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REPLY TO CENTRAL FLORIDA OFFICE

March 5, 2010

VIA HAND DELIVERY

CENTRAL FLORIDA OFFICE SANLANDO CENTER 2180 W. STATE ROAD 434, SUITE 2118 LONGWOOD, FLORIDA 32779 (407) 830-6331 FAX (407) 830-8522

HECEIVED-FPSC

5 AM 10:

Martin S. Friedman, P.A. Bridget M. Grimsley Christian W. Marcelli Brian J. Street

Ann Cole, Commission Clerk Office of Commission Clerk Florida Public Service Commission 2540 Shumard Oak Blvd. Tallahassee, FL 32399-0850

RE: Docket No.: 090531-WS; Application for staff-assisted rate case in Highlands County by Lake Placid Utilities, Inc. <u>Our File No. 30057.178</u>

Dear Ms. Cole:

Enclosed for filing in the above-referenced docket is the response of Lake Placid Utilities, Inc. (the "Utility") to Staff's first data request dated February 10, 2010. Staff has requested the following information in order to complete its analysis in the above-referenced docket.

1. A copy of all Department of Environmental Protection ("DEP") and Water Management District permits.

<u>RESPONSE</u>: Please see the attached WWTP permits. The WTP does not require permits.

2. A copy of all Monthly Operating Reports filed with the DEP for 2008 and 2009.

<u>RESPONSE</u>: Please see the attached Monthly Operating Reports ("MORs").

3. A copy of all Discharge Monitoring Reports filed with the DEP for the period of January 1, 2008 to December 31, 2008 (test year).

RESPONSE: Please see the attached Discharge Monitoring Reports ("DMRs").

FPSC-COMMISSION CLERK

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Ann Cole, Commission Clerk Florida Public Service Commission Docket No. 090402-WS March 5, 2010 Page 2

4. The application submitted to the Commission indicates that the water system has 28.27% of unaccounted-for-water. This was also an issue in the utility's last rate case. Provide a description of the steps the utility has undertaken to correct the excessive unaccounted-for-water in the system.

RESPONSE: A significant portion of the unaccounted-for water identified in the 2008 Test Year reflects the water volume lost due to a main break that occurred between May 3, 2008 and May 6, 2008. A review of the May 2008 MOR identified that approximately 450,000 gallons was lost to the system before the leak was discovered and fixed. Secondly, the Village del Mar project contains two automatic flushing valves that operate monthly to flush the north end of the Lake Placid distribution system. Based on the clock setting, the size of the valve, and the operating pressure of the water system, an estimated 180,000 gallons of water was used for flushing activities in 2008. Thirdly, as per DEP rule, all dead end lines in the distribution system are flushed on a quarterly basis by Clay Shrum. It is estimated that 40,000 gallons were used for this purpose. The volume used for all of these activities is estimated to be a total of 670,000 gallons in unmetered uses. After taking these activities into account, the unaccounted-for water during the test year is reduced below 14%.

A review of our meter records indicates that 90% of the 142 metered accounts are between 10 and 17 years old. Based on our experience with meter testing data, some of the oldest meters may not be measuring flow within original specifications. The utility replaces those meters once they are identified through a review of our consumption records. It is important to point out that unaccounted-for water as a percentage of water production can be skewed by the fact that it would only take an average of six meters not registering 5,000 gallons per month each to account for 6% of the annual unaccounted-for water. A handful of malfunctioning meters in a system the size of Lake Placid will skew the unaccounted-for numbers very quickly.

5. A review of Lake Placid's annual reports for the last five years indicates that treated wastewater is significantly higher than water sold. Provide an analysis showing the estimated amount of wastewater sold to all customers, including DeeAnn Estates, and an analysis of the amount of inflow and infiltration during the test year.

<u>**RESPONSE</u>**: Please see the attached Lake Placid I&I Calculation Sheet that identifies 5.13% of treated wastewater flow is due to excess I&I.</u>

- 6. A copy of all correspondence, inspection reports, notices of violation, or consent orders from the DEP in the past three years.
- **<u>RESPONSE</u>**: Please see the following attached documents:
 - a. Compliance Inspection Report dated February 13, 2007
 - b. Utility response to February 13, 2007 Compliance Inspection Report
 - c. Compliance Inspection Report dated April 11, 2008
 - d. Compliance Inspection Report dated August 11, 2008
 - e. Utility response to August 11, 2008 Compliance Inspection Report
 - f. Sanitary Survey dated June 29, 2009

There are no notices of violation or consent orders from this time period.

7. A list of all customer complaints received during the past three years and an explanation of how each was resolved.

<u>RESPONSE</u>: Please see the attached documents responsive to this request.

8. A detailed description of all water and wastewater additions and retirements made since the utility's last rate case, including donated lines. Note that the amount of wastewater plant in service shown on the utility's SARC application for 2008 is less that the amount included in rate base in the utility's last rate case.

<u>RESPONSE</u>: Contributed asset information was provided to Staff auditor Kathy Welch as part of the audit in this proceeding. The only development activity since the last rate case was associated with Village del Mar, a 52-unit town house project completed in 2008. A summary of such costs is attached hereto. There was no retirement associated with this project.

9. A description of any plant additions or repairs that are expected to be made in the next year, along with the estimated cost and reason for the addition or repair.

<u>RESPONSE</u>: There is only one pro forma capital item currently planned for 2010. Attached please find the quotes that describe the cost to replace Blower #2 and the blower control panel at Lake Placid WWTP as provided earlier to Kathy Welch, staff auditor, as part of Staff's audit in this proceeding. Please see the attached documents in Ann Cole, Commission Clerk Florida Public Service Commission Docket No. 090402-WS March 5, 2010 Page 4

response to this item. Blower #2 is out of service and not repairable. The control panel is an electrical safety hazard in its current condition. The new blower will be the same model and size blower as Blower #1. The total cost for this project is (\$4,067.01 + \$1,700.00 + \$2,140.00) = \$7,907.01. The equipment has been ordered with a delivery time of roughly 3 weeks. Installation will be scheduled once we take delivery. The new equipment is expected to be on line no later than the end of March. The existing control panel and one blower assembly will be retired once the new equipment is on line. Retirement information was provided previously to Kathy Welch in response to staff audit requests.

Should you or the Staff have any questions regarding this filing, please do not hesitate to give me a call.

Very truly yours,

CHRISTIAN W. MARCELLI

For the Firm

CWM/der Enclosures

 cc: Steven M. Lubertozzi, Executive Director of Regulatory Accounting and Affairs (w/enclosures) (via e-mail)
 Kirsten E. Weeks, Manager of Regulatory Accounting (w/enclosures) (via e-mail)
 Patrick C. Flynn, Regional Director (w/enclosures) (via e-mail)
 Bart Fletcher, Division of Economic Regulation (w/enclosures) (via e-mail)
 Keino Young, Esquire, Office of General Counsel (w/enclosures) (via e-mail)

M:\] ALTAMONTE\UTILITIES INC\LAKE PLACID\(.178) 2009 Rate Case\PSC Clerk 04 (Response to 1st Data Request).hr.doc

Rose, Sundstrom & Bentley, LLP Sanlando Center, 2180 W. State Road 434, Suite 2118, Longwood, Florida 32779

LAKE PLACID UTILITIES, INC.

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DOCKET NO.: 090531-WS

RESPONSE TO REQUEST NO. 1

PERMITS

DOCUMENT NUMBER-DATE

FRSC-COMMISSION CLERK

C. Anti-



Department of Environmental Protection

Jeb Bush Governor South District P.O. Box 2549 Fort Myers, Florida 33902-2549

Colleen M. Castille Secretary

STATE OF FLORIDA DOMESTIC WASTEWATER FACILITY PERMIT

PERMIT NUMBER:

PA FILE NUMBER:

ISSUANCE DATE:

EXPIRATION DATE:

FLA014386

October 17, 2005

October 16, 2010

FLA014386-003-DW3P

PERMITTEE:

Lake Placid Utilities, Inc.

RESPONSIBLE AUTHORITY:

Mr. Patrick Flynn Regional Director 200 Weathersfield Avenue Altamonte Springs, FL 32714

(407) 869-1919

FACILITY:

Sun 'n' Lake of Lake Placid WWTP Brevard Avenue Lake Placid, FL 33852 Highlands County Latitude: 27° 13' 50" N Longitude: 81° 19' 01" 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.). The above named permittee is hereby authorized to operate the facilities shown on the application and other documents attached hereto or on file with the Department and made a part hereof and specifically described as follows:

TREATMENT FACILITIES:

An existing 0.090 MGD annual average daily flow (AADF) permitted capacity extended aeration activated sludge secondary domestic wastewater treatment plant consisting of 100,226 gallons total aeration, 16,900 gallons of final sedimentation, 2,626 gallons of chlorination and 6,913 gallons of sludge digestion.

REUSE:

Land Application: An existing 0.090 MGD annual average daily flow (AADF) permitted capacity rapid infiltration basin system (R-001). R-001 consists of two percolation ponds located approximately at latitude 27° 13' 51" N, longitude 81° 19' 01" W.

IN ACCORDANCE WITH: The limitations, monitoring requirements and other conditions set forth in Pages 1 through 19 of this permit.

Page 1 of 19



DOCUMENT ALMOER-DATE

Printed on recycled paper.

01534 MAR-52

FPSC-COHMISSION CLERK





I. RECLAIMED WATER AND EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

A. Reuse and Land Application Systems

1. During the period beginning on the issuance 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 condition I.B.6:

			P	Reclaimed Wat	ter Limitation	s		Monitoring Requiremen	ts	
Parameter	(†ilāts	Max/Min	Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number	Notes
Flow	MGD	Maximum	0.090				5 Days/Week	Meter	FLW-01	Sec Cond.I.A.3
Percent Capacity, (TMADF/Permitted Capacity) x 100	PERCENT	Maximum	li elited i cui cui a la inducana	Report			Monthly	Calculated	CAL-01	
BOD, Carbonaceous 5 day, 20C	MG/L	Maximum	20.0	30.0	45.0	60.0	Monthly	Grab	EFA-01	See Cond.I.A.6
Solids, Total Suspended	MG/L	Maximum	20.0	30.0	45.0	60.0	Monthly	Grab	EFA-0I	See Cond.I.A.6
рН	SU	Range				6.0 to 8.5	5 Days/Week	Grab	EFA-01	See Cond.I.A.6
Coliform, Fecal	#/100ML	Maximum		See Permit Co	ondition I.A.4.	^	Monthly	Grab	EFA-01	See Cond.I.A.6
Total Residual Chlorine (For Disinfection)	MG/L	Minimum		n	n na sense na sense de la constante de la const	0.5	5 Days/Week	Grab	EFA-01	See Cond.1.A.5, 6
Nitrogen, Nitrate, Total (as N)	MG/L	Maximum				12.0	Monthly	Grab	EFA-01	Sce Cond.I.A.6

2. Reclaimed water samples shall be taken at the monitoring site locations listed in Permit Condition I. A. 1. and as described below:

Monitoring Location Site Number	Description of Monitoring Location
FL.W-01	Flow meter at effluent V-notch weir with strip chart recorder and totalizer.
CAL-01	Calculated from flow measurements.
EFA-01	At effluent V-notch weir at discharge from chlorine contact tank.

- 3. Flow meter shall be utilized to measure flow and calibrated at least annually. [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. No more than 10 percent of the samples collected (the 90th percentile value) during a period of 30 consecutive days shall exceed 400 fecal coliform values per 100 mL of sample. Any one sample shall not exceed 800 fecal coliform values per 100 mL of sample. Note: To report the 90th percentile value, list the fecal coliform values obtained during the month in ascending order. Report the value of the sample that corresponds to the 90th percentile (multiply the number of samples by 0.9). For example, for 30 samples, report the corresponding fecal coliform number for the 27th value of ascending order. [62-610.510 and 62-600.440(4)(c)]
- 5. A minimum of 0.5 mg/L total residual chlorine must be maintained for a minimum contact time of 15 minutes based on peak hourly flow. [62-610.510 and 62-600.440(4)(b)]
- 6. Grab samples shall be collected during periods of minimal treatment plant pollutant removal efficiencies or maximum hydraulic and/or organic loading. [62-600.740(1)(a)2]





Sun 'n' Lake of Lake Placid WWTP Lake Placid Utilities, Inc. 200 Weathersfield Avenue Altamonte Springs, FL 32714



B. Other Limitations and Monitoring and Reporting Requirements

I. During the period beginning on the issuance 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.6:

			Limitations							
Parameter	Units	Max/Min	Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number	Notes
BOD, Carbonaceous 5 day, 20C	MG/L	Maximum		Report			Monthly	Grab	INF-01	See Cond.1.B.3
Solids, Total Suspended	MG/L	Maximum		Report			Monthly	Grab	INF-01	See Cond.I.B.3

PERMITTEE: Lake Placid Utilities, Inc. 200 Weathersfield Avenue Altamonte Springs, FL 32714

2. Samples shall be taken at the monitoring site locations listed in Permit Condition I. B. 1 and as described below:

Monitoring Location Site Number	Description of Monitoring Location
INF-01	Sample tap on influent pipe before discharge to first aeration tank.

- 3. 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)]
- 4. Parameters which must be monitored as a result of a surface water discharge shall be analyzed using a sufficiently sensitive method to assure compliance with applicable water quality standards and effluent limitations in accordance with 40 CFR (Code of Federal Regulations) Part 136. All monitoring shall be representative of the monitored activity. [62-620.320(6)]
- 5. 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)]
- 6. Monitoring requirements under this permit are effective on the first day of the second month following permit issuance. Until such time, the permittee shall continue to monitor and report in accordance with previously effective permit requirements, if any. During the period of operation authorized by this permit, the permittee shall complete and submit to the Department's South District Office Discharge Monitoring Reports (DMRs) in accordance with the frequencies specified by the REPORT type (i.e., monthly, toxicity, quarterly, semiannual, annual, etc.) indicated on the DMR forms attached to this permit. Monitoring results for each monitoring period shall be submitted in accordance with the associated DMR due dates below.

REPORT Type	Monitoring Period	Due Date
Monthly or Toxicity	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

DMRs shall be submitted for each required monitoring period including months of no discharge. The permittee shall make copies of the attached DMR form(s) and shall submit the completed DMR form(s) to the Department's South District Office at the address specified in Permit Condition I.B. 7 by the twenty-eighth (28th) of the month following the month of operation.

[62-620.610(18)][62-601.300(1), (2), and (3)]

Sun 'n' Lake of Lake Placid WWTP FACILITY: Lake Placid Utilities, Inc. PERMITTEE: 200 Weathersfield Avenue Altamonte Springs, FL 32714

7. 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 South District Office at the address specified below:

South District Office Florida Department of Environmental Protection P O Box 2549 Ft. Myers, Florida 33902-2549

Phone Number - 239-332-6975 FAX Number - 239-332-6969 All FAX copies shall be followed by original copies. 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. RESIDUALS MANAGEMENT REQUIREMENTS

- 1. The method of residuals use or disposal by this facility is land application and/or transport to Application Materials Services MJ Ranch Facility (Facility no. FLA190284), or Nordgren Ranch Residuals Management Facility (Facility no. FLA280348), or disposal in a Class I or II solid waste landfill.
- 2. The permittee shall be responsible for proper treatment, management, use, and land application or disposal of its residuals. [62-640.300(5)]
- 3. The permittee will not be held responsible for violations resulting from land application of residuals if the permittee can demonstrate that it has delivered residuals that meet the parameter concentrations and appropriate treatment requirements of this rule and the applier (e.g. hauler, contractor, site manager, or site owner) has legally agreed in writing to accept responsibility for proper land application of the residuals. Such an agreement shall state that the applier agrees, upon delivery of residuals that have been treated as required by Chapter 62-640, F.A.C., that he will accept responsibility for proper land application of the residuals as required by Chapter 62-640, F.A.C., and that the applier agrees that he is aware of and will comply with requirements for proper land application as described in the facility's permit. [62-640.300(5)]
- 4. The permittee shall not be held responsible for treatment, management, use, or land application violations that occur after its residuals have been accepted by a permitted residuals management facility with which the source facility has an agreement in accordance with Rule 62-640.880(1)(c), F.A.C., for further treatment, management, use or land application. [62-640.300(5)]
- 5. Disposal of residuals, septage, and other solids in a solid waste landfill, 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)(k)3 & 4]
- 6. Land application of residuals shall be in accordance with the conditions of this permit, the approved Agricultural Use Plan(s), and the requirements of Chapter 62-640, F.A.C. [62-640]
- 7. The domestic wastewater residuals for this facility are classified as Class B
- 8. The permittee shall achieve Class B pathogen reduction by meeting the pathogen reduction requirements in section 503.32(b)(3) (Use of PSRP (Process to Significantly Reduce Pathogens) - Lime Stabilization) of Title 40 CFR Part 503, revised as of October 25, 1995. [62-640.600(1)(b)]
- 9. The permittee shall achieve vector attraction reduction by meeting the vector attraction reduction requirements in section 503.33(b)(6) (Add alkaline materials to raise the pH under specified conditions) of Title 40 CFR Part 503, revised as of October 25, 1995. [62-640.600(2)(a)]



- 10. Treatment of liquid residuals or septage for the purpose of meeting the pathogen reduction or vector attraction reduction requirements set forth in Rule 62-640.600, F.A.C., shall not be conducted in the tank of a hauling vehicle. Treatment of residuals or septage for the purpose of meeting pathogen reduction or vector attraction reduction requirements shall take place at the permitted facility. [62-640.400(8)]
- 11. The permittee shall sample and analyze the Class A or Class B residuals to monitor for pathogen and vector attraction reduction requirements of Rule 62-640.600, F.A.C., and the parameters listed in the table below at least once every twelve (12) months. All samples shall be representative of the residuals used or land applied and shall be taken after final treatment of the residuals but before use or land application.

Parameter	Ceiling Concentrations (Single Sample)	Cumulative Application Limits
Total Nitrogen	(Report only) % dry weight	Not applicable
Total Phosphorus	(Report only) % dry weight	Not applicable
Total Potassium	(Report only) % dry weight	Not applicable
Arsenic	75 mg/kg dry weight	36.6 pounds/acre
Cadmium	85 mg/kg dry weight	34.8 pounds /acre
Copper	4300 mg/kg dry weight	1340 pounds/acre
Lead	840 mg/kg dry weight	268 pounds/acre
Mercury	57 mg/kg dry weight	15.2 pounds/acre
Molybdenum	75 mg/kg dry weight	Not applicable
Nickel	420 mg/kg dry weight	375 pounds/acre
Selenium	100 mg/kg dry weight	89.3 pounds/acre
Zinc	7500 mg/kg dry weight	2500 pounds/acre
рН	(Report only) standard units	Not applicable
Total Solids	(Report only) %	Not applicable

[62-640.650(1), 62-640.700(1), 62-640.700(3)(b), and 62-640.850(3)]

12. Residuals samples shall be taken at the monitoring site locations described below:

Monitoring Location Site Number	Description of Monitoring Location
RMP-B	Residuals samples collected from the larger and downstream 5,000 gallon digester tank.

- 13. Sampling and analysis shall be conducted in accordance with Title 40 CFR Part 503, section 503.8 and the U.S. Environmental Protection Agency publication <u>POTW Sludge Sampling and Analysis Guidance Document</u>, 1989. In cases where disagreements exist between Title 40 CFR Part 503, section 503.8 and the <u>POTW Sludge Sampling and Analysis Guidance Document</u>, the requirements in Title 40 CFR Part 503, section 503.8 will apply. [62-640.650(1), 62-640.700(1), 62-640.700(3)(b), and 62-640.850(3)]
- 14. Grab samples shall be used for pathogens and determinations of percent volatile solids. Composite samples shall be used for metals. [62-640.650(1)(e)]
- 15. Residuals shall not be land applied if a single sample result for any parameter exceeds the ceiling concentrations given in this permit. Monthly averages of parameter concentrations shall be determined by taking the arithmetic mean of all sample results for the month. [62-640.650(1)(f)]
- 16. The permittee shall submit the results of all residuals monitoring with the permittee's Discharge Monitoring Report under Chapter 62-601, F.A.C. The analytical results from each sampling event shall be submitted with the report for the month in which the sampling event occurs. [62-640.650(3)(a)&(e)]
- 17. Class B residuals shall not be used on unrestricted public access areas. Use of Class B residuals is limited to restricted public access areas such as agricultural sites, forests, and roadway shoulders and medians. [62-640.600(3)(b)]
- 18. Plant nursery use of Class B residuals is limited to plants which will not be sold to the public for 12 months after the last application of residuals. [62-640.600(3)(b)1.]
- 19. Use of Class B residuals on roadway shoulders and medians is limited to restricted public access roads. [62-640.600(3)(b)2.]
- 20. Food crops, feed crops, and fiber crops shall not be harvested for 30 days following the last application of Class B residuals. [62-640.600(3)(b)6.]
- 21. Food crops with harvested parts that touch the residuals/soil mixture and are totally above the land surface shall not be harvested for 14 months after the last application of Class B residuals. [62-640.600(3)(b)3.]
- 22. Food crops with harvested parts below the surface of the land shall not be harvested for 20 months after application of Class B residuals when the residuals remain on the land surface for four months or longer before incorporation into the soil. [62-640.600(3)(b)4.]
- 23. Food crops with harvested parts below the surface of the land shall not be harvested for 38 months after application of Class B residuals when the residuals remain on the land surface for less than four months before incorporation into the soil. [62-640.600(3)(b)5.]
- 24. Animals shall not be grazed on the land for 30 days after the last application of Class B residuals. [62-640.600(3)(b)7.]
- 25. Sod which will be distributed or sold to the public or used on unrestricted public access areas shall not be harvested for 12 months after the last application of Class B residuals. [62-640.600(3)(b)8.]
- 26. The public shall be restricted from application zones for 12 months after the last application of Class B residuals. [62-640.600(3)(b)]
- 27. Residuals that do not meet the requirements of Chapter 62-640, F.A.C., for Class AA designation shall not be used for the cultivation of tobacco or leafy vegetables. [62-640.400(7)]





28. Current Agricultural Use Plan(s) identify residuals landspreading on the following sites:

Application Site Number	Site Name	Application Area (acres)	County
FLA288284	Palmer Simmons site	140.74	Highlands

The wastewater treatment facility permittee shall apply for a minor permit revision on DEP Form 62-620.910(9) for new, modified, or expanded residuals land application sites. The facility's permit shall be revised to include the new or revised Agricultural Use Plan(s) prior to application of residuals to the new, modified, or expanded sites, unless, under unusual circumstances, all of the following conditions are met:

- a) The permittee notifies the Department within 24 hours that the site is being used;
- b) The site meets the site use restrictions of Rule 62-640.600(3), F.A.C, and the criteria for land application of residuals in Rule 62-640.700, F.A.C.;
- c) The permittee submits a new or revised Agricultural Use Plan for the site with a permit application in accordance with Rule 62-640.300(2), F.A.C., within 30 days of beginning use of the site;
- d) The permittee does not have another approved land application site, another approved disposal method (e.g. landfilling or incineration), or approved storage facilities available for use; and,
- e) The permittee demonstrates during permit application that application of additional residuals to an existing approved application site would have resulted in violation of Department rules, or was not possible due to circumstances beyond the permittee's control.

162-640.308(2)&(3)]

- 29. Residuals application rates are limited to agronomic rates based on the site vegetation as identified in the Agricultural Use Plan. [62-640.750(2)]
- 30. Residuals shall be applied with appropriate techniques and equipment to assure uniform application over the application zone. [62-640.700(2)(c)]
- 31. The spraying of liquid domestic wastewater residuals shall be conducted so that the formation of aerosols is minimized. [62-640.700(2)(d)]
- 32. Residuals storage facilities at land application sites shall be subject to applicable setback requirements for residuals application sites. Residuals stored at land application sites shall be stored in a manner that will not cause runoff or seepage from the residuals, objectionable odors, or vector attraction. Storage areas must be fenced or otherwise provided with appropriate features to discourage the entry of animals and unauthorized persons. At the time of application, the stored residuals must meet the parameter concentrations, pathogen and vector attraction reduction requirements, and cumulative application limits of this permit. Residuals storage facilities at land application sites may be used only for temporary storage of stabilized residuals for no more than 30 days during periods of inclement weather or to accommodate agricultural operations, or up to the period (not to exceed two years) specified in the Agricultural Use Plan. [62-640.700(2)(e)]
- 33. Residuals application sites shall be posted with appropriate advisory signs identifying the nature of the project area. [62-640.700(2)(f)]
- 34. The pH of the residuals soil mixture shall be 5.0 or greater at the time residuals are applied. At a minimum, soil pH testing shall be done annually. (62-640.700(5)(d)]





- 35. The permittee shall maintain records of application zones and application rates and shall make these records available for inspection within seven days of request by the Department, or delegated Local Program. The permittee shall maintain record items a. through e. below in perpetuity, and maintain record items f. through k. for five years:
 - a. Date of application of the residuals;
 - b. Location of the residuals application site as specified in the Agricultural Use Plan;
 - c. Identification of each application zone used by the permittee at the application site and the acreage of each zone;
 - d. Amount of residuals applied or delivered to each application zone;
 - e. Cumulative loading of each application zone;
 - f. The names of all other wastewater facilities using each of the application zones identified in item c.;
 - g. Method of incorporation (if any);
 - h. Measured pH of the residuals soil mixture at the time the residuals are applied (tested at least annually);
 - i. Unsaturated depth of soil above the water table level at the time of application;
 - j. Concentration of parameters in the residuals as required by this permit, and the date of last analysis; and
 - k. The results of any soil testing that is done under Rule 62-640.500(4)(a), F.A.C.

[62-640.650(2)]

- 36. The permittee shall submit an annual summary of residuals application activity to the South District Office on Department Form 62-640.210(2)(b) for all residuals applied during the period of January 1 through December 31. The summary for each year shall be submitted by February 19 of the following year. If more than one facility applies residuals to the same application zones, the summary must include a subtotal of each facility's contribution of residuals to the application zones. [62-640.650(3)(b)]
- 37. If residuals that are subject to the cumulative loading limitations of Rule 62-640.700(3), F.A.C., have been applied to an application zone, and the cumulative loading amount of one or more of the pollutants is not known, no further applications of residuals may be made to that application zone. [62-640.700(3)(f)]
- 38. A minimum unsaturated soil depth of two feet above the water table level is required at the time the residuals are applied to the soil. [62-640.700(6)(a)]
- 39. Residuals shall not be applied during rains that cause runoff from the site or when surface soils are saturated. [62-640.700(7)(a)]
- 40. Land application of "other solids" as defined in Chapter 62-640, F.A.C., is only allowed if specifically addressed in the Agricultural Use Plan(s) approved for this facility. Land application of "other solids" is subject to Chapter 62-640, F.A.C., and the permit conditions that apply to land applied residuals. [62-640.860]
- 41. If the permittee intends to accept residuals from other facilities, a permit revision is required pursuant to Rule 62-640.880(2)(d), F.A.C. [62-640.880(2)(d)]





Sun 'n' Lake of Lake Placid WWTP Lake Placid Utilities, Inc. 200 Weathersfield Avenue Altamonte Springs, FL 32714 FLA014386 FLA014386-003-DW3P

42. The permittee shall keep hauling records to track the transport of residuals between facilities. The hauling records shall contain the following information:

Source Facility

- 1. Date and Time Shipped.
- 2. Amount of Residuals Shipped.
- 3. Degree of Treatment (if applicable).
- 4. Name and ID Number of Residuals Management Facility or Treatment Facility.
- 5. Signature of Responsible Party at Source Facility.
- Signature of Hauler and Name of Hauling Firm.

Residuals Management Facility or Treatment Facility

- 1. Date and Time Received.
- 2. Amount of Residuals Received.
- 3. Name and ID Number of Source Facility.
- 4. Signature of Hauler.
- 5. Signature of Responsible Party at Residuals Management Facility or Treatment Facility.

These records shall be kept for five years and shall be made available for inspection upon request by the Department. A copy of the hauling records information maintained by the source facility shall be provided upon delivery of the residuals to the residuals management facility or treatment facility. The permittee shall report to the Department within 24 hours of discovery any discrepancy in the quantity of residuals leaving the source facility and arriving at the residuals management facility. [62-640.880(4)]

43. For site located in geographic areas subject to the phosphorus provisions of Rule 62-640. 500(4), F.A.C., annual soil test results to determine the characterization of soil phosphorus shall be submitted with the Residuals Annual Summary. The permittee shall recalculate residuals application rates each year and submit these calculations as part of the Residuals Annual Summary that is required to be submitted to the Department. If the calculations indicate a lower application rate is appropriate, the permittee shall immediately follow the new, lower calculated application rate. If calculations indicate a higher rate is appropriate, the permittee shall wait for Department approval that specifically approves the higher application rate before applying residuals at the new/higher application rate.

III. GROUND WATER REQUIREMENTS

Section III is not applicable to this facility.

IV. ADDITIONAL REUSE AND LAND APPLICATION REQUIREMENTS

Part IV Rapid Infiltration Basins (R-001)

- 1. Advisory signs shall be posted around the site boundaries to designate the nature of the project area. [62-610.518]
- 2. The annual average hydraulic loading rate to the percolation ponds shall be limited to a maximum of 7.1 inches per day (as applied to the entire bottom area). [62-610.523(3)]
- 3. The percolation ponds 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]





FACILITY: Sun 'n' Lake of Lake Placid WWTP PERMITTEE: Lake Placid Utilities, Inc. 200 Weathersfield Avenue Altamonte Springs, FL 32714

6. Overflows from emergency discharge facilities on storage ponds or on infiltration ponds, basins, or trenches shall be reported as an abnormal event to the Department's South District Office within 24 hours of an occurrence. The provisions of Rule 62-610.800(9), F.A.C., shall be met. [62-610.800(9)]

V. OPERATION AND MAINTENANCE 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 C facility and, at a minimum, operators with appropriate certification must be on the site as follows:

A Class C or higher operator ^{1/2} hour/day for 5 days/week and one weekend visit. The lead operator must be a Class C operator, or higher.

162-620.030(3)1 162-699.3101 162-610.4621

- 2. An operator meeting the lead operator classification level of the 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. [62-699.311(1)]
- 3. 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)]
- 4. 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)]
- 5. The permittee shall maintain the following records and make them available for inspection at the water plant building located at 200 Weathersfield Avenue, Altamonte Springs
 - a. Records of all compliance monitoring information, including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation and 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 the facility record drawings;
 - h. Copies of the licenses of the current certified operators; and



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 certification 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; tests performed and samples taken; and major repairs made. 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.

[62-620.330]

VI. SCHEDULES

1. In accordance with Chapter 7.0 of the Operation and Maintenance Performance Report and the engineer's letter dated August 22, 2005, the following improvement actions shall be completed according to the following schedule:

	Improvement Action	Completion Date	
1	Repair all exposed wiring in the blower control panel.	Within 30 days of permit issuance.	
2	Install fence around percolation ponds. Install advisory signs around percolation ponds.	December 31, 2005	

162-600.235(1)]

***II. INDUSTRIAL PRETREATMENT PROGRAM REQUIREMENTS**

This facility is not required to have a pretreatment program at this time. [62-625.500]

VIII. OTHER SPECIFIC CONDITIONS

- 1. The permittee shall apply for renewal of this permit at least 180 days before the expiration date of the permit using the appropriate forms listed in Rule 62-620.910, F.A.C., including submittal of the appropriate processing fee set forth in Rule 62-4.050, F.A.C. The existing permit shall not expire until the Department has taken final action on the application renewal in accordance with the provisions of 62-620.335(3) and (4), F.A.C. [62-620.335(1)-(4)]
- 2. Florida water quality criteria and standards shall not be violated as a result of any discharge or land application of reclaimed water or residuals from this facility. [62-610.850(1)(a) and (2)(a)][62-640.700(2)(b)]
- 3. 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)]
- 4. 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)]



- 5. Collection/transmission system overflows shall be reported to the Department in accordance with Permit Condition IX. 20. [62-604.550] [62-620.610(20)]
- 6. 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 or safety problems.

[62-604.130X51]

- 7. The treatment facility, storage ponds, 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)]_
- 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)]
- 9. The Permittee shall provide verbal notice to the Department as soon as practical after discovery of a sinkhole 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 in a written report within 7 days of the sinkhole discovery. [62-4.070(3)]
- 10. The permittee shall provide adequate 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.

Adequate 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)]





FACILITY: Sun 'n' Lake of Lake Placid WWTP PERMITTEE: Lake Placid Utilities, Inc. 200 Weathersfield Avenue Altamonte Springs, FL 32714 FLA014386 FLA014386-003-DW3P

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)]
- 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)]
- 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, Florida Statutes, or Rule 62-620.302, Florida Administrative Code. 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 and shall specify what steps will be taken to safeguard public health and safety during and following inactivation or abandonment. [62-620.610(15)]
- 16. The permittee shall apply for a revision to the Department permit in accordance with Rules 62-620.300 and the Department of Environmental Protection Guide to Wastewater Permitting 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) 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.

162-620.61041711

- 18. Sampling and monitoring data shall be collected and analyzed in accordance with Rule 62-4.246, Chapters 62-160 and 62-601, 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.

162-620.610(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 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.
 - 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:
 - 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 Department by calling 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 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 shall waive the written report.

162-620.610(20)

- The permittee shall report all instances of noncompliance not reported under Permit Conditions IX. 17, 18, and 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 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. b. of this permit.



- b. 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, 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.
- c. 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. a. 1. through 3. of this permit.
- d. 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. a. through c. of this permit.

162-620-610(22)/

- 23. Upset Provisions
 - a. 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.
 - b. In any enforcement proceeding, the burden of proof for establishing the occurrence of an upset rests with the permittee.
 - c. 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 Fort Myers, Florida.

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

Jon M. Iglehart Director of District Management

DATE A HAR AND A MARKE



STATEMENT OF BASIS FOR STATE OF FLORIDA DOMESTIC WASTEWATER FACILITY PERMIT

PERMIT NUMBER:	FLA014386
PA FILE NUMBER:	FLA014386-003-DW3P
FACILITY NAME:	Sun 'n' Lake of Lake Placid WWTP
FACILITY LOCATION:	Lake Placid Highlands County
NAME OF PERMITTEE:	Lake Placid Utilities, Inc.
PERMIT WRITER:	Ronald Walters

1. <u>BASIS FOR EFFLUENT AND RECLAIMED WATER LIMITS AND MONITORING REQUIREMENTS</u> (INCLUDING EFFLUENT MONITORING REQUIREMENTS)

The following table provides the basis for Part I. A. provisions.

Land Application System R-001 (rapid infiltration basin):

Parameter	Limit	Basis	Rationale
Flow (MGD)	0.090	Annual Average	62-600.400(3)(b) & 62-610.810(5) FAC
Percent Capacity, (TMADF/Permitted Capacity) x 100 (PERCENT)	Report	Monthly Average	62-600.400(3)(b) FAC
BOD, Carbonaceous	20.0	Annual Average	62-610.510 & 62-600.740(1)(b)1.a. FAC
5 day, 20C (MG/L)	30.0	Monthly Average	62-600.740(1)(b)1.b. FAC
	45.0	Weekly Average	62-600.740(1)(b)1.c. FAC
	60.0	Single Sample Max.	62-600.740(1)(b)1.d. FAC
Solids, Total	20.0	Annual Average	62-610.510 & 62-600.740(1)(b)1.a. FAC
Suspended (MG/L)	30.0	Monthly Average	62-600.740(1)(b)1.b. FAC
	45.0	Weekly Average	62-600.740(1)(b)1.c. FAC
	60.0	Single Sample Max.	62-600.740(1)(b)1.d. FAC
pH (SU)	6.0 to 8.5	Minimum and Maximum	62-600.445 FAC
Coliform, Fecal	200	Annual Average	62-610.510 & 62-600.440(4)(c)1. FAC
(#/100ML)	200	Monthly Geo. Mean	62-600.440(4)(c)2. FAC
	400	90th Percentile	62-600.440(4)(c)3. FAC
	800	Single Sample Max.	62-600.440(4)(c)4. FAC
Total Residual Chlorine (For Disinfection) (MG/L)	0.5	Minimum	62-610.510 & 62-600.440(4)(b) FAC

Parameter	Limit	Basis	Rationale
Nitrogen, Nitrate,	12.0	Single Sample Max.	62-610.510(1) FAC
Total (as N) (MG/L)			

The following table provides the basis for Part I. B. provisions.

Other Limitations and Monitoring Requirements:

Parameter	Limit	Basis	Rationale
BOD, Carbonaceous 5 day, 20C (MG/L)	Report	Monthly Average	62-601.300(1)FAC
Solids, Total Suspended (MG/L)	Report	Monthly Average	62-601.300(1)FAC
Monitoring Frequency and Sample Type	-	All Parameters	62-601 FAC & 62-699 FAC and/or BPJ of permit writer
Sampling Location	-	All Parameters	62-601, 62-610.412, 62-610.463(1), 62- 610.568, 62-610.613 FAC and/or BPJ of permit writer

2. <u>RESIDUALS MANAGEMENT</u>

The method of residuals use or disposal by this facility are transport to Application Materials Services MJ Ranch Facility (Facility no. FLA190284), and Nordgren Ranch Residuals Management Facility (Facility no. FLA280348), land application, or disposal in a Class I or II solid waste landfill.

See the table below for the rationale for the Class B residuals limits and monitoring requirements.

Paramete	r	Basis for Limit/Monitoring Requirement
Total Nitrogen, % dry weight	Report	62-640.650(1)(b) FAC
Total Phosphorus, % dry weight	Report	62-640.650(1)(b) FAC
Total Potassium, % dry weight	Report	62-640.650(1)(b) FAC
Arsenic, mg/kg dry weight	Maximum	62-640.650(1)(b) & 700(1), FAC
Cadmium, mg/kg dry weight	Maximum	62-640.650(1)(b) & 700(1) FAC
Copper, mg/kg dry weight	Maximum	62-640.650(1)(b) & 700(1) FAC
Lead, mg/kg dry weight	Maximum	62-640.650(1)(b) & 700(1) FAC
Mercury, mg/kg dry weight	Maximum	62-640.650(1)(b) & 700(1) FAC
Molybdenum, mg/kg dry weight	Maximum	62-640.650(1)(b) & 700(1) FAC
Nickel, mg/kg dry weight	Maximum	62-640.650(1)(b) & 700(1) FAC
Selenium, mg/kg dry weight	Maximum	62-640.650(1)(b) & 700(1) FAC
Zinc, mg/kg dry weight	Maximum	62-640.650(1)(b) & 700(1) FAC
pH, std. units	Report	62-640.650(1)(b) FAC
Total Solids, %	Report	62-640.650(1)(b) FAC
Nitrogen, lb/ac/yr	Maximum	62-640.750(2)(b) FAC
Arsenic, lb/ac	Cumulative Maximum	62-640.700(3)(b)
Cadmium, lb/ac	Cumulative Maximum	62-640.700(3)(b) FAC
Copper, lb/ac	Cumulative Maximum	62-640.700(3)(b) FAC

Paramete	Parameter						
Lead, lb/ac	Cumulative Maximum	62-640.700(3)(b) FAC					
Mercury, lb/ac	Cumulative Maximum	62-640.700(3)(b) FAC					
Nickel, lb/ac	Cumulative Maximum	62-640.700(3)(b) FAC					
Selenium, lb/ac	Cumulative Maximum	62-640.700(3)(b) FAC					
Zinc, lb/ac	Cumulative Maximum	62-640.700(3)(b)					
Monitoring Frequency	All Parameters	62-640.650 & 650(1)(c) FAC					
Pathogen and vector attraction reduction monitoring	All Parameters	62-640.600 & 650(1)(a) FAC					
Additional parameters as determined necessary	All Parameters	62-640.650(1)(b)					

3. <u>GROUND WATER MONITORING REQUIREMENTS</u>

Ground water monitoring requirements do not apply to this facility.

4. SCHEDULES FOR IMPROVEMENT ACTIONS, CONSTRUCTION, AND ENGINEERING STUDIES

The following improvement actions shall be completed according to the following schedule:

	Improvement Action	Completion Date
1	Repair all exposed wiring in the blower control panel.	Within 30 days of permit issuance.
2	Install fence around percolation ponds. Install advisory signs around percolation ponds.	December 31, 2005

5. 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.

6. ADMINISTRIATIVE ORDERS (AO) AND CONSENT ORDERS (CO)

This permit is not accompanied by an AO, and there are no unresolved compliance issues for this facility.

7. EFFECTS OF SURFACE WATER DISCHARGE ON THREATENED OR ENDANGERED SPECIES

The Department does not anticipate adverse impacts on threatened or endangered species as a result of permit issuance.

8. <u>APPLICABLE RULES</u>

The following were used as the basis of the permit limitations/conditions:

a.	FAC refers	to various portions of the Florida Administrative Code.
	The effectiv	ve dates of FAC Rule Chapters cited in the table are as follows:
	Chapter	Effective Date
	62-4	05-01-03
	62-160	04-09-02
	62-302	05-15-02
	62-520	12-09-96
	62-522	08-27-01
	62-550	05-28-03
	62-600	12-24-96
	62-601	12-24-96
	62-602	02-06-02
	62-610	08-08-99
	62-620	08-25-03
	62-625	01-08-97
	62-640	03-30-98
	62-650	12-26-96
	62-699	07-05-01
Ъ.	FS refers to	various portions of the Florida Statutes
c.	CFR refers	to various portions of the Code of Federal Regulations, Title 40
d.	BPJ refers t	o Best Professional Judgment

LAKE PLACID UTILITIES, INC.

DOCKET NO.: 090531-WS

RESPONSE TO REQUEST NO. 2

MORS







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c Q.,

Monthly Operation Report for PWSs Treating Raw Ground Water or Purchased Finished Water

See page 4 for instructions L General Information for					allin an shart a till son gy ag a than an an ait i tar a sy a	
A. Public Water System	(PWS) Information				······································	
PWS Name: Lake Placid I	filities, Inc.			PWS	Identification Nun	aber: 6280273
PWS Type: XX Com		uity	Transient Non-C	Community	Consecu	tive
Number of Service Connec	tions at End of Month: 166		Total Populatis	on Served at	End of Month: 378	
PWS Owner: Utilities Inc.						
Contact Person: Patrick Fl			Contact Person	i's Title: Re;	tional Director	
	Address: 200 Weatherstickd Avenue		City. Altamont	e Springs	State: Florida	Zip Code: 32714
Contact Person's Telephon			Contact Person	i's Fax Num	ber: 407-869-6961	
	aktress: p.c.Flyun qutilitiesinc-usa com					
B. Water Treatment Plan						
Plant Name: Sun -N- Lake					int Telephone Num	ber: \$63-465-5550
Plant Address: 2165 US 27			City: Lake Plac	nd	State Florida	Zip Code: 33852
Type of Water Treated by I		Purchased Fin	ished Water			
	Operating Capacity of Plant, gallons per day: 28	\$,000				
	tion 62-699.310(4), FA.C.) V				62-699,310(4), F.A	
Licensed Operators:	Name	Lie	ense Class		Number	Day(s/Shift(s) Worked
Lead/Chief Operator:	Otto Kracker		<u>_Ç</u>	7	790	6
Other Operators						
	Daniel Holmes		<u>c</u>		335	1
	Chris Gilbert		C		107	\$ ···
	Darald Pugh		C	2	261	• · · · · · · · · · · · · · · · · · · ·
				4		
	* As Needed					
I Certification by Lead/Ch						

I, the undersigned water treatment plant operator ligensed 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 tode 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 by 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 plany were records of amounts of amounts of amounts of full fales; and (2) if applicable, appropriate treatment processed performance records. Furthermore, I agree to retain these additional chemicals used and Thering operations record at site for at least 10 years and to make them available for review upon request.

Signature and De

2/5/08 Otto Knicker Printed or Typed Name

C+7790 License Number

DEP Form 62-555.900(3)

Effective August 28, 2003

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PWS Ident	dification N	umber: 6	CONTRACTOR AND ADDRESS OF ADDRESS OF ADDRESS ADDRE	Peratu	on Report for	3 17.22 110				Lakes of La		INTEL M		and a start of the second start
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Daya of Mosth	Days Fixes Station Or Vested By Oper.	{kurs Plans ja cpa	Net gaveny Of ficialed Water Predaced, gal	Tradi Flow Have, god	Lowest studied schedulet and Convertation (C) Before or M From autorner During peak Flow, mg/L	Excinitional Contact time (T) ALC Measurement Point during Peak Bow, Minutes	Lowest CT Presided Bolies or At fast Contagoer During Pool: Good, regimin L	Teerp Of Water, C	Fit of Water, If appl	Materiary CT reg reg-minit.	Lowest operating UV desc, mW- ave/sm2	Mairan UV dae raj mW- sectan3	Lonaest renakud distofectari Gistofery store at renove point in distriktion system, ang?	conditions, proact maintensate War that involves takin Water system shoupcasses rul of operation
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Monthly Operation Report for PWSs Treating Raw Ground Water or Purchased Finished Water

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

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Monthly Operation Report for PWSs Treating Raw Ground Water or Purchased Finished Water

See page 4 for instructions.				
1 General Information for the Me		XDS		
A. Public Water System (PWS	Information			
PWS Name: Lake Placid Utilitie			PWS Identification Ne	mber: 6280273
PWS Type: XX Community	Non-Transient Non-Count			
Number of Service Connections a	a End of Month: 166	Total Populati	on Served at End of Month: 37	ş
PWS Owner: Utilities Inc				
Contact Person: Patrick Flynn			n's Title: Regional Director	
Contact Person's Mailing Addres	s 100 Weathersheld Avenue	City: Altanoni		Zip Code: 32714
Contact Person's Telephone Nur	ber: 800-272-1919	Contact Person	a's Fax Number: 407-869-6961	
	p c Flynniz utiliticsinc-usa com			
B. Water Treatment Plant Info				
Plant Name: Sun -N- Lakes of La			Plant Telephone Nu	nber: 863-465-5550
Plant Address: 2165 US 27 South		City: Lake Pla	rid State: Florida	Zip Code: 33852
Type of Water Treated by Plant:	XX Raw Ground Water	Purchased Finished Water		
Permitted Maximum Day Operati	ng Capacity of Plant, gallons per day:			
Plant Category (per subsection 62			er subsection 62-699.310(4), F	AC.): D
Licensed Operators:	Name	Lieense Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator;	Otto Krucker	<u> </u>	7790	6
Other Operators				
ļ	Daniel Holmes	C	4335	
	Chris Gilbert	c	13107	
	Derald Pugh	C	2261	••••••••••••••••••••••••••••••••••••••
				······································
	* As Noedel	į		

I, the undersigned water treatment plant operator licensed 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 Stockard 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 even prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used arts; and (2) if applicable, appropriate treatment processed performance records. Furthermore, I agree to retain these additional operations feelings used to retain these additional operations feelings used to retain these additional operations feelings used to retain these additional operations feelings used to retain these additional operations feelings used to retain these additional operations feelings used to retain these additional operations feelings used to retain these additional operations feelings used to retain these additional operations feelings used to retain these additional operations feelings used to retain these additional operations feelings used to retain these additional operations feelings used to retain these additional operations feelings used to retain these additional operations feelings used to retain the following to make them available for review upon request.

C-7790

License Number

3/5/08 Otto Krucker Signative Printed or Typed Name

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

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Monthly Operation Report for PWSs Treating Raw Ground Water or Purchased Finished Water

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

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Monthly Operation Report for PWSs Treating Raw Ground Water or Purchased Finished Water

See page 4 for instructions					
I. General Information for	he Month/Year of: M	ARCH 2008			
A. Public Water System (PWS) Information				
PWS Name: Lake Placid U				PWS Identification N	omber: 6280273
PWS Type: XX Com		at Non-Community	Transient Non-Co		
Number of Service Connec	tions at End of Month: 166		Total Populatio	n Served at End of Month: 3	78
PWS Owner: Utilities Inc.					
Contact Person Patrick Fly			Contact Person'	's Title: Regional Director	
	ddress: 200 Weathersfield Aw	nuc	City Alternante		
Contact Person's Telephon			Contact Person	s Fax Number: 407-869-696	51
	ddress p.c. Flynn autiliticaine-	153.COM			
B. Water Treatment Plan					
Plant Name: Sun -N- Lake					amber: 863-465-5550
Plant Address: 2165 US 27			City: Lake Placi	d State: Florida	Zip Code: 33852
Type of Water Treated by I			finished Water		
	perating Capacity of Plant, gal	locis per day: 288,000			
	ion 62-699.310(4), F.A.C.): V			subsection 62-699.310(4), 1	FAC.) D
Licensed Operators:	Name		License Class	License Number	Day(s)/Shifl(s) Worked
Lead/Chief Operator:	Otto Kracke	t	<u> </u>	7790	6
Other Operators					
	Daniel Holm		C	4335	•
	<u>Chris Gilbe</u>		C	13107	•
	Darald Pugl		С	2261	•
	* As Needa				2110 ¹¹¹¹¹¹¹¹¹¹¹¹¹¹¹¹¹¹¹¹¹¹¹¹¹¹¹¹¹¹¹¹¹¹
II. Certification by Lead/Ch	iel Operator				

I, the undersigned water treatment plant operator licensed 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 m 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 present each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used applicable, appropriate treatment processed performance records. Furthermore, I agree to retain these additional operations records for this plant for at least 10 years and to make them available for review upon request.

Spice Otto Knicker

Signature and

Printed or Typed Name

<u>C - 7790</u> License Number

PWS Iden	afication N	umbar f		-parado	on Report for	1 11.33 110	Pi	tat Name	Sun -N-	Lakes of La	the Placed	aancu m	4101	
III Daily	Data for the	Month?	'ear of	T	MARCH 2008									
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Ther of D	isinfectant	Residual	Mristained in D	instation	System:	Free Chlorine	Čem	ind Chla	ine (Chlora	mines)	Chlorin	e Divisile	·····	
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Monthly Operation Report for PWSs Treating Raw Ground Water or Purchased Finished Water

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DEP Form 62-555,900(3) Effective August 28, 2003
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Monthly Operation Report for PWSs Treating Raw Ground Water or Purchased Finished Water

See page 4 for instructions.		Martineeri, Bastanaatii A.aataa				
1. General Information for t						
A. Public Water System (PWS) Information					
I'WS Name: Lake Placid U				PWS Identification	Number: 6280	273
PWS Type XX Com		wity	Transient Non-Con		esecutive	
Number of Service Connect	hons at End of Month 166		Total Population	Served at End of Month	: 378	
PWS Owner: Utilities Inc.						
Contact Person: Patrick Fly				Title: Regional Director		
	ddress: 200 Weatherstield Avenue			prings State: Flori		Zip Code: 32714
Contact Person's Telephone			Contact Person's	Fax Number: 407-869-6	<u>%1</u>	
Conuct reison's E-Mail As	thess p.c.Flynn/gutilitiesinc-usa.com					
B. Water Treatment Plan						
Plant Name: Sun -N- Lakes				Plant Telephone	Number: 863-4	65-5550
Plant Address 2165 US 27			City: Lake Placid	State: Florin	la 7.1	Code: 33852
Type of Water Treated by P		Purchased Fin	ished Water			
Dirut Coleman from the of	perating Capacity of Plant, gallons per day, 21	88,000				
Licensed Operators.	on 62-699.310(4), F.A.C.): V			ubsection 62-699.310(4)		
Lead/Chief Operator:	Name		ense Class	License Number	Day	s)/Shifl(s) Worked
	Otto Krucker		<u> </u>	7790		6
Other Operators						
}	Dariel Holmes Chris Gilbert		<u></u>	4335		*
			_ <u></u>	13107		*
	Deraid Pugh			2261		*
-						
4						
F						
F	* As Needed					
II. Certification by Lead/Chi			l	l		

I, the undersigned water treatment plant operator licensed 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 tryp-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 and other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations recerds for this plant perpendence each day that a licensed operator statled or visited this plant during the month indicated above: (1) records of amounts of rates; and (2) if applicable, appropriate treatment processed performance records. Furthermore, I agree to retain there additional chemicals used held for at least 10 years and to make them available for review upon request. operations records as the

Signature and Date

515/a8 Otto Krucker

Printed or Typed Name

C-7790 License Number

	lification N	umbert 6	210273				Pl.	ant Natize	Sun N.	Lides of L	ike Placid	Constant Colonesesson and		
	Date for the				APRIL 2008			clexitive:	ale dillo de composiziones de la prese	,				0
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L General Information for the !		· · · · · · · · · · · · · · · · · · ·		
A. Public Water System (PW				
PWS Name: Lake Placid Utility			PWS Identification	
PWS Type XX Commun		nity Transient Nor		secutive
Number of Service Connection	s at End of Month: 166	Total Popula	tion Served at End of Month:	378
PWS Owner: Utilities Inc.				
Contact Person: Patrick Flynn			on's Title: Regional Director	
	ess: 200 Weathersfield Avenue		nte Springs State: Florid	
Contact Person's Telephone N	unber: 800-272-1919	Contact Pers	on's Fax Number: 407-869-6	961
	ss: p.c.Flynn@utiliticsinc-usa.com			
B. Water Treatment Plant In	formation			
Plant Name: Sun -N- Lakes of	Lake Placid			Number: 863-465-5550
Plant Address: 2165 US 27 Sor		City: Lake P	lacid State: Florid	la Zip Code: 33852
Type of Water Treated by Plan	t XX Raw Ground Water	Purchased Finished Water		
Permitted Maximum Day Oper	ating Capacity of Plant, gallons per day, 21	38,000		
Plant Category (per subsection	62-699.310(4), F.A.C.): V		per subsection 62-699.310(4)	
Licensed Operators:	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Otto Knicker	<u> </u>	7790	6
Other Operators				
	Daniel Holmes	c	4335	· · · · · · · · · · · · · · · · · · ·
	Chris Gilbert	<u>c</u>	13107	•
	Darald Pugh	c	2261	*
	* As Needed		1 1	

I, the undersigned water treatment plant operator licensed 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 for 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 very scheme each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used at the applicable, appropriate treatment processed performance records. Furthermore, I agree to retain these additional operations records for the provided to rate and to make them available for review upon request.

6/5/08 Otto Krucker

Signature

Printed or Typed Name

<u>C + 7790</u> License Number

	utilization N		5280273		n Report for					Lakes of La				<u></u>
	Data for th													
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Type of D	hinfectant	Residual	Maintained in D			Free Chlarine	Com	uned Chlor	ine (Chlora	(1100000)	Chierin	Dioxidz		
ويتباد المتراجع	T	T	1			elatrons, or UV D							<u> </u>	Remergeracy of
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Days of Month	Deys Plast Staffed Cr Visited By Oper	Hoers Piert In oper.	Not quantity Of finished Water Produced, gal	Peak Fios Ruie, gri	Lowest residual relationfactors Concentration (C) Before or at View contenter During peak Flow, mg.L	Desenfortent Contact tence (T) At C Measurement Point during Peak flow; Minister	Lowest CT Provided Before or At first Castomer During Feak flow, mg-rain L	Temp Of Water, C	Pti of Wester, Ur appl.	Minimum CT mq mg-mm-1.	Lowest operating UV dose, nsW- sectors2	Massimm UV dose req mW- sectm2	Lowest residual dissectoriat concentration at remote point in describution system, right	erstättions, repair e statistenence west that mynives takin water system eresponent out of operation.
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t	X	24	23600		2.1						· · · · · · · · · · · · · · · · · · ·		1.6	
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A. Public Water System (<u>~ 2005</u>		·····	••••••••••••••••••••••••••••••••••••••
PWS Name: Lake Placid U				THE FALLOW AT	1 A 10 10 10 10 10 10 10 10 10 10 10 10 10
PWS Type: XX Com				PWS Identification No	
Number of Service Connec			insient Non-Co		
PWS Owner: Utilities Inc.	uous at line of Monut 100	1	otal Population	a Served at End of Month: 3	/8
Contact Person: Patrick Fly			the second second second second second second second second second second second second second second second s	s Title: Regional Director	
	Address: 200 Weathersfield Avenue		ity: Altamonte		7.ip Code: 32714
Contact Person's Telephon		<u> </u>	onlact Person's	s Fax Number, 407-869-696	
	ddress: p.c.Flynn Wutilitiesinc-usa com				
B. Water Treatment Plan					
Plant Name: Sun -N- Lake					mber: 863-465-5550
Plant Address: 2165 US 27			ity: Lake Plack	d State: Florida	Zip Code: 33852
Type of Water Treated by F		Purchased Finish	ed Water		
	perating Capacity of Plant, gallons per day.		The second second second second second second second second second second second second second second second s		
	ion 62-699.310(4), F.A.C.); V			subsection 62-699.310(4), F	.A.C.) D
Licensed Operators:	Name	Licen	se Class	License Number	Day(s)/Shill(s) Worked
Lend/Chief Operator:	Otto Knicker		С	7790	6
Other Operators					
	Daniel Holmes		C	4335	
	Chris Gilbert		C	13107	*
	Darald Pugh		С	2261	•
[
		<u> </u>			
L					

I, the undersigned water treatment plant operator licensed 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 propared 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 used and chemical factor and (2) if applicable, appropriate treatment processed performance records. Furthermore, I agree to retain these additional And form least 10 years and to make them available for review upon request. operations records at the plant

Otto Knicker <u>C - 7790</u> Signature and Printed or Typed Name License Number RECEIVED

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

Image: Data for the Month/Year of Low Inacting Low Low With The Internation of Part of Achieving Four Low With International Part of Choice (Chierannies) Combined Chieving Council (Chierannies) Combined Chieving Council (Chierannies) Type of Data field Multiculor In Distribution System: Free Chieving Council (Chierannies) Chieran Chieving Council (Chierannies) Chieran Chieving Council (Chierannies) Chieran Chieving Council (Chierannies) Chieran Chieving Council (Chierannies) Chieran Discussion Derived Statistic Ci Clustence Ci Clustence Ci Clustence Ci Clustence UV Does International (Chierannies) Chieran Discussion Doys of Viend Plan Hear Not grawtoy Paid offic Ci Clustence Paid offic Ci Clustence Paid offic Ci Clustence Paid offic Ci Clustence Of Hear Not grawtoy International (Chierannies) Lowett grawtoy International (Chierannies) Lowett grawtoy International (Chierannies) Lowett grawtoy International (Chierannies) Chierannies) Lowett grawtoy International (Chierannies) Lowett grawtoy International (Chierannies) Chierannies) Lowett grawtoy International (Chierannies) International (Chierannies) Internation (Chierannies) Internation (Chierannies)	S Identific	ation N	umber: 6	210273		a Report for		Pla	nt Name:	Sun N-	akes of La	ke Placid			
Mems of Achieving Four-Log Virus Institution/Temosial *						UNE 2008									
Uturviolet Reliation Other (Dectrote): Type of Disinfectent Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramine) UV Dectrotes Days Staffel Obys of Visited Harry Net gametry Desidence Prak Control UV Dectrotes UV Dectrotes UV Dectrotes Days Staffel Obys of Visited Harry Net gametry Prak Desidence (Chlorates) Control UV Obsection (Chlorates) UV Dectrotes Lowest CT Crachadance UV Dectrotes Lowest CT Crachadance Control UV Obsection (Visites Lowest CT Crachadance	ins of Ach	leving l	Cen-Los	Virus Inactivat	ion/Remot	al: * Fro	c Chlorine	Chlorine	Diaxide	0	bon¢	_Combined	Chlorine (C	hlocamines)	
Type of Disinfectant Residual Maintained in Distribution System: Free Chaines Composition Chaines (Chaines) Chaines (Description) Conservation (Description) Chaines (Description) <thchaines (description)<="" th=""> Chaines (Description)</thchaines>	Ultrav	iolet Ra	diation	Oth	er (Describ);									
Type of 12 bit of Left class and numbers of the second of the s				hfeinining in l	This to identify	5 System	Free Chlorin	: Co	mbined Cl	lorine (Ch	formines)		lorine Dioui	ie	
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29 X 24 10700 20 1.1				14700	1	26		1	<u> </u>		<u> </u>	4	<u> </u>	and the second division of the second divisio	
				10700							1	<u>}</u>			+
	_	and the second s	24	17000		2.1			<u> </u>						<u>}</u>
31								L	1		L		L		.I
Total 404700	the second second second second second second second second second second second second second second second se			404700	3										



General Ir formation for the		2008		
L. Public Water System (P				
WS Name: Lake Placid Util			PWS Identification Nu	
W/S Type: XX Comm				
Number of Service Connectic	gs at End of Month 166	Total Populat	ion Server at End of Month: 37	
WS Owner: Utilities Inc.				······································
Contact Person: Patrick Flynr			n's Title: Regional Director	
	dress: 200 Weathersfield Avenue	City: Altamor	ne Springs Stare: Florida	Zap Code: 32714
Contact Person's Telephone 1		Contact Perso	n's Fax Number: 407-869-6961	
ويستعادان والمحاطين والمحاطية والمحاطية والمحاطية والمحاطية والمحاطية والمحاطية والمحاط والمحاط والمحاط والمحاط	prss: p.c.Fhym@utilitiesinc-usa.com			
3. Water Treatment Plant	Information			
Init Name: Sun -N- Lakes o			Plant Telephone Mu	
<u>Int Address: 2165 US 27 S</u>		City, Lake Pla	sid State: Florida	Zip Code: 33852
y to of Water Treated by Pla		Purchased Finished Water		
	enting Capacity of Plant, gallons per day, 2	88,000		
Irnt Category (per subsectio	n 62-699.310(4), F.A.C.); V		er subsection 62-699.310(4). F	
Licensed Operators:	Name	License Class	Licanse Number	Day(s)/Shift(s) Worked
end/Chief Operator:	Otto Knicker	C	7790	6
Other Operators				
	Daniel Holmes	С	4335	•
	Chris Gilbert	С	13107	
	Darald Pugli	C	2261	•

I, the undersigned water treatment plant operater licensist 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 tree 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 Standards of other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional In this stirl user prepared each day that a licensed operator staffed or visited this plant during the month indicated above; (1) records of amounts of operations records. type rites; and (2) if applicable, appropriate treasment processed performance records. Furthermore, I agree to retain these additional chemicals u hi site for it least 1-1 years and to make them available for review upon request. operations feed a

Signature and Date

Otto Knicker Printed or Typed Name

C - 7790 License Number

	tification N		280273		on Report for		19	ant Name	Sun -N-	Lakes of La	ke Placid		aiti	
IIL Daily	Data for th	e Month'	Year of:		ALY 2008									
	traviolet R	adiation	Virus bractivati Othe	t (Describs	=);	Chlorine	Chlarine Di	shire	020	ю <u>С</u>	mbinod Chl	orine (Chlora	unines)	
Type of D	himfectant	Residual	Maintained in D	istribution	System:	Free Chlorine	Com	vined Chlor	ine (Chiora	minet)	Chlorin	e Dioxide	······	
		1			CT CA	ulinora, er UV Da	we to Demonstra	te Four Log	Vicus Inserv	second is serviced	de ^a		1	Economy or
			. i				alculations					These	4	Americal operation
Days of Month	Days Plant Statford Or Visited By Oper.	Hans Piant In spor	Net quantity Of finished Water Produced, gal	Prak Ficer Rute, grd	Lowgat reacted s'disinfectant Concentration (C) Before es at First customer During pask Flow, 1051,	Disinfecture Constant time (1) At C Measurecount Point during Peak Bow, Matana	Lowest CT Provided Befory or At first Castomer Daring Park flow, my min L	Temp Of Water, C	Phi of Water, If appl	Minimum CT rug mg-min L	Lowest operating UV dose, JNW- Second	Miniatrana LiV deng ping mWa societti	Lowest residual disinfectures concentration at residue point in distribution system, eng.l.	conditions, report manstenance work that provides takin wates system component out of operation.
j	X	24	#200		2.3				1	1			1.5	
2	X	24	19400		2.5				1	<u> </u>		1	1.5	
3	X	24	9460		1.5				I				1.0	
1		24	9800						1			L		
5	x	24	9\$00		2.6			-					2.0	
6		24	24250											
7	X	24	24250		1.0							l	1.0	
9	X	24	9600		1.9	·		ļ	ļ	L			1.3	
10	X X	24	13000		1.8				ļ				1.1	
11	x	24 24	13000		21			<u> </u>	ļ				1.5	
12	$\frac{x}{x}$	24	11400		2.3								1.6	
13	<u> </u>	24	11950		<u> 43</u>								1.5	
n ii	1 x	24	1#950		2.1		·			·····				
15	X	24	12500		12				<u> </u>				1.5	
16	X	24	12200		24	}							1.6	
17	X	24	13200		23								13	
18	X	24	12100		2.5								1.5	
19	X	24	7700		3.0								1.8	·····
20		24	5800											
11	X	24	2200		2.6								1.5	
12	X	24	1700		L¥								1.5	
23	X	24	13900		1.9								1.3	
и	X	24	11000		1.0								.6	
15	X	24	13200		1.8								1.0	
16	x	24	17900		1.9								1.0	
<u>n</u>		24	11000											
28	X	24	11000		1.0								.3	
19	<u>x</u>	24	7700		1.5	┝━━━━━━┥							.2	
10	<u>X</u>	24	17600		1.8	 							1.0	
<u>11</u>	X	24	10000	···	1.0	L1							.7	······
ictal			392600											
AVERA DE			12665											

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a.,

Monthly Operation Report for PWSs Treating Raw Ground Water or Purchased Finished Water

1. General Information for t		<u>t or</u>				
A. Public Water System (······································		1.118110	T 1 - x ² 3 1 1	
PWS Name: Lake Placid U					Identification Number	
PWS Type: XX Com		iitv	Transient Non-C		Consecutive	<u> </u>
	tions at End of Month 166		Total Populatio	m Served at	End of Month: 378	
PWS Owner: Utilities Inc				·	111	
Contact Person: Patrick Fly			Contact Person	Contraction of the local division of the loc		Zip Cole: 32714
	Address: 200 Weathersfield Avenue		City: Altamont			7.1p Cade. 32714
Contact Person's Telephon			Contact Person	i's Fax Num	ber: 407-869-6961	
	ddress: p.c. Plyna autilitiesinc-usa com					
B. Water Treatment Plan		······································				5/5 1/7 242A
Plant Name: Sun-N- Lake				the state of the second second second second second second second second second second second second second se	ant Telephone Numbe	
Plant Address; 2165 US 27			City, Lake Pla	ad	State: Florida	Zip Code: 33852
Type of Water Treated by I		Purchased Fin	ished Water			
	Operating Capacity of Plant, gallons per day, 28	18,000				
	tion 62-699.310(4). F.A.C.): V				62-699.310(4), F.A.(A. J. L.
Licensed Operators:	Name	Lic	ense Class		e Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Otto Knicker		<u> </u>		790	6
Other Operators						•
	Daniel Holmes		<u> </u>		335	
	Chris Gilbert		<u> </u>		3107	
	Darald Pugh		<u> </u>	2	261	
				<u> </u>		
		1				
	* As Needed		· · · · · · · · · · · · · · · · · · ·		······	

II. Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part 1 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 of 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 present day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals (seed rates) and (2) if applicable, appropriate treatment processed performance records. Furthermore, I agree to retain these additional operations records of rates and to make them available for review upon request.

Signatu

Otto Krucker Printed or Typed Name <u>C - 7790</u> License Number RECEIVED

SEP 2 9 7000

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

	ntification N		5230273		on Report for					Lakes of L				
III. Daily	Data for th	e Morth	Your of	an.: (., ., R.	AUGUST 2008									
Means of	Achieving Reaviolet R	Four-Log adjution	Virus Inactivati Othe	on Remova r (Describe	d: • Free (Chlorine	Chlorine Di	oxide	Oz.cn	¢ ((ombined Chl	orine (Chiera	snines)	
Type of L	Munfectarat	Reidul	Maintained in D	istribution	System:	Free Chlotine	Com	sined Chlor	ine (Chlora	minesi	Chlorin	Dioxide		
	<u> </u>	1	1			Mariana, or UV Da	se, to Democratic	te Fort Log	Virus Inseter	where, if arrests	Nic*	******		Second and
						cro	'alculations				UY	Éxac]	abooned sympto
Dasof Manb	Days Plant Staffed Or Visited Dy Oper.	finars Place In oper	Net quantity Of finished Water Produced, gal	Prost. Flow Rate, gpd	Lowest residual s'diainfacturs Conconstruction (C) Before or M First customer During peak Flow, reg1.	Describedant Contact time (T) At C Measurement Point during Peak Bow, Minutes	Lowest CT Provided Before in At first Contemer During Peak Acov, mg-min-1.	Temp Of Wister, C	Piled Water, Water,	Minimum CT req. rng-min1.	Lowest operating UV doe, mW- sectors2	Minumum UV dour req mW- seciem2	Lowest social distribution distribution at remote pairs an distribution system, mg.L.	considerine, joper maintenante wa the involves tilis water system component set o sparation.
1	12	24	14600		1.8				1		1		1.3	
2	8	24	10200		1.9								1.5	
3		24	12600										[
4	<u> X</u>	24	12600		1.0								.5	
3	X	24	12400		2.0								3.4	
6	X	24	10200		1.0						L		1.0	
7	X	24	12400		2.5			<u> </u>		L			1.6	
\$	<u>x</u>	24	18500		2.9			<u> </u>	L		4		1.5	
9	X	24	\$100	·····	2.3			ļ	ļ	Į	<u> </u>		1.6	
10 []	x	24 24	17600 17600						ļ	L				
12	$\frac{1}{3}$	24	16300		2.0 2.2			ļ					1.5	
13	x	24	16900		2.8								2.0	ļ
14	$\frac{1}{X}$	24	6800		2.7				<u> </u>				2.1	<u> </u>
15	x l	24	18300	••••••	2.8		7 100		<u>+</u>			· ,-	2.2	
16	X	24	8300		2.9				<u></u>	<u> </u>			1.8	
17		24	20200				7.000		<u>+</u>					
11	Ix 1	24	20,200		2.8								1.8	
19	X 1	24	6500		2.8						t		1.8	
20	X	24	28700		3.1			1		i	1		2.5	
21	X	24	14300		2.8	İ					<u> </u>		2.2	
22	X	24	20300		2.)								1.9	
23	X	24	\$500		2.2				L				1.9	
24 25		24	19300			1								
25	X	24	19800		2.0								1.1	
26	X	24	18500		2.3								2.0	
n	X	24	19900		2.4								1.3	
23	X	24	18900		2.5					<u> </u>			1.8	
29	X	24	21600		2.6	ļ			L	ļ			2.0	
30 11	X	24	16000		2.7						ļ		1.9	
rotal	l		463900	1						L	L		l	
Neraza			14965											
Laxymen	······································		28700											

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

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FILE COPYPY

RECEIVED DCT 27 2035



Monthly Operation Report for PWSs Treating Raw Ground Water or Purchased Finished Water

See page 4 for instructions.				
L General Information for t		<u>R</u>		
A. Public Water System (PWS) Information			
PWS Name: Lake Placid U			PWS Identification	n Number: 6280273
PWS Type: XX Comm		uty Transient Nor		nsecutive
Number of Service Connect	ions at End of Month: 166	Total Popula	ition Served at End of Month	
PWS Owner: Utilities Inc.				
Contact Person: Patrick Fly		Contact Pers	an's Title: Regional Directo	ť
	ddress: 200 Weathersfield Avenue	City: Altance	nte Springs State: Flor	ida Zip Code: 32714
Contact Person's Telephone	Number: 800-272-1919	Contact Pers	on's Fax Number: 407-869-	6961
Contact Person's E-Mail Ac	ldress: p.c. Hynn@utilitiesinc-usa.com			
B. Water Treatment Plan				
Plant Name: Sun -N- Lakes			Plant Telephone	Number: 863-465-5550
Plant Address: 2165 US 27		City: Lake P	lacid State: Flor	
Type of Water Treated by P		Purchased Finished Water		
Permuted Maximum Day O	perating Capacity of Plant, gallons per day, 28			
	on 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.). D
Licensed Operators:	Name	License Class	License Number	Day(s)/Shift(s) Worked
ead/Chief Operator:	Otto Krucker	<u> </u>	7790	6
Other Operators				
	Daniel Holmes	C	4335	•
ŀ	Chris Gilbert	C	13107	
	Datald Pugh	<u> </u>	2261	*
Ļ	· · · · · · · · · · · · · · · · · · ·			
Ļ				
+				
	* As Needed			
Certification by Lead/Chi		- united and the sector of the sector former representation of		

I, the undersigned water treatment plant operator licensed 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 frue 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 of other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this report to report each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used at teatment processed performance records. Furthermore, I agree to retain these additional operations reserves the plant before the for at least 10 years and to make them available for review upon request.

Signature

Otto Knicker

Printed or Typed Name

<u>C - 7790</u> License Number

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

PWS Iden	tification N	lumber: ó		operatio	on Report for	rw5s Ire	ating Kaw	oroune	u water Sun -N-	or Purch Lakes of La	ke Placid	isned wi	<u>ucr</u>	
					SEPTEMBER 200	8								
Means of	Achieving)	Four-Log	Virus Inactivatis	on Remains	1: * Free	Chlorine	Chlorine Di	nádk	Ozen	e C	ambined Chi	orine (Chlora	miles)	
	kraviolet R		Othe	r (Decribe	k	100		1.43	21.5 116.6	Character Containing			*	
Turne of D	Same Antana	Davidaal	Maintained in D			Free Chlorine	Cand	ined Chler	ine (Chlora	mines)	Chlorin	e Djavide		
1 2242 05 27	1/45141.440	T	(*) and the state of the	T T	CT Cal	elations, or UV D.								Emergency or
							alculations					Dane	1	structured operating
	Dex	1]	1.5	Lowest peridical	Disinfectures	Lowest CT		T				Lowest	torschitzens, Ferhalt O
Days of Micrib	Piert Stalled Cr Vasted By Oper	Hours Piant In opur	Net quantity Of finished Water Produced, gal	Peak Park Rate Bat	s'disinfectant Concentration (C) Before or at First conterner During peak Flow, mgL	Contact time (T) ALC Measurement Point during Peak flow, Minutes	Provided Before or At first Contremer During Prisk Bow, ing-min L	Tomp Of Water, C	Pilof Water, L'appi	Ministran CT Hq Hq-min L	Lowest operating UV dose, mW- sectom2	Minimum UV dose tog mW- societt2	residual disinfectant concentration at remote point in discribution system, mg°L	maintenersor work that involves Laking winder system component cut of operation.
1	X	24	24500		2.5								1.6	
2	X	24	11200		2.6								1.8	
3	N N	24	10460		21								1.7	
4	X	24	12400		23								1.5	
5	X	24	10300		23						[L	1.7	
6	L	24	15180			ļ								
7	X	24	15100	ļ	23						[1.4	
1	X	24	11100	[2.5								1.5	·
9	X	24	13490	<u> </u>	2.4								1.4	
10	X	24	13290		2.5			ļ	<u> </u>			<u> </u>	<u>13</u> 13	·····
11	X	24	12200		23					······································			1.3	
12	X	24	13000		2.4			<u> </u>					1.4	
<u>13</u> 14	x	24	14300		2.6		<u> </u>						1.7	
15	$\frac{\lambda}{X}$	24	11000		24			<u> </u>					1.5	
16	 <u>x</u>	24	13800		2.5	· · · · · · · · · · · · · · · · · · ·		f				í	1.6	
17	X	24	11400		23								1.4	
18	x	24	14000		2.4			<u> </u>	1			1	1.5	
19	x	24	111000		2.5			<u> </u>				1	1.5	
20	x	24	18600		2.4			1					1,4	
21	1	24	15650						Γ					
22	X	24	13650		25				I				1.1	
23	X	24	10700		<u>_9</u>								,4	
24	X	24	12900		2.6								1.3	
25	N	24	4900		2.0								1.4	
26	X	24	22600		1.9								1,3	
27	X	24	17200		2,1								16	
28		24	9450											
29	X	24	9450		2,0				ļ				1.5	
10	x	24	11100		2.4				ļ			L	1.3	
31												L		
Toul			435800											
Average			14527											
LITICARD			24500											

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See page 4 for instructions.					DEC 01 mm
L General Information for the Mo		20	08		
A. Public Water System (PWS)					
PWS Name Sun N Lake	of Lare Placid			P'NS Identification N	umber: 6280273
PWS Type: XX Community		níty	Transient Non-C		
Number of Service Connections a	t End of Month: 166		Total Populati	on Servec at End of Month: 3	78
PWS Owner: Utilities Inc.					
Contact Person: Patrick Flynn			Contact Person	i's Title: Regional Director	
Contact Person's Mailing Address			City: Altamont	e Springs State: Florida	Zip Code: 32714
Contact Person's Telephone Num			Contact Person	i's Fax Number: 407-869-696	1
Contact Person's E-Mail Address					
B. Water Treatment Plant Info					
Plant Name: Sun -N- Lakes of La					umber: \$63-465-5550
Plant Address: 2165 US 27 South			City: Lake Plas	rid State: Florida	Zip Code: 33852
Type of Water Treated by Plant:	XX Raw Ground Water	Purchased Fi	nished Water		
remailed Maximum Day Operati	ng Capacity of Plant, gallons per day: 28	88,000			
Plant Category (per subsection 62				r subsection 62-699.310(4), I	
Licensed Operators:	Nanse -	L	cense Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator.	Otto Krucker		<u> </u>	7790	6
Other Operators					
	Daniel Holmes		<u> </u>	4335	*
	Chris Gilbert		С	13107	+
	Datald Pugh		C	2261	•
	an an an an an an an an an an an an an a				
	* As Needed	/ 			
I. Certification by Lead/Chief Op		6eH			
	at plant opportor ligging at in tituda		· · · · · · · · · · · ·		

I, the undersigned water treatment plant operator licensed 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 are propried each day that a licensed operator statted or visited this plant during the month indicated above: (1) records of amounts of chemicals used propriate treatment processed performance records. Furthermore, I agree to retain these additional operations people study the for at least 10 years and to make them available for review upon request.

Signature and Date

1114125 Otto Krucker Printed or Typed Name

<u>C - 7790</u> License Number

	aification ?		5280273	_	on Report for	• • • • • • • • • •				Lakes of L		Hauch II	<u>aiti</u>	****
III. Daily	Data for th	e Month/	Y car of:		OCTOBER 2008									
Manns of	Achieving	Four-Log	Vinas Inactivati Othe	as Remov	al: * Free	Chlorine	Chlorine Di	oxide	Ozon	¢C	orthined Chl	oriae (Chlora	unine)	
			Maintained in D			Free Chlorine	Cond	aned Chio	ine (Chlera	mines)	Chlorin	e Diovide		
	T	1	1	T		dations, tr UV De							1	Emergency or
					· · · · · · · · · · · · · · · · · · ·		Secolations.					Dear	4 1	ATTATION OF ATTAC
Doys of Marih	Place Staffed Or Vasted Dy Oper	Days Plant Lowest sendard Displactent Lowest critical Plant Staffed Staffed Contact time Provided Staffed Or Hears Net quantity Peak Contentration (T) At C Before or Or Hears Of frainbail Peak (C) Before or at Measurement At first Temp Visited Plant Of frainbail Plant Fast customer At first Temp By Is Water Rate, During peak Peak flow, During Water, Water, Oper oper_ Produced, gal gd Hear, seg1, Ministee Peak flow, C If appl.	Minimum CT req mg-mm1.	Lowest operating UV dese, mW- sectors2	Minimum UV dose roq.mW. sectors2	Lineent rosidual desinfoctant construction at points point an distribution system, mg/L	conditions, repair of maintenance wert that involves takin water dystem component out of operation.							
1	X	24	15208		26								1.3	
2	<u> </u>	24	11800	L	20								1.6	
3	X	24	18300		26						ļ		1.*	
4	X	24	12200	Į	21							L	1.7	
3	1	24	20150	<u> </u>	<u></u>	[]					1		L	
6	<u> </u>	24	20150	ļ	2.5			L			1		1.9	
7	X	24	12200	ļ	23						Ļ		1,9	
*	X	24	13300		13								,4	
9 10	X	24	13900		18			ļ				[.9	
	$\frac{X}{X}$	24	17900		21								1.5	
11 12	<u>A</u>	24 24	\$600 1\$900		2.3								1.6	
12	X	24	18900		2.4			ļ						
14	X	24	12200	<u> </u>	13								1.5	
15	X	24	15160		13								.7	· · · · · · · · · · · · · · · · · · ·
16	X	21	15660		1.4								<u>9</u> 9	
17	x	24	1\$400		1.9								1.1	
13	X	24	14700		1.0					· · · · · · · · · · · · · · · · · · ·			.5	
19		24	20200										+ 52	
20	X	24	20260		3								.2	·····
21	X	24	14000		.8								.1	
22	N	24	22800		1.1								.4	
23	X	24	22100		2.8								1.0	
24	X	24	14300		2.3								1.6	
25	X	24	7800		2.5								20	
26		24	26500											
27	X	24	26500		2.1								1.6	
21	<u>N</u>	24	9000		2.1								1,4	
29	X	24	20900		1.8	1							1.5	
30	X	24	13200		2.3								1.5	
31	X	24	17600		1.1								1.1	
Total]	512600											
Average	· · · · · · · · · · · · · · · · · · ·	·	16535											
LATING			26500											

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I. General Information for the Mo		Upin 2008		
A. Public Water System (PWS)				
PWS Name: Sun NLA	he of lake Placid		PWS Identification Nu	amber: 6280273
PWS Type: XX Community				
Number of Service Connections a	t End of Month: 166	Total Populat	tion Served at End of Month: 37	78
PWS Owner: Utilities Inc.				
Contact Person: Patrick Flynn			m's Title: Regional Director	
Contact Person's Mailing Address			nte Springs State: Florida	Zip Code: 32714
Contact Person's Telephone Nun		Contact Perso	m's Fax Number: 407-869-696	1
Contact Person's E-Mail Address				
B. Water Treatment Plant Info		·····	····	
Plant Name: Sun -N- Lakes of La				mber: \$63-465-5550
Plant Address: 2165 US 27 South		City: Lake Pl	acid State: Florida	Zip Code: 33852
Type of Water Treated by Plant		Purchased Finished Water		
	ng Capacity of Plant, gallons per day,			
Plant Category (per subsection 62			cer subsection 62-699.310(4), F	
Licensed Operators: Lead/Chief Operator:	Name .	License Class	License Number	Day(s)/Shift(s) Worked
Other Operators	Otto Krucker	<u>_</u>	7790	6
	Daniel Holmes			· · · · · · · · · · · · · · · · · · ·
	Chris Gilbert		4335	
	Darald Pugh		13107	•
	i Allang Puga	<u>_</u>	2261	
· · · · · · · · · · · · · · · · · · ·				
				·····
	* As Needal			

I, the undersigned water treatment plant operator licensed 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 the prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used for prepare for the prepare in the prepare of the prepare is and to make them available for review upon request.

121308 Otto Krucker C - 7790 Signature and Date Printed or Typed Name License Number

	stification h		280273		on neport to					Lakes of La				
III. Daily	Data for th	e Month	Year of		NOVEMBER 200	\$								
Means of	Achieving Braviolet R	Four-Log adention	Virus Inactivati Othe	an Remov s (Describ	alt *Free	Chlorine	Chlorine Di	oride	Ozon	<u>د رو</u>	ounbined Ch	erine (Chlorn	unines)	
ThreadD	himfoctard	Ranidual	Maintaned in D	astribusiem	Syntam:	Free Chlorine	Const	med Chlor	ine (Chlora	mines)	Chiorin	e Dioxide		
	1	[·			et cal	windows of UVD	Set to Demonster	ee Forening	Vala Inactiv	wice, if applical	ile*		T	Econymy a
		1				CT (Ladaters					Dose		aborenal operating
Days of Month	Dops Plank Staffed Or Viased By Opsr.	itaars Piez In oper	Net quantity Of finished Water Produced, gal	Posk Fice Rute, 194	Lowent residual Adminifacturi Concentration (C) Before or at First customer During peak Flow, mg L	Denniectars Contact time (T) At C Mossivernet Point daring Point daring Point daring Minatos	Lowest CT Provided Before cr At few Customer During Peak flow, my-min-L	Temp Of Water, C	Piicf Water, If appi	Mansars CT req mg min 1.	Lowest operating UV does, mW- sector2	Minimum UV dose Jog ziW. sectors2	Lowest residual distification at remote point in distribution system, mg 2.	conditions, repair of generation ance work, that involves taking water system, component out of operation.
1	X	24	29600	I	2.3			Ι		r	l .		1.5	<u> </u>
2	1	24	15500		1									
3	X	24	15500		2.5								1.7	
4	X	24	20800		2.1								1.6	
\$	X	24	19500	<u></u>	2.0								1.6	
<u>6</u> 7	X	24	14000	ļ	2.4								1.4	
	X	24	18400		2.1								1.5	
<u>1</u> 9	X	24	13900		2.4								1.8	
	X	24	24900		2.1								1.5	
10 11	X	24	18960		1.8								1.3	
11	X X	24	16000		1.9								1.4	
12	<u>\</u>	24 24	15560		1.8								1.2	
14			17450											
15	X X	24 24	11500		1.6			-					1.0	
15	<u>^</u>	24	19100		2.0								1.3	
17	x	24	19160		1.9	<u> </u>				n				
18	X	24	13500		2.1								1.1	
19	$\frac{a}{x}$	24	17960		1.8								1.0	······································
20	x	24	13700	·	1.6								1.0	
21	X	24	11300		1.6								1.1	
22	X	24	22900		2.3								1.0	
23		24	13750		-==+ 47								1.5	
14	x	24	13750		2.5									·····
25	X	24	11800		21								1.6	
16	X	24	18250		23								1.8	
27	X	24	14900		2.1								1.7	
1	X	24	20900		3.0								2.3	
9	X	24	26500		3.1		1						2.1	
0		24	12000										-4	
31			-											
Total		1	118900			- <u>-</u> 4.			<u>_</u>					
Average			17503	52	5100									
Lavieren		Ť	30100											

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See page 4 for instructions. 1. General Information for th	ie Month/Year of: Decemi	DA DOC	×			
A. Public Water System (I				***********		
PWS Name SLUD N LC	the of Late Pracia			PWS	Identification Numb	er 6280273
PWS Type: XX Comm	numity Non-Transient Non-Comm	unity	Transient Non-C	onununity	Consecutiv	`C
Number of Service Connect	ions at End of Month: 166		Total Populatio	an Served at	End of Month: 378	
PWS Owner: Utilities Inc.						
Contact Person: Patrick Flyr		ningeren the same stilling of the	Contact Person			
	ddress: 200 Weathersfield Avenue				State: Florida	Zip Code: 32714
Contact Person's Telephone		**************************************	Contact Person	's Fax Num	xr. 407-869-6961	
	dress: p.c.Flynn/dubliliesinc-usa.com				- Martin	
B. Water Treatment Plant						
Plant Name: Sun -N- Lakes			1		nt Telephone Numbe	
Plant Address: 2165 US 27			City: Lake Plac	id	State: Florida	Zip Code: 33852
	lant: XX Raw Ground Water	Purchased Fi	nished Water			
	perating Capacity of Plant, gallons per day.	288,0081				
	on 62-699.310(4). F.A.C.). V			the second second second second second second second second second second second second second second second s	62-699.310(4), F.A.(the second second second second second second second second second second second second second second second s
Licensed Operators:	Name	L	cense Class		Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Outo Knicker		С	7	790	6
Other Operators	Daniel Holmes		C		147	
H	Chris Gilbert		<u> </u>		107	
4	Darald Pugh		<u> </u>		261	· · · · · · · · · · · · · · · · · · ·
	i Audio rugn		L _2	<u>+</u>	01	· · · · · · · · · · · · · · · · · · ·
-						an an an an an an an an an an an an an a
-						
ŀ			Aug 40 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -			
ŀ	* As Needed					and the second second second second second second second second second second second second second second second
II. Certification by Lead/Chi		<u></u>				

I, the undersigned water treatment plant operator licensed 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 mer 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 functional functional (2) if applicable, appropriate treatment processed performance records. Furthermore, I agree to retain these additional operations records to the day that a locast 10 years and to make them available for review upon request.

Signature and

Ono Knicker Printed or Typed Name

113/09

<u>C - 7790</u>

License Number

PWS Idan	ilication N	umber: 6	210273		at report to					Lakes of La				
III. Daily	Data for th	e Month'	Yes of		DECEMBER 2003	[·····	······································		
Means of		Four-Log	Virus Inscrivatis Other	al Remova	d: " Free	Chlorine	Chlorine Di	ovid:	Ozon	×C	ombined Chl	orine (Chlora	Juines)	
Type of D	isinfectara	Residual	Maintained in D			Free Chlorine	Comi	ined Chlor	ine (Chlora	nimes)	Chloria	e l'hiardide		
	T	1	T	1		inducional or UV D								Emergency or
					· · · · ·		ale dences			· ·		Dise		stratenal operating
Doys of Month	Days First Staffed Or Visited By Oper	Horn Plant In oper	Net quantity CX triabed Water Produced, gol	Peuk Flow Raer, grd	Lowest residual Adsimfactors (C) Before on a First customer During peak Flow, mg L	Distinguestions Constant time (T) At C Measurement Point during Point during Point during Minutes	Lowest CT Provided Before or At first Customer During Peak flow, mg-min-L	Teamp Ot Weser, C	PH of Water, If appl.	Minima CTaq ayabl	Lowest operating UV dose, g:W- sectors2	Minimum UV dose req.22W- sectors2	Lowent residual disinfermen concentration at remate point in distribution system, mg/L	conditions, repair or maintensate work that involves taking water system component out of operations.
1 .	<u> X</u>	24	16800		3.0				L		L		2.2	
2	X	24	14300		2.9				1	1			21	
3	X	24	16600		2.6				1				1.9	
4	X	24	18290		2.8				<u> </u>	1			1.8	
5	X	24	26000		2.9]				1.5	
ő	X	24	23290		3.1								1.9	
7		24	21100											
1	X	24	21100		3.0								1.3	
9	X	24	26500		2.8								2.0	
10	X	24	19600		2.3								1.3	
11	X	24	39400		2.4								1.6	
12	X	24	\$\$000		2.4				I				1.9	
13	X	24	17060		2.5							1	1.8	
14		24	35150						1					
15	X	24	35150		2.8				1				1.1	
16	X	24	18500		2.6]				1.7	
17	X	24	19600		2.7				I				1.9	
18	X	24	11200		2.9				1				2.2	
19	X	24	19700		3.8				I			l i	3.0	
20	X	24	18400		3.6								3.0	
21	X	24	19400		3.0								2.\$	
22	X	24	27300		2.8								2.3	
23	X	24	15260		2.9								2.1	
24	X	24	19700		2.7	I							21	
25		24	15650						I					
26	X	24	15650		2.6				Γ				2.0	
31	X	24	20800		2.8				I.				2.0	
28	X	24	18400		2.4								1.8	
29.	X	24	11300		2.3	1							1.6	
30	X	24	20290		2.3				l l				1.4	
31	X	24	18950		2.1		···		[1.5	
Tetal			683000		Concernance of the second second			in and a start with the second start in the second start in the second start in the second start is a second st	• • • • • • • •					
Average			22032											
Maximum			\$\$000											

Monthly Operation Report for PWSs Treating Raw Ground Water or Purchased Finished Water

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Monthly Operation Report for PWSs Treating Raw Ground Water or Purchased Finished Water

See page 4 for instructions.			· · · · · · · · · · · · · · · · · · ·		
L General Information for the Mor					
A. Public Water System (PWS)					
PWS Name: Sun N Lake of Lake I				PWS Identification Nu	سے جب اللہ پر جب میں جارے کر بنیا کہ اور میں اللہ اللہ اللہ اللہ اللہ اللہ اللہ الل
PWS Type: XX Community	Non-Transient Non-Comm	unity 7	ransient Non-C		
Number of Service Connections at	End of Month: 166		Total Populatio	on Served at End of Month: 37	8
PWS Owner: Utilities Inc.					
Contact Person: Patrick Flynn				's Title: Regional Director	ے پر پر خان اور بر میں میں اور اور میں ماہ ان میں میں میں میں میں میں میں میں میں میں
Contact Person's Mailing Address			City: Altamont		Zip Code: 32714
Contact Person's Telephone Nami			Contact Person	's Fax Number: 407-869-696	
Contact Person's E-Mail Address:					
B. Water Treatment Plant Infor		······			
Plant Name: Sun -N- Lakes of Lal	ke Placid			Plant Telephone Nu	
Plant Address: 2165 US 27 South	214 Mar 0 1 117		City: Lake Plac	id State: Florida	Zip Code: 33852
Type of Water Treated by Plant:		Purchased Finis	inci Water		
	ig Capacity of Plant, gallons per day: 2		D)		
Plant Category (per subsection 62-				r subsection 62-699.310(4). F	
Licensed Operators:	Name	Lice	nse Class	License Number	Day(syShift(s) Worked
Lead/Chief Operator:	Otto Krucker		<u>c</u>	7790	<u> </u>
Other Operators	Daniel Holmes		С		*
	Chris Gilbert		<u>c</u>	4335	
	Darald Pugh		<u>c</u>	13107	
	ibatang Pugn		<u> </u>	2261	······································
	·····				
				++	
	• As Needed				an an an an an an an an an an an an an a
I. Certification by Lend/Chief Ope					

I, the undersigned water treatment plant operator licensed 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 pr 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 east day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and graphical for the states, and (2) if applicable, appropriate treatment processed performance records. Furthermore, I agree to retain these additional operations received at the operation at least 10 years and to make them available for review upon request. FER 0.4 2009 Otto Krucker

Signature and Date

Otto Krucker Printed or Typed Name

C - 7790

License Number

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

PWS Ider	dification N	umbar: 6			a Report for					Lakes of La				· · · · · · · · · · · · · · · · · · ·
III Daily	Data for th	Acath	cur ol	chebraid)	JANUARY 2009									
Means of	Achieving traviolet R	faur-Log	Virus Inscrivate Othe	on Remova	I: • Free	Chlorine	Chlorine Di	oxide	Ozon	eC	ombined Chi	orine (Chlora	mines)	7 8 8 7
			Maintained in D			Free Chlorine	Cont	ined Chior	inc (Chiora	mines)	Chlorin	e Dioxide		
	T	T		T	CTCA	idations, or UV D					de ^a			Encretacy or
							alculations -					Deser	1	abavoressi operating
Deni of Manih	Days Plant Staffed Or Visited By Oper	Histori Piant In ciper.	Net quartity Of finished Water Produced, gol	Peak Flow Rate, grd	Lewest residual s'dwinfactant Concentration (C) Before or et Fant contornet Daring peak Flore, reg/L	Distrifecture Contact time (T) At C Menutrement Point during Peak flow, Minutes	Lowest CT Provided Before or At first Customer During Peak Gow, regressivL	Temp Of Water, C	Pil of Water, H epşi.	Minimum CT my mg-minL	Lowest operating UV drag, NOW- Sectoral	Minimum UV dous rog. mW- statani	Lowest residue; desinfoctant concentration at research point in distribution system; tag?.	conditions, repair or maintenance work that involves taking souter system composant cat of operation
1		24	19900							<u> </u>	ļ	ļ		
2	X	24	19900		2.2			L			<u> </u>	ł	13	
3	X	24	18400		23						L	L	1.6	
4		24	24450											
\$	X	24	24450		2.5							L	1.5	
6	X	24	\$300		2.6			Ĺ		L		L	1.1	
1		24	30800		20				Ι				1.5	
1		24	18300		2.1							L	1,6	
9	X	24	21900		2.4							1	<u>(</u> ,	
10	X	24	11900		2.5				[1.7	
11	1	24	24200											
12	X	24	24200		22								1.7	
13	X	24	11100		2.3								1.6	
[4	X	24	24300		2.2								1.6	
15	x	24	21800		2.5							1	1,8	
16	X	24	19200		23						[1	1.7	
17	X	24	19200		24				1			1	L7	
11		24	24250						T			I		
19	t x	24	24250		2.5				I	1			1.9	
20	1 x	24	24400		2.1				I		I	I	1.6	
21	X	24	24600		2.2			····	1	Γ	[12	
22	t x	24	21800		2.3				T	1	ſ		1.4	
23	x	24	21300		21				1	<u> </u>			1.3	[
24	x	24	14200		2.2				1			1	1.5	
25		24	31300						1	T		[·····	[
26	x	24	31300		24			·····	1			1	1.7	
27	x	24	21500		25				1	1		1	1,8	1
28	$\frac{1}{x}$	24	27300		2.2				1		İ	<u> </u>	1.5	
29	x	24	21400		23				1	t		Í	19	l l
39	 x	24	31700		2.5				f	1			1.9	
39]]	$\frac{1}{x}$	24	22500		2.8	· · · · · · · · · · · · · · · · · · ·			<u>† </u>			<u> </u>	2.0	
JI Total	1.0	**	635300			L			1			.		·
Average			22106											
			31700											
Meximum			31700											

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See page 4 for instructions, L General Information for the Mo			548/4	،	
A. Public Water System (PWS) PWS Name: Sun N Lake of Lake			MNC	I MUCH Conden M	
PWS Type: XX Community			T N N N	PWS Ident fication N	TANK WITH TANK A CALL
Number of Service Connections at		any	Transient Non-C		celive
PWS Owner: Utilities Inc.	End el Monun 100		1 total tropulation	m Served at End of Month: 3	78
Costact Person: Patrick Flynn		· · · · · · · · · · · · · · · · · · ·		T. TT. I. T. M	
Contact Person's Mailing Address	100 IV		the second second second second second second second second second second second second second second second se	's Title: Regional Director	1 (1) (2) (1) (2) (1)
			City Altamont		
Contact Person's Telephone Num			Contact Person	's Fax Number: 407-869-690	
Contact Person's E-Mail Address: B. Water Treatment Plant Infor				Al	
					The set FERA
Plant Name: Sun -N- Lakes of La	ke placid		1		unber: 863-465-550
Plant Address: 2165 US 27 South	Nat n Commenter		City: Lake Plac	id State: Florida	Zip Code: 33852
Type of Water Treated by Plant:		Purchased his	ushed Water		
	ng Capacity of Plant, gallons per day, 21	88,000			SA
Plant Category (per subsection 62-				r subsection 62-699.310(4).	
Licensed Operators:	Name	L1	cense Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Otto Krucker		C	7790	6
Other Operators					
	Dariel Holmes		С	4335	
	Chris Gilbert		c	13107	
	Dsrald Pugh		C	2261	
	and the second second second second second second second second second second second second second second second				
	* As Needed		······		
II. Certification by Lead/Chief Ope	ralor				

I, the undersigned water treatment plant operator licensed 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 of 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 at the applicable, appropriate treatment processed performance records. Furthermore, I agree to retain these additional operations and to make them available for review upon request.

XIR O.4 201 Otto Krucker <u>C - 7790</u> Signature and Date Printed or Typed Name License Number

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

Arnd stalos

PWS IA	milication	Number;			ion Report Io		P	ant Name	e: San -N	- Lakes of L	ake Placid	maned w	aler	
ALL PART	y Data for t	N Month	Tell of:		FEBRUARY 2009)								
Means e	t Actueving Braviolet F	Four-Lo Ladiation	g Virus Inactivat Othe	ion Repoy er (Desenb	al • Free	Chkwine	Childrens D	ioxide	O ₂ -3	ند <u>م</u>	cambined Ch	lorine (Chlor	amines)	
Type of	Disinfectant	Residua	Maintained in []	hitrikation	System	Free Chiorine	Can	hinsd Chla	rine (Chlori		<u> </u>			
	1					indutiona, or UV D	the ba Democratic	ALL DOWN	THE FLIDS	211111765)	Chiore	ne Diande		
		ļ				CT	California and	2 1. 44 4. day	VENE MALLE	entres, il approace			4	Entergency of
Days of Margh	Days Plant Staffed Or Visited By Oper	Hours Piect In Court	Net quartity Of finished Water Produced, get	Peak Flour Rate, gpd	Lewest residual s'damfecture Communitation (C) Before or at First duatemer During peak Flow, mpl.	Dearfreters Context time (T) At C Meastronent Point daring Peak flow, Ministee	Lownst CT Provided Before or At first Castomer During Peak flow,	Temp Ca Wister,	Pil of Water,	Minimum CTrug	Lowest operating UV disc. mW.	Minimum UV dote reg mW.	Lowest residual distribution consentration at teneste point in diarribution	abazertud operatio conditions, repair toxizitezanice wor that involves takin water system component call of cyaration.
1		23	36700				mean1,	6	tt apget.	ng-min'L	functions	Sectoral 2	rystan my L	
2	x	24	36700	ļ						1	1	<u> </u>		
3	$\frac{1}{x}$	21	36500		29							T	1.3	
4	x	24	21000		2.6							1	1.5	
5	X	24	24100	<u> </u>	21							1	1.5	
6	X	24	20400		20								13	
7	X	24	23000		2.1								1.4	
\$		24	23900 -		2.1	[1.6	
9	1 X	24	23900											
10	X	24	22600		1.9									
11	X	24	21300		1.9								1.1	
12	X	24	21000		1.5		<u> </u>						1,6	
13	X	24	29200	·····	1.9								1.0	
4	X	24	26100		1.9								1,1	
5		24	31600										1.3	
6	X	24	30000		1.3									
7	X	24	25290		1.8								.2	
\$		24	29/200		1.8	———				<u> </u>			1.1	
9		24	20900		1.#								1.2	
0		24	31600		1.9								1.4	
1			23200		1.9								13	
2		10000	23300		1.7	1	†						14	
	and the second se		22300		1.1								14	
	the second second second second second second second second second second second second second second second s	24	189000		1,6								1.1	
5	and the second se		31000		T									
;			32100	_	1.9	1							1.3	
			29200 24500	the second second second second second second second second second second second second second second second s	1.8	T	1						1.3	
;			24200		1.9			1		f			1.4	
;														
		<u> </u>	116500				T				t			
its!		-43	74640				T	T						and the second s
CIAPO.			2647 2272											
			162013100											

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3/30/09 Contacted Chall at Puch attilition and notified her of the error (total).

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Monthly Operation Report for PWSs Treating Raw Ground Water or Purchased Finished Water

L General Information for	the Month/Year of MAR 708				
A. Public Water System	(PWS) Information			· · · · ·	
PWS Name: Sun N Lake o	f Late Placid			PWS Identification I	fumber: 6280273
PWS Type: XX Com		uity	Transient Non-C	community Cons	ecutive
	tions at End of Month: 166		Total Populatio	on Served at End of Month:	378
PWS Owner: Utilities Inc.					
Contact Person: Patrick Fly			Contact Person	's Title: Regional Director	
	Address: 200 Weathersfield Avenue			e Springs State: Florid	
Contact Person's Telephon	e Number: 800-272-1919		Contact Person	's Fax Number: 407-869-65	61
	ddress: p.c. Flynn Autilitiesinc-usa com				
B. Water Treatment Plan					
Plant Name: Sun -N- Lake			6		lumber: 863-465-5550
Plent Address: 2165 US 27			City: Lake Plac	id State: Florid	a Zip Code: 33852
	Mant: XX Raw Ground Water	Purchased Fini	ished Water		
Permitted Maximum Day C	Operating Capacity of Plant, gallens per day, 28	18,000			والمحاورة والمحاورة والمحاورة والمحاورة والمحاورة والمحاورة والمحاورة والمحاورة والمحاورة والمحاورة والمحاورة و
Plant Category (per subsect	tion 62-699.310(4), F.A.C.); V			r subsection 62-699.310(4)	
Licensed Operators:	<u>Name</u>	Lic	cnse Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator.	Otto Krucker		С	7790	6
Other Operators					
	Daniel Holmes		C	4335	•
	Chris Gilbert		С	13107	•
	Derald Pugh			2261	
				ļ	
}	* As Needed				
	- ALL INCOMENT			1	

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed 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 (6) 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 anxieties of chemicals used for chemicals used at licensed operator staffed or visited this plant during the month indicated above; (1) records of anxieties of chemicals used for chemical (2) if applicable, appropriate treatment processed performance records. Furthermore, I agree to retain these additional operations records for the state of at least 10 years and to make them available for review upon request.

Signature and Date Printed or	er Typed Name	<u>C - 7790</u> License Number
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DEP Form 62-555.900(3) Effective August 28, 2003

	dification N						Pl	ant Name	Sun -N-	Lakes of L	ake Placid			
			Year of											
Means of	Achieving braviolet R	Four-Log adiation	Virus Inactivati Othe	on Remova r (Describe	l: * Free):	Chikoriste	Chlorine Di	oride	Orea	eC	ombined Chl	orine (Chlori	mines)	
Type of D	aninfactant	Residual	Maintained in D	haribation	System	Free Chlorine	Com	bined Chior	in (Chlora	mines)	Chlore	e Distide		
	T	1	T T	T	CT Cate	wienen, er UV D	me, to Dereventri	de Fors-Les	Virus Luctry	aren 1 arenda	****		1	Employa
				Ľ	and the second sec		distant and					Dese	1	absonal operation
Days of Month	Days Pilers Sudded Or Visited Dy Oper	Hoars Piact ba oper,	Net quartity Of finalised Water Fridzieck gel	Fask Flow Rule, gri	Lowest roudual s'distinfectant Concentration (C) Before or at Furst cuationer During peak Flow, mg L	Description Contact Sime (T) ALC Measurements Point during Peak flow; Mittates	Lowest CT Provided Ecfere or At first Customer During Peak Bow, ing estimit.	Terry Of Warn, C	PH of Witter, If appl	Minimum CT req. regenical.	Lowerst operating UV dase, inW- sectors2	Minimutri UV dose rog.mW- sectors2	Lovent resident desinfector concentration at remote point in distribution system, sept.	conditions, repair entitations of the dust involves take water system ecceptions, operation,
1		24	24100					1	T	T	1			
2	X	24	24100		2.1			I .	1	<u> </u>	1		1.5	
3	X	24	24100		1.9			[1	1	Î.		1.6	
4		24	25400	[22			[1	Ī		I	1.8	
3	X	24	20500		2.3			Ī	1		-		1,7	
6	X	24	26000		1.9			1	1	1	T		1.5	
7	<u>X</u>	24	26300		1.9			1	1	1	1	l	1.3	
X		24	23300						1		1	r		
9	X	24	23300		2.1			1		1	1		1.4	
10	X	24	21400		2.0			t	f -]	1	1	1.5	
11	X	24	23300		1.5			1	<u> </u>	1	1	1	.9	1
12	X	24	22500		1.9			1			1	1	1.0	
D	X	24	34900		21				1	1	1	1	1.2	
14	X	24	23300		2.1					1	1		1.6	
15		24	24700						1	t	1			
16	1 X	24	24790		2.1				1	1	1		1.5	
17	X	24	22590		2.0		······	1 ° · · · ·	1		1	1	1.6	
15	X	24	36900		2.1				1		T	[1.7	
19	X	24	20000		2.1					[1		1.3	
20	X	24	26300	1	1.8	1			1	1	1		1.0	
21	X	24	21600	1	20	1			[1		1.1	
22		24	21450						1		1		I	
23	N	24	21450]					1	Ì	1		[
24	X	24	40500		2.5	1	······		T		1		1.1	
25	X	24	15400	1	2.6	1		, , , , , , , , , , , , , , , , , , ,				a	1.3	
26	X	24	23300	1	2.8	1				l	[1.6	I
27	X	24	23400	1	2.5				[1		1.4	1
24	X	24	23500	1	2.6	1					1	· · · · · · · · · · · · · · · · · · ·	1.5	1
29		24	23700			t t			1		T		[
30	X	24	23700	Ì	20	1			1	1	1	1	1.6	
31.	N	24	13900	1	1.9	İ					1		1.3	
Fotal		1	749300					·····	Accession to the second		*			
Average			24177											
Laxinger		1	40500											

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

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See page 4 for instructions. I. General Information for the Month/Year of 9 pril 2009 A. Public Water System (PWS) Information PWS Name: Sun N Lake of Lake Placid PWS Identification Number: 6280273 PWS Type: XX Community Non-Transient Non-Community Transient Non-Community Consecutive Number of Service Connections at End of Month: 166 Total Population Served at End of Month: 378 PWS Owner: Utilities Inc. Contact Person: Patrick Flynn Contact Person's Title: Regional Director Contact Person's Mailing Address 200 Weathersfield Avenue City: Altamonte Springs State: Florida Zip Code: 32714 Contact Person's Telephone Number: 800-272-1919 Contact Person's Fax Number: 407-869-6961 Contact Person's E-Mail Address: p.c. Flynn@utilitiesinc-usa.com B. Water Treatment Plant Information Plant Name: Sun -N- Lakes of Lake Placid Plant Telephone Number: 863-465-5550 Plant Address: 2165 US 27 South City: Lake Placid State: Florida Zip Code: 33852 Type of Water Treated by Plant: XX Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day, 288,000 Plant Category (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699,310(4), F.A.C.): D Licensed Operators: Name License Class License Number Day(s)/Shifl(s) Worked Lead/Chief Operator: Otto Knucker C 7790 6 Other Operators Daniel Hohnes C 4335 . Cluis Gilbert C 13107 . Darald Puch С 2261 * As Needed

IL Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part 1 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 field rates; and (2) if applicable, appropriate treatment processed performance records. Furthermore, I agree to retain these additional operations records going going for al least 10 years and to make them available for review upon request.

Signature and Rate

Otto Krucker Printed or Typed Name

C - 7790 License Number

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

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PWS Iden	tification N	umber: 6	280273							Lakes of La				
III. Delly	Dats for th	e Month'	Year of:		APRIL 2009									
Means of	Achieving	Four-Log	Virus Inactivati	m Remov	d: * Free	Chlorine	Chlorine Di	ováde	Ozori	¢C	ombinad Chi	erine (Chlora	mines)	
	traviolet R	adiation	Oba	r (Describe	a):									
Type of D	ministant	Residual	Maintained in D	istribution	System	Free Chlorine	Com	wised Chler	ine (Chlora	mines)	Chlorin	e Danide		
	T	T	T			stations, or UV De								Ennorgency or
		ł									ĹΰΫ	Dowe		ALCONTRACT CONTACTOR
Dover Massa	Days Plast Staffed Or Visited fly Oper.	Hours Place In oper	Net quantity Of finished Water Froduced, gal	Peak Flow Rate, Epd	Lowest random s'disinfectant Concentration (C) Before or at Pirst contensor During peak Flow, mg.L	Districture Contact time (T) At C Measurement Point during Peak flow, Minutes	Lowest CT Provided Before or At first Continue During Pools Bow, mg-min-L	Temp Or Water, e	Pil of Water, if appl.	Minicam CT req mg-minL	Lowest operating UV dose, mW- second	Minimum UV dose 19q mW- 580/cm2	Lowcest resident desisfoctant concentration at remote point is distribution system, mg L	conditions, prpair of maintenance work that involves taking water systems energement out of operation.
1	X	24	29700	ļ	2.0			Į	ļ	[Į	1.4	
2	X	24	19600	ļ	21			L	<u> </u>		<u> </u>	ļ	1.4	
3	S	24	20700		1.9			<u> </u>	ļ		_		1,5	
4	X	24 24	17100 25350		1.9			ļ	<u> </u>				13	
6	x	24	25350		1.3			-	<u> </u>		ļ		1,2	
7	x	24	18290		1.8		·		<u> </u>	·			1.0	
<u>*</u>	X	24	21700		1.5				<u> </u>	·	<u>.</u>	h	1.0	
9	X	24	18660		1.6				1				1.1	
10	X	24	20100		1.5							<u>}</u>	1.1	
11	X	24	16500		1.6		· /u . · · · · · · · · · · · · · · · · · ·		1		1		1.1	
12		24	19850		1			[1	1			
13	X	24	19850		1.8							[1.5	
]4	X	24	19000		1.6								1.1	
15	X	24	18500		1.5	,							1.0	
16	X	24	17200		1.8								1.0	
17	X	24	21700		1.6				<u> </u>		L		1.1	
12	X	24	14000		1.7								1.1	j
19 20	x	24 24	19400 19400		7 15									
21	X	24 24	19100		1.6								1.5	
22	X	24 24	23500		1.5								.a 1.3	
23	X	24	17600		1.6						· · · · · ·		11	
24	X	24	23100		1.7	· · · · · ·							1.0	l
8	X	21	15300		1.8								1.0	
16		24	17150						<u> </u>					
27	X	24	17850		1.8							1	1.1	
22	X	24	10100		1.9								1.0	
29	X	24	18300		1.#								1.1	
10	<u>X</u>	24	13100		1.5								1.1	
31														
loul			579000											
Average			19300											
Maximum			29700											

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General Information for the Mo	nth/Year of: Maye	RYA	······		
A. Public Water System (PWS)	Information				······································
PWS Name: Sun N Lake	of Lake Placid		1	WS Identification Numl	er; 6280273
WS Type: XX Community	Non-Transient Non-Comm	unity	Transient Non-Communi		
Number of Service Connections a	t End of Month 166		Total Population Serve	at End of Month: 378	
WS Owner: Utilities Inc.					
Contact Person: Patrick Flynn			Contact Person's Title:	Regional Director	· · · · · · · · · · · · · · · · · · ·
Contact Person's Mailing Address			City: Altamonle Spring		Zip Code: 32714
Contact Person's Telephone Num			Contact Person's Fax N	umber: 407-869-6961	
	p.c.Flynn@utiliticsinc-usa.com				
8. Water Trestment Plant Info					
"lant Name: Sun -N- Lakes of La		·		Plant Telephone Numb	
lant Address: 2165 US 27 South		Th. 8 2 844	City: Lake Placid	State: Florida	Zip Code: 33852
ype of Water Treated by Plant:		Purchased Fir	ushed Water		
Plant Category (per subsection 62	ng Capacity of Plant, gallons per day:	288,000		· · · · · · · · · · · · · · · · · · ·	
Licensed Operators:	Name		Plant Class (per subsec		
end/Chief Operator:	Oda Krucker		C C Lic	nse Nurber	Day(s)/Shift(s) Worked
Other Operators	Oud Kitker		<u> </u>	7790	6
	Daviel Holmes		- <u>c</u>	4335	
	Chris Gilbert		- <u>c</u>	13107	
	Darald Pugh		c	226]	
· · · · · · · · · · · · · · · · · · ·				2401	
<u>}</u>					

I, the undersigned water treatment plant operator licensed 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 occurate 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 of or other applicable standards referenced in subsection 62-555.320(3), F.A.C. 1 also certify that the following additional operations records for this plant were presented 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 for the presented in these additional operations records. Furthermore, I agree to retain these additional operations records (b) presented for at least 10 years and to make them svailable for review upon request.

Otto Knicker A (755) C - 7790 Printed or Typed Name Signature License Number 4 208 <u>itt</u>

PWS Iden	dification N	handwer: 6		-herenet.	on Report for					Lakes of La				
III Daily	Data for th	e Mooth	Year of		MAY 2009									
Means of		Four-Log	Virus Inactivati Othe	on Remova	il: * Free	Chlorine	Chlorine Di	wik	Ozeo	<u>د</u> رو	waters of Chi	oríae (Clalora	mino)	
Type of D	buildectarst	Residual	Maintained in D			Free Chlorine	Const	vined Chilor	ine (Chlora	and the second second second second second second second second second second second second second second second	Chlorin	e Dieroide		
1.72	1	1	I	ſ		allations, or LIV De								Emagencyce
	1	l					alizalistic nos					Okna	1	abavaraul operating
Days of Month	Days Plant Statfod Cr Vinked Hy Oper.	Hoan Plea la oper	Net quartity Of finished Weter Froduced, gol	Prak Flow Rate, E nd	Lowcel special s identificant Concentration (C) Before or et First contenter During peak Flow, rug I,	Disinfecture Contact time (T) At C Measurement Point during Point during Point during Point during Point during Point during Point during	Lowest CT Provided Before se At first Customer During Feak flow, mg-min-L	Terzep Of Weter, C	PH of Water, if appl.	Miaiman CT mq mg-mipL	Lowest operating UV dose, gtW- sectors?	Minimum UV date reg mWs secimul	Lowest praidual disinfortant concentration af remacks point in distribution system, rug L	conditions, repair or mandements work that involves taking water systems component are of operation.
1	X	24	13700		1.7					<u> </u>	L	ļ	.9	
3	X	24	11900		1.5				<u></u>				1.0	
3	<u> </u>	24	17600			ļ							L	
4	X	24	17600		1.8				ļ	ļ			1.1	· competition of an advantation
3	X	24	14900		1.7				ļ				.9	
6	IX	24	\$ \$\$00		1.8					Ļ			1.0	
7	<u> </u>	24	26400		1.8								.9	
1	X	24	16600		1.9				*****			 	1.1	
9	X	24	7\$60		2.0					Į		ļ	1.6	
10	<u>↓</u>	24	23950	-					Į			Į	6.6	
11	X	24	23950		21				ļ			ļ	1.6	<u> </u>
12	X X	21 24	14600		2.0							ļ	1.5	
13	$\frac{x}{x}$	24	1540a		2.1								1.6	
14	A N	24	14/08	-	2.2								1.5	
15	X	24	16658		2.6							Å	1.7	
17	<u> </u>	24	13350		<u></u>							<u>+</u>	1.7	
1,	X	24	13359		24		·····					ŧ	t 1.7	
19	X	24	1100	·····	23							1	1.6	
20	x	21	12500		23							†	1,4	· · ·
21	x	24	10100		2.1					Í		1	1.5	
22	X	24	10500		22					1		1	1.5	
23	X	24	11000		2.3				1	1		1	1.6	
21	1	24	20810							1		Ì	1	
25	X	24	201150		2.1					1			1.6	
26	X	24	15500		2.2					I			1.4	
27	X	24	1346060		11				[[I	1.5	
21	X	24	10200		2.1								1.9	
29	X	24	13900		2.1								1.6	
30		24	12000											
31		24												
Total			431400											
Average			13916											
Matioam			37600											

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I. General Information for U	e Month/Year of:	2009				ś
A. Public Water System (I	PWS) Information					······································
PWS Name: Sun N Lake of	Lake Placid			PW	Identification Number	т 6280273
PWS Type: XX Comm		unity 1	ransient Non-C	Community	Consecutive	č
Number of Service Connect	ions at End of Month. 166		Total Populati	on Served at	End of Month: 378	
PWS Owner; Utilities Inc.						
Contact Person: Patrick Flyr			Contact Person	's Title: Re	zional Director	
	ddress: 200 Weathersfield Avenue		City: Altamont	e Springs	State: Florida	Zip Code: 32714
Contact Person's Telephone			Contact Person	's Fax Num	ber: 407-869-6961	
Contact Person's E-Mail Ad	dress, p.c. Flynn 7 utilitiesinc-usa.com					
B. Water Treatment Plant						
Plant Name: Sun -N- Lakes					ant Telephone Numbe	
Plant Address: 2165 US 27 5			City; Lake Plac	id	State: Florida	Zip Code: 33852
Type of Water Treated by Pl		Purchased Finis	shed Water			
Fermined Maximum Day Of	cerating Capacity of Plant, gallons per day,				·	
	on 62-699.310(4), F.A.C.); V				62-699.310(4), F.A.C	
Licensed Operators:	Name	Lice	nse Class		: Number	Day(s)/Shifl(s) Worked
Lead/Chief Operator.	Otto Krucker		<u>C</u>	7	790	6
Other Operators						
-	Daniel Holmes		<u> </u>	<u> </u>	335	
-	Chris Gilbert		<u> </u>		107	*
	Darald Pugh		C	2	261	•
-	· · · · · · · · · · · · · · · · · · ·					
-	* As Needed					
		1		1		

I, the undersigned water treatment plant operator licensed 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 at other applicable standards referenced in subsection 62-535.320(3), F.A.C. I also certify that the following additional operations records for this plant were propared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and operations records and operators, and (2) if applicable, appropriate treatment processed performance records. Furthermore, I agree to retain these additional operations records it the plant, for at least 10 years and to make them available for review upon request.

JU 5 125 Otto Knicker OttoKnicker Otto Knicker O	2 - 7790 License Namber
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	tification ?	Vumber:	6280273							Lakes of La				
			Year of, Same											
	Achieving traviolet R		g Virus Inactiva Oth	tion/Remo et (Descrit		e Chlonne	Chloring	Dioxide	*************	12006	Combine	d Chlorine (C	hloramines)	
Type of D	isinfectant	Residua	Maintained in	Distributia	an System	Free Chlorin				Moramines)	C	ilenne Diaxi	nde:	
					CT CAN	dations, or UV De	ac, to Demonstra	de Forz-Log	Virus Inactr	vation, if applied	the the parts	ALAL CALLS AND	- A Chestin Develo	120 gency of
				0.228-0.000	u challen förka söks begar	CT (Muluin	in di Masek	den de la Constant	l acceptioned	UV	Dat		almormal operation
	Days				Lowest retidual	Disinfectant	Lowest CT						Lowest	conditions, repair
	Plant Staffed				s'arsinfoctars	Conduct time	Provided	N					residual	Summichance wor
	Or	Hours	Net gaage in	Reak	Concentration (C) Before or at	(T) ALC Montescent	Before or At first				Lowest		domfecture concentration	that involves take
Days of	Visiend	Plant	Of finished	FLW	Faut customer	Point daring	Customer	Temp	Pilef	Stevenson	UV Jose,	Minimum UV dose	A reside point	wither system component out o
Month	in Dy	1997 ta 236	Water	Rule	During peak	Peak flow	During	War	Water	CTrea	W	ros aW-	in destrobution	COVER STOCKE
	Oper	CC NOT	Protect al	and in	Flow mgl.	Minutes	Peak flow	C	land	mg-cum L	seccen?	weekm2	system, mg L	马洛特拉拉 月 的时
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4 N.J. (1999)	X	21	12600	<u>}</u>				ł	<u> </u>	<u>+ </u>	╂────	 	7	
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Monthly Operation Report for PWSs Treating Raw Ground Water or Purchased Finished Water

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I General Information for th	he Month/Year of	<u></u>		
A. Public Water System (
PWS Name: Sun N Lake of			PWS Identification Nu	anber: 6280273
PWS Type: XX Com				
Number of Service Connect	tions at End of Month: 166	Total Populatio	on Served at End of Month: 3'	18
PWS Owner: Utilities Inc.				
Contact Person: Patrick Fly		Contact Person	's Title: Regional Director	
	ukhess: 200 Weatherstield Avenue	City: Altamont		Zip Code: 32714
Contact Person's Telephone		Contact Person	's Fax Number: 407-869-696	
	ddress p.c. Flynn antilitiesinc-usa.com			
B. Water Treatment Plan				
Plant Name: Sun -N- Lakes				mber: \$63-465-5550
Plant Address: 2165 US 27		City, Lake Plac	id State: Florida	Zip Code: 33852
Type of Water Treated by P		Purchased Finished Water		
	perating Capacity of Plant, gallons per day, 2			
	ion 62-699.310(4), F.A.C.): V		r subsection 62-699 310(4), F	
Licensed Operators:	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Otto Krucker	<u> </u>	7790	6
Other Operators				
	Daniel Holmes	<u> </u>	4335	÷
	Chris Gilbert	С	13107	
ļ	Datald Pugh	<u>c</u>	2261	•
ļ				
ļ				
	* As Neolal			

I, the undersigned water treatment plant operator licensed in Florids, an the lead/chief operator of the water treatment plant identified in part 1 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 for parent and up that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and Operations records. Furthermore, I agree to retain these additional operations records at the stant see form least 10 years and to make them available for review upon request.

1

Signature and

Otto Knicker

uii 05.20

ा। Printed or Typed Name

C - 7790 License Number

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

	tification (ANAL STATES	1111 31 31200		Pl	ant Name	: San –N-	Lakes of Li	ake Placid			
Means of	Achievino	Four-Lo	Year of:	diam/Renty	JULY 2009 Not: * Fr	re Chlotine	Chlorin	: Dioxide	6	lzone	Combinion	Chloner(f	'tiloramines)	
U	traviolet R	adiation	Oth	er (Descri	be)	C C HRISIN	Constan	I LAVATION	<u> </u>			r v monthe fx	trenaninasy	
Type of D	hsinfectant	Residua	I Maintained in	Distributi	on System:	Free Chlorin	e C	ombined C	hkeine (Cl	(warnines)	Cl	lorune Diovi	de	
					CT Cake			ne Four-Log	Virus Inactr	state, of apple	ille" (Caller	V. Hiterry		Emergency or
							abulations	en ser steret			UV	Dost		abnormal operation
Days of Manh	Days Plant Staffed Or Vusined By Oper	I kours Plant Ia Oper	Net quantity Of fasished Water Produced, gal	Peak How Rate, god	Lowest testdoal Fidenalectant Concentration (C) Before or at First container During peak How, mg-L	Disinfectual Contact time (T) As C Measurement Posed during Peak flow, Minister	Lowest CT Provided Before or Al first Customer During Peak flow, segment	Tonp Or Wate, C	Pil of Water, U appl.	Maximum CT req mperent.	Lowest cycrating UV dase, mW- secon2	Minimum LIV danc traj, mW- perirad	Lowest residual distrificture concentration at remote point in distribution system, mg L	conditions, repair of maintenance work that involves takin water system component out of operation
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I. General Information for the	Month/Year of: Chuch	<u>09</u>		
A. Public Water System (PW	S) Information			
PWS Name: Sun N Luke of La	ice Placid		PAS Identification N	umber: ii280273
PWS Type: XX Commun		Transient Non-C	ommunity Conse	cutive
Number of Service Connection	s at End of Month 166	Total Populati	in Server at End of Month 3	78
PWS Owner: Utilitie: Inc.				
Contact Person Patrisk Flynn		Contact Person	's Title: Regional Director	
	ess 200 Weathersfield Avenue	City: Altamont		
Contact Person's Telephone N		Control Person	's Fax Number: 407-869-614	
	ss: p.c.Fiynn@utilitiesinc-usa.com			
B. Water Treatment Plant In			الا اليوجي عليه فكالموجو ومر عظير	
Plant Name Sun -N- Lakes of				unber: #63-465-1550
Plant Address: 2165 US 27 So		City, Lake Pla	id State Florida	Zip Colc: 3385?
Type of Water Treated by Plan		rchased Finished Water		
	ating Capacity of Plant, gallons per day. 288,(
Plum Category (per subsection			r subsection 62-699.310(4)	
Licensed Operators	Name	License Class	Liconse Number	Day(s) hift(s) Worked
Lend/Chief Operator:	Otto Knicker	<u> </u>	7790	6
Other Operators		<u></u>		
	Dar iel Ilolmas	C	4335	
<u> </u>	Chris Gilbert	<u> </u>	13107	ي چين ماندو چي چي مي اور در ماندو اور در ماندو اور در ماندو اور در ماندو اور در ماندو اور در ماندو اور در ماندو م
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	* As Needol			

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, any the lead/thief operator of the water 'reatment plant identified in part I of this report. I eer ify that the information provided in this report is true real securate to the best of my knowledge and belief. I certify that all d inking water treatment chemicals used at this plant conform to NSF International Standard (f) 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 during the month indicated above:-(1) records of amounts of chemicals used and the propriate treatment processed performance records. Furthermore, I agree to retain these additional operations records to retain these additional operations records to retain these additional operations records. Furthermore, I agree to retain these additional operations records to retain the east 1) years and to make them available for review upon request.

Onto Krucker Printed or Typed Name

C - 7790 License Number

Signature La

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

PWS Iden					A 10 Parts & Parts & Same 2 and		11	ant Name	: Sun -N-	Lakes of L	ike Placid			
					AUGUST 2009									
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Type of D	unlectan	Residua	Maintained in	Distributa	on System.	Free Chlorit	с С			hkwaminesi	C	ikrine Dioxi	de	
e on a sec		ujestas			CT Cake	dations, or UV D.	se, to Densmist	te four-Log	Virus Inacto	visticam, if appeled	👬 🕈 Received af the		Contraction of the second of	Enterprise of
	i (magaza)			a tier vy hy			Million	nd i literije	synad tel.	بمناقص الجاديمانية	UV	Dose		staamist operatio
	Days Plant				Lowest resident	Duandectant Contact time	Lowest CT Provided						Lowest	CORDINES, Pepair :
	Sulfal			Padolal Aland Alang Alang	Coorceration	OAC	Before of	ta (Britana)			Lowest		dumfertief	that muchues taken
	0	Hours	Net cuantity	Peak	(C) Before or at	Measurement	AI Érs	Temp			OCTAINS	Manana	concentrations	water system
Days of Month	Visard By	Place	Of fambed	Flow	Fust custorier	Point during	Capacito	ο (Pild	Micianum	tiv dose,	UV done	at remote point	component ced o
***	Ope	(ge	Water Produced, gal	Rett.	Darag peak	Peak flow,	Derog	Water,	Water,	CT rea	mW -	wa por	in distribution	CYCINCIAN.
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See page 4 for instructions. L General Information for th	te Month/Year of:	<u>()</u>	······································		و در من من بالمراجع و مواد المراجع و مواد المراجع و مراجع و من من من من من من من من من من من من من
A. Public Water System ()					
PWS Name: Sun N Lake of				PWS Identification N	umber: 6280273
PWS Type: XX Comm	numity Non-Transient Non-Com	munity	Transient Non-C		xulive
Number of Service Connect	ions at End of Month: 166		Total Fopulatio	an Served at End of Month: 3	28
PWS Owner: Utilities Inc.					
Contact Person: Patrick Flyr				's Title Regional Director	
	dilicus 200 Weathersfield Avenue			e Springs State Florida	
Contact Person's Telephone			Contact Person	's Fax Number: 407-869-696	
والمراكبين والمراجع المراجع فالمتبالين والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع	dress p.c. Fynn autilitiesine uss com				
B. Water Treatment Plant	And the second second second second second second second second second second second second second second second				
Plant Name: Sun -N- Lukes	و ب من الله الله الله الله الله الله الله الل				umber: 863-465-5550
Plant Address: 2165 US 27			City: Lake Plac	id State Florida	Zip Code: 33852
Type of Water Treated by Pl		Purchased Fin	ished Water		
	perating Capacity of Plant, gallons per day	288,003			
	on 62-699.310(4), FAC.): V			r subsection 62-699 310(4), 1	
Licensed Operators	Name	<u> </u>	ense Chess	Licerse Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	Otto Krucker			7790	0
Other Operators	Daniel Holmes		c	4335	
+	Chris Gilbert		<u> </u>	13107	
-	Darald Puch	······	<u> </u>	2261	
F			<u> </u>	4201	
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F	* As Norded				
I. Certification by Lead/Chi				- <u>7.</u>	

I, the undersigned water treatment plant operator licensed in Floride, and 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 try knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 of other applicable standards referenced in subsection 62-555.520(3), F.A.C. I also certify that the following additional operations records for this plant are prefered used at this plant discussed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemicals used and chemicals used and chemicals used and chemicals used and chemicals used and chemicals operations records for this plant ends to retain these additional operations record at the plant reference to retain these additional operations record at the plant reference to retain these additional operations record at the plant reference to retain these additional operations record at the plant reference to retain these additional operations record at the plant reference to retain these additional operations record at the plant when retain the set 10 years and to make them available for review upon request.

Otto Krucker Printed or Typed Name

C - 7790 License Number

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

Signature and

loud 10/27
PWS Iden	tification ?				n Report for		PI:	int Name:	Sun-N-	Lakes of La	ke Placid			
11 Daily I	Data fest the	- Mooth	Year of Landers		SEPTEMBER 200	9								and the second second second second second second second second second second second second second second second
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			Maintained in			Free Chlorin	e C	ombined C	hlorine (C)	humines)	Ch	lorine Draxi	de	
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						стс	alad at some	in harder			UV	Dose		atmostial operation
Days of Moeth	Days Place Scatter Ce Voctor Upper	ikouri Risa Ia cyw	Net quantity Of finished Water Produced, gat	Pod Line Line Line Line	Lowest residual edisinfectane Concentration (C) Before or at First customer Daring peak Flow, mg L	Disinfectava Contact time (1) A1 C Measurement Point during Peak flow, Minutes	Lowest CT Provided Before or At first Customer During Peak flow, mpenin L	Temp Of Water, C	Pit of Water, U spri	Maxim CTra apant	Lowert operating IV dose, mW- sectors2	Minimum UV dose rog. mW- socien2	Lowers ensekaal duarifectant concentration at remote point in distribution system, mp 1.	conditions, repair musicilaning was duit involves takin water system conspondent operation.
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Monthly Operation Report for PWSs Treating Raw Ground Water or Purchased Finished Water

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Monthly Operation Report for PWSs Treating Raw Ground Water or Purchased Finished Water

See page 4 for instructions. L General Information for the Month Year of 21 208 A. Public Water System (PWS) Information PWS Name: Sun N Lake of Lake Placid PWS Identification Number: 6280273 PWS Type: XX Community Non-Fransient Non-Community Transient Non-Community Consecutive Number of Service Connections at End of Month: 166 Total Population Served at End of Month: 378 PWS Owner: Utilities Inc. Contact Person: Patrick Flynn Contact Person's Litle: Regional Director Contact Person's Malling Address: 200 Weathersfield Avenue City: Altamonic Springs State Florida Zip Code: 32714 Contact Person's Telephone Number: 800-272-1919 Contact Person's Fax Number, 407-869-6961 Contact Person's E-Mail Address: p.c. Flynn Buddhiering-usa com B. Water Treatment Plant Information Plant Name: Sun -N- Labes of Lake Placid Plant Telephone Number: \$63-465-5550 Plant Address: 2165 US 27 South City: Lake Placid State. Florida Zip Cock: 33852 Type of Water Treated by Plant: XX Raw Ground Water Purchased Finished Water Pennitted Maximum Day Operating Capacity of Plant, gallons per day: 281,000 Plant Category (per subsection 62-699.)10(4), F.A.C.): V Plant Class (per subsection 62-699.110(4), F.A.C.); D Licented Operators were and ready and ready License Class Son License Number Die (c) Shift(s) Worked Losd Chief Operator Oco Krucker С 7790 5 Other Operators Datiel Holmes С 4335 6 Chris Gilbert C 13107 . Dataid Poyh C 2261 . * As Nordal II Continuen by California Chief Openant & Martin State Provident Continuent and a state of the

I, the undersigned water treatment plant operator licensed 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 ensure for failer and (2) If applicable, appropriate treatment processed performance records. Furthermore, I agree to retain these additional operations records for the plant were prepared to make them available for review upon request.

Signature and Rate

Otto Krucker Printed or Typed Name <u>C - 7790</u> License Number

DEP Form 62-555.900(3) Effective August 28, 2003 10% G 4 2017

Attn: Peggy Hanks

Corrected Copy

PWS Ident							<u> Pl.</u>	nt Nativ	SIM-N-	Lakes of L:	ke Placid			
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Monthly Operation Report for PWSs Treating Raw Ground Water or Parchased Finished Water

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



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Monthly Operation Report for PWSs Treating Raw Ground Water or Purchased Finished Water

L General Information for the M		310			
A. Public Water System (PWS		^ y *			
PWS Name: Sun N Lake of Lake	The second second second second second second second second second second second second second second second s			PWS Identificatio	n Number: 6280273
PWS Type: XX Communit		MI-Community	Transient Non-C	Community Co	maculive
Number of Service Connections	at End of Month: 166			on Served at End of Mont	th: 378
PWS Owner: Utilities Inc.			**		
Contact Person: Patrick Flynn			Contact Person	's Title: Regional Direct	SI
Contact Person's Mailing Addres			City: Altamont		
Contact Person's Telephone Nun				's Fax Number: 407-869	
Contact Person's E-Mail Address		OMD.			
B. Water Trustment Plant Lafe		_			
Plant Name: Sun -N- Lakes of Li				Plant Telephon	e Number: 863-465-5550
Plani Address: 2165 US 27 South			City: Lake Pla		
Type of Water Treated by Plant:		Purchase	d Finished Writer		
Permitted Maximum Day Operat	ing Capacity of Plant, gallons	per day: 288,000			
Plant Category (per subsection 6.	2-699.310(4), F.A.C.): V		Plant Class (pe	r subsection 62-699.3100	4), F.A.C.); D
Licensed Operators:	Name		Lipense Class	License Number	Day(s)/Shift(s) Worked
end/Chief Operator:	Otto Krucker		C	7790	6
Other Operators					
	Daniel Holmes		C	4335	
	Chris Gilbert		C	13107	*
	Darald Pugh		C	2261	· · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·				
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I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant idersified in part 1 of this report. Locrify 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 cheraicals used at this plant confarm to NSF International Standard 60 of other applicable standards referenced in subsection 62-555.320(3), F.A.C. 1 also certify that the following additional operations records for this plant were predicted each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and 2) if applicable, appropriate treatment processed performance records. Furthermore, I agree to retain these additional operations records are plant, for at least 10 years and to make them available for review upon request.

• **DEC** 6 222 Otto Krucker C - 7790 Signature Printed or Typed Name License Number

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

PWS Iden	tification ?	lumber: I	5280273		a Keport for		19	ant Name:	Sun-N-	Lakes of La	ke Placid			
I Date	Data for the	e Monato	Year of		NOVEMBER 2005)								
leans of	Achieving traviolet R	Four-Log	y Virus Inactivat	ion/Rensor	ral.*Fra	e Chlotine	Chlorine	Dioxide	0		Combined	Chlorine (C	hloramines)	
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Monthly Operation Report for PWSs Treating Raw Ground Water or Purchased Finished Water



Monthly Operation Report for PWSs Treating Raw Ground Water or Purchased Finished Water

A. Public Water System (PWS) Ia	formation	1								
PWS Name: Sun N Lake of Lake P			PWS Identification Nut	nber: 6280273						
PWS Type: XX Community	Non-Transient Non-Community	Transient Non-C								
Number of Service Connections at	End of Month: 166	Total Populati	Total Population Served at End of Month: 378							
PWS Owner: Utilities Inc.										
Contact Person: Patrick Flynn			n's Title: Regional Director							
Contact Person's Mailing Address:		City: Altamon		Zip Code: 32714						
Contact Person's Telephone Numb		Contact Perso	a's Fax Number: 407-869-6961							
Contact Person's E-Mail Address: 1	c.Flynn@utilitiesine-usa.com									
B. Water Treatment Plant Inform		······································								
Plant Name: Sun -N- Lakes of Lab	e Placid		Plant Telephone Nur							
Plant Address: 2165 US 27 South		City: Lake Pla	cid State: Florida	Zip Code: 33852						
Type of Water Treated by Plant:		hased Finished Water								
	Capacity of Plant, gallons per day: 288,000									
Plant Category (per subsection 62-6			cr subsection 62-699.310(4), F.A							
	No. 7 . C. State Name And Black Back	License Class		Day(s)/Shift(s) Worked						
cad/Chief Operator:	Otto Krucker	<u> </u>	7790	6						
Other Operators										
	Daniel Holmes	<u> </u>	4335							
	Chris Gilbert	C	13107	¢						
	Darald Pugh	<u> </u>	2261	t [.]						
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	* As Needed									

I, the undersigned water treatment plant operator licensed in Florida, an the lead/chief operator of the water treatment plant identified in part 1 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. 1 also certify that the following additional operations records for this plant very 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 chemicals used and chemicals, and (2) if applicable, appropriate treatment processed performance records. Furthermore, 1 agree to retain these additional operations records at the base of the available for review upon request.

Ono Knicker

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Signature and Sale

Printed or Typed Name

<u>C - 7790</u> License Number

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Monthly Operation Report for PWSs Treating Raw Ground Water or Purchased Finished Water

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LAKE PLACID UTILITIES, INC.

DOCKET NO.: 090531-WS

RESPONSE TO REQUEST NO. 3

DMRS



DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PARTA

When Completed sulf this report for Department of Environmental Protection

PERMITTEE Lake Placid Unities, Inc. PERMIT NUMBER: FLA014386 NAME:	
MAILING 200 Weather dield Ave. LIMIT: First REPOR	er: Monthly
DISCHARGE POINT NUMBER	COPY Demestic
FACHATY: Son & Laker of Lake Plack WWTP PLANT SIZE/TREATMENT TYPE: HOU LOCATION: Beyond Ave	
STATUSCOSSAL TRAVILLE	
Lake Placid, Florida System Corporal Perk Pond	
MONITORING PERIOD Hom: 1/1/08	To: 1/31/08

COUNTY: Highlands

P.uameter			or Loading		Qua	lity or Concentration	ation		No. Ex.	Fragacity of Analysis	Sample Type
		Average	Maximum	Uncla	Minaman	Avorage	Myserium	Units			1
BOD, Carbonanzoux 5 day, 20C	Sample. Measurement					4.1		m¢A.	0	Monthly	Grab
PARM Code \$5042 Y Mon Sile Ne, EFA - 1	Portunia Requirement		+			20,0 (An Avg.)		mg L		Menchly	Grab
HOD, Carbanaceous 5 day, 200	Sample Measurgmont					2,04	2.00	mg L	0	Monthly	Grab
PARM Code 80082 1 Men Site Ne, EFA + 1	Parrit Requirement			179 - and Paris de	2100 lang a - rene okazan na <u>ngan penginakan</u>	Report (Mo. Ave.)	66.0 (Max)	mgil.		Macduly	Grab
Solids, Tutal Suspension	Sample Measurement					48	ang pananan sa sa sa sa sa sa sa sa sa sa sa sa sa	.J. zm	0	Menthly	Geab
PARM Code 00530 Y Mon. Site No. EFA - 1	Permit Requirement					20.0 (Ar. Avg.)		mg/L	1	Merchly	Grab
Solida, Total Suspended	Sample Mexanchient		······			1.0	1.0	m‡1.	9	Masshly	Grab
PARM Cods 00530 1 Mon. Site No. EFA - 1	Petroli Requirement				- Geo Vinde September 1999 - A de Californi, 1993, La September 1999 - A de Californi , Sala de California (1997), A de California (1997), A de C	Report (Mo Ave.)	60.0 (Max)	mg L		Monthly	ઉત્તર્ક
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PARM Code 00400 1 Mon. Site Nov EFA + 1	Permit Requirement				6.0 (2.6a)		8.5 (Max)	<u>su</u> .		9 days g week	Grab
Coliform, Fecal	Sample Measurement					1.3		#100 ml	9	Mentily	Grab
PARM Code 74955 — Y Mua, Sitz Na: EFA + 1	Pernat Requirement					200 (An Ave)		#/100 mt		Monthly	Grab

I certify under penalty of law that I have personally examined and am familiar with the information reducine descint and based on the unguity of these individuals immediately requestible for obtaining the information. I believe the attention is true, accurate and complete. I are aware that there are significant penalties for submitting false information is true, accurate and complete. I are aware that there are significant penalties for submitting false information including the possibility of fine and imprisonments

	NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT SIGNATUR	AN ADD THE EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE YYAMADD
i i				
	One Kracker/Operator		(863)	2/18/08
1				
			465-6911	
- 1		· · · · · · · · · · · · · · · · · · ·		

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Sun & Lakes of Lake Placid WWTP -Month/Year: January 2008 COUNTY: Highlands

PERMIT NUMBER: FLA014386

DISCHARGE POINT NUMBER: R-001

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Parainerer		Quantity o	or Loading		Quali	ty or Concentration	ation		No. Ex.	Frequency of Analysis	Sample Type
		Aver 320	Matomann	Unita	Miniman	Average	Maximum	Unita			**************************************
Coliform Facul	Sample Measurements				1.0u		1,64	∜/100 ml	9	Munchin	Grab
PARM Code 74055 1 Mon. Site No. EFA + 1	Permit Requirement				Report (Ma Gro. Mean)		6:30 (Max)	#/106msJ		Monthly	Grat
Total Residual Chlorine (far disinfection)	Sample Measurement				×			məL	ð	5 days a week	Grab
PARM Code 50960 A Mon. Site No. EFA - 1	Permii Respinancui				0.5 (min)			mg/l.		5 days a week	Orab
Nizzogen, Nitrate, Total (as N) (If required in the permit)	Sample Measurement						3.62	mg.l.	Ŷ	Lionshiy	Grab
PARM Code C0620 I Mon. Site No. EFA + 1	Pennid 12 mg/L Respicement		x 35.0000.00 (5.000 30.000 100 100 100 1000	 BUILDET CO. Marchael P.R. ann. Ander Mer. 			12.0 (max)	mgʻL		Monthly	Orsb
Plow .	Sample Measuremant	.039		mgd					0	3 days a week	Flow meter / a totalcer
PARM Code30630 Y Mon. Suo No. FLW - I	Permat Requirement	0.020 (An Avr)	and and a static to deal and a school of the state of the	mei						3 days a work	Flow ractor / a totalizer
Now	Sample Measurement	.045		ungd						5 daya a wack	Flora meter / a totalizer
PAHM Cod:30030 1 Mon. Sits No. FLW - 1	Permil Requirement	Report (M.g. Ave.)	· · · · · · · · · · · · · · · · · · ·	tings)			P. 1997 (24. 1999) (24. 1997) (24. 1997) (24. 1997) (24. 1997) (24. 1997) (24. 1997) (24. 1997) (24. 1997) (24.	•		5 däyn a weeki	Flow meter / a totalizer
BOD, Carbonaccous 5 day, 20C	Sample Measurement			I		111.0		mg/L	0	Moraldy	Grab
PARM Code \$0082 G Mon Site No. INF - 1	Parmit Requirement					Report (Mo. Ave.)		աթ1.		Monthly	Grab
Solids, Total Suspended	Sample Measurement					71.0		mg/l,	0	Monthly	Gnab
PARM Code 60530 G	Pamil					Report (Ma. Mar.)		ngl.		Marshiy	Grob

Mon Site Ne. INF - 1 Requirement (Mo Ave.) I certify under penalty of law that I have personally examined and an familiar with the information submitted herein; and based on my inquiry of these individuals unrechately responsible for obtaining the information. I believe the submitted information is true, accurate and complete. I are aware that there are significant penalties for submitting false information including the possibility of fine and improcement.

NAME-TITLE OF FRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT SIGNATURE OF	UNCERTISE OFFICER OR AUTHORIZED AGENT	ONE NO DATE: YYAMADD
Uso Krucker / Operator	(84)	63) 2/18/08 5-6911

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

Facility Numer Sun & Lakos of Lako Placid WWTP

Permit Numbers FLA014386

	Flow (MGD)	CBODS (mg1)	CHODS (mg1)	155 (mc4)	185 (mg1)	РН (1.ч.)	Fecal Colifiem Bacteria (\$100)	TitC (for disinfact) (mg/l)	Nitrogen, Nitrate, Total (as N mg13	Type of Sample Gregrab C=Comp	Time el Semple
Code	50050 FLW-1	80082 EFA-1	X0082	005141 EFA-1	00530 INF-1	EFA-1	74035 EFA-1	50060 EFA-1	00620 EFA-1		
Mon. Site	\$1,4% + C	ET AVI	196.1	ET ALI	BAL-3	2011/2%-1					
1	.0379						<u> </u>				
*	0392	4				[7.1		3.7			,
3	0347					7.1		4,1			
4	.0495		1		1	7.2		13.5			
3	.0.399				[7,2		4.6	Į		
6	.037			1	i			1			
7	.038	ļ	1	1		7.2		5.0	İ		
¥	.6452		<u> </u>	1	1	7.2		3.9	1		
9	6-197	1	1	1		7.2	1	3.6	1		
10	.0376			· · · · · · · · · · · · · · · · · · ·		7.3	1	3.8	1		
11	10453		1			7.3	+	40			
12	.0465			<u> </u>		7.3	+	3.6	1		
13	.11446	-				1		1	<u> </u>		
14	.0361		1	<u> </u>	1	7.3	· İ	4,5	1	<u> </u>	
15	0298	2.04	111.0	1.0	: [72.9	7.3	13.00	2.3	1	6	1045
16	.0486			<u> </u>		7.3	╁	20	1		
17	0486					7.2		2.2	+	<u> </u>	
5	1.0782				+	7.2	-	1.0	1		1
19	0459					7.2		1.9	·]	 	1
20	.0659		1		{		+		1		
21	.0659				1	7,1		2.5			<u> </u>
	.6479					7.1		3.0		ļ	
23	.0503			-		7.1		1.8	-		
47 24	.0303			1		17.1		163			
23	03355					7.1	-	1.0		1	
					1						
26	0390	-			ļ	7.1		1.1		ļ	ļ
27	(24)						1	1.0	L	1	
78	,044				-	7.6		1.\$		<u>.</u>	
46	.0317		ĺ	1	<u> </u>	7.0		2.0		<u> </u>	
29	1	1	1		1	6.9		1.7	1	1	
30 30 31	C\$17 6375					69		3.9	+	1	ļ

Night Shift Operator Centificane No: Load Operator Class: С Type of Effluent Disposal or Reclaimed Water Reuse:

VAINS 8619 Naros:

One Knaker

Lamited Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes, cumulative days of wet weather discharge;

"Attach additional shorts if non-assary to list all certified operators.

FLA912996-002-DW3P DME Form Date 03/2003

Page 3 of 3

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART &

641

When Completed mail this report to: Department of Environmental Protection

		TOWAR COMPANY IN THE THE THE TEPST IN TRADUCTOR OF THE TEP FICEAR	n.e.		A	
	ERMUTTEE AME:	Lake Plavid Utilities, Inc.	PERMIT NUMBER	11.49143 6	UJPY	
	AILING DORESS:	200 Weatherstield Ave. Altamonta Springe, Horida 32714	LISUT.	Final	REPORT.	Moethly
	ACHATY: XCATION:	Sun & Enkrs of Lake Flacid WWTP BrevarJ Ava Lake Placid, Flacida	CLASS SIZE: DISCHARGE POINT NUMBER: PLANT SIZE/TREATMENT 1 YPU: NO DISCHARGE FROM SITE: Type of Efformed Despond	nec 1 1 Perk Pond	GROUP:	Dementie
c	DUNTY:	Highlands	MONITORING PERIOD	From: 2/1/08		To: 2/29/08

Parameter Quantity or Loading Quality or Concentration Sample Type Frequency of No. Asalysis Ex. MAXIMUM Units Average Miniman Maximan Cent Awarge BOD, Carbonaceaus 5 day, 20C Sunate 3.8 mg-1. Q Manthuy Grab Measurement PARM Code 80082 Y Pennit 26.0 Monthly Grab • mg L. Mon Site No. FFA-1 Requirement (An Avg.) BOD, Cartamaccian 5 day, 20C Sample 2.2 2.1 Monthly Gaab nzI. n Meanwork PARM Code \$0012 | Permit Report 60.0 met Monthly Grab Mon Sile No. EFA - 1 Ropingane (Max) (Mo. Ave.) Solids, Total Supersided Sample 4.2 Grab teg]. ₽₽. Monthly Meanmant PARM Code 00530 Y Permit 20.0 mel Monthly Grab Mon Sde No. EFA - 1 Requirement (An Avg.) Solids, Total Supended Samule 12 12 Grab mg l 0 Monthly MEANHETHERA PARM Code 60530 1 Permit Report 60.0 Grab mg.1. Monthly Mon. Site No. EFA - 1 Requirement (Mo Ave.) (Max) 'n Sample 7.1 6.8 Grab 8.83. 0 3 cave Manufactoria a week PARM Code 00460 1 Parast 60 85 Grab 5 4475 жЦ. Mon. Site No. EFA - 1 Requirement (M41) (Min) a week Coliform, Focal Same 1.25 4/100 ml ñ, Monthly Grab Meaning PARME Code 74035 Y Ferred 200 #100 Grab Monthly Mon. Sile No. EFA - 1 Requirement (An. Ava) nd.

I certify under penalty of law that I have penaltual and an I amiliar with the information submitted herein; and based on my inquiry of those individuals inspecially responsible for obtaining the information; I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting fulse information groups due passibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	FHONE NO.	DATE YYAMDD
Obo Krucker / Openator	(863)	3/13/08
11/11/2	463-6971	
	2	i.

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference off attachments here).

DISCHARGE MUNIFORING REPORT - PART A (Continued)

FACILITY NAME: Sun & Lakes of Lake Placid WWTP Month/Year; FEBRUARY 2008 COUNTY: Highlands

PERMIT NUMBER: FLA014386

DISCHARGE POINT NUMBER: R-001

Parameter		Quantity	or Loading		Qual		No. Ex	Frequency of Analysis	Sample Type		
		Awress	Maximan	Units	Manarman	Average	Maximum	Units			1
Coliforn Facil	Sample Measurement				1 C U	and in the second second second second second second second second second second second second second second s	1.60	#/106 ml	0	Monthly	Grzb
PARM Cude 74055 1 Mon. Sac No. FFA - 1	Pernet Responsed				Report (MalGeo, Mean)		100 (Max)	#/IDGail		Monthly	Crub
Total Resident Chlorine (for disinfection)	Sample Measurencett				3.1			ang L	0	5 dayə a werk	Cirab
PARM Code 50060 A Mon. Site No. EFA + 1	Permit Raquirement				0.5 (min)			mg L		5 ilays a seek	(irab
Ndrogen, Nitrate, Total (as N) (If required in the permit)	Sample Measurement						2.39	mgL	Ø	Morzhły	Orab
PARM Code 00620 1 Mon. Site No. EFA - 1	Permit 12 mg 1. Requirement			1	1	· ·····	12 0 (max)	mg/t.		Moeshly	(Hab
How	Sample Measurement	.A14		لچە				1	0	5 days a week	Flow meter / a totalizer
PARM Code50050 Y Mon. Site No. FLW - 1	Parnit Requirement	0.090 (An. Ave)		ளது			ŭ			5 day= a ward	Flow meter / a totalizer
Flaw	Sansple Measurement	.0487		ngd						S days a week	Flow mater / a totalizer
PARM Code50030 1 Mon. Sile No. PLW + 1	Permit Requirement	Report (Ma. Ave.)		mgi			ę	·		5 dayn a wrek	Flow mater i
BOD, Carbonscours 5 day, 20C	Sample Measurement					230.0		mg/L	Ð	Morably	Grab
PARM Code \$00\$2 G Mon Sile No. INF - 1	Permit Requirement					Report (Ma. Ass.)		ug L		Monthly	Grab
Solida, Total Suspended	Sample Measurement				1	296.0		mg/L	û	Monthly	Grab
PARM Code (80530 G Mon Site No. [NF - 1	Pennit Requirement					Report (Mo Ana)		mgʻl.		Macahiy	Grað

I certify under possibly of law that I have personally examined and an familiar with the information submitted based on my inquiry of those individuals immediately responsible for obtaining the information. I believe the submitted information is true, accurate and complete 1 am aware that there are significant penalties for submitting false information including the membridity of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	CICX ATTIND OF ADD	APPEARS OTIVE OFFICER OR AUTHORIZED AGENT	Tottess 455 arrs	The a mode - \$2554. a de 105 aTh
			PHONE NO:	DATE: YY:MMDD
Otto Krucker / Operator			(863)	3/13/08
			465-6911	

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

R Form Date 01.2003

Facility Name: Sun & Lakes of Lake Placid WWTP

Permit Number: FLA014386

DISCHARGE POINT NUMBER: R-091

Month Year: FEBRUARY 2008

County: Highlands

Three &	forsh Average Da	uly Flow,	.0424				Daily Flo	set to of Port	itted Capac	ity: 479	
	Tkm (MGD)	CBOD3 (mg3)	CROD5 (mg1)	TSS (mg?)	138 (mg:1)	РН (кц.)	Fres) Coliform Bacteria (%/180)	TRC (for disistfact) (mg-1)	Nitrogen, Nitrato, Total (as N map(1)	Type of Sample Grgmb C-Comp	Time of Sample
Costo Mon	30050 FLW-1	EFA-1	80082 INF-1	00410 EFA-1	(KN134) INF-1	00400 EFA-1	74055 EFA-1	50060 EFA-1	00620		
Site	1	51.94	4.1674	LIA.			DEZYI		EFA-1		
	.6491		1			6,¥		3.5			
<u>i</u> :	.038					6.8		4,1	Ţ		
	.0439					6.8		3.3	•		
4	.0517		Ì	1	1	6.9		4,1			
5	.0393		1	1	1	6.9		3.5			
6	.045	1	1	1	1		1	_	·		
7	.045	1	1		T	6.9	1	1			
8	.057		<u>.</u>	1		69		3.8			
4	.051	+	+			6.9		5 1			
10	0168	-	1		1	·			<u> </u>		
11	.0368	+			* *	69		4,8			
]]2	0411	2.2	250.0	12	296.0	6.9	1.90	3.1	2.39	0	1208
13	.0443					6.8	1.00	4.1			1 4 195
14	.0418					6.8	1	4.1			
15	.0343	+	<u> </u>	<u> </u>		6.8					
16	40.517		<u> </u>		****	1		5 .0			
17	.0775		 	<u> </u>	<u> </u>	6.8		4.5			
18	.0775	<u> </u>	Ļ					<u> </u>			
L	1			ļ		6.9		3.6			
19	.040					6.9		3.1			
20	.035					6.9		38			
21	0505					16,9		4.2			
22	,0649		1			7.1		3.1			anger all fill on reasoning any
23	.0261		Ι			17.1		4.1		··· •	
74	0587	1]	1							<u></u>
25	10387				İ	7.1	1	4.6			
26	.0429]		7.1		3.6			
27	.060	1	l	1		7.1		5.1			
28	0388			· · · · · · · · · · · · · · · · · · ·		7.]		4.1	·····		
:9	.0547			f		7.1		50			
30				1							
31							······				
PLANT	STAFFING:	L.,	L	i		<u> </u>	- ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Day Shif	t Operator	Class		Certificat			Name				
-	Shift Operator all Operator	Class; Class;		Certificat Certificat			Nerne				
Load Op		Class:	C	Certifion		8619			Krucker		

Type of Effluent Disposel or Reclaured Water Reuse:

Limited Wet Weather Discharge Activated; Yes: No: Not Applicable: If yes, cumulative days of wet weather discharge: Attach additional shoets if necessary to list all cartified operators.

FLA012996-602-DW3P DMR Form Date 03/2003

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT / PART A

64/ -Read 5/13/8

When Completed mail this report to: Department of Environmental Protection

PERMITTEE Lake Placid Utilities, Inc. PERMIT NUMBER: FL 1014386 FILME COPY Monsily NAME: MAILING 200 Weatherstield Ave. LIMIT Final ADDRESS: Altamonic Springs, Handa 32714 CLASS SIZE: DISCHARGE FOINT NUMBER: FACILITY. Sun & Lakes of Lake Placid WWTP PLANT SIZE/TREATMENT TYPE: HI-C LOCATION: Brevand Ave NO DISCHARGE FROM SITE: 11 Type of ECL serie Discould Lake Placid, Florida Perk Pond MONITORING PERIOD From: 3/1/08 To: 3/31/08

COUNTY: Highlands

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Parameter		Quantity	or Losiding		Qua	lity or Concentration	ation		No. Frequency of Ex. Analysis		Sample Type
		Average	Maximum	Units	Minimum	Average	X1 aximaam	Units			
BOD, Carbonaceson 5 day, 20C	Sample Measurement		A. Summarine I			3.1		nig/L	0	Maathly	Grab
PARM Code \$0082 Y Mon Site No. EFA - 1	Permit Requirement	7				20.0 (An Ava.)		mg/L		Mossibly	Grab
BOD, Carbonaceous 5 day, 20C	Sampk Meassrement					2.01/	2.00	rng:1.	a	Monthly	Grah
PARM Code 80082 1 Mon Sile No. EFA + 1	Fermit Requirement					Report (Mo. Aw.)	60,0 (Max)	mg/l.		Monthly	Orab
Solids, Texal Suspended	Sample Measorement					1.6		mg∘L	0	Monthly	Grab
PARM Cod: 00530 Y Mon. Siz: No. EFA - 1	Permit Requirement				uak - + ∓ ·	20.0 (An Avg.)		ung L		hlunchly	Grab
Solida, Total Suspended	Sample Measurement					28	2.8	mgila	õ	Moralidy	Grab
PARM Code 00536 1 Mon. Site No. EFA = 1	Fermit Requirement				dani Munumatan pertangkan dari kana dari kana dari kana dari kana dari kana dari kana dari kana dari kana dari	Report (Mo Ave.)	60.0 (Max)	Ing,I.		Monshi _y	Grah
PII	Sample Measurement		<u> </u>		7.1		7,2	*4	9	3 days. a week	Grab
PARM Cede 00400 1 Mon. Sile No. EFA - 1	Permit Requirement		 	1.11 1990 120 111 111 111 111 111 111 111	6.0 (Min)		# 5 (Max)	¥.µ.		J dayx a week	Grab
Coliform, Fecal	Sample Measurement		· · · ·		**************************************	1,3		4/100 ml	Û	Monthly	Grab
PARM Code 74055 Y Mon. Site No. EFA - 1	Pennit Requirement					200 (An. Ave)		#:100 ml		Monthly	Grais

I certify under penalty of law that I have personally examined and an familiar with the information submated herein; and based on my inquiry of those individuals immediately responsible for obtaining the information. I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitted information iscluding the penalties for submitted information including the penalties for submitted information iscluding the penalties for submitted information iscluding the penalties for submitted information including the penalties for submitted information is true, accurate and complete. I am aware that there are significant penalties for submitted information iscluding the penalties for submitted information in the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitted information iscluding the penalties for submitted information is true, accurate and complete.

NAME-TITLE OF FRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		PHONE NO.	DATE YYMMDD
- Otto Knieker / Operator	()XC/	(863) 465-6911	4/14/08

COMMENT AND EXPLANATION OF ANY VIOLATION'S (Reference all anaclaments here)

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Sun & Lakes of Lake Placid WWTP Month/Year: MARCH 2008 COUNTY: Highlands

PERMIT NUMBER: FLA014386

DISCHARGE POINT NUMBER: R-601

Parameter		Quantity	or Loading		Qua	lity or Concentr	ation		No. Ex.	Frequency of Analysis	Sample Type
full from the state		Avange	Maximum	Uraits	Miraman	ANTOGE	Maximum	Ursits	<u> </u>		
Coliform Fecal	Sample Measurement				1.017		1.01	# 100 ml	0	Moraldy	Grab
PARM Code 74055 Mon. Site No. EFA - 1	Permit Requirement				Report (Mo.Gov. Mcan)		500	#/100ml		Monthly	Grab
Total Residual Chlorine (for desinfection)	Sample Meansteinent				2.0		(Max)	mg/1.	0	5 days	Grab
PARM Code 50060 A Mon. Site No. EFA - 1	Permit Requirement			47 % Dhathalainte san an an	0 5 (mit)			നളി.		a wirek 5 daşs	Grab
Nitrogen, Nitrate, Total (as N) (If required in the permit)	Sample Measurement			1	(mai)		.10	mgL	0	a week Monthly	Grab
PARM Code 00620 1 Mon. Site No. EFA - 1	Permit 12 mg/L Requirement					20 400. 1008001009-1480-1	12.0 (max)	mg/L		Monthly	Grah
Flow	Sample Measurement	.037		mgd			(uma)		0	5 days	Flow meter /
ARM Cod236050 Y don, Sila Na, FLW - 1	Permit Requirement	0.090 (An. Awe)		nışd						a week S days	a totalizer Flow meter /
- 1.944 	Sample Measurement	.040		mgd						a week 5 days	s totalizer Flow meter /
MRM Coda50050 1 Hon. Site No. FLW - 1	Permit Requirement	Report (Mo. Ave.)		nigd						n week. 5 days	a totalizer Flow meter /
100, Carbonsceous J day, 20C	Sample Measurement	Carlos Partes 1				248.0		mg/L	0	4 week Monthly	a totalizzy Grah
ARM Code \$6082 G Jan Site No. INF - 1	Permit	· · ·				Report		my-I.			
olide, Total Suspended	Requirement Sample		an an an an an an an an an an an an an a	YYOTHIC MANAPLINAMENT TAL		(Ma. Ave.) 288.0				Monthly	Grab
ARM Code 00530 G	Measurement Permit				A A A A A A A A A A A A A A A A A A A			mg/l.	Ø	Monthly	Grab
lan Site Nu. [NF - 1 milly under then live of laws they I be	Requirement					Report (Mu. Ave.)		mg L		Monthly	Grab

I certify under penalty of law that I have personally examined and am familiar with the information solumited herein; and based on my inquiry of those individuals immediately responsible for obtaining the information. I believe the submitted information is true, accurate and complete. I are aware that there are significant penaltice for submitted information including the submitted information. I believe the

NAME/THUR OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	HON STORE CHER IN AND I		
Cass Krucher : Operation	SIGNATIVE OF PLINCH AVE ASCH WE OFFICER OR AUTHOR	ZED AGENT PHONE NO:	DATE: YYMMODD
		(863)	474.05
	1 stronge	465-6911	
		ľ	1 1

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments blog

ດ. ເດ

Facility Name: Sun & Lakes of Lake Placid WWTP

Permit Numbers FLA014386 DISCHARGE POINT NUMBER: R-001

Month Year

MARCH 2008

Coursey: Highlands

	Flow	CBODI	CBODS	TSS	TSS	P R	Faal	TRC	Nitrogen,	Type of	Time
	(MGD)	(mg/l)	(mp?)	(mpl)	(m‡1)	(8.M.)	Coliferm Basteria (#/100)	(for disinfect) (mgT)	Nitrote, Total (as N (ng I)	Sample O~gtab C~Comp	Seenpl
ന്ദ	50030	80082	100/52	00530	00530	00400	74055	10060	00620		
dem.	FLW-1	EFA-1	INF-1	EFA-I	INF-1	EFA-1	SFA-1	EFA-1	EFA-1		
Sue	.0420				1	7,1		4.8	l		
2	0421		1			1					
3	.0422	+	1			7.1		3.6	<u> </u>		
4	04!1	-	1		1	7.1	1	4.1			<u> </u>
5	0376		1	1		7.1	1	5.5	 		
ŭ	11497	1	Ì	ļ		7.2	1	3.9			-
7	0568					7.2		2.2			ļ
*	6333		1	1	1	7.2		3.1			
9	0411		1			7.2		2.8			
10	0652	1	1		1	3.2		3.0			1
71	.0314	2.602	248.0	2.8	288.0	7.2	-	2.6	.10	G	0904
12	.0437	***		1		7,2	1	2.0			
13	.0411	1	†			7.1	1	2.3			1
14	.0193		1					-			}
15	.0193	1	 	†		7,1		3.0			
16	.0351					1					
17	.0351	1	1			7.1	**************************************	2.8			<u> </u>
18	0318	-			1	7.1		3.0			
19	.0368	1	1			7.1	1	2.0			ł
20	0449	-	†	1		7.1	1.00	30		G	1260
21	,0484		t	<u> </u>		7.1	1	3,5			
22	044		1		*****	7.2		4,1			<u> </u>
27	0402						1				
24	.0407					7.2		3.1			[
25	.0411		[1	7.2		2,8			
Zie	£1374				1	7.1	+	3.0			
27	9391		[1	7.1	Í	3.5			
28	0385	Ì				7,1	1	3.9			
29	0371	I				7.1	t	2.8			
360	0423										
31	9423					7.2		3.0			
	STAFFING: LOpcutor	Class:		Certificat	~ ¥.~		¥				
	Shift Operator	Class		Centilicat			Name Name				
	ift Operator	Class		Centificati	Margaret 1		Name				

Type of Effluent Disposal or Reclaimed Water Reuse. Lumned Wet Weather Ducharge Activated: Yes: No: Not Applicable: If yes, cumulative days of wet weather discharge: 'Artach additional sheets if necessary to list all certified operators.

FLA012996-002-DW3P DMR Form Date 03/2003

Page 3 of 3

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Prefection

PERMITTEE NAME:	Lake Placid Utilities, Inc.	PERMIT NUMBER:	FLADIA386 Phr # # Km		
MAILING ADDRESS:	200 Weatherefield Ave. Mamorite Springs, Florids 32714	LIMD F:	Final	GAPV	Morahly
FACILITY: LOCATION:	Sun & Lokes of Lake Placid WWTP Dervard Ave Lake Placid, Florida	CLASS SIZE: DISCHARGE POINT NUMBER: PLANT SIZE/TREATMENT TYPE: NO DISCHARGE FROM SITE: Type of Billiant Diagonal	ILC 1 1 Perk Pond	GROUES	Domestic
COUNTY:	l fiolitands	MONITORING PERIOD	From: 4/1/08		To: 4/30/08

COUNTY: Highlanda

Parameter			or Loading		Qua	lity or Concentr	ation		Nø, Ex	Frequency of Analysis	Sample Type
There is a second second second second second second second second second second second second second second s		Average	Maxamum	Units	Minimusen	Airraga	Maximum	Units			<u> </u>
BOD, Carbonacoas 5 day, 20C	Sample Measurement					.1.2		mg/1.	Ũ	Monthly	Grzh
PARM Code 86082 Y Mon Site No. EFA - 1	Permit Requirement	×			·····	20.0				Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Manuscriment					(An Avg) 2.3	2.3	mg.l.	0	Marchly	Grab
PARM Code \$60\$2 1 Mon Site No. EFA - 1	Pormit Requirement					Report (Mo Ave)	69.0 (Max)	mg1.		Monthly	Grab
Solida, Total Surpended	Sample Measurensent				· · · · · · · · · · · · · · · · · · ·	3.6		nte l.	0	Monthly	Grab
PARM Code 60:530 Y Mon. Site No. EFA - 1	Permit Requirement					20.0 (An Avg.)		mg.7.		Monthly	Grab
Solids, Total Suspended	Sample Measurement					1.2	1.2	mg-L	0	Monthly	Guah
PARM Code 00530 1 Von Site No. EFA - 1	Peripit Roquitement					Report (Mo Ave.)	66.0 (Max)	mg/l.		Montidy	Orah
MI	Sample Meantemore				7,1		7.3	\$-1L	0	5 days a work	Grab
MARM Code 60460 1 Mon. Sida No. EFA - 1	Permit Requirement				6.0 (Mie)		8.5 (Max)	3 U.		5 days	Grab
Coliform, Fecal	Sample Measurment			1		1.0	<u>Alling</u>	≠/100 ml	-0+	a week Monthly	Grab
ARM Code 74059 Y More Sile No. EFA - I	Permit Requirement					200 (An Ave)		2/100 m		Monthly	Grab

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the ant mitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the parability of fine and imprisonment

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT One Kracker / Constant	SIGNATURE OF PRINCIPAL ENECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO.	DATE YYAMADD	-
Contra Environmental (California)		(163)	3/15/08	
		465-6911		

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

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DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Sun & Lakes of Lake Placid WWTP Month/Year: APRIL 2808 COUNTY: Highlands

PERMIT NUMBER: FLA014386

DISCHARGE POINT NUMBER: R-001

ъ. Ц

Parameter		Quantity or Loading		or Loading Quality or Concentration			T	No.	Prequency of Analysis	Sample Type	
Coliform Fecal		Average	Maximum	ไกรม	Minimum	Average	Maximum	Units	<u>Fx</u>		1
Concern Ferni	Sample	1 1			1.0		1.0	3/100 ml	ũ		
PARM Code 74035 1	Bernst			L				WE LOOSE MES		Monthly	Grab
Man Site No. EFA - 1	Requirement				Report		800	×/100mi		Mandata	
Total Resident Chlorine	Sample	<u>┾╾┈──</u> ─┤			(Ma Geo, Mean)		(Max)			Monthly	Grab
(for disinfaction)	Measurement			ļ	25			mg T	Ū.	5 days	Grab
PARM Code 10060 A	Permit	ti		+		Show an experimental state of the second state				a week	Grab
Mon. Sile No. EFA-1	Requirement	{ }			0.5 (min)			mg I.		5 days	Grab
Nitragen, Nitrate, Total (as N)	Sample	† f								a week	Grad
(If required in the permit)	Measurement				1		67	mgi,	0	Monthly	Grab
PARM Cod: 00620 1	Permit 12 mg/l.			1	ii						
More, Sile No EFA - 1	Requirement				1		12,9 (Clax)	meL		storthy	Grab
Flow	Sample	.016		Ingd			(214.4.)	┥━━━━┣			
PARM Code30650 Y	MCARMEETTER					1]	0	5 days	Flow meter /
Man Site No. FLW - 1	Permit Requirement	0.090		togs!				┦───╉		* wast	a kaalizer
Tion	Sample	(An Ave)						1		5 daya a week	Fairs motor f
	Measurement	.0345		angd			·····			3 days	A totalizer
ARM Code50050 1	Premit	Report						1 1		a week	Flow meter / 2 totalizar
for Site No. FLW - 1	Requirement	(Mo Ave)	4	ingd		1	e	. 1	1	5 days	Flow meter /
OD, Carbonaccous 5 day, 20C	Sanwie	1								a week	a totalizar
-	Measurement					185.0		nag/L	0	Marchly	Grab
ARM Code \$5082 G	Permit		the state of the s								
don Site No. INF - 1	Requirement				1	Report (Ma. Alse.)		mgil.	T	Monthly	Ciryb
olida, Total Suspended	Sample		······································		· ····································	154.0					
(B) (C. L. downson and	Measurement					1210		mg/L	0	Monthly	Grab
ARM Code 00530 G fan Site No. INF - J	Permit					Report					
ertify under worship of two short 3 to	Represent					(Sia Ave)		mg L		Monthly	Grab

Men Site No. INF - 1 [Requirement] I certify under penalty of law that I have personally examined and an familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF FRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO	L FARTY MARKEN	,
Otio Krucket / Operator		(163)	DATE YY MMDD	l
		465-6911		

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all anachments bere):

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DAILY SAMPLE RESULTS - PART B

Facility Name:

Sun & Lakes of Lake Placid WWTP

Permit Number:

DISCHARGE POINT NUMBER: R-601

Month Year. APRIL 2008 FLA014386

ŝč	Month	Average	Daily Flow:	l	.£

County: Highlands

	Firm	CBODS	CBODS	TSS	Tes	Daily Flow % of Permitted Copacity: 44% TSS PH Facal TRC Netween Type of Tune of							
<u></u>	(MGD)	(mg/))	(mg/l)	(mg1)	(mg.1)	(3.0.)	Coliform Bostona (#/100)	(for disinfect) (mgA)	Nitragen, Nitrate, Total (as N (mgl)	Type of Sample G*grab C-Comp	Tume o Sampl		
Code Mon	508150 FLW-1	EFA-1	80082 INF-1	00530	00530	00400	74055	Station	00620		1		
Sina	1	K170-1	636-1	EFA-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1		1		
1	8357			1	1	7.3	1	2.5			┥────		
2	Q984	1		1	1	7.1		3.5			┢		
3	.0254	* <u> </u>	1	t	{ ,	7.1	1	3.0			ļ		
÷	6423			ŧ	<u> </u>	7.1		3.8					
\$.029	1	1	<u> </u>		7.2	-	4.5					
5	0413		1	[[<u> </u>	 						
7	.040	<u> </u>			- <u></u>	7,2		3.9			 		
8	.43331	12.3	125.0	1.2	154.0	7.2	1.0	4.1	.07		0110		
9	.0366		<u> </u>			7.1	<u> </u>	3.8	Jur -	a	08.10		
16	0156					7.1	┠────						
1;	0313		[<u></u>	<u></u>	4.0					
12	0331	<u> </u>			····	7.1	<u> </u>	4.5					
13	.0547		Į			7,1	1	\$.5	_				
	.0548												
15	-)			7.1		5.1					
i	038					7.3		4.0					
16	.0366					7.3		3,8	Ì				
17	0246					7.3		3.8					
18	.0348					7.3		3.8					
19	9261					7.3		4,8					
20	0175				······································								
21	.017	1				7.3		4.3					
22	.0345					7.2		3.0			·····		
23	.061					7.2		3.3					
24	0261					7.2		4.1					
25	0143		1			7.2		3.0					
26	0;9			1		7.2	ł	43					
27	04)6												
28	04 <u>1</u> 1					7.2		4.6					
29	0244					7.2							
	0209					7,2		3.1					
31						* >=		10					
i i	LAFHING.	<u> </u>							L				
iy Stuft	Operator	Çlans.		Certificate	No:		Name						
	kift Operator	Class:	******	Certificate	No:		Name:						
द्धा ठाळा ज्य Oper	Operator stor	Ciasa; Chasa:	C	Certificate Certificate		8619	Name Name	One K		······································			

Type of Effluent Disposal or Reclaimed Water Reuse:

I mital Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes, cumulative days of wet weather discharge:

'Attack additional sheets if necessary to list all certified operators.

FLA012996-002-DW3P DMR Form Date 03/2003

Page 3 of 3

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection

PERMITTEE NAME:	Lake Placid Utilities, Inc.	PERMIT NUMBER:	FLA014386		
MAILING ADDRESS:	200 Weathersfield Ave. Altamonte Springs, Florida 32714	LIMIT:	Final	REPORT:	Monthly
		CLASS SIZE: DISCHARGE POINT NUMBER:		GROUP	Damentic
FACILITY: LOCATION:	Sup & Lakes of Lake Placid WWTP Brevard Ave Lake Placid, Florida	PLANT SIZE/TREATMENT TYPE: NO DISCHARGE FROM STIE: Type of Effluers Dopposed	ni-c t_) Perk Pond		
		MONITORING PERIOD	From: 5/1/08		To: 5/31/08

COUNTY: Highlands

хA

Parameter		Quantity or Loading			Qua	lity or Concentra		No, Ex.	Frequency of Analysis	Sample Type	
		Average	Maximum	Units	Minimum	Average	Maximann	Units	1		f
BOD, Carbonaceous 3 day, 20C	Sample Measurement					3.1		mg l.	ä	Morthly	Grab
PARM Code \$6032 Y Mon She No. EFA + 1	Permit Requirements		52			20,0 (An Avg.)		mg L		Monshiy	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement		······		<u>₩2</u> 	2.5	2.5	mgL	0	Monshiy	Grab
PARM Code 80082 1 Mon Site No, EFA - 1	Permit Requirement					Report (Mo, Ave.)	60.0 (Max)	nıg l.		Morahiy	Gtab
Solids, Total Suspended	Sample Measurement					3.7		mgʻl.	0	Monthly	Grab
PARM Code 00530 Y Man. Site No. EFA - 1	Permit Requirement					20.0 (An. Avg.)		mg l.		Monthly	Grab
Solide, Total Suspended	Sample Measurement					2.2	2.2	mg L	0	Monthly	Grab
PARM Code 00530 1 Most. Site No. EFA - 1	Permit Requirement					Report (Mo Ave.)	60,0 (Max)	mgʻl.		Monthly	Grab
PH	Sample Measurement				7.0		7.2	<u>s.u.</u>	a	5 days a week	Grab
PARM Code 00400 1 Man, Site No, EFA - 1	Permit Requirement				6.0 (Min)		8.5 (Max)	y, iii.		5 days a week	Grab
Coliforn, Fred	Sample Measurement					1.0		* 100 ml	0	Monthly	Grab
PARM Code 74055 Y Mon. Site No. EFA - 1	Permit Requirement				<u></u>	200 (An Ave)		601(% ml		Monthly	Grab

I certify under penalty of law that I have personally examined and am familiar with the information submitted berein; and based on my inquiry of those individuals immediately responsible for obtaining the information. I believe the submitted information is true, accurate and complete. I am awate that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TILE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SION AT ALL OF PROCEENESS CUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO: DATE YYAM	DD
Otto Kruckar / Operator		(863) 6·20·08 465-6911	
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all relachments			

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

FACILITY NAME: Sun & Lakes of Lake Placid WWTP Month/Year: MAY 2008 COUNTY: Highlands

383 W

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PERMIT NUMBER: FLA014386

DISCHARGE POINT NUMBER: R-001

Parameter		Quantity or Loading			Quality or Concentration					Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units	<u>Ex.</u>		t
Coliform Fecal	Sample Measurement				1.00	P4-9	1.0U	4:100 ml	0	Morthly	Grab
PARM Code 74055 Mon. Site No. EFA - 1	Permit Requirement				Report (Mo.Geo. Mran)		800 (Max)	#*100ml		Monthly	Orab
Total Residual Chlorine (for disinfection)	Sample Measurement				3.8			mgʻl.	0	5 days a week	Grab
PARM Code 50060 A Man Site No. EFA - 1	Permit Requirement				0.5 (min)			mg/L		5 days a week	Grab
Nitrogen, Nitrate, Total (as N) (If required in the permit)	Sample Measurement						8.75	mg L	0	Monthly	Grab
PARM Code 00620 1 Mon. Sitz No. EFA - 1	Permit 12 mg L Requirement			[12.0 (max)	cng L		Monthly	Grab
tlow	Sample Measurement	.035		mgd					a	5 days a week	Flow meter / a totalizer
PARM Code 50050 Y Mon. Site No. FLW - 1	Permit Requirement	0.090 (An. Ane)		mgd			÷		1	5 days a week	Flow meter / a totalizer
Flow	Sample Measterement	.0254	<u></u>	bgun						5 days a week	Flow meter / a totalizer
PARM Code30050 1 Mon. Site No. FLW - 1	Permit Requirement	Report (Mo. Ave.)		mgi			*	н		5 dayn a week	Flow meter /
BOD, Carbonaceous 5 day, 20C	Sample Meanarensent					129,0		mg L	0	Monthly	Grab
PARM Code 80082 G Mon Site No. INF - 1	Permit Requirement					Report (Mo. Ave.)		mgʻl.		Monthly	Orah
Solids, Total Suspended	Sample Measurement				<u> </u>	76.0		mg/L	0	Monthly	Orab
PARM Code 00530 G Mon Site No. INF - 1	Permit Requirement					Report (Mo, Ave.)		mgʻl.		Monthly	Grab

I certify under penalty of law that I have personally examined and am familiar with the information submitted berein; and based on my inquiry of those individuals immediately responsible for obtaining the information. I believe the submitted information is true, accurate and complete, I are aware that there are significant penalties for submitted false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRECIPAC ENECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO.	DATE: YY/MM/DD
Otto Krucker / Operator		(863) 465-6911	6 20 03

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments bare)

Facility Name:

Sun & Lakes of Lake Placid WWTP

Permit Number: FLA014386

DISCHARGE POINT NUMBER: R-001

Month Year: MAY 2008

Three Month Average Daily Flow: 035

County: Highlands Daily Flow % of Permitted Consults of Lana

Three Month Average Daily Flow:							•				
ۋ	Flow (MGD)	CBOD5 (mg/l)	CBODS (mg3)	TSS (mg/l)	TSS (mg/l)	PH (KU.)	Fecal Coliform Hacteria (#/190)	TRC (for disinfect) (mg1)	Nitrogen, Nitrale, Total (as N mg-1)	Type of Sample G-grab C-Comp	Time of Sample
Code	50050	80082	\$0082	60530	00530	00-100	74055	\$0060	00620		
Mon. Site	FLW-I	EFA-1	INF-1	EFA-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1		1
1	.0.301		1			7.1	-	3.8	ļ		
2	,0*66		1		1	7.1		3.5	1		
3	.0308	1				7.1	1	2.6			
4	.022		1	f	f		1		{		
5	.022		<u>†</u>	<u> </u>		7.1	-	3.0			
6	,0246		<u> </u>	1	1	7.1		2.0			
7	.0255	Ī	[1	1	7.1	1	3.1			
8	.026	2,5	129.0	2.2	76.0	7.2	1.00	3.0		G	1151
9	,0214		<u> </u>		[7.2	1	2.5			
10	.018#	1	<u>}</u>	<u> </u>	 	7.2		2.0			
11	.037		1	1	1	1					
12	.0.19	- h	1	1	l'	7.2	1	2.3			
13	.018				[7.2		3.0			
14	.0028	1	t	1		7.2	1	2.8			
15	.0364		<u>† </u>	İ.	 	7,1	1	2.0			
16	.0238	T	1		1	7.1	1	2.1		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
17	.022					7.1		2.3			
18	.0084	1		Ī	l .			1			
19	.0084			1	1	7.0		3.0	[
20	.0199		1	1	1	7.0		2.6			
21	,0679	1		1	1	7.2	1	2.0	[
22	.0204					7.2	1	2.2	İ		
23	.027		I	1	[7.2		2.1			
24	.0081					7.2		3.1			
25	,0111					7.2		2.3			
26	.037										
27	058					7.2	Ι	2.1			
28	.0226					7.2		3.0			
29	.024					7.2		2.8			
30	.0231					7,1		2.6			
31	.0236	L			[7.2		2.1	8.75	G	1555
	STAFFING: It Operator	Class;		Certificat	a No:		Nam	*			
	Shift Operator	Classe	÷	Certificat			Name Name				*
	niit Operator	Class:		Certificat	1000		Nam				
and the	and and a surr	2"1	275	19					A. A		

Type of Effluent Disposal or Reclaimed Water Reuse:

Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes, cumulative days of wet weather discharge:

Certificate No:

'Attach additional sheets if necessary to list all certified operators,

Class:

С

FLA012996-002-DW3P DMR Form Date 03/2003

Lead Operator

8619

Name

Otto Krucker

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mult this report to: Department of Environmental Protection

FGRMITTEE NAME:	Lake Placid Utilities, Inc.	PERMIT NUMBER:	FLA014386		
MAILING ADDRESS:	200 Weathersfield Ave. Altamonte Springs, Florida 32714	LIMIT:	Final	REPORT:	Monthly
FACILITY:	Sun & Lakes of Lake Placid WWTP	CLASS SIZE: DISCHARGE POINT NUMBER: PLANT SIZE/TREATMENT TYPE;	HVC	GROUP:	Domestic
LOCATION:	Brevard Ave Lake Placid, Florida	NO DISCHARGE FROM SITE: Type of Effluent Disposal	l) Perk Pond	FILE COPY	
COUNTY:	Highlands	MONITORING PERIOD	From: 6/1/08	OULI	To: 6/30/08

Parameter			ntity or Loading		Qu	ality or Concentre	<u> </u>	No, Ex,	Frequency of Analysis	Sample Type	
BOD, Carbonaceous 5 day, 20C		Average	Maximum	Units	Minimum	Average	Maximum	Units			<u> </u>
	Sample Measurement					3.1		mg/L	0	Monthly	Grab
PARM Code \$0052 Y Mon Site No. EFA - 1	Permit Requirement	,		1		20,0				Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample		<u></u>	┟╼╼╌┥	·	(An Arg.) 2.0U	2.00				Gang
PARM Code \$0082 1	Measurement Permit			<u> </u>			2.00	mg/L	0	Monthly	Grab
Mon Site No. EFA - 1 Solids, Total Supended	Requirement Sample					Report (Ma. Ase.)	60.0 (Max)	mg/L		Monthly	Grab
ARM Code 00530 Y	Measurement					3.7		mg/L	0	Monthly	Grab
Mon. Site No. EFA - 1	Permit Requirement					20,0 (An. Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					1.6	1.6	mg/L	0	Monshiy	Gnb
PARM Code 00530 1 Mon. Site No. EFA - 1	Permit Requirement					Report (Mo Ave.)	60.0	mg/L		Monthly	Grab
71	Sample Measurement	1			7,1	(invitie)	(Max) 7,4	1.0,	0	5 days	Grab
ARM Code 00400 1 Man. Site No. EFA - 1	Permit Requirement				6.0 (Min)		8.5	5.0.		a neck 5 days	Grab
Coliform, Focal	Sample Measurement				Crank J	1.0	<u>(Max)</u>	#/100 ml		A week Monthly	Grab
ARM Code 74055 Y	Permit					200	•	#/100			
ston. Site No. EFA - 1 entify under penalty of law that I h	Requirement	İ				12 Acres 1		mt		Monthly	Grab

ity of law that I have personally examined and am familiar with the information submitted herein; and based on manuality of those individuals immediately responsible for obtaining the information. I be submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

ł	NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED	SIGN	INT	1114: 74	57	CALEXECUTIVE OFFICER OR AUTHORIZED AGENT		
l	Otto Kracker / Operator			147	77	A CARCOTTYE OFFICER OR AUTRORIZED AGENT	PHONE NO:	DATE: YYAMADD
ļ			A	M	γ		(\$63)	7/19.03
1			UK	W	11		465-6911	
		100	1					

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here);

Revel 8-19-05

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Sun & Lakes of Lake Placid WWTP Month/Year: JUNE 2008 COUNTY: Highlands

PERMIT NUMBER: FLA014386

DISCHARGE POINT NUMBER: R-001

Parameter		Quantity	or Loading		Qua	lity or Concentr		No. Ex.	Frequency of Analysis	Sample Type	
		Average	Maximum	Units	Minimum	Average	Maximum	Units			<u> </u>
Coliform Feeal	Sample Measurement				1.00		1.0U	#/100 ml	0	Monthly	Orab
PARM Code 74055 1 Mon. Site No. EFA - 1	Permit Requirement				Report (Mo.Geo. Mean)		800 (Max)	#/100ml		Monthly	Grab
Total Residual Chlorine (for disinfection)	Sample Measurement				1.6			mg/L	Ō	5 days a week	Grab
PARM Code 50060 A Mon. Site No. EFA - 1	Permit Requirement				0.5 (min)			mg/L		5 days a week	Grab
Nitrogen, Nitrate, Total (as N) (If required in the permit)	Sample Measurement						7,82	nts/L	Ō	Monthly	Grab
PARM Code 00620 1 Mon. Site No. EFA - 1	Permit 12 mg/L Requirement				· · · · · · · · · · · · · · · · · · ·		12.0 (max)	mg/l,		Monthly	Grab
Flow	Sample Measurement	.035		mgđ					0	S days a wyck	Flow meter / a totalizer
PARM Code50050 Y Mon. Site No. FLW - 1	Permit Requirement	0.090 (An. Ave)		mgd			5			5 days a wrek	Flow meter / a totalizer
Flow	Sample Measurement	.023		mgd						5 days a week	Flow meter / a totalizer
PARM Code50050 1 Mon. Site No. FLW - 1	Permit Requirement	Report (Mo. Ave.)	۶.	mgd			5	+		5 days a week	Flow meter / # totalizer
BOD, Carbonaccous 5 day, 20C	Sample Measurement					111.0		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon Site No. INF - 1	Permit Requirement					Report (Mo. Ave.)	<u></u>	mgʻl.		Monthly	Grab
Solids, Total Suspended	Sample Measurement				······································	100.0	····	mg/l.	0	Monthly	Grab
PARM Code 00530 G Mon Site No. INF - I	Permit Requirement					Report (Mo, Ave.)		mg/l.		Monthly	Grab

I certify under penalty of taw that I have personally examined and am familiar with the information submitted hereis; and based on my inquiry of those individuals immediately responsible for obtaining the information, I b submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information below the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATI RE OF BROKEY AN EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE: YY/MM/DD	13
Otto Knucker / Operator		(863)	7/19/08	ŀ.
	(JUM	465-6911		Ì

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COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments bere)

Facility Name: Sun & Lakes of Lake Placid WWTP

Permit Number: FLA014386

DISCHARGE POINT NUMBER: R-001

Month Year. JUNE 2008 Three Manual a

County: Highlands

	Flow	_	.029			Daily Flow % of Permitted Capacity: 32%								
Code	(MGD)	CBODS (mg/l)	CBODS (mg/l)	(mg/])	TSS (mg/l)	PH (s.u.)	Fecal Coliform Bacteria (#/100)	TRC (for disinfect) (mg/1)	Nitrogen, Nitrate, Total (as N med)	Type of Sample G=grab C=Comp	Sample			
Mon.	FLW-1	80082 EFA-1	80082 DNF-1	00530 EFA-1	00530 INF-1	00400 EFA-1	74055	50060	00620					
Sinc.	.02#1				HAL-1	CFA-I	EFA-1	EFA-1	EFA-I		1			
2	.0281		Ļ	<u> </u>	<u> </u>						1			
3			<u> </u>	<u> </u>	<u> </u>	7.2		1.8						
	.0279					7.2		1.9			[
4	.0214					7.2		1.6			<u> </u>			
5	.0247					7.2	1	1.9						
6	.0158					7.2		1.8						
7	.0244			1	1	7.2	1	1.6						
8	.0199		1	1	<u> </u>	-	1							
9	.0199		i	1	}	7.2		1.9						
10	.0213	+		<u> </u>	<u> </u> -	7.2		2.0						
11	.0288	1		<u>+</u>		7.2		1.8						
12	.0168	2.00	111.0	1.6	100.0	7,2		2.6		G	1035			
13	.0215					7,1		3.0		<u> </u>	1033			
14	.019					7.1		2.8						
15	.0217	+		 _		[├ ────	±						
16	.0117		e dati sedera	BANKIDI		7.1		3.8						
17	.0196		an hinary		·	7.1								
18	.0218				_			3.6						
19	.0231					7.1		4,5						
20	.0258					7.1	f	3.0						
20						7.2		3.5						
	,014					7.2		4.2						
22	.030													
23	.0303					7.3		2.1						
24	.0208					7.2	ŀ	3.3						
25	.0171					7.2		1,8						
26	.0321					7,4		3.6						
27	.0478					7.4		9.1 7	.82	G	1314			
28	.0216					7,4		2.8						
29	.0367				<u></u>	7.4		21						
30	.0396					7.2		2.0						
31														
Day Shif	STAFFING: t Operator Shift Operator	Class:		Certificate			Name:	l		1				
Night Sh	onin Operator	Class: Class:		Certificate Certificate			Name: Name:							
Lead Ope		Class:	C	Certificate		8619	Name: Name:	Otto K	nucker					

Type of Effluent Disposal or Reclaimed Water Reuse:

Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes, cumulative days of wet weather

*Attach additional sheets if necessary to list all certified operators.

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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

	When Completed mail this report to: Department of Environmental Pro-	etation			RECEIVED
PERMITTEE NAME:	Lake Placid Unifies, Inc.	PERMIT NUMBER:	FLA014386		
MAILING ADDRESS:	200 Weathersfield Ave. Altarworte Springs, Florida 32714	LIMIT:	Final	REPORT:	AUG 2 5 7008 Monthly
FACILITY: LOCATION:	Sun & Lakes of Lake Placid WWTP Brevard Ave Lake Placid, Florida	CLASS SIZE: DISCHARGE POINT NUMBER: PLANT SIZE/TREATMENT TYPE: NO DISCHARGE FROM SITE: Type of Effluent Dispond	mc F 11 Perk Pond	ILE COPY	Domestic
COUNTY:	Highlands	MONITORING PERIOD	From: 7/1/08		To: 7/31/08

×.

Parameter			or Loading		Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Typ
BOD, Carbonaceous 5 day, 20C		Average	Maximum	Units	Minimusn	Average	Maximum	Units	L.4.31		
	Sample Meansement					3,1		mgil	a	Morahly	Grab
PARM Code 80082 Y Mon Site No. EFA - 1	Permit	*	· ·			20.0			ļļ	•	
HOD, Carbonaceous 5 day, 20C	Requirement Sample					(An Avg.)		mgL		Monthly	Grab
Ŧ	Measurement					2.0U	2.0U	mgL	0	Monthly	Grab
ARM Code 80082 1	Permit	i				Report					
Mon Site No. EFA - 1 Solids, Total Suspended	Requirement					(Mo. Ave.)	60.0 (Max)	mg/L		Monthly	Grab
·	Sample Measurement	1				3,7		mgL	0	Monstelly	Grab
ARM Code 00530 Y	Pennit					20,0					0.46
fon. Site No. EFA + 1 olids, Tetal Suspended	Requirement					(An Avg.)		ngL		Monthly	Cirab
and the set of the set	Sample Measurement					1.90	1.0U	mg/1.		Morahly	Grab
ARM Code 00530	Permit										-un bib
lon. Site No. EFA - 1 II	Requirement					Report (Mo Ave.)	60.0 (Max)	mg-L.		Monthly	Grab
	Sample Measurement				7.2		7,4	*.U.		5 days	Grab
ARM Code 00400 1	Permit				6.0					a week	UTID
on, Sile No, EFA - 1 diform, Fecal	Requirement				(Min)		8.5 (Max)	KU.	Г	5 days	Grab
anant Lefin	Sample Measurment					1.0	(//////	#/100 ml		<u>a week</u> Monthly	(7.)
IRM Code 74055 Y	Permit	······								SHARINS	Grab
on. Site No. EFA - 1 tify under penalty of law that I hav	Requirement					200 (An. Ave)		001)≭ kn	-	Monthly	Grab

submitted information is true, accurate and complete. I am aware that there are significant penalties for submitted berein; and based on my inquiry of those individuals immediately responsible for obtaining the information. I believe the NAME/ITTLE OF SPIN/210-21 EVERTUPE CONSTRUCTION CONTRACT, I believe the

	NAME/THE FOR DRIVER OF BUTTLE WITH A STREET			a providence of the second sec			
	NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNAGERIA	PROFESSION	VE OFFICER OR AUTHORIZED AGENT	I DEPENDENT AND	T	
	Otio Knacker / Operator	1.9177	1111	The second second second second second	PHONE NO:	DATE: YY/MM/DD	1
		MI I	10		(863)	81508	1
1		IMY 1	/		465-6911	1	F

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Sun & Lakes of Lake Placid WWTP Month/Year: JULY 2008 COUNTY: Highlands

PERMIT NUMBER: FLA014386

DISCHARGE POINT NUMBER: R-001

Parameter		Quantity or Loading			Quality or Concentration					Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Unita	Ex.	······································	
Coliforn Fecal	Sample Measurement		······································		1.0U		1.013	#/100 ml	0	Monthly	Grah
PARM Code 74055 1 Mon. Site No. EPA - 1	Permit Requirement				Report (Mo.Geo. Mean)		800 (Max)	*/100ml		Monthly	derO
Total Residual Chlorine (for disinfection)	Sample Measurement	1		1	2.0			mgʻl.	0	5 days a week	(हेर्ड)
PARM Code 50060 A Mon. Site No. EFA - 1	Permit Requirement				0.5 (min)			mg L		5 days a wrek	Grab
Nitrogen, Nitrate, Total (as N) (If required in the permit)	Sample Measurement			<u> </u>			1.90	mgʻl.	0	Monthly	Grab
PARM Code 00620 1 Mon. Site No. EFA - 1	Fermit 12 mg/L Requirement			1			12.0 (max)	mg/L		Moethly	Grab
Flow	Sample Measurement	.034		myd					0	5 days	How meter /
PARM Code50030 Y Mon. Site No. FLW + 1	Permit Requirement	0.090 (An Ave)		mgd			×			5 days a week	Flow meter / a totalizer
Flow	Sample Measurement	.032		mgd						5 days a week	Flow meter / a totalizer
PARM Code50050 1 Mon. Site No. FLW - 1	Permit Requirement	Report (Mo. Ave.)	*.1	mgd			x	,		5 daya a week	Flow meter / a totalizzr
BOD, Carbonaccous 5 day, 20C	Sample Measurement		······································			108.0		mg/L	0	Monthly	Grab
PARM Code \$0082 G Man Site No. INF - 1	Permit Requirement					Report (Mo. Ave.)		mgʻL		Monthly	Qrab
iolids, Tetal Suspended	Sample Measurement					70.0		mg?l.	٥	Monshiy	Grah
PARM Code 00530 G Mon Site No. INF - 1	Pennit Requirement					Report (Mo. Avg.)		mg L		Monthly	Grab

I certify under penalty of law that I have personally examined and am familiar with the information submitted berein, and based on my inpurty of those individuals immediately responsible for obtaining the information. I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO: DATE: YYMMOD
Otto Krucker / Operator	(\$63) 845.08 465-6911

COMMENT AND ENPLANATION OF ANY VIOLATIONS (Reference all attachments here):

Facility Name: Sun & Lakes of Lake Placid WWTP

Permit Number:

DISCHARGE POINT NUMBER: 8-001

Time of

Sample

Type of

Sample

G=grab C-Comp

Month/Year: JULY 2008

Code Mon.

Sile

ı 2 .023

.0283

FLA014386

Three Month Average Daily Flow: .027 County: Highlands

Daily Flow % of Permitted Capacity: | 30%

								proving an an independent	۶
Flow (MGD)	CBOD5 (mg1)	CBOD5 (mg/l)	TSS (mg/l)	TSS (mg-1)	PH (ku.)	Fecal Coliform Bacteria (#/100)	TRC (for disinfect) (mg·l)	Nitrogen, Nitrate, Total (as N mig1)	A DESCRIPTION OF A DESC
50050	80082	80082	00530	00530	00400	74055	\$0060	00620	r
FLW-I	EFA-1	INF-L	EFA-1	INF-1	EFA-1	EFA-1	EFA-I	EFA-L	ľ
9	1				7.2		3.0		
8]	1				7.2	<u> </u>	2.6		ŀ
1	1				7.2		3.0		r
46					1	Į			ſ
46					7.2	l	3.8		
63	{					ļ	3.8		-
					[Į i			

Contraction of Contra	1	1	1			1 ···		+ U	4		r
3	.0211		1	1	1	7.2	1	3.0	·		
4	.0246	1	1	1	1	1					<u> </u>
5	.0246	<u> </u>	1	}	<u> </u>	7.2	ł	3.8	ł		ļ
6	.0\$63	1	†	<u> </u>	+	+	┠────		<u> </u>		ļ
7	.0563	ł	ł	<u> </u>	ł	7.4		4.0	<u> </u>		
X	.0224		<u> </u>		<u> </u>	7.4	<u> </u>	4.0 3.8			
9	.0244		┥────		 	7.3		f			
10	.0289	2.00	108.0	1.00	70.0	7.3		3.1			
11	.0342				10.0	7.3	ļ	2.0	1.9	G	1121
12	.0235	<u> </u>	 	<u> </u>	<u> </u>			2.8			
13	.0412	ļ	↓ ↓	Į		7.3		3.1			
14	.040		[7.3		2.3			
15	.028#			1		7.3	1.00	2.6			
16	.0294	 	1			73		2.4	h		
17	,0531					7.3		3.0	<u> </u>		<u>ر . مسيحة معاليم .</u>
18	.0226					7.3		2.6			
19	.0303					7.3	······	3.5			······
20	.026					1.46		-3			
21	.0261			····		7.3		2.8			
22	.016					7.3				[
-23	0295							3.0			
	.0558					7.3		22			
1	.0352					7.3		3.0		1	
						7.3		2.6			
	.0101					7,3		3.3			
	.043										
28	.043					73		3.0			
29	0233					7.4		2.9			
30	0378					7,4		3.4			
31 .	0267					7.1		2.6			
Day Shift Evening S	hift Operator	Class: Class: Class:		Certificate Certificate Certificate	No: No:		Name; Name;				
Night Shif Lead Oper	e antra antica	N. 1.452.		L APPENDANCE -	Marr		Name:				

Type of Effluent Disponal or Rectained Water Reuse

Limited Wet Weather Discharge Activated: Yea: No: Not Applicable: If yes, cumulative days of wet weather discharge: "Attach additional shorts if necessary to list all certified operators.

FLA012996-002-DW3P DMR Form Date 03/2003

Page 3 of 3

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection

PERMITTEE NAME:	Lake Placid Utilities, Inc.	PERMIT NUMBER:	FL.4014386		
MAILING ADDRESS:	200 Weathersfield Ave. Altamont: Springs, Florida 32713	LIMIT:	Final	FILRECOPY	Monthly
FACILITY; LOCATION;	Sun & Lakes of Lake Placid WWTP Iltevard Ave Lake Placid, Florida	CLASS SIZE: DISCHARGE POINT NUMBER: PLANT SIZE/TREATMENT TYPE: NO DISCHARGE FROM SITE: Type of Hillight Digwed	III-C [] Perk Pond	GROUT:	Domestic
COUNTY:	Highlands	MONITORING PERIOD	From: 8/1/08		To: 8/31/08

COUNTY: Highlands

Parameter			or Loading		Qua	Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C		Average	Maximum	Units	Mänimum	Average	Maximum	Units		······	<u> </u>
	Sample Measurement					3.0		mr.L	o	Monthly	Grab
PARM Code \$0082 Y Mon Site No. EFA - 1	Permit Requirement	×	*	1		20,0		mg I.	╉╍╍╍╂	Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement		· · · · · · · · · · · · · · · · · · ·			(An. Avg.) 3.1	3.1	meL	0	Monthly	Grab
ARM Code 80082	Permit Requirement	·····				Report	60,0	mg L	$ \rightarrow $	Monthly	Grab
iolids, Total Suspended	Sample Measurement					(Mo. Ave.) 1.4	(Max)	mg I.	Ó	Monthly	Grab
ARM Code 00530 Y Ion, Site No, EFA - 1	Permit Requirement					20.0		mg1.		Monthly	Grab
olids, Total Suspended	Sample Measurement					(An. Avg.) 1.0	1.9	mg/L.	0	Monthly	Grab
ARM Code 00230 1 Ion: Site No. EFA - 1	Permit Requirement					Report	60.0	mg L		Monshiy	(irah
ii	Sample Meanstenient				7,1	(Mo Ave.)	(Max) 7.2	£.U.	0	5 daya	Grab
ARM Code (10490) on Site No. EFA - 1	Permit Rogastement				6.0		85	\$.¥.		a week. 5 days	Grab
oliform, Fecal	Sample Measurement				(Min)	3.4	(Max)	#:100 ml	Ø	a week Monthly	Grab
NRM Code 74055 Y on, Site No. EFA - 1	Permit Requirement					200		*/100		Monthly	Grab

I certify under penalty of law that I have personally examined and an familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information. I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OF AUTHORIZED ACCENT			
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Otto Krucker / Operator	SIGNATORE OF PROCEEDING ON THE OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE: YY/MMODD
A MARK OF MARKET	Carl	(863)	9/15/08
		465-6911	******

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

\912996-002-DW1P R Form Date 03/2003

Page 1 of 3

DISCHARGE MONITORING REPORT - PART A (Continued)

* ACILITY NAME: Sun & Lakes of Lake Placid WWTP Month/Year: AUGUST 2008 COUNTY: Highlands

۹.,

PERMIT NUMBER: FLA014386

DISCHARGE POINT NUMBER: R-001

Parameter		Quantity	Quantity or Loading		Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
Coliform Facal		Average	Maximum	Units	Minimum	Average	Maximum	Units	E,X,		
71464	Sample Measurement				30,0		30.0	#:109 ml	o	Morthly	Стэр
Mon. Site No. EFA - 1 Total Residual Chlorine	Permit Requirement				Report (No.Geo, Mean)	·······	800 (Max)	*:100m1		Mornhly	Grab
(for disinfection) PARM Code 20060 A	Sample Measurement Permit				1,0			meL	Ø	5 days 4 week	Grab
Mon. Sile No. EFA - 1 Nitrogen, Nitrate, Total (as N)	Requirement Sample				0.5 (min)			mgʻl.		5 days 4 week	Grab
(B required in the permit) PARM Code 00620	Measurement Permit 12 mg 1.						.52	mg1.	Q.	Monthly	Grab
Mon Site No. EFA - 1	Requirement Samola						12.0 (max)	mg:L		Monthly	Grab
	Measurement	.035		mgal			· · · · · · · · · · · · · · · · · · ·		0	5 days	Flow meter /
ARM Code50050 Y don: Sile No. FLW - 1	Permit Requirement	0.090 (An Ave)		mgd						s week 5 dass	a totalizer Flow meter /
low	Sample	.037		rugd				Į		a week	a totalizer
ARM Code50050 1	Measurement Permit	Report								5 days a week	Flow meter / a totalizer
fon. Site No. FLW - 1 OD, Carbonaceous 9 day, 20C	Requirement	(Mo. Ave.)		mgd			53	v		5 days a week	Flow meter ?
	Sample Measurement					108.0		mg L	0	Monthly	<u>a totalizer</u> Grab
ARM Code #0082 G fon Site No. INF - 1 olids. Total Suspended	Permit Requirement					Report (Mo. Ave.)		mgL	- +	Monthly	Grab
MRM Code 00530 G	Sample Measurement					66.0		mg.L.	0	Monthly	Grab
on Site No. INF - 1 rtify under nenativ of families 11.	Permit Requirement			1		Report (Mo. Ayz.)		mg I.		Monthly	Grab

I ortify under penalty of law that I have personally examined and an familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information. I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

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NAME TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED		
Otto Krucker / Operator	AGENT PHONE NO: 1	DATE: YY/MM DD
A H MAN		
	465-6911	9/15/08
	402-0911	

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

p.4

Facility Name: Sun & Lakes of Lake Placid WWTP

Permit Number: FLA014386 DISCHARGE POINT NUMBER: R-001

Markh Yaar AUGUST 2008 County: Highlands

UE CO SO	anth Average Da		031				· · · · · · · · · · · · · · · · · · ·	w % of Perm		1	
	Flow (MGD)	CBODS (mg1)	CBOD5 (mg1)	T3S (mgrl)	TSS (mg/l)	FH (s.u.)	Fecal Coliform Elacteria (3/100)	TRC (for disinfect) (mr?)	Nitrogen Nitrale, Total (aa N (mgil)	Type of Sample G-grab C-Comp	Time o Sample
Cesk	90020	804/82	307383	10530	10533	00400	74055	50060	0.06530		
Mon. Site	FL.W-1	ЕРА-1	INF-1	EFA-I	INF-1	EFA-1	EFA-1	EFAI	SFA-1		
1	0224		1		1	7.1	1	3.0	<u> </u>		
4	.0432	1		<u> </u>		7.1	1	7.0			
)	.0341		1	1		1	1				
4	.0341			1	<u>i</u>	7.2		2.3			
\$	<u>,nzo</u>		1		••	7.2	1	2.0	İ		
Ó	utu.	1		İ		7.2	1	1.0			
2 4 2	.019	3.1	108.0	1.0	66.Ŭ	7.2	30 0	1.1	.52	G	1037
X	.0271	+	1	<u> </u>	1	7.2	1	1.8			
9	.026	+				7.2		11.4	İ	<u> </u>	
10	20318	+	-		<u> </u>		1	Ì			
11	1017		Ì		<u>}</u>	7.2	1	1.9	<u> </u>		
12	.0238					7.2		1.8	1	1	
17	.0214			<u> </u>		7.2		3.0	<u> </u>		
34	.0361				┦	7.2	+	3.5	<u>i – – – – – – – – – – – – – – – – – – –</u>	<u> </u>	
12	11251		-			72		2.8		<u>+</u>	
(ni	.0183	+	4	<u> </u>		7.2	+	3,5		t	
17	.0117			<u>.</u>	<u> </u>						<u> </u>
18	2118		+			7,2	+	2.9	·		
14	.021		<u></u>			7.2	+	2.8		├ ───	<u> </u>
20	.1384	+	+	} -		7.2	-	3.0	1	1	
21	0116	-		<u> </u>	╉┈┈┈	7.2		1.8	+		
22	.0231		+	<u> </u>		7,2	1	2.1		<u> </u>	<u> </u>
-23	.033 E	+				7.2		2.2		<u> </u>	
24	.0627	+		+	+			1	+	1	
25	.0627				-	72		2.9	-	<u> </u>	<u></u> +−−−−
26	.1073	+	-	+	+	7.1	•	1.8	+	<u>+</u>	
27	.0341	+	+	+		7.1		2.0	+		
28	9389		┢╼──	1	+	7.1		2.5	+	+	<u> </u>
29	.052			+	+	7.2		3.1	- -	<u> </u>	<u> </u>
30	.0194		+			1.2		2.8	1		
31	-265									+	<u> </u>
	STAFFING:		<u> </u>	1	L	<u> </u>	_L	1	J	1	<u> </u>
	fl Operator	Class	and the second	Certifica			Nam				
	Shift Operator	Class		Centifica			Nam	-			
	hill Operator verator	Class: Class:	c	Certifica Certifica			Nam	e:			

Type of Effluent Disposal or Reclaimed Water Rease: Landed Wet Weather Discharge Activated: Yex: No. Not Applicable: If yes, cumulative days of wet weather discharge:

'Attach additional shorts if necessary to but all certifical operators

FLA912996-002-DW3F DAR Kom Data 05/2003

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection

PERMITTEE NAME:	Lake Placed Utilities, Inc.	PERMIT NUMBER:	FLA014386	
MAILING ADDRESS:	200 Weathersfield Ave. Altamonte Springs, Florida 32714	LIMIT:	Final	REPORT: Monthly
FACILITY: LOCATION;	Sun & Lakes of Lake Placid WWTP Brevard Ave Lake Placid, Florida	CLASS SIZE: DISCHARGE POINT NUMBER: PLANT SIZE/TREATMENT TYPE: NO DISCHARGE FROM SITE: Type of Killumi Disposal	III C [] Pctk Pond	FILEPE COPY Domestic
COM TOPIN'S	ATT ALA	MONITORING PERIOD	From: 9/1/08	To: 9/30/08

COUNTY: Highlands

-26

×.

*

Parameter		Quantity or Loading			Quality or Concentration					Frequency of Apalysis	Sample Typ
		Average	Maximum	Units	Minimum	Average	Maximum	Units	Ex.		<u> </u>
BOD, Carbonaceous 5 day, 20C	Sample Measurement					3.1		mg1.	0	Monthly	Grab
PARM Code 80082 Y Mon Site No. EFA - 1	Permit Requirement	~			······································	20.0 (An Avg.)		mgL	┟──┤	Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Mrassrement		**************************************			5.3	5.3	mg l.	Ű	Monthly	Grab
PARM Code \$0082 Mon Site No. EFA - 1	Permit Requirement					Report (Ma. Ave.)	60.0 (Max)	mg L.	┠───┤	Monthly	Grab
Solida, Total Suspensied	Sample Measurement					1.4		mg L	0	Monthly	Grab
PARM Code 00530 Y Mon. Site No. EFA - 1	Permit Requirement					20.0 (An Avr.)		mgʻi.		Monthly	Grab
iolida, Total Suspended	Sample Measurement		······································			1.0U	1,00	mg L	Ð	Monthly	Grab
PARM Code 00530 1 Mon. Site No. EFA - 1	Permit Requirement					Report (Mo Ave.)	60.0 (Max)	mgʻl.		Monthly	Grab
91	Sample Measurement		-		7.1		7.3	<u>s</u> u.	0	3 days a week	Grab
ARM Code 00400 1 Ion. Site No. EFA + 1	Permit Requirement				6.0 (Min)		1.5 (Max)	.s.¥,		5 days a week	Orah
oliform, Focal	Sample Measurement					3.4		#:100 ml	0	Monthly	(řab
ARM Code 74055 Y Jon. Site No. EFA - 1	Permit Requirement					200 (An. Ave)		#[190 ml		Monthly	Grab

I certify under penalty of taw that I have personally examined and am familiar with the information submitted berein; and based on my inquiry of those individuals immediately responsible for obtaining the information. I believe the submitted information is true, accurate and complete. I am aware that there are significant ponalties for submitted information including the possibility of five and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT SIGNATURE OFFICER OR AUTHORIZED AGENT ON Knucker / Operator	PHONENOE	DATE YYMMDD
	(863) 465-6911	10:15:08
	402-0711	

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here).

1012996-002-DW3P R Form Date 03/2003

Page 1 of 3

A Discovery March South Press.

FACILITY NAME: Sun & Lakes of Lake Placid WWTP Month/Year: SEPTEMBER 2008 COUNTY: Highlands

1

PERMIT NUMBER: FLA014386

DISCHARGE POINT NUMBER: R-001

Parameter		Quantity or Loading			Qual	ity or Concentr		Na. Ex.	Frequency of Analysis	Sample Type	
		Avetage	Maximum	Linuta	Minimum	Average	Maximum	Units			
Coliform Fecal	Sample Measurement			1	1.00		LOU	2/100 ml	0	Mosshly	Grab
PARM Code 74055 1 Mon. Site No. EFA - 1	Permit Requirement			— —	Report (Mo.Geo. Mean)		800 (Max)	*/100m1		Monthly	Grab
Total Residual Chlorine (for disinfection)	Sample Measurement		<u></u>	[1.6			mg L	0	5 days a week	Grab
PARM Code 50060 A Mon. Site No. EFA - 1	Permit Requirement				0,5 (min)			mg 1.		5 days a week	Grab
Nitrogen, Nitrate, Total (as N) (If required in the permit)	Sample Measurement						3.27	mgl	0	Monthly	Grab
PARM Code 00620 1 Mon. Site No. EFA - 1	Permit 12 mg/L. Requirement						12.0 (max)	mg L		Monthly	Grab
Flow	Sample Measurement	,035		mgd					0	5 days a week	Flow meter) a totalizer
PARM Code50050 Y Mon. Site No. FLW - 1	Permit Requirement	0.090 (An. Anc)		mgd						5 days a week	Flow meter / a totalizer
Flow	Sample Measurement	.0351		mgd					[5 daya a week	Flow meter / a totalizer
PARM Code50050 1 Mon. Site No. FLW + 1	Permit Requirement	Report (Mo. Avg.)		mgd			<u></u>	·		5 days a w ee k	Flow meter / a totalizer
BOD, Carbonacions 5 day, 20C	Sample Measurement					76.0		mgil.	0	Morably	Grab
ARM Code 80082 G Ion Site No, INF - 1	Permat Requirement					Report (Mo. Ave.)		mg L.		Monthly	Grab
solids, Total Suspended	Sample Measurement				1	\$0,0		nigil.	0	Monthly	Grab
PARM Code 00530 G Mon Site No. INF + 1	Permit Requirement					Report (Ma. Ave.)	_	mg.L.		Monthly	Grab

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those under iduals immediately responsible for obtaining the information. I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the resultive of the and imprisonment.

NAME-TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATTRE OF TRINCIPLE PARTICULIVE OFFICER OR AUTHORIZED AGENT	PHONE NO: DATE: YY MM DD
Otto Krucker / Operator	1811 11	(\$63) 10/15/08 465-6911
	(TTN /	

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here);

Facility Name: Sun & Lakes of Lake Placid WWTP

Permit Number: FLA014386

DISCHARGE POINT NUMBER: R-001

Month/Year: AUGUST 2008

1.44710

 Country: Highlands

7			1 .0				Daily Fic	w % of Peru	ntied Capac	ity: 39*	é
	Flow (MGD)	CBODS (mg.1)	CBOD5 (mg/l)	TSS (mg:1)	TNS (mg·l)	PH (8.8.)	Feeal Coliform Bacteria (#/100)	TRC (for ditinsfect) (mg/l)	Nitrogen, Nitrste, Total (as N mg/l)	Type of Sample G=grab C=Comp	Time of Sample
Code	50050	80082	\$0082	00530	00530	0/0400	74055	50060	00620		
Mon. Sile	FLW-1	EFA-1	INF-1	EFA-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-I		
1	.065					7.1		2.6	f		
2	,032		1	1	f	7.1	†	2.4	 		
3	.035	\$.3	76.0	LâU	80,0	7.2	LOU	2.7	3.27	G	1303
4	.028					7.2	1	2.4			
5	028		1	•		7,3	1	2.8			
6	.044					1	1	1			
7	,044		[7.2	<u> </u>	2,6			
8	.030					7.3		2.4			
9	.034	1				7.2		2.3			
10	034					7.3		2.5			
11	,032					7.2	1	2.3			
12	.0.10	1				7.2		2.2			
13	.032	ţ				1	t				
14	.032	1	[7.2		2.4			
15	.028					7.2	1	2.2			
16	.0.12					7.3	1	2.6			
17	.028	1				7.2	1	2.2			
18	.034					7,3	<u></u>	2.6			
19	.029	[(7.2	t	2.3			
20	,045	1				7.3	1	2.5			
21	.0322		[·	1	1				
22	.0321					7.3		2.0			
23	.0333					7.3		1.6			
24	0239					7.3		1.9			
25	.0213				······	7.3		2.L			
26	.0475	1				7.3	 ,	1.6			
27	.0326					73		1.8			
28	.036	1									
29	.036	1				7.2	t	2.0			
30	.0231				······································	7.2		1.8			
31				·	· · · · · · · · · · · · · · · · · · ·	1					{
	STAFFING	·····		· · ·		L	I i		ار		j
	1 Operator Shift Operator	Class:		Certificati			Name	-			
	Shift Operator ift Operator	Class: Class;		Certificati Certificati			Name				
Lead Op		Class; Class;	C	Certificata Certificata		NC 11	Name Name		Paral		
	Alluent Dispesal o				. *	8619			Knucker		

Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes, cumulative days of wet weather discharge:

"Attach additional sheets if necessary to list all certified operators,
		DEP	ARTMENT	JF ENVIRON	MENTAL	PROTECTI	ON DISCHA	RGE MUNITOR	IING REP	OKT -	PARTA	· · · · · · · · · · · · · · · · · · ·		
/ *	Winn Com	pleted mail this rep						·						
PERMITTEE NAME:	Lake Places		3		· · · · ·	MIT NUMBER:		FLA014356						
MAILING ADDRESS:	200 Weather				LIN	IIT:		final	A REPORT			Menthly		
ALAL RALING	vermoart ol	praigs, Florida 3271	4		CLASS SIZE: DISCHARGE POINT NUMBER:				C _@	ROLP:	D	Analic		
FACILITY: LOCATION:	ATION: Bravard Ave Lake Placif, Florida				PLANT SIZE/TREATMENT TYPE: IIIC NO DISCHARGE FROM SITE: [] Type of Estimate Discussion Perk Pond						E COPY Domestic			
COUNTY:	Highlands				МС	NITORING P	ERIOD	From: 10/1/08			Т	o: 10/31/08		
Param	cler		Quantity	or Loading		Qu	ality or Conce	ntration	T	No. Ex.	Frequency of Analysis	Sample Type		
talata an a			Average	Maximum	Units	Minimum	Average	Maximum	Lants	╅╹╩╵┶┿		 		
OD, Carbonaceo	-	Sample Méasurement					3.1		mg L	0	Monthly	Grab		
ARM Code 8008 Jan Site No. EFA	-1	Permit Requirement		*			20.0 (An. Avg.)	······	mg L.	<u> </u>	Monthly	Ginb		
OD, Carbonaceo	× * *	Sample Measurement					3.3	3.3	mg L.	0	Monthly	Grab		
ARM Code 8008 Ion Site Na. EFA	-1	Permit Requirement					Report (Mo. Ave.)	60.0 (Max)	ing L	┼──┼	Monthly	Grab		
olids, Total Suspe	ndol	Sample Measurement			f	- 2-33Marcanan	1.5	(\$143)	mg L	0	Monshly	Grab		
ARM Code 00530 Ion. Sile No. EFA		Permit Requirement				- <u> </u>	20.0 (An. Avg.)		mgʻL	┟──╆	Monthly	Став		
olids, Total Suspe	nded	Sample Measurement				·····	2.2	2.2	mgʻi.	0	Monthly	Grab		
ARM Code 0053 km. Site No. EFA	•	Permit Requirement					Report (Mo Ave.)	<u></u>	mg/L		Manhly	Grab		
1		Sample Measurement				7.1	[ato 204.]	(Max) 7.3	¥.U.	0	در دله د	Став		
ARM Cade 00400 on, Site No. EFA	•	Permit Requirement				6.0 (Min)		85	8 Ú,		a week 5 days	Grab		
slifarm, Freal		Sample Measurement				(stans)	3.6	(Max)	*/100 ml	ö	a week Monthly	Grab		
ARM Code 74055		Permit	<u></u>											

submitted information is true, accurate and complete 1 are aware that there are significant penalties for submitting false information penalties for submi

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	CHI ST STAT	DY ALCOST	The second			
	an and	MAL TH	WAR EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO.	DATE: YY MAUDD	ĺ
Otto Knicker / Operator				The second second second second second second second second second second second second second second second s		j.
		11 / M	-	(863)	11/20-08	I
1 · · · · · · · · · · · · · · · · · · ·	11 14			465-6911		F
				492-0511		ł
			and a second second second second second second second second second second second second second second second			1
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Pag-100 - 1	н	1				

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Sun & Lakes of Lake Placid WWTP Month/Year: OCTOBER 2008 COUNTY: Highlands

PERMIT NUMBER: FLA014386

DISCHARGE POINT NUMBER: R-001

Parameter		Quantity	or Loading		Qual		No. Ex	Frequency of Analysis	Sample Type		
		Average	Maximum	Units	Miniman	Average	Maximuga	l'inite	See. V		
Coliform Focul	Sample Measurment			1	3,0		3.0	# 100 ml	o	Monthly	Grab
PARM Code 74055 1 Mon. Site No. EFA - 1	Permit Requirement			1	Report (Mo Geo. Maan)		800 (Max)	#160m)		Monthly	Grab
Total Residual Chloring (for disinfaction)	Sample Measurment				1,0			mg L	0	5 days a week	Grab
PARM Code 50060 A Mon Site No. EFA - 1	Permit Requirement				0.5 (min)			mg L		5 days a week	Grab
Nitrogen, Nitrate, Total (as N) (If required in the permit)	Sample Measurement						.20	mg L	Q	Monthly	Grab
PARM Code 00620 1 Mon Site No. EFA - 1	Permit 12 mg/L Requirement						12,0 (mas)	mg l.		Monthly	Grab
FAss	Sample Measurment	.016		nigst					a	3 days a week	Flow meter / a totalizer
PARM Code50050 Y Mon. Site No. FLW - 1	Permit Requirement	0.090 (An Ave)		mgal						3 days a week	Flow meter / a totalizer
Fkny	Sample Measurement	.038		mgd						5 days 3 work	a tetalizer / a tetalizer
PARM Code30030 1 Mon. Site No. FLW - 1	Permit Requirement	Report (Ma. Ave.)		mgd			,			J days a week	Flow meter / a totalizer
BOD, Carbonaccous 5 day, 20C	Sample Measurement					211.0		mg1.	0	Monthly	Grab
PARM Code 80082 G Mon Site No. INF - 1	Permit Requirement					Report (Mo. Avg.)		mg L		Menthly	Grab
Solids, Total Suspendial	Sample Measurement					13.0		mgL	Q	Monthly	Grab
PARM Code 00530 G Mon Site No. INF - 1 ontific under nembro of loss that I b	Permit Requirement					Report (Mo. Ave.)		m∦ L		Monthly	Grab

I cartify under penalty of law that I have personally examined and an familiar with the information submitted herein; and based on my july of those individuals immediately responsible for obtaining the information. I believe the autenitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information or huding the possibility of fine and imprisonment.

		- A state of the second second			
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	stos	HE OV	CONTRACTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE: YY/MM/DD
Otto Krucket / Operator				(863)	11-20-08
	1 Al	' N F		461-6911	11°40-08
	I MIV			102-0711	
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference of an advance)	0.4	Ŋ			

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DAILY SAMPLE RESULTS - PART B

Facility Name: Sun & Lakes of Lake Placid WWTP

Permit Number:

DISCHARGE POINT NUMBER: R-001

FLA014386

	1	· · · · · · · · · · · · · · · · · · ·						sw % of Perm			
	Flow (MGD)	CBOD5 (mg:l)	CBOD3 (mg/l)	TSS (mg1)	TSS (mg1)	PH (8.0.)	Fecal Coliform Basteria (#/100)	TRC (for dismicct) (mg/l)	Nitrogen, Nitrata, Total (as N may1)	Type of Sample G-grab C-Comp	Time o Sample
<u>Cody</u> Mon	<u>\$0050</u> FLW-1	EFA-1	80082 INF-1	60530 EFA-1	00530 INF-1	00400	74035	50060	00620	[
Site	<u> </u>	1.4 71-1	Lister	6144	15(1+)	EFA-L	EFA-1	EFA-1	EFA-I		
1	,0471				1	7.2		1.5]		1
2	.022					7.3	1	1.3			
3	.039#			1	1	7.3	1	1.1			
4	.0232		1	1	1	7.3	*	1.3			····
5	,043B	1	1		1	1		t			
6	.0438		1		1	7.3	· · · ·	1.0			
7	.0174	-1	1	1	<u> </u>	7.3	1	1.1	Telstadaette	antingtigen	S
¥	.0251	-	1		<u> </u>	7.3					
9	.0551		<u> </u>		<u> </u>	7.2	•	1.3			
10	.0254	-		1	<u> </u>	7.2		1.1			
11	.025		<u> </u>		<u> </u>	7.2		1.6			
12	.063		<u> </u>	ł					-		
13	.062		1	<u> </u>	1	7.2		1.3			
14	.034			 		7.1		1.0			ļ
15	0409		<u> </u>	<u> </u>		7.1	ļ				
16	.0382	3.3	211.0	2.2	13,0	1	96.25	1.2			
17	.0419		211.0	2.2	19.0	7.2	3,0	1.3	.20	G	1017
17	.0408		ļ	ļ	Ļ	7.2	ļ	1.1			
19			<u> </u>	ļ		7,2		1.3			
	.0348					<u> </u>					
20	.0,348					7.1		1.0			
21	.0261					7,1		1.1			
22	.0436					7.1		1.5			
23	.0407		1			7.2	1	1.4			
24	.0411		T	ŀ		7.2	1	1.8	leni inter		andules
25	.0591		1	1		7.2		1.9		an an an an an an an an an an an an an a	han an an an an an an an an an an an an a
26	.0.138		1	1	······			in the second second second second second second second second second second second second second second second	INDEDICTION 1		
27	.0338		1			7.1		1.8			****
28	.0167		†			7.1		2.0			
29	.0331			·		7,1		1,7			
.30	.0323	-				7.1		1.8			
31	.0492	-	 			7.1	ļ	1.6			

Day Shift Operator	(, 12 83);		Centificate No:		Name:	
Evening Shift Operator	Class;		Certificate No:		Name	· · · · · · · · · · · · · · · · · · ·
Night Shift Operator	Class:		Certificate No:	<u></u>	Name:	******
Lead Operator	Class:	С	Certificate No;	8619	Name:	Otto Knicker
There are the Difference of the second states of th				K747 L.7		

Type of Effluent Deposal or Reclaimed Water Reuse: Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes, cumulative days of wet weather discharge:

'Attach additional sheets if necessary to list all certified operators.

FLA012996-002-DW3P DMR Form Date 03/2003

Page 3 of 3

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection

PERMITTEE NAME:	Lake Placid Utilities, Inc.	PERMIT NUMBER:	FLA014386		
MAILING ADDRESS;	200 Weathersfield Ave. Altarnonto Springs, Florida 32714	LIMIT:	Final	REPORT:	Monthly
FACILITY: LOCATION:	Sun & Lakes of Lake Placid WWTP Dreverd Ave Lake Placid, Florids	CLASS SIZE: DISCHARGE POINT NUMBER: PLANT SIZE/TREATMENT TY FE: NO DISCHARGE FROM SITE: Type of Efforms Dispond	III.C] Petk Pond	GROUP:	Domestic
		MONITORING PERIOD	From: 11/1/08		To: 11/30/08

COUNTY: Highlands

Parameter		Quantity	or Loading		Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Linits	Minimum	Average	Maximzon	Units			1
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2.6		rx 1.	0	Monthly	Cirab
PARM Code 80082 Y Mon Site No. EFA - 1	Permit Requirement	4	*			20.0 (An Avg.)		mg:1.		Monthly	Grað
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2.00	2.0U	mg L	D	Monthly	Grab
PARM Code 80082 1 Mon Site No. EFA - 1	Permit Requirement					Report (Mo. Asr.)	60,0 (Max)	mg/L.		Monthly	Orsb
Solids, Total Suspended	Sample Measurement					1.5		mg L	0	Monthly	Grab
PARM Cade 00530 Y Mon, Site No. EFA - 1	Permit Requirement					20.0 (An Avg.)		1. mgʻl.		Monthly	Grab
Solids, Total Suspended	Sample Measurement					1.4	1.4	mg 1.	Q	Monshiy	Orab
PARM Code 00530 1 Mon. Site No. EFA + J	Permit Requirement					Report (Mo Ave.)	60.0 (Max)	mg L		Monthly	Grab
गा –	Sample Measurement				7.1		7.2	s.u.	0	5 daya a week	Grab
PARM Code 00400 1 Mon. Site No. EFA + 1	Permit Requirement				6.0 (Min)		B.5 (Max)	5.12		5 days a week	Grab
Coliforn, Facal	Sample Measurement					3.6		#/100 ml	0	Monthly	Grab
PARM Cade 74055 Y Mon. Site No. EFA - 1	Permit Requirement				- ye ina - 19- 10 (e saman an de se ¹⁹ 11 ha en	200 (An. Ave)		#/100 ml		Morthly	Grab

I certify under penalty of law that I have personally examined and an familiar with the information submitted harein, and based on my index of those individuals immediately responsible for obtaining the information. I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE: YYMM/DD
Otto Krucher / Operator	(\$63) 465-6911	12/20/08

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

Page 1 of 3

FACILITY NAME: Sun & Lakes of Lake Placid WWTP Month/Year: NOVEMBER 2008 COUNTY: Highlands

PERMIT NUMBER: FLA014386

DISCHARGE POINT NUMBER: R-001

Parameter		Quantity	or Loading		Qual	Quality or Concentration				Enquency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units	Ex.		<u>†</u>
Coliform, Fecal	Sample Measurement				1.00		1.00	#/100 ml	0	Monthly	Grab
PARM Code 74055 1 Mon. Site No. EFA - 1	Permit Requirement			1	Report (Mo.Gro. Mean)		800 (Max)	#/100ml		Monthly	Grab
Total Residual Chlorine (for disinfection)	Sample Measurement				6.			męL	Ŏ	5 days a week	Grab
PARM Code 50060 A Mon. Sile No. EFA - 1	Permit Requirement			[0.5 (min)			mgil		5 daya a week	Grab
Nitrogen, Nitrate, Total (as N) (If required in the permit)	Sample Measurement					<u> </u>	.30	mgL	Û	Monthly	Grab
PARM Code 00620 1 Mon. Site No. EFA - 1	Permit 12 mg/L Requirement						12.0 (max)	mg:l.		Monthly	Grab
flow	Sample Measurement	.037		mgd					0	5 days a week	Flow meter / a totalizer
PARM Code 50050 Y for Site No. FLW - 1	Permit Requirement	0.090 (Ao, Ave)		mgd			×			5 days	Flow meter / a totalizer
flow.	Sample Measurement	.0447	<u> </u>	angel			· •,			5 days a week	Flow meter # a totalizer
ARM Code50050 1 don. Site No. FLW - 1	Permit Requirement	Report (Mo. Ave.)		mgd			×	1 - 1		5 days a week	Flow meter / a totalizer
IOD, Carbonaceous 5 day, 20C	Sample . Measurement		······			52.0		mgʻl.	0	Monthly	Grab
ARM Cade 80082 G Ion Site No. INF - 1	Permit Requirement					Report (Mo. Ave.)		mg/l.		Monthly	Grab
olids, Total Suspended	Sample Measurement			···		60.0		mgrl.	0	Monthly	Grab
ARM Code 00530 G Ion Nite No. INF - 1	Permit Requirement					Report (Mo. Ave.)	/	mag/L		Monthly	Grab

I certify order penalty of law that I have personally examined and an familiar with the information submitted hereny, and based on my inquire of these individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitted information in true, accurate and complete. I am aware that there are significant penalties for submitted hereny, and based on my inquire the possibility of line and imprisonment.

NAME/ITILE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	L otton		-					••••••••••••••••••••••••••••••••••••••	
THE DE TRIBELAR CONTREMENTER OF ACTIVALED AGENT	SR(2)	77 1	-yn /			CUTIVE OFFICER OR AUTHO	RIZED AGENT	PHONE NO:	DATE: YY/MM/DD
Otto Krucker / Operator	1 /7	1t	N.Y	77	the second second second second second second second second second second second second second second second se				
and a state and a second state of the second state and states and states and second states and states	1 //	17			V			(863)	12 20 08
	VL	H			-			465-6911	

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

Page 2 of 3

DAILY SAMPLE RESULTS - PART B

Facility Name: Sun & Lakes of Lake Placid WWIP

Permit Number:

FLA014386

DISCHARGE POINT NUMBER: R-001

Month Year: NOVEMBER 2008

Three Month Average Daily Flow: (.032

County: Highlands Daily Flow & of Barming f Company 1 (200)

							twith the	WY 39 OF CETT	nasen Calarc	N): 415	¥
	Flow (MGD)	CBOD5 (mg/l)	CBOD5 (mg/l)	TSS (mg·l)	TSS (mg1)	PH (1,11.)	Fecal Coliform Bacteria (#/100)	TRC (for dininfect) (mgA)	Nitrogen, Nitrate, Total (as N mag1)	Type of Sample G-grab C=Comp	Time of Sample
Code	50050	20023	\$0082	00530	00530	00400	74055	50060	00620		<u> </u>
Mon. Site	FLW-1	EFA-1	INF-1	EFA-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-I		
1	.0407		1			7.1		1.9			
Z	.0331	<u> </u>		ļ							
3	.0331	ļ	<u> </u>			7.2	1	2.0			
4	.0309	<u> </u>	_	1 	ļ	7.2	1	1.8			
			1			7.2		.6			
6	.0421	2.00	52.0	1,4	60.0	7.2	1.00	9	30	G	1012
7	.041	ļ				7.2		13			
8	8000.				1	7.2		1.3			
9	.0278				1	7.2		1.0			
10	.0892					7.2		8			l
11	.0407					7.2		.6			
12	,0318					7.2		.7			
13	.0297						I				
14	.0297					7.2	1	.9	1		1
15	.0363			[7.2	1	1,5		[ł
16	.0764			·			1	1			
17	.0764		Ī		1	7,1	1	1.1			
18	.0413	1			1	7.1	1	1.5			
19	.0366		1		[7.1	}	1.0			
20	.0411					7.2	t .	1.8			
21	.0382		1			7.2	1	1.3		r	
22	.0437				1	7.2	1	1.1			
23	.0486	1	1		1		1				
24	.048	Ţ	[t	7.2	†	1.5			
25	.0307	1	1		1	7.2	Ť	1.7			·
26	.0491	1			1	7.2		1.6			
27	.0329					7.1		1.8			
28	.0827	1			1	7.1		1.9			
29	.0383	1				7.1		1.9			
30	.040	1			1						
31		ł			1	1	[
	STAFFING:		ð			đ	لير معالم الم				
	1 Operator	Class.		Certificat	A A.		Nama				
T. WORMER	Shifl Operator	Class:	-	Certificat			Name				. :
	ift Operator	Class.:		Certificat			Name	ر در در در از			*****
Load Op	erator	Class;	C	Certificat	e No:	8610	Name		Erucker		

Type of Effluent Disposal or Reclaimed Water Reuse:

Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes, cumulative days of wet weather discharge:

'Attach additional sheets if necessary to list all certified operators.

FLA012996-002-DWNP DMR Form Date 01/2001

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection

PERMITTEE NAME:	Lake Placed Utilities, Inc.	PERMIT NUMBER:	EL-A014386		
MAILING ADDRESS	200 Weathersheld Ave. Altamonts Springs, Florida 32714	LIMIT:	Final	REPORT:	Monthly
FACILITY: LOCATION:	Nun & Lakes of Lake Placed WWTP Brevard Ave Lake Placed, Florida	CLASS SIZE: DISCHARGE POINT NUMBER: PLANT SIZE TF EATMENT TYPE: NO DISCHARGE FROM SITE: Type of ECNient Deponal	m c 1 J Perk Pond	GROUP:	Domestic
477 XF 75 * 475 *.	11: xx - 2	MONITORING PERIOD	From: 12/1/08		To: 12/21/08

COUNTY: Highlands

Parameter		Quantity	or Loadin _i g		Qua	lity or Concentration	ation		No. Ex.	Fraparscy of Analysis	Samile Type
		Areage	Maximum	Units	Minimum	Average	Maximum	Units	t		t
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2.6		mgL	0	Monshity	Grab
PARM Code \$0082 Y Mon Site No. EFA + 1	Pernet Requirement	*	7			20.0 (An. Avg.)		mg L.	<u>tt</u>	Monthly	(jrab
BOD, Carbonaceous 3 day, 20C	Sample Measurement				5////	2.5	2.5	mgʻl.	0	Marshly	Grab
PARM Code 80082 1 Mon Site No. EFA - 1	Permit Requirement		- in			Report (Mo. Ave.)	60.0 (Max)	mg1.		Monthly	Grab
Solids, Total Suspended	Sample Measurement					1,5		mgʻL	0	Monthly	lirab
PARM Code 00530 Y Man. Site No. EFA - 1	Permit Requirement				- (*	20.0 (All Avg.)		mgL		Monthly	(jazb
Solida, Total Suspended	Sample Measurement		· · ·			1.00	1.00	mg1.	0	Monthly	Grah
PARM Code 00530 1 don. Site No. EFA - 1	Permit Requirement					Report (Mo Ave.)	60.0 (Max)	mş/l.		Monthly	Grab
rh	Sample Measurement				7.0		7,4	*u.	0	5 days 4 week	Grab
ARM Code 00400 1 Mon. Site No. EFA - 1	Permit Requirement				6.0 (Min)		1.5 (Max)	# U.		5 daya a week	Grab
Coliform, Fecal	Sample Measurement					3.6	and and a second second second second second second second second second second second second second second se	#100 mal	0	Monthly	(jrah
ARM Code 74055 Y Mon. Site No. EFA - 1	Permit Requirement					200 (Ap Ave)		001%		Moethly	Grab

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on any inquiry of those individuals immediately responsible for obtaining the information. I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the penalticality of line and imprisonment.

NAME/TITLE OF PRINCIPAL ENECUTIVE OFFICER OR AUTHORIZED AGENT	S	022	Ţ	X	Û/	PS	ACLENT. EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE: YY/MM/DD
Otto Krucker / Operator		[7]	I		Ø			(863)	1/20.09
	17	H						463-6911	

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

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Page 1 of 3

and graphy (22) in the same semilar incomes sector in the sector sector (S) () in the sector sector () in the sector sector ()

FACILITY NAME: Sun & Lakes of Lake Placid WWTP Month/Year: DECEMBER 2008 COUNTY: Highlands

PERMIT NUMBER: FLA014386

DISCHARGE POINT NUMBER: R-001

Parameter		Quantity	or Loading		Qual	ity or Concentr	ation		No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximani	Units	Minimum	Average	Maximum	Units	And the		
Coliform, Focal	Sample Measurement				1.0u		1.0u	*/100 ml	0	Monthly	Grab
PARM Code 74055 1 Mon. Site No. EFA - 1	Permit Requirement			<u> </u>	Report (Mo.Geo. Maan)		\$00 (Max)	\$/100ml		Monshly	Grab
Total Residual Chlorine (for disinfection)	Sample Measurement			1	1.0		(13=5)	mg:1.	0	5 days a week	Grab
PARM Code 50060 A Mon. Site No. EFA + 1	Permit Requirement				0.5 (min)			ing L		5 days a week	Grab
Nitrogen, Nitrate, Total (as N) (If required in the permit)	Sample Méasurement						.55	mg-1.	9	Monthly	Grab
PARM Code 00620 1 More Site No. EFA - 1	Pennit 12 mg L Requirement						12.0 (max)	mg L.		Monthly	Grab
Flow	Sample Measurement	.038		loga					ĝ	5 days a week	Flow meter / a totalizer
PARM Code50050 Y Mon. Site No. FLW - 1	Permit Requirement	0,090 (An. Ave)		mgd			site	1		5 days a week	Flow mater (
Flow	Sample Measurement	.045		nışıl				1		5 days	a lotalizer Flow meter /
ARM Cade50050 1 fon. Site No. FLW + 1	Permit Requirement	Report (Ma, Ave.)	<u> </u>	mgd			77	-19		a week 5 days a week	a totalizer Flow meter /
OD, Carbonaceous 5 day, 20C	Sample Measurement					66. Ü		mg-L	0	Monthly	a totalizor Grab
ARM Code \$00\$2 G Ion Site No. INF - 1	Permit Requirement				······································	Report (Mo. Ave.)		mg/L		Monshiy	Grab
olids, Total Surpended	Sample Measurement					66.0		mg-L.	0	Monthly	Grab
ARM Code 00530 G Ion Site No. INF - 1	Permit Requirement					Report (Mo, Ave.)		mg-1.		Monthly	Grab

I certify under penalty of faw that I have personally examined and am familiar with the information submitted herein; and based on my inequiry of those individuals immediately responsible for obtaining the information. I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

	NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	INATINE AS DONO AL ENCORTA POPULATION AND ALTERATION		
			PHONE NO:	DATE: YY/MM/DD
	rum urmere i staristica		(851)	1/20/09
(#63) 1/20.09 465-6911			465-6911	

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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DAILY SAMPLE RESULTS - PART B

Facility Name: Sun & Lakes of Lake Placid WWTP

Permit Number:

DISCHARGE POINT NUMBER: R-001

Marsh Year: DECEMBER 2008

Three Month Average Daily Flow:

.042

FLA014386

County: Highlands Daily Flow % of Permitted Capacity: 47%

	Flow (MGD)	CBODS (mg/l)	CBODS (mg·l)	TSS (mg1)	TSS	PH	Fecal	TRC	Nitrogen,	Type of	Time of
	((14000-1)	(mg-i)	(mg i)	(mg1)	(s.u.)	Coliform Bacteria	(fer disinfect)	Nitrate, Total	Sample G=grab	Sample
					ļ		(***100)	(mg:1)	(22 N	C-Comp	
Coste	50050	80087	80082	00530	00530	00400	74055	50060	892/1) 00620		
Mon. Side	FLW-1	EFA-1	INF-1	BFA-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1		
	.043	1	1		1	7.1		1.6	<u> </u>		
2	.0228		1	†	<u> </u>	7.2	+	1.3			
3	.0437	1	†		<u>†</u>	7.2	1	1.8			
4	.0463	2.3	66.0	1.04	66,0	7.2	1.0u	1.4		G	1038
\$.048	1		<u> </u>		7,2	1	1.5			
6	.0328	1	1		1	+					
7	0421	1	†	·····						·····	
x	.0421	1	[t	7.0		1.6			
9	.0341	1			· · · · · · · · · · · · · · · · · · ·	7.2	1	2.0			
ta	.0475	1	1			7.2	1	1.8			
11	.040X	1	Ì		i	7.2	1	2.1			
12	0219	1			·····	7,2	1	2.3			
13	.0411	1				7.2		2.0			
14	.064	1	1				1				
15	.0635	1				7.2	1	2.0			
16	.04.34	1				7.1	1	1,8			
17	.046	1				7.4	1	1.6			
18	.0279	1				7,4	t	1,4			
19	.037	1				7.4	1	1.3			
20	.046	1	i.	<u></u>		7.3	1	1.8			
21	.037	1				7.3		1.6			
22	,0415	1				7.3		1.7			
23	.0634	T				7.3		1.8			
24	.033]			. ,	7.4	1	1.6			
25	.0112										
26	.0412					7.4		1.9			
27	.0407					7.4	1	2.0			
28	0519			· · · · · · · · · · · · · · · · · · ·		7.4		1.3			
29	.0425					7.4		1.5			
30	20195					7.4		1.4			
31	.0899					7.0		1.9			
	STAFFING: 1 Operator	6 14		n	. b.f						
	steft Operator	Class: Class:		Certificate Certificate			Name Name				
Night Sk	at Operator	Class:		Certificate			Natrie Natrie			,	
Lead Op	er allor	Class	C	Certificat		8619	Name		lineker		

Type of Effluent Disposal or Reclaimed Water Reuse:

Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes, climulative days of wet weather discharge:

'Attach additional shorts if necessary to list all certified operators.

LAKE PLACID UTILITIES, INC.

DOCKET NO.: 090531-WS

RESPONSE TO REQUEST NO. 5

A. Infiltration allowance, excluding service laterals

				Allowance gpd/inch-d	U
	Main dia.	Main	length	gpd	gpy
	inches	feet	miles		
1	6	0	0.000	0	······································
2	8	4,155	0.787	3,148	
3	10	<u>0</u>	<u>0.000</u>	<u>0</u>	
4	Total Infiltration Allowed	4,155	0.787	3,148	1,148,920
5	Estimated Inflow @ 10% of f	flows (l.10)			1,069,685
6	Allowable I&I				2,218,606
7	B. Calculation of Inflow & I Wastewater treated	nfiltration (<u>I&I)</u>		12,669,000

	Water Gallons billed to WW cu	stomers (gallons)	Estimated volume r	eturned (gallons)
8	Residential (not capped)	4,916,000	90%	4,424,400
8a	Non water Customers (est)	2,892,000	90%	2,602,800
9	Multi-Fmly Master Metered	1,124,980	96%	1,079,981
9a	General Service	<u>1,763,873</u>	<u>96%</u>	<u>1,693,318</u>
10	Total est flows returned	10,696,853		9,800,499
	to WWTP for treatment			

11	Estimated I&I (treated less returned) [I.7-I.10]	2,868,501
12	Allowable I&I [I.6]	(2,218,606)
13	Actual less allowable [l.11-l.6]	<u>649,895</u>
14	Excess, if any [l.11-l.6, if positive]	649,895
15	Excess as percent of wastewater treated	5.13%

2008 Lake Placid Commercial Water Billed

GS Accounts by Location		Mtr Size	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2008 Total
Temp Meter Village Del Mar	COML	2"	0	800	13,800	10,700	0	0	0	0	0	0	0	0	25,300
111 S. Sun N Lakes Blvd	COML	5/8"	0	0	0	0	0	0	0	0	0	0	0	5,520	5,520
2137 S. US HWY 27	COML	1"	27,280	24,470	9,620	32,950	14,210	14,790	18,040	15,370	14,610	28,320	19,210	15,320	234,190
2165 S US HWY 27	COML	4"	194,200	128,300	87,400	75,100	50,600	38,333	0	83,200	26,389	52,511	34,900	25,600	796,533
103 Country Club Dr.	COML	5/8"	180	230	220	100	150	0	0	130	30	200	330		1,570
100 Fairway Dr. (Laundry)	COML	:5/8"	1,830	1,580	1,440	1,030	450	320	550	210	410	850	1,610	1,330	11,610
10 Golf Course Logs Cons Only	IRRIG	1"	172,240	0	0	44,380	16,190	0	0	0	0	0	0	0	232,810
2165 S US HWY 27	IRRIG	3"	0	0	0	0	0	0	0	0	0	0	0	0	······································
Fairway Dr.	POOL	5/8"	17,530	10,350	8,460	10,070	11,390	9,490	12,150	11,210	6,590	9,570	8,670	6,280	121,760
590 Golfpoint Dr.	POOL	5/8"	160	390	160	1,090	0	0	0	0	0	0	0	0	1,800
Country Club Dr.	POOL	5/8"	360	20	520	1,750	0	0	0	0	0	0	0	0	2,650
135 S Sun N Lakes Blvd	REST	5/8"	15,210	140,440	13,770	15,240	15,440	13,270	14,850	16,650	14,550	17,430	23,490	28,790	329,130
GS Total					• • • • • • • • •							i			1,762,873
Multi-Family Accounts by				ereta de la companya de la companya de la companya de la companya de la companya de la companya de la companya El companya de la companya de la companya de la companya de la companya de la companya de la companya de la comp	A Maladillia										
Location		Mtr Size	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2008 Total
117 Country Club Dr	MULTI	4"	63,900	72,210	64,390	47,660	38,850	55,150	15,660	39,270	46,720	59,840	59,480	54,340	
121 Country Club Dr.	MULTI	4"	82,830	72,180	63,020	53,240	32,850	24,840	23,830	25,560	23,570	29,180	34,690	41,720	
Multi-Family Total													_		1,124,980

				COLL	ECTIN	641 G AND	- LAKE FORC	PLAC E MAIN	D IS (in l	ineal fo	et)		
	Туре	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	TOTAL
	fannskansk met s	G MAINS		f. Martine Congest									
	PVC												(
	DIP					ļ							
	VCP												
	PVC												
	DIP												(
	VCP			[
8"	PVC	2660								· · · · · · · · · · · · · · · · · · ·	-	1080	3740
	DIP	397						_				18	415
	VCP											<u> </u>	
10"	PVC	I											
	DIP												0
	VCP												
4 2 11	PVC												
	DIP												0
- F	VCP							· · · -					0
													0
	PVC				_				_				0
	DIP												0
	VCP				_								0
18''	PVC									T	-		0
	DIP							-					
	VCP									_			0
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	PVC												<u> </u>
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_	DIP	0020											3920
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													0
	VCP												0
- H-	A/C												0
					ł					l,			0
3" [PVC	3320											3320

4155

LP II calc sheet 2009 rate case.xlsx - Lake Placid Sewer Main

	DIP									-			- 0
	VCP		·			┨────	<u> </u>						
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	PVC					<u> </u>			<u> </u>	<u> </u>			0
	DIP					 				Į			0
	VCP				<u> </u>	<u> </u>	ļ			<u> </u>			0
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	DIP					<u>├</u> ───				<u> </u>			0
	VCP			-		 -	h		1	<u> </u>		-	0
	A/C			, <u> </u>		<u> </u>		<u> </u>		<u> </u>			0
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	DIP				}	<u> </u>							0
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MAN 4' 6'	CON CON	_20											20 0
MAN 4' 6' 8'	CON CON CON	_20											
MAN 4' 6' 8'	CON CON	20											0
MAN 4' 6' 8' PRC	CON CON CON JECTS:												0
MAN 4' 6' 8' PRC	CON CON CON JECTS:	20 del Mar											0
MAN 4' 6' 8' PRC	CON CON CON JECTS:												0
MAN 4' 6' 8' PRC	CON CON CON JECTS:												0
MAN 4' 6' 8' PRC	CON CON CON JECTS:												0
MAN 4' 6' 8' PRC	CON CON CON JECTS:												0
MAN 4' 6' 8' PRC	CON CON CON JECTS:												0
MAN 4' 6' 8' PRC	CON CON CON JECTS:												0
MAN 4' 6' 8' PRC	CON CON CON JECTS:												0
MAN 4' 6' 8' PRO	CON CON CON JECTS:												0
MAN 4' 6' 8' PRC	CON CON CON JECTS:												0

7240

I.

Analysis of Lake Placid Water & WW Flows, 2008

-

2008	LP Water Billed, MG	Est. DeeAnn Use, MG (1)	Est. Total Use, MG	95% return to WWTP	Actual WW Treated	Ratio WW/W	Alloc.(2) DeeAnn
Jan	0.701	0.338	1.039	0.987	1.373	1.39	11.68%
Feb	0.608	0.293	0.901	0.856	1.415	1.65	10.13%
Mar	0.548	0.264	0.812	0.771	1.211	1.57	9.13%
Apr	0.515	0.248	0.763	0.725	1.048	1.45	8.58%
May	0.476	0.229	0.705	0.670	0.843	1.26	7.93%
Jun	0.403	0.194	0.597	0.567	0.741	1.31	6.72%
Jul							
Aug	0.748	0.360	1.108	1.053	1.165	1.11	12.46%
Sep	0.251	0.121	0.372	0.353	1.014	2.87	4.18%
Oct	0.542	0.261	0.803	0.763	1.170	1.53	9.03%
Nov	0.562	0.271	0.833	0.791	1.341	1.69	9.37%
Dec	0.647	0.312	0.959	0.911	1.348	1.48	10.78%
Totals	6.001	2.892	8.893	8.448	12.669	1.50	100.00%
GPD/res. t	162.510	113.181	148.782	141.343	211.966	1.50	

	LP Water	Est. DeeAnn	Est. Total	95% return	Actual	Ratio	Alloc.(2)
2008	Billed, MG	Use, MG (1)	Use, MG	to WWTP	WW Treated	WW/W	DeeAnn
Jan	0.701	0.338	1.039	0.831	1.373	1.65	11.68%
Feb	0.608	0.293	0.901	0.721	1.415	1.96	10.13%
Mar	0.548	0.264	0.812	0.650	1.211	1.86	9.13%
Apr	0.515	0.248	0.763	0.611	1.048	1.72	8.58%
May	0.476	0.229	0.705	0.564	0.843	1.49	7.93%
Jun	0.403	0.194	0.597	0.478	0.741	1.55	6.72%
Jul							
Aug	0.748	0.360	1.108	0.887	1.165	1.31	12.46%
Sep	0.251	0.121	0.372	0.298	1.014	3.41	4.18%
Oct	0.542	0.261	0.803	0.643	1.170	1.82	9.03%
Nov	0.562	0.271	0.833	0.666	1.341	2.01	9.37%
Dec	0.647	0.312	0.959	0.767	1.348	1.76	10.78%
Totals	6.001	2.892	8.893	7.114	12.669	1.78	100.00%
GPD/res. b	162.510	113.181	148.782	119.025	211.966	1.78	

Note (1) - Estmate of DeeAnn Water Use

- 4,916,000 Residential gallons billed 119.00 Average residential bills 41,310.92 Average gallons per resident 70 DeeAnn unit count
- 2,891,765 Estimated DeeAnn annual water gallons

LAKE PLACID UTILITIES, INC.

DOCKET NO.: 090531-WS

RESPONSE TO REQUEST NO. 6

INSPECTION REPORTS



Florida Department of Environmental Protection

P.O. Box 2549 Fort Myers, FL 33902-2549

Elevel Birns Annal 8,200 NER 4/2/07 Charlie Crist Governor

Jeff Kottkamp Lt. Governor Michael W. Sole

chael W. Sole Secretary

February 14, 2007

Mr. Patrick Flynn, Regional Director Lake Placid Utilities, Inc. 200 Weathersfield Avenue Altamonte Springs, Florida 32714

Re: <u>Highlands County - PW</u> Sun-N-Lakes of Lake Placid PWS I.D. Number: 6280273 Sanitary Survey Report

Dear Mr. Flynn:

Marco 7/6/07

The deficiencies listed in the Report may in violation of Rule 62-555, F.A.C. Deficiency #4 must be addressed by <u>March 8, 2007</u> as it was due to be completed by December 31, 2005. Please correct the remaining deficiencies as soon as possible and notify the Department in writing postmarked no later than April 2, 2007 indicating which deficiencies have been corrected. For those deficiencies that have not been corrected, indicate how and on what schedule the system will address the deficiencies noted in the report.

Comments are included in the Report.

If you have any questions, please contact me at the letterhead address, call 239-332-6975, extension 119 or e-mail me at <u>Raymond.Kenney@dep.state.fl.us</u>. Please include the system name and PWS I.D. number with all correspondence.

Sincerely,

Raymond W. Kenney

Engineering Specialist II

RWK cc: Michael Dunn Danny Holmes

> "More Protection, Less Process" www.dep.state.fl.us

State of Florida Department of Environmental Protection South District

WATER TREATMENT PLANT COMPLIANCE INSPECTION REPORT

Plant Name:Sun N Lakes of Lake PlacidAddress:2163 US 27 South, Lake Placid FL 33870 (Behind the Ramada Inn)Owner Name:Lake Placid UtilitiesOwner Address:200 Weathersfield Avenue Altamonte Springs, Fl 32714	County: Contact: Phone: Contact: Phone:	Highlands PWS: 6280273 Otto Krucker (863) 465-6911 Patrick Flynn, Regional Director (407) 869-1919
---	---	--

This Inspection Date:Feb 13, 2007Last C.I. Date: Apr 14, 2005Last Sanitary Survey Date:Mar 14, 2006PWS Type:CommunityService Area Characteristics:Motel, Residential Homes, CondominiumsNo. of Service Connections:166Served Population:378

OPERATION AND MAINTENANCE

Certified Operator: Yes Required Coverage: 5/visits per week and 1 weekend visit Operator & Certification Class-Number: Otto Krucker C 7790 O&M Log: Yes Condition of Plant? Good

WELLS

Number of Wells:	2 (inside – AAH9348; outside – AAH9349)
Check Valve:	Yes
Fence/Housing:	Yes
Sanitary Hazards:	No
Auxiliary Power:	Yes
Tested Weekly?	Yes (record not being kept)

0.288 MGD

0.005 MG

DESIGN CAPACITY STORAGE CAPACITY

CHLORINATION

Chlorinator Type: Cl2 Residual: Plant: Remote: Location: Нуро

1.9 mg/l Free 1.8 mg/l Free Blowoff at 245 Golfview Dr

PRESSURE

Plant:	54 psi
Remote:	32 psi
Location:	245 Golfview Dr

AERATION No

010......

OTHER TREATMENT PROCESSES: None

OTHER

Flow Measuring Device: Meter Backflow Prevention Device: Yes Cross-connection Observed? No

(G) Ground (C) (Clearwell (E	E) Elevated	
(B) Bladder (H) H	lydropneum	atic/flow-throug	h
Tank type	н		<u> </u>
Capacity gal	5,000		
Gravity drain	Y		
By-pass piping	Y		
Pressure gauge	T Y		
On/Off pressure	40-60		
Sight glass	Ŷ		
Fittings for sight glass	Y		
Air roloase valve	Y T		
Pressure rollet valve	Y		
Access paclocked	Y		····

New hydro tank installed and placed into service in September 2006; ASME Coded Tank; National Board No. 288292; U-11354

DEFICIENCIES:

1. Replace the shelf that the hypochlorite pump is set on. It's rotting away. "Suppliers of water shall keep all necessary public water system components in operation and shall maintain such components in good operating condition so the components function as intended." Rule 62-555.350(2) F.A.C.

2. Rule 62-555.320(14)(f) F.A.C. requires that, at each site where standby power is required, the water supplier shall provide an audio-visual alarm that is activated in the event <u>any</u> (normal or standby) power source fails. The system needs a battery backup to operate the audio-visual alarm for the situation that the system may have no normal (utility) or standby (generator) power available.

3. Rule 62-555.320(14)(f) F.A.C. also requires that if the site where the standby-powered water system components are in operation is not staffed during all hours the standby-powered water system components are in operation, the alarm must be telemetered to a place staffed during all hours the standby-powered water system components are in operation, or must trigger an automatic telephone dialing or paging device, to enable notification of an authorized representative of the supplier of water. The system needs a battery backup to operate the telemetry system or automatic dialing or paging device for the situation that the system may have no normal (utility) or standby (generator) power available.

4. The system does not have an up-to-date map of the drinking water distribution system on site, which was due to have been completed by December 31, 2005. There is a drawing of part of the distribution system. "By December 31, 2005, suppliers of water who own or operate a community water system serving, or designed to serve, 350 or more persons or 150 or more service connections shall have, and thereafter maintain, an up-to-date map of their drinking water distribution system. Such a map shall show the location and size of water mains if known: the location of valves and fire hydrants; and the location of any pressure zone boundaries, pumping facilities, storage tanks, and interconnections with other public water systems." Rule 62-555.350(14) F.A.C.

COMMENTS:

1. A new hydro tank (like for like) was installed in August 2006. This is an ASME Coded tank; National Board Number 28292; U-11354

2. As new homes are built and connected to the distribution piping the system must change the number of service connections and the population served on the MOR.

3. Prime and paint the rust spots on the top of the new hydro tank. External corrosion is starting at a number of locations. It appears that the tie down mechanisms used during the shipment of the tank scraped off paint in a number of locations.

RECOMMENDATIONS: None

Engineering Specialist II Date 7, 14 12007 Inspector: Raymond W. Kenney Date 2/14/2007 Approved By: Mark Charneski Env. Supervisor II

Response to 2/13/07 RPT

LAKE PLACID UTILITIES, INC.

AND AFFILIATED COMPANIES 200 WEATHERSFIELD AVENUE ALTAMONTE SPRINGS, FLORIDA 32714

CORPORATE OFFICES: 2335 Sanders Road Northbrook, Illinois 60062 Telephone: 847-498-6440

Telephone: 407-869-1919 Florida: 800-272-1919 Fax: 407-869-6961 florida@ulwater.com

March 5, 2007

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Mr. Raymond W. Kenney FDEP- South District Drinking Water Section 2295 Victoria Avenue - Suite 364 Fort Myers, FL 33901-3881

RE: Sanitary Survey Report Sun-N-Lakes of Lake Placid PWS # 6280273

Dear Mr. Kenney:

Enclosed please find a copy of the most current map of the above referenced drinking water distribution system.

As stated in the Department's Sanitary Survey Report, the remaining deficiencies are being corrected and a follow-up report will be forwarded to your attention before April 2, 2007.

If you should have any questions or require further information, please do not hesitate to contact me at (407) 869-8588, ext. 234 or Email at <u>slhaws@uiwater.com</u>.

Sincerely,

LAKE PLACID UTILITIES, INC.

the the Scotty L. Haws

Scotty L. Haws Regional Compliance Manager

EC: Patrick C. Flynn, Regional Director Mike Wilson, Regional Manager Scott Stewart, Area Manager

Page 1 of 2 Map to FDEP per Sanitary Survey Lake Placid WTP

LAKE PLACID UTILITIES, INC.

AND AFFILIATED COMPANIES 200 WEATHERSFIELD AVENUE ALTAMONTE SPRINGS, FLORIDA 32714

CORPORATE OFFICES: 2335 Sanders Road Northbrook, Illinois 60062 Telephone: 847-498-6440

Telephone: 407-869-1919 Florida: 800-272-1919 Fax: 407-869-6961 florida@uiwater.com

March 20, 2007

Mr. Raymond W. Kenney FDEP- South District Drinking Water Section 2295 Victoria Avenue - Suite 364 Fort Myers, FL 33901-3881

RE: Sanitary Survey Report Sun-N-Lakes of Lake Placid PWS # 6280273

Dear Mr. Kenney:

Our office is in receipt of your letter dated February 14, 2007 in regards to the above referenced Sanitary Survey conducted on February 13, 2007.

The deficiencies noted during the survey have been corrected as follows. The Department's comments are reiterated in bold with the utility's response following:

 Replace the shelf that the hypochlorite pump is set on. It's rotting away. "Suppliers of water shall keep all necessary public water system components in good operating condition so the components function as intended." Rule 62-555.350(2) F.A.C.

The shelf used for the sodium hypochlorite facilities has been replaced.

2. Rule 62-555.320(14)(f)F.A.C. requires that, at each site where standby power is required, the water supplier shall provide an audio-visual alarm that is activated in the event any (normal or standby) power source fails. The system needs a battery back-up to operate the audio-visual alarm for the situation that the system may have no normal (utility) or standby (generator) power available.

Our contractor will have this work completed by March 23, 2007.

Mr. Raymond W. Kenney Sanitary Survey Report Sun-N-Lakes of Lake Placid PWS # 6280273 Page Two

. .

3. Rule 62-555.320(14) (f) F.A.C. also requires that if the site where the standby-powered water system components are in operation is not staffed during all hours the standby-powered water system components are in operation, the alarm must be telemetered to a place staffed during all hours the standby-powered water components are in operation, or must trigger an automatic telephone dialing or paging device, to enable notification of an authorized representative of the supplier of water. The system needs a battery backup to operate the telemetry system or automatic dialing or paging device for the situation that the system may have no normal (utility or standby (generator) power available.

Our contractor will also have this work completed by March 23, 2007.

4. The system does not have an up-to-date map of the drinking water distribution system on site, which was due to have been completed by December 31, 2005. There is a drawing of part of the distribution system. "By December 31, 2005" suppliers of water who own or operate a community water system serving, or designed to serve 350 or more persons or 150 or more connections shall have, and thereafter maintain an up-to-date map of their drinking water distribution system. "Such a map shall show the location and size of water mains if known: the location of valves and fire hydrants: and the location of any pressure zone boundaries, pumping facilities. storage tanks, and interconnections with other public water systems." Rule 62-555.350(14) F.A.C.

An updated distribution map was forwarded to your attention on March 5, 2007 and a copy has also been placed at the facility.

Comments:

As new homes are built and connected to the distribution piping the system must change the number of service connections and the population served on the MOR.

The MOR will be updated as needed.

Prime and paint the rust spots on the top of the new hydro tank. External corrosion is starting at a number of locations. It appears that the tie down mechanisms used during the shipment of the tank scraped off paint in a number of locations.

The hydro tank painting has been completed.

Mr. Raymond W. Kenney Sanitary Survey Report Sun-N-Lakes of Lake Placid PWS # 6280273 Page Three

If you should have any questions or require further information, please do not hesitate to contact me at (407) 869-8588, ext. 234 or Email at <u>slhaws@uiwater.com</u>.

Sincerely,

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LAKE PLACID UTILITIES, INC.

Scotty L. Haws Regional Compliance Manager

EC: Patrick C. Flynn, Regional Director Mike Wilson, Regional Manager Scott Stewart, Area Manager

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CC: Scom

Charlie Crist

Jeff Kottkamp Lt. Governor

Michael W, Sole

CREASE

Florida Department of Environmental Protection

South District P.O. Box 2549 Fort Myers, Florida 33902-2549

Secretory Reference was made to

ELP not being a site but yet no deficiencies wore frend. \$

April 15, 2008

APR 17 2000

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Mr. Patrick Flynn, Regional Director Utilities Inc. of Florida and Affiliates. 200 Weathersfield Avenue Altamonte Springs, Florida 32714

Re: <u>Highlands County - PW</u> Sun-N-Lakes of Lake Placid WTP PWS I.D. Number: 6280273 Compliance Inspection Report

Dear Mr. Flynn:

Enclosed is your copy of the recently completed Compliance Inspection Report for the referenced public drinking water system.

No deficiencies were observed during this inspection. Thank you for your cooperation in maintaining compliance with the Florida Safe Drinking Water Act.

A comment is included in the Report, if you have any questions, please contact me at the letterhead address, call 239-332-6975, extension 138 or e-mail me at Luz.Rodgers@dep.state.fl.us. Please include the system name and PWS I.D. number with all correspondence.

Sincerely,

este Rodgers

Environmental Specialist III

CR cc: Mr. Danny Holmes (w/enc) Raymond Kenney

State of Florida Department of Environmental Protection South District

WATER TREATMENT PLANT COMPLIANCE INSPECTION REPORT

Plant Name:Sun N Lakes of Lake PlacidCountAddress:2163 US 27 South, Lake Placid FL 33870Conta(Behind the Ramada Inn)PhoneOwner Name:Lake Placid UtilitiesContaOwner Address:200 Weathersfield AvenuePhoneAltamonte Springs, Fl 32714SeriesSeries	ct: Otto Krucker : (863) 465-6911 ct: Patrick Flynn, Regional Director
--	--

This Inspection Date:	April 11, 2008 Last C.I. Date: Apr 14, 206)5
Last Sanitary Survey Date:	Mar 14, 2006	-
PWS Type:	Community	
Service Area Characteristics:	Motel, Residential Homes, Condominiums	
No. of Service Connections:	166	
Served Population:	378	

OPERATION AND MAINTENANCE

Certified Operator: Yes Required Coverage: Satfling by Class or higher operator: 5 visits/week and one visit each weekend for a total of 0.6 hour/week Operator & Certification Class-Number: Otto Krucker C 7790 O&M Log: Yes Condition of Plant? Good

WELLS

Number of Wells:	2 (inside – AAH9348; outside – AAH9349)
Check Valve:	Yes
Fence/Housing:	Yes
Sanitary Hazards:	No
Auxiliary Power:	Yes
Tested Weekly?	Yes
DESIGN CAPACITY	0.288 MGD

STORAGE CAPACITY 0.005 MG

CHLORINATION

Chlorinator Type:	Нуро
Cl2 Residual:	
Plant;	2.4 mg/l Free
Remote;	1.3 mg/l Free
Location:	Blowoff at 245 Golfview Dr

PRESSURE

Plant:	40 psi
Remote:	44 psi
Location:	245 Golfview Dr

AERATION No

OTHER TREATMENT PROCESSES: None

OTHER

Flow Measuring Device:MeterBackflow Prevention Device:YesCross-connection Observed?No

(G)	Ground	- (C)	Clearwell (E) Elevated	
101			full colorest as a constant of the set	

Diagoer (ri)	Tydropneu	maticilio	w-throug	h
Tank type	Н	1		
Capacity gal	5,000	1		
Gravity drain	Y	1		
By-pass piping	Y	1		
Pressure gauge	Y	1		
On/Off pressure	40-60	<u> </u>		
Sight glass	Y	f		
Fittings for sight glass	Y	†		
Air rolease valve	Y	1		
Pressure relief valve	Y	ţ		
Access padiocked	Y	t	+	

New hydro tank installed and placed into service in September 2006; ASME Coded Tank; National Board No. 288292; U-11354

DEFICIENCIES: None

COMMENTS:

1. A new hydro tank (like for like) was installed in August 2006. This is an ASME Coded tank; National Board Number 28292; U-11354

2. Emergency Response Plan was not onsite during this inspection, a copy of the Emergency Response Plan should be ousite at all times.

RECOMMENDATIONS: None

		$ \rightarrow $		
Inspector: Celeste Rodgers		<u> </u>	Engineering Specialist III	Date 4 /15/ 2008
Approved By: James Oni	100	Ad	P.E. Supervisor (II	Date 4/15/2008
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Florida Department of Environmental

Protection

South District Office P.O. Box 2349 Ft. Myers, Florida 33902-2549 t Tradic Crist Casettaar

Scotly A.

Jan Konkamp Et Cavorner

Michael W. Sole Secretary

RECEIVED

AUG 13 2003

August 11, 2008

Patrick C Flynn 200 Weathersfield Ave Altamonte Springs, FL 32714 - 4027

RE: <u>Highlands County-DWF</u> Lake Placid Utilities FLA014386

Dear Mr. Flynn:

A file review and a field inspection of the above referenced WWTP on July 30, 2008 indicate that you may be in violation of Chapter 403, Florida Statutes and the rules promulgated thereunder. Department personnel observed the following:

1. Department personnel observed that a copy of the permit was not available to plant personnel at the time of the inspection. Florida Administrative Code (F.A.C.) Rule 62-620.350(5) states that unless the permit specifically indicates an alternative location, the permittee shall maintain the following records on the site of the permitted facility or activity and make them available for inspection: A copy of the current permit.Department personnel observed that a copy of the permit was not available to plant personnel at the time of the inspection. F.A.C. Rule 62-620.350(5) states that unless the permit specifically indicates an alternative location, the permittee shall maintain the following records on the site of the permittee shall maintain the following records on the site of the permitted facility or activity and make them available for inspection: A copy of the current permit.

2. The chlorine contact chamber has an accumulation of sludge and garbage (see photograph), which may increase the facility's potential for a total suspended solids violation and/or reduce the required disinfection time. F.A.C Rule 62-600.410 (6) requires that all facilities and equipment necessary for the treatment, reuse, and disposal of domestic wastewater or domestic wastewater residuals shall be maintained at a minimum, so as to function as intended.

19.2



- 3. A review of the facility's March 2007, April 2007 and May 2007 Discharge Monitoring Reports (DMR's) indicate that the facility has exceeded 50 percent of the permitted capacity. F.A.C. Rule 62-600.405 (3) states when the three month average daily flow for the most recent three consecutive months exceeds 50 percent of the permitted capacity of the treatment plant or reuse and disposal systems, the permittee shall submit to the Department an updated capacity analysis report. The capacity analysis report shall be submitted within 180 days after the last day of the last month of the three-month period referenced above. The capacity analysis report shall be prepared in accordance with Rule 62-600.405 FAC [62-600.405(4)].
- 4. The following observations were made by Department personnel which violate F.A.C. Rule 62-600.410(6) which requires that all facilities and equipment necessary for the treatment, reuse, and disposal of domestic wastewater or domestic wastewater residuals shall be maintained at a minimum, so as to function as intended.
 - a. The flow measurement device seems be full of solids (see photograph). Please have them removed. If this device is not being used to measure flow, please clarify its purpose.



b. Rags are being disposed of improperly on the grounds of the facility. Please collect these in an appropriate receptacle.

You are advised that any activity that may contribute to violations of the above described statutes and rules should cease immediately. Continued operation of a facility in violation of state statutes or rules may result in liability for damages and restoration, and the judicial imposition of civil penalties pursuant to Sections 403.141 and 403.161, Florida Statutes.

Please notify the Department in writing within 15 days as to what actions you intend to take in order to address these deficiencies.

If you have any questions, please do not hesitate to contact **Philip J Reed at (863) 314**-5975. Your cooperation is appreciated.

Sincerely,

 $_{1} \sim 2$

Keith Kleinmann

Environmental Manager

DWF/PJR/jl

CC: Allen Slater, FRWA

Utilities, Inc.

August 19, 2008

Mr. Keith Kleinmann FDEP- South District Office 2295 Victoria Avenue, Suite 364 Fort Myers, FL 33901-3881

RE: Lake Placid WWTF Facility ID # FLA014386 Highlands County

Dear Mr. Kleinmann:

Our office is in receipt of your letter dated August 11, 2008 in regards to the above referenced facility inspection conducted by Department personnel on July 30, 2008.

Deficiencies noted during the inspection have been corrected as follows, as a reference, the Department's comments are reiterated in bold with the utility's response immediately following:

Department personnel observed that a copy of the permit was not available to plant personnel at the time of the inspection.

A copy of the current operating permit has been placed at the WWTF site as of August 15, 2008.

The chlorine contact chamber has an accumulation of sludge and garbage which may increase the facility's potential for a total suspended solids violation and/or reduce the required disinfection time.

Operating personnel cleaned the chlorine contact chamber on August 14, 2008 and have been reminded to keep the facilities clean and maintained.

A review of the facility's March 2007, April 2007 and May 2007 Discharge Monitoring Reports (DMR's) indicate that the facility has exceeded 50 percent of the permitted capacity. F.A.C. Rule 62-600.405(3) states when the three month average daily flow for the most recent three consecutive months exceeds 50 percent of the permitted capacity of the treatment plant or reuse and disposal systems, the permittee shall submit to the Department an updated capacity analysis report. The capacity analysis report shall be submitted within 180 days after the last day of the last month of the three-month period referenced above. The capacity analysis report shall be prepared in accordance with Rule 62-600.405 FAC {62-600.405(4)}.

a Latters, no company Lake Placid Utilities, Inc.

Mr. Keith Kleinmann Lake Placid WWTF Facility ID # FLA014386 Page Two

According to Rule 62-600.405(5)(a) FAC, If the initial capacity analysis report or an update of the capacity analysis report documents that the permitted capacity will not be equaled or exceeded for at least 10 years, an updated capacity analysis report shall be submitted to the Department at fiveyear intervals or at each time the permittee applies for an operation permit or renewal of an operation permit, whichever occurs first. Based upon the latest updated capacity analysis report dated February 19, 2005, the capacity will not be equaled or exceeded for at least 10 years; therefore the next capacity analysis update will be due February 19, 2010.

The following observations were made by Department personnel which violate F.A.C. Rule 62-600.410(6) which requires that all facilities and equipment necessary for the treatment, reuse, and disposal of domestic wastewater or domestic wastewater residuals shall be maintained at a minimum, so as to function as intended.

a. The flow measurement device seems to be full of solids. Please have them removed. If this device is not being used to measure flow, please clarify its purpose.

Operating personnel cleaned the stilling well used for the in-line Ultra-Sonic flow meter on August 15, 2008. As stated above, personnel have been reminded to keep the facilities cleaned and maintained.

b. Rags are being disposed of improperly on the grounds of the facility. Please collect these in an appropriate receptacle.

Operating personnel cleaned the grounds on August 14, 2008 and are now disposing of facility debris in an appropriate receptacle for disposal.

If you should have any questions, or require further information, please do not hesitate to contact me at (407) 869-8588, ext. 234 or via email at <u>sinaws@uiwater.com</u>.

Sincerely,

LAKE PLACID UTILITIES, INC.

A 12

Scotty L. Haws Regional Compliance & Safety Manager

EC: Patrick C. Flynn, Regional Director Mike Wilson, Regional Manager Scott Stewart, Area Manager



Florida Department of Environmental Protection

mu -54 Charlie Crist Governor

felt Koltkamp LL Genermor

Michael W. Sole Secretary

June 29, 2009

Mr. Patrick Flynn, Regional Director Utilities Inc. of Florida 200 Weathersfield Avenue Altamonte Springs, Florida 32714

Re: <u>Highlands County - PW</u> Sun-N-Lakes of Lake Placid PWS I.D. Number: 6280273 Sanitary Survey Inspection Report

Dear Mr. Flynn :

Enclosed is your copy of the recently completed Sanitary Survey Inspection Report for the referenced public drinking water system.

If there are deficiencies listed in the Report, they may be violations of Rules 62-550 and 62-555, F.A.C. You must correct all deficiencies listed in the Sanitary Survey Inspection Report within 30 days of the date of this letter and notify the Department in writing of corrective actions completed within 30 days of the date of the date of this letter.

If you have any questions, please contact Ryan Schwarb at 2812 Kenilworth Blvd. Sebring, FI 33870. By phone at 863-314-5975, ext. 105, or by e-mail at <u>Ryan.Schwarb@dep.state.fl.us</u>

Sincerely,

Mark Chunch.

Mark Charneski Environmental Supervisor II

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"More Protection: Less Process" www.dep.stite.fl.us

[`	SANITAF	LY SURVEY REP	ORT					** X/4 & A, box	Page 1
1.2		Water system: SUN-N-LAKES OF LAKE PLACID Inspector name: Ryan Schwarth Person(s) contacted:			System PWS #	Date of survey: 7-9-09			
in the second se						Stewart		· · · · · · · · · · · · · · · · · · ·	T- 6
			n: <u>378</u>	Connections:	166	Design capacity:	288,000	Storage capacit	y: <u>5,000</u>
	System address:	2153 US 27 South	1964		Cł	y Lake Placid		State FL	Zp 3387
01012	System phone:	407-869-1919	14 Million and a Table				Cell;		
()) 	Fax number:				* 1 ***	Email:	· • • • • • • • • • • • • • • • • • • •	4.4	
	Owner name:	Utilities Inc.					0	vner tile:	
11	Owner address:	200 Weathersfield Avenue			 City	: Altamonte springs	State FL	Zip 32714	
	Owner phone:				-		Cell:	******	
	Fax number:	Fax number:			1	Email:			
	Operator required	i? 🛛 Yes 🗌 No (if	"No", Coerator	sections out applicable)		Operator class & cert. number: 7760-C			
5 C P	Operator name:				-		Phone:		
	Fax number:			7Anda	Email:				
Ī	Weil Name and/or	FL Unique Well ID	AN/0348	X7163149	- ISY	xage lype used; 🛛 H			
5		(Padiconclutiopenings)	Y	Y	los	pections compliant?	nudāri	Contain Datter	
31 W	Well casing 12" at		Y	¥		shouts compliant? (a		r Y	
FOR L	Casing vent comp	Eant?(installed, screened)	Y	Y		rage capacity complia		Ŷ	
	Check valve comp	liant (installed no leak)?	Y	Y		APPURTENANCES		-	
1	Tap Compliant? s		Y	Y			☐ Sight glass		
ģ	Flow measurable?	(fappicable (FM@pi)	Y	Y	94	APPURTENANCES	: "X" box below	if not compliant	
2	Flow meter accura	icy checked?	Y	Ŷ		Hatch Vent	Overflow	Drain Devoass (Comient
	Well capacity > ma		r	¥		nual or automatic con		Ato	
		117(Instarci yos and dosnos)	Y	¥		Of pressure of pump		40/60	
	Name of plant & ty		і і уро	1 1		High Service Pump HSP capacity comp	s functional?		
	O & M log complia		Y		No.	HSP capacity comp	liant?		
	O & M manual con		¥		Ch	lorine test kit compliar	117	Y	
		ant? (no organizsiacidiaun)	Y		👷 Ch	lorine grab sampling o	compliant?	Ŷ	
	Chlorinator flow pr		¥	·····		cti sampling compliant		Y	
-	Treated sample ta		Y		E Ch	emical sampling comp	oliant?	¥	
KEATUENT	CI solution stre	the second second second second second second second second second second second second second second second s	10.54		Los	d/copper sampling co	mpliant?cn	¥	
K E A	Solution tank or Antisiphon prot	mpliant?(overschec)	Y		DB	P monitoring complian	117 CP3	Y	
	se. Panospinos pous	ection compliant?	Y			WITORING PLANS: "			
	Safety: (Governa)		Y			Bacteriological Disir	fection By Prod	cts on Diand & Co	cper ich
						F: "X" box below if not			
		INT? (installed functional)				Treatment Chemicals/C		Storage 🔲 Pipe 🗌	New Meters
	Safety: (SOBAG		<u> </u>		S CC	C / Plan(C) implement	ted?		
		Choose type: "X" box below if not compliant			1.1	cord keeping complian		Y	
	Flushing of dead e				1 1 mm	curity measures comp	and the second se	Ŷ	
N 2 IN STATE	Valve maintenance					nt category and type?		5/D	
2) 2	Distribution PSI co		¥			erator visits compliant	Y		
-	Chlorine residual a	the second second second second second second second second second second second second second second second s		¥ ¥		nt checked 5 days/we Rs submittal complian		Y	·
F ()				4	·			¥	
ï	CHNICAL ASSISTA	NCE PROVIDERS (TA)) RECOMME	NDED? Yes (see en	losed TAF			0.3 mg	/L
	W2 05:								
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SANITARY SURVEY REPORT

DEFICIENCIES

None.

REMARKS AND RECOMMENDATIONS

None.

SYSTEM SCHEMATIC

W1-RWST-CV-HCL (17) -HT (5000) -WH (2) -POEST-> W2-CV-RWST/

TECHNICAL ASSISTANCE PROVIDERS

You may wish to contact the Florida Rural Water Association at 1-850-668-2746 for technical assistance with your water system. Services include water meter calibration, leak detection, drafting the Consumer Confidence Report and limited engineering assistance.

MAPS OR DIRECTIONS TO SYSTEM (text and/orgraphics)



Page 2

SANITARY SURVEY REPORT

DIGITAL PHOTOS





Inspector Signature _____ Date: July 23, 2009
Reviewer's Signature _____ Date: July 23, 2009 Date: July 23, 2009

LAKE PLACID UTILITIES, INC.

DOCKET NO.: 090531-WS

RESPONSE TO REQUEST NO. 7

CUSTOMER COMPLAINTS

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CUSTOMER NAME : SERVICE ADDRESS: EDATE : TYPE :	 155790 006410010772 Lake Placid Hotels LLC 2165 S US Hwy 27 03/27/07 27 Leak here. Customer called to report that the same line that we had repaired previously is broken again. Located at the Lake Grassi Hotel one mile from this location. Contact Tony at 441 1792 (863) Paged Scott Stewart
RESOLUTION :	 . 03/27/07 Clay S. Stated that he spoke with Tony on this service order and they spoke about the leak and that the problem is on customer's side. Not an issue for Lake Placid Utilities. . Taken care of. . CS/RB
RDATE :	. 03/27/07
SERVICE ADDRESS: EDATE : TYPE : COMMENT :	 . 006410010772 . Lake Placid Hotels LLC . 2165 S US HWY 27 . 07/05/07 . 28 . Customer called to report low water pressure at the Ramada Inn. Dispatched call to Pugh Utilities.
	 Tech Danny responded. Used the water pressure as registered, per Lake Placid. 07/05/07
CUSTOMER NAME : SERVICE ADDRESS: EDATE : TYPE : COMMENT : RESOLUTION :	 237513 006410010032 Orrell, David J. 175 Fairway Dr. 11/08/07 28 Customer called due to low pressure throughout the home. Paged to Otto. Checked and everything was fine, per Clay. Spoke with customer. CS/IC 11/08/07
CUSTOMER NAME : SERVICE ADDRESS: EDATE : TYPE :	 169180 006410011393 Mancinelli, Donna 105 Fairway Dr. 05/04/07 29 Customer spoke to manager in area about discolored water. Per Operation Manager, please flush lines in the area and establish residual. Paged to Otto.

RESOLUTION RDATE	 N/A PER Field Tech Otto from Pugh Utilities. Completed service order. OTTO/CS/RB 05/04/07
CUSTOMER NAME	<pre>:. 240019 :. 006410011582 :. Baggett, Troy S:. 106 Country Club Dr. :. 11/15/07 :. 29 :. Customer called due to discolored water (yellow color). . Paged to Otto with Pugh Utilities. :. Flushed lines and checked chlorine residual afterward. . IC :. 11/15/07</pre>
CUSTOMER NAME	:. 134015 :. 006410011330 :. Conner, Elsie M. S:. 142 Fairway Dr.
RESOLUTION	 . 01/22/07 Customer not available, per field tech. The field tech went to the customer's home and on one was home. The field tech did speak with the neighbor. . RB . 01/22/07
	:. 158164 :. 006410011393 :. Mancinnelli, Donna

	105 Fairway Dr. 04/04/07 32
COMMENT :.	Customer called due to bad odor in water. Paged to Otto with Pugh Utilities.
RESOLUTION :.	04/04/07 Per Otto, spoke with customer. Odor caused by unit sitting vacant. Flushed inside tap to alleviate problem. OTTO/RB
	04/04/07
SERVICE ORDER# :.	
	006410011393
CUSTOMER NAME :.	Mancinelli, Donna
SERVICE ADDRESS:.	105 Fairway Dr.
EDATE :.	05/24/07
TYPE :.	32
COMMENT :.	Per 'on call' on 5/24/07 AT 6:61 AM, customer stated the water has mold like odor/smell to it. The call was referred to Otto/Scott.
	Field tech met with customer. Field tech advised the customer that (UIF) will be flushing on Fairway Drive ASAP. This should take care of the stagnant water issues for the entire block. SS/RB
	05/29/07
SERVICE ORDER# :.	183042
ACCOUNT# :.	006410011393
CUSTOMER NAME :.	Mancinelli, Donna
SERVICE ADDRESS:.	
	06/13/07
	32
	Water had bad odor like mildew. Please resolve and flush. Scotty Haws had told the customer that this may happen off an on and we need to flush there periodically. Tag with findings.
RESOLUTION :.	Per Pugh Utilities, flushed the line on 6/14/07 AND ON 6/15/07. No odor found on 6/15/07. Also tagged door with finding. OTTO/RB
RDATE :.	06/14/07
CUSTOMER NAME :. SERVICE ADDRESS:.	229291 006410010773 Lake Placid Hospitality Corp. 2165 s US HWY 27 10/17/07

TYPE COMMENT RESOLUTION RDATE	 36 Sewer back up at this location per hotel staff. Dispatched call to Otto (Pugh Utilities) Sewer lateral on customer's side. CS/IC 10/17/07
CUSTOMER NAME	<pre>:. 006410011392 :. McClarty, O. E. S:. 105 Fairway Dr. :. 02/08/07 :. 39 :. Customer called. L/S alarm is going off.</pre>
RESOLUTION RDATE	 Paged to Otto Per the Field Tech, Pugh Utilities completed this service order. CS/RB 02/08/07
CUSTOMER NAME	:. 006410010232 :. LaFountain, Gary H. 5:. 149 Fairway Dr.
RESOLUTION RDATE	· · · · · · · · · · · · · · · · · · ·

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CUSTOMER NAME SERVICE ADDRESS EDATE TYPE	 270305 006410012030 Jones, Carl E. 245 Golfpoint Dr. 02/21/08 26 Water is coming up from meter. Bubbleing up per neighbor Carl Pappas; 863-465-7579. Read and do necessary repair. Inform office if company leak or customer's. Phones Pugh Utilities. Spoke to Missy. Left message with her at 10:42 AM.
RESOLUTION	<pre>:. Leak on customer's side. Repaired by Otto OK/IC</pre>
RDATE	:. 02/21/08
SERVICE ADDRESS EDATE TYPE COMMENT	 :. 006410010591 :. Lakeshore Tower II, :. 121 County Club Dr. :. 05/05/08 :. 28 :. Customer called answering service on 5-3-8 and reported having low water pressure. Please resolve.
	:. Pugh Utilities responded to water break. . CS/IC
RDATE	:. 05/07/08
SERVICE ADDRESS EDATE TYPE COMMENT RESOLUTION	
SERVICE ADDRESS	
RESOLUTION	<pre>. 01/21/08 FAXED . 02/04/08 FAXED . 02/05/08 FAXED . Pugh Utilities responded. . JS</pre>
RDATE	. 02/06/08
	:. 274597 :. 006410010591 :. Lakeshore Tower II

.

SERVICE ADDRESS:.	121 Country Club Dr.
EDATE :.	03/05/08
TYPE :.	43
COMMENT :.	Customer called answering service on 3-1-08 and reported
	having no water. Please resolve.
RESOLUTION :.	Water restored by Otto.
•	OK/IC
RDATE :.	03/06/08

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Lake Placid Customer Complaints and Resolutions 05/01/2008 to 12/31/2008

FA ID: 0312610854 MR Route: F60 Sub Division : 223 Customer Name: Grill, Donald Phone #: (863) 699-6462 Account # : 0312610000 Operator: Scott Stewart Address 120 Fairway Drive CSR: Jacqueline Sillitoe : Entry Date 7/2/2008 10:43:42 AM SO Type: M-SIO Request Type: Lift Station Problems : Customer says alarm on lift station is going off. JMS 07/02/08 Dispatched to Rob B. Instructions : Due Date 7/2/2008 12:00:00 AM Resolution Date: 7/2/2008 12:00:00 AM FA Status : Completed Resolution : Reset alarm, All clear, CS MR Route: F60 FAID: 1882610770 Sub Division : 223 Phone #: (423) 388-9011 Account # • 1882610000 Customer Name: Broyles, M. Kay Address 109 COUNTRY CLUB DR CSR: Jacqueline Sillitoe Operator: Scott Stewart Entry Date : 8/11/2008 7:44:50 AM SO Type: High Bill Instructions : Please read meter. Estimated the usage last month's billing. Per customer, home is vacant. JMS 08/11 Due Date 8/12/2008 7:44:00 AM Resolution Date: 8/12/2008 12:00:00 AM FA Status: Completed Reread meter. Resolution • Sub Division : 223 MR Route: F60 FA ID: 2022610502 : Customer Name: Loyal Order of Moose Account # 2022610000 Phone #: (863) 465-0131 Address CSR: Isabel Ceballos 2137 S US Highway 27 Operator : Scott Stewart : Entry Date : 6/20/2008 3:54:23PM SO Type: M-SIO Request Type: Discolored Water Instructions : Customer called answering service on 6-19-08 and reported having muddy water. Please resolve. Due Date 6/23/2008 12:00:00 AM Resolution Date: 6/23/2008 12:00:00 AM FA Status: Completed Resolution Otto responded to call. At time of his visit to the Moose Lodge the water was clear. Customer satisfied. -Sub Division : 223 MR Route: F60 FA ID: 2371610225 Account # 3979534433 Customer Name: South Highlands Investment Corporation Phone #: (863) 773-4151 • Address 2165 S US Highway 27 CSR: Ferrie Trovinger Operator: Entry Date : 10/3/2008 3:41:06 PM SO Type: Meter reread Instructions : Reread meter for billing. Due Date 10/6/2008 12:00:00 AM Resolution Date: 10/6/2008 12:00:00 AM FA Status: Completed Resolution Reread meter. • Sub Division : 223 MR Route : F60 FA ID: 2432610213 Account # 2432610000 Customer Name: Golfpoint Community Pool Phone #: (863) 699-2828 Address 590 Golfpoint Drive CSR: Matthew Chandler Operator: Scott Stewart ÷ Entry Date : 6/11/2008 9:12:55 AM Meter reread SO Type: Instructions : Reread meter for billing. Due Date 6/11/2008 9:12:55AM Resolution Date: 6/11/2008 12:00:00 AM FA Status: Completed Resolution : Reread meter.

	Customer C	Lake Plac omplaints and Resolution		12/31/2008
Sub Division :	223	MR Route:	F60	FA ID: 2790610383
Account # :	2790610000	Customer Name:	ARMESTO,NORA	Phone #: (305) 338-2358
Address :	143 Fairway Drive	CSR:	Leanne Loeffel	Operator :
Entry Date :	9/16/2008 1:12:51 PM	SO Type: High bill		
Instructions :	Please re-read due to high	gh bill.		
Due Date :	9/17/2008 1:12:00 PM	Resolution Date: 9/17/200	08 12:00:00 AM	FA Status: Completed
Resolution :	No leaks. Clay			
Sub Division :	223	MR Route:	F60	FA ID: 2890610757
Account # :	2890610000	Customer Name:	Pappas, Carl P.	Phone #: (863) 465-7579
Address :	139 FAIRWAY DR	CSR:	Leanne Loeffel	Operator:
Entry Date :	10/7/2008 1:40:49PM	SO Type: High bill		
Instructions :	Please re-read and chec 10/07/2008	k for leaks, usage is high. N	o one is living there	at the time.
Due Date :	10/8/2008 1:40:00PM	Resolution Date: 10/8/200	08 12:00:00 AM	FA Status : Completed
Resolution :	No Leaks found. Spoke t	o Ms. Pappas.		
Sub Division :	223	MR Route:	F60	FA ID: 3121610262
Account # :	3121610000	Customer Name:	Holtz, John	Phone #: (734) 529-3505
Address :	131 Fairway Drive	CSR:	Leanne Loeffel	Operator:
Entry Date :	11/10/2008 2:58:10 PM	SO Type Reread I	Meter	
Instructions :	Please re-read for billing.	Should show 0 usage.		
Due Date :	11/11/2008 6:00:00PM	Resolution Date:11/11/200	12:00:00 AM	FA Status: Completed
Resolution :				
Sub Division :	223	MR Route:	F60	FA ID: 3162610044
Account # :	3162610000	Customer Name:	Craighead, Sherma	
Address :	216 County Club Drive		Ferrie Trovinger	Operator:
Entry Date :	12/29/2008 1:51:49 PM	SO Type: M-SIO	-	Type: General Investigation
Instructions :	After re-read, detected no	leaks. Customer requested	a meter test. Pleas	e call customer to set up.
Due Date :	12/30/2008 12:00:00 AM	Resolution Date :1/26/200	09 12:00:00 AM	FA Status: Completed
Resolution :	Scott Steward contacted I he is happy with what he his cell # if he desires a te	has found and will continue t	ne customer is monil o keep an eye on it.	toring his meter every 4-5 days. So far Scott Steward provided customer with
Sub Division :	223	MR Route:	F60	FA ID: 3162610143
Account # :	3162610000		Craighead, Sherma	
Address :	216 County Club Drive		Isabel Ceballos	Operator: Scott Stewart

Entry Date :	Customer Compl 12/10/2008 10:17:45 AM	Lake Pla aints and Resoluti SO Type: High Bi	ions 05/01/2008 t	o 12/31/2008	
Instructions :	Reread meter and check for le	aks. Customer says	there's no one living	there. Tag door w/	findings.
Due Date :	12/11/2008 6:00:00PM Reso	lution Date: 12/11/2	2008 12:00:00 AM	FA Status: Compi	eted
Resolution :	Read 268620. Spoke to custo	mer; no leak found. (Customer requested	a meter test.	
Sub Division :	223	MR Route	: F60	FA ID:	3690610447
Account # ;	3690610000	Customer Name	: Bond, Lewis	Phone #:	(301) 438-3592
Address :	123 Fairway Drive	CSR	Ferrie Trovinger	Operator:	
Entry Date :	8/15/2008 11:15:35 AM	SO Type : High Bil	1		
Instructions :	Re-read meter due to high bill.				
Due Date : Resolution ;	8/18/2008 11:15:00 AM Resol	ution Date : 8/18/20	08 12:00:00AM	FA Status: Comple	eted
Resolution :	No leaks found.				
Sub Division :	223	MR Route	: F60	FA ID :	4191610977
Account # :	4191610000	Customer Name:	Marotta, Anthony	Phone #:	(518) 370-0311
Address :	145 Fairway Drive	CSR:	Isabel Ceballos	Operator:	Scott Stewart
Entry Date :	8/11/2008 7:15:45 AM	SO Type: High bill			
Instructions :	Customer says she's not there a if it's not.	and there's usage on	meter. Re-read and	d check for leaks. To	urn meter off and lock
Due Date :	8/12/2008 7:15:00 AM Resol	ution Date: 8/12/20	08 12:00:00 AM	FA Status: Comple	ted
Resolution :	No leaks. Estimated usage is to	oo high.			
Sub Division :	223	MR Rout :	F60	FA ID:	4281610311
Account # :	4281610000	Customer Name:	Dekel, Emile	Phone #:	(305) 322-2006
Address :	111 FAIRWAY DR	CSR:	Batch System	Operator:	
Entry Date :	9/2/2008 8:00:36PM	SO Type: M-SIO	Reques	t Type: General Inve	estigation
Instructions :	MR ID: 428167329865			54 01 /	•
Due Date : Resolution :	9/2/2008 8:00:36 PM Resolution Per customer, someone opened	ution Date: 9/2/200			Completed
Resolution .	given to customer.			. Leicit Idnining. Po	iyment an angement
Sub Division :	223	MR Rout :	F60	FAI:	4281610858
Account # :	4281610000	Customer Name:	Dekel, Emile	Phone #:	(305) 322-2006
Address :	111 Fairway Drive	CSR:	Leanne Loeffel	Operator:	
Entry Date :	11/4/2008 2:17:57 PM	SO Type: Reread	meter		
Instructions :	Please re-read for billing and ch	leck for leaks, last rea	ad not in line.		
Due Date :	11/5/2008 6:00:00 PM Resolu			FA Status: Comple	ted
Resolution :	Read on 11/1 was 247000. The	read was mis-keyed	when entered into t	he system.	

Lake Placid Customer Complaints and Resolutions 05/01/2008 to 12/31/2008

223 Sub Division : MR Route: F60 FA ID: 6521610621 Account # 6521610000 : Customer Name: Pappalardo, Anthony Phone #: (863) 465-7040 Address • 158 Fairway Drive CSR: Jacqueline Sillitoe Operator: Scott Stewart Entry Date : 8/11/2008 8:30:10AM SO Type: High bill Reread meter. Estimated last two months and customer says no one home. Instructions : Due Date 8/12/2008 8:30:00 AM Resolution Date: 8/12/2008 12:00:00 AM FA Status: Completed Resolution : Reread meter. Sub Division : 223 MR Route : F60 FA ID: 6621610768 Account # 6621610000 Customer Name: Wright, William Phone #: (330) 724-3270 Address 150 Fairway Drive CSR: Lyn Paulk Operator: Scott Stewart Entry Date : 8/14/2008 11:35:24 AM SO Type: M-SIO Request Type: General Investigation Customer stated his meter should be off and locked. Customer was billed for 174 gallons of water. Reread meter Instructions : and make sure meter is locked. Due Date 8/15/2008 12:00:00 AM Resolution Date: 8/15/2008 12:00:00 AM FA Status: Completed Resolution : Reread meter and made sure it was locked. Sub Division : 223 MR Route: F60 FA ID: 7451610678 Account # • 7451610000 Customer Name: Lakeshore Tower Phone #: (863) 465-1475 Address 117 County Club Drive CSR: Matthew Chandler Operator: Scott Stewart Entry Date : 6/6/2008 8:16:50AM SO Type: M-SIO Request Type: No Water Instructions : Customer stated 'no water'. Paged Clay S. Due Date 6/6/2008 12:00:00 AM Resolution Date: 6/6/2008 12:00:00 AM FA Status: Completed Resolution : Repair at water plant. Valve removed on hydro-tank. Scott Stewart perfomed repairs. Pressure remained at 40 psì. Sub Division : 223 FA ID: 7541610866 MR Route: F60 Account # 7541610000 Phone #: (863) 465-1634 : Customer Name: Sac. Jacqueline Address 161 Fairway Drive CSR: Leanne Loeffel Operator: • 9/15/2008 8:43:05 AM Entry Date : SO Type : High bill Instructions : Please re-read due to high bill. 9/16/2008 8:43:00AM Resolution Date: 9/16/2008 12:00:00 AM Due Date FA Status: Completed Reread meter. No leaks. Clay Resolution : Sub Division : 223 8462610278 MR Rout : F60 FAI: Account # 8462610000 Customer Name: Crowder, Lorraine Phone #: (863) 465-1013 Address 228 County Club Drive CSR: Kimberly Bennett Operator: Scott Stewart Entry Date : 6/6/2008 1:35:41 PM SO Type: M-SIO Request Type: General Investigation Instructions : 6/5/08 - Per customer, she was informed to let water run for 2 hours due to brown water. Due Date 6/9/2008 12:00:00 AM Resolution Date : 6/5/2008 12:00:00 AM FA Status: Completed

Lake Placid Customer Complaints and Resolutions 05/01/2008 to 12/31/2008

Resolution : Our technician flushed lines to clear discolored water. Start meter reading 201580, ran 2000 gallons, end meter reading 202580. Otto/KS

Sub Division :	223	MR Rout :	F60	FAI: 8462610479
Account # :	8462610000	Customer Name:	Crowder, Lorraine	Phone #: (863) 465-1013
Address :	228 COUNTRY CLUB DR	CSR:	Lyn Paulk	Operator: Scott Stewart
Entry Date :	6/4/2008 11:42:34 AM	SO Type: M-SIO	Request T	ype: General Investigation

- Instructions : Please flush lines. Customer called saying her water smells like rotten eggs
- Due Date : 6/5/2008 12:00:00 AM Resolution Date: 6/5/2008 12:00:00 AM FA Status: Completed
- Resolution : Flushed customer's line to clear problem. Ran 1000 gallons. Start read 201580 / End read 202580. Otto/KS

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Lake Placid Customer Complaints and Resolutions from 01/01/2009 to 12/31/2009

Sub Division :	223	MR Route :	F60	FA ID: 3002610046
Account # :	3002610000	Customer Name:	Mamani, Kristina	Phone #: (863) 840-0452
Address :	229 Golfpoint Drive	CSR:	Jacqueline Sillitoe	Operator:
Entry Date :	6/24/2009 7:18:39 AM	SO Type: Turn on I	meter.	
Instructions :	Turn on after noon. Custor	mer was turned off in error.		
Due Date :	6/24/2009 12:00:00 AM F	Resolution Date :		FA Status : Completed
Resolution :	Turned on meter.			
Sub Division :	223	MR Route:	F60	FA ID: 3232610641
Account # :	3232610000	Customer Name:	Komp, Dorothy	Phone #: (863) 699-1701
Address :	147 Fairway Drive	CSR:	Leanne Loeffel	Operator:
Entry Date :	6/8/2009 8:41:53 AM	SO Type: Meter rer	read	
Instructions :	Reread meter			
Due Date :	6/9/2009 6:00:00PM F	Resolution Date: 6/9/2009	12:00:00 AM	FA Status: Completed
Resolution :	Work done by Clay			
Sub Division :	223	MR Route:	F60	FA ID: 4091610032
Account # :	4091610000	Customer Name:	Smith, Lynda	Phone #: (863) 699-9890
Address :	133 Fairway Drive	CSR:	Lorie Mayeski	Operator :
Entry Date :	9/3/2009 7:50:14 AM	SO Type: Meter rer	read	
Instructions :	Read meter. Last billing wa	as with estimated meter rea	ad.	
Due Date :	9/4/2009 6:00:0 0PM F	Resolution Date: 9/4/2009	12:00:00 AM	FA Status: Completed
Resolution :				
Sub Division :	223	MR Route:	F60	FA ID: 4292610579
Account # :	4292610000	Customer Name:	Pappas, Carl	Phone #: (863) 465-7579
Address :	241 Golfpoint Drive	CSR:	Matthew Chandler	Operator:
Entry Date :	8/17/2009 9:52:19 AM	SO Type: M-SIO R	lequest Type: High	or Low Pressure in the Water
Instructions :	Customer complaint of low	pressure. Check out and t	tag door. Paged to	Scott S.
Due Date :	8/17/2009 6:00:00PM R	esolution Date: 8/17/2009		FA Status: Completed
Resolution :				
Sub Division :	223	MR Rout :	F60	FA ID: 5781610039
Account # :	5781610000	Customer Name:	Elkins, Clarence	Phone #: (813) 465-1515
Address :	124 Fairway Drive	CSR:	Leanne Loeffel	Operator:
Entry Date :	3/6/2009 8:01:04 AM	SO Type: M-SIO	Request	Type: Water Service Line Break
Instructions :	Customer stated there was	a water line break flooding	the neighbors yard	d. Called Danny Holmes.

	Customer Cor	La nplaints and Reso	ike Plac olutions)9 to 12/3 [.]	1/2009	
Due Date :	3/6/2009 6:00:00 PM	Resolution Date:	3/6/2009	12:00:00 AM	FA Statu	is: Comp	leted
Resolution :	Broken sprinkler head.	Not UI problem. Neig	ghbor and	d customer are av	vare. Danny	у	
Sub Division :	223	MF	Route :	F60		FA ID :	7451610596
Account # :	7451610000	Customer	r Name:	Lakeshore Towe	er I	Phone #:	(863) 465-1475
Address :	117 County Club Drive		CSR:	Lyn Paulk	C	Operator:	
Entry Date :	1/30/2009 2:48:35 PM	SO Type:	M-SIO	Reque	est Type: G	eneral inv	estigation
Instructions :	Customer called and thi	nks we are not readi	ng the m	eter. Show custor	mer how to	read met	er.
Due Date :	2/2/2009 6:00:00 PM	Resolution Date:	2/2/2009	12:00:00 AM	FA Statu	is: Comp	leted
Resolution :	Spoke to customer and	showed customer ho	ow to read	d the meter. CS 2-	-2-09		
Sub Division :	223	MF	R Route:	F60		FA1:	9761610966
Account # :	6477862676	Customer	r Name:	Grove, Chet		Phone #:	(717) 525-0864
Address :	173 Fairway Drive		CSR:	Leanne Loeffel	C	Operator:	
Entry Date :	7/27/2009 1:25:47PM	SO Type:	Hi Bill				
Instructions :	Please read and check	for leaks, customers	are not ir	n residence but m	eter shows	usage. T	hanks *Leanne
Due Date :	7/28/2009 6:00:00PM	Possibilition Data:				o Come	lated
546 5466 .	1120/2008 0.00.00F W	Resolution Date.			FA Statu	is: Comp	leteu
Resolution :	1120/2009 0.00.00F W	Respiration Date.			FA Statu	is: Comp	leteu
Resolution :			Rout ·	F60	ra Slalu		
Resolution : Sub Division :	223	MF				FAI:	9761610966
Resolution :		MF	Name:	F60 Natorski, Theodo Leanne Loeffel	pre	FAI:	
Resolution:Sub Division :Account #Address:	223 9761610000 173 FAIRWAY DR	MF Customer	Name: CSR:	Natorski, Theodo	pre	FAI: Phone #:	9761610966
Resolution : Sub Division : Account # :	223 9761610000	MF Customer SO Type:	Name: CSR: Hi Bill	Natorski, Theodo Leanne Loeffel	pre C	FA I : Phone #: Operator:	9761610966 (860) 774-3876
Resolution:Sub Division:Account #:Address:Entry Date:	223 9761610000 173 FAIRWAY DR 7/27/2009 1:25:47PM	MF Customer SO Type: for leaks, customers	Name: CSR: Hi Bill	Natorski, Theodo Leanne Loeffel	ore (eter shows	FA I : Phone #: Operator:	9761610966 (860) 774-3876 hanks *L eanne
Resolution:Sub Division:Account #:Address:Entry Date:Instructions:	223 9761610000 173 FAIRWAY DR 7/27/2009 1:25:47PM Please read and check f	MF Customer SO Type: for leaks, customers	Name: CSR: Hi Bill	Natorski, Theodo Leanne Loeffel	ore (eter shows	FA I : Phone #: Operator: usage. T	9761610966 (860) 774-3876 hanks *L eanne
Resolution:Sub Division:Account #:Address:Entry Date:Instructions:Due Date:	223 9761610000 173 FAIRWAY DR 7/27/2009 1:25:47PM Please read and check f	MF Customer SO Type: for leaks, customers Resolution Date:	Name: CSR: Hi Bill	Natorski, Theodo Leanne Loeffel n residence but mo	ore (eter shows	FA I : Phone #: Operator: usage. Ti s: Comple	9761610966 (860) 774-3876 hanks *L eanne
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Resolution:Sub Division:Account #:Address:Address:Entry Date:Instructions:Due Date:Resolution:Sub Division:	223 9761610000 173 FAIRWAY DR 7/27/2009 1:25:47PM Please read and check f 7/28/2009 6:00:00PM	MF Customer SO Type: for leaks, customers Resolution Date: MF	[•] Name: CSR: Hi Bill are not ir R Route: • Name:	Natorski, Theodo Leanne Loeffel n residence but ma	ore (eter shows FA Statu	FA I : Phone #: Operator: usage. T s: Comple FA ID:	9761610966 (860) 774-3876 hanks *Leanne eted 9980610112
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Resolution:Sub Division:Account #:Address:Entry Date:Instructions:Due Date:Resolution:Sub Division:Account #:	223 9761610000 173 FAIRWAY DR 7/27/2009 1:25:47PM Please read and check f 7/28/2009 6:00:00PM 223 9980610000 175 FAIRWAY DR	MF Customer SO Type: for leaks, customers Resolution Date: MF Customer SO Type:	Name: CSR: Hi Bill are not ir R Route: Name: CSR: M-SIO Re	Natorski, Theodo Leanne Loeffel n residence but ma F60 Orrell, David J. Jacqueline Sillito equest Type: Hig	eter shows FA Statu e C h or Low Pr	FA I : Phone #: Operator: usage. T usage. T s: Comple FA ID: Phone #: Operator:	9761610966 (860) 774-3876 hanks *Leanne eted 9980610112 (863) 465-6542
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LAKE PLACID UTILITIES, INC.

DOCKET NO.: 090531-WS

RESPONSE TO REQUEST NO. 8



(863) 465-1997 (863) 471-1997 FAX (863) 386-1997

7944 S. George Blvd. Sebring, Florida 33875

\$52,465.00

December 11, 2008

Tony Wierzbicki Utilities, Inc. 200 Weatherfield Avenue Altamonte Springs, Florida 32714 Fax (407) 869-6961

RE: Village Del Mar

SUMMARY OF COST

\$41,818.00
\$ 1,218.00
\$15,680.00
<u>\$26,933.00</u>
\$85,649.00
\$43,983.00
<u>\$ 8,482.00</u>

Water

Onsite	
540° 4" C900 @ \$11.50	\$ 6,210.00
1160' - 6" C900 @ \$12.85	\$14,906.00
48 - Service Connections @ \$285.00	\$13,680.00
2 – Auto Blow-Offs @ \$3,542.00	\$ 7,084.00
	\$ 41,882.00
Offsite	

2520' – 6" C900 @ \$32.51	\$ 31,928.00

Respectfully,

Tal Rancourt President

contraction of the second second

For Superior Service & Quality Performance Get To The Point!

LAKE PLACID UTILITIES, INC.

DOCKET NO.: 090531-WS

RESPONSE TO REQUEST NO. 9



2955 BARNEY'S PUMPS PLACE LAKELAND, FL 33812-4209 P.O. BOX 3529 LAKELAND, FL 33802-3529 PHONE (863) 665-8500 FAX (863) 665-2165

5 February 2010

Mike Wilson Utilities Inc.

Project: Blower Panel

Quotation #: 30020510

Dear Mr. Wilson:

Thank you for allowing Unitron Controls to provide this quotation regarding the aforementioned project. A scope of work, as we understand it, is outlined below. Please let us know if additions or modifications to the scope are required. We look forward to providing the prompt and professional service that is expected of Unitron Controls and Barney's Pumps.

Please contact us if you have any questions, or if you need any additional information or clarification. Thank you again for this opportunity.

Sincerely,

Darwin Thomson

Darwin Thomson Unitron General Manager

30020510

Page 1 of 3

Duplex 15HP Blower Panel consisting of:

- 24"x24"x12" NEMA 4X Fiberglass Wall-Mount Enclosure
- Square D 230VAC Circuit Breakers. 125A Main, 60A Pump
- Unitron Phase Monitor
- Square D Definite purpose Motor Starters w/Overload Heaters
- Square D QOU Series 120VAC Circuit Breakers
- Hubbell 20A GFI Receptacle
- Toggle Switches-HOA
- Pilot Lights-Run
- 96 pin 24 hr timer.
- Unitron Duplex Alternator

Pricing:

Total price to complete the control panel outlined above: \$1,600.00 plus freight.

Adder for overload trip-alternator override feature \$100.00 ADD TOTAL AJ. TOO. 00

Unitron Controls will provide a complete control panel based on customer supplied information. As-built schematics will be laminated and adhered to the enclosure inner door. No other documentation is included.

Shop drawing approval of the control panel design is required before the control panel will be released for production.

Services Not Covered Under This Proposal:

Unitron Controls is not responsible for providing services not covered in the previous section. Once this proposal is accepted any changes to the scope or any request for additional services must be made in writing. Unitron Controls will provide an addendum to the agreement describing the additional work along with revised pricing. Minor changes will be billed according to the rate schedule provided, as will any offsite stand-by time due to delays that are beyond the control of Unitron Controls.

Based on our current level of work, the estimated time till project completion is 2-3 weeks after authorization to proceed is received and the submittal drawings are approved. The issuance of a purchase order or the signing of this quotation is required to authorize commencement of work.

Interim payments are not required.

Rate schedule for additional work: Design and PLC/SCADA programming \$120 per hour Service Technician or CAD operator \$98 per hour

30020510

Page 2 of 3

An invoice will be issued after control panel is completed and shipped to an address of your choice. The invoice will be issued by Barney's Pumps. Barney's Pumps standard terms of sale and warranty apply. With approved credit, payment terms are net 30 days. Without approved credit, payment is C.O.D.

Please sign below to authorize:

Signature

2/8/2010 Date

Print REG. MOR. UTILITIES, INC.

30020510

Page 3 of 3



LAKE PLACID UTILITIES, INC.

a Utilities, Inc. company 200 Weathersfield Avenue Altamonte Spring, Florida 32714-4027 Telephone: 407-869-1919 Florida: 800-272-1919 Fax: 407-869-6961 <u>florida@uiwater.com</u>

MEMORANDUM

Date: March 4, 2010

To: Patrick Flynn, Regional Director

From: Mike Wilson, Regional Manager

Subject: Installation costs for (1) Wastewater Treatment Plant Blower/Motor Assembly, Duplex blower control panel

Per our conversation, I have identified below the estimated cost to install the above items at our Lake Placid WWTF. The project will require a two day effort by two men including demolition and removal of the existing control panel and Blower #2. Due to the lack of availability of qualified utility contractors in the Lake Placid area, and in an effort to keep costs to a minimum, this installation will be accomplished by Utilities, Inc. personnel. Based on my experience with similar work at other locations, the cost to hire and house a more distant utility contractor would exceed the estimated cost to do the work ourselves.

32 man-hours @ \$45.00/hour	\$1,440.00
Misc. electrical and plumbing materials	\$ 500.00
Lodging and meals, 2 room nights	<u>\$ 200.00</u>
Total	\$2,140.00

QUOTATION USA BLUEBOOK HO. 387247 A Division of Utility Supply of America, Inc. PO Box 9004 Page 1 Gursee, IL 60031-9004 Toll free: 1-800-548-1234 52/64/10 Fax: (847) 669-2030 Ship-to: Bill-to: UC600 UTILITIES INCORPORATED OF UTILITIES INCORPORATED OF FL FLORIDA 14668 AERIES WAY DE 2335 SANOERS RD FORT MYERS, FL 33912 NORTHEROOK, IL 60062 A2U USA 퓕條솏볛흤뮾뿉륟겯겯는귿렮귿큟뎐궠固여멾웧父咪修涨柔些淋芇쿅퀃뜱큠畦겱땁数, 乳浆はサリおりルール・リンセポジのなど、肉なが肉なりはりやります。 REFERENCE * | EXFIRES ISLEPITERMS |WH |FRETCHT:SRIP VIA 12-4-16 103/06/10 ISWH 158/10 MET 30 101 FEND/P2D AST IQUOTED BY: SWH IQUOTED TO: SCOTT STEWART 有自法非非承受某些的行动,我们还有自己的问题,我们还是这些实际是是这些的时候,你们还有这些认识了你们还能能是不是没有这些的,我们还是是不是是不是是不是是不是是不是是不是是不是是不是是不是是不是是不是是 IDEM DESCRIPTION (QUANTITY (UM) FRICE (UM) EXTENSION 著티라인사프교육티아프레카페웨슈》 부부 부범하리로 하드라드것 김 강화 부장 방상 방장 방장 권 승리는 국민 관리 관리 관계 문화 문화 무용 관계 유명 구구는 그 국민 다 유민 유용 부 (Sutorbilt 5M Blower 48526 1 EAL 2285.31 [EAL 2285.31] 1 (Herisontal Model 1 (1997) 1200001 Model 11902, 176086M, TEFC, FR254T 1390, 230/460V, BALDOR 1Motor Base for 254T Frame 1 111850 1:541 975.95[RA] 978 951 1 1 18507 1. EAL 74.951EA1 74.991 110650 Erondard Boasing F64 4"NPT LEAL 169.95 (EA) 163.351 Paper Filter Slement 162515 17-B-12.4 X 38 DEAL 94.50 EAL 94.501 IV-Belt Sheave, 12.35" 0.5. 62566 ISK X 1-1/6" 25.951EA1 1 531 25.351 120 Tapered Rushing 62510 12-8-714 X SE 1 EA 68.951EAI 68.95.1 [V-Bel: Sheave, 7.76" 0.0. 52574 ICK X 1-5/8" 1 EAS 25.9515AL 25.951 100 Tapered Bushing :20822 18Xe6 Promium Bay Edge, V-Belt 21.25 CAL 2 (CA ; 42.564 Hatched NOTE: WHILE THE GUISIDE DIAMETERS OF THE ABOVE PULLEYS ARE SLIGHTLY LARGER, 12.75" AND 7.75", THE PITCH, OR WHERE THE BELT BIDES, ARE 12" AND 7", SO THE BLOWER SPEED WOULD REMAIN THE SAME. 1 1 . 1 ESTIMATED DELIVERY TIME 2-3 WEEKS 1 \$C Ship Complete 1 | EA | .00 SAL .00 1 Any quoted item(n) without a 5 digit stock # is not normally stocked by USA BlueBook and is not normally returnable for credit UNLESS it ż is determined to be defective and covered under the vendor's warranty. With this in mind, please corefully review this quote REFORE ordering 西뷰코다가 물려왕은 밖량 또 찾 옷 송 옷 왕과 또 적고 프레그리지 드 프라디 전쟁 해 위해 취 수 있 은 것 위해 취 전 환자 프로그 프라그리고 귀 드 문 지 유해 전 가 정 전 전 관 전 전 드 프 그리고 드 프라그리지 드 프라그리지 드 프라그리지 드 프라그리지 드 프라그리지 드 프라그리지 드 프라그리지 드 프라그리지 드 프라그리지 드 프라그리지 드 프라그리지 드 프라그리지 드 프라그리지 드 프라그리지 드 프라그리지 드 프라그리지 드 프라그리고 드 프 CONTINUED

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》사사프로프로그것건형 밝혀서셨고프로드린적건 20 경 수 영원 프로그리뷰를 볼 수 영업금 슬 물로 그 프로야 특별 방법 프로프로프 주수 유용 행성 프로프로 프로프 공장 유용 변원 변유 프로그램 같이 우 OCOTATION USA BLUEBOOK NO. 387247 A Division of Utility Supply of America, Inc. Page 2 PO Box 9004 Garnee, IL 60031-9004 Toll free: 1-800-548-1234 02/04/10 Fax: (847) 689-3030 00600 Ship-to: 3 ê Bill-to: UTILITIES INCORPORATED OF FL UTILITIES INCORPORATED OF FLORIDA 14668 AERIES MAY DR 2335 SANDERS RD FORT MYERS, FL 93912 NORTHBROOK, IL 60062 USA USA WH (FREIGHT(SHIP VIA REFERENCE # | EXPIRES (SLSP) TERMS j na je up se ar je na zv na 2-4-10 (03/06/10 (SWH (1%/10 NET 30 101 (FXD/PPD)AST QUOTED BY: SNH (QUOTED TO: SCOTT STEWART) QUANTITY [UN] PRICE | UN EXTENSION | ITEM DRSCRIPTION 슻슻윢条츴쁙ᆕᆖ큠펕르르쀼렮솏욪홵狝ㅈ궃二근记ઃ┾띠겉뒢첹;KH티티티드는프르과려우·양종┯읎듞╼甶핟쓕핵쑵섔삸회칰쁏낕밐맫쓕ᆃ雎笔么∯유胡팾드드슬스션 to be certain it is appropriate for your application. 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 947-659-3030. We will process your order promptly and fax a confirmation - so you know we have it. If you prefer to call your order is or have - additional algestions or concerns, you may contact our Customer Sorvice - Distinguish a 200-510-512. Department 8 800-546-1234. Please note any changes to the quantities or chipping address. Thanks for choosing USABlueBook. Millan Authorization Signature FC Number (if required) 1 1 **** MERCHANDISEI MISCI TAXI FREIGHTI TOTAL M/ 244 Lat the day and any sea yes appy can see and and 3764.01: .00; .00| 303.00| 4067.01 E USE THIS QUOTE # CN PO'S! *************** ************