance	\$ N/A
Credit Disability Insurance	\$ N/A
N/A	\$ N/A
N/A	\$ N/A
To N/A for N/A	\$ N/A
To N/A for N/A	\$ N/A
To N/A for N/A	\$ N/A
To N/A for N/A	\$ N/A
To ST OF FL for TIRE FEE	\$ 5.00
To ST OF FL for BATTERY FEE	\$ 1.50
To N/A for N/A	\$ N/A
To N/A for N/A	\$ N/A
To N/A for N/A	\$ N/A
To N/A for N/A	\$ N/A
To ST OF FL for MVWEA FEE	\$ 2.00
Total	\$ 283.18
5. Amount Financed (3 plus 4)	\$ 34927.35 (5)

INSURANCE

YOU ARE REQUIRED TO INSURE THE VEHICLE. YOU MAY OBTAIN VEHICLE INSURANCE FROM A PERSON OF YOUR CHOICE. LIABILITY INSURANCE COVERAGE FOR BODILY INJURY AND PROPERTY DAMAGE CAUSED TO OTHERS IS NOT INCLUDED. CREDIT LIFE, CREDIT DISABILITY AND OTHER OPTIONAL INSURANCE ARE NOT REQUIRED TO OBTAIN CREDIT AND WILL NOT BE PROVIDED UNLESS YOU SIGN AND AGREE TO PAY THE PREMIUM.

1. Buyer understands that he has the option of assigning any other policy or policies Buyer owns or may procure for the purpose of covering this retail instalment sale and the policy need not be purchased from the Creditor in order to obtain credit.

Buyer Signs _____
Co-Buyer Signs N/A

2. Buyer understands that the credit life coverage may be deferred if, at the time of application, Buyer is unable to engage in employment or unable to perform normal activities of a person of like age and sex, if the proposed credit life insurance policy contains this restriction.

Buyer Signs _____
Co-Buyer Signs N/A

3. Buyer understands that the benefits under the policy will terminate when Buyer reaches a certain age and that Buyer's age is accurately represented on the application or policy.

Buyer Signs _____
Co-Buyer Signs N/A

Credit	N/A
<input type="checkbox"/> Life	Insurance Company
\$	N/A N/A
Premium	Insured(s)
You want Credit Life Insurance.	
N/A	
Buyer Signs	
N/A	
Co-Buyer Signs	

Credit	N/A
<input type="checkbox"/> Disability	Insurance Company
\$	N/A N/A
Premium	Insured(s)
You want Credit Disability Insurance.	
N/A	
Buyer Signs	

FEDERAL TRUTH-IN-LENDING DISCLOSURES

ANNUAL PERCENTAGE RATE	FINANCE CHARGE	Amount Financed	Total of Payments	Total Sale Price
The cost of your credit as a yearly rate	The dollar amount the credit will cost you	The amount of credit provided to you or on your behalf	The amount you will have paid when you have made all scheduled payments	The total cost of your purchase on credit, including your downpayment
8.39 %	\$ 8094.45	\$ 34927.35	\$ 43021.80	\$ 55021.80

Your Payment Schedule will be:

Number of Payments	Amount of Payments	When Payments are Due
		Monthly unless otherwise checked
		<input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually

DU	7.17.05	starting	09/28/2020
N/A	N/A		N/A
N/A	N/A		N/A
N/A	N/A		N/A

Prepayment: If you pay off your debt early, you will not have to pay a penalty.

Security Interest: You are giving a security interest in the vehicle being purchased.

Late Payment: You must pay a late charge on the portion of each payment received more than 10 days late. The charge is 5 percent of the late amount.

Contract: Please see this contract for additional information on security interest, nonpayment, default, the right to require repayment of your debt in full before the scheduled date, and prepayment penalty.

BALLOON CONTRACT PROVISIONS

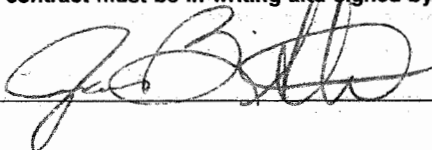
Your last scheduled payment under this contract is a balloon payment.

EXCESS WEAR, USE AND MILEAGE CHARGES

If the box directly above is checked, this section, Paragraph B, and Paragraph C of this contract apply. You may be charged for excessive wear based upon our standards for normal use. If you exercise the option to transfer ownership of the vehicle to Creditor under Paragraph B, you must pay the Creditor \$0. N/A per mile for each mile in excess of N/A miles shown on the odometer.

Any change in this contract must be in writing and signed by you and the Creditor.

Buyer Signs **X**



Co-Buyer Signs **X**

N/A

YOU ACKNOWLEDGE THAT YOU HAVE READ AND AGREE TO BE BOUND BY THE ARBITRATION PROVISION ON THE REVERSE SIDE OF THIS CONTRACT.

The Annual Percentage Rate may be negotiated with the Seller. The Seller may assign this contract and may retain its right to receive a portion of the Finance Charge.

Florida documentary stamp tax required by law in the amount of \$ 122.50 has been paid or will be paid directly to the Department of Revenue. Certificate of Registration 39-8000747771-3

N/A
Co-Buyer Signs

OTHER OPTIONAL INSURANCE

Coverage and Insurance Company	Premium and Term in Months
N/A	\$ N/A
By <u>N/A</u>	<u>N/A</u>
N/A	\$ N/A
By <u>N/A</u>	<u>N/A</u>
N/A	\$ N/A
By <u>N/A</u>	<u>N/A</u>
N/A	\$ N/A
By <u>N/A</u>	<u>N/A</u>
N/A	\$ N/A
By <u>N/A</u>	<u>N/A</u>

You want the optional insurance for which premiums are included above.

N/A

Buyer Signs

N/A

Co-Buyer Signs

Credit Life and Credit Disability insurance are for the term of the contract. The amount and coverages are shown in a notice or agreement given to you today.

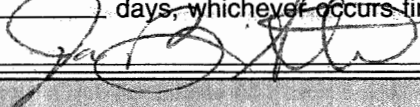
Debt Cancellation Waiver Addendum (Optional)
Purchase of the debt cancellation waiver is optional and is not required to obtain credit. The terms and conditions of the debt cancellation waiver are set forth in the attached Addendum which is incorporated into the contract. By signing below you agree to purchase the debt cancellation waiver for the price set forth on this contract in the Itemization of Amount Financed under section 4.

N/A
Buyer Signs

LIMITED RIGHT TO CANCEL

By signing below, the Buyer and Co-buyer agree that the section on the back of this contract entitled "Limited Right to Cancel" will apply. The limited right to cancel this contract will end when Seller assigns this contract to a financial institution or within 30 days, whichever occurs first.

Buyer



Co-Buyer

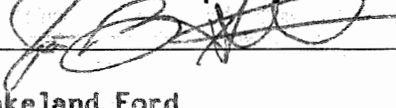
N/A

NOTICE TO THE BUYER

a) Do not sign this contract before you read it or if it contains any blank spaces. b) You are entitled to an exact copy of the contract you sign. Keep it to protect your legal rights.

Buyer (and Co-Buyer) acknowledge that (i) before signing this contract, Buyer (and Co-Buyer) received and reviewed a true and completely filled in copy of this contract and (ii) at the time of signing this contract, Buyer (and Co-Buyer) received a true and completely filled in copy of this contract.

Buyer **X**
Signs



Co-Buyer **X** N/A
Signs

Seller Lakeland Ford

By **X**



Title

THIS CONTRACT IS NOT VALID UNTIL YOU AND SELLER SIGN IT.

ASSIGNMENT

Seller may transfer this contract to another person. That person will then have all Seller's rights, privileges, and remedies. By signing below, the Seller assigns this contract to FORD MOTOR COMPANY ("Assignee").

Seller Lakeland Ford

By **X**

Title

FLORIDA VEHICLE RETAIL INSTALLMENT CONTRACT

DATE 10/05/17

<p>1-800-727-7000</p> <p>FORD CREDIT</p> <p>www.fordcredit.com</p>	<p><small>Buyer (and Co-Buyer) Name and Address (Including County and Zip Code)</small></p> <p>PHOENIX COMMERCIAL PROPERTY MANAGEM 500 S FLORIDA AVE STE 700 LAKELAND FL 33801 POLK COUNTY</p>	<p><small>SELLER/CREDITOR (Seller Name and Address)</small></p> <p>JARRETT GORDON FORD, INC. 2600 ACCESS RD NW DAVENPORT, FL 33897</p> <p style="color: red; text-align: center;">Vehicle 3 - Installment Note</p>
--	--	---

Month of Birth

You, the Buyer (and Co-Buyer, if any), may buy the vehicle described below for cash or on credit. The cash price is shown below as "Cash Price." The credit price is shown below as "Total Sale Price." By signing this contract, you choose to buy the vehicle on credit under the agreements on the front and back of this contract.

New/Used	Mileage	Year and Make	Model	Vehicle Identification Number	Use For Which Purchased
NEW	72	2017 FORD	F-250	1FDBF2A68HEE66128	<input type="checkbox"/> Personal use unless otherwise checked below <input type="checkbox"/> Commercial <input type="checkbox"/> Agricultural

Trade-in <u>2002 FORD F-150</u>	Year and Make	\$ <u>1500.00</u>	Gross Allowance	\$ <u>N/A</u>	Amount Owning
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INSURANCE

YOU ARE REQUIRED TO INSURE THE VEHICLE. YOU MAY OBTAIN VEHICLE INSURANCE FROM A PERSON OF YOUR CHOICE. LIABILITY INSURANCE COVERAGE FOR BODILY INJURY AND PROPERTY DAMAGE CAUSED TO OTHERS IS NOT INCLUDED. CREDIT LIFE, CREDIT DISABILITY AND OTHER OPTIONAL INSURANCE ARE NOT REQUIRED TO OBTAIN CREDIT AND WILL NOT BE PROVIDED UNLESS YOU SIGN AND AGREE TO PAY THE PREMIUM.

ITEMIZATION OF AMOUNT FINANCED

1. Cash Price.....		\$ <u>43248.87</u>			(1)
2. Down Payment					
Third Party Rebate Assigned to Creditor.....		\$ <u>4250.00</u>			
Cash Paid		\$ <u>N/A</u>			
<u>N/A</u>		\$ <u>N/A</u>			
Trade-in (description above)		\$ <u>1500.00</u>			
Total Down Payment		\$ <u>5750.00</u>			(2)
3. Unpaid Balance of Cash Price (1 minus 2)		\$ <u>37498.87</u>			(3)
4. Amounts paid on your behalf (Seller may be retaining a portion of these amounts)					
To Public Officials					
(i) for license, title & registration fees \$ <u>N/A</u> ;					
(ii) for official fees \$ <u>N/A</u> ;					
(iii) for documentary stamps \$ <u>131.95</u> ;					
(iv) for taxes (not in Cash Price) \$ <u>N/A</u> ;			\$ <u>131.95</u>		
To Insurance Companies for:					
Credit Life Insurance		\$			
Credit Disability Insurance		\$	<u>N/A</u>		
<u>N/A</u>		\$	<u>N/A</u>		
<u>N/A</u>		\$	<u>N/A</u>		
To <u>N/A</u> for <u>N/A</u>		\$	<u>N/A</u>		
To <u>N/A</u> for <u>N/A</u>		\$	<u>N/A</u>		
To <u>N/A</u> for <u>N/A</u>		\$	<u>N/A</u>		
To <u>N/A</u> for <u>N/A</u>		\$	<u>N/A</u>		
To <u>N/A</u> for <u>N/A</u>		\$	<u>N/A</u>		
To <u>N/A</u> for <u>N/A</u>		\$	<u>N/A</u>		
To <u>N/A</u> for <u>N/A</u>		\$	<u>N/A</u>		
To <u>N/A</u> for <u>N/A</u>		\$	<u>N/A</u>		
To <u>N/A</u> for <u>N/A</u>		\$	<u>N/A</u>		
Total		\$	<u>131.95</u>		(4)
5. Amount Financed (3 plus 4)		\$	<u>37630.82</u>		(5)

1. Buyer understands that he has the option of assigning any other policy or policies Buyer owns or may procure for the purpose of covering this retail instalment sale and the policy need not be purchased from the Creditor in order to obtain credit.

Buyer Signs _____
Co-Buyer Signs _____

2. Buyer understands that the credit life coverage may be deferred if, at the time of application, Buyer is unable to engage in employment or unable to perform normal activities of a person of like age and sex, if the proposed credit life insurance policy contains this restriction.

Buyer Signs _____
Co-Buyer Signs _____

3. Buyer understands that the benefits under the policy will terminate when Buyer reaches a certain age and that Buyer's age is accurately represented on the application or policy.

Buyer Signs _____
Co-Buyer Signs _____

FEDERAL TRUTH-IN-LENDING DISCLOSURES

ANNUAL PERCENTAGE RATE	FINANCE CHARGE	Amount Financed	Total of Payments	Total Sale Price
The cost of your credit as a yearly rate	The dollar amount the credit will cost you	The amount of credit provided to you or on your behalf	The amount you will have paid when you have made all scheduled payments	The total cost of your purchase on credit, including your downpayment
7.44 %	\$ <u>7685.38</u>	\$ <u>37630.82</u>	\$ <u>45316.20</u>	of \$ <u>5750.00</u> \$ <u>51066.20</u>

Your Payment Schedule will be:

Number of Payments	Amount of Payments	When Payments are Due
60	755.27	<input type="checkbox"/> Monthly unless otherwise checked <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually starting 11/19/2017

Credit

Life _____ Insurance Company

\$ N/A Premium Insured(s)

You want Credit Life Insurance.

Buyer Signs _____

Co-Buyer Signs _____

Credit

Disability _____ Insurance Company

\$ N/A Premium Insured(s)

You want Credit Disability Insurance.

Buyer Signs _____

Prepayment: If you pay off your debt early, you will not have to pay a penalty.

Security Interest: You are giving a security interest in the vehicle being purchased.

Late Payment: You must pay a late charge on the portion of each payment received more than 10 days late. The charge is 5 percent of the late amount.

Contract: Please see this contract for additional information on security interest, nonpayment, default, the right to require repayment of your debt in full before the scheduled date, and prepayment penalty.

Co-Buyer Signs

OTHER OPTIONAL INSURANCE

Coverage and Insurance Company	Premium and Term in Months
	N/A
	\$ N/A
By _____	N/A
	\$ N/A
By _____	N/A
N/A	\$ N/A
By _____	N/A
N/A	\$ N/A
By _____	N/A
N/A	\$ N/A
By _____	N/A
N/A	\$ N/A
By _____	N/A

You want the optional insurance for which premiums are included above.

Buyer Signs _____

Co-Buyer Signs _____

Credit Life and Credit Disability insurance are for the term of the contract. The amount and coverages are shown in a notice or agreement given to you today.

Debt Cancellation Waiver Addendum (Optional)
Purchase of the debt cancellation waiver is optional and is not required to obtain credit. The terms and conditions of the debt cancellation waiver are set forth in the attached Addendum which is incorporated into the contract. By signing below you agree to purchase the debt cancellation waiver for the price set forth on this contract in the Itemization of Amount Financed under section 4

Buyer Signs _____

BALLOON CONTRACT PROVISIONS

Your last installment payment under this contract is a balloon payment.

EXCESS WEAR, USE AND MILEAGE CHARGES

If the box directly above is checked, this section, Paragraph B, and Paragraph C of this contract apply. You may be charged for excessive wear based upon our standards for normal use. If you exercise the option to transfer ownership of the vehicle to Creditor under Paragraph B, you must pay the Creditor \$0. N/A per mile for each mile in excess of N/A miles shown on the odometer.

Any change in this contract must be in writing and signed by you and the Creditor.

Buyer Signs X

Co-Buyer Signs X

The Annual Percentage Rate may be negotiated with the Seller. The Seller may assign this contract and may retain its right to receive a portion of the Finance Charge.

Florida documentary stamp tax required by law in the amount of \$ 31.95 has been paid or will be paid directly to the Department of Revenue.
39-8000747771-3
Certificate of Registration _____

LIMITED RIGHT TO CANCEL

By signing below, the Buyer and Co-buyer agree that the section on the back of this contract entitled "Limited Right to Cancel" will apply. The limited right to cancel this contract will end when Seller assigns this contract to a financial institution or within _____ days, whichever occurs first.

Buyer _____

Co-Buyer _____

NOTICE TO THE BUYER

a) Do not sign this contract before you read it or if it contains any blank spaces. b) You are entitled to an exact copy of the contract you sign. Keep it to protect your legal rights.

Buyer (and Co-Buyer) acknowledge that (i) before signing this contract, Buyer (and Co-Buyer) received and reviewed a true and completely filled in copy of this contract and (ii) at the time of signing this contract, Buyer (and Co-Buyer) received a true and completely filled in copy of this contract.

Buyer Signs X

Co-Buyer Signs X

Seller JARRETT GORDON FORD, INC. By X

Title _____

THIS CONTRACT IS NOT VALID UNTIL YOU AND SELLER SIGN IT.

ASSIGNMENT

Seller may transfer this contract to another person. That person will then have all Seller's rights, privileges, and remedies. By signing below, the Seller assigns this contract to FORD MOTOR CREDIT COMPANY 1-800-727-7000 www.fordcredit.com ("Assignee").

Seller JARRETT GORDON FORD, INC.

By X

Title _____

FC 17609-SI (MAY 17) (Previous editions may NOT be used.)
FC 17609-B-SI

SEE OTHER SIDE FOR ADDITIONAL AGREEMENTS

PLY 1 - ORIGINAL PLY 2 - BUYER'S COPY PLY 3 - CO-BUYER/GUARANTOR COPY PLY 4 - SELLER'S COPY (NON-TRANSFERABLE)

<p>1-800-727-7000</p> <p>FORD CREDIT</p> <p>www.fordcredit.com</p>	<p>Buyer (and Co-Buyer) Name and Address (Including County and Zip Code)</p> <p>PHOENIX COMMERCIAL PROPERTY MANAGEM 500 S FLORIDA AVE STE 700 LAKELAND FL 33801</p> <p>COUNTY: POLK</p> <p>Month of Birth _____</p>	<p>SELLER/CREDITOR (Seller Name and Address)</p> <p>BARTOW FORD COMPANY, INC. 2800 HWY 98 NORTH BARTOW FL 33830</p> <p style="color: red; text-align: center;">Vehicle 4 - Buyers Order & Installment Note</p>
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You, the Buyer (and Co-Buyer, if any), may buy the vehicle described below for cash or on credit. The cash price is shown below as "Cash Price." The credit price is shown below as "Total Sale Price." By signing this contract, you choose to buy the vehicle on credit under the agreements on the front and back of this contract.

New/Used	Mileage	Year and Make	Model	Vehicle Identification Number	Use For Which Purchased
NEW	7	2013 FORD TRUCK	F-150 SER	1FTMF1CM2DKG41696	<input type="checkbox"/> Personal <input type="checkbox"/> Agricultural <input checked="" type="checkbox"/> Commercial

Trade-in 2000 CHEVROLET TR C/K 2500	\$ 100.00	\$ N/A
Year and Make	Gross Allowance	Amount Owning

ITEMIZATION OF AMOUNT FINANCED	
1. Cash Price	\$ 29000.13 (1)
2. Down Payment	
(a) Third Party Rebate Assigned to Creditor	\$ 1750.00
(b) Cash Paid	\$ N/A
(c) <u>N/A</u>	\$ N/A
(d) Cash Down Payment [Items 2(a) plus 2(b) plus 2(c)]	\$ 1750.00
(e) Trade-in (description above)	\$ 100.00
Total Down Payment [Items 2(d) plus 2(e)]	\$ 1850.00 (2)
3. Unpaid Balance of Cash Price (1 minus 2)	\$ 27238.13 (3)
4. Amounts paid on your behalf (Seller may be retaining a portion of these amounts)	
To Public Officials	
(i) for license, title & registration fees \$ <u>N/A</u> ;	
(ii) for official fees \$ <u>N/A</u> ;	
(iii) for documentary stamps \$ 95.90	
(iv) for taxes (not in Cash Price) \$ <u>N/A</u>	\$ 95.90
To Insurance Companies for:	
Credit Life Insurance	\$ N/A
Credit Disability Insurance	\$ N/A
<u>N/A</u>	\$ N/A
<u>N/A</u>	\$ N/A
To <u>N/A</u> for <u>N/A</u>	\$ N/A
To <u>N/A</u> for <u>N/A</u>	\$ N/A
To <u>N/A</u> for <u>N/A</u>	\$ N/A
To <u>N/A</u> for <u>N/A</u>	\$ N/A
To <u>N/A</u> for <u>N/A</u>	\$ N/A
To <u>N/A</u> for <u>N/A</u>	\$ N/A
To <u>N/A</u> for <u>N/A</u>	\$ N/A
To STATE OF FL for FL MVWTF FEE	\$ 2.00
To <u>N/A</u> for <u>N/A</u>	\$ N/A
To STATE OF FL for FL BATTERY/TIRE FEES	\$ 6.50
Total	\$ 104.40 (4)
5. Amount Financed (3 plus 4)	\$ 27342.53 (5)

INSURANCE

YOU ARE REQUIRED TO INSURE THE VEHICLE. YOU MAY OBTAIN VEHICLE INSURANCE FROM A PERSON OF YOUR CHOICE. LIABILITY INSURANCE COVERAGE FOR BODILY INJURY AND PROPERTY DAMAGE CAUSED TO OTHERS IS NOT INCLUDED. CREDIT LIFE, CREDIT DISABILITY AND OTHER OPTIONAL INSURANCE ARE NOT REQUIRED TO OBTAIN CREDIT AND WILL NOT BE PROVIDED UNLESS YOU SIGN AND AGREE TO PAY THE PREMIUM.

1. Buyer understands that he has the option of assigning any other policy or policies Buyer owns or may procure for the purpose of covering this retail instalment sale and the policy need not be purchased from the Creditor in order to obtain credit.

Buyer Signs _____
 Co-Buyer Signs N/A

2. Buyer understands that the credit life coverage may be deferred if, at the time of application, Buyer is unable to engage in employment or unable to perform normal activities of a person of like age and sex, if the proposed credit life insurance policy contains this restriction.

Buyer Signs _____
 Co-Buyer Signs N/A

3. Buyer understands that the benefits under the policy will terminate when Buyer reaches a certain age and that Buyer's age is accurately represented on the application or policy.

Buyer Signs _____
 Co-Buyer Signs N/A

Credit
<input type="checkbox"/> Life <u>N/A</u>
Insurance Company
\$ <u>N/A</u> <u>N/A</u>
Premium Insured(s)
You want Credit Life Insurance.
<u>N/A</u>
Buyer Signs _____
<u>N/A</u>
Co-Buyer Signs _____

Credit
<input type="checkbox"/> Disability <u>N/A</u>
Insurance Company
\$ <u>N/A</u> <u>N/A</u>
Premium Insured(s)
You want Credit Disability Insurance.
<u>N/A</u>
Buyer Signs _____

FEDERAL TRUTH-IN-LENDING DISCLOSURES

ANNUAL PERCENTAGE RATE	FINANCE CHARGE	Amount Financed	Total of Payments	Total Sale Price
The cost of your credit as a yearly rate	The dollar amount the credit will cost you	The amount of credit provided to you or on your behalf	The amount you will have paid when you have made all scheduled payments	The total cost of your purchase on credit, including your downpayment
1.90 %	\$ 1338.07	\$ 27342.53	\$ 28680.60	of \$ 1850.00 \$ 30530.60

Your Payment Schedule will be:		
Number of Payments	Amount of Payments	When Payments are Due
60	478.01	<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually starting FEBRUARY 26, 2014
N/A	N/A	N/A
N/A	N/A	N/A
N/A	N/A	N/A

Prepayment: If you pay off your debt early, you will not have to pay a penalty.

Security Interest: You are giving a security interest in the vehicle being purchased.

Late Payment: You must pay a late charge on each payment received more than 10 days late. The charge is 5 percent of the scheduled payment.

Contract: Please see this contract for additional information on security interest, nonpayment, default, the right to require repayment of your debt in full before the scheduled date, and prepayment penalty.

Co-Buyer Signs

OTHER OPTIONAL INSURANCE

Coverage and Insurance Company	Premium and Term in Months
N/A	\$ N/A
By N/A	N/A
N/A	\$ N/A
By N/A	N/A
N/A	\$ N/A
By N/A	N/A
N/A	\$ N/A
By N/A	N/A
N/A	\$ N/A
By N/A	N/A

You want the optional insurance for which premiums are included above.

N/A
Buyer Signs

N/A
Co-Buyer Signs

Credit Life and Credit Disability insurance are for the term of the contract. The amount and coverages are shown in a notice or agreement given to you today.

BALLOON CONTRACT PROVISIONS

Your last installment payment under this contract is a balloon payment.

EXCESS WEAR, USE AND MILEAGE CHARGES

If the box directly above is checked, this section, Paragraph B, and Paragraph C of this contract apply. You may be charged for excessive wear based upon our standards for normal use. If you exercise the option to sell the vehicle back to Creditor under Paragraph B, you must pay the Creditor \$0. N/A per mile for each mile in excess of N/A miles shown on the odometer.

Any change in this contract must be in writing and signed by you and the Creditor.

PHOENIX COMMERCIAL PROPERTY MANAGEMEN BY

Buyer Signs

[Signature]

Co-Buyer Signs X N/A

YOU ACKNOWLEDGE THAT YOU HAVE READ AND AGREE TO BE BOUND BY THE ARBITRATION PROVISION ON THE REVERSE SIDE OF THIS CONTRACT.

The Annual Percentage Rate may be negotiated with the Seller. The Seller may assign this contract and may retain its right to receive a portion of the Finance Charge.

Florida documentary stamp tax required by law in the amount of ~~\$95.90~~ has been paid or will be paid directly to the Department of Revenue.
Certificate of Registration 39-8000747771-3

Debt Cancellation Waiver Addendum (Optional)
If this box is checked you have purchased a debt cancellation waiver. Purchase of this coverage is optional and is not required to obtain credit. The terms and conditions of the debt cancellation waiver are set forth in the attached Addendum which is incorporated into this contract. The price for the debt cancellation waiver is set forth on this contract in the Itemization of Amount Financed under section 4.

N/A
Buyer Signs

LIMITED RIGHT TO CANCEL

By signing below, the Buyer and Co-buyer agree that the section on the back of this contract entitled "Limited Right to Cancel" will apply. The limited right to cancel this contract will end when Seller assigns this contract to a financial institution or within 30 days, whichever occurs first.

Buyer

[Signature]

Co-Buyer N/A

NOTICE TO THE BUYER

a) Do not sign this contract before you read it or if it contains any blank spaces. b) You are entitled to an exact copy of the contract you sign. Keep it to protect your legal rights.

Buyer (and Co-Buyer) acknowledge that (i) before signing this contract, Buyer (and Co-Buyer) received and reviewed a true and completely filled in copy of this contract and (ii) at the time of signing this contract, Buyer (and Co-Buyer) received a true and completely filled in copy of this contract.

Buyer Signs

[Signature]

Co-Buyer X N/A Signs

Seller **BARTOW FORD COMPANY, INC** By X Title _____

THIS CONTRACT IS NOT VALID UNTIL YOU AND SELLER SIGN IT.

ASSIGNMENT

Seller may transfer this contract to another person. That person will then have all Seller's rights, privileges, and remedies. By signing below, the Seller assigns this contract to FORD MOTOR CREDIT COMPANY ("Assignee"). To contact Assignee about this contract, call 1-800-727-7000, or visit their website at www.fordcredit.com

Seller **BARTOW FORD COMPANY, INC.** By X Title _____

FC 17609-SI (NOV 13) (Previous editions may NOT be used.)
FC 17609-B-SI

SEE OTHER SIDE FOR ADDITIONAL AGREEMENTS

PLY 1 - ORIGINAL PLY 2 - BUYER'S COPY PLY 3 - CO-BUYER/GUARANTOR COPY PLY 4 - SELLER'S COPY (NON-TRANSFERABLE)

ADDITIONAL AGREEMENTS



2800 U.S. 98 NORTH
P.O. BOX 1700
BARTOW, FLORIDA 33830
(863) 533-0425
800-533-0425

CONTROL # _____

STOCK # 230349

STOCK NO. 1696

DATE 01/27/2014

FIC NEW
NUDR

RETAIL BUYERS ORDER

Website: www.bartowford.com

DEAL #4034 R

RAN: [unclear]

PURCHASER PHOENIX										PHONE																			
ADDRESS 500 S FL										CITY ZIP 33801																			
ENTER MY OFFER FOR (ONE) YR.										MAKE										TYPE									
I.D. NO. 1 6 9										COLOR										MILEAGE 7									
LICENSE #										DOB										BASE PRICE 25440 00									
LICENSE #										DOB										E.P. EQUIPMENT									
EMAIL: billacer@																													
EMAIL:																													
PHYSICAL DESCRIPTION OF TRADE-IN																													
YEAR: 2008										MAKE:										MODEL: 2500									
I.D. NO. 1 0 0 0 1																				I.D. NO. 6 7									
MILEAGE-TRADE 138802										COLOR																			
I.D. NO.																				SELLING PRICE 25440 00									
																				LESS USED CAR ALLOWANCE 100 00									
																				CASH DIFFERENCE 25340 00									
																				WARRANTY N/A									
																				GAP INSURANCE N/A									
																				ACCESSORIES 1280 00									
																				FLORIDA LAW LEAD-ACID BATTERY FEE 1 50									
																				WASTE TIRE FEE 5 00									
																				ADMINISTRATIVE SERVICES 599 00									
																				AMOUNT TAXABLE 27225 50									
																				PLUS SALES TAX 1633 53									
																				COUNTY TAX 50 00									
																				PLUS USED CAR BALANCE OWED N/A									
BALANCE OWED TO																				SUB TOTAL 28909 03									
ADDRESS:																				MVWEA (LEMON LAW) 2 00									
PHONE NO.:																				NEW WHEELS IMPACT FEE N/A									
TAG NO. <small>Customer is responsible for any additional Tag and Registration expense. X</small>																				ESTIMATE TAG, TITLE & FEES 85 60									
RECEIPT NO. CASH: CHECK: DATE: BY:																				CASH BALANCE DUE 28996 63									
RECEIPT NO. CASH: CHECK: DATE: BY:																				DEPOSIT N/A									
SPECIAL NOTES																				REBATE 1750 00									
																				UNPAID BAL. TO FINANCE 27246 63									

THIS IS AN AGREEMENT TO PURCHASE - NOT A BINDING CONTRACT

In the event you cannot make delivery within thirty days of this date, I understand that my car is subject for reappraisal. No other agreement, promise, or understanding of any kind pertaining to this purchase will be recognized except a conditional sale contract in writing executed by the undersigned as purchaser thereunder.

THE SELLER, BARTOW FORD CO. HEREBY EXPRESSLY DISCLAIMS ALL WARRANTIES, EITHER EXPRESS OR IMPLIED, INCLUDING ANY IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE, AND BARTOW FORD CO. NEITHER ASSUMES NOR AUTHORIZES ANY OTHER PERSON TO ASSUME FOR IT ANY LIABILITY IN CONNECTION WITH THE SALE OF SAID PRODUCTS.

On a cash transaction this offer is not valid unless signed and accepted by Dealer. On a credit sale additional charges will be made by the Finance Institution. On a credit transaction the purchaser(s) offer is not accepted and the transaction is not consummated until (a) approved in writing by Dealer and a responsible Bank or Finance Company and (b) all disclosures required by the Federal Consumer Credit Protection Act (Truth in Lending Act) have been given and (c) purchaser(s) and Dealer have signed an Installment Sale Contract.

Any controversy or claim arising out of, or relating to this agreement, or a breach thereof, shall be settled by arbitration under the laws of the State of Florida, in accordance with the rules then in force of the American Arbitration Association, and any judgement upon the award rendered may be entered in any court having jurisdiction thereof.

CONTRACTUAL DISCLOSURE STATEMENT: (APPLIES TO USED VEHICLE SALES ONLY)

"The information you see on the window form for this vehicle is part of this contract. Information on the window form overrides any contrary provisions in the contract of sale."

CUSTOMER COPY

BUYER'S SIGNATURE _____

DATE 01/27/2014

ACCEPTED-- _____

(DEALER)

--BY RAJUEL CHICO



BARTOW FORD
INTEGRITY • TRUST • HONESTY
Since 1948

2800 US 98 NORTH
P.O. BOX 1700
BARTOW, FLORIDA 33830
(863) 533-0425
800-533-0425
Website: www.bartowford.com

CONTROL # 230349
STOCK NO. Z3389
DATE 06/29/2021
SALESPERSON HERBERT D. DUFF

X2A NEW

NUDR #94952 SHELIA CURRY HIGHTOWER RETAIL BUYERS ORDER

PURCHASER PHOENIX COMMERCIAL PROPERTY MANAGEM

PHONE **Vehicle 5 - Buyers Order**

ADDRESS 500 S FLORIDA AVE STE 700

CITY LAKELAND FL ZIP 33801

MODEL YR. 2021 MAKE FORD TRUCK MODEL S-DTY F-250

D. NO. 1 F D 7 X 2 A 6 X M E C 4 3 3 8 9

COLOR OXFORD WHT MILEAGE 8

LICENSE #

DOB

BASE PRICE 49581.00

LICENSE #

DOB

EMAIL: bill@centuryretail.com

PHYSICAL DESCRIPTION OF TRADE-IN

SELLING PRICE 49581.00

YEAR: MAKE: MODEL:

LESS USED CAR ALLOWANCE N/A

D. NO. MILEAGE-TRADE COLOR

CASH DIFFERENCE 49581.00

D. NO. MILEAGE-TRADE COLOR

WARRANTY N/A

D. NO. MILEAGE-TRADE COLOR

GAP INSURANCE N/A

LIEN TO

TRADE-IN PAYOFF VERIFICATION

ACCESSORIES 1589.00

FORD MOTOR CREDIT COMPANY

AMOUNT

FLORIDA LAW LEAD-ACID BATTERY FEE 1.50

P.O. BOX 105704

GOOD UNTIL

WASTE TIRE FEE 5.00

ATLANTA GA 30348-5704

ACCT. #

Predelivery Service Charge** \$ 749.00

(800) 727-7000

OTHER LIENS

**These charges represent costs and profit to the dealer for items such as inspecting, cleaning, and adjusting vehicles, and preparing documents related to the sale.

54733.93 @ 1

BY WHOM

Electronic Registration Filing Fee** \$ 192.50

BALANCE OWED TO

VERIFIED BY

AMOUNT TAXABLE 52118.00

ADDRESS:

MVWEA (LEMON LAW) 2.00

PHONE NO.:

NEW WHEELS IMPACT FEE N/A

TAG NO. Customer is responsible for any additional Tag and Registration expense.

ESTIMATE TAG, TITLE & FEES 186.85

RECEIPT NO. CASH: CHECK: DATE: BY:

CASH BALANCE DUE 55483.93

RECEIPT NO. CASH: CHECK: DATE: BY:

DEPOSIT N/A

SPECIAL NOTES

REBATE 750.00

UNPAID BAL. TO FINANCE 54733.93

THIS IS AN AGREEMENT TO PURCHASE - NOT A BINDING CONTRACT

In the event you cannot make delivery within thirty days of this date, I understand that my car is subject for reappraisal. No other agreement, promise, or understanding of any kind pertaining to this purchase will be recognized except a conditional sale contract in writing executed by the undersigned as purchaser hereunder.

THE SELLER, BARTOW FORD CO. HEREBY EXPRESSLY DISCLAIMS ALL WARRANTIES, EITHER EXPRESS OR IMPLIED, INCLUDING ANY IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE, AND BARTOW FORD CO. NEITHER ASSUMES NOR AUTHORIZES ANY OTHER PERSON TO ASSUME FOR IT ANY LIABILITY IN CONNECTION WITH THE SALE OF SAID PRODUCTS.

On a cash transaction this offer is not valid unless signed and accepted by Dealer. On a credit sale additional charges will be made by the Finance Institution. On a credit transaction the purchaser(s) offer is not accepted and the transaction is not consummated until (a) approved in writing by Dealer and a responsible Bank or Finance Company and (b) all disclosures required by the Federal Consumer Credit Protection Act (Truth in Lending Act) have been given and (c) purchaser(s) and Dealer have signed an Installment Sale Contract.

Any controversy or claim arising out of, or relating to this agreement, or a breach thereof, shall be settled by arbitration under the laws of the State of Florida, in accordance with the rules then in force of the American Arbitration Association, and any judgement upon the award rendered may be entered in any court having jurisdiction thereof.

CONTRACTUAL DISCLOSURE STATEMENT: (APPLIES TO USED VEHICLE SALES ONLY)

"The information you see on the window form for this vehicle is part of this contract. Information on the window form overrides any contrary provisions in the contract of sale."

BUYER'S SIGNATURE

DATE 06/29/2021

CUSTOMER COPY

ACCEPTED--

(Signature)
DEALER

-BY SHELIA CURRY HIGHTOWER

2021 Annual Drinking Water Quality Report

Hidden Cove PWS 6534736

We're pleased to provide you with this year's Annual Water Quality Report. This report is designed to inform you about the quality water and services we deliver to you every day. Our constant goal is to provide you with a safe and dependable supply of drinking water. We want you to understand the efforts we make to continually improve the water treatment process and protect our water resources. We are committed to ensuring the quality of your water. Our water source consists of one well that draw water from the Floridian Aquifer.

If you have any questions about this report or concerning your water utility or want to obtain a copy of this report for this report will not be mailed to each individual customer, please contact Brian Altman Vice President of A&M Properties, Inc. at (863) 647-1581. We encourage our valued customers to be informed about their water utility.

Hidden Cove routinely monitors for contaminants in your drinking water according to Federal and State laws, rules, and regulations. Except where indicated otherwise, this report is based on the results of our monitoring for the period of January 1 to December 31, 2021. Data obtained before January 1, 2021 and presented in this report are from the most recent testing done in accordance with the above mentioned laws, rules, and regulations.

The sources of drinking water (both tap water and bottled water) include rivers, lakes, streams, ponds, reservoirs, springs, and wells. As water travels over the surface of the land or through the ground, it dissolves naturally occurring minerals and, in some cases, radioactive material, and can pick up substances resulting from the presence of animals or from human activity.

Contaminants that may be present in source water include:

Microbial contaminants, such as viruses and bacteria, which may come from sewage treatment plants, septic systems, agricultural livestock operations, and wildlife.

Inorganic contaminants, such as salts and metals, which can be naturally-occurring or result from urban stormwater runoff, industrial or domestic wastewater discharges, oil and gas production, mining, or farming.

Pesticides and herbicides, which may come from a variety of sources such as agriculture, urban stormwater runoff, and residential uses.

Organic chemical contaminants, including synthetic and volatile organic chemicals, which are by-products of industrial processes and petroleum production, and can also come from gas stations, urban stormwater runoff, and septic systems.

Radioactive contaminants, which can be naturally-occurring, or be the result of oil and gas production or mining activities.

Some people may be more vulnerable to contaminants in drinking water than the general population. Immuno-compromised persons such as persons with cancer undergoing chemotherapy, persons who have undergone organ transplants, people with HIV/AIDS or other immune system disorders, some elderly, and infants can be particularly at risk from infections. These people should seek advice about drinking water from their health care providers. EPA/CDC guidelines on appropriate means to lessen the risk of infection by cryptosporidium and other microbiological contaminants are available from the Safe Drinking Water Hotline (800-426-4791).

Drinking water, including bottled water, may reasonably be expected to contain at least small amounts of some contaminants. The presence of contaminants does not necessarily indicate that the water poses a health risk. The Food and Drug Administration (FDA) regulations establish limits for contaminants in bottled water, which must provide the same protection for public health. More information about contaminants and potential health effects can be obtained by calling the Environmental Protection Agency's Safe Drinking Water Hotline at 1-800-426-4791.

In 2021 the Department of Environmental Protection performed a Source Water Assessment on our system. The assessment was conducted to provide information about any potential sources of contamination in the vicinity of our wells. There is one moderate potential source of contamination from an area delineated, due to known agricultural chemical use, with a moderate potential for contamination in the vicinity of our well. The assessment results are available on the FDEP Source Water Assessment and Protection Program website at www.dep.state.fl.us/swapp. "In order to ensure that tap water is safe to drink, the EPA prescribes regulations, which limit the amount of certain contaminants in water provided by public water systems.

If present, elevated levels of lead can cause serious health problems, especially for pregnant women and young children. Lead in drinking water is primarily from materials and components associated with service lines and home plumbing. Hidden Cove is responsible for providing high quality drinking water, but cannot control the variety of materials used in plumbing components. When your water has been sitting for several hours, you can minimize the potential for lead exposure by flushing your tap for 30 seconds to 2 minutes before using water for drinking or cooking. If you are concerned about lead in your water, you may wish to have your water tested. Information on lead in drinking water,

testing methods, and steps you can take to minimize exposure is available from the Safe Drinking Water Hotline or at <http://www.epa.gov/safewater/lead>.

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

TERM Appearing in TABLE		DEFINITION
Action Level	AL	The concentration of a contaminant which, if exceeded, triggers treatment or other requirements which a water system must follow
Not Applicable	n/a	Does not apply.
Parts per million	ppm	or <i>Milligrams per liter (mg/l)</i> – one part by weight of analyte to one million parts by weight of the water sample.
Parts per billion	ppb	or <i>Micrograms per liter (µg/l)</i> – one part by weight of analyte to one billion parts by weight of the water sample.
Picocuries per liter	pCi/L	- <i>picocuries per liter</i> is a measure of the radioactivity in water
Maximum Residual Disinfectant Level	MRDL	The highest level of a disinfectant allowed in drinking water. There is convincing evidence that addition of a disinfectant is necessary for control of microbial contaminants.
Maximum Residual Disinfectant Level Goal	MRDLG	The level of a drinking water disinfectant below which there is no known or expected risk to health. MRDLGs do not reflect the benefits of the use of disinfectants to control microbial contaminants.
Maximum Contaminant Level	MCL	The "Maximum Allowed" is the highest level of a contaminant that is allowed in drinking water. MCLs are set as close to the MCLGs as feasible using the best available treatment technology.
Maximum Contaminant Level Goal	MCLG	The "Goal" is the level of a contaminant in drinking water below which there is no known or expected risk to health. MCLGs allow for a margin of safety.
Treatment Technique	TT	A required process intended to reduce the level of a contaminant in drinking water.

* Results in the Level Detected column for radioactive contaminants, inorganic contaminants, synthetic organic contaminants including pesticides and herbicides, and volatile organic contaminants are the highest average at any of the sampling points or the highest detected level at any sampling point, depending on the sampling frequency.

Contaminant and Unit of Measurement	Dates of sampling (mo./yr.)	MCL Violation Y/N	Level Detected	Range of Results	MCLG	MCL	Likely Source of Contamination
Radioactive Contaminants							
Alpha emitters (pCi/L)	07/21	N	2.2	NA	0	15	Erosion of natural deposits
Radium 226 + 228 or combined Radium (pCi/L)	07/21	N	4.1	NA	0	5	Erosion of natural deposits
Inorganic Contaminants							
Barium (ppm)	06/21	N	0.0030	NA	2	2	Discharge of drilling wastes; discharge from metal refineries; erosion of natural deposits
Mercury (inorganic) (ppb)	06/21	N	0.011	NA	2	2	Erosion of natural deposits; discharge from refineries and factories; runoff from landfills; runoff from cropland
Sodium (ppm)	06/21	N	0.80	NA	NA	160	Salt water intrusion, leaching from soil
Stage 2 Disinfectants and Disinfection By-Products							
Chlorine: Level Detected is the 2021 monthly average for residual Chlorine; Range of Results is the range of 2021 average monthly Chlorine residual level results (lowest to highest) at the individual sampling sites. Haloacetic Acids / TTHM: Level detected is from an individual 2021 sampling site.							
Chlorine (ppm)	1/21 - 12/21	N	1.05	0.36-2.3	MRDLG = 4	MRDL = 4.0	Water additive used to control microbes
Haloacetic Acids (five) (HAA5) (ppb)	06/21	N	NA	7.59	NA	MCL = 60	By-product of drinking water disinfection
TTHM [Total trihalomethanes] (ppb)	06/21	N	NA	19.29	NA	MCL = 80	By-product of drinking water disinfection

Lead and Copper (Tap Water)

Copper (tap water) (ppm)	06/21	N	0.0315	NA	1.3	1.3	Corrosion of household plumbing systems; erosion of natural deposits; leaching from wood preservatives
Lead (tap water) (ppb)	06/21	N	3.2	NA	0	15	Corrosion of household plumbing systems; erosion of natural deposits
Contaminant and Unit of Measurement	Dates of sampling (mo./yr.)	AL Exceeded (Y/N)	90th Percentile Result	No. of sampling sites exceeding the AL	MCLG	AL (Action Level)	Likely Source of Contamination

Wastewater

#9

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: CENTURY PROPERTIES MHP, LLC ADDRESS: 500 South Florida Avenue Suite 700 Lakeland, FL 33801 FACILITY: Hidden Cove WWTF LOCATION: Hideaway Lane Winter Haven, FL 33881 COUNTY: POLK	PERMIT NUMBER: FLA013107 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: R-001 DESCRIPTION: R001-Perc/Evaporatio ponds MONITORING PERIOD: From: 04/01/2021 To: 04/30/2021
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Parameter	Sample Measurement	Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow PARM Code 50050 Y Mon. Site: FLW-01	Sample Measurement		.011						0	5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
	Permit Requirement		0.02 (Annl Avg)	MGD						(5 Days/Week)	(Elapsed Time Measurement on Pump (Pump Log))
Flow PARM Code 50050 1 Mon. Site: FLW-01	Sample Measurement		.012						0	5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
	Permit Requirement		Report (Mo Avg)	MGD						(5 Days/Week)	(Elapsed Time Measurement on Pump (Pump Log))
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon. Site: EFA-01	Sample Measurement				<2				0	1 Monthly	Grab
	Permit Requirement				20.0 (Annl Avg)		mg/L			(1 Monthly)	(Grab)
BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Mon. Site: EFA-01	Sample Measurement				<2	<2			0	1 Monthly	Grab
	Permit Requirement				30.0 (Mo Avg)	60.0 (Maximum)	mg/L			(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-01	Sample Measurement					1.68			0	1 Monthly	Grab
	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended PARM Code 00530 A Mon. Site: EFA-01	Sample Measurement					5.00	5.00		0	1 Monthly	Grab
	Permit Requirement					30.0 (Mo Avg)	60.0 (Maximum)	mg/L		(1 Monthly)	(Grab)
pH PARM Code 00400 A Mon. Site: EFA-01	Sample Measurement				7.5		7.5		0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)
Coliform, Fecal PARM Code 74055 Y Mon. Site: EFA-01	Sample Measurement					<1			0	1 Monthly	Grab
	Permit Requirement					200.0 (Annl Avg)		#/100mL		(1 Monthly)	(Grab)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-01	Sample Measurement						<1		0	1 Monthly	Grab
	Permit Requirement						800.0 (Maximum)	#/100mL		(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-01	Sample Measurement				2.2				0	5 Days/Week	Grab
	Permit Requirement				0.5 (Minimum)			mg/L		(5 Days/Week)	(Grab)
Nitrogen, Total PARM Code 00600 A Mon. Site: EFA-01	Sample Measurement						0.49		0	1 Monthly	Grab
	Permit Requirement						12.0 (Maximum)	mg/L		(1 Monthly)	(Grab)
Flow PARM Code 50050 P Mon. Site: FLW-01	Sample Measurement	.012	.012						0	5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
	Permit Requirement	Report (Mo Avg)	0.02 (3MonAvg)	MGD						(5 Days/Week)	(Elapsed Time Measurement on Pump (Pump Log))
Percent Capacity, (TMADF/Permitted Capacity) x 100 PARM Code 00180 1 Mon. Site: FLW-01	Sample Measurement						60		0	1 Monthly	Calculated
	Permit Requirement						Report (Mo Avg)	percent		(1 Monthly)	(Calculated)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Jason Wright	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed			TELEPHONE (863) 944-0898	SUBMITTED ON 06/29/2021

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: CENTURY PROPERTIES MHP, LLC ADDRESS: 500 South Florida Avenue Suite 700 Lakeland, FL 33801 FACILITY: Hidden Cove WWTF LOCATION: Hideaway Lane Winter Haven, FL 33881 COUNTY: POLK	PERMIT NUMBER: FLA013107 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-Q DESCRIPTION: Biosolids Quantity MONITORING PERIOD: From: 04/01/2021 To: 04/30/2021
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Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Transferred)	.22				0	1 Monthly	Calculated
PARM Code B0007 + Mon. Site: RMP-01	Report (Mo Total)	dry tons				(1 Monthly)	(Calculated)
Biosolids Quantity (Landfilled)	0				0	1 Monthly	Calculated
PARM Code B0008 + Mon. Site: RMP-01	Report (Mo Total)	dry tons				(1 Monthly)	(Calculated)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Jason Wright	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed		TELEPHONE (863) 944-0898	SUBMITTED ON 06/29/2021

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: CENTURY PROPERTIES MHP, LLC	PERMIT NUMBER: FLA013107
ADDRESS: 500 South Florida Avenue Suite 700 Lakeland, FL 33801	LIMIT: FINAL REPORT: Monthly
FACILITY: Hidden Cove WWTF	FACILITY TYPE: DW GROUP: Domestic
LOCATION: Hideaway Lane Winter Haven, FL 33881	MONITORING GROUP: R-001
COUNTY: POLK	DESCRIPTION: R001-Perc/Evaporatio ponds
	MONITORING PERIOD: From: 08/01/2021 To: 08/31/2021

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement		.011						0	5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
PARM Code 50050 Y Mon. Site: FLW-01	Permit Requirement		0.02 (Annl Avg)	MGD						(5 Days/Week)	(Elapsed Time Measurement on Pump (Pump Log))
Flow	Sample Measurement		.008						0	5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
PARM Code 50050 1 Mon. Site: FLW-01	Permit Requirement		Report (Mo Avg)	MGD						(5 Days/Week)	(Elapsed Time Measurement on Pump (Pump Log))
BOD, Carbonaceous 5 day, 20C	Sample Measurement					<2			0	1 Monthly	Grab
PARM Code 80082 Y Mon. Site: EFA-01	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Monthly)	(Grab)
BOD, Carbonaceous 5 day, 20C	Sample Measurement					<2	<2		0	1 Monthly	Grab
PARM Code 80082 A Mon. Site: EFA-01	Permit Requirement					30.0 (Mo Avg)	60.0 (Maximum)	mg/L		(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-01	Sample Measurement					2.39			0	1 Monthly	Grab
	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended PARM Code 00530 A Mon. Site: EFA-01	Sample Measurement					8.08	8.08		0	1 Monthly	Grab
	Permit Requirement					30.0 (Mo Avg)	60.0 (Maximum)	mg/L		(1 Monthly)	(Grab)
pH PARM Code 00400 A Mon. Site: EFA-01	Sample Measurement				7.5		7.5		0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)
Coliform, Fecal PARM Code 74055 Y Mon. Site: EFA-01	Sample Measurement					<1			0	1 Monthly	Grab
	Permit Requirement					200.0 (Annl Avg)		#/100mL		(1 Monthly)	(Grab)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-01	Sample Measurement						<1		0	1 Monthly	Grab
	Permit Requirement						800.0 (Maximum)	#/100mL		(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-01	Sample Measurement				2.2				0	5 Days/Week	Grab
	Permit Requirement				0.5 (Minimum)			mg/L		(5 Days/Week)	(Grab)
Nitrogen, Total PARM Code 00600 A Mon. Site: EFA-01	Sample Measurement						2.45		0	1 Monthly	Grab
	Permit Requirement						12.0 (Maximum)	mg/L		(1 Monthly)	(Grab)
Flow PARM Code 50050 P Mon. Site: FLW-01	Sample Measurement	.008	.008						0	5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
	Permit Requirement	Report (Mo Avg)	0.02 (3MonAvg)	MGD						(5 Days/Week)	(Elapsed Time Measurement on Pump (Pump Log))
Percent Capacity, (TMADF/Permitted Capacity) x 100 PARM Code 00180 1 Mon. Site: FLW-01	Sample Measurement						40		0	1 Monthly	Calculated
	Permit Requirement						Report (Mo Avg)	percent		(1 Monthly)	(Calculated)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Jason Wright	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed			TELEPHONE (863) 944-0898	SUBMITTED ON 05/25/2022

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: CENTURY PROPERTIES MHP, LLC ADDRESS: 500 South Florida Avenue Suite 700 Lakeland, FL 33801 FACILITY: Hidden Cove WWTF LOCATION: Hideaway Lane Winter Haven, FL 33881 COUNTY: POLK	PERMIT NUMBER: FLA013107 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-Q DESCRIPTION: Biosolids Quantity MONITORING PERIOD: From: 08/01/2021 To: 08/31/2021
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Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Transferred)	0				0	1 Monthly	Calculated
PARM Code B0007 + Mon. Site: RMP-01	Report (Mo Total)	dry tons				(1 Monthly)	(Calculated)
Biosolids Quantity (Landfilled)	0				0	1 Monthly	Calculated
PARM Code B0008 + Mon. Site: RMP-01	Report (Mo Total)	dry tons				(1 Monthly)	(Calculated)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Jason Wright	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed	TELEPHONE (863) 944-0898	SUBMITTED ON 05/25/2022

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: CENTURY PROPERTIES MHP, LLC	PERMIT NUMBER: FLA013107
ADDRESS: 500 South Florida Avenue Suite 700 Lakeland, FL 33801	LIMIT: FINAL REPORT: Monthly
FACILITY: Hidden Cove WWTF	FACILITY TYPE: DW GROUP: Domestic
LOCATION: Hideaway Lane Winter Haven, FL 33881	MONITORING GROUP: R-001
COUNTY: POLK	DESCRIPTION: R001-Perc/Evaporatio ponds
	MONITORING PERIOD: From: 12/01/2021 To: 12/31/2021

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow PARM Code 50050 Y Mon. Site: FLW-01	Sample Measurement		.011						0	5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
	Permit Requirement		0.02 (Annl Avg)	MGD						(5 Days/Week)	(Elapsed Time Measurement on Pump (Pump Log))
Flow PARM Code 50050 1 Mon. Site: FLW-01	Sample Measurement		.012						0	5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
	Permit Requirement		Report (Mo Avg)	MGD						(5 Days/Week)	(Elapsed Time Measurement on Pump (Pump Log))
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon. Site: EFA-01	Sample Measurement				<2				0	1 Monthly	Grab
	Permit Requirement				20.0 (Annl Avg)		mg/L			(1 Monthly)	(Grab)
BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Mon. Site: EFA-01	Sample Measurement				<2	<2			0	1 Monthly	Grab
	Permit Requirement				30.0 (Mo Avg)	60.0 (Maximum)	mg/L			(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-01	Sample Measurement					2.27			0	1 Monthly	Grab
	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended PARM Code 00530 A Mon. Site: EFA-01	Sample Measurement					1.80	1.80		0	1 Monthly	Grab
	Permit Requirement					30.0 (Mo Avg)	60.0 (Maximum)	mg/L		(1 Monthly)	(Grab)
pH PARM Code 00400 A Mon. Site: EFA-01	Sample Measurement				7.5		7.5		0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)
Coliform, Fecal PARM Code 74055 Y Mon. Site: EFA-01	Sample Measurement					<1			0	1 Monthly	Grab
	Permit Requirement					200.0 (Annl Avg)		#/100mL		(1 Monthly)	(Grab)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-01	Sample Measurement						<1		0	1 Monthly	Grab
	Permit Requirement						800.0 (Maximum)	#/100mL		(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-01	Sample Measurement				2.2				0	5 Days/Week	Grab
	Permit Requirement				0.5 (Minimum)			mg/L		(5 Days/Week)	(Grab)
Nitrogen, Total PARM Code 00600 A Mon. Site: EFA-01	Sample Measurement						0.69		0	1 Monthly	Grab
	Permit Requirement						12.0 (Maximum)	mg/L		(1 Monthly)	(Grab)
Flow PARM Code 50050 P Mon. Site: FLW-01	Sample Measurement	.012	.012						0	5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
	Permit Requirement	Report (Mo Avg)	0.02 (3MonAvg)	MGD						(5 Days/Week)	(Elapsed Time Measurement on Pump (Pump Log))
Percent Capacity, (TMADF/Permitted Capacity) x 100 PARM Code 00180 1 Mon. Site: FLW-01	Sample Measurement						60		0	1 Monthly	Calculated
	Permit Requirement						Report (Mo Avg)	percent		(1 Monthly)	(Calculated)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Jason Wright	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed			TELEPHONE (863) 944-0898	SUBMITTED ON 05/25/2022

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: CENTURY PROPERTIES MHP, LLC ADDRESS: 500 South Florida Avenue Suite 700 Lakeland, FL 33801 FACILITY: Hidden Cove WWTF LOCATION: Hideaway Lane Winter Haven, FL 33881 COUNTY: POLK	PERMIT NUMBER: FLA013107 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-Q DESCRIPTION: Biosolids Quantity MONITORING PERIOD: From: 12/01/2021 To: 12/31/2021
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Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Transferred)	0.22				0	1 Monthly	Calculated
PARM Code B0007 + Mon. Site: RMP-01	Report (Mo Total)	dry tons				(1 Monthly)	(Calculated)
Biosolids Quantity (Landfilled)	0				0	1 Monthly	Calculated
PARM Code B0008 + Mon. Site: RMP-01	Report (Mo Total)	dry tons				(1 Monthly)	(Calculated)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Jason Wright	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed	TELEPHONE (863) 944-0898	SUBMITTED ON 05/25/2022
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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: CENTURY PROPERTIES MHP, LLC	PERMIT NUMBER: FLA013107
ADDRESS: 500 South Florida Avenue Suite 700 Lakeland, FL 33801	LIMIT: FINAL REPORT: Monthly
FACILITY: Hidden Cove WWTF	FACILITY TYPE: DW GROUP: Domestic
LOCATION: Hideaway Lane Winter Haven, FL 33881	MONITORING GROUP: R-001
COUNTY: POLK	DESCRIPTION: R001-Perc/Evaporatio ponds
	MONITORING PERIOD: From: 02/01/2021 To: 02/28/2021

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement		.011						0	5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
PARM Code 50050 Y Mon. Site: FLW-01	Permit Requirement		0.02 (Annl Avg)	MGD						(5 Days/Week)	(Elapsed Time Measurement on Pump (Pump Log))
Flow	Sample Measurement		.012						0	5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
PARM Code 50050 1 Mon. Site: FLW-01	Permit Requirement		Report (Mo Avg)	MGD						(5 Days/Week)	(Elapsed Time Measurement on Pump (Pump Log))
BOD, Carbonaceous 5 day, 20C	Sample Measurement					<2			0	1 Monthly	Grab
PARM Code 80082 Y Mon. Site: EFA-01	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Monthly)	(Grab)
BOD, Carbonaceous 5 day, 20C	Sample Measurement					<2	<2		0	1 Monthly	Grab
PARM Code 80082 A Mon. Site: EFA-01	Permit Requirement					30.0 (Mo Avg)	60.0 (Maximum)	mg/L		(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-01	Sample Measurement					1.23			0	1 Monthly	Grab
	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended PARM Code 00530 A Mon. Site: EFA-01	Sample Measurement					1.40	1.40		0	1 Monthly	Grab
	Permit Requirement					30.0 (Mo Avg)	60.0 (Maximum)	mg/L		(1 Monthly)	(Grab)
pH PARM Code 00400 A Mon. Site: EFA-01	Sample Measurement				7.5		7.5		0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)
Coliform, Fecal PARM Code 74055 Y Mon. Site: EFA-01	Sample Measurement					<1			0	1 Monthly	Grab
	Permit Requirement					200.0 (Annl Avg)		#/100mL		(1 Monthly)	(Grab)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-01	Sample Measurement						<1		0	1 Monthly	Grab
	Permit Requirement						800.0 (Maximum)	#/100mL		(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-01	Sample Measurement				2.2				0	5 Days/Week	Grab
	Permit Requirement				0.5 (Minimum)			mg/L		(5 Days/Week)	(Grab)
Nitrogen, Total PARM Code 00600 A Mon. Site: EFA-01	Sample Measurement						0.10		0	1 Monthly	Grab
	Permit Requirement						12.0 (Maximum)	mg/L		(1 Monthly)	(Grab)
Flow PARM Code 50050 P Mon. Site: FLW-01	Sample Measurement	.012	.013						0	5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
	Permit Requirement	Report (Mo Avg)	0.02 (3MonAvg)	MGD						(5 Days/Week)	(Elapsed Time Measurement on Pump (Pump Log))
Percent Capacity, (TMADF/Permitted Capacity) x 100 PARM Code 00180 1 Mon. Site: FLW-01	Sample Measurement						65		0	1 Monthly	Calculated
	Permit Requirement						Report (Mo Avg)	percent		(1 Monthly)	(Calculated)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Jason Wright	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed			TELEPHONE (863) 944-0898	SUBMITTED ON 06/29/2021

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: CENTURY PROPERTIES MHP, LLC ADDRESS: 500 South Florida Avenue Suite 700 Lakeland, FL 33801 FACILITY: Hidden Cove WWTF LOCATION: Hideaway Lane Winter Haven, FL 33881 COUNTY: POLK	PERMIT NUMBER: FLA013107 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-Q DESCRIPTION: Biosolids Quantity MONITORING PERIOD: From: 02/01/2021 To: 02/28/2021
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Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Transferred)	.22				0	1 Monthly	Calculated
PARM Code B0007 + Mon. Site: RMP-01	Report (Mo Total)	dry tons				(1 Monthly)	(Calculated)
Biosolids Quantity (Landfilled)	0				0	1 Monthly	Calculated
PARM Code B0008 + Mon. Site: RMP-01	Report (Mo Total)	dry tons				(1 Monthly)	(Calculated)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Jason Wright	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed	TELEPHONE (863) 944-0898	SUBMITTED ON 06/29/2021

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: CENTURY PROPERTIES MHP, LLC	PERMIT NUMBER: FLA013107
ADDRESS: 500 South Florida Avenue Suite 700 Lakeland, FL 33801	LIMIT: FINAL REPORT: Monthly
FACILITY: Hidden Cove WWTF	FACILITY TYPE: DW GROUP: Domestic
LOCATION: Hideaway Lane Winter Haven, FL 33881	MONITORING GROUP: R-001
COUNTY: POLK	DESCRIPTION: R001-Perc/Evaporatio ponds
	MONITORING PERIOD: From: 01/01/2021 To: 01/31/2021

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow PARM Code 50050 Y Mon. Site: FLW-01	Sample Measurement		.011						0	5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
	Permit Requirement		0.02 (Annl Avg)	MGD						(5 Days/Week)	(Elapsed Time Measurement on Pump (Pump Log))
Flow PARM Code 50050 1 Mon. Site: FLW-01	Sample Measurement		.014						0	5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
	Permit Requirement		Report (Mo Avg)	MGD						(5 Days/Week)	(Elapsed Time Measurement on Pump (Pump Log))
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon. Site: EFA-01	Sample Measurement				<2				0	1 Monthly	Grab
	Permit Requirement				20.0 (Annl Avg)		mg/L			(1 Monthly)	(Grab)
BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Mon. Site: EFA-01	Sample Measurement				<2	<2			0	1 Monthly	Grab
	Permit Requirement				30.0 (Mo Avg)	60.0 (Maximum)	mg/L			(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-01	Sample Measurement					1.16			0	1 Monthly	Grab
	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended PARM Code 00530 A Mon. Site: EFA-01	Sample Measurement					<1	<1		0	1 Monthly	Grab
	Permit Requirement					30.0 (Mo Avg)	60.0 (Maximum)	mg/L		(1 Monthly)	(Grab)
pH PARM Code 00400 A Mon. Site: EFA-01	Sample Measurement				7.5		7.5		0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)
Coliform, Fecal PARM Code 74055 Y Mon. Site: EFA-01	Sample Measurement					<1			0	1 Monthly	Grab
	Permit Requirement					200.0 (Annl Avg)		#/100mL		(1 Monthly)	(Grab)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-01	Sample Measurement						<1		0	1 Monthly	Grab
	Permit Requirement						800.0 (Maximum)	#/100mL		(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-01	Sample Measurement				2.2				0	5 Days/Week	Grab
	Permit Requirement				0.5 (Minimum)			mg/L		(5 Days/Week)	(Grab)
Nitrogen, Total PARM Code 00600 A Mon. Site: EFA-01	Sample Measurement						6.18		0	1 Monthly	Grab
	Permit Requirement						12.0 (Maximum)	mg/L		(1 Monthly)	(Grab)
Flow PARM Code 50050 P Mon. Site: FLW-01	Sample Measurement	.014	.013						0	5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
	Permit Requirement	Report (Mo Avg)	0.02 (3MonAvg)	MGD						(5 Days/Week)	(Elapsed Time Measurement on Pump (Pump Log))
Percent Capacity, (TMADF/Permitted Capacity) x 100 PARM Code 00180 1 Mon. Site: FLW-01	Sample Measurement						65		0	1 Monthly	Calculated
	Permit Requirement						Report (Mo Avg)	percent		(1 Monthly)	(Calculated)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Jason Wright	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed			TELEPHONE (863) 944-0898	SUBMITTED ON 06/29/2021

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: CENTURY PROPERTIES MHP, LLC ADDRESS: 500 South Florida Avenue Suite 700 Lakeland, FL 33801 FACILITY: Hidden Cove WWTF LOCATION: Hideaway Lane Winter Haven, FL 33881 COUNTY: POLK	PERMIT NUMBER: FLA013107 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-Q DESCRIPTION: Biosolids Quantity MONITORING PERIOD: From: 01/01/2021 To: 01/31/2021
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Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Transferred)	.22				0	1 Monthly	Calculated
PARM Code B0007 + Mon. Site: RMP-01	Report (Mo Total)	dry tons				(1 Monthly)	(Calculated)
Biosolids Quantity (Landfilled)	0				0	1 Monthly	Calculated
PARM Code B0008 + Mon. Site: RMP-01	Report (Mo Total)	dry tons				(1 Monthly)	(Calculated)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Jason Wright	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed	TELEPHONE (863) 944-0898	SUBMITTED ON 06/29/2021
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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: CENTURY PROPERTIES MHP, LLC	PERMIT NUMBER: FLA013107
ADDRESS: 500 South Florida Avenue Suite 700 Lakeland, FL 33801	LIMIT: FINAL REPORT: Monthly
FACILITY: Hidden Cove WWTF	FACILITY TYPE: DW GROUP: Domestic
LOCATION: Hideaway Lane Winter Haven, FL 33881	MONITORING GROUP: R-001
COUNTY: POLK	DESCRIPTION: R001-Perc/Evaporatio ponds
	MONITORING PERIOD: From: 07/01/2021 To: 07/31/2021

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement		.011						0	5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
PARM Code 50050 Y Mon. Site: FLW-01	Permit Requirement		0.02 (Annl Avg)	MGD						(5 Days/Week)	(Elapsed Time Measurement on Pump (Pump Log))
Flow	Sample Measurement		.009						0	5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
PARM Code 50050 1 Mon. Site: FLW-01	Permit Requirement		Report (Mo Avg)	MGD						(5 Days/Week)	(Elapsed Time Measurement on Pump (Pump Log))
BOD, Carbonaceous 5 day, 20C	Sample Measurement					<2			0	1 Monthly	Grab
PARM Code 80082 Y Mon. Site: EFA-01	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Monthly)	(Grab)
BOD, Carbonaceous 5 day, 20C	Sample Measurement					<2	<2		0	1 Monthly	Grab
PARM Code 80082 A Mon. Site: EFA-01	Permit Requirement					30.0 (Mo Avg)	60.0 (Maximum)	mg/L		(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-01	Sample Measurement					1.76			0	1 Monthly	Grab
	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended PARM Code 00530 A Mon. Site: EFA-01	Sample Measurement					<1	<1		0	1 Monthly	Grab
	Permit Requirement					30.0 (Mo Avg)	60.0 (Maximum)	mg/L		(1 Monthly)	(Grab)
pH PARM Code 00400 A Mon. Site: EFA-01	Sample Measurement				7.5		7.5		0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)
Coliform, Fecal PARM Code 74055 Y Mon. Site: EFA-01	Sample Measurement					<1			0	1 Monthly	Grab
	Permit Requirement					200.0 (Annl Avg)		#/100mL		(1 Monthly)	(Grab)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-01	Sample Measurement						<1		0	1 Monthly	Grab
	Permit Requirement						800.0 (Maximum)	#/100mL		(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-01	Sample Measurement				2.2				0	5 Days/Week	Grab
	Permit Requirement				0.5 (Minimum)			mg/L		(5 Days/Week)	(Grab)
Nitrogen, Total PARM Code 00600 A Mon. Site: EFA-01	Sample Measurement						0.40		0	1 Monthly	Grab
	Permit Requirement						12.0 (Maximum)	mg/L		(1 Monthly)	(Grab)
Flow PARM Code 50050 P Mon. Site: FLW-01	Sample Measurement	.009	.009						0	5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
	Permit Requirement	Report (Mo Avg)	0.02 (3MonAvg)	MGD						(5 Days/Week)	(Elapsed Time Measurement on Pump (Pump Log))
Percent Capacity, (TMADF/Permitted Capacity) x 100 PARM Code 00180 1 Mon. Site: FLW-01	Sample Measurement						45		0	1 Monthly	Calculated
	Permit Requirement						Report (Mo Avg)	percent		(1 Monthly)	(Calculated)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Jason Wright	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed			TELEPHONE (863) 944-0898	SUBMITTED ON 05/25/2022

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: CENTURY PROPERTIES MHP, LLC ADDRESS: 500 South Florida Avenue Suite 700 Lakeland, FL 33801 FACILITY: Hidden Cove WWTF LOCATION: Hideaway Lane Winter Haven, FL 33881 COUNTY: POLK	PERMIT NUMBER: FLA013107 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-Q DESCRIPTION: Biosolids Quantity MONITORING PERIOD: From: 07/01/2021 To: 07/31/2021
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Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Transferred)	0				0	1 Monthly	Calculated
PARM Code B0007 + Mon. Site: RMP-01	Report (Mo Total)	dry tons				(1 Monthly)	(Calculated)
Biosolids Quantity (Landfilled)	0				0	1 Monthly	Calculated
PARM Code B0008 + Mon. Site: RMP-01	Report (Mo Total)	dry tons				(1 Monthly)	(Calculated)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Jason Wright	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed	TELEPHONE (863) 944-0898	SUBMITTED ON 05/25/2022

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: CENTURY PROPERTIES MHP, LLC	PERMIT NUMBER: FLA013107
ADDRESS: 500 South Florida Avenue Suite 700 Lakeland, FL 33801	LIMIT: FINAL REPORT: Monthly
FACILITY: Hidden Cove WWTF	FACILITY TYPE: DW GROUP: Domestic
LOCATION: Hideaway Lane Winter Haven, FL 33881	MONITORING GROUP: R-001
COUNTY: POLK	DESCRIPTION: R001-Perc/Evaporatio ponds
	MONITORING PERIOD: From: 06/01/2021 To: 06/30/2021

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement		.011						0	5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
PARM Code 50050 Y Mon. Site: FLW-01	Permit Requirement		0.02 (Annl Avg)	MGD						(5 Days/Week)	(Elapsed Time Measurement on Pump (Pump Log))
Flow	Sample Measurement		.009						0	5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
PARM Code 50050 1 Mon. Site: FLW-01	Permit Requirement		Report (Mo Avg)	MGD						(5 Days/Week)	(Elapsed Time Measurement on Pump (Pump Log))
BOD, Carbonaceous 5 day, 20C	Sample Measurement					<2			0	1 Monthly	Grab
PARM Code 80082 Y Mon. Site: EFA-01	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Monthly)	(Grab)
BOD, Carbonaceous 5 day, 20C	Sample Measurement					<2	<2		0	1 Monthly	Grab
PARM Code 80082 A Mon. Site: EFA-01	Permit Requirement					30.0 (Mo Avg)	60.0 (Maximum)	mg/L		(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-01	Sample Measurement					1.76			0	1 Monthly	Grab
	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended PARM Code 00530 A Mon. Site: EFA-01	Sample Measurement					1.44	1.44		0	1 Monthly	Grab
	Permit Requirement					30.0 (Mo Avg)	60.0 (Maximum)	mg/L		(1 Monthly)	(Grab)
pH PARM Code 00400 A Mon. Site: EFA-01	Sample Measurement				7.5		7.5		0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)
Coliform, Fecal PARM Code 74055 Y Mon. Site: EFA-01	Sample Measurement					<1			0	1 Monthly	Grab
	Permit Requirement					200.0 (Annl Avg)		#/100mL		(1 Monthly)	(Grab)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-01	Sample Measurement						<1		0	1 Monthly	Grab
	Permit Requirement						800.0 (Maximum)	#/100mL		(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-01	Sample Measurement				2.2				0	5 Days/Week	Grab
	Permit Requirement				0.5 (Minimum)			mg/L		(5 Days/Week)	(Grab)
Nitrogen, Total PARM Code 00600 A Mon. Site: EFA-01	Sample Measurement						3.36		0	1 Monthly	Grab
	Permit Requirement						12.0 (Maximum)	mg/L		(1 Monthly)	(Grab)
Flow PARM Code 50050 P Mon. Site: FLW-01	Sample Measurement	.009	.010						0	5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
	Permit Requirement	Report (Mo Avg)	0.02 (3MonAvg)	MGD						(5 Days/Week)	(Elapsed Time Measurement on Pump (Pump Log))
Percent Capacity, (TMADF/Permitted Capacity) x 100 PARM Code 00180 1 Mon. Site: FLW-01	Sample Measurement						50		0	1 Monthly	Calculated
	Permit Requirement						Report (Mo Avg)	percent		(1 Monthly)	(Calculated)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Jason Wright	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed			TELEPHONE (863) 944-0898	SUBMITTED ON 07/28/2021

Parameter	Monitoring Site	Comments for Monitoring Group - R-001
80082 Y	EFA-01	Sample had to be taken again on 7/2/21 due to lab error. Sample originally pulled on 6/30 was unintentionally discarded prematurely along with the monthly samples from Anglers Cove, also sampled 6/30. JW

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: CENTURY PROPERTIES MHP, LLC ADDRESS: 500 South Florida Avenue Suite 700 Lakeland, FL 33801 FACILITY: Hidden Cove WWTF LOCATION: Hideaway Lane Winter Haven, FL 33881 COUNTY: POLK	PERMIT NUMBER: FLA013107 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-Q DESCRIPTION: Biosolids Quantity MONITORING PERIOD: From: 06/01/2021 To: 06/30/2021
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Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type	
Biosolids Quantity (Transferred)	0				0	1 Monthly	Calculated	
PARM Code B0007 + Mon. Site: RMP-01	Report (Mo Total)	dry tons				(1 Monthly)	(Calculated)	
Biosolids Quantity (Landfilled)	0				0	1 Monthly	Calculated	
PARM Code B0008 + Mon. Site: RMP-01	Report (Mo Total)	dry tons				(1 Monthly)	(Calculated)	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Jason Wright	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed		TELEPHONE (863) 944-0898	SUBMITTED ON 07/28/2021

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: CENTURY PROPERTIES MHP, LLC	PERMIT NUMBER: FLA013107
ADDRESS: 500 South Florida Avenue Suite 700 Lakeland, FL 33801	LIMIT: FINAL REPORT: Monthly
FACILITY: Hidden Cove WWTF	FACILITY TYPE: DW GROUP: Domestic
LOCATION: Hideaway Lane Winter Haven, FL 33881	MONITORING GROUP: R-001
COUNTY: POLK	DESCRIPTION: R001-Perc/Evaporatio ponds
	MONITORING PERIOD: From: 03/01/2021 To: 03/31/2021

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement		.011						0	5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
PARM Code 50050 Y Mon. Site: FLW-01	Permit Requirement		0.02 (Annl Avg)	MGD						(5 Days/Week)	(Elapsed Time Measurement on Pump (Pump Log))
Flow	Sample Measurement		.012						0	5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
PARM Code 50050 1 Mon. Site: FLW-01	Permit Requirement		Report (Mo Avg)	MGD						(5 Days/Week)	(Elapsed Time Measurement on Pump (Pump Log))
BOD, Carbonaceous 5 day, 20C	Sample Measurement					<2			0	1 Monthly	Grab
PARM Code 80082 Y Mon. Site: EFA-01	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Monthly)	(Grab)
BOD, Carbonaceous 5 day, 20C	Sample Measurement					<2	<2		0	1 Monthly	Grab
PARM Code 80082 A Mon. Site: EFA-01	Permit Requirement					30.0 (Mo Avg)	60.0 (Maximum)	mg/L		(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-01	Sample Measurement					1.3			0	1 Monthly	Grab
	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended PARM Code 00530 A Mon. Site: EFA-01	Sample Measurement					2.28	2.28		0	1 Monthly	Grab
	Permit Requirement					30.0 (Mo Avg)	60.0 (Maximum)	mg/L		(1 Monthly)	(Grab)
pH PARM Code 00400 A Mon. Site: EFA-01	Sample Measurement				7.5		7.5		0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)
Coliform, Fecal PARM Code 74055 Y Mon. Site: EFA-01	Sample Measurement					<1			0	1 Monthly	Grab
	Permit Requirement					200.0 (Annl Avg)		#/100mL		(1 Monthly)	(Grab)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-01	Sample Measurement						<1		0	1 Monthly	Grab
	Permit Requirement						800.0 (Maximum)	#/100mL		(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-01	Sample Measurement				2.2				0	5 Days/Week	Grab
	Permit Requirement				0.5 (Minimum)			mg/L		(5 Days/Week)	(Grab)
Nitrogen, Total PARM Code 00600 A Mon. Site: EFA-01	Sample Measurement						0.51		0	1 Monthly	Grab
	Permit Requirement						12.0 (Maximum)	mg/L		(1 Monthly)	(Grab)
Flow PARM Code 50050 P Mon. Site: FLW-01	Sample Measurement	.012	.013						0	5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
	Permit Requirement	Report (Mo Avg)	0.02 (3MonAvg)	MGD						(5 Days/Week)	(Elapsed Time Measurement on Pump (Pump Log))
Percent Capacity, (TMADF/Permitted Capacity) x 100 PARM Code 00180 1 Mon. Site: FLW-01	Sample Measurement						65		0	1 Monthly	Calculated
	Permit Requirement						Report (Mo Avg)	percent		(1 Monthly)	(Calculated)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Jason Wright	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed			TELEPHONE (863) 944-0898	SUBMITTED ON 06/29/2021

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: CENTURY PROPERTIES MHP, LLC ADDRESS: 500 South Florida Avenue Suite 700 Lakeland, FL 33801 FACILITY: Hidden Cove WWTF LOCATION: Hideaway Lane Winter Haven, FL 33881 COUNTY: POLK	PERMIT NUMBER: FLA013107 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-Q DESCRIPTION: Biosolids Quantity MONITORING PERIOD: From: 03/01/2021 To: 03/31/2021
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Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Transferred)	.22				0	1 Monthly	Calculated
PARM Code B0007 + Mon. Site: RMP-01	Report (Mo Total)	dry tons				(1 Monthly)	(Calculated)
Biosolids Quantity (Landfilled)	0				0	1 Monthly	Calculated
PARM Code B0008 + Mon. Site: RMP-01	Report (Mo Total)	dry tons				(1 Monthly)	(Calculated)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Jason Wright	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed	TELEPHONE (863) 944-0898	SUBMITTED ON 06/29/2021

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: CENTURY PROPERTIES MHP, LLC ADDRESS: 500 South Florida Avenue Suite 700 Lakeland, FL 33801 FACILITY: Hidden Cove WWTF LOCATION: Hideaway Lane Winter Haven, FL 33881 COUNTY: POLK	PERMIT NUMBER: FLA013107 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: R-001 DESCRIPTION: R001-Perc/Evaporatio ponds MONITORING PERIOD: From: 05/01/2021 To: 05/31/2021
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Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow PARM Code 50050 Y Mon. Site: FLW-01	Sample Measurement	.011				0	5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
	Permit Requirement	0.02 (Annl Avg)	MGD				(5 Days/Week)	(Elapsed Time Measurement on Pump (Pump Log))
Flow PARM Code 50050 1 Mon. Site: FLW-01	Sample Measurement	.009				0	5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
	Permit Requirement	Report (Mo Avg)	MGD				(5 Days/Week)	(Elapsed Time Measurement on Pump (Pump Log))
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon. Site: EFA-01	Sample Measurement			<2		0	1 Monthly	Grab
	Permit Requirement			20.0 (Annl Avg)	mg/L		(1 Monthly)	(Grab)
BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Mon. Site: EFA-01	Sample Measurement			<2	<2	0	1 Monthly	Grab
	Permit Requirement			30.0 (Mo Avg)	60.0 (Maximum)	mg/L	(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-01	Sample Measurement					1.68			0	1 Monthly	Grab
	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended PARM Code 00530 A Mon. Site: EFA-01	Sample Measurement					<1	<1		0	1 Monthly	Grab
	Permit Requirement					30.0 (Mo Avg)	60.0 (Maximum)	mg/L		(1 Monthly)	(Grab)
pH PARM Code 00400 A Mon. Site: EFA-01	Sample Measurement				7.5		7.5		0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)
Coliform, Fecal PARM Code 74055 Y Mon. Site: EFA-01	Sample Measurement					<1			0	1 Monthly	Grab
	Permit Requirement					200.0 (Annl Avg)		#/100mL		(1 Monthly)	(Grab)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-01	Sample Measurement						<1		0	1 Monthly	Grab
	Permit Requirement						800.0 (Maximum)	#/100mL		(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-01	Sample Measurement				2.2				0	5 Days/Week	Grab
	Permit Requirement				0.5 (Minimum)			mg/L		(5 Days/Week)	(Grab)
Nitrogen, Total PARM Code 00600 A Mon. Site: EFA-01	Sample Measurement						1.51		0	1 Monthly	Grab
	Permit Requirement						12.0 (Maximum)	mg/L		(1 Monthly)	(Grab)
Flow PARM Code 50050 P Mon. Site: FLW-01	Sample Measurement	.009	.011						0	5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
	Permit Requirement	Report (Mo Avg)	0.02 (3MonAvg)	MGD						(5 Days/Week)	(Elapsed Time Measurement on Pump (Pump Log))
Percent Capacity, (TMADF/Permitted Capacity) x 100 PARM Code 00180 1 Mon. Site: FLW-01	Sample Measurement						55		0	1 Monthly	Calculated
	Permit Requirement						Report (Mo Avg)	percent		(1 Monthly)	(Calculated)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Jason Wright	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed			TELEPHONE (863) 944-0898	SUBMITTED ON 06/29/2021

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: CENTURY PROPERTIES MHP, LLC ADDRESS: 500 South Florida Avenue Suite 700 Lakeland, FL 33801 FACILITY: Hidden Cove WWTF LOCATION: Hideaway Lane Winter Haven, FL 33881 COUNTY: POLK	PERMIT NUMBER: FLA013107 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-Q DESCRIPTION: Biosolids Quantity MONITORING PERIOD: From: 05/01/2021 To: 05/31/2021
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Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Transferred)	.22				0	1 Monthly	Calculated
PARM Code B0007 + Mon. Site: RMP-01	Report (Mo Total)	dry tons				(1 Monthly)	(Calculated)
Biosolids Quantity (Landfilled)	0				0	1 Monthly	Calculated
PARM Code B0008 + Mon. Site: RMP-01	Report (Mo Total)	dry tons				(1 Monthly)	(Calculated)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Jason Wright	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed	TELEPHONE (863) 944-0898	SUBMITTED ON 06/29/2021

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: CENTURY PROPERTIES MHP, LLC	PERMIT NUMBER: FLA013107
ADDRESS: 500 South Florida Avenue Suite 700 Lakeland, FL 33801	LIMIT: FINAL REPORT: Monthly
FACILITY: Hidden Cove WWTF	FACILITY TYPE: DW GROUP: Domestic
LOCATION: Hideaway Lane Winter Haven, FL 33881	MONITORING GROUP: R-001
COUNTY: POLK	DESCRIPTION: R001-Perc/Evaporatio ponds
	MONITORING PERIOD: From: 11/01/2021 To: 11/30/2021

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement		.011						0	5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
PARM Code 50050 Y Mon. Site: FLW-01	Permit Requirement		0.02 (Annl Avg)	MGD						(5 Days/Week)	(Elapsed Time Measurement on Pump (Pump Log))
Flow	Sample Measurement		.012						0	5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
PARM Code 50050 1 Mon. Site: FLW-01	Permit Requirement		Report (Mo Avg)	MGD						(5 Days/Week)	(Elapsed Time Measurement on Pump (Pump Log))
BOD, Carbonaceous 5 day, 20C	Sample Measurement					<2			0	1 Monthly	Grab
PARM Code 80082 Y Mon. Site: EFA-01	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Monthly)	(Grab)
BOD, Carbonaceous 5 day, 20C	Sample Measurement					<2	<2		0	1 Monthly	Grab
PARM Code 80082 A Mon. Site: EFA-01	Permit Requirement					30.0 (Mo Avg)	60.0 (Maximum)	mg/L		(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-01	Sample Measurement					2.54			0	1 Monthly	Grab
	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended PARM Code 00530 A Mon. Site: EFA-01	Sample Measurement					1.46	1.46		0	1 Monthly	Grab
	Permit Requirement					30.0 (Mo Avg)	60.0 (Maximum)	mg/L		(1 Monthly)	(Grab)
pH PARM Code 00400 A Mon. Site: EFA-01	Sample Measurement				7.5		7.5		0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)
Coliform, Fecal PARM Code 74055 Y Mon. Site: EFA-01	Sample Measurement					<1			0	1 Monthly	Grab
	Permit Requirement					200.0 (Annl Avg)		#/100mL		(1 Monthly)	(Grab)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-01	Sample Measurement						<1		0	1 Monthly	Grab
	Permit Requirement						800.0 (Maximum)	#/100mL		(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-01	Sample Measurement				2.2				0	5 Days/Week	Grab
	Permit Requirement				0.5 (Minimum)			mg/L		(5 Days/Week)	(Grab)
Nitrogen, Total PARM Code 00600 A Mon. Site: EFA-01	Sample Measurement						1.89		0	1 Monthly	Grab
	Permit Requirement						12.0 (Maximum)	mg/L		(1 Monthly)	(Grab)
Flow PARM Code 50050 P Mon. Site: FLW-01	Sample Measurement	.012	.010						0	5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
	Permit Requirement	Report (Mo Avg)	0.02 (3MonAvg)	MGD						(5 Days/Week)	(Elapsed Time Measurement on Pump (Pump Log))
Percent Capacity, (TMADF/Permitted Capacity) x 100 PARM Code 00180 1 Mon. Site: FLW-01	Sample Measurement						50		0	1 Monthly	Calculated
	Permit Requirement						Report (Mo Avg)	percent		(1 Monthly)	(Calculated)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Jason Wright	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed			TELEPHONE (863) 944-0898	SUBMITTED ON 05/25/2022

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: CENTURY PROPERTIES MHP, LLC ADDRESS: 500 South Florida Avenue Suite 700 Lakeland, FL 33801 FACILITY: Hidden Cove WWTF LOCATION: Hideaway Lane Winter Haven, FL 33881 COUNTY: POLK	PERMIT NUMBER: FLA013107 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-Q DESCRIPTION: Biosolids Quantity MONITORING PERIOD: From: 11/01/2021 To: 11/30/2021
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Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Transferred)	0.22				0	1 Monthly	Calculated
PARM Code B0007 + Mon. Site: RMP-01	Report (Mo Total)	dry tons				(1 Monthly)	(Calculated)
Biosolids Quantity (Landfilled)	0				0	1 Monthly	Calculated
PARM Code B0008 + Mon. Site: RMP-01	Report (Mo Total)	dry tons				(1 Monthly)	(Calculated)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Jason Wright	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed	TELEPHONE (863) 944-0898	SUBMITTED ON 05/25/2022	

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: CENTURY PROPERTIES MHP, LLC	PERMIT NUMBER: FLA013107
ADDRESS: 500 South Florida Avenue Suite 700 Lakeland, FL 33801	LIMIT: FINAL REPORT: Monthly
FACILITY: Hidden Cove WWTF	FACILITY TYPE: DW GROUP: Domestic
LOCATION: Hideaway Lane Winter Haven, FL 33881	MONITORING GROUP: R-001
COUNTY: POLK	DESCRIPTION: R001-Perc/Evaporatio ponds
	MONITORING PERIOD: From: 10/01/2021 To: 10/31/2021

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow PARM Code 50050 Y Mon. Site: FLW-01	Sample Measurement		.011						0	5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
	Permit Requirement		0.02 (Annl Avg)	MGD						(5 Days/Week)	(Elapsed Time Measurement on Pump (Pump Log))
Flow PARM Code 50050 1 Mon. Site: FLW-01	Sample Measurement		.012						0	5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
	Permit Requirement		Report (Mo Avg)	MGD						(5 Days/Week)	(Elapsed Time Measurement on Pump (Pump Log))
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon. Site: EFA-01	Sample Measurement				<2				0	1 Monthly	Grab
	Permit Requirement				20.0 (Annl Avg)		mg/L			(1 Monthly)	(Grab)
BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Mon. Site: EFA-01	Sample Measurement				<2	<2			0	1 Monthly	Grab
	Permit Requirement				30.0 (Mo Avg)	60.0 (Maximum)	mg/L			(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-01	Sample Measurement					2.55			0	1 Monthly	Grab
	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended PARM Code 00530 A Mon. Site: EFA-01	Sample Measurement					2.65	2.65		0	1 Monthly	Grab
	Permit Requirement					30.0 (Mo Avg)	60.0 (Maximum)	mg/L		(1 Monthly)	(Grab)
pH PARM Code 00400 A Mon. Site: EFA-01	Sample Measurement				7.5		7.5		0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)
Coliform, Fecal PARM Code 74055 Y Mon. Site: EFA-01	Sample Measurement					<1			0	1 Monthly	Grab
	Permit Requirement					200.0 (Annl Avg)		#/100mL		(1 Monthly)	(Grab)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-01	Sample Measurement						<1		0	1 Monthly	Grab
	Permit Requirement						800.0 (Maximum)	#/100mL		(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-01	Sample Measurement				2.2				0	5 Days/Week	Grab
	Permit Requirement				0.5 (Minimum)			mg/L		(5 Days/Week)	(Grab)
Nitrogen, Total PARM Code 00600 A Mon. Site: EFA-01	Sample Measurement						1.99		0	1 Monthly	Grab
	Permit Requirement						12.0 (Maximum)	mg/L		(1 Monthly)	(Grab)
Flow PARM Code 50050 P Mon. Site: FLW-01	Sample Measurement	.012	.009						0	5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
	Permit Requirement	Report (Mo Avg)	0.02 (3MonAvg)	MGD						(5 Days/Week)	(Elapsed Time Measurement on Pump (Pump Log))
Percent Capacity, (TMADF/Permitted Capacity) x 100 PARM Code 00180 1 Mon. Site: FLW-01	Sample Measurement						45		0	1 Monthly	Calculated
	Permit Requirement						Report (Mo Avg)	percent		(1 Monthly)	(Calculated)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Jason Wright	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed			TELEPHONE (863) 944-0898	SUBMITTED ON 05/25/2022

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: CENTURY PROPERTIES MHP, LLC ADDRESS: 500 South Florida Avenue Suite 700 Lakeland, FL 33801 FACILITY: Hidden Cove WWTF LOCATION: Hideaway Lane Winter Haven, FL 33881 COUNTY: POLK	PERMIT NUMBER: FLA013107 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-Q DESCRIPTION: Biosolids Quantity MONITORING PERIOD: From: 10/01/2021 To: 10/31/2021
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Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Transferred)	0.22				0	1 Monthly	Calculated
PARM Code B0007 + Mon. Site: RMP-01	Report (Mo Total)	dry tons				(1 Monthly)	(Calculated)
Biosolids Quantity (Landfilled)	0				0	1 Monthly	Calculated
PARM Code B0008 + Mon. Site: RMP-01	Report (Mo Total)	dry tons				(1 Monthly)	(Calculated)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Jason Wright	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed	TELEPHONE (863) 944-0898	SUBMITTED ON 05/25/2022

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: CENTURY PROPERTIES MHP, LLC	PERMIT NUMBER: FLA013107
ADDRESS: 500 South Florida Avenue Suite 700 Lakeland, FL 33801	LIMIT: FINAL REPORT: Monthly
FACILITY: Hidden Cove WWTF	FACILITY TYPE: DW GROUP: Domestic
LOCATION: Hideaway Lane Winter Haven, FL 33881	MONITORING GROUP: R-001
COUNTY: POLK	DESCRIPTION: R001-Perc/Evaporatio ponds
	MONITORING PERIOD: From: 09/01/2021 To: 09/30/2021

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement		.011						0	5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
PARM Code 50050 Y Mon. Site: FLW-01	Permit Requirement		0.02 (Annl Avg)	MGD						(5 Days/Week)	(Elapsed Time Measurement on Pump (Pump Log))
Flow	Sample Measurement		.008						0	5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
PARM Code 50050 1 Mon. Site: FLW-01	Permit Requirement		Report (Mo Avg)	MGD						(5 Days/Week)	(Elapsed Time Measurement on Pump (Pump Log))
BOD, Carbonaceous 5 day, 20C	Sample Measurement					<2			0	1 Monthly	Grab
PARM Code 80082 Y Mon. Site: EFA-01	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Monthly)	(Grab)
BOD, Carbonaceous 5 day, 20C	Sample Measurement					<2	<2		0	1 Monthly	Grab
PARM Code 80082 A Mon. Site: EFA-01	Permit Requirement					30.0 (Mo Avg)	60.0 (Maximum)	mg/L		(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-01	Sample Measurement					2.49			0	1 Monthly	Grab
	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended PARM Code 00530 A Mon. Site: EFA-01	Sample Measurement					1.73	1.73		0	1 Monthly	Grab
	Permit Requirement					30.0 (Mo Avg)	60.0 (Maximum)	mg/L		(1 Monthly)	(Grab)
pH PARM Code 00400 A Mon. Site: EFA-01	Sample Measurement				7.5		7.5		0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)
Coliform, Fecal PARM Code 74055 Y Mon. Site: EFA-01	Sample Measurement					<1			0	1 Monthly	Grab
	Permit Requirement					200.0 (Annl Avg)		#/100mL		(1 Monthly)	(Grab)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-01	Sample Measurement						<1		0	1 Monthly	Grab
	Permit Requirement						800.0 (Maximum)	#/100mL		(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-01	Sample Measurement				2.2				0	5 Days/Week	Grab
	Permit Requirement				0.5 (Minimum)			mg/L		(5 Days/Week)	(Grab)
Nitrogen, Total PARM Code 00600 A Mon. Site: EFA-01	Sample Measurement						13.1		0	1 Monthly	Grab
	Permit Requirement						12.0 (Maximum)	mg/L		(1 Monthly)	(Grab)
Flow PARM Code 50050 P Mon. Site: FLW-01	Sample Measurement	.008	.008						0	5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
	Permit Requirement	Report (Mo Avg)	0.02 (3MonAvg)	MGD						(5 Days/Week)	(Elapsed Time Measurement on Pump (Pump Log))
Percent Capacity, (TMADF/Permitted Capacity) x 100 PARM Code 00180 1 Mon. Site: FLW-01	Sample Measurement						40		0	1 Monthly	Calculated
	Permit Requirement						Report (Mo Avg)	percent		(1 Monthly)	(Calculated)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Jason Wright	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed			TELEPHONE (863) 944-0898	SUBMITTED ON 05/25/2022

Parameter	Monitoring Site	Comments for Monitoring Group - R-001
00600 A	EFA-01	Daily NO3 grab analysis does not reflect this result. Annual average NO3 still very low. JW

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: CENTURY PROPERTIES MHP, LLC ADDRESS: 500 South Florida Avenue Suite 700 Lakeland, FL 33801 FACILITY: Hidden Cove WWTF LOCATION: Hideaway Lane Winter Haven, FL 33881 COUNTY: POLK	PERMIT NUMBER: FLA013107 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-Q DESCRIPTION: Biosolids Quantity MONITORING PERIOD: From: 09/01/2021 To: 09/30/2021
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Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Transferred)	.22				0	1 Monthly	Calculated
PARM Code B0007 + Mon. Site: RMP-01	Report (Mo Total)	dry tons				(1 Monthly)	(Calculated)
Biosolids Quantity (Landfilled)	0				0	1 Monthly	Calculated
PARM Code B0008 + Mon. Site: RMP-01	Report (Mo Total)	dry tons				(1 Monthly)	(Calculated)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Jason Wright	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed	TELEPHONE (863) 944-0898	SUBMITTED ON 05/25/2022

Water

PLANT NAME:		Hidden Cove		Monitoring Period From: 1/01/21 To: 1/31/21					
DAY	METER 1	METER 2	TRC	PH	TRC	PH	MULT.	1000	TOTAL
PREV	6606								
1	6617		2.0		1.5		11000		11000
2	6625		2.1		1.5		8000		8000
3							20500		20500
4	6666		2.0		1.4		20500		20500
5	6680		2.0		1.4		14000		14000
6	6692		1.7		1.2		12000		12000
7	6699		1.9		1.4		7000		7000
8	6712		1.9		1.3		13000		13000
9	6726		1.8		1.2		14000		14000
10							14000		14000
11	6754		2.3		1.2		14000		14000
12	6770		1.8		1.2		16000		16000
13	6785		3.6		3.2		15000		15000
14	6800		4.4		3.0		15000		15000
15	6809		3.6		3.2		9000		9000
16							11000		11000
17	6831		0.7		0.4		11000		11000
18	6845		0.5		0.3		14000		14000
19	6858		3.0		1.9		13000		13000
20	6870		2.8		2.0		12000		12000
21	6879		2.5		1.5		9000		9000
22	6888		2.5		1.7		9000		9000
23							11500		11500
24	6911		3.1		2.0		11500		11500
25	6919		2.8		2.1		8000		8000
26	6931		2.7		2.0		12000		12000
27	6938		2.0		1.4		7000		7000
28	6946		2.1		1.5		8000		8000
29	6956		2.7		1.6		10000		10000
30							11000		11000
31	6978		2.8		1.6		11000		11000
Total Flow							372000		372000
ADF							12000		12000
MAX			4.4		3.2		20500		20500
MIN			0.5		0.3		7000		7000

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

I. General Information for the Month/Year of:		Monitoring Period From: 1/01/21 To: 1/31/21	
A. Public Water System (PWS) Information			
PWS Name:	Hidden Cove	PWS Identification Number:	6534736
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
			<input type="checkbox"/> Consecutive
Number of Service Connections at End of Month:	120	Total Population Served at End of Month:	97
PWS Owner:	Century Realty Funds		
Contact Person :	Brian Altman	Contact Person's Title:	Vice President
Contact Person's Mailing Address:	500 S. FL. Ave.	City: Lakeland	State: FL Zip Code: 33801
Contact Person's Telephone Number:	863-647-1581	Contact Person's Fax Number:	863-647-3992
Contact Person's E-Mail Address:	brian@centuryco.com		
B. Water Treatment Plant Information			
Plant Name:	Hidden Cove	Plant Telephone Number:	863-294-4591
Plant Address:	LUCERNE PARK RD	City: Winter Haven	State: FL Zip Code: 33881
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating capacity of Plant, gallons per day:	144,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class:	D
Licensed Operators	Name	License Class	License Number Day(s)/Shift(s) Worked
Lead/Chief Operator:	DANNY ALEXANDER	C	C-5472
Other Operators:	GAINES ALEXANDER	C	C-12379 26
	JENNIFER ALEXANDER	C	C-21471
	CINDY ALEXANDER	C	C-23261

II. Certification by Lead/Chief Operator

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

Gaines Alexander 2/08/2021
Signature and Date

GAINES ALEXANDER
Printed or Typed Name

C-5472
License Number

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

PWS: Identification Number: 6534736 Plant Name: Hidden Cove

III. Daily Data for the Month/Year of: _____ Monitoring Period From: 1/01/21 To: 1/31/21

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

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

Day of the month	Days Staffed or Visited by Operator	Hours Plant in Operation	Net Quality of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, If Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation		
				Ct Calculations					UV Dose							
				Peak flow rate, gpd.	Lowest Residual Disinfectant concentration Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, C	pH of Water, if Applicable	Minimum CT, Required mg-min/L	Lowest Operating UV Dose, mW-Sec/cm2	Minimum UV Dose required, mW-sec/cm2	Lowest Residual Disinfectant concentration at Remote Point in Distribution System, mg/L			
1	X	24	11000		2.0									1.5		
2	X	24	8000		2.1									1.5		
3		24	20500													
4	X	24	20500		2.0									1.4		
5	X	24	14000		2.0									1.4		
6	X	24	12000		1.7									1.2		
7	X	24	7000		1.9									1.4		
8	X	24	13000		1.9									1.3		
9	X	24	14000		1.8									1.2		
10		24	14000													
11	X	24	14000		2.3									1.2		
12	X	24	16000		1.8									1.2		
13	X	24	15000		3.6									3.2		
14	X	24	15000		4.4									3.0		
15	X	24	9000		3.6									3.2		
16		24	11000													
17	X	24	11000		0.7									0.4		
18	X	24	14000		0.5									0.3		
19	X	24	13000		3.0									1.9		
20	X	24	12000		2.8									2.0		
21	X	24	9000		2.5									1.5		
22	X	24	9000		2.5									1.7		
23		24	11500													
24	X	24	11500		3.1									2.0		
25	X	24	8000		2.8									2.1		
26	X	24	12000		2.7									2.0		
27	X	24	7000		2.0									1.4		
28	X	24	8000		2.1									1.5		
29	X	24	10000		2.7									1.6		
30		24	11000													
31	X	24	11000		2.8									1.6		
			372000												1.6	
Average			12000													
Maximum			20500													

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

PLANT NAME:		Hidden Cove			Monitoring Period From: 2/01/21 To: 2/28/21				
		(WATER REPORT)							
DAY	METER 1	METER 2	TRC	PH	TRC	PH	MULT.	1000	TOTAL
PREV	6978								
1	6985		2.7		1.5		7000		7000
2	6993		2.3		1.4		8000		8000
3	7005		2.8		2.0		12000		12000
4	7014		1.9		1.4		9000		9000
5	7024		2.0		1.5		10000		10000
6	7032		2.1		1.5		8000		8000
7							9000		9000
8	7050		2.0		1.3		9000		9000
9	7058		2.0		1.2		8000		8000
10	7069		2.4		1.8		11000		11000
11	7077		2.1		1.4		8000		8000
12	7086		2.2		1.8		9000		9000
13	7096		2.0		1.4		10000		10000
14							8500		8500
15	7113		2.0		1.6		8500		8500
16	7123		1.4		0.9		10000		10000
17	7128		1.8		1.1		5000		5000
18	7141		1.5		1.0		13000		13000
19	7150		1.4		1.0		9000		9000
20							8500		8500
21	7167		1.6		1.1		8500		8500
22	7177		1.6		1.0		10000		10000
23	7188		1.4		0.8		11000		11000
24	7194		1.6		0.9		6000		6000
25	7206		1.3		0.8		12000		12000
26	7214		1.5		0.8		8000		8000
27							10500		10500
28	7235		1.7		1.2		10500		10500
Total Flow							257000		257000
ADF							8290		8290
MAX			2.8		2		13000		13000
MIN			1.3		0.8				

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

I. General Information for the Month/Year of:		Monitoring Period From: 2/01/21 To: 2/28/21	
A. Public Water System (PWS) Information			
PWS Name:	Hidden Cove	PWS Identification Number:	6534736
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive
Number of Service Connections at End of Month:	120	Total Population Served at End of Month:	97
PWS Owner:	Century Realty Funds		
Contact Person :	Brian Altman	Contact Person's Title:	Vice President
Contact Person's Mailing Address:	500 S. FL. Ave.	City: Lakeland	State: FL Zip Code: 33801
Contact Person's Telephone Number:	863-647-1581	Contact Person's Fax Number:	863-647-3992
Contact Person's E-Mail Address:	brian@centuryco.com		
B. Water Treatment Plant Information			
Plant Name:	Hidden Cove	Plant Telephone Number:	863-294-4591
Plant Address:	LUCERNE PARK RD	City: Winter Haven	State: FL Zip Code: 33881
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating capacity of Plant, gallons per day:	144,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class:	D
Licensed Operators	Name	License Class	License Number Day(s)/Shift(s) Worked
Lead/Chief Operator:	DANNY ALEXANDER	C	C-5472
Other Operators:	GAINES ALEXANDER	C	C-12379 24
	JENNIFER ALEXANDER	C	C-21471
	CINDY ALEXANDER	C	C-23261
II. Certification by Lead/Chief Operator			

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

	03/09/21	GAINES ALEXANDER	C-5472
Signature and Date		Printed or Typed Name	License Number

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

PWS: Identification Number: 6534736 Plant Name: Hidden Cove

III. Daily Data for the Month/Year of: _____ Monitoring Period From: 2/01/21 To: 2/28/21

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

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

Day of the month	Days Plant Staffed or Visited by Operator	Hours Plant in Operation	Net Quality of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, If Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak flow rate, gpd.	Lowest Residual Disinfectant concentration Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, C	pH of Water, if Applicable	Minimum CT, Required mg-min/L	Lowest Operating UV Dose, mW-Sec/cm2	Minimum UV Dose required, mW-sec/cm2	Lowest Residual Disinfectant concentration at Remote Point in Distribution System, mg/L		
1	X	24	7000		2.7									1.5	
2	X	24	8000		2.3									1.4	
3	X	24	12000		2.8									2.0	
4	X	24	9000		1.9									1.4	
5	X	24	10000		2.0									1.5	
6	X	24	8000		2.1									1.5	
7		24	9000												
8	X	24	9000		2.0									1.3	
9	X	24	8000		2.0									1.2	
10	X	24	11000		2.4									1.8	
11	X	24	8000		2.1									1.4	
12	X	24	9000		2.2									1.8	
13	X	24	10000		2.0									1.4	
14		24	8500												
15	X	24	8500		2.0									1.6	
16	X	24	10000		1.4									0.9	
17	X	24	5000		1.8									1.1	
18	X	24	13000		1.5									1.0	
19	X	24	9000		1.4									1.0	
20		24	8500												
21	X	24	8500		1.6									1.1	
22	X	24	10000		1.6									1.0	
23	X	24	11000		1.4									0.8	
24	X	24	6000		1.6									0.9	
25	X	24	12000		1.3									0.8	
26	X	24	8000		1.5									0.8	
27		24	10500												
28	X	24	10500		1.7									1.2	
29															
30															
31															
			257000												
Average			8290												
Maximum			13000												

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

PLANT NAME:		Hidden Cove			Monitoring Period From: 3/01/21 To: 3/31/21					
		(WATER REPORT)								
DAY	METER 1	METER 2	TRC	PH	TRC	PH	MULT.	1000	TOTAL	
PREV	7235									
1	7244		1.5		0.7		9000		9000	
2	7251		1.1		0.5		7000		7000	
3	7258		1.2		0.6		7000		7000	
4	7267		1.2		0.6		9000		9000	
5	7275		1.4		0.8		8000		8000	
6	7284		0.9		0.8		9000		9000	
7							9000		9000	
8	7302		1.1		0.6		9000		9000	
9	7311		1.1		0.5		9000		9000	
10	7323		1.2		0.6		12000		12000	
11	7329		1.6		0.9		6000		6000	
12	7340		1.5		0.7		11000		11000	
13							9500		9500	
14	7359		1.6		0.9		9500		9500	
15	7368		1.5		0.8		9000		9000	
16	7378		1.4		0.9		10000		10000	
17	7387		1.4		0.7		9000		9000	
18	7398		1.1		0.6		11000		11000	
19	7404		1.3		0.8		6000		6000	
20	7421		0.9		0.5		17000		17000	
21							8000		8000	
22	7437		1.4		1.3		8000		8000	
23	7447		1.0		0.8		10000		10000	
24	7457		1.5		1.3		10000		10000	
25	7465		1.2		0.9		8000		8000	
26	7477		1.0		0.7		12000		12000	
27							11500		11500	
28	7500		0.9		0.5		11500		11500	
29	7509		1.1		0.8		9000		9000	
30	7516		1.0		0.6		7000		7000	
31	7526		1.1		0.9		10000		10000	
Total Flow							291000		291000	
ADF							9387		9387	
MAX			1.6		1.3		17000		17000	
MIN			0.9		0.5		6000		6000	

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

I. General Information for the Month/Year of:		Monitoring Period From: 3/01/21 To: 3/31/21		
A. Public Water System (PWS) Information				
PWS Name: Hidden Cove		PWS Identification Number: 6534736		
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive
Number of Service Connections at End of Month: 120		Total Population Served at End of Month: 97		
PWS Owner: Century Realty Funds				
Contact Person: Brian Altman		Contact Person's Title: Vice President		
Contact Person's Mailing Address: 500 S. FL. Ave.		City: Lakeland	State: FL	Zip Code: 33801
Contact Person's Telephone Number: 863-647-1581		Contact Person's Fax Number: 863-647-3992		
Contact Person's E-Mail Address: brian@centuryco.com				
B. Water Treatment Plant Information				
Plant Name: Hidden Cove		Plant Telephone Number: 863-294-4591		
Plant Address: LUCERNE PARK RD		City: Winter Haven	State: FL	Zip Code: 33881
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating capacity of Plant, gallons per day:		144,000		
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class: D		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	DANNY ALEXANDER	C	C-5472	
Other Operators:	GAINES ALEXANDER	C	C-12379	27
	JENNIFER ALEXANDER	C	C-21471	
	CINDY ALEXANDER	C	C-23261	

II. Certification by Lead/Chief Operator

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

Signature and Date:  04/07/21

GAINES ALEXANDER
Printed or Typed Name

C-5472
License Number

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

PWS: Identification Number: **6534736** Plant Name: **Hidden Cove**

III. Daily Data for the Month/Year of: _____ Monitoring Period From: **3/01/21** To: **3/31/21**

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

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

Day of the month	Days Plant Staffed or Visited by Operator	Hours Plant in Operation	Net Quality of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				Ct Calculations					UV Dose						
				Peak flow rate, gpd.	Lowest Residual Disinfectant concentration Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, C	pH of Water, if Applicable	Minimum CT, min/L	Lowest Operating UV Dose, mW-Sec.cm2	Minimum UV Dose required, mW-sec/cm2	Lowest Residual Disinfectant concentration at Remote Point in Distribution System, mg/L		
1	X	24	9000		1.5									0.7	
2	X	24	7000		1.1									0.5	
3	X	24	7000		1.2									0.6	
4	X	24	9000		1.2									0.6	
5	X	24	8000		1.4									0.8	
6	X	24	9000		0.9									0.8	
7		24	9000												
8	X	24	9000		1.1									0.6	
9	X	24	9000		1.1									0.5	
10	X	24	12000		1.2									0.6	
11	X	24	6000		1.6									0.9	
12	X	24	11000		1.5									0.7	
13		24	9500												
14	X	24	9500		1.6									0.9	
15	X	24	9000		1.5									0.8	
16	X	24	10000		1.4									0.9	
17	X	24	9000		1.4									0.7	
18	X	24	11000		1.1									0.6	
19	X	24	6000		1.3									0.8	
20	X	24	17000		0.9									0.5	
21		24	8000												
22	X	24	8000		1.4									1.3	
23	X	24	10000		1.0									0.8	
24	X	24	10000		1.5									1.3	
25	X	24	8000		1.2									0.9	
26	X	24	12000		1.0									0.7	
27		24	11500												
28	X	24	11500		0.9									0.5	
29	X	24	9000		1.1									0.8	
30	X	24	7000		1.0									0.6	
31	X	24	10000		1.1									0.9	
			291000												
Average			9387												
Maximum			17000												

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

PLANT NAME:		Hidden Cove			Monitoring Period From: 4/01/21 To: 4/30/21				
		(WATER REPORT)							
DAY	METER 1	METER 2	TRC	PH	TRC	PH	MULT.	1000	TOTAL
PREV	7526								
1	7537		0.9		0.8		11000		11000
2	7546		0.8		0.4		9000		9000
3							12000		12000
4	7570		1.4		0.9		12000		12000
5			1.1		0.9		11000		11000
6	7592		3.7		2.0		11000		11000
7	7603		3.3		2.8		11000		11000
8	7610		2.8		2.5		7000		7000
9	7620		2.6		1.8		10000		10000
10	7639		2.7		1.9		19000		19000
11							8000		8000
12	7655		2.8		2.2		8000		8000
13	7665		2.6		1.9		10000		10000
14	7673		2.5		2.0		8000		8000
15	7684		2.4		1.7		11000		11000
16	7691		2.1		1.6		7000		7000
17							13000		13000
18	7717		2.5		1.8		13000		13000
19	7725		2.3		1.8		8000		8000
20	7734		2.1		1.5		9000		9000
21	7746		1.9		1.4		12000		12000
22	7754		1.8		1.2		8000		8000
23	7764		1.9		1.0		10000		10000
24							10000		10000
25	7784		1.8		1.1		10000		10000
26	7791		1.8		1.4		7000		7000
27	7805		1.7		1.5		14000		14000
28	7815		1.6		1.0		10000		10000
29	7822		1.1		0.7		7000		7000
30	7835		1.2		0.9		13000		13000
Total Flow							309000		309000
ADF							10300		10300
MAX			3.7		2.8		19000		19000
MIN			0.8		0.4		7000		7000

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

I. General Information for the Month/Year of:		Monitoring Period From: 4/01/21 To: 4/30/21	
A. Public Water System (PWS) Information			
PWS Name: Hidden Cove		PWS Identification Number: 6534736	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive
Number of Service Connections at End of Month: 120		Total Population Served at End of Month: 97	
PWS Owner: Century Realty Funds			
Contact Person : Brian Altman		Contact Person's Title: Vice President	
Contact Person's Mailing Address: 500 S. FL. Ave.		City: Lakeland	State: FL Zip Code: 33801
Contact Person's Telephone Number: 863-647-1581		Contact Person's Fax Number: 863-647-3992	
Contact Person's E-Mail Address: brian@centuryco.com			
B. Water Treatment Plant Information			
Plant Name: Hidden Cove		Plant Telephone Number: 863-294-4591	
Plant Address: LUCERNE PARK RD		City: Winter Haven	State: FL Zip Code: 33881
Type of Water Treated by Plant:		<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water
Permitted Maximum Day Operating capacity of Plant, gallons per day:		144,000	
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class: D	
Licensed Operators	Name	License Class	License Number Day(s)/Shift(s) Worked
Lead/Chief Operator:	DANNY ALEXANDER	C	C-5472
Other Operators:	GAINES ALEXANDER	C	C-12379 26
	JENNIFER ALEXANDER	C	C-21471
	CINDY ALEXANDER	C	C-23261

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator license in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment, chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-655.320(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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

 05/05/21
 Signature and Date

GAINES ALEXANDER
 Printed or Typed Name

C-5472
 License Number

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

PWS: Identification Number: 6534736 Plant Name: Hidden Cove

III. Daily Data for the Month/Year of: _____ Monitoring Period From: 4/01/21 To: 4/30/21

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

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

Day of the month	Days Plant Staffed or Visited by Operator	Hours Plant in Operation	Net Quality of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, If Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				Ct Calculations					UV Dose						
				Peak flow rate, gpd.	Lowest Residual Disinfectant concentration Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, C	pH of Water, if Applicable	Minimum CT, Required mg-min/L	Lowest Operating UV Dose, mW-Sec.cm2	Minimum UV Dose required, mW-sec/cm2	Lowest Residual Disinfectant concentration at Remote Point in Distribution System, mg/L		
1	X	24	11000		0.9									0.8	
2	X	24	9000		0.8									0.4	
3		24	12000											0.9	
4	X	24	12000		1.4									0.9	
5	X	24	11000		1.1									2.0	
6	X	24	11000		3.7									2.8	
7	X	24	11000		3.3									2.5	
8	X	24	7000		2.8									1.8	
9	X	24	10000		2.6									1.9	
10	X	24	19000		2.7									2.2	
11		24	8000											1.9	
12	X	24	8000		2.8									2.2	
13	X	24	10000		2.6									1.9	
14	X	24	8000		2.5									2.0	
15	X	24	11000		2.4									1.7	
16	X	24	7000		2.1									1.6	
17		24	13000											1.8	
18	X	24	13000		2.5									1.8	
19	X	24	8000		2.3									1.8	
20	X	24	9000		2.1									1.5	
21	X	24	12000		1.9									1.4	
22	X	24	8000		1.8									1.2	
23	X	24	10000		1.9									1.0	
24		24	10000											1.1	
25	X	24	10000		1.8									1.4	
26	X	24	7000		1.8									1.5	
27	X	24	14000		1.7									1.0	
28	X	24	10000		1.6									0.7	
29	X	24	7000		1.1									0.9	
30	X	24	13000		1.2										

Average	309000
Maximum	10300
Minimum	19000

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

PLANT NAME:		Hidden Cove		Monitoring Period From: 5/01/21 To: 5/31/21					
		(WATER REPORT)							
DAY	METER 1	METER 2	TRC	PH	TRC	PH	MULT.	1000	TOTAL
PREV	7835								
1							15000		15000
2	7865		1.5		0.7		15000		15000
3	7870		1.4		0.9		5000		5000
4	7880		1.5		1.0		10000		10000
5	7887		1.5		1.1		7000		7000
6	7896		2.6		0.9		9000		9000
7	7904		2.7		1.4		8000		8000
8	7916		2.4		1.3		12000		12000
9							8500		8500
10	7933		2.1		1.4		8500		8500
11	7947		2.0		1.5		14000		14000
12	7955		1.8		1.3		8000		8000
13	7961		1.6		1.0		6000		6000
14	7968		1.6		1.3		7000		7000
15							11000		11000
16	7990		1.5		1.1		11000		11000
17	7996		1.5		1.0		6000		6000
18	8007		1.5		1.2		11000		11000
19	8016		1.5		1.1		9000		9000
20	8023		1.3		1.0		7000		7000
21	8030		1.4		0.9		7000		7000
22	8041		1.5		1.1		11000		11000
23							7000		7000
24	8055		1.1		0.7		7000		7000
25	8066		0.6		0.3		11000		11000
26	8073		2.0		1.5		7000		7000
27	8083		2.1		1.4		10000		10000
28	8089		2.0		1.5		6000		6000
29							10000		10000
30	8109		2.1		1.5		10000		10000
31	8112		1.8		1.3		3000		3000
Total Flow							277000		277000
ADF							8935		8935
MAX			2.7		1.5		15000		15000
MIN			0.6		0.3		3000		3000

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

I. General Information for the Month/Year of:		Monitoring Period From: 5/01/21 To: 5/31/21	
A. Public Water System (PWS) Information			
PWS Name:	Hidden Cove	PWS Identification Number:	6534736
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive
Number of Service Connections at End of Month:	120	Total Population Served at End of Month:	97
PWS Owner:	Century Realty Funds		
Contact Person :	Brian Altman	Contact Person's Title:	Vice President
Contact Person's Mailing Address:	500 S. FL. Ave.	City: Lakeland	State: FL Zip Code: 33801
Contact Person's Telephone Number:	863-647-1581	Contact Person's Fax Number:	863-647-3992
Contact Person's E-Mail Address:	brian@centuryco.com		
B. Water Treatment Plant Information			
Plant Name:	Hidden Cove	Plant Telephone Number:	863-294-4591
Plant Address:	LUCERNE PARK RD	City: Winter Haven	State: FL Zip Code: 33881
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating capacity of Plant, gallons per day:	144,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		
Plant Class:	D		
Licensed Operators	Name	License Class	License Number Day(s)/Shift(s) Worked
Lead/Chief Operator:	DANNY ALEXANDER	C	C-5472
Other Operators:	GAINES ALEXANDER	C	C-12379 26
	JENNIFER ALEXANDER	C	C-21471
	CINDY ALEXANDER	C	C-23261
II. Certification by Lead/Chief Operator			

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

Gaines Alexander 06/10/21
Signature and Date

GAINES ALEXANDER
Printed or Typed Name

C-5472
License Number

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

PWS: Identification Number: 6534736 Plant Name: Hidden Cove

III. Daily Data for the Month/Year of: Monitoring Period From: 5/01/21 To: 5/31/21

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

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

Day of the month	Days Plant Staffed or Visited by Operator	Hours Plant in Operation	Net Quality of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak flow rate, gpd.	Lowest Residual Disinfectant concentration Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, C	pH of Water, if Applicable	Minimum CT, mg min/L	Lowest Operating UV Dose, mW-Sec.cm2	Minimum UV Dose required, mW-sec/cm2	Lowest Residual Disinfectant concentration at Remote Point in Distribution System, mg/L		
1		24	15000												
2	X	24	15000		1.5									0.7	
3	X	24	5000		1.4									0.9	
4	X	24	10000		1.5									1.0	
5	X	24	7000		1.5									1.1	
6	X	24	9000		2.6									0.9	
7	X	24	8000		2.7									1.4	
8	X	24	12000		2.4									1.3	
9		24	8500												
10	X	24	8500		2.1									1.4	
11	X	24	14000		2.0									1.5	
12	X	24	8000		1.8									1.3	
13	X	24	6000		1.6									1.0	
14	X	24	7000		1.6									1.3	
15		24	11000												
16	X	24	11000		1.5									1.1	
17	X	24	6000		1.5									1.0	
18	X	24	11000		1.5									1.2	
19	X	24	9000		1.5									1.1	
20	X	24	7000		1.3									1.0	
21	X	24	7000		1.4									0.9	
22	X	24	11000		1.5									1.1	
23		24	7000												
24	X	24	7000		1.1									0.7	
25	X	24	11000		0.6									0.3	
26	X	24	7000		2.0									1.5	
27	X	24	10000		2.1									1.4	
28	X	24	6000		2.0									1.5	
29		24	10000												
30	X	24	10000		2.1									1.5	
31	X	24	3000		1.8									1.3	
			277000												
Average			8935												
Maximum			15000												

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

PLANT NAME:		Hidden Cove			Monitoring Period From: 6/01/21 To: 6/30/21				
		(WATER REPORT)							
DAY	METER 1	METER 2	TRC	PH	TRC	PH	MULT.	1000	TOTAL
PREV	8112								
1	8123		1.8		1.4		11000		11000
2	8132		1.8		1.3		9000		9000
3	8140		2.8		1.5		8000		8000
4	8148		2.3		1.6		8000		8000
5							7000		7000
6	8162		1.9		1.4		7000		7000
7	8169		2.1		1.5		7000		7000
8	8178		2.3		1.8		9000		9000
9	8187		2.0		1.5		9000		9000
10	8196		1.3		0.7		9000		9000
11	8206		1.4		0.8		10000		10000
12	8216		1.3		0.9		10000		10000
13							8500		8500
14	8233		1.4		0.7		8500		8500
15	8240		0.8		0.8		7000		7000
16	8247		0.5		0.5		7000		7000
17	8255		1.0		1.0		8000		8000
18	8260		1.7		0.8		5000		5000
19							10000		10000
20	8280		1.7		1.0		10000		10000
21	8287		1.8		1.3		7000		7000
22	8292		1.7		1.1		5000		5000
23	8302		1.4		1.2		10000		10000
24	8311		1.4		0.6		9000		9000
25	8317		1.5		0.9		6000		6000
26							9500		9500
27	8336		1.3		0.8		9500		9500
28	8340		1.5		0.5		4000		4000
29	8353		1.3		0.7		13000		13000
30	8358		1.5		0.9		5000		5000
Total Flow							246000		246000
ADF							8200		8200
MAX			2.8		1.8		13000		13000
MIN			0.5		0.5		4000		4000

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

I. General Information for the Month/Year of:		Monitoring Period From: 6/01/21 To: 6/30/21	
A. Public Water System (PWS) Information			
PWS Name:	Hidden Cove	PWS Identification Number:	6534736
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
			<input type="checkbox"/> Consecutive
Number of Service Connections at End of Month:	120	Total Population Served at End of Month:	97
PWS Owner:	Century Realty Funds		
Contact Person :	Brian Altman	Contact Person's Title:	Vice President
Contact Person's Mailing Address:	500 S. FL. Ave.	City: Lakeland	State: FL Zip Code: 33801
Contact Person's Telephone Number:	863-647-1581	Contact Person's Fax Number:	863-647-3992
Contact Person's E-Mail Address:	brian@centuryco.com		
B. Water Treatment Plant Information			
Plant Name:	Hidden Cove	Plant Telephone Number:	863-294-4591
Plant Address:	LUCERNE PARK RD	City: Winter Haven	State: FL Zip Code: 33881
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating capacity of Plant, gallons per day:	144,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class:	D
Licensed Operators	Name	License Class	License Number Day(s)/Shift(s) Worked
Lead/Chief Operator:	DANNY ALEXANDER	C	C-5472
Other Operators:	GAINES ALEXANDER	C	C-12379 26
	JENNIFER ALEXANDER	C	C-21471
	CINDY ALEXANDER	C	C-23261
III. Certification by Lead/Chief Operator			

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

 _____
 Signature and Date

GAINES ALEXANDER
 Printed or Typed Name

C-5472
 License Number

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

PWS: Identification Number: 6534736 Plant Name: Hidden Cove

III. Daily Data for the Month/Year of: Monitoring Period From: 6/01/21 To: 6/30/21

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

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

Day of the month	Days Plant Staffed or Visited by Operator	Hours Plant in Operation	Net Quality of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak flow rate, gpd.	Lowest Residual Disinfectant concentration Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, C	pH of Water, if Applicable	Minimum CT, mg-min/L	Lowest Operating UV Dose, mW-Sec/cm2	Minimum UV Dose required, mW-sec/cm2	Lowest Residual Disinfectant concentration at Remote Point in Distribution System, mg/L		
1	X	24	11000		1.8									1.4	
2	X	24	9000		1.8									1.3	
3	X	24	8000		2.8									1.5	
4	X	24	8000		2.3									1.6	
5		24	7000												
6	X	24	7000		1.9									1.4	
7	X	24	7000		2.1									1.5	
8	X	24	9000		2.3									1.8	
9	X	24	9000		2.0									1.5	
10	X	24	9000		1.3									0.7	
11	X	24	10000		1.4									0.8	
12	X	24	10000		1.3									0.9	
13		24	8500												
14	X	24	8500		1.4									0.7	
15	X	24	7000		0.8									0.8	
16	X	24	7000		0.5									0.5	
17	X	24	8000		1.0									1.0	
18	X	24	5000		1.7									0.8	
19		24	10000												
20	X	24	10000		1.7									1.0	
21	X	24	7000		1.8									1.3	
22	X	24	5000		1.7									1.1	
23	X	24	10000		1.4									1.2	
24	X	24	9000		1.4									0.6	
25	X	24	6000		1.5									0.9	
26		24	9500												
27	X	24	9500		1.3									0.8	
28	X	24	4000		1.5									0.5	
29	X	24	13000		1.3									0.7	
30	X	24	5000		1.5									0.9	
			246000												
Average			8200												
Maximum			13000												

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

PLANT NAME:		Hidden Cove		Monitoring Period From: 7/01/21 To: 7/31/21					
		(WATER REPORT)							
DAY	METER 1	METER 2	TRC	PH	TRC	PH	MULT.	1000	TOTAL
PREV	8358								
1	8371		2.4		2.0		13000		13000
2	8383		2.8		1.8		12000		12000
3	8394		2.6		1.7		11000		11000
4							10000		10000
5	8414		2.6		1.5		10000		10000
6	8425		2.8		2.5		11000		11000
7	8436		2.2		1.5		11000		11000
8	8452		2.3		1.7		16000		16000
9	8466		2.0		1.6		14000		14000
10							34500		34500
11	8535		1.9		1.2		34500		34500
12	8564		2.2		1.3		29000		29000
13	8576		2.5		1.4		12000		12000
14	8582		1.4		1.0		6000		6000
15	8593		2.1		1.4		11000		11000
16							10333		10333
17							10333		10333
18	8624		1.9		1.3		10333		10333
19	8631		2.3		1.4		7000		7000
20	8640		1.8		1.2		9000		9000
21	8652		2.1		1.4		12000		12000
22	8661		1.8		1.4		9000		9000
23	8671		1.5		1.0		10000		10000
24							8500		8500
25	8688		1.4		1.1		8500		8500
26	8695		1.4		0.9		7000		7000
27	8709		1.5		0.9		14000		14000
28	8717		2.5		1.3		8000		8000
29	8727		1.2		0.8		10000		10000
30	8735		3.0		1.7		8000		8000
31	8745						10000		10000
Total Flow							387000		387000
ADF							12484		12484
MAX			3.0		2.5		34500		34500
MIN			1.2		0.8		6000		6000

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

I. General Information for the Month/Year of:		Monitoring Period From: 7/01/21 To: 7/31/21	
A. Public Water System (PWS) Information			
PWS Name:	Hidden Cove	PWS Identification Number:	6534736
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive
Number of Service Connections at End of Month:	120	Total Population Served at End of Month:	97
PWS Owner:	Century Realty Funds		
Contact Person :	Brian Altman	Contact Person's Title:	Vice President
Contact Person's Mailing Address:	500 S. FL. Ave.	City: Lakeland	State: FL Zip Code: 33801
Contact Person's Telephone Number:	863-647-1581	Contact Person's Fax Number:	863-647-3992
Contact Person's E-Mail Address:	brian@centuryco.com		
B. Water Treatment Plant Information			
Plant Name:	Hidden Cove	Plant Telephone Number:	863-294-4591
Plant Address:	LUCERNE PARK RD	City: Winter Haven	State: FL Zip Code: 33881
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating capacity of Plant, gallons per day:	144,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class:	D
Licensed Operators	Name	License Class	License Number Day(s)/Shift(s) Worked
Lead/Chief Operator:	DANNY ALEXANDER	C	C-5472
Other Operators:	GAINES ALEXANDER	C	C-12379 25
	JENNIFER ALEXANDER	C	C-21471
	CINDY ALEXANDER	C	C-23261
II. Certification by Lead/Chief Operator			

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

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

GAINES ALEXANDER
 Printed or Typed Name

C-5472
 License Number

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

PWS: Identification Number: 6534736	Plant Name: Hidden Cove
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III. Daily Data for the Month/Year of: _____ Monitoring Period From: 7/01/21 To: 7/31/21

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

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

Day of the month	Days Plant Staffed or Visited by Operator	Hours Plant in Operation	Net Quality of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, If Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation		
				Ct Calculations					UV Dose							
				Peak flow rate, gpd.	Lowest Residual Disinfectant concentration Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, C	pH of Water, if Applicable	Minimum CT, Required mg-min/L	Lowest Operating UV Dose, mW-Sec.cm2	Minimum UV Dose required, mW-sec/cm2	Lowest Residual Disinfectant concentration at Remote Point in Distribution System, mg/L			
1	X	24	13000		2.4										2.0	
2	X	24	12000		2.8										1.8	
3	X	24	11000		2.6										1.7	
4		24	10000													
5	X	24	10000		2.6										1.5	
6	X	24	11000		2.8										2.5	
7	X	24	11000		2.2										1.5	
8	X	24	16000		2.3										1.7	
9	X	24	14000		2.0										1.6	
10		24	34500													
11	X	24	34500		1.9										1.2	
12	X	24	29000		2.2										1.3	
13	X	24	12000		2.5										1.4	
14	X	24	6000		1.4										1.0	
15	X	24	11000		2.1										1.4	
16		24	10333													
17		24	10333													
18	X	24	10333		1.9										1.3	
19	X	24	7000		2.3										1.4	
20	X	24	9000		1.8										1.2	
21	X	24	12000		2.1										1.4	
22	X	24	9000		1.8										1.4	
23	X	24	10000		1.5										1.0	
24		24	8500													
25	X	24	8500		1.4										1.1	
26	X	24	7000		1.4										0.9	
27	X	24	14000		1.5										0.9	
28	X	24	8000		2.5										1.3	
29	X	24	10000		1.2										0.8	
30	X	24	8000		3.0										1.7	
31		24	10000													

Average	387000
Maximum	12484
Minimum	34500

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

PLANT NAME:		Hidden Cove		Monitoring Period From: 8/01/21 To: 8/31/21					
		(WATER REPORT)							
DAY	METER 1	METER 2	TRC	PH	TRC	PH	MULT.	1000	TOTAL
PREV	8745								
1	8755		2.0		1.2		10000		10000
2	8763		2.1		1.4		8000		8000
3	8778		1.8		1.2		15000		15000
4	8787		1.7		1.2		9000		9000
5	8794		1.8		1.1		7000		7000
6	8802		1.6		1.4		8000		8000
7							7500		7500
8	8817		1.5		1.2		7500		7500
9	8825		1.5		1.1		8000		8000
10	8834		1.5		1.0		9000		9000
11	8843		1.4		1.0		9000		9000
12	8850		1.4		1.0		7000		7000
13	8856		1.3		0.8		6000		6000
14							8500		8500
15	8873		1.5		1.0		8500		8500
16	8883		1.3		0.8		10000		10000
17	8891		1.1		0.7		8000		8000
18	8902		1.3		0.8		11000		11000
19	8909		1.0		0.8		7000		7000
20	8918		1.1		0.7		9000		9000
21							9500		9500
22	8937		1.2		0.7		9500		9500
23	8944		0.9		0.6		7000		7000
24	8953		1.5		0.8		9000		9000
25	8960		1.4		0.9		7000		7000
26	8968		1.8		1.2		8000		8000
27	8975		2.5		2.0		7000		7000
28	8981		2.5		1.7		6000		6000
29							6500		6500
30	8994		2.3		1.4		6500		6500
31	9004		1.7		1.4		10000		10000
Total Flow							259000		259000
ADF							8355		8355
MAX			2.5		2.0		15000		15000
MIN			0.9		0.6		6000		6000

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

I. General Information for the Month/Year of:		Monitoring Period From: 8/01/21 To: 8/31/21	
A. Public Water System (PWS) Information			
PWS Name:	Hidden Cove	PWS Identification Number:	6534736
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive
Number of Service Connections at End of Month:	120	Total Population Served at End of Month:	97
PWS Owner:	Century Realty Funds		
Contact Person :	Brian Altman	Contact Person's Title:	Vice President
Contact Person's Mailing Address:	500 S. FL. Ave.	City: Lakeland	State: FL Zip Code: 33801
Contact Person's Telephone Number:	863-647-1581	Contact Person's Fax Number:	863-647-3992
Contact Person's E-Mail Address:	brian@centuryco.com		
B. Water Treatment Plant Information			
Plant Name:	Hidden Cove	Plant Telephone Number:	863-294-4591
Plant Address:	LUCERNE PARK RD	City: Winter Haven	State: FL Zip Code: 33881
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating capacity of Plant, gallons per day:	144,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class:	D
Licensed Operators	Name	License Class	License Number Day(s)/Shift(s) Worked
Lead/Chief Operator:	DANNY ALEXANDER	C	C-5472
Other Operators:	GAINES ALEXANDER	C	C-12379 27
	JENNIFER ALEXANDER	C	C-21471
	CINDY ALEXANDER	C	C-23261
Certification by Lead/Chief Operator			

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

 _____
 Signature and Date

09/07/21

GAINES ALEXANDER _____
 Printed or Typed Name

C-5472 _____
 License Number

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

PWS: Identification Number: 6534736 Plant Name: Hidden Cove

III. Daily Data for the Month/Year of: Monitoring Period From: 8/01/21 To: 8/31/21

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

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

Day of the month	Days Staffed or Visited by Operator	Hours Plant in Operation	Net Quality of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, If Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				Ct Calculations					UV Dose						
				Peak flow rate, gpd.	Lowest Residual Disinfectant concentration Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, C	pH of Water, if Applicable	Minimum CT, Required mg min/L	Lowest Operating UV Dose, mW-Sec.cm2	Minimum UV Dose required, mW-sec/cm2	Lowest Residual Disinfectant concentration at Remote Point in Distribution System, mg/L		
1	X	24	10000		2.0									1.2	
2	X	24	8000		2.1									1.4	
3	X	24	15000		1.8									1.2	
4	X	24	9000		1.7									1.2	
5	X	24	7000		1.8									1.1	
6	X	24	8000		1.6									1.4	
7		24	7500												
8	X	24	7500		1.5									1.2	
9	X	24	8000		1.5									1.1	
10	X	24	9000		1.5									1.0	
11	X	24	9000		1.4									1.0	
12	X	24	7000		1.4									1.0	
13	X	24	6000		1.3									0.8	
14		24	8500												
15	X	24	8500		1.5									1.0	
16	X	24	10000		1.3									0.8	
17	X	24	8000		1.1									0.7	
18	X	24	11000		1.3									0.8	
19	X	24	7000		1.0									0.8	
20	X	24	9000		1.1									0.7	
21		24	9500												
22	X	24	9500		1.2									0.7	
23	X	24	7000		0.9									0.6	
24	X	24	9000		1.5									0.8	
25	X	24	7000		1.4									0.9	
26	X	24	8000		1.8									1.2	
27	X	24	7000		2.5									2.0	
28	X	24	6000		2.5									1.7	
29		24	6500												
30	X	24	6500		2.3									1.4	
31	X	24	10000		1.7									1.4	

Average	259000
Maximum	8355
Minimum	15000

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

PLANT NAME:		Hidden Cove		Monitoring Period From: 9/01/21 To: 9/30/21					
		(WATER REPORT)							
DAY	METER 1	METER 2	TRC	PH	TRC	PH	MULT.	1000	TOTAL
PREV	9004								
1	9009		1.6		1.0		5000		5000
2	9017		1.8		1.4		8000		8000
3	9029		1.5		1.3		12000		12000
4							8000		8000
5	9045		1.4		1.1		8000		8000
6	9052		1.5		1.1		7000		7000
7	9060		1.3		1.0		8000		8000
8	9071		1.4		1.0		11000		11000
9	9079		1.8		1.3		8000		8000
10	9087		1.7		1.2		8000		8000
11							8500		8500
12	9104		1.6		1.2		8500		8500
13	9109		1.2		0.7		5000		5000
14	9119		1.2		0.6		10000		10000
15	9136		1.5		1.5		17000		17000
16	9148		1.3		0.8		12000		12000
17	9159		1.4		0.9		11000		11000
18	9165		1.2		0.9		6000		6000
19							13500		13500
20	9192		1.4		1.0		13500		13500
21	9200		1.5		0.9		8000		8000
22	9212		1.4		1.0		12000		12000
23	9220		1.8		1.5		8000		8000
24	9229		1.8		1.5		9000		9000
25							11000		11000
26	9251		1.8		1.4		11000		11000
27	9258		1.7		1.3		7000		7000
28	9265		1.6		1.4		7000		7000
29	9273		1.5		1.2		8000		8000
30	9278		1.6		1.3		5000		5000
Total Flow							274000		274000
ADF							9133		9133
MAX			1.8		1.5		17000		17000
MIN			1.2		0.6		5000		5000

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

I. General Information for the Month/Year of:		Monitoring Period From: 9/01/21 To: 9/30/21	
A. Public Water System (PWS) Information			
PWS Name: Hidden Cove		PWS Identification Number: 6534736	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive
Number of Service Connections at End of Month: 120		Total Population Served at End of Month: 97	
PWS Owner: Century Realty Funds			
Contact Person: Brian Altman		Contact Person's Title: Vice President	
Contact Person's Mailing Address: 500 S. FL. Ave.		City: Lakeland	State: FL Zip Code: 33801
Contact Person's Telephone Number: 863-647-1581		Contact Person's Fax Number: 863-647-3992	
Contact Person's E-Mail Address: brian@centuryco.com			
B. Water Treatment Plant Information			
Plant Name: Hidden Cove		Plant Telephone Number: 863-294-4591	
Plant Address: LUCERNE PARK RD		City: Winter Haven	State: FL Zip Code: 33881
Type of Water Treated by Plant:		<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water
Permitted Maximum Day Operating capacity of Plant, gallons per day:		144,000	
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class: D	
Licensed Operators	Name	License Class	License Number Day(s)/Shift(s) Worked
Lead/Chief Operator:	DANNY ALEXANDER	C	C-5472
Other Operators:	GAINES ALEXANDER	C	C-12379 26
	JENNIFER ALEXANDER	C	C-21471
	CINDY ALEXANDER	C	C-23261
II. Certification by Lead/Chief Operator			

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


 Signature and Date

10/07/21

GAINES ALEXANDER
 Printed or Typed Name

C-5472
 License Number

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

PWS: Identification Number: 6534736 Plant Name: Hidden Cove

Monitoring Period From: 9/01/21 To: 9/30/21

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

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

Day of the month	Days Plant Staffed or Visited by Operator	Hours Plant in Operation	Net Quality of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, If Applicable*										Lowest Residual Disinfectant concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Ct Calculations					UV Dose						
				Peak flow rate, gpd.	Lowest Residual Disinfectant concentration Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, C	pH of Water, if Applicable	Minimum CT, Required mg-min/L	Lowest Operating UV Dose, mW-Sec.cm2	Minimum UV Dose required, mW-sec/cm2			
1	X	24	5000		1.6									1.0	
2	X	24	8000		1.8									1.4	
3	X	24	12000		1.5									1.3	
4		24	8000												
5	X	24	8000		1.4									1.1	
6	X	24	7000		1.5									1.1	
7	X	24	8000		1.3									1.0	
8	X	24	11000		1.4									1.0	
9	X	24	8000		1.8									1.3	
10	X	24	8000		1.7									1.2	
11		24	8500												
12	X	24	8500		1.6									1.2	
13	X	24	5000		1.2									0.7	
14	X	24	10000		1.2									0.6	
15	X	24	17000		1.5									1.5	
16	X	24	12000		1.3									0.8	
17	X	24	11000		1.4									0.9	
18	X	24	6000		1.2									0.9	
19		24	13500												
20	X	24	13500		1.4									1.0	
21	X	24	8000		1.5									0.9	
22	X	24	12000		1.4									1.0	
23	X	24	8000		1.8									1.5	
24	X	24	9000		1.8									1.5	
25		24	11000												
26	X	24	11000		1.8									1.4	
27	X	24	7000		1.7									1.3	
28	X	24	7000		1.6									1.4	
29	X	24	8000		1.5									1.2	
30	X	24	5000		1.6									1.3	

Average	274000
Maximum	9133
Minimum	17000

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

PLANT NAME:		Hidden Cove		Monitoring Period From: 10/01/21 To: 10/31/21					
		(WATER REPORT)							
DAY	METER 1	METER 2	TRC	PH	TRC	PH	MULT.	1000	TOTAL
PREV	9278								
1	9286		1.4		1.1		8000		8000
2							10000		10000
3	9306		1.5		1.1		10000		10000
4	9310		1.5		1.2		4000		4000
5	9322		1.6		1.1		12000		12000
6	9329		1.2		0.8		7000		7000
7	9338		1.4		1.0		9000		9000
8	9346		1.2		0.8		8000		8000
9							10500		10500
10	9367		1.4		1.1		10500		10500
11	9373		1.6		1.3		6000		6000
12	9383		1.4		1.0		10000		10000
13	9390		1.4		1.0		7000		7000
14	9397		1.2		0.9		7000		7000
15	9410		1.4		0.8		13000		13000
16							9000		9000
17	9428		1.2		0.8		9000		9000
18	9436		1.4		1.0		8000		8000
19	9447		1.2		0.8		11000		11000
20	9456		1.3		1.0		9000		9000
21	9467		1.3		0.9		11000		11000
22	9477		1.4		1.0		10000		10000
23							10500		10500
24	9498		2.1		1.6		10500		10500
25	9505		2.5		1.9		7000		7000
26	9516		1.6		1.4		11000		11000
27	9522		1.8		1.5		6000		6000
28	9533		1.9		1.7		11000		11000
29	9540		1.5		1.3		7000		7000
30							11500		11500
31	9563		1.6		1.3		11500		11500
Total Flow							285000		285000
ADF							9194		9194
MAX			2.5		1.9		13000		13000
MIN			1.2		0.8		4000		4000

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

I. General Information for the Month/Year of:		Monitoring Period From: 10/01/21 To: 10/31/21	
A. Public Water System (PWS) Information			
PWS Name:	Hidden Cove	PWS Identification Number:	6534736
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive
Number of Service Connections at End of Month:	120	Total Population Served at End of Month:	97
PWS Owner:	Century Realty Funds		
Contact Person :	Brian Altman	Contact Person's Title:	Vice President
Contact Person's Mailing Address:	500 S. FL. Ave.	City: Lakeland	State: FL Zip Code: 33801
Contact Person's Telephone Number:	863-647-1581	Contact Person's Fax Number:	863-647-3992
Contact Person's E-Mail Address:	brian@centuryco.com		
B. Water Treatment Plant Information			
Plant Name:	Hidden Cove	Plant Telephone Number:	863-294-4591
Plant Address:	LUCERNE PARK RD	City: Winter Haven	State: FL Zip Code: 33881
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating capacity of Plant, gallons per day:	144,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class:	D
Licensed Operators	Name	License Class	License Number Day(s)/Shift(s) Worked
Lead/Chief Operator:	DANNY ALEXANDER	C	C-5472
Other Operators:	GAINES ALEXANDER	C	C-12379 26
	JENNIFER ALEXANDER	C	C-21471
	CINDY ALEXANDER	C	C-23261
II. Certification by Lead/Chief Operator			

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

Signature and Date:  11/09/21
 DEP Form 62-555.900(3)
 Effective August 28, 2003

GAINES ALEXANDER
 Printed or Typed Name

C-5472
 License Number

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

PWS: Identification Number: 6534736 Plant Name: Hidden Cove

III. Daily Data for the Month/Year of: Monitoring Period From: 10/31/21 To: 10/31/21

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

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

Day of the month	Days Plant Staffed or Visited by Operator	Hours Plant in Operation	Net Quality of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				Ct Calculations					UV Dose						
				Peak flow rate, gpd.	Lowest Residual Disinfectant concentration Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, C	pH of Water, if Applicable	Minimum CT, Required mg min/L	Lowest Operating UV Dose, mW-Sec/cm2	Minimum UV Dose required, mW-sec/cm2	Lowest Residual Disinfectant concentration at Remote Point in Distribution System, mg/L		
1	X	24	8000		1.4									1.1	
2		24	10000												
3	X	24	10000		1.5									1.1	
4	X	24	4000		1.5									1.2	
5	X	24	12000		1.6									1.1	
6	X	24	7000		1.2									0.8	
7	X	24	9000		1.4									1.0	
8	X	24	8000		1.2									0.8	
9		24	10500												
10	X	24	10500		1.4									1.1	
11	X	24	6000		1.6									1.3	
12	X	24	10000		1.4									1.0	
13	X	24	7000		1.4									1.0	
14	X	24	7000		1.2									0.9	
15	X	24	13000		1.4									0.8	
16		24	9000												
17	X	24	9000		1.2									0.8	
18	X	24	8000		1.4									1.0	
19	X	24	11000		1.2									0.8	
20	X	24	9000		1.3									1.0	
21	X	24	11000		1.3									0.9	
22	X	24	10000		1.4									1.0	
23		24	10500												
24	X	24	10500		2.1									1.6	
25	X	24	7000		2.5									1.9	
26	X	24	11000		1.6									1.4	
27	X	24	6000		1.8									1.5	
28	X	24	11000		1.9									1.7	
29	X	24	7000		1.5									1.3	
30		24	11500												
31	X	24	11500		1.6									1.3	

Average 285000
 9194
 Maximum 13000

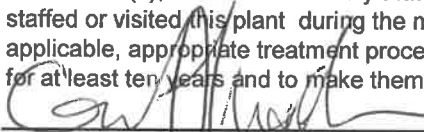
*Refer to the instructions for this report to determine which plants must provide this information.
 DEP Form 62-555.900(3)
 Effective August 28, 2003

PLANT NAME:		Hidden Cove			Monitoring Period From: 11/01/21 To: 11/30/21				
		(WATER REPORT)							
DAY	METER 1	METER 2	TRC	PH	TRC	PH	MULT.	1000	TOTAL
PREV	9563								
1	9571		2.0		1.7		8000		8000
2	9586		1.7		1.4		15000		15000
3	9594		1.8		1.4		8000		8000
4	9605		1.8		1.3		11000		11000
5	9614		1.9		1.4		9000		9000
6	9624		1.8		1.7		10000		10000
7							9500		9500
8	9643		1.5		1.3		9500		9500
9	9652		1.2		1.0		9000		9000
10	9662		1.5		1.0		10000		10000
11	9673		1.2		1.0		11000		11000
12	9682		1.5		1.1		9000		9000
13							10000		10000
14	9702		1.4		0.9		10000		10000
15	9710		1.9		1.1		8000		8000
16	9721		1.8		1.5		11000		11000
17	9732		1.8		1.4		11000		11000
18	9740		2.2		1.8		8000		8000
19	9748		2.2		1.7		8000		8000
20							9500		9500
21	9767		1.8		1.3		9500		9500
22	9779		2.0		1.7		12000		12000
23	9790		1.9		1.6		11000		11000
24	9796		1.8		1.5		6000		6000
25	9807		1.7		1.3		11000		11000
26	9819		1.9		1.7		12000		12000
27							9000		9000
28	9837		1.9		1.6		9000		9000
29	9846		1.9		1.5		9000		9000
30	9861		1.8		1.5		15000		15000
Total Flow							298000		298000
ADF							9933		9933
MAX			2.2		1.8		15000		15000
MIN			1.2		0.9		6000		6000

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

I. General Information for the Month/Year of:		Monitoring Period From: 11/01/21 To: 11/30/21	
A. Public Water System (PWS) Information			
PWS Name:	Hidden Cove	PWS Identification Number:	6534736
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive
Number of Service Connections at End of Month:	120	Total Population Served at End of Month:	97
PWS Owner:	Century Realty Funds		
Contact Person:	Brian Altman	Contact Person's Title:	Vice President
Contact Person's Mailing Address:	500 S. FL. Ave.	City: Lakeland	State: FL Zip Code: 33801
Contact Person's Telephone Number:	863-647-1581	Contact Person's Fax Number:	863-647-3992
Contact Person's E-Mail Address:	brian@centuryco.com		
B. Water Treatment Plant Information			
Plant Name:	Hidden Cove	Plant Telephone Number:	863-294-4591
Plant Address:	LUCERNE PARK RD	City: Winter Haven	State: FL Zip Code: 33881
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating capacity of Plant, gallons per day:	144,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class:	D
Licensed Operators	Name	License Class	License Number Day(s)/Shift(s) Worked
Lead/Chief Operator:	DANNY ALEXANDER	C	C-5472
Other Operators:	GAINES ALEXANDER	C	C-12379 26
	JENNIFER ALEXANDER	C	C-21471
	CINDY ALEXANDER	C	C-23261
II. Certification by Lead/Chief Operator			

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

 12/09/21
 Signature and Date

GAINES ALEXANDER
 Printed or Typed Name

C-5472
 License Number

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

PWS: Identification Number: 6534736 Plant Name: Hidden Cove

III. Daily Data for the Month/Year of: Monitoring Period From: 11/01/21 To: 11/30/21

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

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

the month	Days Plant Staffed or Visited by Operator	Hours Plant in Operation	Net Quality of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				Ct Calculations					UV Dose						
				Peak flow rate, gpd.	Lowest Residual Disinfectant concentration Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, C	pH of Water, if Applicable	Minimum CT, Required mg min/L	Lowest Operating UV Dose, mW-Sec.cm2	Minimum UV Dose required, mW-sec/cm2	Lowest Residual Disinfectant concentration at Remote Point in Distribution System, mg/L		
1	X	24	8000		2.0									1.7	
2	X	24	15000		1.7									1.4	
3	X	24	8000		1.8									1.4	
4	X	24	11000		1.8									1.3	
5	X	24	9000		1.9									1.4	
6	X	24	10000		1.8									1.7	
7		24	9500												
8	X	24	9500		1.5									1.3	
9	X	24	9000		1.2									1.0	
10	X	24	10000		1.5									1.0	
11	X	24	11000		1.2									1.0	
12	X	24	9000		1.5									1.1	
13		24	10000												
14	X	24	10000		1.4									0.9	
15	X	24	8000		1.9									1.1	
16	X	24	11000		1.8									1.5	
17	X	24	11000		1.8									1.4	
18	X	24	8000		2.2									1.8	
19	X	24	8000		2.2									1.7	
20		24	9500												
21	X	24	9500		1.8									1.3	
22	X	24	12000		2.0									1.7	
23	X	24	11000		1.9									1.6	
24	X	24	6000		1.8									1.5	
25	X	24	11000		1.7									1.3	
26	X	24	12000		1.9									1.7	
27		24	9000												
28	X	24	9000		1.9									1.6	
29	X	24	9000		1.9									1.5	
30	X	24	15000		1.8									1.5	
			298000												
Average			9933												
Maximum			15000												

*Refer to the instructions for this report to determine which plants must provide this information.
 DEP Form 62-555.900(3)
 Effective August 26, 2003

PLANT NAME:		Hidden Cove		Monitoring Period From: 12/01/21 To: 12/31/21					
		(WATER REPORT)							
DAY	METER 1	METER 2	TRC	PH	TRC	PH	MULT.	1000	TOTAL
PREV	9861								
1	9868		2.3		1.9		7000		7000
2	9882		2.3		1.8		14000		14000
3	9893		2.2		1.7		11000		11000
4							8000		8000
5	9909		1.8		1.4		8000		8000
6	9920		1.5		1.3		11000		11000
7	9932		1.6		1.3		12000		12000
8	9939		1.5		1.1		7000		7000
9							10000		10000
10	9959		1.4		1.0		10000		10000
11							9000		9000
12	9977		1.5		1.1		9000		9000
13	9983		1.7		1.5		6000		6000
14	9999		1.8		1.5		16000		16000
15	10001		2.0		1.7		2000		2000
16	10014		2.9		2.5		13000		13000
17	10020		2.5		1.7		6000		6000
18	10031		2.5		1.9		11000		11000
19							14000		14000
20	10059		2.7		1.9		14000		14000
21	10063		2.5		1.9		4000		4000
22	10074		2.2		1.7		11000		11000
23	10081		2.2		1.8		7000		7000
24	10095		2.2		1.7		14000		14000
25							9500		9500
26	10114		1.9		1.5		9500		9500
27	10121		2.0		1.8		7000		7000
28	10131		1.8		1.5		10000		10000
29	10142		1.8		1.7		11000		11000
30	10151		1.8		1.6		9000		9000
31	10165		1.7		1.5		14000		14000
Total Flow							304000		304000
ADF							9806		9806
MAX			2.9		2.5		16000		16000
MIN			1.4		1.0		2000		2000

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

I. General Information for the Month/Year of:		Monitoring Period From: 12/01/21 To: 12/31/21	
A. Public Water System (PWS) Information			
PWS Name:	Hidden Cove	PWS Identification Number:	6534736
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive
Number of Service Connections at End of Month:	120	Total Population Served at End of Month:	97
PWS Owner:	Century Realty Funds		
Contact Person :	Brian Altman	Contact Person's Title:	Vice President
Contact Person's Mailing Address:	500 S. FL. Ave.	City: Lakeland	State: FL Zip Code: 33801
Contact Person's Telephone Number:	863-647-1581	Contact Person's Fax Number:	863-647-3992
Contact Person's E-Mail Address:	brian@centuryco.com		
B. Water Treatment Plant Information			
Plant Name:	Hidden Cove	Plant Telephone Number:	863-294-4591
Plant Address:	LUCERNE PARK RD	City: Winter Haven	State: FL Zip Code: 33881
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating capacity of Plant, gallons per day:	144,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class:	D
Licensed Operators	Name	License Class	License Number Day(s)/Shift(s) Worked
Lead/Chief Operator:	DANNY ALEXANDER	C	C-5472
Other Operators:	GAINES ALEXANDER	C	C-12379 26
	JENNIFER ALEXANDER	C	C-21471
	CINDY ALEXANDER	C	C-23261
II. Certification by Lead/Chief Operator			

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


 Signature and Date _____ 1/07/22
 DEP Form 62-555.900(3)
 Effective August 28, 2003

GAINES ALEXANDER
 Printed or Typed Name _____

C-5472
 License Number _____

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

PWS: Identification Number: 6534736 Plant Name: Hidden Cove

III. Daily Data for the Month/Year of: Monitoring Period From: 12/01/21 To: 12/31/21

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

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

Day of the month	Days Staffed or Visited by Operator	Hours Plant in Operation	Net Quality of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				Ct Calculations					UV Dose						
				Peak flow rate, gpd.	Lowest Residual Disinfectant concentration Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, C	pH of Water, if Applicable	Minimum CT, min/L	Lowest Operating UV Dose, mW-Sec/cm2	Minimum UV Dose required, mW-sec/cm2	Lowest Residual Disinfectant concentration at Remote Point in Distribution System, mg/L		
1	X	24	7000		2.3									1.9	
2	X	24	14000		2.3									1.8	
3	X	24	11000		2.2									1.7	
4		24	8000												
5	X	24	8000		1.8									1.4	
6	X	24	11000		1.5									1.3	
7	X	24	12000		1.6									1.3	
8	X	24	7000		1.5									1.1	
9		24	10000												
10	X	24	10000		1.4									1.0	
11		24	9000												
12	X	24	9000		1.5									1.1	
13	X	24	6000		1.7									1.5	
14	X	24	16000		1.8									1.5	
15	X	24	2000		2.0									1.7	
16	X	24	13000		2.9									2.5	
17	X	24	6000		2.5									1.7	
18	X	24	11000		2.5									1.9	
19		24	14000												
20	X	24	14000		2.7									1.9	
	X	24	4000		2.5									1.9	
	X	24	11000		2.2									1.7	
	X	24	7000		2.2									1.8	
24	X	24	14000		2.2									1.7	
25		24	9500												
26	X	24	9500		1.9									1.5	
27	X	24	7000		2.0									1.8	
28	X	24	10000		1.8									1.5	
29	X	24	11000		1.8									1.7	
30	X	24	9000		1.8									1.6	
31	X	24	14000		1.7									1.5	
			304000												
Average			9806												
Maximum			16000												

*Refer to the instructions for this report to determine which plants must provide this information.
 DEP Form 62-555.900(3)
 Effective August 28, 2003

January 2021

Run Date 05/23/2022
Run Time 10:21:13

Century Companies - Century Companies

Summary

<u>Bill Type</u>	<u>Service Type</u>	<u>Description</u>	<u>Consumption</u>	<u>Accounts</u>
SW	HC_1	Hidden Cove Common 1"	1160	1
SW	HC_5/8	Hidden Cove Sewer	277470	122
Bill Type Totals			278630	123
WT	HC_1	Hidden Cove Common 1"	1160	1
WT	HC_2	Hidden Cove Common 2"	17890	1
WT	HC_5/8	Hidden Cove Water	277470	122
WT	HC_COM_5/8	Hidden Cove Common 5/8"	440	1
Bill Type Totals			296960	125
			575590	

February 2021

Run Date 05/23/2022
Run Time 10:29:44

Century Companies - Century Companies

Summary

<u>Bill Type</u>	<u>Service Type</u>	<u>Description</u>	<u>Consumption</u>	<u>Accounts</u>
SW	HC_1	Hidden Cove Common 1"	730	1
SW	HC_5/8	Hidden Cove Sewer	230080	107
Bill Type Totals			230810	108
WT	HC_1	Hidden Cove Common 1"	730	1
WT	HC_2	Hidden Cove Common 2"	12000	1
WT	HC_5/8	Hidden Cove Water	230080	107
WT	HC_COM_5/8	Hidden Cove Common 5/8"	80	1
Bill Type Totals			242890	110
			473700	

March 2021

Run Date 05/23/2022
Run Time 10:31:37

Century Companies - Century Companies

Summary

<u>Bill Type</u>	<u>Service Type</u>	<u>Description</u>	<u>Consumption</u>	<u>Accounts</u>
SW	HC_1	Hidden Cove Common 1"	1190	1
SW	HC_5/8	Hidden Cove Sewer	190430	108
Bill Type Totals			191620	109
WT	HC_1	Hidden Cove Common 1"	1190	1
WT	HC_2	Hidden Cove Common 2"	12100	1
WT	HC_5/8	Hidden Cove Water	190430	108
WT	HC_COM_5/8	Hidden Cove Common 5/8"	30	1
Bill Type Totals			203750	111
			395370	

April 2021

Run Date 05/23/2022
Run Time 10:44:01

Century Companies - Century Companies

Summary

<u>Bill Type</u>	<u>Service Type</u>	<u>Description</u>	<u>Consumption</u>	<u>Accounts</u>
SW	HC_1	Hidden Cove Common 1"	820	1
SW	HC_5/8	Hidden Cove Sewer	219510	109
Bill Type Totals			220330	110
WT	HC_1	Hidden Cove Common 1"	820	1
WT	HC_2	Hidden Cove Common 2"	18700	1
WT	HC_5/8	Hidden Cove Water	219510	109
WT	HC_COM_5/8	Hidden Cove Common 5/8"	590	1
Bill Type Totals			239620	112
			459950	

May 2021

Run Date 05/23/2022
Run Time 11:00:49

Century Companies - Century Companies

Summary

<u>Bill Type</u>	<u>Service Type</u>	<u>Description</u>	<u>Consumption</u>	<u>Accounts</u>
SW	HC_1	Hidden Cove Common 1"	4460	1
SW	HC_5/8	Hidden Cove Sewer	256980	114
Bill Type Totals			261440	115
WT	HC_1	Hidden Cove Common 1"	4460	1
WT	HC_2	Hidden Cove Common 2"	10800	1
WT	HC_5/8	Hidden Cove Water	256980	114
WT	HC_COM_5/8	Hidden Cove Common 5/8"	60	1
Bill Type Totals			272300	117
			533740	

June 2021

Run Date 05/23/2022
Run Time 11:02:08

Century Companies - Century Companies

Summary

<u>Bill Type</u>	<u>Service Type</u>	<u>Description</u>	<u>Consumption</u>	<u>Accounts</u>
SW	HC_1	Hidden Cove Common 1"	1510	1
SW	HC_5/8	Hidden Cove Sewer	199420	100
Bill Type Totals			200930	101
WT	HC_1	Hidden Cove Common 1"	1510	1
WT	HC_2	Hidden Cove Common 2"	9500	1
WT	HC_5/8	Hidden Cove Water	199420	100
WT	HC_COM_5/8	Hidden Cove Common 5/8"	410	1
Bill Type Totals			210840	103
			411770	

July 2021

Run Date 05/23/2022
Run Time 11:04:04

Century Companies - Century Companies

Summary

<u>Bill Type</u>	<u>Service Type</u>	<u>Description</u>	<u>Consumption</u>	<u>Accounts</u>
SW	HC_1	Hidden Cove Common 1"	250	1
SW	HC_5/8	Hidden Cove Sewer	182860	96
Bill Type Totals			183110	97
WT	HC_1	Hidden Cove Common 1"	250	1
WT	HC_2	Hidden Cove Common 2"	11400	1
WT	HC_5/8	Hidden Cove Water	182860	96
WT	HC_COM_5/8	Hidden Cove Common 5/8"	10	1
Bill Type Totals			194520	99
			377630	

August 2021

Run Date 05/23/2022
Run Time 11:05:44

Century Companies - Century Companies

Summary

<u>Bill Type</u>	<u>Service Type</u>	<u>Description</u>	<u>Consumption</u>	<u>Accounts</u>
SW	HC_1	Hidden Cove Common 1"	5850	1
SW	HC_5/8	Hidden Cove Sewer	218260	97
Bill Type Totals			224110	98
WT	HC_1	Hidden Cove Common 1"	5850	1
WT	HC_2	Hidden Cove Common 2"	9400	1
WT	HC_5/8	Hidden Cove Water	218260	97
WT	HC_COM_5/8	Hidden Cove Common 5/8"	20	1
Bill Type Totals			233530	100
			457640	

September 2021

Run Date 05/23/2022
Run Time 11:06:53

Century Companies - Century Companies

Summary

<u>Bill Type</u>	<u>Service Type</u>	<u>Description</u>	<u>Consumption</u>	<u>Accounts</u>
SW	HC_1	Hidden Cove Common 1"	7320	1
SW	HC_5/8	Hidden Cove Sewer	174540	96
Bill Type Totals			181860	97
WT	HC_1	Hidden Cove Common 1"	7320	1
WT	HC_2	Hidden Cove Common 2"	11400	1
WT	HC_5/8	Hidden Cove Water	174540	96
WT	HC_COM_5/8	Hidden Cove Common 5/8"	110	1
Bill Type Totals			193370	99
			375230	

October 2021

Run Date 05/23/2022
Run Time 11:08:07

Century Companies - Century Companies

Summary

<u>Bill Type</u>	<u>Service Type</u>	<u>Description</u>	<u>Consumption</u>	<u>Accounts</u>
SW	HC_1	Hidden Cove Common 1"	580	1
SW	HC_5/8	Hidden Cove Sewer	213040	99
Bill Type Totals			213620	100
WT	HC_1	Hidden Cove Common 1"	580	1
WT	HC_2	Hidden Cove Common 2"	10800	1
WT	HC_5/8	Hidden Cove Water	213040	99
WT	HC_COM_5/8	Hidden Cove Common 5/8"	50	1
Bill Type Totals			224470	102
			438090	

November 2021

Run Date 05/23/2022
Run Time 11:11:05

Century Companies - Century Companies

Summary

<u>Bill Type</u>	<u>Service Type</u>	<u>Description</u>	<u>Consumption</u>	<u>Accounts</u>
SW	HC_1	Hidden Cove Common 1"	450	1
SW	HC_5/8	Hidden Cove Sewer	221970	106
Bill Type Totals			222420	107
WT	HC_1	Hidden Cove Common 1"	450	1
WT	HC_2	Hidden Cove Common 2"	17000	1
WT	HC_5/8	Hidden Cove Water	221970	106
Bill Type Totals			239420	108
			461840	

December 2021

Run Date 05/23/2022
Run Time 11:13:00

Century Companies - Century Companies

Summary

<u>Bill Type</u>	<u>Service Type</u>	<u>Description</u>	<u>Consumption</u>	<u>Accounts</u>
SW	HC_1	Hidden Cove Common 1"	460	1
SW	HC_5/8	Hidden Cove Sewer	210920	111
Bill Type Totals			211380	112
WT	HC_1	Hidden Cove Common 1"	460	1
WT	HC_2	Hidden Cove Common 2"	17700	1
WT	HC_5/8	Hidden Cove Water	210920	111
WT	HC_COM_5/8	Hidden Cove Common 5/8"	70	1
Bill Type Totals			229150	114
			440530	

FDEP Wastewater Permit - Permit # FLA013107

SWFMD Water Use Permit # - 20 006893.003

Health Depart Permit - PWS (Public Water System) ID # - 6534736



**FLORIDA DEPARTMENT OF
ENVIRONMENTAL PROTECTION**

Southwest District Office
13051 North Telecom Parkway
Temple Terrace, Florida 33637-0926

RICK SCOTT
GOVERNOR

CARLOS LOPEZ-CANTERA
LT. GOVERNOR

JONATHAN P. STEVERSON
SECRETARY

February 24, 2015

In the Matter of an
Application for Permit by:

Century Properties MHP, LLC
Brian Altman, Vice President
500 South Florida Avenue
Suite 700
Lakeland, Florida 33801
(863) 647-1581
baltman@centurycompanies.net

File Number FLA013107-006-DW3P
Polk County
Hidden Cove WWTF
Permit No. FLA013107

NOTICE OF PERMIT ISSUANCE

Enclosed is Permit Number FLA013107 to operate the Hidden Cove WWTF, issued under Chapter 403, Florida Statutes.

Monitoring requirements under this permit are effective on the first day of the second month following the effective date of the permit. Until such time, the permittee shall continue to monitor and report in accordance with previously effective permit requirements, if any.

The Department's proposed agency action shall become final unless a timely petition for an administrative hearing is filed under Sections 120.569 and 120.57, Florida Statutes, within fourteen days of receipt of notice. The procedures for petitioning for a hearing are set forth below.

A person whose substantial interests are affected by the Department's proposed permitting decision may petition for an administrative proceeding (hearing) under Sections 120.569 and 120.57, Florida Statutes. The petition must contain the information set forth below and must be filed (received by the Clerk) in the Office of General Counsel of the Department at 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida 32399-3000.

Under Rule 62-110.106(4), Florida Administrative Code, a person may request an extension of the time for filing a petition for an administrative hearing. The request must be filed (received by the Clerk) in the Office of General Counsel before the end of the time period for filing a petition for an administrative hearing.

Petitions by the applicant or any of the persons listed below must be filed within fourteen days of receipt of this written notice. Petitions filed by any persons other than those entitled to written notice under Section 120.60(3), Florida Statutes, must be filed within fourteen days of publication of the notice or within fourteen days of receipt of the written notice, whichever occurs first. Section 120.60(3), Florida Statutes, however, also allows that any person who has asked the Department in writing for notice of agency action may file a petition within fourteen days of receipt of such notice, regardless of the date of publication.

The petitioner shall mail a copy of the petition to the applicant at the address indicated above at the time of filing. The failure of any person to file a petition or request for an extension of time within fourteen days of receipt of notice shall constitute a waiver of that person's right to request an administrative determination (hearing) under Sections 120.569 and 120.57, Florida Statutes. Any subsequent intervention (in a proceeding initiated by another party) will be only at the discretion of the presiding officer upon the filing of a motion in compliance with Rule 28-106.205, Florida Administrative Code.

A petition that disputes the material facts on which the Department's action is based must contain the following information, as indicated in Rule 28-106.201, Florida Administrative Code:

- (a) The name and address of each agency affected and each agency's file or identification number, if known;
- (b) The name, address, any e-mail address, any facsimile number, and telephone number of the petitioner, if the petitioner is not represented by an attorney or a qualified representative; the name, address, and telephone number of the petitioner's representative, if any, which shall be the address for service purposes during the course of the proceeding; and an explanation of how the petitioner's substantial interests will be affected by the determination;
- (c) A statement of when and how the petitioner received notice of the Department's decision;
- (d) A statement of all disputed issues of material fact. If there are none, the petition must so indicate;
- (e) A concise statement of the ultimate facts alleged, including the specific facts the petitioner contends warrant reversal or modification of the Department's proposed action;
- (f) A statement of the specific rules or statutes the petitioner contends require reversal or modification of the Department's proposed action, including an explanation of how the alleged facts relate to the specific rules or statutes; and
- (g) A statement of the relief sought by the petitioner, stating precisely the action petitioner wishes the Department to take with respect to the Department's proposed action.

Because the administrative hearing process is designed to formulate final agency action, the filing of a petition means that the Department's final action may be different from the position taken by it in this notice. Persons whose substantial interests will be affected by any such final decision of the Department have the right to petition to become a party to the proceeding, in accordance with the requirements set forth above.


Mediation under Section 120.573, Florida Statutes, is not available for this proceeding.

This permit action is final and effective on the date filed with the Clerk of the Department unless a petition (or request for an extension of time) is filed in accordance with the above. Upon the timely filing of a petition (or request for an extension of time), this permit will not be effective until further order of the Department.

Any party to the permit has the right to seek judicial review of the permit action under Section 120.68, Florida Statutes, by the filing of a notice of appeal under Rules 9.110 and 9.190, Florida Rules of Appellate Procedure, with the Clerk of the Department in the Office of General Counsel, 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida, 32399-3000, and by filing a copy of the notice of appeal accompanied by the applicable filing fees with the appropriate district court of appeal. The notice of appeal must be filed within 30 days from the date when this permit action is filed with the Clerk of the Department.

Executed in Temple Terrace, Florida.

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL PROTECTION

for 
Kelley M. Boatwright
Program Administrator
Permitting & Waste Cleanup Program
Southwest District

FILING AND ACKNOWLEDGMENT

FILED, on this date, under Section 120.52, Florida Statutes, with the designated Deputy Clerk, receipt of which is hereby acknowledged.

Cynthia Gracik February 24, 2015
[Clerk] [Date]

CERTIFICATE OF SERVICE

The undersigned hereby certifies that this NOTICE OF PERMIT ISSUANCE and all copies were mailed before the close of business on February 24, 2015 to the listed persons.

Cynthia Gracik
Name

February 24, 2015
Date

Copies furnished to:

Mark Ferrell, P.E., Water Resources Associates, mfarrell@wraengineering.com
Jason Wright, Certified Operator, Century Properties MHP LLC, jwright@a-mproperties.com
Steven Kelly, FDEP C/E Manager, FDEP SWD, Steven.Kelly@dep.state.fl.us
Elaine Gracik, FDEP SWD, elaine.gracik@dep.state.fl.us

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, 13051 N Telecom Pkwy, Temple Terrace, FL 33637-0926

PERMITTEE NAME: CENTURY PROPERTIES MHP, LLC
 MAILING ADDRESS: 500 South Florida Avenue
 Suite 700
 Lakeland, Florida 33801
 FACILITY: Hidden Cove WWTF
 LOCATION: Hideaway Lane
 Winter Haven, FL 33881-9684
 COUNTY: Polk
 OFFICE: Southwest District

PERMIT NUMBER: FLA013107-006-DW3P
 LIMIT: Final
 CLASS SIZE: N/A
 MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESCRIPTION: RIB and Influent
 RE-SUBMITTED DMR:
 NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: _____ To: _____

REPORT FREQUENCY: Monthly
 PROGRAM: Domestic

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement							
PARM Code 50050 Y Mon. Site No. FLW-01	Permit Requirement	0.02 (An.Avg.)	MGD				5 Days/Week	Elapsed Time Measurement on Pump
Flow	Sample Measurement							
PARM Code 50050 I Mon. Site No. FLW-01	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Elapsed Time Measurement on Pump
BOD, Carbonaceous 5 day, 20C	Sample Measurement							
PARM Code 80082 Y Mon. Site No. EFA-01	Permit Requirement			20.0 (An.Avg.)	mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement							
PARM Code 80082 A Mon. Site No. EFA-01	Permit Requirement			30.0 (Mo.Avg.)	60.0 (Max.)	mg/L	Monthly	Grab
Solids, Total Suspended	Sample Measurement							
PARM Code 00530 Y Mon. Site No. EFA-01	Permit Requirement			20 (An.Avg.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement							
PARM Code 00530 A Mon. Site No. EFA-01	Permit Requirement			30 (Mo.Avg.)	60 (Max.)	mg/L	Monthly	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

FLA013107-006-DW3P

DMR EFFECTIVE DATE: 1st day of the 2nd month following effective date of permit - Permit expiration

DEP Form 62-620.910(10), Effective Nov. 29, 1994

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Hidden Cove WWTF

MONITORING GROUP R-001
 NUMBER:
 MONITORING PERIOD From: _____ To: _____

PERMIT NUMBER: FLA013107-006-DW3P

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement									
PARM Code 00400 A Mon. Site No. EFA-01	Permit Requirement				6.0 (Min.)	8.5 (Max.)	s.u.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement									
PARM Code 74055 Y Mon. Site No. EFA-01	Permit Requirement				200 (An.Avg.)		#/100mL		Monthly	Grab
Coliform, Fecal	Sample Measurement									
PARM Code 74055 A Mon. Site No. EFA-01	Permit Requirement					800 (Max.)	#/100mL		Monthly	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement									
PARM Code 50060 A Mon. Site No. EFA-01	Permit Requirement				0.5 (Min.)		mg/L		5 Days/Week	Grab
Nitrogen, Total	Sample Measurement									
PARM Code 00600 A Mon. Site No. EFA-01	Permit Requirement					12.0 (Max.)	mg/L		Monthly	Grab
Flow	Sample Measurement									
PARM Code 50050 P Mon. Site No. FLW-01	Permit Requirement	Report (Mo.Avg.)	0.02 (3Mo.Avg.)	MGD					5 Days/Week	Elapsed Time Measurement on Pump
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement									
PARM Code 00180 1 Mon. Site No. FLW-01	Permit Requirement					Report (Mo.Avg.)	percent		Monthly	Calculated

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, 13051 N Telecom Pkwy, Temple Terrace, FL 33637-0926

PERMITTEE NAME: CENTURY PROPERTIES MHP, LLC
MAILING ADDRESS: 500 South Florida Avenue
 Suite 700
 Lakeland, Florida 33801-
FACILITY: Hidden Cove WWTF
LOCATION: Hideaway Lane
 Winter Haven, FL 33881-9684
COUNTY: Polk
OFFICE: Southwest District

PERMIT NUMBER: FLA013107-006-DW3P
LIMIT: Final
CLASS SIZE: N/A
MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESCRIPTION: RIB and Influent
RE-SUBMITTED DMR:
NO DISCHARGE FROM SITE:
MONITORING PERIOD From: _____ To: _____

REPORT FREQUENCY: Annually
PROGRAM: Domestic

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C (Influent)	Sample Measurement							
PARM Code 80082 G Mon. Site No. INF-01	Permit Requirement			Report (Max.)	mg/L		Annually	Grab
Solids, Total Suspended (Influent)	Sample Measurement							
PARM Code 00530 G Mon. Site No. INF-01	Permit Requirement			Report (Max.)	mg/L		Annually	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, 13051 N Telecom Pkwy, Temple Terrace, FL 33637-0926

PERMITTEE NAME: CENTURY PROPERTIES MHP, LLC
MAILING ADDRESS: 500 South Florida Avenue
 Suite 700
 Lakeland, Florida 33801-
FACILITY: Hidden Cove WWTF
LOCATION: Hideaway Lane
 Winter Haven, FL 33881-9684
COUNTY: Polk
OFFICE: Southwest District

PERMIT NUMBER: FLA013107-006-DW3P
LIMIT:
CLASS SIZE: Final
MONITORING GROUP NUMBER: N/A
MONITORING GROUP DESCRIPTION: RMP-Q
 Biosolids Quantity
RE-SUBMITTED DMR:
NO DISCHARGE FROM SITE:
MONITORING PERIOD From: _____ To: _____

REPORT FREQUENCY: Monthly
PROGRAM: Domestic

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Transferred)	Sample Measurement							
PARM Code B0007 Mon. Site No. RMP-01	Permit Requirement	Report (Mo.Total)	dry tons				Monthly	Calculated
Biosolids Quantity (Landfilled)	Sample Measurement							
PARM Code B0008 Mon. Site No. RMP-01	Permit Requirement	Report (Mo.Total)	dry tons				Monthly	Calculated

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013107-006-DW3P Facility: Hidden Cove WWTF
 Monitoring Period From: _____ To: _____

	BOD, Carbonaceous 5 day, 20C mg/L	Chlorine, Total Residual (For Disinfection) mg/L	Coliform, Fecal #/100mL	Nitrogen, Total mg/L	Solids, Total Suspended mg/L	pH s.u.	Flow MGD				
Code	80082	50060	74055	00600	00530	00400	50050				
Mon. Site	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	FLW-01				
1											
2											
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26											
27											
28											
29											
30											
31											
Total											
Mo. Avg.											

PLANT STAFFING:

Day Shift Operator Class: _____ Certificate No: _____ Name: _____
 Evening Shift Operator Class: _____ Certificate No: _____ Name: _____
 Night Shift Operator Class: _____ Certificate No: _____ Name: _____
 Lead Operator Class: _____ Certificate No: _____ Name: _____

INSTRUCTIONS FOR COMPLETING THE WASTEWATER DISCHARGE MONITORING REPORT

Read these instructions before completing the DMR. Hard copies and/or electronic copies of the required parts of the DMR were provided with the permit. All required information shall be completed in full and typed or printed in ink. A signed, original DMR shall be mailed to the address printed on the DMR by the 28th of the month following the monitoring period. Facilities who submit their DMR(s) electronically through eDMR do not need to submit a hardcopy DMR. The DMR shall not be submitted before the end of the monitoring period.

The DMR consists of three parts--A, B, and D--all of which may or may not be applicable to every facility. Facilities may have one or more Part A's for reporting effluent or reclaimed water data. All domestic wastewater facilities will have a Part B for reporting daily sample results. Part D is used for reporting ground water monitoring well data.

When results are not available, the following codes should be used on parts A and D of the DMR and an explanation provided where appropriate. Note: Codes used on Part B for raw data are different.

CODE	DESCRIPTION/INSTRUCTIONS
ANC	Analysis not conducted.
DRY	Dry Well
FLD	Flood disaster.
IFS	Insufficient flow for sampling.
LS	Lost sample.
MNR	Monitoring not required this period.

CODE	DESCRIPTION/INSTRUCTIONS
NOD	No discharge from/to site.
OPS	Operations were shutdown so no sample could be taken.
OTH	Other. Please enter an explanation of why monitoring data were not available.
SEF	Sampling equipment failure.

When reporting analytical results that fall below a laboratory's reported method detection limits or practical quantification limits, the following instructions should be used, unless indicated otherwise in the permit or on the DMR:

1. Results greater than or equal to the PQL shall be reported as the measured quantity.
2. Results less than the PQL and greater than or equal to the MDL shall be reported as the laboratory's MDL value. These values shall be deemed equal to the MDL when necessary to calculate an average for that parameter and when determining compliance with permit limits.
3. Results less than the MDL shall be reported by entering a less than sign (" $<$ ") followed by the laboratory's MDL value, e.g. < 0.001 . A value of one-half the MDL or one-half the effluent limit, whichever is lower, shall be used for that sample when necessary to calculate an average for that parameter. Values less than the MDL are considered to demonstrate compliance with an effluent limitation.

PART A -DISCHARGE MONITORING REPORT (DMR)

Part A of the DMR is comprised of one or more sections, each having its own header information. Facility information is preprinted in the header as well as the monitoring group number, whether the limits and monitoring requirements are interim or final, and the required submittal frequency (e.g. monthly, annually, quarterly, etc.). Submit Part A based on the required reporting frequency in the header and the instructions shown in the permit. The following should be completed by the permittee or authorized representative:

Resubmitted DMR: Check this box if this DMR is being re-submitted because there was information missing from or information that needed correction on a previously submitted DMR. The information that is being revised should be clearly noted on the re-submitted DMR (e.g. highlight, circle, etc.)

No Discharge From Site: Check this box if no discharge occurs and, as a result, there are no data or codes to be entered for all of the parameters on the DMR for the entire monitoring group number; however, if the monitoring group includes other monitoring locations (e.g., influent sampling), the "NOD" code should be used to individually denote those parameters for which there was no discharge.

Monitoring Period: Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed.

Sample Measurement: Before filling in sample measurements in the table, check to see that the data collected correspond to the limit indicated on the DMR (i.e. interim or final) and that the data correspond to the monitoring group number in the header. Enter the data or calculated results for each parameter on this row in the non-shaded area above the limit. Be sure the result being entered corresponds to the appropriate statistical base code (e.g. annual average, monthly average, single sample maximum, etc.) and units. Data qualifier codes are not to be reported on Part A.

No. Ex.: Enter the number of sample measurements during the monitoring period that exceeded the permit limit for each parameter in the non-shaded area. If none, enter zero.

Frequency of Analysis: The shaded areas in this column contain the minimum number of times the measurement is required to be made according to the permit. Enter the actual number of times the measurement was made in the space above the shaded area.

Sample Type: The shaded areas in this column contain the type of sample (e.g. grab, composite, continuous) required by the permit. Enter the actual sample type that was taken in the space above the shaded area.

Signature: This report must be signed in accordance with Rule 62-620.305, F.A.C. Type or print the name and title of the signing official. Include the telephone number where the official may be reached in the event there are questions concerning this report. Enter the date when the report is signed.

Comment and Explanation of Any Violations: Use this area to explain any exceedances, any upset or by-pass events, or other items which require explanation. If more space is needed, reference all attachments in this area.

PART B - DAILY SAMPLE RESULTS

Monitoring Period: Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed.

Daily Monitoring Results: Transfer all analytical data from your facility's laboratory or a contract laboratory's data sheets for all day(s) that samples were collected. Record the data in the units indicated. Table 1 in Chapter 62-160, F.A.C., contains a complete list of all the data qualifier codes that your laboratory may use when reporting analytical results. However, when transferring numerical results onto Part B of the DMR, only the following data qualifier codes should be used and an explanation provided where appropriate.

CODE	DESCRIPTION/INSTRUCTIONS
<	The compound was analyzed for but not detected.
A	Value reported is the mean (average) of two or more determinations.
J	Estimated value, value not accurate.
Q	Sample held beyond the actual holding time.
Y	Laboratory analysis was from an unpreserved or improperly preserved sample.

To calculate the monthly average, add each reported value to get a total. For flow, divide this total by the number of days in the month. For all other parameters, divide the total by the number of observations.

Plant Staffing: List the name, certificate number, and class of all state certified operators operating the facility during the monitoring period. Use additional sheets as necessary.

PART D - GROUND WATER MONITORING REPORT

Monitoring Period: Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed.

Date Sample Obtained: Enter the date the sample was taken. Also, check whether or not the well was purged before sampling.

Time Sample Obtained: Enter the time the sample was taken.

Sample Measurement: Record the results of the analysis. If the result was below the minimum detection limit, indicate that. Data qualifier codes are not to be reported on Part D.

Detection Limits: Record the detection limits of the analytical methods used.

Analysis Method: Indicate the analytical method used. Record the method number from Chapter 62-160 or Chapter 62-601, F.A.C., or from other sources.

Sampling Equipment Used: Indicate the procedure used to collect the sample (e.g. airlift, bucket/bailer, centrifugal pump, etc.)

Samples Filtered: Indicate whether the sample obtained was filtered by laboratory (L), filtered in field (F), or unfiltered (N).

Signature: This report must be signed in accordance with Rule 62-620.305, F.A.C. Type or print the name and title of the signing official. Include the telephone number where the official may be reached in the event there are questions concerning this report. Enter the date when the report is signed.

Comments and Explanation: Use this space to make any comments on or explanations of results that are unexpected. If more space is needed, reference all attachments in this area.

SPECIAL INSTRUCTIONS FOR LIMITED WET WEATHER DISCHARGES

Flow (Limited Wet Weather Discharge): Enter the measured average flow rate during the period of discharge or divide gallons discharged by duration of discharge (converted into days). Record in million gallons per day (MGD).

Flow (Upstream): Enter the average flow rate in the receiving stream upstream from the point of discharge for the period of discharge. The average flow rate can be calculated based on two measurements; one made at the start and one made at the end of the discharge period. Measurements are to be made at the upstream gauging station described in the permit.

Actual Stream Dilution Ratio: To calculate the Actual Stream Dilution Ratio, divide the average upstream flow rate by the average discharge flow rate. Enter the Actual Stream Dilution Ratio accurate to the nearest 0.1.

No. of Days the SDF > Stream Dilution Ratio: For each day of discharge, compare the minimum Stream Dilution Factor (SDF) from the permit to the calculated Stream Dilution Ratio. On Part B of the DMR, enter an asterisk (*) if the SDF is greater than the Stream Dilution Ratio on any day of discharge. On Part A of the DMR, add up the days with an "*" and record the total number of days the Stream Dilution Factor was greater than the Stream Dilution Ratio.

CBOD₅: Enter the average CBOD₅ of the reclaimed water discharged during the period shown in duration of discharge.

TKN: Enter the average TKN of the reclaimed water discharged during the period shown in duration of discharge.

Actual Rainfall: Enter the actual rainfall for each day on Part B. Enter the actual cumulative rainfall to date for this calendar year and the actual total monthly rainfall on Part A. The cumulative rainfall to date for this calendar year is the total amount of rain, in inches, that has been recorded since January 1 of the current year through the month for which this DMR contains data.

Rainfall During Average Rainfall Year: On Part A, enter the total monthly rainfall during the average rainfall year and the cumulative rainfall for the average rainfall year. The cumulative rainfall for the average rainfall year is the amount of rain, in inches, which fell during the average rainfall year from January through the month for which this DMR contains data.

No. of Days LWWD Activated During Calendar Year: Enter the cumulative number of days that the limited wet weather discharge was activated since January 1 of the current year.

Reason for Discharge: Attach to the DMR a brief explanation of the factors contributing to the need to activate the limited wet weather discharge.



**FLORIDA DEPARTMENT OF
ENVIRONMENTAL PROTECTION**
Southwest District Office
13051 North Telecom Parkway
Temple Terrace, Florida 33637-0926

RICK SCOTT
GOVERNOR

CARLOS LOPEZ-CANTERA
LT. GOVERNOR

JONATHAN P. STEVERSON
SECRETARY

**STATE OF FLORIDA
DOMESTIC WASTEWATER FACILITY PERMIT**

PERMITTEE:
CENTURY PROPERTIES MHP, LLC

RESPONSIBLE OFFICIAL:
Brian Altman, Vice President
500 South Florida Avenue
Suite 700
Lakeland, Florida 33801
(863) 647-1581
baltman@centurycompanies.net

PERMIT NUMBER: FLA013107
FILE NUMBER: FLA013107-006-DW3P/NRL
EFFECTIVE DATE: September 29, 2015
EXPIRATION DATE: September 28, 2025

FACILITY:

Hidden Cove WWTF
Hideaway Lane
Winter Haven, FL 33881-9684
Polk County
Latitude: 28°5' 6.0667" N Longitude: 81°39' 22.2254" W

This permit is issued under the provisions of Chapter 403, Florida Statutes (F.S.), and applicable rules of the Florida Administrative Code (F.A.C.). This permit does not constitute authorization to discharge wastewater other than as expressly stated in this permit. The above named permittee is hereby authorized to operate the facilities in accordance with the documents attached hereto and specifically described as follows:

WASTEWATER TREATMENT:

Operation of an existing 0.020 million gallons per day (MGD) Three-Month Rolling Average Daily Flow (3MRADF), Type III, extended aeration domestic wastewater treatment plant consisting of: three aeration basins of 18,000 gallons total volume, one clarifier of 6,500 gallons and 87 square feet of surface area, two chlorine contact chambers of 1,050 gallons total volume, and one digester of 2,000 gallons. This plant is operated to provide secondary treatment with basic disinfection.

REUSE OR DISPOSAL:

Land Application R-001: An existing 0.020 MGD Annual Average Daily Flow (AADF) permitted capacity rapid infiltration basin system. R-001 consists of a two-cell RIBs of 12,000 square feet of total bottom surface area. R-001 is located approximately at latitude 28°5' 6" N, longitude 81°39' 23" W.

IN ACCORDANCE WITH: The limitations, monitoring requirements, and other conditions set forth in this cover sheet and Part I through Part IX on pages 1 through 155 of this permit.

PERMITTEE: CENTURY PROPERTIES MHP, LLC

PERMIT NUMBER: FLA013107-006-DW3P/NRL

FACILITY: Hidden Cove WWTF

I. RECLAIMED WATER AND EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

A. Reuse and Land Application Systems

1. During the period beginning on the effective date and lasting through the expiration date of this permit, the permittee is authorized to direct reclaimed water to Reuse System R-001. Such reclaimed water shall be limited and monitored by the permittee as specified below and reported in accordance with Permit Condition I.B.8.:

Parameter	Units	Max/Min	Reclaimed Water Limitations		Monitoring Requirements			Notes
			Limit	Statistical Basis	Monitoring Frequency	Sample Type	Monitoring Site Number	
Flow	MGD	Max Max	0.02 Report	Annual Average Monthly Average	5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)	FLW-01	See I.A.3
BOD, Carbonaceous 5 day, 20C	mg/L	Max Max Max	20.0 30.0 60.0	Annual Average Monthly Average Single Sample	Monthly	Grab	EFA-01	
Solids, Total Suspended	mg/L	Max Max Max	20 30 60	Annual Average Monthly Average Single Sample	Monthly	Grab	EFA-01	
pH	s.u.	Min Max	6.0 8.5	Single Sample Single Sample	5 Days/Week	Grab	EFA-01	
Coliform, Fecal	#/100mL	Max Max	200 800	Annual Average Single Sample	Monthly	Grab	EFA-01	See I.A.4
Chlorine, Total Residual (For Disinfection)	mg/L	Min	0.5	Single Sample	5 Days/Week	Grab	EFA-01	See I.A.5
Nitrogen, Total	mg/L	Max	12.0	Single Sample	Monthly	Grab	EFA-01	

PERMITTEE: CENTURY PROPERTIES MHP, LLC

PERMIT NUMBER: FLA013107-006-DW3P/NRL

FACILITY: Hidden Cove WWTF

2. Reclaimed water samples shall be taken at the monitoring site locations listed in Permit Condition I.A.1. and as described below:

Monitoring Site Number	Description of Monitoring Site
FLW-01	Flow measured at the master lift station.
EFA-01	Effluent after disinfection prior to discharge to the percolation/evaporation ponds

3. An elapsed time measurement on pump (pump log) shall be utilized to measure flow and calibrated at least once every 12 months. *[62-601.200(17) and .500(6)]*
4. The arithmetic mean of the monthly fecal coliform values collected during an annual period shall not exceed 200 per 100 mL of reclaimed water sample. The geometric mean of the fecal coliform values for a minimum of 10 samples of reclaimed water, each collected on a separate day during a period of 30 consecutive days (monthly), shall not exceed 200 per 100 mL of sample. Any one sample shall not exceed 800 fecal coliform values per 100 mL of sample. *[62-610.510 and 62-600.440(4)(c)]*
5. Total residual chlorine must be maintained for a minimum contact time of 15 minutes based on peak hourly flow. *[62-610.525(5) and 62-600.440(5)(b)]*

PERMITTEE: CENTURY PROPERTIES MHP, LLC

PERMIT NUMBER: FLA013107-006-DW3P/NRL

FACILITY: Hidden Cove WWTF

B. Other Limitations and Monitoring and Reporting Requirements

1. During the period beginning on the effective date and lasting through the expiration date of this permit, the treatment facility shall be limited and monitored by the permittee as specified below and reported in accordance with condition I.B.0.:

Parameter	Units	Max/Min	Limitations		Monitoring Requirements			Notes
			Limit	Statistical Basis	Frequency of Analysis	Sample Type	Monitoring Site Number	
Flow	MGD	Max Max	0.02 Report	3-Month Rolling Average Monthly Average	5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)	FLW-01	See I.B.3,5
Percent Capacity, (TMADF/Permitted Capacity) x 100	percent	Max	Report	Monthly Average	Monthly	Calculated	FLW-01	
BOD, Carbonaceous 5 day, 20C (Influent)	mg/L	Max	Report	Single Sample	Annually	Grab	INF-01	See I.B.4
Solids, Total Suspended (Influent)	mg/L	Max	Report	Single Sample	Annually	Grab	INF-01	See I.B.4

PERMITTEE: CENTURY PROPERTIES MHP, LLC

PERMIT NUMBER: FLA013107-006-DW3P/NRL

FACILITY: Hidden Cove WWTF

- 2. Samples shall be taken at the monitoring site locations listed in Permit Condition I.B.1. and as described below:

Monitoring Site Number	Description of Monitoring Site
FLW-01	Flow measured at the master lift station
INF-01	INF-At headworks before RAS lines

- 3. The three-month rolling average daily flow to the treatment plant shall not exceed 0.020 MGD.
- 4. Influent samples shall be collected so that they do not contain digester supernatant or return activated sludge, or Any other plant process recycled waters. [62-601.500(4)]
- 5. An elapsed time measurement on pump (pump log) shall be utilized to measure flow and calibrated at least once every 12 months. [62-601.200(17) and .500(6)]
- 6. The sample collection, analytical test methods and method detection limits (MDLs) applicable to this permit shall be conducted using a sufficiently sensitive method to ensure compliance with applicable water quality standards and effluent limitations and shall be in accordance with Rule 62-4.246, Chapters 62-160 and 62-601, F.A.C., and 40 CFR 136, as appropriate. The list of Department established analytical methods, and corresponding MDLs (method detection limits) and PQLs (practical quantitation limits), which is titled "FAC 62-4 MDL/PQL Table (April 26, 2006)" is available at <http://www.dep.state.fl.us/labs/library/index.htm>. The MDLs and PQLs as described in this list shall constitute the minimum acceptable MDL/PQL values and the Department shall not accept results for which the laboratory's MDLs or PQLs are greater than those described above unless alternate MDLs and/or PQLs have been specifically approved by the Department for this permit. Any method included in the list may be used for reporting as long as it meets the following requirements:
 - a. The laboratory's reported MDL and PQL values for the particular method must be equal or less than the corresponding method values specified in the Department's approved MDL and PQL list;
 - b. The laboratory reported MDL for the specific parameter is less than or equal to the permit limit or the applicable water quality criteria, if any, stated in Chapter 62-302, F.A.C. Parameters that are listed as "report only" in the permit shall use methods that provide an MDL, which is equal to or less than the applicable water quality criteria stated in 62-302, F.A.C.; and
 - c. If the MDLs for all methods available in the approved list are above the stated permit limit or applicable water quality criteria for that parameter, then the method with the lowest stated MDL shall be used.

When the analytical results are below method detection or practical quantitation limits, the permittee shall report the actual laboratory MDL and/or PQL values for the analyses that were performed following the instructions on the applicable discharge monitoring report.

Where necessary, the permittee may request approval of alternate methods or for alternative MDLs or PQLs for any approved analytical method. Approval of alternate laboratory MDLs or PQLs are not necessary if the laboratory reported MDLs and PQLs are less than or equal to the permit limit or the applicable water quality criteria, if any, stated in Chapter 62-302, F.A.C. Approval of an analytical method not included in the above-referenced list is not necessary if the analytical method is approved in accordance with 40 CFR 136 or deemed acceptable by the Department. [62-4.246, 62-160]

- 7. The permittee shall provide safe access points for obtaining representative influent, reclaimed water, and effluent samples which are required by this permit. [62-601.500(5)]
- 8. Monitoring requirements under this permit are effective on the first day of the second month following the effective date of the permit. Until such time, the permittee shall continue to monitor and report in accordance

PERMITTEE: CENTURY PROPERTIES MHP, LLC

PERMIT NUMBER: FLA013107-006-DW3P/NRL

FACILITY: Hidden Cove WWTF

Bwith previously effective permit requirements, if any. During the period of operation authorized by this permit, the permittee shall complete and submit to the Department Discharge Monitoring Reports (DMRs) in accordance with the frequencies specified by the REPORT type (i.e. monthly, quarterly, semiannual, annual, etc.) indicated on the DMR forms attached to this permit. Unless specified otherwise in this permit, monitoring results for each monitoring period shall be submitted in accordance with the associated DMR due dates below. DMRs shall be submitted for each required monitoring period including periods of no discharge.

REPORT Type on DMR	Monitoring Period	Mail or Electronically Submit by
Monthly	first day of month - last day of month	28 th day of following month
Quarterly	January 1 - March 31 April 1 - June 30 July 1 - September 30 October 1 - December 31	April 28 July 28 October 28 January 28
Semiannual	January 1 - June 30 July 1 - December 31	July 28 January 28
Annual	January 1 - December 31	January 28

The permittee may submit either paper or electronic DMR forms. If submitting paper DMR forms, the permittee shall make copies of the attached DMR forms, without altering the original format or content unless approved by the Department, and shall mail the completed DMR forms to the Department's Southwest District Office at the address specified in Permit Condition I.B.3. by the twenty-eighth (28th) of the month following the month of operation.

If submitting electronic DMR forms, the permittee shall use the electronic DMR system(s) approved in writing by the Department and shall electronically submit the completed DMR forms to the Department by the twenty-eighth (28th) of the month following the month of operation. Data submitted in electronic format is equivalent to data submitted on signed and certified paper DMR forms.

[62-620.610(18)][62-601.300(1),(2), and (3)]

- Unless specified otherwise in this permit, all reports and other information required by this permit, including 24-hour notifications, shall be submitted to or reported to, as appropriate, the Department's Southwest District Office at the address specified below:

Florida Department of Environmental Protection
 Southwest District Office
 13051 N Telecom Pkwy
 Temple Terrace, Florida 33637-0926

Phone Number - (813) 470-5700
 FAX Number - (813) 470-5993
swd_dw@dep.state.fl.us
 (All FAX copies and e-mails shall be followed by original copies.)
[62-620.305]

- All reports and other information shall be signed in accordance with the requirements of Rule 62-620.305, F.A.C. *[62-620.305]*

II. BIOSOLIDS MANAGEMENT REQUIREMENTS

- Biosolids generated by this facility may be transferred to Biosolid Treatment Facility or disposed of in a Class I solid waste landfill. Transferring biosolids to an alternative biosolids treatment facility does not require a permit modification. However, use of an alternative biosolids treatment facility requires submittal of a copy of the agreement pursuant to Rule 62-640.880(1)(c), F.A.C., along with a written notification to the Department at least 30 days before transport of the biosolids. *[62-620.320(6), 62-640.880(1)]*

PERMITTEE: CENTURY PROPERTIES MHP, LLC

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FACILITY: Hidden Cove WWTF

2. The permittee shall monitor and keep records of the quantities of biosolids generated, received from source facilities, treated, distributed and marketed, land applied, used as a biofuel or for bioenergy, transferred to another facility, or landfilled. These records shall be kept for a minimum of five years. [62-640.650(4)(a)]
3. Biosolids quantities shall be monitored by the permittee as specified below. Results shall be reported on the permittee's Discharge Monitoring Report in accordance with Condition I.B.0.

Parameter	Units	Max/Min	Biosolids Limitations		Monitoring Requirements		
			Limit	Statistical Basis	Frequency of Analysis	Sample Type	Monitoring Site Number
Biosolids Quantity (Landfilled)	dry tons	Max	Report	Monthly Total	Monthly	Calculated	RMP-01
Biosolids Quantity (Transferred)	dry tons	Max	Report	Monthly Total	Monthly	Calculated	RMP-01

[62-640.650(5)(a)1]

4. Biosolids quantities shall be calculated as listed in Permit Condition II.3 and as described below:

Monitoring Site Number	Description of Monitoring Site Calculations
RMP-01	Transfer to landfill
RMP-01	Transfer to Biosolids Treatment Facility

5. The treatment, management, transportation, use, land application, or disposal of biosolids shall not cause a violation of the odor prohibition in subsection 62-296.320(2), F.A.C. [62-640.400(6)]
6. Storage of biosolids or other solids at this facility shall be in accordance with the Facility Biosolids Storage Plan. [62-640.300(4)]
7. Biosolids shall not be spilled from or tracked off the treatment facility site by the hauling vehicle. [62-640.400(9)]
8. Disposal of biosolids, septage, and "other solids" in a solid waste disposal facility, or disposal by placement on land for purposes other than soil conditioning or fertilization, such as at a monofill, surface impoundment, waste pile, or dedicated site, shall be in accordance with Chapter 62-701, F.A.C. [62-640.100(6)(b) & (c)]
9. The permittee shall not be held responsible for treatment and management violations that occur after its biosolids have been accepted by a permitted biosolids treatment facility with which the source facility has an agreement in accordance with subsection 62-640.880(1)(c), F.A.C., for further treatment, management, or disposal. [62-640.880(1)(b)]
10. The permittee shall keep hauling records to track the transport of biosolids between the facilities. The hauling records shall contain the following information:

Source Facility

1. Date and time shipped
2. Amount of biosolids shipped
3. Degree of treatment (if applicable)
4. Name and ID Number of treatment facility
5. Signature of responsible party at source facility
6. Signature of hauler and name of hauling firm

Biosolids Treatment Facility or Treatment Facility

1. Date and time received
2. Amount of biosolids received
3. Name and ID number of source facility
4. Signature of hauler
5. Signature of responsible party at treatment facility

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A copy of the source facility hauling records for each shipment shall be provided upon delivery of the biosolids to the biosolids treatment facility or treatment facility. The treatment facility permittee shall report to the Department within 24 hours of discovery any discrepancy in the quantity of biosolids leaving the source facility and arriving at the biosolids treatment facility or treatment facility.

[62-640.880(4)]

11. If the permittee intends to accept biosolids from other facilities, a permit revision is required pursuant to paragraph 62-640.880(2)(d), F.A.C. *[62-640.880(2)(d)]*

III. GROUND WATER REQUIREMENTS

1. Section III is not applicable to this facility.

IV. ADDITIONAL REUSE AND LAND APPLICATION REQUIREMENTS

A. Part IV Rapid Infiltration Basins

1. Advisory signs shall be posted around the site boundaries to designate the nature of the project area. *[62-610.518]*
2. The maximum annual average loading rate to the R-001 sites consisting of two RIBs of 12,000 square feet of total bottom surface area shall be limited to 2.67 inches per day (as applied to the entire bottom area). *[62-610.523(3)]*
3. The R-001 sites consisting of two RIBs of 12,000 square feet of total bottom surface area normally shall be loaded for 7 days and shall be rested for 7 days. Infiltration ponds, basins, or trenches shall be allowed to dry during the resting portion of the cycle. *[62-610.523(4)]*
4. Rapid infiltration basins shall be routinely maintained to control vegetation growth and to maintain percolation capability by scarification or removal of deposited solids. Basin bottoms shall be maintained to be level. *[62-610.523(6) and (7)]*
5. Routine aquatic weed control and regular maintenance of storage pond embankments and access areas are required. *[62-610.514 and 62-610.414]*
6. Overflows from emergency discharge facilities on storage ponds or on infiltration ponds, basins, or trenches shall be reported as abnormal events in accordance with Permit Condition IX.20. *[62-610.800(9)]*

V. OPERATION AND MAINTENANCE REQUIREMENTS

A. Staffing Requirements

1. During the period of operation authorized by this permit, the wastewater facilities shall be operated under the supervision of a(n) operator(s) certified in accordance with Chapter 62-602, F.A.C. In accordance with Chapter 62-699, F.A.C., this facility is a Category III, Class D facility and, at a minimum, operators with appropriate certification must be on the site as follows:

A Class D or higher operator for 3 nonconsecutive days/week for 1½ hour/week. The lead operator must be a Class D operator, or higher.

2. An operator meeting the lead/chief operator class for the treatment plant shall be available during all periods of plant operation. "Available" means able to be contacted as needed to initiate the appropriate action in a timely manner. Daily checks of the plant shall be performed by the permittee or his representative or agent 5 days per week. *[62-699.311(1) and (2)]*

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B. Capacity Analysis Report and Operation and Maintenance Performance Report Requirements

1. The application to renew this permit shall include an updated capacity analysis report prepared in accordance with Rule 62-600.405, F.A.C. *[62-600.405(5)]*
2. The application to renew this permit shall include a detailed operation and maintenance performance report prepared in accordance with Rule 62-600.735, F.A.C. *[62-600.735(1)]*

C. Recordkeeping Requirements

1. The permittee shall maintain the following records and make them available for inspection on the site of the permitted facility.
 - a. Records of all compliance monitoring information, including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation, including, if applicable, a copy of the laboratory certification showing the certification number of the laboratory, for at least three years from the date the sample or measurement was taken;
 - b. Copies of all reports required by the permit for at least three years from the date the report was prepared;
 - c. Records of all data, including reports and documents, used to complete the application for the permit for at least three years from the date the application was filed;
 - d. Monitoring information, including a copy of the laboratory certification showing the laboratory certification number, related to the residuals use and disposal activities for the time period set forth in Chapter 62-640, F.A.C., for at least three years from the date of sampling or measurement;
 - e. A copy of the current permit;
 - f. A copy of the current operation and maintenance manual as required by Chapter 62-600, F.A.C.;
 - g. A copy of any required record drawings;
 - h. Copies of the licenses of the current certified operators;
 - i. Copies of the logs and schedules showing plant operations and equipment maintenance for three years from the date of the logs or schedules. The logs shall, at a minimum, include identification of the plant; the signature and license number of the operator(s) and the signature of the person(s) making any entries; date and time in and out; specific operation and maintenance activities, including any preventive maintenance or repairs made or requested; results of tests performed and samples taken, unless documented on a laboratory sheet; and notation of any notification or reporting completed in accordance with Rule 62-602.650(3), F.A.C. The logs shall be maintained on-site in a location accessible to 24-hour inspection, protected from weather damage, and current to the last operation and maintenance performed; and
 - j. Records of biosolids quantities, treatment, monitoring, and hauling for at least five years.

[62-620.350, 62-602.650, 62-640.650(4)]

VI. SCHEDULES

1. The permittee is not authorized to discharge to waters of the state after the expiration date of this permit, unless:
 - a. The permittee has applied for renewal of this permit at least 180 days before the expiration date of this permit using the appropriate forms listed in Rule 62-620.910, F.A.C., and in the manner established in the Department of Environmental Protection Guide to Permitting Wastewater Facilities or Activities Under Chapter 62-620, F.A.C., including submittal of the appropriate processing fee set forth in Rule 62-4.050, F.A.C.; or
 - b. The permittee has made complete the application for renewal of this permit before the permit expiration date. *[62-620.335(1) - (4)]*

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VII. INDUSTRIAL PRETREATMENT PROGRAM REQUIREMENTS

1. This facility is not required to have a pretreatment program at this time. *[62-625.500]*

VIII. OTHER SPECIFIC CONDITIONS

1. In the event that the treatment facilities or equipment no longer function as intended, are no longer safe in terms of public health and safety, or odor, noise, aerosol drift, or lighting adversely affects neighboring developed areas at the levels prohibited by Rule 62-600.400(2)(a), F.A.C., corrective action (which may include additional maintenance or modifications of the permitted facilities) shall be taken by the permittee. Other corrective action may be required to ensure compliance with rules of the Department. Additionally, the treatment, management, use or land application of residuals shall not cause a violation of the odor prohibition in Rule 62-296.320(2), F.A.C. *[62-600.410(8) and 62-640.400(6)]*
2. The deliberate introduction of stormwater in any amount into collection/transmission systems designed solely for the introduction (and conveyance) of domestic/industrial wastewater; or the deliberate introduction of stormwater into collection/transmission systems designed for the introduction or conveyance of combinations of storm and domestic/industrial wastewater in amounts which may reduce the efficiency of pollutant removal by the treatment plant is prohibited, except as provided by Rule 62-610.472, F.A.C. *[62-604.130(3)]*
3. Collection/transmission system overflows shall be reported to the Department in accordance with Permit Condition IX. 20. *[62-604.550] [62-620.610(20)]*
4. The operating authority of a collection/transmission system and the permittee of a treatment plant are prohibited from accepting connections of wastewater discharges which have not received necessary pretreatment or which contain materials or pollutants (other than normal domestic wastewater constituents):
 - a. Which may cause fire or explosion hazards; or
 - b. Which may cause excessive corrosion or other deterioration of wastewater facilities due to chemical action or pH levels; or
 - c. Which are solid or viscous and obstruct flow or otherwise interfere with wastewater facility operations or treatment; or
 - d. Which result in the wastewater temperature at the introduction of the treatment plant exceeding 40°C or otherwise inhibiting treatment; or
 - e. Which result in the presence of toxic gases, vapors, or fumes that may cause worker health and safety problems.

[62-604.130(5)]

5. The treatment facility, storage ponds for Part II systems, rapid infiltration basins, and/or infiltration trenches shall be enclosed with a fence or otherwise provided with features to discourage the entry of animals and unauthorized persons. *[62-610.518(1) and 62-600.400(2)(b)]*
6. Screenings and grit removed from the wastewater facilities shall be collected in suitable containers and hauled to a Department approved Class I landfill or to a landfill approved by the Department for receipt/disposal of screenings and grit. *[62-701.300(1)(a)]*
7. Where required by Chapter 471 or Chapter 492, F.S., applicable portions of reports that must be submitted under this permit shall be signed and sealed by a professional engineer or a professional geologist, as appropriate. *[62-620.310(4)]*

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8. The permittee shall provide verbal notice to the Department's Southwest District Office as soon as practical after discovery of a sinkhole or other karst feature within an area for the management or application of wastewater, wastewater residuals (sludges), or reclaimed water. The permittee shall immediately implement measures appropriate to control the entry of contaminants, and shall detail these measures to the Department's Southwest District Office in a written report within 7 days of the sinkhole discovery. *[62-620.320(6)]*
9. The permittee shall provide notice to the Department of the following:
 - a. Any new introduction of pollutants into the facility from an industrial discharger which would be subject to Chapter 403, F.S., and the requirements of Chapter 62-620, F.A.C., if it were directly discharging those pollutants; and
 - b. Any substantial change in the volume or character of pollutants being introduced into that facility by a source which was identified in the permit application and known to be discharging at the time the permit was issued.

Notice shall include information on the quality and quantity of effluent introduced into the facility and any anticipated impact of the change on the quantity or quality of effluent or reclaimed water to be discharged from the facility.

[62-620.625(2)]

IX. GENERAL CONDITIONS

1. The terms, conditions, requirements, limitations, and restrictions set forth in this permit are binding and enforceable pursuant to Chapter 403, Florida Statutes. Any permit noncompliance constitutes a violation of Chapter 403, Florida Statutes, and is grounds for enforcement action, permit termination, permit revocation and reissuance, or permit revision. *[62-620.610(1)]*
2. This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviations from the approved drawings, exhibits, specifications, or conditions of this permit constitutes grounds for revocation and enforcement action by the Department. *[62-620.610(2)]*
3. As provided in subsection 403.087(7), F.S., the issuance of this permit does not convey any vested rights or any exclusive privileges. Neither does it authorize any injury to public or private property or any invasion of personal rights, nor authorize any infringement of federal, state, or local laws or regulations. This permit is not a waiver of or approval of any other Department permit or authorization that may be required for other aspects of the total project which are not addressed in this permit. *[62-620.610(3)]*
4. This permit conveys no title to land or water, does not constitute state recognition or acknowledgment of title, and does not constitute authority for the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the State. Only the Trustees of the Internal Improvement Trust Fund may express State opinion as to title. *[62-620.610(4)]*
5. This permit does not relieve the permittee from liability and penalties for harm or injury to human health or welfare, animal or plant life, or property caused by the construction or operation of this permitted source; nor does it allow the permittee to cause pollution in contravention of Florida Statutes and Department rules, unless specifically authorized by an order from the Department. The permittee shall take all reasonable steps to minimize or prevent any discharge, reuse of reclaimed water, or residuals use or disposal in violation of this permit which has a reasonable likelihood of adversely affecting human health or the environment. It shall not be a defense for a permittee in an enforcement action that it would have been necessary to halt or reduce the permitted activity in order to maintain compliance with the conditions of this permit. *[62-620.610(5)]*
6. If the permittee wishes to continue an activity regulated by this permit after its expiration date, the permittee shall apply for and obtain a new permit. *[62-620.610(6)]*

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7. The permittee shall at all times properly operate and maintain the facility and systems of treatment and control, and related appurtenances, that are installed and used by the permittee to achieve compliance with the conditions of this permit. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to maintain or achieve compliance with the conditions of the permit. *[62-620.610(7)]*
8. This permit may be modified, revoked and reissued, or terminated for cause. The filing of a request by the permittee for a permit revision, revocation and reissuance, or termination, or a notification of planned changes or anticipated noncompliance does not stay any permit condition. *[62-620.610(8)]*
9. The permittee, by accepting this permit, specifically agrees to allow authorized Department personnel, including an authorized representative of the Department and authorized EPA personnel, when applicable, upon presentation of credentials or other documents as may be required by law, and at reasonable times, depending upon the nature of the concern being investigated, to:
 - a. Enter upon the permittee's premises where a regulated facility, system, or activity is located or conducted, or where records shall be kept under the conditions of this permit;
 - b. Have access to and copy any records that shall be kept under the conditions of this permit;
 - c. Inspect the facilities, equipment, practices, or operations regulated or required under this permit; and
 - d. Sample or monitor any substances or parameters at any location necessary to assure compliance with this permit or Department rules.

[62-620.610(9)]
10. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data, and other information relating to the construction or operation of this permitted source which are submitted to the Department may be used by the Department as evidence in any enforcement case involving the permitted source arising under the Florida Statutes or Department rules, except as such use is proscribed by Section 403.111, F.S., or Rule 62-620.302, F.A.C. Such evidence shall only be used to the extent that it is consistent with the Florida Rules of Civil Procedure and applicable evidentiary rules. *[62-620.610(10)]*
11. When requested by the Department, the permittee shall within a reasonable time provide any information required by law which is needed to determine whether there is cause for revising, revoking and reissuing, or terminating this permit, or to determine compliance with the permit. The permittee shall also provide to the Department upon request copies of records required by this permit to be kept. If the permittee becomes aware of relevant facts that were not submitted or were incorrect in the permit application or in any report to the Department, such facts or information shall be promptly submitted or corrections promptly reported to the Department. *[62-620.610(11)]*
12. Unless specifically stated otherwise in Department rules, the permittee, in accepting this permit, agrees to comply with changes in Department rules and Florida Statutes after a reasonable time for compliance; provided, however, the permittee does not waive any other rights granted by Florida Statutes or Department rules. A reasonable time for compliance with a new or amended surface water quality standard, other than those standards addressed in Rule 62-302.500, F.A.C., shall include a reasonable time to obtain or be denied a mixing zone for the new or amended standard. *[62-620.610(12)]*
13. The permittee, in accepting this permit, agrees to pay the applicable regulatory program and surveillance fee in accordance with Rule 62-4.052, F.A.C. *[62-620.610(13)]*
14. This permit is transferable only upon Department approval in accordance with Rule 62-620.340, F.A.C. The permittee shall be liable for any noncompliance of the permitted activity until the transfer is approved by the Department. *[62-620.610(14)]*
15. The permittee shall give the Department written notice at least 60 days before inactivation or abandonment of a wastewater facility or activity and shall specify what steps will be taken to safeguard public health and safety during and following inactivation or abandonment. *[62-620.610(15)]*

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16. The permittee shall apply for a revision to the Department permit in accordance with Rules 62-620.300, F.A.C., and the Department of Environmental Protection Guide to Permitting Wastewater Facilities or Activities Under Chapter 62-620, F.A.C., at least 90 days before construction of any planned substantial modifications to the permitted facility is to commence or with Rule 62-620.325(2), F.A.C., for minor modifications to the permitted facility. A revised permit shall be obtained before construction begins except as provided in Rule 62-620.300, F.A.C. *[62-620.610(16)]*
17. The permittee shall give advance notice to the Department of any planned changes in the permitted facility or activity which may result in noncompliance with permit requirements. The permittee shall be responsible for any and all damages which may result from the changes and may be subject to enforcement action by the Department for penalties or revocation of this permit. The notice shall include the following information:
 - a. A description of the anticipated noncompliance;
 - b. The period of the anticipated noncompliance, including dates and times; and
 - c. Steps being taken to prevent future occurrence of the noncompliance.*[62-620.610(17)]*
18. Sampling and monitoring data shall be collected and analyzed in accordance with Rule 62-4.246 and Chapters 62-160, 62-601, and 62-610, F.A.C., and 40 CFR 136, as appropriate.
 - a. Monitoring results shall be reported at the intervals specified elsewhere in this permit and shall be reported on a Discharge Monitoring Report (DMR), DEP Form 62-620.910(10), or as specified elsewhere in the permit.
 - b. If the permittee monitors any contaminant more frequently than required by the permit, using Department approved test procedures, the results of this monitoring shall be included in the calculation and reporting of the data submitted in the DMR.
 - c. Calculations for all limitations which require averaging of measurements shall use an arithmetic mean unless otherwise specified in this permit.
 - d. Except as specifically provided in Rule 62-160.300, F.A.C., any laboratory test required by this permit shall be performed by a laboratory that has been certified by the Department of Health Environmental Laboratory Certification Program (DOH ELCP). Such certification shall be for the matrix, test method and analyte(s) being measured to comply with this permit. For domestic wastewater facilities, testing for parameters listed in Rule 62-160.300(4), F.A.C., shall be conducted under the direction of a certified operator.
 - e. Field activities including on-site tests and sample collection shall follow the applicable standard operating procedures described in DEP-SOP-001/01 adopted by reference in Chapter 62-160, F.A.C.
 - f. Alternate field procedures and laboratory methods may be used where they have been approved in accordance with Rules 62-160.220, and 62-160.330, F.A.C.*[62-620.610(18)]*
19. Reports of compliance or noncompliance with, or any progress reports on, interim and final requirements contained in any compliance schedule detailed elsewhere in this permit shall be submitted no later than 14 days following each schedule date. *[62-620.610(19)]*
20. The permittee shall report to the Department's Southwest District Office any noncompliance which may endanger health or the environment. Any information shall be provided orally within 24 hours from the time the permittee becomes aware of the circumstances. A written submission shall also be provided within five days of the time the permittee becomes aware of the circumstances. The written submission shall contain: a description of the noncompliance and its cause; the period of noncompliance including exact dates and time, and if the noncompliance has not been corrected, the anticipated time it is expected to continue; and steps taken or planned to reduce, eliminate, and prevent recurrence of the noncompliance.

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- a. The following shall be included as information which must be reported within 24 hours under this condition:
 - (1) Any unanticipated bypass which causes any reclaimed water or effluent to exceed any permit limitation or results in an unpermitted discharge,
 - (2) Any upset which causes any reclaimed water or the effluent to exceed any limitation in the permit,
 - (3) Violation of a maximum daily discharge limitation for any of the pollutants specifically listed in the permit for such notice, and
 - (4) Any unauthorized discharge to surface or ground waters.
- b. Oral reports as required by this subsection shall be provided as follows:
 - (1) For unauthorized releases or spills of treated or untreated wastewater reported pursuant to subparagraph (a)4. that are in excess of 1,000 gallons per incident, or where information indicates that public health or the environment will be endangered, oral reports shall be provided to the STATE WARNING POINT TOLL FREE NUMBER (800) 320-0519, as soon as practical, but no later than 24 hours from the time the permittee becomes aware of the discharge. The permittee, to the extent known, shall provide the following information to the State Warning Point:
 - (a) Name, address, and telephone number of person reporting;
 - (b) Name, address, and telephone number of permittee or responsible person for the discharge;
 - (c) Date and time of the discharge and status of discharge (ongoing or ceased);
 - (d) Characteristics of the wastewater spilled or released (untreated or treated, industrial or domestic wastewater);
 - (e) Estimated amount of the discharge;
 - (f) Location or address of the discharge;
 - (g) Source and cause of the discharge;
 - (h) Whether the discharge was contained on-site, and cleanup actions taken to date;
 - (i) Description of area affected by the discharge, including name of water body affected, if any; and
 - (j) Other persons or agencies contacted.
 - (2) Oral reports, not otherwise required to be provided pursuant to subparagraph b.1 above, shall be provided to the Department's Southwest District Office within 24 hours from the time the permittee becomes aware of the circumstances.
- c. If the oral report has been received within 24 hours, the noncompliance has been corrected, and the noncompliance did not endanger health or the environment, the Department's Southwest District Office shall waive the written report.

[62-620.610(20)]

21. The permittee shall report all instances of noncompliance not reported under Permit Conditions IX.17., IX.18., or IX.19. of this permit at the time monitoring reports are submitted. This report shall contain the same information required by Permit Condition IX.20. of this permit. *[62-620.610(21)]*
22. Bypass Provisions.
 - a. "Bypass" means the intentional diversion of waste streams from any portion of a treatment works.
 - b. Bypass is prohibited, and the Department may take enforcement action against a permittee for bypass, unless the permittee affirmatively demonstrates that:
 - (1) Bypass was unavoidable to prevent loss of life, personal injury, or severe property damage; and
 - (2) There were no feasible alternatives to the bypass, such as the use of auxiliary treatment facilities, retention of untreated wastes, or maintenance during normal periods of equipment downtime. This condition is not satisfied if adequate back-up equipment should have been installed in the exercise of reasonable engineering judgment to prevent a bypass which occurred during normal periods of equipment downtime or preventive maintenance; and
 - (3) The permittee submitted notices as required under Permit Condition IX.22.c. of this permit.
 - c. If the permittee knows in advance of the need for a bypass, it shall submit prior notice to the Department, if possible at least 10 days before the date of the bypass. The permittee shall submit notice of an unanticipated bypass within 24 hours of learning about the bypass as required in Permit Condition IX.20. of this permit. A notice shall include a description of the bypass and its cause; the period of the bypass,

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including exact dates and times; if the bypass has not been corrected, the anticipated time it is expected to continue; and the steps taken or planned to reduce, eliminate, and prevent recurrence of the bypass.

- d. The Department shall approve an anticipated bypass, after considering its adverse effect, if the permittee demonstrates that it will meet the three conditions listed in Permit Condition IX.22.b.(1) through (3) of this permit.
- e. A permittee may allow any bypass to occur which does not cause reclaimed water or effluent limitations to be exceeded if it is for essential maintenance to assure efficient operation. These bypasses are not subject to the provisions of Permit Condition IX.22.b. through d. of this permit.

[62-620.610(22)]

23. Upset Provisions.

- a. "Upset" means an exceptional incident in which there is unintentional and temporary noncompliance with technology-based effluent limitations because of factors beyond the reasonable control of the permittee.
 - (1) An upset does not include noncompliance caused by operational error, improperly designed treatment facilities, inadequate treatment facilities, lack of preventive maintenance, careless or improper operation.
 - (2) An upset constitutes an affirmative defense to an action brought for noncompliance with technology based permit effluent limitations if the requirements of upset provisions of Rule 62-620.610, F.A.C., are met.
- b. A permittee who wishes to establish the affirmative defense of upset shall demonstrate, through properly signed contemporaneous operating logs, or other relevant evidence that:
 - (1) An upset occurred and that the permittee can identify the cause(s) of the upset;
 - (2) The permitted facility was at the time being properly operated;
 - (3) The permittee submitted notice of the upset as required in Permit Condition IX.20. of this permit; and
 - (4) The permittee complied with any remedial measures required under Permit Condition IX.5. of this permit.
- c. In any enforcement proceeding, the burden of proof for establishing the occurrence of an upset rests with the permittee.
- d. Before an enforcement proceeding is instituted, no representation made during the Department review of a claim that noncompliance was caused by an upset is final agency action subject to judicial review.

[62-620.610(23)]

Executed in Temple Terrace, Florida.

STATE OF FLORIDA DEPARTMENT OF
ENVIRONMENTAL PROTECTION


for _____

Kelley M. Boatwright
Program Administrator
Permitting & Waste Cleanup Program
Southwest District

**STATEMENT OF BASIS
FOR
STATE OF FLORIDA DOMESTIC WASTEWATER FACILITY PERMIT**

PERMIT NUMBER: FLA013107-006-DW3P

FACILITY NAME: Hidden Cove WWTF

FACILITY LOCATION: Hideaway Lane (SR 544), Winter Haven, FL 33881-9684
Polk County

NAME OF PERMITTEE: CENTURY PROPERTIES MHP, LLC

PERMIT WRITER: Sylvia Deputy

1. SUMMARY OF APPLICATION

a. Chronology of Application

Application Number: FLA013107-006-DW3P

Application Submittal Date: 02/09/2015

b. Type of Facility

Domestic Wastewater Treatment Plant

Ownership Type: Private

SIC Code: 4952

c. Facility Capacity

Existing Permitted Capacity: 0.020 mgd Three Month Average Daily Flow

Proposed Increase in Permitted Capacity: 0 mgd Three Month Average Daily Flow

Proposed Total Permitted Capacity: 0.020 mgd Three Month Average Daily Flow

d. Description of Wastewater Treatment

Operation of an existing 0.020 million gallons per day (MGD) Three-Month Rolling Average Daily Flow (3MRADF), Type III, extended aeration domestic wastewater treatment plant consisting of: three aeration basins of 18,000 gallons total volume, one clarifier of 6,500 gallons and 87 square feet of surface area, two chlorine contact chambers of 1,050 gallons total volume, and one digester of 2,000 gallons. This plant is operated to provide secondary treatment with basic disinfection.

e. Description of Effluent Disposal and Land Application Sites (as reported by applicant)

Land Application R-001: An existing 0.020 MGD annual average daily flow permitted capacity rapid infiltration basin system. R-001 is a reuse system which consists of two RIBs of 12,000 square feet of total bottom surface area.

2. SUMMARY OF SURFACE WATER DISCHARGE

This facility does not discharge to surface waters.

3. BASIS FOR PERMIT LIMITATIONS AND MONITORING REQUIREMENTS

This facility is authorized to direct reclaimed water to Reuse System R-001, a Rapid Infiltration Basin system, based on the following:

Parameter	Units	Max/Min	Limit	Statistical Basis	Rationale
Flow	MGD	Max	0.02	Annual Average	62-600.400(3)(b) & 62-610.810(5) FAC
		Max	Report	Monthly Average	62-600.400(3)(b) & 62-610.810(5) FAC
BOD, Carbonaceous 5 day, 20C	mg/L	Max	20.0	Annual Average	62-610.510 & 62-600.740(1)(b)1.a. FAC
		Max	30.0	Monthly Average	62-600.740(1)(b)1.b. FAC
		Max	60.0	Single Sample	62-600.740(1)(b)1.d. FAC
Solids, Total Suspended	mg/L	Max	20	Annual Average	62-610.510 & 62-600.740(1)(b)1.a. FAC
		Max	30	Monthly Average	62-600.740(1)(b)1.b. FAC
		Max	60	Single Sample	62-600.740(1)(b)1.d. FAC
pH	s.u.	Min	6.0	Single Sample	62-600.445 FAC
		Max	8.5	Single Sample	62-600.445 FAC
Coliform, Fecal	#/100mL	Max	200	Annual Average	62-610.510 & 62-600.440(4)(c)1. FAC
		Max	800	Single Sample	62-600.440(4)(c)4. FAC
Chlorine, Total Residual (For Disinfection)	mg/L	Min	0.5	Single Sample	62-610.510 & 62-600.440(4)(b)FAC
Nitrogen, Total	mg/L	Max	12.0	Single Sample	62-610.510(1)FAC

Footnotes:
 (1) Except for asbestos and bacteriological parameters, the reclaimed water shall meet and the permittee shall monitor for the primary drinking water standards listed in Chapter 62-550, F.A.C., which are in effect on the date of permit issuance. The parameters listed as primary drinking water standards shall be applied as maximum single sample permit limits. The primary drinking water standard for sodium shall be applied as a maximum annual average permit limitation. The multipliers in Rule 62-600.740(1)(b)2, F.A.C., shall be used to establish maximum monthly and single sample maximum permit limits for sodium.
 (2) The reclaimed water shall meet and the permittee shall monitor for the secondary drinking water standards listed in Chapter 62-550, F.A.C., which are in effect on the date of permit issuance. Except for pH, the parameters listed as secondary drinking water standards shall be applied as maximum annual average permit limits. The multipliers in Rule 62-600.740(1)(b)2, F.A.C., shall be used to establish maximum monthly and single sample maximum permit limits. All pH observations in the reclaimed water shall fall within the pH range established in the secondary drinking water standards.

Other Limitations and Monitoring Requirements:

Parameter	Units	Max/Min	Limit	Statistical Basis	Rationale
Flow	MGD	Max	0.02	3-Month Rolling Average	62-600.400(3)(b) FAC
		Max	Report	Monthly Average	62-600.400(3)(b) FAC

Parameter	Units	Max/Min	Limit	Statistical Basis	Rationale
Percent Capacity, (TMADF/Permitted Capacity) x 100	percent	Max	Report	Monthly Average	62-600.405(4) FAC
BOD, Carbonaceous 5 day, 20C (Influent)	mg/L	Max	Report	Single Sample	62-601.300(1) FAC
Solids, Total Suspended (Influent)	mg/L	Max	Report	Single Sample	62-601.300(1) FAC
Monitoring Frequencies and Sample Types	-	-	-	All Parameters	62-601 FAC & 62-699 FAC and/or BPJ of permit writer
Sampling Locations	-	-	-	All Parameters	62-601, 62-610.412, 62-610.463(1), 62-610.568, 62-610.613 FAC and/or BPJ of permit writer

4. DISCUSSION OF CHANGES TO PERMIT LIMITATIONS

The current wastewater permit for this facility FLA013107-006-DW3P expires on September 28, 2025. Permittee requested a ten year permit.

5. BIOSOLIDS MANAGEMENT REQUIREMENTS

Biosolids generated by this facility may be disposed of in a Class I solid waste landfill.

See the table below for the rationale for the biosolids quantities monitoring requirements.

Parameter	Units	Max/Min	Limit	Statistical Basis	Rationale
Biosolids Quantity (Transferred)	dry tons	Max	Report	Monthly Total	62-640.650(5)(a)1. FAC
Biosolids Quantity (Landfilled)	dry tons	Max	Report	Monthly Total	62-640.650(5)(a)1. FAC
Monitoring Frequency				All Parameters	62-640.650(5)(a) FAC

6. GROUND WATER MONITORING REQUIREMENTS

This section is not applicable to this facility.

7. PERMIT SCHEDULES

A schedule is not included in the wastewater permit.

8. INDUSTRIAL PRETREATMENT REQUIREMENTS

At this time, the facility is not required to develop an approved industrial pretreatment program. However, the Department reserves the right to require an approved program if future conditions warrant.

9. ADMINISTRATIVE ORDERS (AO) AND CONSENT ORDERS (CO)

This permit is not accompanied by an AO and has not entered into a CO with the Department.

10. REQUESTED VARIANCES OR ALTERNATIVES TO REQUIRED STANDARDS

No variances were requested for this facility.

11. THE ADMINISTRATIVE RECORD

The administrative record including application, draft permit, fact sheet, public notice (after release), comments received and additional information is available for public inspection during normal business hours at the location specified in item 13. Copies will be provided at a minimal charge per page.

12. PROPOSED SCHEDULE FOR PERMIT ISSUANCE: 03-15-2015

13. DEP CONTACT

Additional information concerning the permit and proposed schedule for permit issuance may be obtained during normal business hours from:

Sylvia Deputy
Engineer III
Southwest District Office

13051 N Telecom Pkwy
Temple Terrace, FL 33637-0926

Telephone No.: (813) 470-5957



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On the Internet at: WaterMatters.org

Bartow Service Office
170 Century Boulevard
Bartow, Florida 33830-7700
(863) 534-1448 or
1-800-492-7862 (FL only)

Sarasota Service Office
6750 Fruitville Road
Sarasota, Florida 34240-9711
(941) 377-3722 or
1-800-320-3503 (FL only)

Tampa Service Office
7601 Highway 301 North
Tampa, Florida 33637-6759
(813) 985-7481 or
1-800-836-0797 (FL only)

November 17, 2010

HIDDEN COVE LTD
500 S. FLORIDA AVE. STE. 700
LAKELAND, FL 33801

Subject: Final Agency Action Transmittal Letter
Small General Water Use Permit No: 20 006893.003

Dear HIDDEN COVE LTD:

Your Water Use Permit has been approved. Final approval is contingent upon no objection to the District's action being received by the District within the time frames described below.

Your or any person whose substantial interests are affected by the District's action regarding a permit may request an administrative hearing in accordance with Sections 120.569 and 120.57, Florida Statutes, (F.S.), and Chapter 28-106, Florida Administrative Code, (F.A.C.), of the Uniform Rules of Procedure. A request for hearing must (1) explain how the substantial interests of each person requesting the hearing will be affected by the District's action, or proposed action; (2) state all material facts disputed by the person requesting the hearing or state that there are no disputed facts; and (3) otherwise comply with Chapter 28-106, F.A.C. Copies of Sections 28-106.201 and 28-106.301, F.A.C., are enclosed for your reference. A request for hearing must be filed with (received by) the Agency Clerk of the District at the District's Brooksville address within 21 days of receipt of this notice. Receipt is deemed to be the fifth day after the date on which this notice is deposited in the United States mail. Failure to file a request for hearing within this time period shall constitute a waiver of any right you or such person may have to request a hearing under Sections 120.569 and 120.57, F.S. Mediation pursuant to Section 120.573, F.S. to settle an administrative dispute regarding the District's action in this matter is not available prior to the filing of a request for hearing.

Enclosed is a 'Noticing Packet' that provides information regarding District Rules, 40D-1.1010, F.A.C. which addresses the notification of persons having substantial interests that may be affected by the District's action in this matter. The packet contains guidelines on how to provide notice of the District's action, and a notice that you may use.

Please be advised that the Governing Board has formulated a water shortage plan referenced in a Standard Water Use Permit Condition (Exhibit A) of your permit, and will implement such a plan during periods of water shortage. You will be notified during a declared water shortage of any change in the conditions of your Permit or any suspension of your Permit, or of any restriction on your use of water for the duration of any declared water shortage. Please further note that water conservation is a condition of your Permit and should be practiced at all times.

If you have any questions or concerns regarding your permit or any other information, please contact the Bartow Regulation Department and ask to speak to someone in the Water Use Regulation Section.

Sincerely,

Pamela Reynolds

Bartow Regulation Department

Enclosures: Approved Permit, Rules 28-106.201 and 28-106.301, F.A.C., and Noticing Packet

cc: Peter G. Hubbell

**SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT
WATER USE
SMALL GENERAL
PERMIT NO. 20 006893.003**

EXPIRATION DATE: November 17, 2030

PERMIT ISSUE DATE: November 17, 2010

The Permittee is responsible for submitting an application to renew this permit no sooner than one year prior to the expiration date, and no later than the end of the last business day before the expiration date, whether or not the Permittee receives prior notification by mail. Failure to submit a renewal application prior to the expiration date and continuing to withdraw water after the expiration date is a violation of Chapter 373, Florida Statutes, and Chapter 40D-2, Florida Administrative Code, and may result in a monetary penalty and/or loss of the right to use the water. Issuance of a renewal of this permit is contingent upon District approval.

TYPE OF APPLICATION: Renewal

GRANTED TO: HIDDEN COVE LTD
500 S. FLORIDA AVE. STE. 700
LAKELAND, FL 33801

PROJECT NAME: HIDDEN COVE LTD

WATER USE CAUTION AREA: Southern Water Use Caution Area

COUNTY: Polk

TOTAL QUANTITIES AUTHORIZED UNDER THIS PERMIT (in gpd)

ANNUAL AVERAGE	25,000 gpd
PEAK MONTH ¹	37,500 gpd

1. Peak Month: Average daily use during the highest water use month.

3. Crop Protection/Maximum: Maximum use allowed any 24-hour period/Frost and Freeze protection of crops.

WATER USE TABLE (in gallons per day)

<u>USE</u>	<u>ANNUAL AVERAGE</u>	<u>PEAK MONTH</u>
PUBLIC SUPPLY	25,000	37,500

USE TYPE

Personal Sanitary Use

Residential Mobile Home

PUBLIC SUPPLY:

Population Served: 211

Per Capita Rate: 118 gpd/person

WITHDRAWAL POINT QUANTITY TABLE

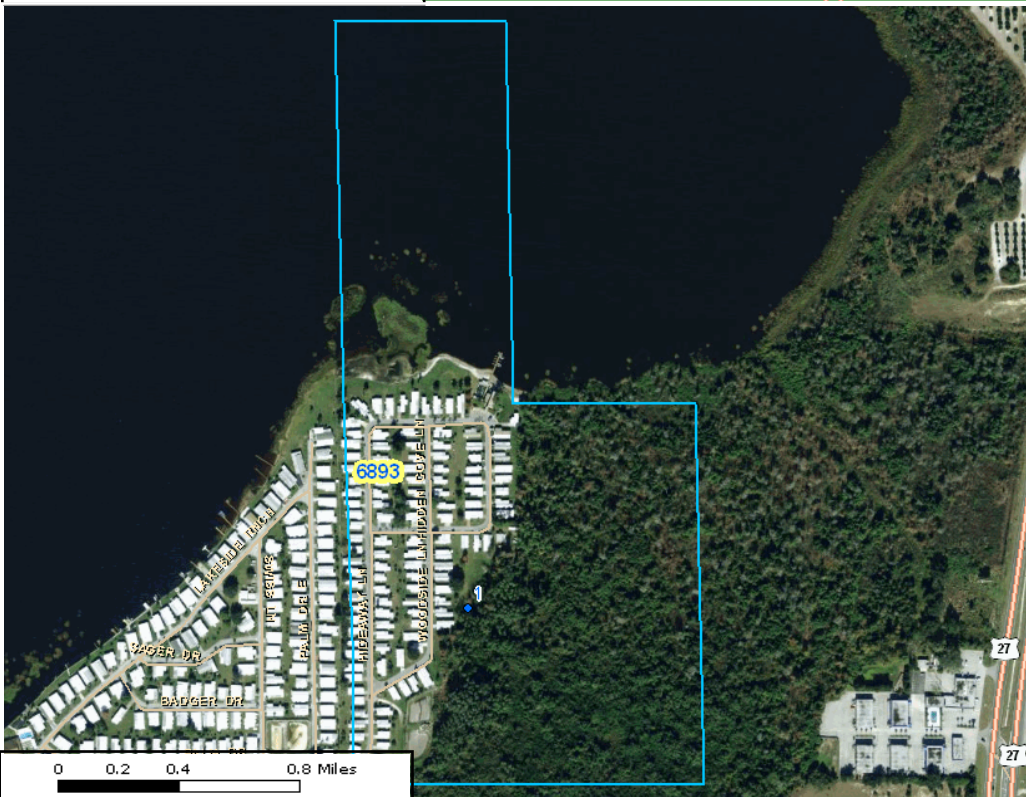
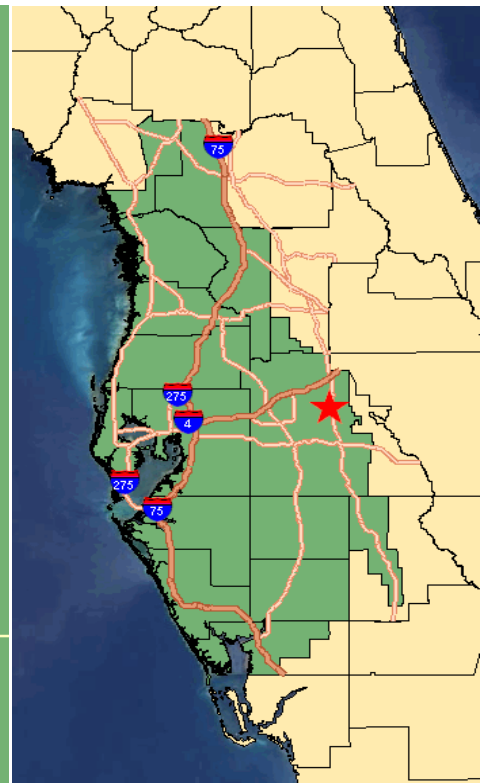
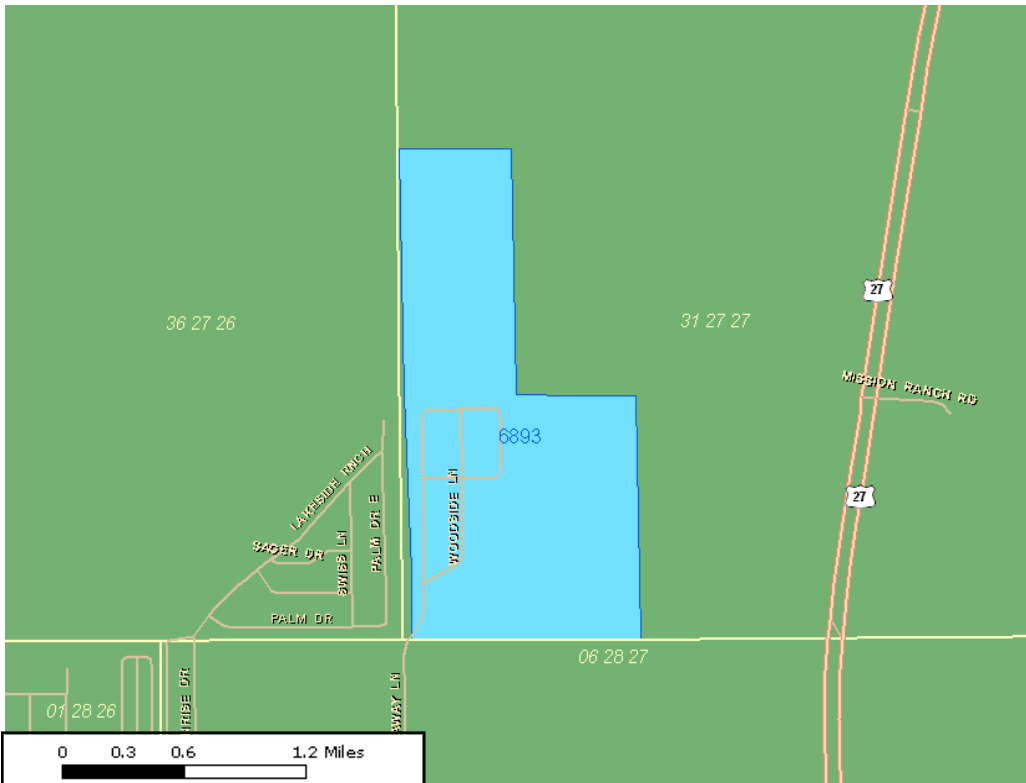
Water use from these withdrawal points are restricted to the quantities given below:

<u>I.D. NO.</u> <u>PERMITTEE/ DISTRICT</u>	<u>DIAM</u> <u>(IN.)</u>	<u>DEPTH</u> <u>TTL./CSD.FT.</u> <u>(feet bls)</u>	<u>USE DESCRIPTION</u>	<u>AVERAGE</u> <u>(gpd)</u>	<u>PEAK</u> <u>MONTH</u> <u>(gpd)</u>
1 / 1	6	500 / UNK	Public Supply	25,000	37,500

WITHDRAWAL POINT LOCATION TABLE

<u>DISTRICT I.D. NO</u>	<u>LATITUDE/LONGITUDE</u>
1	28° 05' 10.29"/81° 39' 20.30"

Location Map
HIDDEN COVE LTD
WUP No. 20 006893.003



Legend

- Control Area
- Irrigated Area
- DIDs

2009 Natural Color Imagery

POLK COUNTY

Southwest Florida
Water Management District

STANDARD CONDITIONS:

The Permittee shall comply with the Standard Conditions attached hereto, incorporated herein by reference as Exhibit A and made a part hereof.

SPECIAL CONDITIONS:

1. The Permittee shall implement a leak detection and repair program as an element of an ongoing system maintenance program. This program shall include a system-wide inspection at least once per year.(309)
2. The Permittee shall incorporate best water management practices, specifically including but not limited to irrigation practices, as recommended for the permitted activities in reports and publications by the IFAS.(312)
3. The Permittee shall incorporate all economically, technically and environmentally feasible water conserving measures into all processes, including reducing water losses, recycling and reuse. The Permittee shall promote water conservation in all components of water use, including water conservation among their customers, use water-efficient irrigation practices, and use of drought-tolerant landscaping.(285)
4. Within 90 days of the replacement of any or all withdrawal quantities from ground water or surface water bodies with an Alternative Water Supply, the Permittee shall apply to modify this permit to place equal quantities of permitted withdrawals from the ground and/or surface water resource on standby. The standby quantities can be used in the event that some or all of the alternative source is not available.(363)
5. This Permit is located within the Southern Water Use Caution Area (SWUCA). Pursuant to Section 373.0421, Florida Statutes, the SWUCA is subject to a minimum flows and levels recovery strategy, which became effective on January 1, 2007. The Governing Board may amend the recovery strategy, including amending applicable water use permitting rules based on an annual assessment of water resource criteria, cumulative water withdrawal impacts, and on a recurring five-year evaluation of the status of the recovery strategy up to the year 2025 as described in Chapter 40D-80, Florida Administrative Code. This Permit is subject to modification to comply with new rules.(652)
6. The Permittee shall submit the following information using the form 'Public Supply Annual Report For General Water Use Permits Less Than 100,000 gpd, Form No. LEG -R.047.00 (09/09)' no later than April 1 of each year covering the preceding calendar year. The report includes:
 1. Ground water, surface water and stormwater withdrawals,
 2. Water imported/purchased from other supplier(s),
 3. Water exported/sold to other supplier(s),
 4. Treatment loss,
 5. Functional population (FP) as set forth in Part D of the Water Use Permit Information Manual, and
 6. The calculated unadjusted, adjusted or compliance per capita use rate as directed on the form.
 7. If there have been changes to the service area since the previous reporting period, the Permittee shall update the service area using the map that is maintained in the District's Mapping and GIS system.(654)
7. The compliance per capita daily water use rate shall be no greater than 118 gallons per day (gpd). The Permittee shall calculate the compliance per capita rate as described in the Annual Report Condition on this permit and shall submit the calculations with the Public Supply Short Annual Report (LEG-R.047.00 (09/09) by April 1 of each year.
(767)

40D-2
Exhibit A

WATER USE PERMIT STANDARD CONDITIONS

1. The Permittee shall provide access to an authorized District representative to enter the property at any reasonable time to inspect the facility and make environmental or hydrologic assessments. The Permittee shall either accompany District staff onto the property or make provision for access onto the property.
2. When necessary to analyze impacts to the water resource or existing users, the District shall require the Permittee to install flow metering or other measuring devices to record withdrawal quantities and submit the data to the District.
3. The District shall collect water samples from any withdrawal point listed in the permit or shall require the permittee to submit water samples when the District determines there is a potential for adverse impacts to water quality.
4. A District identification tag shall be prominently displayed at each withdrawal point that is required by the District to be metered or for which withdrawal quantities are required to be reported to the District, by permanently affixing the tag to the withdrawal facility.
5. The Permittee shall mitigate to the satisfaction of the District any adverse impact to environmental features or off-site land uses as a result of withdrawals. When adverse impacts occur or are imminent, the District shall require the Permittee to mitigate the impacts. Adverse impacts include the following:
 - A. Significant reduction in levels or flows in water bodies such as lakes, impoundments, wetlands, springs, streams or other watercourses; or
 - B. Sinkholes or subsidence caused by reduction in water levels;
 - C. Damage to crops and other vegetation causing financial harm to the owner; and
 - D. Damage to the habitat of endangered or threatened species.
6. The Permittee shall mitigate, to the satisfaction of the District, any adverse impact to existing legal uses caused by withdrawals. When adverse impacts occur or are imminent, the District shall require the Permittee to mitigate the impacts. Adverse impacts include the following:
 - A. A reduction in water levels which impairs the ability of a well to produce water;
 - B. Significant reduction in levels or flows in water bodies such as lakes, impoundments, wetlands, springs, streams or other watercourses; or
 - C. Significant inducement of natural or manmade contaminants into a water supply or into a usable portion of an aquifer or water body.
7. Notwithstanding the provisions of Rule 40D-1.6105, F.A.C., persons who wish to continue the water use permitted herein and who have acquired ownership or legal control of permitted water withdrawal facilities or the land on which the facilities are located must apply to transfer the permit to themselves within 45 days of acquiring ownership or legal control of the water withdrawal facilities or the land.
8. If any of the statements in the application and in the supporting data are found to be untrue and inaccurate, or if the Permittee fails to comply with all of the provisions of Chapter 373, Florida Statutes (F.S.), Chapter 40D, Florida Administrative Code (F.A.C.), or the conditions set forth herein, the Governing Board shall revoke this permit in accordance with Rule 40D-2.341, F.A.C., following notice and hearing.
9. Issuance of this permit does not exempt the Permittee from any other District permitting requirements.
10. The Permittee shall cease or reduce surface water withdrawal as directed by the District if water levels in lakes fall below the applicable minimum water level established in Chapter 40D-8, F.A.C., or rates of flow in streams fall below the minimum levels established in Chapter 40D-8, F.A.C.
11. The Permittee shall cease or reduce withdrawal as directed by the District if water levels in aquifers fall below the minimum levels established by the Governing Board.

12. The Permittee shall not deviate from any of the terms or conditions of this permit without written approval by the District.
13. The Permittee shall practice water conservation to increase the efficiency of transport, application, and use, as well as to decrease waste and to minimize runoff from the property. At such time as the Governing Board adopts specific conservation requirements for the Permittee's water use classification, this permit shall be subject to those requirements upon notice and after a reasonable period for compliance.
14. The District may establish special regulations for Water-Use Caution Areas. At such time as the Governing Board adopts such provisions, this permit shall be subject to them upon notice and after a reasonable period for compliance.
15. In the event the District declares that a Water Shortage exists pursuant to Chapter 40D-21, F.A.C., the District shall alter, modify, or declare inactive all or parts of this permit as necessary to address the water shortage.
16. This permit is issued based on information provided by the Permittee demonstrating that the use of water is reasonable and beneficial, consistent with the public interest, and will not interfere with any existing legal use of water. If, during the term of the permit, it is determined by the District that the use is not reasonable and beneficial, in the public interest, or does impact an existing legal use of water, the Governing Board shall modify this permit or shall revoke this permit following notice and hearing.
17. Within the SWUCA, if the District determines that significant water quantity or quality changes, impacts to existing legal uses, or adverse environmental impacts are occurring, the permittee shall be provided with a statement of facts upon which the District based its determination and an opportunity to address the change or impact prior to a reconsideration by the Board of the quantities permitted or other conditions of the permit.
18. All permits issued pursuant to these Rules are contingent upon continued ownership or legal control of all property on which pumps, wells, diversions or other water withdrawal facilities are located.

Pamela Reynolds

Authorized Signature

SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT

This permit, issued under the provision of Chapter 373, Florida Statutes and Florida Administrative Code 40D-2, authorizes the Permittee to withdraw the quantities outlined above, and may require various activities to be performed by the Permittee as described in the permit, including the Special Conditions. The permit does not convey to the Permittee any property rights or privileges other than those specified herein, nor relieve the Permittee from complying with any applicable local government, state, or federal law, rule, or ordinance.



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Tampa, Florida 33637-6759
(813) 985-7481 or
1-800-836-0797 (FL only)

NOTICING PACKET PUBLICATION INFORMATION

PLEASE SEE THE NEXT PAGE OF THIS NOTICE FOR A LIST OF FREQUENTLY ASKED QUESTIONS (FAQ)

The District's action regarding the issuance or denial of a permit, a petition or qualification for an exemption only becomes closed to future legal challenges from members of the public ("third parties"), if 1.) "third parties" have been properly notified of the District's action regarding the permit or exemption, and 2.) no "third party" objects to the District's action within a specific period of time following the notification.

Notification of "third parties" is provided through publication of certain information in a newspaper of general circulation in the county or counties where the proposed activities are to occur. Publication of notice informs "third parties" of their right to challenge the District's action. If proper notice is provided by publication, "third parties" have a 21-day time limit in which to file a petition opposing the District's action. A shorter 14-day time limit applies to District action regarding Environmental Resource Permits linked with an authorization to use Sovereign Submerged Lands. However, if no notice to "third parties" is published, there is no time limit to a party's right to challenge the District's action. The District has not published a notice to "third parties" that it has taken or intends to take final action on your application. If you want to ensure that the period of time in which a petition opposing the District's action regarding your application is limited to the time frames stated above, you may publish, at your own expense, a notice in a newspaper of general circulation. A copy of the Notice of Agency Action the District uses for publication and guidelines for publishing are included in this packet.

Guidelines for Publishing a Notice of Agency Action

1. Prepare a notice for publication in the newspaper. The District's Notice of Agency Action, included with this packet, contains all of the information that is required for proper noticing. However, you are responsible for ensuring that the form and **the** content of your notice comply with the applicable statutory provisions.
2. Your notice must be published in accordance with Chapter 50, Florida Statutes. A copy of the statute is enclosed.
3. Select a newspaper that is appropriate considering the location of the activities proposed in your application, and contact the newspaper for further information regarding their procedures for publishing.
4. You only need to publish the notice for one day.
5. Obtain an "affidavit of publication" from the newspaper after your notice is published.
6. Immediately upon receipt send the **ORIGINAL** affidavit to the District at the address below, for the file of record. **Retain a copy of the affidavit for your records.**

Southwest Florida Water Management District
Records and Data Supervisor
2379 Broad Street
Brooksville, Florida 34604-6899

Note: If you are advertising a notice of the District's proposed action, and the District's final action is different, publication of an additional notice may be necessary to prevent future legal challenges. If you need additional assistance, please contact us at ext. 4360, at the Brooksville number listed above. **(Your question may be on the FAQ list).**

FAQ ABOUT NOTICING

1. **Q.** Do I have to do this noticing, and what is this notice for?
A. You do not have to do this noticing. You need to publish a notice if you want to ensure that a "third party cannot challenge the District's action on your permit, exemption, or petition at some future date. If you choose not to publish, there is no time limit to a third party's right to challenge the District's action.
2. **Q.** What do I need to send to the newspaper?
A. The enclosed one page notice form entitled "Notice of Final Agency Action (or Proposed Agency Action) By The Southwest Florida Water Management District." You must fill in the blanks before sending it.
3. **Q.** Do I have to use the notice form, or can I make up my own form?
A. You do not have to use our form. However, your notice must contain all information that is in the form.
4. **Q.** Do I send the newspaper the whole form (one page) or just the top portion that has blanks?
A. Send the full page form which includes the **NOTICE OF RIGHTS** section on the bottom half.
5. **Q.** Do I type or print the information in the blanks? Or will the newspaper fill in the blanks?
A. You are required to fill in the blanks on the form before sending it to the newspaper. Contact your selected newspaper for instructions on printing or typing the information in the blanks.
6. **Q.** The section 50.051, F.S. (enclosed) proof of publication form of uniform affidavit has blanks in the text. Do I fill in these blanks and send that to the newspaper?
A. No. That section shows the affidavit the newspaper will send you. They will fill in the blanks.
7. **Q.** If someone objects, is my permit or exemption no good?
A. If you publish a notice and a "third party" files a request for administrative hearing within the allotted time, the matter is referred to an administrative hearing. While the case is pending, generally, you may not proceed with activities under the challenged agency action. When the hearing is complete, the administrative law judge's (ALJ) recommendation is returned to the District Governing Board, and the Governing Board will take final action on the ALJ's recommendation. There is no time limit for a "third party" to object and file a request for administrative hearing if you do not publish a notice.
8. **Q.** I don't understand what I should put in the blanks on the Notice form?
A.
 1. **County, Section/Township/Range, application No., permit No., proposed permit No., petition No., Exemption No., or permit inquiry No.** is on your Permit, Petition, Exemption, or Denial document.
 2. **Permit Type or Application Type** is Environmental Resource Permit, Water Use Permit, Work of the District, etc.
 3. **# of Acres** is the project acres. This is listed on the Environmental Resource Permit documents. For Water Use Permits, Exemptions, etc., you may put "Not Applicable" if unknown.
 4. **Rule or Statute reference** (Exemptions only). The rule and/or statute reference is at the top of page one in the reference line of the Exemption. For all others, put "Not Applicable" in this blank.
 5. **Type of Project** describes your project activity. Environmental Resource Permit = Agriculture, Commercial, Government, Industrial, Mining, Road Projects, Residential, Semi-Public or Water Quality Treatment. Water Use Permit = Agricultural (if irrigating, state that it is irrigation and specify what is being irrigated), Industrial Commercial, Recreation Aesthetic, Mining Dewatering, or Public Supply. Work of the District = pipeline, etc.
 6. **Project Name** is the name of your project, if applicable. If there is no project name, put "Not Applicable" in this blank.

**CHAPTER 50, FLORIDA STATUTES
LEGAL AND OFFICIAL ADVERTISEMENTS**

50.011	Where and in what language legal notices to be published.
50.021	Publication when no newspaper in county.
50.031	Newspapers in which legal notices and process may be published.
50.041	Proof of publication; uniform affidavits required.
50.051	Proof of publication; form of uniform affidavit.
50.061	Amounts chargeable.
50.071	Publication costs; court docket fund.

50.011 Where and in what language legal notices to be published.-

Whenever by statute an official or legal advertisement or a publication, or notice in a newspaper has been or is directed or permitted in the nature of or in lieu of process, or for constructive service, or in initiating, assuming, reviewing, exercising or enforcing jurisdiction or power, or for any purpose, including all legal notices and advertisements of sheriffs and tax collectors, the contemporaneous and continuous intent and meaning of such legislation all and singular, existing or repealed, is and has been and is hereby declared to be and to have been, and the rule of interpretation is and has been, a publication in a newspaper printed and published periodically once a week or oftener, containing at least 25 percent of its words in the English language, entered or qualified to be admitted and entered as 1second-class matter at a post office in the county where published, for sale to the public generally, available to the public generally for the publication of official or other notices and customarily containing information of a public character or of interest or of value to the residents or owners of property in the county where published, or of interest or of value to the general public.

History.-s. 2, ch. 3022, 1877; RS 1296; GS 1727; s. 1, ch. 5610, 1907; RGS 2942; s. 1, ch. 12104, 1927; CGL 4666, 4901; s. 1, ch. 63-387; s. 6, ch. 67-254.

1Note.-Redesignated as "Periodicals" by the United States Postal Service, see 61 F.R. 10123-10124, March 12, 1996.

Note.-Former s. 49.01.

50.021 Publication when no newspaper in county.B

When any law, or order or decree of court, shall direct advertisements to be made in any county and there be no newspaper published in the said county, the advertisement may be made by posting three copies thereof in three different places in said county, one of which shall be at the front door of the courthouse, and by publication in the nearest county in which a newspaper is published.

History.-RS 1297; GS 1728; RGS 2943; CGL 4667; s. 6, ch. 67-254.

Note.-Former s. 49.02.

50.031 Newspapers in which legal notices and process may be published.B

No notice or publication required to be published in a newspaper in the nature of or in lieu of process of any kind, nature, character or description provided for under any law of the state, whether heretofore or hereafter enacted, and whether pertaining to constructive service, or the initiating, assuming, reviewing, exercising or enforcing jurisdiction or power, by any court in this state, or any notice of sale of property, real or personal, for taxes, state, county or municipal, or sheriff's, guardian's or administrator's or any sale made pursuant to any judicial order, decree or statute or any other publication or notice pertaining to any affairs of the state, or any county, municipality or other political subdivision thereof, shall be deemed to have been published in accordance with the statutes providing for such publication, unless the same shall have been published for the prescribed period of time required for such publication, in a newspaper which at the time of such publication shall have been in existence for 1 year and shall have been entered as 1second-class mail matter at a post office in the county where published, or in a newspaper which is a direct successor of a newspaper which together have been so published; provided, however, that nothing herein contained shall apply where in any county there shall be no newspaper in existence which shall have been published for the length of time above prescribed. No legal publication of any kind, nature or description, as herein defined, shall be valid or binding or held to be in compliance with the statutes providing for such publication unless the same shall have been published in accordance with the provisions of this section. Proof of such publication shall be made by uniform affidavit.

History.-ss. 1-3, ch. 14830, 1931; CGL 1936 Supp. 4274(1); s. 7, ch. 22858, 1945; s. 6, ch. 67-254; s. 1, ch. 74-221.

1Note.-Redesignated as "Periodicals" by the United States Postal Service, see 61 F.R. 10123-10124, March 12, 1996.

Note.-Former s. 49.03.

50.041 Proof of publication; uniform affidavits required.B

(1) All affidavits of publishers of newspapers (or their official representatives) made for the purpose of establishing proof of publication of public notices or legal advertisements shall be uniform throughout the state.

(2) Each such affidavit shall be printed upon white bond paper containing at least 25 percent rag material and shall be 8 1/2 inches in width and of convenient length, not less than 5 1/2 inches. A white margin of not less than 2 1/2 inches shall be left at the right side of each affidavit form and upon or in this space shall be substantially pasted a clipping which shall be a true copy of the public notice or legal advertisement for which proof is executed.

(3) In all counties having a population in excess of 450,000 according to the latest official decennial census, in addition to the charges which are now or may hereafter be established by law for the publication of every official notice or legal advertisement, there may be a charge not to exceed \$2 for the preparation and execution of each such proof of publication or publisher's affidavit.

History.-s. 1, ch. 19290, 1939; CGL 1940 Supp. 4668(1); s. 1, ch. 63-49; s. 26, ch. 67-254; s. 1, ch. 76-58.

Note.-Former s. 49.04.

50.051 Proof of publication; form of uniform affidavit.-

The printed form upon which all such affidavits establishing proof of publication are to be executed shall be substantially as follows:

NAME OF NEWSPAPER
Published (Weekly or Daily)
(Town or City) (County) FLORIDA

STATE OF FLORIDA
COUNTY OF _____:

Before the undersigned authority personally appeared _____, who on oath says that he or she is _____ of the _____, a _____ newspaper published at _____ in _____ County, Florida; that the attached copy of advertisement, being a _____ in the matter of _____ in the _____ Court, was published in said newspaper in the issues of _____.

Affiant further says that the said _____ is a newspaper published at _____, in said _____ County, Florida, and that the said newspaper has heretofore been continuously published in said _____ County, Florida, each _____ and has been entered as 1second-class mail matter at the post office in _____, in said _____ County, Florida, for a period of 1 year next preceding the first publication of the attached copy of advertisement; and affiant further says that he or she has neither paid nor promised any person, firm or corporation any discount, rebate, commission or refund for the purpose of securing this advertisement for publication in the said newspaper.

Sworn to and subscribed before me this _____ day of _____, 19____, by _____, who is personally known to me or who has produced (type of identification) as identification.

_____(Signature of Notary Public)_____

_____(Print, Type, or Stamp Commissioned Name of Notary Public)_____

_____(Notary Public)_____

History.-s. 2, ch. 19290, 1939; CGL 1940 Supp. 4668(2); s. 6, ch. 67-254; s. 1, ch. 93-62; s. 291, ch. 95-147.

1Note.-Redesignated as "Periodicals" by the United States Postal Service, see 61 F.R. 10123-10124, March 12, 1996.

Note.-Former s. 49.05.

50.061 Amounts chargeable.-

(1) The publisher of any newspaper publishing any and all official public notices or legal advertisements shall charge therefore the rates specified in this section without rebate, commission or refund.

(2) The charge for publishing each such official public notice or legal advertisement shall be 70 cents per square inch for the first insertion and 40 cents per square inch for each subsequent insertion, except that:

(a) In all counties having a population of more than 304,000 according to the latest official decennial census, the charge for publishing each such official public notice or legal advertisement shall be 80 cents per square inch for the first insertion and 60 cents per square inch for each subsequent insertion.

(b) In all counties having a population of more than 450,000 according to the latest official decennial census, the charge for publishing each such official public notice or legal advertisement shall be 95 cents per square inch for the first insertion and 75 cents per square inch for each subsequent insertion.

(3) Where the regular established minimum commercial rate per square inch of the newspaper publishing such official public notices or legal advertisements is in excess of the rate herein stipulated, said minimum commercial rate per square inch may be charged for all such legal advertisements or official public notices for each insertion, except that a governmental agency publishing an official public notice or legal advertisement may procure publication by soliciting and accepting written bids from newspapers published in the county, in which case the specified charges in this section do not apply.

(4) All official public notices and legal advertisements shall be charged and paid for on the basis of 6-point type on 6-point body, unless otherwise specified by statute.

(5) Any person violating a provision of this section, either by allowing or accepting any rebate, commission, or refund, commits a misdemeanor of the second degree, punishable as provided in s. [775.082](#) or s. [775.083](#).

(6) Failure to charge the rates prescribed by this section shall in no way affect the validity of any official public notice or legal advertisement and shall not subject same to legal attack upon such grounds.

History.-s. 3, ch. 3022, 1877; RS 1298; GS 1729; RGS 2944; s. 1, ch. 12215, 1927; CGL 4668; ss. 1, 2, 2A, 2B, ch. 20264, 1941; s. 1, ch. 23663, 1947; s. 1, ch. 57-160; s. 1, ch. 63-50; s. 1, ch. 65-569; s. 6, ch. 67-254; s. 15, ch. 71-136; s. 35, ch. 73-332; s. 1, ch. 90-279.

Note.-Former s. 49.06.

50.071 Publication costs; court docket fund.-

(1) There is established in Broward, Dade, and Duval Counties a court docket fund for the purpose of paying the cost of the publication of the fact of the filing of any civil case in the circuit court in those counties by their counties by their style and of the calendar relating to such cases. A newspaper qualified under the terms of s. [50.011](#) shall be designated as the record newspaper for such publication by an order of a majority of the judges in the judicial circuit in which the subject county is located and such order shall be filed and recorded with the clerk of the circuit court for the subject county. The court docket fund shall be funded by a service charge of \$1 added to the filing fee for all civil actions, suits, or proceedings filed in the circuit court of the subject county. The clerk of the circuit court shall maintain such funds separate and apart, and the aforesaid fee shall not be diverted to any other fund or for any purpose other than that established herein. The clerk of the circuit court shall dispense the fund to the designated record newspaper in the county on a quarterly basis. The designated record newspaper may be changed at the end of any fiscal year of the county by a majority vote of the judges of the judicial circuit of the county so ordering 30 days prior to the end of the fiscal year, notice of which order shall be given to the previously designated record newspaper.

(2) The board of county commissioners or comparable or substituted authority of any county in which a court docket fund is not specifically established in subsection (1) may, by local ordinance, create such a court docket fund on the same terms and conditions as established in subsection (1).

(3) The publishers of any designated record newspapers receiving the court docket fund established in subsection (1) shall, without charge, accept legal advertisement for the purpose of service of process by publication under s. [49.011](#)(4), (10), and (11) when such publication is required of persons authorized to proceed as insolvent and poverty-stricken persons under s. [57.081](#).

History.-s. 1, ch. 75-206

**NOTICE OF FINAL AGENCY ACTION BY
THE SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT**

Notice is given that the District's Final Agency Action is approval of the _____ .
(Permit Type)

on _____ acres to serve _____ known as _____ .
(# of Acres) (Type of Project) (Project Name)

The project is located in _____ County, Section(s) _____ .
(County Name) (Section)

Township _____ South, Range _____ East. The permit applicant
(Township) (Range)

is _____ whose address is _____ .
(name) (Address)

The permit No. is _____ .
(Permit #)

The file(s) pertaining to the project referred to above is available for inspection Monday through Friday except for legal holidays, 8:00 a.m. to 5:00 p.m., at the Southwest Florida Water Management District
(District) _____ .
(Address of District Office issuing Permit)

NOTICE OF RIGHTS

Any person whose substantial interests are affected by the District's action regarding this permit may request an administrative hearing in accordance with Sections 120.569 and 120.57, Florida Statutes (F.S.), and Chapter 28-106, Florida Administrative Code (F.A.C.), of the Uniform Rules of Procedure. *A request for hearing must (1) explain how the substantial interests of each person requesting the hearing will be affected by the District's action, or final action; (2) state all material facts disputed by each person requesting the hearing or state that there are no disputed facts; and (3) otherwise comply with Chapter 28-106, F.A.C.* A request for hearing must be filed with and received by the Agency Clerk of the District at the District's Brooksville address, 2379 Broad Street, Brooksville, FL 34604-6899 within 21 days of publication of this notice (or within 14 days for an Environmental Resource Permit with Proprietary Authorization for the use of Sovereign Submerged Lands). Failure to file a request for hearing within this time period shall constitute a waiver of any right such person may have to request a hearing under Sections 120.569 and 120.57, F.S.

Because the administrative hearing process is designed to formulate final agency action, the filing of a petition means that the District's final action may be different from the position taken by it in this notice of final agency action. Persons whose substantial interests will be affected by any such final decision of the District on the application have the right to petition to become a party to the proceeding, in accordance with the requirements set forth above.

Mediation pursuant to Section 120.573, F.S., to settle an administrative dispute regarding the District's final action in this matter is not available prior to the filing of a request for hearing.

**PART II HEARINGS INVOLVING
DISPUTED ISSUES OF MATERIAL FACT**

28-106.201 Initiation of Proceedings.

(1) Unless otherwise provided by statute, initiation of proceedings shall be made by written petition to the agency responsible for rendering final agency action. The term "petition" includes any document that requests an evidentiary proceeding and asserts the existence of a disputed issue of material fact. Each petition shall be legible and on 8 ½ by 11 inch white paper. Unless printed, the impression shall be on one side of the paper only and lines shall be double-spaced.

(2) All petitions filed under these rules shall contain:

(a) The name and address of each agency affected and each agency's file or identification number, if known;

(b) The name, address, and telephone number of the petitioner; the name, address, and telephone number of the petitioner's representative, if any, which shall be the address for service purposes during the course of the proceeding; and an explanation of how the petitioner's substantial interests will be affected by the agency determination;

(c) A statement of when and how the petitioner received notice of the agency decision;

(d) A statement of all disputed issues of material fact. If there are none, the petition must so indicate;

(e) A concise statement of the ultimate facts alleged, including the specific facts the petitioner contends warrant reversal or modification of the agency's proposed action;

(f) A statement of the specific rules or statutes the petitioner contends require reversal or modification of the agency's proposed action; and

(g) A statement of the relief sought by the petitioner, stating precisely the action petitioner wishes the agency to take with respect to the agency's proposed action.

(3) Upon receipt of a petition involving disputed issues of material fact, the agency shall grant or deny the petition, and if granted shall, unless otherwise provided by law, refer the matter to the Division of Administrative Hearings with a request that an administrative law judge be assigned to conduct the hearing. The request shall be accompanied by a copy of the petition and a copy of the notice of agency action.

(4) A petition shall be dismissed if it is not in substantial compliance with subsection (2) of this rule or it has been untimely filed. Dismissal of a petition shall, at least once, be without prejudice to petitioner's filing a timely amended petition curing the defect, unless it conclusively appears from the face of the petition that the defect cannot be cured.

(5) The agency shall promptly give written notice to all parties of the action taken on the petition, shall state with particularity its reasons if the petition is not granted, and shall state the deadline for filing an amended petition if applicable.

Specific Authority 120.54(3), (5) F.S. Law Implemented 120.54(5), 120.569, 120.57 F.S. History-New 4-1-97, Amended 9-17-98.

**PART III PROCEEDINGS AND HEARINGS
NOT INVOLVING DISPUTED ISSUES OF
MATERIAL FACT**

28-106.301 Initiation of Proceedings

(1) Initiation of a proceeding shall be made by written petition to the agency responsible for rendering final agency action. The term "petition" includes any document which requests a proceeding. Each petition shall be legible and on 8 ½ by 11 inch white paper or on a form provided by the agency. Unless printed, the impression shall be on one side of the paper only and lines shall be double-spaced.

(2) All petitions filed under these rules shall contain:

(a) The name and address of each agency affected and each agency's file or identification number, if known;

(b) The name, address, and telephone number of the petitioner; the name, address, and telephone number of the petitioner's representative, if any, which shall be the address for service purposes during the course of the proceeding; and an explanation of how the petitioner's substantial interests will be affected by the agency determination;

(c) A statement of when and how the petitioner received notice of the agency decision;

(d) A concise statement of the ultimate facts alleged, including the specific facts the petitioner contends warrant reversal or modification of the agency's proposed action;

(e) A statement of the specific rules or statutes the petitioner contends require reversal or modification of the agency's proposed action; and

(f) A statement of the relief sought by the petitioner, stating precisely the action petitioner wishes the agency to take with respect to the agency's proposed action.

(3) If the petition does not set forth disputed issues of material fact, the agency shall refer the matter to the presiding officer designated by the agency with a request that the matter be scheduled for a proceeding not involving disputed issues of material fact. The request shall be accompanied by a copy of the petition and a copy of the notice of agency action.

(4) A petition shall be dismissed if it is not in substantial compliance with subsection (2) of this Rule or it has been untimely filed. Dismissal of a petition shall, at least once, be without prejudice to petitioner's filing a timely amended petition curing the defect, unless it conclusively appears from the face of the petition that the defect cannot be cured.

(5) The agency shall promptly give written notice to all parties of the action taken on the petition, shall state with particularity its reasons if the petition is not granted, and shall state the deadline for filing an amended petition if applicable.

Specific Authority 120.54(5) F.S. Law Implemented 120.54(5), 120.569, 120.57 F.S. History-New 4-1-97, Amended 9-17-98.

III
ENGINEERING DATA

A. Outside Engineering Consultant:

- 1. Name:
- 2. Firm:
- 3. Address:
- 4. Telephone: ()

B. Individual to contact on engineering matters:

- 1. Name:
- 2. Telephone: ()

C. Is the utility under citation by the Department of Environmental Protection (DEP) or County Health Department?
If yes, explain: **No**

D. List any known service deficiencies and steps taken to remedy problems: **None**

E. Name of plant operator(s) and DEP operator certificate number(s) held: **Consta Flow, Inc. – Water Plant;
Jason Wright (C-13909) – Wastewater Plant**

F. Is the utility serving customers outside of its certificated area? **No**
If yes, explain:

G. Wastewater:

- 1. Gallons per day capacity of treatment facilities:
a. Existing: **0.02 MGD (3MRADF)** b. Under Construction: **0** c. Proposed: **0**
- 2. Type and make of present treatment facilities: **Type III, Extended Aeration
Concrete**
- 3. Approximate average daily flow of treatment plant effluent: **11,361**

4. Approximate length of wastewater mains:

Size (diameter):	3"	6"	8"		
Linear feet:	850	250	3,308		

- 5. Number of manholes: **12**
- 6. Number of lift stations: **1**
- 7. How do you measure treatment plant effluent? **Elapsed time meter**

8. Is the treatment plant effluent chlorinated? Yes No
If yes, what is the normal dosage rate? **3 gallons/day**
9. Tap in fees – Wastewater: \$ **0**
10. Service availability fees – Wastewater: \$ **0**
11. Note DEP Treatment Plant Certificate Number and date of expiration: **FLA013107**
Expiration Date: **6/28/2025**
12. Total gallons treated during most recent twelve months: **4,158,000**
13. Wastewater treatment purchased during most recent twelve months: **0**

H. Water:

1. Gallons per day capacity of treatment facilities:
a. Existing: **432,000** b. Under Construction : **0** c. Proposed: **0**
2. Type of treatment: **Chlorination**
3. Approximate average daily flow of treated water: **10,162**
4. Source of water supply: **Groundwater permitted at 37,500 gpd**
5. Types of chemicals used and their normal dosage rates: **Liquid chlorine**
3 gallons/day
6. Number of wells in service: **1**
Total capacity in gallons per minute (gpm): **380**

Diameter/Depth:	6" / 430'		
Motor horsepower:	7.5		
Pump capacity (gpm):	380gpm		

7. Reservoirs and/or hydropneumatic tanks:

Description:	Steel-Ground		
Capacity:	2,500		

8. High service pumping:

Motor horsepower:	N/A			
Pump capacity (gpm):				

9. How do you measure treatment plant production? **Flow meter**

10. Approximate feet of water mains:

Size (diameter):	1"	2"	4"	
Linear feet:	400	2,300	1,600	

11. Note any fire flow requirements and imposing government agency:

12. Number of fire hydrants in service: **None**

Run Date 06/02/2022

Century Companies - Century Companies

Run Time 10:08:22

Jan-17

Summary

<u>Bill Type</u>	<u>Service Type</u>	<u>Description</u>	<u>Account</u>
SW	HC 1	Hidden Cove Common 1"	1
SW	HC 5/8	Hidden Cove Sewer-Res	122
Bill Type Totals			123
WT	HC 1	Hidden Cove Common 1"	1
WT	HC 2	Hidden Cove Common 2"	1
WT	HC 5/8	Hidden Cove Water-RES	122
WT	HC COM 5/8	Hidden Cove Common 5/8"	1
Bill Type Totals			125

Run Date 06/01/2022

Run Time 13:39:13

Century Companies - Century Companies

Jan-21

Summary

<u>Bill Type</u>	<u>Service Type</u>	<u>Description</u>	<u>Accounts</u>
SW	HC 1	Hidden Cove Common 1"	1
SW	HC 5/8	Hidden Cove Sewer-RES	122
Bill Type Totals			123
WT	HC 1	Hidden Cove Common 1"	1
WT	HC 2	Hidden Cove Common 2"	1
WT	HC 5/8	Hidden Cove Water-RES	122
WT	HC COM 5/8	Hidden Cove Common 5/8"	1
Bill Type Totals			125

Run Date 06/01/2022

Run Time 13:26:38

Century Companies - Century Companies

Dec-21

Summary

<u>Bill Type</u>	<u>Service Type</u>	<u>Description</u>	<u>Account</u>
SW	HC 1	Hidden Cove Common 1"	1
SW	HC 5/8	Hidden Cove Sewer-RES	122
Bill Type Totals			123
WT	HC 1	Hidden Cove Common 1"	1
WT	HC 2	Hidden Cove Common 2"	1
WT	HC 5/8	Hidden Cove Water-RES	122
WT	HC COM 5/8	Hidden Cove Common 5/8"	1
Bill Type Totals			125

Run Date 06/01/2022

Run Time 11:35:07

Century Companies - Century Companies

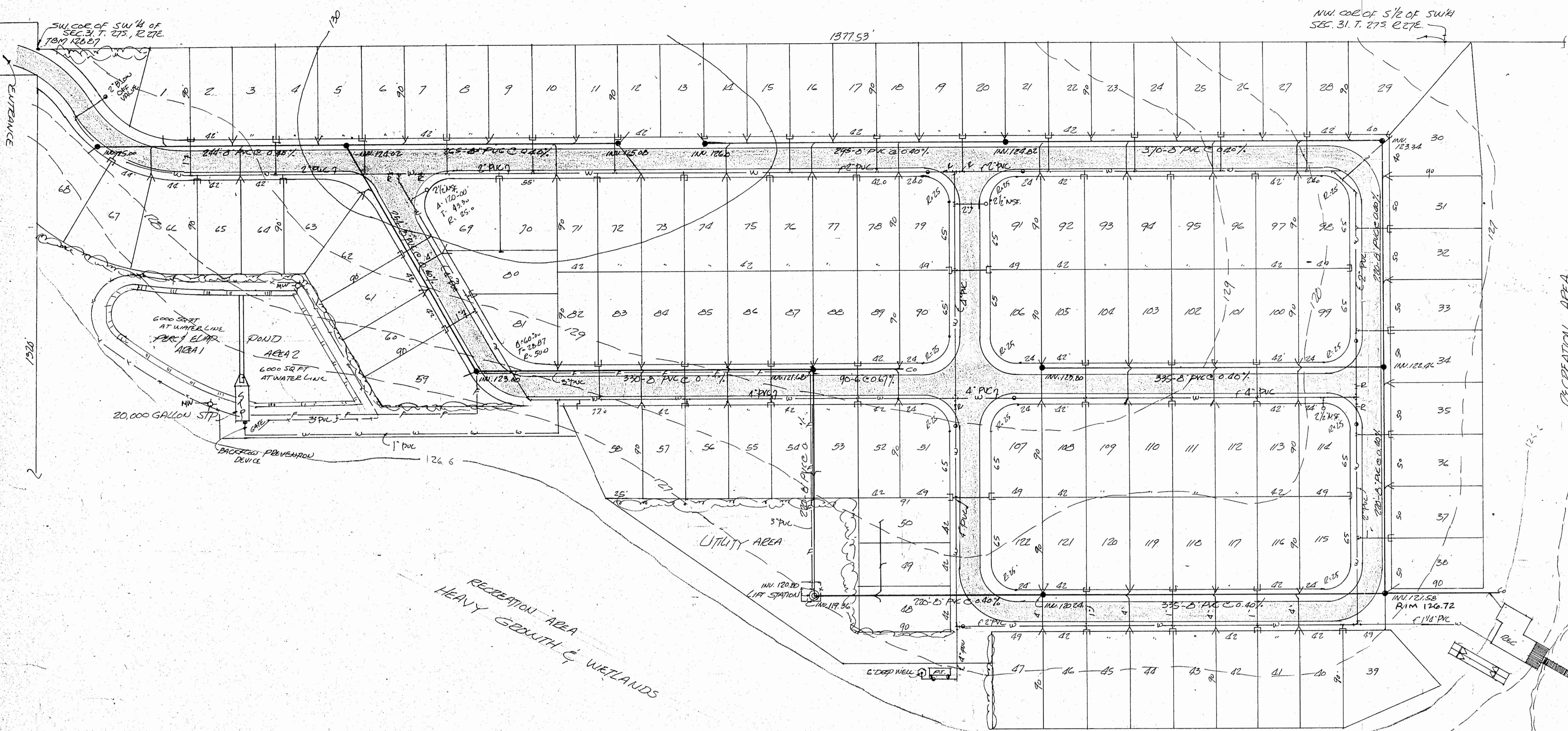
May-22

Summary

<u>Bill Type</u>	<u>Service Type</u>	<u>Description</u>	<u>Accounts</u>
SW	HC 1	Hidden Cove Common 1"	1
SW	HC 5/8	Hidden Cove Sewer-Res	123
Bill Type Totals			124
WT	HC 1	Hidden Cove Common 1"	1
WT	HC 2	Hidden Cove Common 2"	1
WT	HC 5/8	Hidden Cove Water-Res	123
WT	HC COM 5/8	Hidden Cove Common 5/8"	1
Bill Type Totals			126

LAKESIDE RANCH
MOBILE HOME PARK

N.W. COR. OF S 1/2 OF SW 1/4
SEC. 31, T. 27S, R. 27E



SYMBOLS

- 128- EXISTING CONTOUR
- MANHOLE
- ⊥ SANITARY SEWER
- ∨ DOUBLE WYE
- ⊥ FORCE MAIN
- CO CLEANOUT
- W- WATER MAIN
- ⊥ GATE VALVE
- ⊥ WATER SERVICE
- ⊥ 2" NSF FITTING ON 2" MAIN
- ⊙ HEDGE
- ⊥ FENCE
- ⊥ PAVEMENT
- ⊙ 4" MONITORING WELL

HIDDEN COVE MOBILE HOME PARK

POLK COUNTY, FLORIDA

A CENTURY REALTY INVESTMENT INC. DEVELOPMENT

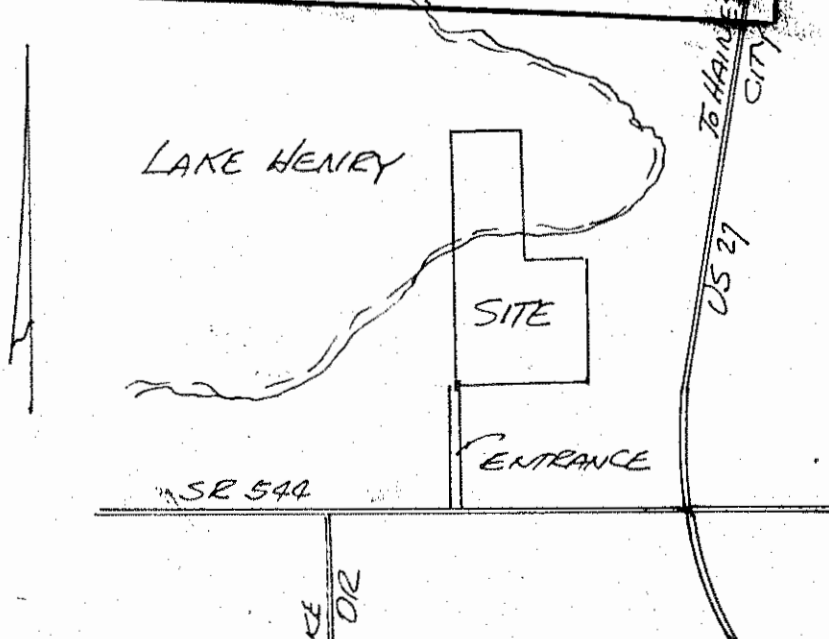
SCALE 1" = 50'

DATE 19 MAY 1982
REVISED 16 MAY 1982 JOK
REVISED 17 JUNE 1982 JOK

KING ENGINEERING SERVICE
WINTER HAVEN, FLORIDA

JUAN D. KING, P.E.
FLORIDA ENGINEER 9719

WATER ONLY
 APPROVED BY
 POLK COUNTY HEALTH DEPARTMENT
 PROVISIONAL
 Date 12/11/12 Serial No. 5382-281-A
 [Signature]
 DIRECTOR, SANITATION AND SANITARY ENGINEERING
 NOTE: THIS APPROVAL IS NOT INTENDED TO COVER STRUCTURAL DESIGN.



LOCATION MAP

JOK

Mr. Martin S. Friedman
Page 4
April 29, 2022

ATTACHMENT 1

Site	Item	NARUC Account Number	Issue Relevance*	Problem	Solution	Regulatory Mandate (M) or Enhancement (E)	Comments	Year?	Year?	Year?	Total
WTP	GENERATOR			NEED BACK-UP POWER FOR ELECTRIC OUTAGES	PURCHASE OF GENERATOR TO PROVIDE AUXILARY POWER	E		2022			\$52,814
WTP	WATER TANK COATING		S	INTERIOR SURFACE ON WATER TANK	TANK COATING FOR INTERIOR SURFACE	E		2022			\$4,000

*For Issue Relevance, please use DM (Deferred Maintenance), S (Safety), C (Compliance), R (Reliability), WQ (Water Quality), or WWQ (Wastewater Quality). In the year columns, please include the amount spent and projected to be spent

#17a: They were the only vendors to provide us bids in a timely manner.

QUOTATION
 HDSFM
 D/B/A USABLUBOOK
 PO Box 9004
 Gurnee, IL 60031-9004
 Toll free: 1-800-548-1234
 Fax: (847) 689-3030

NO. 552592
 Page 1
 02/23/22

Ship-to: 9
 CENTURY REALTY FUNDS

Bill-to: 826724
 CENTURY REALTY FUNDS

805 WALNUT DR
 SEFFNER, FL 33584
 USA

PO BOX 330
 LAKELAND , FL 33802
 USA

REFERENCE #	EXPIRES	SLSP	TERMS	WH	FREIGHT	SHIP VIA
EL-8123	03/25/22	TGZ	NET 30	44	FXD/PPD	VENDOR'S CHOICE

QUOTED BY: TGZ | QUOTED TO: JASON FARR

ITEM	DESCRIPTION	QUANTITY	UM	PRICE	UM	EXTENSION
54048	Generac Magnum MDG75DF4-STD Trailer Mounted Generator LEAD TIME 4 WEEKS IT IS THE RESPONSIBILITY OF THE CUSTOMER TO UNLOAD THE GENERATOR FROM THE DELIVERY VEHICLE THE CUSTOMER WILL BE LIABLE FOR ANY DAMAGES INCURRED DURING THE UNLOADING PROCESS USABLUBOOK DOES NOT OFFER INSTALLATION OR START UP TRAINING	1	EA	51253.95	EA	51253.95

Please note that your order may be subject to applicable taxes based on current rates at the time your order is completed.

TO ORDER --

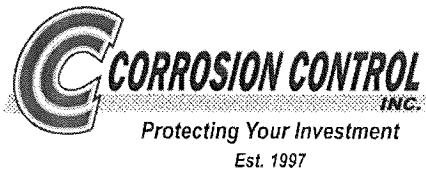
For your convenience, you may simply sign below and return via fax to 847-689-3030. We will process your order promptly and fax a confirmation so you know we have it. If you prefer to call your order in or have additional questions or concerns, you may contact our Customer Service Department @ 800-548-1234. Please note any changes to the quantities or shipping address. Thanks for choosing USABlueBook.

 Authorization Signature

 PO Number (if required)

MERCHANDISE	MISC	TAX	FREIGHT	TOTAL
51253.95	.00	.00	1560.45	52814.40

USE THIS QUOTE # ON PO's!



Estimate #22-425742

February 11, 2022

Century Companies

Attention: Brian Altman

Reference: Hidden Cove Water Tanks Coating

Scope of Work:

- Scope includes interior surfaces of water tank.
- Corrosion Control to provide all labor, equipment, and materials to perform work.
- Estimated time to complete is (3) days each tank.
- Note: There is a (7) day cure to service on the material.
- Coating to be applied per system below.

Coating System

- SSPC-SP10 Near White Blast
- Apply (2) coats of Sherwin Williams Macropoxy 646 PW Epoxy @ 5-8 mils DFT per coat.

Price \$4000.00

Thank you for the opportunity to quote you on this project. If you have any questions please contact us.

Regards,

Robbie Collins Jr.

robbiejr@ccpaintersfl.com

ccpainters7@verizon.net

PO Box 169
Mulberry, FL 33860
Phone: 863-425-3101
Fax: 863-425-8298