

LAW OFFICES
ROSE, SUNDBROM & BENTLEY, LLP
2548 BLAIRSTONE PINES DRIVE
TALLAHASSEE, FLORIDA 32301

FREDERICK L. ASCHAUER, JR.
CHRIS H. BENTLEY, P.A.
ROBERT C. BRANNAN
F. MARSHALL DETERDING
JOHN R. JENKINS, P.A.
KYLE L. KEMPER
STEVEN T. MINDLIN, P.A.
CHASITY H. O'STEEN
WILLIAM E. SUNDBROM, P.A.
DIANE D. TREMOR, P.A.
JOHN L. WHARTON

ROBERT M. C. ROSE (1924-2006)

(850) 877-6555
FAX (850) 656-4029
www.rsbatorneys.com

REPLY TO CENTRAL FLORIDA OFFICE

March 5, 2010

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

MARTIN S. FRIEDMAN, P.A.
BRIDGET M. GRIMSLEY
CHRISTIAN W. MARCELLI
BRIAN J. STREET

VIA HAND DELIVERY

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

RECEIVED-FPSC
10 MAR -5 AM 10:39
COMMISSION
CLERK

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

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.

RESPONSE: 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.

RESPONSE: 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").

01534 MAR -5 0
FPSC-COMMISSION CLERK

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.

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

6. A copy of all correspondence, inspection reports, notices of violation, or consent orders from the DEP in the past three years.

RESPONSE: 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.

RESPONSE: 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 than the amount included in rate base in the utility's last rate case.

RESPONSE: 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.

RESPONSE: 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

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. Lubertozi, 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)

LAKE PLACID UTILITIES, INC.

DOCKET NO.: 090531-WS

RESPONSE TO REQUEST NO. 1

PERMITS

DOCUMENT NUMBER-DATE

01534 MAR-5 9

FPSC-COMMISSION CLERK



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

PERMITTEE:

Lake Placid Utilities, Inc.

PERMIT NUMBER:

FLA014386

PA FILE NUMBER:

FLA014386-003-DW3P

ISSUANCE DATE:

October 17, 2005

EXPIRATION DATE:

October 16, 2010

RESPONSIBLE AUTHORITY:

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

(407) 860-1919

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.

DOCUMENT NUMBER-DATE

01534 MAR -5 0

FPSC-COMMISSION CLERK

FACILITY
PERMIT

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

PERMIT NUMBER: FLA014386
PROJECT NUMBER: FLA014386-003-DW3P

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:

Parameter	Units	Max/Min	Reclaimed Water Limitations				Monitoring Requirements			Notes	
			Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number		
Flow	MGD	Maximum	0.090				5 Days/Week	Meter	FLW-01	See Cond.I.A.3	
Percent Capacity, (TMADF/Permitted Capacity) x 100	PERCENT	Maximum		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-01	See Cond.I.A.6	
pH	SU	Range				6.0 to 8.5	5 Days/Week	Grab	EFA-01	See Cond.I.A.6	
Coliform, Fecal	#/100ML	Maximum	See Permit Condition I.A.4.					Monthly	Grab	EFA-01	See Cond.I.A.6
Total Residual Chlorine (For Disinfection)	MG/L	Minimum				0.5	5 Days/Week	Grab	EFA-01	See Cond.I.A.5, 6	
Nitrogen, Nitrate, Total (as N)	MG/L	Maximum				12.0	Monthly	Grab	EFA-01	See Cond.I.A.6	

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

PERMIT NUMBER: FLA014386
P A FILE NUMBER: FLA014386-003-DW3P

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
FLW-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]*

FACIL
PERMI

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

TT NUMBER: FLA014386
 LE NUMBER: FLA014386-003-DW3P

B. Other Limitations and Monitoring and Reporting Requirements

1. 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:

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

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)]

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

PERMIT NUMBER: FLA014386
P A FILE NUMBER: FLA014386-003-DW3P

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)]

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

PERMIT NUMBER: FLA014386
 P A FILE NUMBER: FLA014386-003-DW3P

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
pH	(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.

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

PERMIT NUMBER: FLA014386
P A FILE NUMBER: FLA014386-003-DW3P

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 - POTW Sludge Sampling and Analysis Guidance Document, 1989. In cases where disagreements exist between Title 40 CFR Part 503, section 503.8 and the POTW Sludge Sampling and Analysis Guidance Document, 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)]*

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

PERMIT NUMBER: FLA014386
 P A FILE NUMBER: FLA014386-003-DW3P

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.

[62-640.300(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)]*

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

PERMIT NUMBER: FLA014386
P A FILE NUMBER: FLA014386-003-DW3P

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)]~~

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

PERMIT NUMBER: FLA014386
P A FILE NUMBER: 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.
6. 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 or treatment 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

PERMIT NUMBER: FLA014386
P A FILE NUMBER: FLA014386-003-DW3P

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 ½ hour/day for 5 days/week and one weekend visit. The lead operator must be a Class C operator, or higher.

[62-620.630(3)] [62-699.310] [62-610.462]

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

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

PERMIT NUMBER: FLA014386
P A FILE NUMBER: FLA014386-003-DW3P

- 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

{62-600.735(1)}

VII. 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)}*

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

PERMIT NUMBER: FLA014386
P A FILE NUMBER: FLA014386-003-DW3P

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.*[62-604.130(5)]*
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)]*.
8. 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

PERMIT NUMBER: FLA014386
P A FILE NUMBER: 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)]*
8. This permit may be modified, revoked and reissued, or terminated for cause. The filing of a request by the permittee for a permit revision, revocation and reissuance, or termination, or a notification of planned changes or anticipated noncompliance does not stay any permit condition. *[62-620.610(8)]*
9. The permittee, by accepting this permit, specifically agrees to allow authorized Department personnel, including an authorized representative of the Department and authorized EPA personnel, when applicable, upon presentation of credentials or other documents as may be required by law, and at reasonable times, depending upon the nature of the concern being investigated, to:
 - a. Enter upon the permittee's premises where a regulated facility, system, or activity is located or conducted, or where records shall be kept under the conditions of this permit;

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

PERMIT NUMBER: FLA014386
P A FILE NUMBER: FLA014386-003-DW3P

- 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;

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

PERMIT NUMBER: FLA014386
P A FILE NUMBER: FLA014386-003-DW3P

- b. The period of the anticipated noncompliance, including dates and times; and
- c. Steps being taken to prevent future occurrence of the noncompliance.

{62-620.610(17)}

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

{62-620.610(18)}

19. Reports of compliance or noncompliance with, or any progress reports on, interim and final requirements contained in any compliance schedule detailed elsewhere in this permit shall be submitted no later than 14 days following each schedule date. {62-620.610(19)}
20. The permittee shall report to the Department 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.

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

PERMIT NUMBER: FLA014386
P A FILE NUMBER: FLA014386-003-DW3P

- b. Oral reports as required by this subsection shall be provided as follows:
1. For unauthorized releases or spills of treated or untreated wastewater reported pursuant to subparagraph a.4 that are in excess of 1,000 gallons per incident, or where information indicates that public health or the environment will be endangered, oral reports shall be provided to the 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.

[62-620.610(20)]

21. 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.

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

PERMIT NUMBER: FLA014386
P A FILE NUMBER: FLA014386-003-DW3P

- 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.

[62-620.610(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: 11/02/00

JML/RW/jli

**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. **BASIS FOR EFFLUENT AND RECLAIMED WATER LIMITS AND MONITORING REQUIREMENTS
(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 5 day, 20C (MG/L)	20.0	Annual Average	62-610.510 & 62-600.740(1)(b)1.a. FAC
	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 Suspended (MG/L)	20.0	Annual Average	62-610.510 & 62-600.740(1)(b)1.a. FAC
	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 (#/100ML)	200	Annual Average	62-610.510 & 62-600.440(4)(c)1. FAC
	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, Total (as N) (MG/L)	12.0	Single Sample Max.	62-610.510(1) FAC

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. RESIDUALS MANAGEMENT

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.

Parameter		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

Parameter		Basis for Limit/Monitoring Requirement
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. GROUND WATER MONITORING REQUIREMENTS

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. ADMINISTRATIVE 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. APPLICABLE RULES

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

- a. FAC refers to various portions of the Florida Administrative Code.
The effective dates of FAC Rule Chapters cited in the table are as follows:

<u>Chapter</u>	<u>Effective Date</u>
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
- b. 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 to Best Professional Judgment

LAKE PLACID UTILITIES, INC.

DOCKET NO.: 090531-WS

RESPONSE TO REQUEST NO. 2

MORS

2
0
0
8

M
O
R
S

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

PWS Identification Number: 6280273				Plant Name: Sun -N- Lakes of Lake Placid											
III. Daily Data for the Month/Year of				JANUARY 2008											
Means of Achieving Four-Log Virus Inactivation Removal *				Free Chlorine		Chlorine Dioxide		Ozone		Combined Chlorine (Chloramines)					
Ultraviolet Radiation				Other (Describe):											
Type of Disinfectant Residual Maintained in Distribution System				Free Chlorine			Combined Chlorine (Chloramines)				Chlorine Dioxide				
Days of Month	Days Plant Staffed Or Visited by Oper.	Hours Plant in Oper.	No quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if applicable*										Emergency or abnormal operating conditions, repair or maintenance work that involves taking water system component out of operation.	
				CT Calculations			UV Dose				Lowest residual disinfectant concentration at remote point in distribution system, mg/L				
				Peak Flow Rate, gpd	Lowest residual disinfectant concentration (C) before or at first customer During peak flow, mg/L	Disinfectant Contact time (T) At C Measurement Point during Peak flow, Minutes	Lowest CT Provided before or After Customer During Peak flow, mg-min/L	Temp of Water, C	pH of Water, If appl.	Minimum CT req. mg-min/L		Lowest operating UV dose, mW-sec/cm ²	Minimum UV dose req. mW-sec/cm ²		
1		24	21200												
2	X	24	20500		1.9									1.2	
3	X	24	18700		1.7									1.3	
4	X	24	8406		1.8									.8	
5	X	24	33100		1.9									.7	
6		24	28083												
7	X	24	28200		2.0									1.1	
8	X	24	28850		1.8									1.1	
9	X	24	28500		1.9									1.0	
10	X	24	23500		1.7									1.1	
11	X	24	28500		1.8									1.1	
12	X	24	50200		2.0									1.2	
13		24	15200												
14	X	24	15200		1.7									1.0	
15	X	24	29600		1.8									1.3	
16	X	24	28400		1.9									1.0	
17	X	24	32100		1.7									1.1	
18	X	24	33900		1.8									1.1	
19	X	24	34200		2.0									1.1	
20		24	34200												
21	X	24	39290		1.9									1.2	
22	X	24	28400		1.8									1.0	
23	X	24	34350		1.9									1.1	
24	X	24	35600		1.9									1.1	
25	X	24	32900		2.0									1.3	
26	X	24	23400		1.9									1.1	
27		24	25450												
28	X	24	25450		2.1									1.3	
29	X	24	18200		2.3									1.4	
30	X	24	11160		2.1									1.3	
31	X	24	26200		2.1									1.0	
Total			819900												
Average			27416												
Maximum			50200												

641
FILE COPY



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

See page 4 for instructions.

I. General Information for the Month/Year of: FEBRUARY 2008

A. Public Water System (PWS) Information

PWS Name: Lake Placid Utilities, Inc. PWS Identification Number: 6280273

PWS Type: 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: 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)/Shift(s) Worked
Lead/Chief Operator:	Otto Krueker	C	7790	6
Other Operators	Daniel Holmes	C	4335	.
	Chris Gilbert	C	13107	.
	Derald Pugh	C	2261	.
	* 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 I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment processed performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least 10 years and to make them available for review upon request.

Signature and Date: 3/5/08 Otto Krueker License Number: C - 7790

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

PWS Identification Number: 6280273

Plant Name: Sun-N-Lakes of Lake Placid

III. Daily Data for the Month/Year of: February 2008

Means of Achieving Four-Log Virus Inactivation Removal: Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Days of Month	Days Plant Staffed Or Visited By Oper.	Hours Plant In Oper.	Net quantity of finished Water Produced, gal	Free Chlorine		Combined Chlorine (Chloramines)		Chlorine Dioxide		Emergency or abnormal operating conditions, repair or maintenance work that involves taking water system component out of operation	
				CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if applicable*							Lowest residual disinfectant concentration at remote point in distribution system, mg/L
				Peak Flow Rate, gpd	Lowest residual disinfectant concentration (C) Before or at First customer During peak flow, mg/L	Disinfectant Contact time (T) At C Measurement Point during Peak flow, Minutes	Lowest CT Provided Before or At first Customer During Peak flow, mg-min/L	Temp of Water, C	PH of Water, If appl.		
1	X	24	30300		2.2						1.6
2	X	24	23100		2.4						1.8
3	X	24	37900		1.8						1.4
4	X	24	21400		1.9						1.3
5	X	24	25300		1.9						1.1
6		24	23600								
7	X	24	23600		1.8						1.2
8	X	24	33500		1.9						1.3
9	X	24	28200		1.7						1.2
10	X	24	20100								
11	X	24	20100		1.8						1.2
12	X	24	19100		1.9						1.0
13	X	24	23700		1.9						1.2
14	X	24	28500		1.8						1.2
15	X	24	31600		2.0						1.3
16	X	24	23800		2.0						1.7
17		24	28600								
18	X	24	28600		1.9						1.1
19	X	24	23100		1.8						1.1
20	X	24	29500		1.9						1.3
21	X	24	35400		1.9						1.4
22	X	24	32000		1.8						1.1
23	X	24	22300		2.1						1.3
24		24	26600								
25	X	24	26600		2.0						1.4
26	X	24	14500		1.9						1.0
27	X	24	28800		2.0						1.1
28	X	24	23100		1.8						1.0
29	X	24	32100		1.9						.9
30											
31											
Total			767000								
Average			26310								
Maximum			37900								

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

PWS Identification Number: 6280273				Plant Name: Sun-N- Lakes of Lake Placid										
III. Daily Data for the Month/Year of:				MARCH 2008										
Means of Achieving Four-Log Virus Inactivation/Removal: *				Free Chlorine		Chlorine Dioxide		Ozone		Combined Chlorine (Chloramines)				
Ultraviolet Radiation				Other (Describe):										
Type of Disinfectant Residual Maintained in Distribution System:				Free Chlorine		Combined Chlorine (Chloramines)				Chlorine Dioxide				
				CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if applicable*										
Days of Month	Days Plant Staffed or Visited by Oper.	Hours Plant in Oper.	Net quantity of finished Water Produced, gal	CT Calculations						UV Dose		Lowest residual disinfectant concentration at remote point in distribution system, mg/L	Emergency or abnormal operating conditions, repair or maintenance work that involves taking water system component out of operation	
				Peak Flow Rate, gpd	Lowest residual disinfectant Concentration (C) Before or at First customer During peak Flow, mg/L	Disinfectant Contact time (T) At C Measurement Point during Peak Flow, Minutes	Lowest CT Provided Before or At first Customer During Peak Flow, mg-min/L	Temp of Water, C	pH of Water, If appl.	Minimum CT req. mg-min/L	Lowest operating UV dose, mW-sec/cm ²			Minimum UV dose req. mW-sec/cm ²
1	X	24	21900		2.0								1.6	
2		24	24150											
3	X	24	26150		2.1								1.0	
4	X	24	28300		2.3								1.1	
5	X	24	17300		2.0								1.2	
6	X	24	34900		2.1								1.4	
7	X	24	16300		1.8								1.1	
8	X	24	28700		2.3								1.2	
9	X	24	22400		1.9								1.0	
10	X	24	27300		2.1								1.1	
11	X	24	14500		2.2								1.2	
12	X	24	17800		2.3								1.0	
13	X	24	38500		2.1								1.1	
14		24	31100											
15	X	24	31100		2.2								1.0	
16		24	23790											
17	X	24	33200		2.0								1.3	
18	X	24	20100		2.2								1.4	
19	X	24	29300		2.1								1.4	
20	X	24	25000		1.8								1.6	
21	X	24	25100		2.1								1.3	
22	X	24	18900		1.4								1.1	
23		24	22600											
24	X	24	22600		1.3								1.0	
25	X	24	21200		1.4								1.1	
26	X	24	23660		1.7								1.0	
27	X	24	18400		1.8								1.1	
28	X	24	28000		1.8								1.1	
29	X	24	19400		1.3								1.0	
30		24	25000											
31	X	24	25000		1.5								1.0	
Total			763900											
Average			24700											
Maximum			34500											



FILE COPY

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

See page 4 for instructions.

I. General Information for the Month/Year of: April 2008

A. Public Water System (PWS) Information

PWS Name: Lake Placid Utilities, Inc. PWS Identification Number: 6280273

PWS Type: 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: Allamonte 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.e.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: 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)/Shift(s) Worked
Lead/Chief Operator:	<u>Otto Krucker</u>	<u>C</u>	<u>7790</u>	<u>6</u>
Other Operators	<u>Daniel Holmes</u>	<u>C</u>	<u>4335</u>	<u>.</u>
	<u>Chris Gilbert</u>	<u>C</u>	<u>13107</u>	<u>.</u>
	<u>Darald Pugh</u>	<u>C</u>	<u>2261</u>	<u>.</u>
	<u>* As Needed</u>			

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 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 test rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records for at least 10 years and to make them available for review upon request.

Signature and Date: [Signature] 5/5/08 Printed or Typed Name: Otto Krucker License Number: C-7790

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

PWS Identification Number: 6280273				Plant Name: Sun - N- Lakes of Lake Placid									
III Daily Data for the Month/Year of: APRIL 2008													
Means of Achieving Four-Log Virus Inactivation/Removal: * Ultraviolet Radiation Other (Describe):				Free Chlorine		Chlorine Dioxide		Ozone		Combined Chlorine (Chloramines)			
Type of Disinfectant Residual Maintained in Distribution System:				Free Chlorine		Combined Chlorine (Chloramines)			Chlorine Dioxide				
				CT Calculated, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if applicable*									
Days of Month	Days Plant Staffed or Visited By Oper.	Hours Plant in Oper.	Net quantity of finished water produced, gal.	CT Calculations						UV Dose		Lowest residual disinfectant concentration at recycle point in distribution system, mg/L	Emergency or abnormal operating conditions, repair or maintenance work that involves taking water system completely out of operation.
				Peak Flow Rate, gpd	Lowest residual disinfectant concentration (C) Before or at First customer During peak flow, mg/L	Disinfectant Contact time (T) ATC Measurement Point during Peak flow, Minutes	Lowest CT Provided Before or At first Customers During Peak flow mg-min/L	Temp of Water, C	pH of Water, if appl.	Minimum CT req. mg-min/L	Lowest operating UV dose, mW-sec/cm ²		
1	X	24	34500		1.6							1.1	
2	X	24	31900		1.3							1.1	
3	X	24	17500		1.6							1.2	
4	X	24	27400		1.8							1.4	
5	X	24	23300		1.7							1.3	
6		24	16700										
7	X	24	16700		1.8							1.3	
8	X	24	18200		1.9							1.1	
9	X	24	31500		1.5							1.0	
10	X	24	15200		1.9							1.5	
11	X	24	22400		1.8							1.3	
12	X	24	43100		1.6							1.3	
13		24	5000										
14	X	24	5000		1.9							1.4	
15	X	24	23400		1.8							1.5	
16	X	24	22800		2.3							1.5	
17	X	24	14600		2.0							1.3	
18	X	24	21400		1.8							1.3	
19	X	24	17500		1.6							1.1	
20		24	19600										
21	X	24	19600		1.7							1.1	
22	X	24	19200		1.9							1.0	
23	X	24	15300		1.8							1.3	
24	X	24	14700		1.9							1.3	
25	X	24	22200		1.9							1.4	
26	X	24	21800		2.0							1.3	
27		24	20300										
28	X	24	20300		1.8							1.3	
29	X	24	17900		2.0							1.6	
30	X	24	22100		1.9							1.4	
31													
Total			621100										
Average			20703										
Maximum			43100										



FILE COPY

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

See page 4 for instructions

I. General Information for the Month/Year of: MAY 2008

A. Public Water System (PWS) Information

PWS Name: Lake Placid Utilities, Inc.		PWS Identification Number: 6280273	
PWS Type: <input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive
Number of Service Connections at End of Month: 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
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
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 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)/Shift(s) Worked
Lead/Chief Operator:	Otto Kruecker	C	7790	6
Other Operators	Daniel Holmes	C	4335	.
	Chris Gilbert	C	13107	.
	Darold Pugh	C	2261	.
	* 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 I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical test dates; and (2) if applicable, appropriate treatment processed performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least 10 years and to make them available for review upon request.

Signature and Date: 6/5/08 Otto Kruecker C - 7790
 Printed or Typed Name: _____ License Number: _____

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

PWS Identification Number: 6280273				Plant Name: Sun - N - Lakes of Lake Placid										
III. Daily Data for the Month/Year of: MAY 2008														
Means of Achieving Four-Log Virus Inactivation Removal: * _____ Free Chlorine _____ Chlorine Dioxide _____ Ozone _____ Combined Chlorine (Chloramines) _____ Ultraviolet Radiation _____ Other (Describe): _____														
Type of Disinfectant Residual Maintained in Distribution System: _____														
				Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if applicable*										
Days of Month	Days Plant Staffed Or Visited By Oper.	Hours Plant In Oper.	Net quantity Of finished Water Produced, gal	CT Calculations						UV Dose		Lowest residual disinfectant concentration at remote point in distribution system, mg/L	Emergency or abnormal operating conditions, repair or maintenance work that involves taking water system component out of operation.	
				Peak Flow Rate, gpd	Lowest residual y/disinfectant Concentration (C) Before or at First customer During Peak Flow, mg/L	Disinfectant Contact time (T) At C Measurement Point during Peak flow, Minutes	Lowest CT Provided Before or At first Customer During Peak flow, mg-min/L	Temp Of Water, C	pH of Water, If appl.	Minimum CT req mg-min/L	Lowest operating UV dose, mW-sec/cm2			Minimum UV dose req mW-sec/cm2
1	X	24	24200		1.8								1.3	
2	X	24	35700		2.2								1.3	
3	X	24	92700		1.0								.3	
4		24	214900											
5	X	24	214900		1.9								1.6	
6	X	24	19800		2.5								1.5	
7	X	24	17000		2.0								1.5	
8	X	24	23800		2.1								1.6	
9	X	24	12700		2.3								1.5	
10	X	24	19200		2.2								1.5	
11		24	16150											
12	X	24	16150		2.3								1.6	
13	X	24	14400		2.1								1.4	
14	X	24	25600		2.2								1.5	
15	X	24	14800		2.1								1.3	
16	X	24	16200		2.0								1.4	
17	X	24	7700		1.8								1.4	
18		24	21350											
19	X	24	21350		1.9								1.2	
20	X	24	13400		1.8								1.2	
21	X	24	19200		2.0								1.5	
22	X	24	17300		1.7								1.3	
23	X	24	32400		1.8								1.4	
24	X	24	20400		1.8								1.3	
25	X	24	45100		2.1								1.5	
26		24	39600											
27	X	24	39600		2.2								1.4	
28	X	24	47600		2.1								1.5	
29	X	24	42300		2.2								1.6	
30	X	24	51500		2.2								1.8	
31	X	24	53100		1.7								1.4	
Total			1290100											
Average			40326											
Maximum			214900											



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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: June 2008

A. Public Water System (PWS) Information

PWS Name: Lake Placid Utilities, Inc. PWS Identification Number: 6280273

PWS Type: 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: 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 Operator:	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	<u>Otto Krueker</u>	<u>C</u>	<u>7790</u>	<u>6</u>
Other Operators	<u>Daniel Holmes</u>	<u>C</u>	<u>4335</u>	<u>*</u>
	<u>Chris Gilbert</u>	<u>C</u>	<u>13107</u>	<u>*</u>
	<u>Darald Pugh</u>	<u>C</u>	<u>2261</u>	<u>*</u>
	<u>* As Needed</u>			

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

Signature and Date: [Signature] Printed or Typed Name: Otto Krueker License Number: C-7790

RECEIVED
JUL 10 2008

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

PWS Identification Number: 6280273				Plant Name: Sun -N- Lakes of Lake Placid										
III. Daily Data for the Month/Year of: JUNE 2008				Means of Achieving Four-Log Virus Inactivation/Removal: * _____ Free Chlorine _____ Chlorine Dioxide _____ Ozone _____ Combined Chlorine (Chloramines) Ultraviolet Radiation _____ Other (Describe): _____										
Type of Disinfectant Residual Maintained in Distribution System:				Free Chlorine			Combined Chlorine (Chloramines)			Chlorine Dioxide			Emergency or abnormal operating conditions, repair or maintenance work that involves taking water system component out of operation.	
				CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if applicable*										
				CT Calculations					UV Dose					
Days of Month	Days Plant Staffed Or Visited By Oper.	Hours Plant In oper.	Net quantity Of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest residual disinfectant concentration (C) Before or at First customer During peak flow, mg/L	Disinfectant Contact time (T) At C Measurement Point during Peak flow, Minutes	Lowest CT Provided Before or At first Customer During Peak flow, mg-min/L	Temp Of Water, C	pH of Water, If appl.	Minimum CT req. mg-min/L	Lowest operating UV dose, mW-sec/cm ²	Minimum UV dose req. mW-sec/cm ²	Lowest residual disinfectant concentration at remote point in distribution system, mg/L	
1		24	20000										1.5	
2	X	24	20000		2.4								1.8	
3	X	24	8800		2.3								1.6	
4	X	24	15500		2.5								1.7	
5	X	24	11900		2.6								1.9	
6	X	24	20600		2.8								1.8	
7	X	24	7600		2.6									
8		24	17500											
9	X	24	17800		2.6								1.8	
10	X	24	14200		2.5								1.6	
11	X	24	11800		2.0								1.8	
12	X	24	10600		2.3								1.6	
13	X	24	12400		2.2								1.3	
14	X	24	10000		2.3									
15		24	14500											
16	X	24	13800		2.5								1.6	
17	X	24	5600		2.4								1.8	
18	X	24	13500		2.3								1.5	
19	X	24	9300		2.7								1.6	
20	X	24	15000		2.6								1.5	
21	X	24	9700		2.8								1.7	
22		24	14100											
23	X	24	14000		2.5								1.6	
24	X	24	11900		2.3								1.5	
25	X	24	14200		2.5								1.8	
26	X	24	11900		2.6								1.6	
27	X	24	16600		2.4								1.3	
28	X	24	14700		2.6								1.5	
29	X	24	10700		2.0								1.1	
30	X	24	17000		2.1								1.3	
31														
Total			404700											
Average			13490											
Maximum			20600											

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

PWS Identification Number: 6280273				Plant Name: Sun-N- Lakes of Lake Placid										
III. Daily Data for the Month/Year of: JULY 2008														
Means of Achieving Four-Log Virus Inactivation Removal: * <input type="checkbox"/> Free Chlorine <input type="checkbox"/> Chlorine Dioxide <input type="checkbox"/> Ozone <input type="checkbox"/> Combined Chlorine (Chloramines)														
Ultraviolet Radiation <input type="checkbox"/> Other (Describe):														
Type of Disinfectant Residual Maintained in Distribution System: <input type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide														
				CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if applicable*										
Days of Month	Days Plant Staffed Or Visited By Oper.	Hours Plant In Oper.	Net quantity Of finished Water Produced, gal	CT Calculations					UV Dose		Lowest residual disinfectant concentration at remote point in distribution system, mg/L	Emergency or abnormal operating conditions, repair or maintenance work that involves taking water system component out of operation.		
				Peak Flow Rate, gpd	Lowest residual disinfectant Concentration (C) Before or at First customer During peak Flow, mg/L	Disinfectant Contact time (T) At C Measurement Point during Peak flow, Minutes	Lowest CT Provided Before or At first Customer During Peak flow, mg-min/L	Temp Of Water, C	pH of Water, If appl.	Minimum CT req mg-min/L			Lowest operating UV dose, mW-sec/cm ²	Maximum UV dose req mW-sec/cm ²
1	X	24	8200		2.3								1.5	
2	X	24	19400		2.5								1.5	
3	X	24	9400		1.5								1.0	
4		24	9800											
5	X	24	9800		2.6								2.0	
6		24	24250											
7	X	24	24250		1.8								1.0	
8	X	24	9600		1.9								1.3	
9	X	24	13000		1.8								1.1	
10	X	24	13000		2.1								1.5	
11	X	24	11300		2.3								1.6	
12	X	24	11400		2.5								1.5	
13		24	18950											
14	X	24	18950		2.1								1.5	
15	X	24	12500		2.2								1.4	
16	X	24	12500		2.4								1.6	
17	X	24	13200		2.3								1.3	
18	X	24	12100		2.5								1.5	
19	X	24	7700		3.0								1.8	
20		24	5800											
21	X	24	3800		2.6								1.5	
22	X	24	8700		1.8								1.5	
23	X	24	13900		1.9								1.3	
24	X	24	11000		1.0								.6	
25	X	24	13200		1.8								1.0	
26	X	24	17900		1.9								1.0	
27		24	11000											
28	X	24	11000		1.0								.3	
29	X	24	7700		1.5								.2	
30	X	24	17600		1.8								1.0	
31	X	24	10000		1.0								.7	
Total			392600											
Average			12665											
Maximum			24250											



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

RECEIVED
SEP 29 2008

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: August 08

A. Public Water System (PWS) Information

PWS Name: Lake Placid Utilities, Inc.		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
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)/Shift(s) Worked
Lead/Chief Operator:	Otto Krucker	C	7790	6
Other Operators	Daniel Holmes	C	4335	.
	Chris Gilbert	C	13107	.
	Darald Pugh	C	2261	.
	* 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 I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment processed performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least 10 years and to make them available for review upon request.

	Otto Krucker Printed or Typed Name	C - 7790 License Number
--	---------------------------------------	----------------------------

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

PWS Identification Number: 6280273				Plant Name: Sun -N- Lakes of Lake Placid										
III. Daily Data for the Month/Year of: AUGUST 2008														
Means of Achieving Four-Log Virus Inactivation/Removal: *				<input type="checkbox"/> Free Chlorine <input type="checkbox"/> Chlorine Dioxide <input type="checkbox"/> Ozone <input type="checkbox"/> Combined Chlorine (Chloramines)										
<input type="checkbox"/> Ultraviolet Radiation <input type="checkbox"/> Other (Describe):														
Type of Disinfectant Residual Maintained in Distribution System:				Free Chlorine			Combined Chlorine (Chloramines)			Chlorine Dioxide				
				CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if applicable*										
Days of Month	Days Plant Staffed Or Visited By Oper.	Hours Plant In Oper.	Net quantity of finished Water Produced, gal	CT Calculations					UV Dose		Lowest residual disinfectant concentration at remote point in distribution system, mg/L	Emergency or abnormal operating conditions, repair or maintenance work that involves taking water system component out of operation.		
				Peak Flow Rate, gpd	Lowest residual disinfectant concentration (C) Before or at First customer During peak Flow, mg/L	Disinfectant Contact time (T) At C Measurement Point during Peak flow, Minutes	Lowest CT Provided Before or At first Customer During Peak flow, mg-min/L	Temp of Water, C	pH of Water, If appl.	Minimum CT req. mg-min/L			Lowest operating UV dose, mW-sec/cm2	Minimum UV dose req. mW-sec/cm2
1	X	24	14600		1.8								1.3	
2	X	24	10200		1.9								1.5	
3		24	12600											
4	X	24	12600		1.0								.5	
5	X	24	12400		2.0								1.4	
6	X	24	10200		1.0								1.0	
7	X	24	12400		2.5								1.6	
8	X	24	18800		2.0								1.5	
9	X	24	5100		2.3								1.6	
10		24	17600											
11	X	24	17600		2.0								1.5	
12	X	24	16300		2.2								1.8	
13	X	24	16900		2.8								2.0	
14	X	24	6800		2.7								2.1	
15	X	24	18300		2.8								2.2	
16	X	24	8300		2.9								1.8	
17		24	20200											
18	X	24	20200		2.8								1.8	
19	X	24	6300		2.8								1.8	
20	X	24	28700		3.1								2.5	
21	X	24	14300		2.8								2.2	
22	X	24	20300		2.3								1.9	
23	X	24	8500		2.2								1.9	
24		24	19800											
25	X	24	19800		2.0								1.8	
26	X	24	18500		2.3								2.0	
27	X	24	19900		2.4								1.8	
28	X	24	18900		2.5								1.8	
29	X	24	21600		2.6								2.0	
30	X	24	16000		2.7								1.9	
31														
Total			463900											
Average			14965											
Maximum			28700											



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

FILE COPY

RECEIVED
OCT 27 2003

See page 4 for instructions.

I. General Information for the Month/Year of: <u>Sept. 03</u>				
A. Public Water System (PWS) Information				
PWS Name: Lake Placid Utilities, Inc.			PWS Identification Number: 6280273	
PWS Type: <input checked="" type="checkbox"/> Community		<input type="checkbox"/> Non-Transient Non-Community		<input type="checkbox"/> Transient Non-Community
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
Contact Person's Telephone Number: 800-272-1919			Zip Code: 32714	
Contact Person's E-Mail Address: p.flynn@utilitiesinc-usa.com			Contact Person's Fax Number: 407-869-6961	
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
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 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)/Shift(s) Worked
Lead/Chief Operator:	Otto Krucker	C	7790	6
Other Operators	Daniel Holmes	C	4335	.
	Chris Gilbert	C	13107	.
	Darald Pugh	C	2261	.
				.
	* 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 I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least 10 years and to make them available for review upon request.

Signature and Date: [Signature] Printed or Typed Name: Otto Krucker License Number: C - 7790

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

PWS Identification Number: 6280173				Plant Name: Sun -N- Lakes of Lake Placid										
III. Daily Data for the Month/Year of: SEPTEMBER 2008														
Means of Achieving Four-Log Virus Inactivation Removal: <input type="checkbox"/> Free Chlorine <input type="checkbox"/> Chlorine Dioxide <input type="checkbox"/> Ozone <input type="checkbox"/> Combined Chlorine (Chloramines)														
<input type="checkbox"/> Ultraviolet Radiation <input type="checkbox"/> Other (Describe):														
Type of Disinfectant Residual Maintained in Distribution System: <input type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide														
				CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if applicable*										
Days of Month	Days Plant Staffed Or Visited By Oper.	Hours Plant In Oper.	Net quantity Of finished Water Produced, gal	CT Calculations						UV Dose		Lowest residual disinfectant concentration at remote point in distribution system, mg/L	Emergency or abnormal operating conditions, repair or maintenance work that involves taking water system component out of operation.	
				Peak Flow Rate, gpd	Lowest residual disinfectant Concentration (C) Before or at First customer During peak Flow, mg/L	Disinfectant Contact time (T) At C Measurement Point during Peak flow, Minutes	Lowest CT Provided Before or At first Customer During Peak flow, mg-min/L	Temp Of Water, C	pH of Water, If appl.	Minimum CT req mg-min/L	Lowest operating UV dose, mW-sec/cm2			Minimum UV dose req mW-sec/cm2
1	X	24	24500		2.5								1.6	
2	X	24	11200		2.6								1.8	
3	X	24	10400		2.5								1.7	
4	X	24	12400		2.3								1.5	
5	X	24	10300		2.5								1.7	
6		24	15400											
7	X	24	13800		2.3								1.4	
8	X	24	11800		2.5								1.3	
9	X	24	13400		2.4								1.4	
10	X	24	13200		2.5								1.5	
11	X	24	12200		2.3								1.3	
12	X	24	13000		2.4								1.4	
13		24	14300											
14	X	24	14300		2.6								1.7	
15	X	24	11000		2.4								1.5	
16	X	24	13800		2.5								1.6	
17	X	24	11400		2.3								1.4	
18	X	24	14000		2.4								1.5	
19	X	24	11800		2.5								1.3	
20	X	24	18600		2.4								1.4	
21		24	15650											
22	X	24	13650		2.5								1.1	
23	X	24	10700		.9								.4	
24	X	24	12900		2.6								1.3	
25	X	24	4900		2.0								1.4	
26	X	24	22600		1.9								1.3	
27	X	24	47200		2.1								1.6	
28		24	9450											
29	X	24	9450		2.0								1.3	
30	X	24	11100		2.4								1.3	
31														
Total			435800											
Average			14527											
Maximum			24500											



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

FILE COPY

RECEIVED

See page 4 for instructions.

DEC 03 2008

I. General Information for the Month/Year of: October 2008

A. Public Water System (PWS) Information

PWS Name: <u>Sun N Lake of Lake Placid</u>		PWS Identification Number: <u>6280273</u>	
PWS Type: <u>XX</u> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive
Number of Service Connections at End of Month: <u>166</u>		Total Population Served at End of Month: <u>378</u>	
PWS Owner: <u>Utilities Inc.</u>			
Contact Person: <u>Patrick Flynn</u>		Contact Person's Title: <u>Regional Director</u>	
Contact Person's Mailing Address: <u>200 Weathersfield Avenue</u>		City: <u>Altamonte Springs</u>	State: <u>Florida</u> Zip Code: <u>32714</u>
Contact Person's Telephone Number: <u>800-272-1919</u>		Contact Person's Fax Number: <u>407-869-6961</u>	
Contact Person's E-Mail Address: <u>p.c.flynn@utilitiesinc-usa.com</u>			

B. Water Treatment Plant Information

Plant Name: <u>Sun - N- Lakes of Lake Placid</u>		Plant Telephone Number: <u>863-465-5550</u>		
Plant Address: <u>2165 US 27 South</u>		City: <u>Lake Placid</u>	State: <u>Florida</u> Zip Code: <u>33852</u>	
Type of Water Treated by Plant: <u>XX</u> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <u>288,000</u>				
Plant Category (per subsection 62-699.310(4), F.A.C.): <u>V</u>		Plant Class (per subsection 62-699.310(4), F.A.C.): <u>D</u>		
Licensed Operators:	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	<u>Otto Krucker</u>	<u>C</u>	<u>7790</u>	<u>6</u>
Other Operators	<u>Daniel Holmes</u>	<u>C</u>	<u>4335</u>	<u>.</u>
	<u>Chris Gilbert</u>	<u>C</u>	<u>13107</u>	<u>.</u>
	<u>Darald Pugh</u>	<u>C</u>	<u>2261</u>	<u>.</u>
	<u>* As Needed</u>			

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 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 test rates; and (2) if applicable, appropriate treatment processed performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least 10 years and to make them available for review upon request.

Signature and Date

11/4/08

Otto Krucker
Printed or Typed Name

C - 7790
License Number

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

PWS Identification Number: 6280273				Plant Name: Sun -N- Lakes of Lake Placid										
III. Daily Data for the Month/Year of: OCTOBER 2008														
Means of Achieving Four-Log Virus Inactivation Removal: * <input type="checkbox"/> Free Chlorine <input type="checkbox"/> Chlorine Dioxide <input type="checkbox"/> Ozone <input type="checkbox"/> Combined Chlorine (Chloramines)														
Ultraviolet Radiation <input type="checkbox"/> Other (Describe):														
Type of Disinfectant Residual Maintained in Distribution System: <input type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide				CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if applicable*										
Days of Month	Days Plant Staffed Or Vacated By Oper	Hours Plant Is Oper.	Net quantity Of finished Water Produced, gal	CT Calculations						UV Dose		Lowest residual disinfectant concentration at remote point in distribution system, mg/l.	Emergency or abnormal operating conditions, repair or maintenance work that involves taking water system component out of operation.	
				Peak Flow Rate, gpd	Lowest residual disinfectant concentration (C) Before or at First customer During peak flow, mg/l.	Disinfectant Contact time (T) At C Measurement Point during Peak flow, Minutes	Lowest CT Provided Before or At first Customer During Peak flow, mg-min/l.	Temp. Of Water, C	PH of Water, If appl.	Minimum CT req. mg-min/l.	Lowest operating UV dose, mW-sec/cm2			Minimum UV dose req. mW-sec/cm2
1	X	24	15200		2.6								1.3	
2	X	24	11800		2.0								1.6	
3	X	24	18300		2.6								1.8	
4	X	24	12200		2.8								1.7	
5		24	20150											
6	X	24	20150		2.5								1.9	
7	X	24	12200		2.3								1.9	
8	X	24	13300		1.3								.4	
9	X	24	13900		1.8								.9	
10	X	24	17900		2.1								1.5	
11	X	24	8600		2.3								1.6	
12		24	18900											
13	X	24	18900		2.4								1.5	
14	X	24	12200		1.3								.7	
15	X	24	15100		1.5								.9	
16	X	24	15600		1.4								.9	
17	X	24	18400		1.9								1.1	
18	X	24	14700		1.0								.5	
19		24	20200											
20	X	24	20200		.7								.2	
21	X	24	14000		.8								.3	
22	X	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								2.0	
26		24	26500											
27	X	24	26500		2.1								1.6	
28	X	24	9000		2.1								1.4	
29	X	24	20900		1.8								1.5	
30	X	24	13200		2.3								1.5	
31	X	24	17800		1.1								1.1	
Total			512600											
Average			16535											
Maximum			26500											



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

See page 4 for instructions.

I. General Information for the Month/Year of: November 2008

A. Public Water System (PWS) Information

PWS Name: Sun N Lake of Lake Placid PWS Identification Number: 6280273

PWS Type: 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 Weatherfield 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: 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)/Shift(s) Worked
Lead/Chief Operator:	<u>Otto Krueker</u>	<u>C</u>	<u>7790</u>	<u>6</u>
Other Operators	<u>Daniel Holmes</u>	<u>C</u>	<u>4335</u>	<u>.</u>
	<u>Chris Gilbert</u>	<u>C</u>	<u>13107</u>	<u>.</u>
	<u>Darald Pugh</u>	<u>C</u>	<u>2261</u>	<u>.</u>
	<u>* As Needed</u>			

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

Signature and Date: [Signature] 12/3/08 Printed or Typed Name: Otto Krueker License Number: C - 7790

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

PWS Identification Number: 6280273				Plant Name: Sun -N- Lakes of Lake Placid													
III. Daily Data for the Month/Year of: NOVEMBER 2008																	
Means of Achieving Four-Log Virus Inactivation Removal: * <u>Free Chlorine</u> <u>Chlorine Dioxide</u> <u>Ozone</u> <u>Combined Chlorine (Chloramines)</u> Ultraviolet Radiation <u>Other (Describe):</u>																	
Type of Disinfectant Residual Maintained in Distribution System: <u>Free Chlorine</u> <u>Combined Chlorine (Chloramines)</u> <u>Chlorine Dioxide</u>																	
Days of Month	Days Peak Staffed Or Visited By Oper.	Hours Plant In Oper.	Net quantity Of finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if applicable*											Emergency or abnormal operating conditions, repair or maintenance work that involves taking water system components out of operation.		
				Free Chlorine			Combined Chlorine (Chloramines)			Chlorine Dioxide			UV Dose			Lowest residual disinfectant concentration at remote point in distribution system, mg/L.	
				Peak Flow Rate, gpd	Lowest residual disinfectant concentration (C) Before or at First customer During peak Flow, mg/L.	Disinfectant Contact time (T) At C Measurement Point during Peak flow, Minutes	Lowest CT Provided Before or At first Customer During Peak flow, mg-min/L.	Temp Of Water, C	pH of Water, If appl.	Minimum CT req mg-min/L.	Lowest operating UV dose, mW-sec/cm ²	Minimum UV dose req mW-sec/cm ²					
1	X	24	29600		2.3										1.5		
2		24	15500														
3	X	24	15500		2.5											1.7	
4	X	24	20800		2.1											1.6	
5	X	24	19500		2.0											1.6	
6	X	24	14000		2.4											1.8	
7	X	24	18400		2.1											1.5	
8	X	24	13900		2.4											1.8	
9	X	24	24800		2.1											1.3	
10	X	24	18900		1.8											1.3	
11	X	24	16000		1.9											1.4	
12	X	24	15500		1.8											1.2	
13		24	17450														
14	X	24	17450		1.6											1.0	
15	X	24	11500		2.0											1.3	
16		24	19100														
17	X	24	19100		1.9											1.1	
18	X	24	13500		2.1											1.0	
19	X	24	17900		1.8											1.0	
20	X	24	13700		1.6											1.1	
21	X	24	18300		1.6											1.0	
22	X	24	22900		2.3											1.5	
23		24	13750														
24	X	24	13750		2.5											1.6	
25	X	24	11800		2.1											1.8	
26	X	24	18200		2.3											1.7	
27	X	24	14900		2.1											1.7	
28	X	24	20900		3.0											2.3	
29	X	24	26500		3.1											2.1	
30		24	12000														
31																	
Total			348700														
Average			17403	525100													
Maximum			30400														



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

See page 4 for instructions

I. General Information for the Month/Year of: December 2009

A. Public Water System (PWS) Information

PWS Name: Sun N Lakes of Lake Placid PWS Identification Number: 6280273

PWS Type: 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: 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)/Shift(s) Worked
Lead/Chief Operator:	<u>Otto Krueker</u>	<u>C</u>	<u>7790</u>	<u>6</u>
Other Operators	<u>Daniel Holmes</u>	<u>C</u>	<u>4335</u>	<u>*</u>
	<u>Chris Gilbert</u>	<u>C</u>	<u>13107</u>	<u>*</u>
	<u>Darald Pugh</u>	<u>C</u>	<u>2261</u>	<u>*</u>
	<u>* As Needed</u>			

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 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 application rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant for at least 10 years and to make them available for review upon request.

Signature and Date: [Signature] 11/3/09 Printed or Typed Name: Otto Krueker License Number: C-7790

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

PWS Identification Number: 6280273				Plant Name: Sun -N- Lakes of Lake Placid										
III. Daily Data for the Month/Year of: DECEMBER 2008														
Means of Achieving Four-Log Virus Inactivation/Removal: *				Free Chlorine			Chlorine Dioxide			Ozone			Combined Chlorine (Chloramines)	
Ultraviolet Radiation				Other (Describe):										
Type of Disinfectant Residual Maintained in Distribution System:				Free Chlorine			Combined Chlorine (Chloramines)			Chlorine Dioxide				
				CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if applicable*										
Days of Month	Days Plant Staffed Or Visited By Oper.	Hours Plant In Oper.	Net quantity of finished Water Produced, gal	CT Calculations						UV Dose		Lowest residual disinfectant concentration at remote point in distribution system, mg/L	Emergency or abnormal operating conditions, repair or maintenance work that involves taking water system component out of operation.	
				Peak Flow Rate, gpd	Lowest residual disinfectant Concentration (C) Before or at First customer During peak Flow, mg/L	Disinfectant Contact time (T) At C Measurement Point during Peak flow, Minutes	Lowest CT Provided Before or At first Customer During Peak flow, mg-min/L	Temp of Water, C	PH of Water, if appl.	Minimum CT req. mg-min/L	Lowest operating UV dose, mW-sec/cm2			Maximum UV dose req. mW-sec/cm2
1	X	24	16800		3.0								2.2	
2	X	24	14800		2.9								2.1	
3	X	24	16600		2.6								1.9	
4	X	24	18200		2.8								1.8	
5	X	24	26000		2.9								1.5	
6	X	24	23200		3.1								1.9	
7		24	21800											
8	X	24	21800		3.0								1.8	
9	X	24	26500		2.8								2.0	
10	X	24	19600		2.3								1.8	
11	X	24	39400		2.4								1.6	
12	X	24	55000		2.4								1.9	
13	X	24	17000		2.5								1.8	
14		24	35150											
15	X	24	35150		2.8								1.8	
16	X	24	18500		2.6								1.7	
17	X	24	19600		2.7								1.9	
18	X	24	11200		2.9								2.2	
19	X	24	19700		3.8								3.0	
20	X	24	18400		3.6								3.0	
21	X	24	19400		3.0								2.8	
22	X	24	27300		2.8								2.3	
23	X	24	15200		2.9								2.1	
24	X	24	19700		2.7								2.1	
25		24	15650											
26	X	24	15650		2.6								2.0	
27	X	24	20800		2.8								2.0	
28	X	24	18400		2.4								1.8	
29	X	24	18300		2.3								1.6	
30	X	24	20200		2.3								1.4	
31	X	24	18000		2.1								1.5	
Total			683000											
Average			22032											
Maximum			55000											

2
0
0
9

M
O
R
S



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

See page 4 for instructions.

I. General Information for the Month/Year of:		JAN 2003	
A. Public Water System (PWS) Information			
PWS Name: Sun N Lake of Lake Placid		PWS Identification Number: 6280273	
PWS Type: <input checked="" type="checkbox"/> Community		<input type="checkbox"/> Non-Transient Non-Community	
<input type="checkbox"/> Transient Non-Community		<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month: 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
Contact Person's Telephone Number: 800-272-1919		Zip Code: 32714	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com		Contact Person's Fax Number: 407-869-6961	
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: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> 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
Lead/Chief Operator:	Otto Krucker	C	7790
			Day(s)/Shift(s) Worked
Other Operators	Daniel Holmes	C	4335
	Chris Gilbert	C	13107
	Darald Pugh	C	2261
	* 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 I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment processed performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least 10 years and to make them available for review upon request.

FEB 04 2003

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

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

PWS Identification Number: 6280273				Plant Name: Sun -N- Lakes of Lake Placid										
III. Daily Data for the Month/Year of: JANUARY 2009														
Means of Achieving Four-Log Virus Inactivation/Removal: *				Free Chlorine		Chlorine Dioxide		Ozone		Combined Chlorine (Chloramines)				
Ultraviolet Radiation				Other (Describe):										
Type of Disinfectant Residual Maintained in Distribution System:				Free Chlorine		Combined Chlorine (Chloramines)		Chlorine Dioxide						
				CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if applicable*										
Days of Month	Days Plant Staffed Or Visited By Oper.	Hours Plant In Oper.	Net quantity Of finished Water Produced, gal	CT Calculations						UV Dose		Lowest residual disinfectant concentration at remote point in distribution system, mg/L	Emergency or abnormal operating conditions, repair or maintenance work that involves taking water system component out of operation.	
				Peak Flow Rate, gpd	Lowest residual disinfectant Concentration (C) Before or at First customer During peak Flow, mg/L	Disinfectant Contact time (T) At C Measurement Point during Peak flow, Minutes	Lowest CT Provided Before or At first Customer During Peak flow, mg-min/L	Temp Of Water, C	pH of Water, If appl.	Minimum CT req. mg-min/L	Lowest operating UV dose, mW-sec/cm ²			Minimum UV dose req. mW-sec/cm ²
1		24	19900											
2	X	24	19900		2.2									1.3
3	X	24	18400		2.3									1.6
4		24	24450											
5	X	24	24450		2.5									1.5
6	X	24	8300		2.6									1.1
7	X	24	30800		2.0									1.5
8	X	24	18300		2.1									1.6
9	X	24	21900		2.4									1.8
10	X	24	11900		2.5									1.7
11		24	24800											
12	X	24	24800		2.2									1.7
13	X	24	11100		2.3									1.6
14	X	24	24200		2.2									1.6
15	X	24	21800		2.5									1.8
16	X	24	19200		2.3									1.7
17	X	24	19200		2.4									1.7
18		24	24250											
19	X	24	24250		2.5									1.9
20	X	24	24400		2.1									1.6
21	X	24	24600		2.2									1.2
22	X	24	21800		2.3									1.4
23	X	24	21300		2.1									1.3
24	X	24	14200		2.2									1.5
25		24	31300											
26	X	24	31300		2.4									1.7
27	X	24	21500		2.5									1.8
28	X	24	27300		2.2									1.8
29	X	24	21400		2.3									1.9
30	X	24	31700		2.5									1.9
31	X	24	22500		2.0									2.0
Total			685300											
Average			22106											
Maximum			31700											



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

See page 4 for instructions.

I. General Information for the Month/Year of: FEB 2004				
A. Public Water System (PWS) Information				
PWS Name: Sun N Lake of Lake Placid			PWS Identification Number: 6280273	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive				
Number of Service Connections at End of Month: 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: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> 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 Operator:	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Otto Krucker	C	7790	6
Other Operators	Daniel Holmes	C	4335	.
	Chris Gilbert	C	13107	.
	Dsrald Pugh	C	2261	.
	* 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 I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least 10 years and to make them available for review upon request.

Signature and Date
MAR 04 2004
Otto Krucker
C - 7790

Handwritten note: 10/21/04

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

PWS Identification Number: 6180273

Plant Name: Sun - N- Lakes of Lake Placid

III. Daily Data for the Month/Year of: **FEBRUARY 2009**

Means of Achieving Four-Log Virus Inactivation Removal: Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Days of Month	Days Plant Staffed Or Visited By Oper.	Hours Plant In Oper.	Net quantity of finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if applicable*										Lowest residual disinfectant concentration at remote point in distribution system, mg/L	Emergency or abnormal operating conditions, repair or maintenance work that involves taking water system component out of operation.	
				Free Chlorine					Combined Chlorine (Chloramines)			Chlorine Dioxide				
				Peak Flow Rate, gpd	Lowest residual disinfectant Concentration (C) Before or at First customer During peak Flow, mg/L	Disinfectant Contact time (T) At C Measurement Point during Peak flow, Minutes	Lowest CT Provided Before or At first Customer During Peak flow, mg-min/L	Temp of Water, C	pH of Water, if appl	Minimum CT req. mg-min/L	Lowest operating UV dose, mW-sec/cm ²	Minimum UV dose req. mW-sec/cm ²				
1		24	36700													
2	X	24	36700		2.9											
3	X	24	36500		2.6										1.8	
4	X	24	28000		2.1										1.5	
5	X	24	24100		2.2										1.5	
6	X	24	20400		2.0										1.3	
7	X	24	23000		2.1										1.4	
8		24	23900												1.6	
9	X	24	23900													
10	X	24	22600		1.9											
11	X	24	21300		1.9										1.1	
12	X	24	21000		1.8										1.0	
13	X	24	29200		1.9										1.0	
14	X	24	26100		1.9										1.1	
15		24	31600												1.3	
16	X	24	30000		1.3											
17	X	24	25200		1.8										1.1	
18	X	24	29200		1.8										1.2	
19	X	24	20900		1.8										1.4	
20	X	24	31600		1.9										1.3	
21	X	24	23200		1.9										1.4	
22	X	24	23300		1.7										1.4	
23	X	24	22300		1.8										1.4	
24	X	24	189000		1.6										1.3	
25		24	31000												1.1	
26	X	24	32100		1.9											
27	X	24	29200		1.8										1.3	
28	X	24	24500		1.9										1.3	
29															1.4	
30																
31			116500													
Total			746000													
Average			2641273													
Maximum			36700/37000													

*3/30/09 contacted Cornell at
 Poughkeepsie utility and notified her
 of the error (total).*



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

See page 4 for instructions.

I. General Information for the Month/Year of: MAR 2003

A. Public Water System (PWS) Information

PWS Name: Sun N Lake of Lake Placid		PWS Identification Number: 6280273	
PWS Type: <input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive
Number of Service Connections at End of Month: 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
Contact Person's Telephone Number: 800-272-1919		Contact Person's Fax Number: 407-869-6461	
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
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 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)/Shift(s) Worked
Lead/Chief Operator:	Otto Krucker	C	7790	6
Other Operators	Daniel Holmes	C	4335	•
	Chris Gilbert	C	13107	•
	Derald Pugh	C	2261	•
	* 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 I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at this plant site for at least 10 years and to make them available for review upon request.

Signature and Date: *[Signature]* APR 05 2003 Printed or Typed Name: Otto Krucker License Number: C-7790

RECEIVED
APR 07 2003

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

PWS Identification Number: 6280273				Plant Name: Sun-N-Lakes of Lake Placid										
III. Daily Data for the Month/Year of: MARCH 2009														
Means of Achieving Four-Log Virus Inactivation Removal: * Ultraviolet Radiation Other (Describe):				Free Chlorine		Chlorine Dioxide		Ozone		Combined Chlorine (Chloramines)				
Type of Disinfectant Residual Maintained in Distribution System:				Free Chlorine		Combined Chlorine (Chloramines)				Chlorine Dioxide				
CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if applicable*														
Days of Month	Days Plant Staffed Or Visited By Oper.	Hours Plant In Oper.	Net quantity Of finished Water Produced, gal	CT Calculations					UV Dose			Lowest residual disinfectant concentration at remote point in distribution system, mg/L	Emergency or abnormal operating conditions, repair or maintenance work that involves taking water system component out of operation.	
				Peak Flow Rate, gpd	Lowest residual disinfectant concentration (C) Before or at First customer During peak flow, mg/L	Disinfectant Contact time (T) At C Measurement Point during Peak flow, Minutes	Lowest CT Provided Before or At first Customer During Peak flow, mg-min/L	Temp Of Water, C	PH of Water, If appl.	Minimum CT req. mg-min/L	Lowest operating UV dose, mW-sec/cm ²			Minimum UV dose req. mW-sec/cm ²
1		24	24100											
2	X	24	24100		2.1								1.5	
3	X	24	24100		1.9								1.6	
4	X	24	25400		2.2								1.8	
5	X	24	20500		2.3								1.7	
6	X	24	26000		1.9								1.5	
7	X	24	26300		1.9								1.3	
8		24	23500											
9	X	24	23300		2.1								1.4	
10	X	24	21400		2.0								1.5	
11	X	24	23300		1.8								.9	
12	X	24	22500		1.9								1.0	
13	X	24	24900		2.1								1.2	
14	X	24	23300		2.1								1.6	
15		24	24700											
16	X	24	24700		2.2								1.5	
17	X	24	22500		2.0								1.6	
18	X	24	26900		2.1								1.7	
19	X	24	20000		2.1								1.5	
20	X	24	26300		1.8								1.0	
21	X	24	21600		2.0								1.1	
22		24	21450											
23	X	24	21450											
24	X	24	40500		2.5								1.1	
25	X	24	15400		2.6								1.3	
26	X	24	23300		2.8								1.6	
27	X	24	23400		2.5								1.4	
28	X	24	23500		2.6								1.5	
29		24	23700											
30	X	24	23700		2.0								1.6	
31	X	24	13900		1.9								1.5	
Total			749500											
Average			24177											
Maximum			40500											

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

PWS Identification Number: 6280273				Plant Name: Sun - N- Lakes of Lake Placid										
III: Daily Data for the Month/Year of: APRIL 2009														
Means of Achieving Four-Log Virus Inactivation Removal: <input type="checkbox"/> Free Chlorine <input type="checkbox"/> Chlorine Dioxide <input type="checkbox"/> Ozone <input type="checkbox"/> Combined Chlorine (Chloramines)														
<input type="checkbox"/> Ultraviolet Radiation <input type="checkbox"/> Other (Describe):														
Type of Disinfectant Residual Maintained in Distribution System:				Free Chlorine			Combined Chlorine (Chloramines)			Chlorine Dioxide				
				CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if applicable*										
Days of Month	Days Plant Staffed Or Visited By Oper.	Hours Plant In Oper.	Net quantity Of finished Water Produced, gal	CT Calculations						UV Dose		Lowest residual disinfectant concentration at remote point in distribution system, mg/L	Emergency or abnormal operating conditions, repair or maintenance work that involves taking water system component out of operation	
				Peak Flow Rate, gpd	Lowest residual disinfectant Concentration (C) Before or at First customer During peak Flow, mg/L	Disinfectant Contact time (T) At C Measurement Point during Peak flow, Minutes	Lowest CT Provided Before or At first Customer During Peak flow, mg-min/L	Temp Of Water, C	PH of Water, if appl.	Minimum CT req. mg-min/L	Lowest operating UV dose, mW-sec/cm2			Minimum UV dose req. mW-sec/cm2
1	X	24	29700		2.0								1.4	
2	X	24	19600		2.1								1.4	
3	X	24	20700		1.9								1.5	
4	X	24	17100		1.9								1.3	
5		24	25350											
6	X	24	23350		1.8								1.2	
7	X	24	18200		1.8								1.0	
8	X	24	21700		1.5								1.0	
9	X	24	18600		1.6								1.1	
10	X	24	20800		1.5								1.1	
11	X	24	16500		1.6								1.1	
12		24	19850											
13	X	24	19850		1.8								1.5	
14	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								1.1	
18	X	24	14000		1.7								1.1	
19		24	19400											
20	X	24	19400		1.8								1.5	
21	X	24	19100		1.6								.8	
22	X	24	23500		1.8								1.3	
23	X	24	17600		1.6								1.1	
24	X	24	23100		1.7								1.0	
25	X	24	15300		1.8								1.0	
26		24	17850											
27	X	24	17850		1.8								1.1	
28	X	24	10800		1.9								1.0	
29	X	24	18300		1.8								1.1	
30	X	24	13100		1.8								1.1	
31														
Total			579000											
Average			19300											
Maximum			29700											



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

See page 4 for instructions.

I. (General Information for the Month/Year of: <u>1 May 2003</u>				
A. Public Water System (PWS) Information				
PWS Name: <u>Sun N Lakes of Lake Placid</u>			PWS Identification Number: <u>6280273</u>	
PWS Type: <input checked="" type="checkbox"/> Community		<input type="checkbox"/> Non-Transient Non-Community		<input type="checkbox"/> Transient Non-Community
		<input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month: <u>166</u>			Total Population Served at End of Month: <u>378</u>	
PWS Owner: <u>Utilities Inc.</u>				
Contact Person: <u>Patrick Flynn</u>			Contact Person's Title: <u>Regional Director</u>	
Contact Person's Mailing Address: <u>200 Weatherfield Avenue</u>			City: <u>Altamonte Springs</u>	State: <u>Florida</u>
			Zip Code: <u>32714</u>	
Contact Person's Telephone Number: <u>800-272-1919</u>			Contact Person's Fax Number: <u>407-869-6961</u>	
Contact Person's E-Mail Address: <u>p.c.flynn@utilitiesinc-usa.com</u>				
B. Water Treatment Plant Information				
Plant Name: <u>Sun -N- Lakes of Lake Placid</u>			Plant Telephone Number: <u>863-465-5550</u>	
Plant Address: <u>2165 US 27 South</u>			City: <u>Lake Placid</u>	State: <u>Florida</u>
			Zip Code: <u>33852</u>	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <u>288,000</u>				
Plant Category (per subsection 62-699.310(4), F.A.C.): <u>V</u>			Plant Class (per subsection 62-699.310(4), F.A.C.): <u>D</u>	
Licensed Operators:	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	<u>Otto Krucker</u>	<u>C</u>	<u>7790</u>	<u>6</u>
Other Operators	<u>Daniel Holmes</u>	<u>C</u>	<u>4335</u>	<u>.</u>
	<u>Chris Gilbert</u>	<u>C</u>	<u>13107</u>	<u>.</u>
	<u>Darald Pugh</u>	<u>C</u>	<u>2261</u>	<u>.</u>
	* As Needed			
II. Certification by Lead/Chief Operator				
<p>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 chemical test notes; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least 10 years and to make them available for review upon request.</p>				
Signature and Date	<u>Otto Krucker</u>	Printed or Typed Name	<u>C - 7790</u>	License Number

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

PWS Identification Number: 6280273				Plant Name: Sun-N- Lakes of Lake Placid										
III. Daily Data for the Month/Year of: MAY 2009														
Means of Achieving Four-Log Virus Inactivation Removal: *				Free Chlorine		Chlorine Dioxide		Ozone		Combined Chlorine (Chloramines)				
Ultraviolet Radiation				Other (Describe):										
Type of Disinfectant Residual Maintained in Distribution System:				Free Chlorine			Combined Chlorine (Chloramines)			Chlorine Dioxide				
				CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if applicable*										
Days of Month	Days Plant Staffed Or Visited By Oper.	Hours Plant In Oper.	Net quantity Of finished Water Produced, gal	CT Calculations						UV Dose		Lowest residual disinfectant concentration at remote point in distribution system, mg/L	Emergency or abnormal operating conditions, repair or maintenance work that involves taking water system component out of operation.	
				Peak Flow Rate, gpd	Lowest residual disinfectant concentration (C) Before or at First customer During peak flow, mg/L	Disinfectant Contact time (T) At C Measurement Point during Peak flow, Minutes	Lowest CT Provided Before or At first Customer During Peak flow, mg-min/L	Temp Of Water, C	pH of Water, If appl.	Minimum CT req. mg-min/L	Lowest operating UV dose, mW-sec/cm ²			Minimum UV dose req. mW-sec/cm ²
1	X	24	15700		1.7								9	
2	X	24	11900		1.8								1.0	
3		24	17600											
4	X	24	17600		1.8								1.1	
5	X	24	14900		1.7								9	
6	X	24	8800		1.8								1.0	
7	X	24	20400		1.8								9	
8	X	24	16600		1.9								1.1	
9	X	24	7800		2.0								1.6	
10		24	23950											
11	X	24	23950		2.1								1.6	
12	X	24	14600		2.0								1.5	
13	X	24	8800		2.1								1.6	
14	X	24	15400		2.1								1.6	
15	X	24	14000		2.2								1.5	
16	X	24	16600		2.6								1.7	
17		24	13350											
18	X	24	13350		2.4								1.7	
19	X	24	5100		2.3								1.6	
20	X	24	12500		2.3								1.4	
21	X	24	10100		2.1								1.5	
22	X	24	10500		2.2								1.5	
23	X	24	11000		2.3								1.6	
24		24	20850											
25	X	24	20850		2.1								1.6	
26	X	24	15500		2.2								1.4	
27	X	24	13600		2.2								1.5	
28	X	24	10200		2.1								1.5	
29	X	24	13900		2.1								1.6	
30		24	12000											
31		24												
Total			431400											
Average			13916											
Maximum			37600											



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

See page 4 for instructions.

I. General Information for the Month/Year of: June 2009

A. Public Water System (PWS) Information

PWS Name: Sun N Lake of Lake Placid		PWS Identification Number: 6280273	
PWS Type: <input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive
Number of Service Connections at End of Month: 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 Weatherfield Avenue		City: Altamonte Springs	State: Florida
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
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 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)/Shift(s) Worked
Lead/Chief Operator:	Otto Krucker	C	7790	6
Other Operators	Daniel Holmes	C	4335	•
	Chris Gilbert	C	13107	•
	Darald Pugh	C	2261	•
	* 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 I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical test results, and (2) if applicable, appropriate treatment processed performance records. Furthermore, I agree to retain these additional operations records at the plant for at least 10 years and to make them available for review upon request.

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

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

PWS Identification Number: 6280273				Plant Name: Sun-N- Lakes of Lake Placid										
III. Daily Data for the Month/Year of: JUNE 2009				Means of Achieving Four-Log Virus Inactivation/Removal: * <input type="checkbox"/> Free Chlorine <input type="checkbox"/> Chlorine Dioxide <input type="checkbox"/> Ozone <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Ultraviolet Radiation <input type="checkbox"/> Other (Describe):										
Type of Disinfectant Residual Maintained in Distribution System				Free Chlorine			Combined Chlorine (Chloramines)			Chlorine Dioxide			Emergency or abnormal operating conditions, repair or maintenance work that involves taking water system component out of operation	
				CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if applicable*										
				CT Calculations					UV Dose					
Days of Month	Days Plant Staffed Or Visited By Oper	Hours Plant In Oper	Net quantity Of finished Water Produced, gal	Peak Flow Rate, gpd	Lowest residual disinfectant Concentration (C) Before or at First customer During peak Flow, mg/L	Disinfectant Contact time (T) At C Measurement Point during Peak flow, Minutes	Lowest CT Provided Before or At first Customer During Peak flow, mg-min/L	Temp Of Water, C	PH of Water, If appl.	Minimum CT req. mg-min/L	Lowest operating UV dose, mW-sec/cm ²	Minimum UV dose req. mW-sec/cm ²	Lowest residual disinfectant concentration at remote point in distribution system, mg/L	
1	X	24	12600											
2	X	24	11000		2.3								1.4	
3	X	24	11200		1.0								4	
4	X	24	12600		1.1								7	
5	X	24	15400		2.0								1.1	
6	X	24	12800		1.9								1.1	
7		24	13700											
8	X	24	13700		1.8								1.1	
9	X	24	11400		1.6								1.0	
10	X	24	12000		2.0								1.2	
11	X	24	13200		1.9								1.1	
12	X	24	11200		2.1								1.0	
13	X	24	31000		2.2								1.0	
14		24	7200											
15	X	24	7200		2.0								1.1	
16	X	24	13400		1.9								1.0	
17	X	24	13800		2.0								1.1	
18	X	24	8200		2.1								1.0	
19	X	24	22600		1.8								1.0	
20	X	24	7600		1.9								1.0	
21		24	21900											
22	X	24	21900		1.9								1.2	
23	X	24	13400		1.8								1.0	
24	X	24	11000		1.8								1.1	
25	X	24	28000		1.9								1.0	
26	X	24	29600		2.0								1.1	
27	X	24	23200		1.9								1.0	
28		24	24800											
29	X	24	24800		1.9								8	
30	X	24	18000		1.8								1.0	
31														
Total			477800											
Average			15427											
Maximum			29000											

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

PWS Identification Number: 6280273				Plant Name: Sun - N- Lakes of Lake Placid								
III: Daily Data for the Month/Year of: JULY 2009												
Means of Achieving Four-Log Virus Inactivation/Removal: * <input type="checkbox"/> Free Chlorine <input type="checkbox"/> Chlorine Dioxide <input type="checkbox"/> Ozone <input type="checkbox"/> Combined Chlorine (Chloramines)												
Ultraviolet Radiation <input type="checkbox"/> Other (Describe):												
Type of Disinfectant Residual Maintained in Distribution System				Free Chlorine			Combined Chlorine (Chloramines)			Chlorine Dioxide		
CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if applicable*												
CT Calculations												
UV Dose												
Days of Month	Days Plant Staffed Or Visited By Oper.	Hours Plant In Oper.	Net quantity Of Finished Water Produced, gal	CT Calculations			UV Dose			Lowest residual disinfectant concentration at remote point in distribution system, mg/L	Emergency or abnormal operating conditions, repair or maintenance work that involves taking water system component out of operation.	
				Peak Flow Rate, gpd	Lowest residual disinfectant Concentration (C) Before or at First customer During peak Flow, mg/L	Disinfectant Contact time (T) At C Measurement Point during Peak flow, Minutes	Lowest CT Provided Before or At first Customer During Peak flow, mg-min/L	Temp Of Water, C	PH of Water, If appl.			Minimum CT req. mg-min/L
1	X	24	9800		1.8						9	
2	X	24	10000		1.9						8	
3	X	24	10500		2.0						9	
4	X	24	7100		1.9						11	
5		24	16200									
6	X	24	16200		1.9						9	
7	X	24	10800		1.8						10	
8	X	24	9400		2.0						12	
9	X	24	15200								7	
10	X	24	13700		1.3						8	
11	X	24	11700		1.2						7	
12		24	17450									
13	X	24	17450		1.3						8	
14	X	24	12500		1.4						7	
15	X	24	11400		1.3						7	
16	X	24	14200		1.6						8	
17	X	24	13700		1.0						4	
18	X	24	11200		1.2						6	
19		24	15700									
20	X	24	15700		1.5						8	
21	X	24	11600		1.7						7	
22	X	24	11600		1.0						4	
23	X	24	12300		2.1						8	
24	X	24	19600		1.8						8	
25	X	24	13600		1.9						7	
26		24	15050									
27	X	24	15050		2.3						10	
28	X	24	11000		1.9						11	
29	X	24	11300		1.8						10	
30	X	24	5300		1.6						11	
31	X	24	15000		1.9						11	
Total			491300									
Average			12945									
Maximum			17450									

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

PWS Identification Number: 62B0273				Plant Name: Sun -N- Lakes of Lake Placid										
III: Daily Data for the Month/Year of: AUGUST 2009														
Means of Achieving Four-Log Virus Inactivation/Removal *				<input type="checkbox"/> Free Chlorine <input type="checkbox"/> Chlorine Dioxide <input type="checkbox"/> Ozone <input type="checkbox"/> Combined Chlorine (Chloramines)										
<input type="checkbox"/> Ultraviolet Radiation <input type="checkbox"/> Other (Describe)														
Type of Disinfectant Residual Maintained in Distribution System				<input type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide										
				CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if applicable*										
Days of Month	Days Plant Staffed Or Visited By Oper	Hours Plant in oper	Net quantity Of finished Water Produced, gal	CT Calculations						UV Dose			Lowest residual disinfectant concentration at remote point in distribution system, mg/l	Emergency or abnormal operating conditions, repair or maintenance work that involves taking water system component out of operation
				Peak Flow Rate, gpd	Lowest residual disinfectant concentration (C) Before or at First customer During peak Flow, mg/L	Disinfectant Contact time (T) At C Measurement Point during Peak flow, Minutes	Lowest CT Provided Before or At first Customer During Peak flow, mg-min/L	Temp Of Water, C	pH of Water, If appl.	Minimum CT req. mg-min/L	Lowest operating UV dose, mW-sec/cm ²	Maximum UV dose req. mW-sec/cm ²		
1	X	24	10800	21									11	
2		24	16700											
3	X	24	16700	23									12	
4	X	24	6700	18									9	
5	X	24	8400	21									10	
6	X	24	10100	14									7	
7	X	24	9400	18									11	
8	X	24	9800	11									7	
9	X	24	11700	16									10	
10	X	24	16300	14									8	
11		24	9000											
12	X	24	9000	16									9	
13	X	24	6500	15									8	
14	X	24	9700	11									6	
15	X	24	14000	17									11	
16		24	10600											
17	X	24	10600	15									9	
18	X	24	8600	16									10	
19	X	24	10400	19									11	
20	X	24	9800	17									10	
21	X	24	9200	15									8	
22		24	11300											
23	X	24	11600	18									9	
24	X	24	12500	16									8	
25	X	24	8000	14									7	
26	X	24	11800	15									8	
27	X	24	7000	14									7	
28	X	24	13000	14									8	
29	X	24	14000	16									9	
30		24	13100											
31	X	24	15100	15									8	
Total			339600											
Average			10955											
Maximum			16700											



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

See page 4 for instructions.

I. General Information for the Month/Year of: Sept 09	
A. Public Water System (PWS) Information	
PWS Name: Sun N Lake of Lake Placid	PWS Identification Number: 6280273
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month: 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: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> 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)/Shift(s) Worked
Lead/Chief Operator:	Otto Kruetzer C 7790 6
Other Operators	Daniel Holmes C 4335 •
	Chris Gilbert C 13107 •
	Daraki Pugh C 2261 •
	* 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 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 62-555.520(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 (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant for at least 10 years and to make them available for review upon request.

Signature and Date: Otto Kruetzer C - 7790
 Printed or Typed Name License Number

Rec'd 10/27

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

PWS Identification Number 6280273				Plant Name: Sun-N-Lakes of Lake Placid										
III. Daily Data for the Month/Year of: SEPTEMBER 2009														
Means of Achieving Four-Log Virus Inactivation/Removal: * <input type="checkbox"/> Free Chlorine <input type="checkbox"/> Chlorine Dioxide <input type="checkbox"/> Ozone <input type="checkbox"/> Combined Chlorine (Chloramines)														
Ultra-violet Radiation <input type="checkbox"/> Other (Describe): <input type="checkbox"/>														
Type of Disinfectant Residual Maintained in Distribution System:				Free Chlorine			Combined Chlorine (Chloramines)			Chlorine Dioxide				
				CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if applicable*										
Days of Month	Days Plant Staffed Or Visited By Oper.	Hours Plant In Oper.	Net quantity Of finished Water Produced, gal	CT Calculations				UV Dose				Lowest residual disinfectant concentration at remote point in distribution system, mg/L	Emergency or abnormal operating conditions, repair or maintenance work that involves taking water system component out of operation.	
				Peak Flow Rate, gpd	Lowest residual disinfectant concentration (C) Before or at First customer During peak flow, mg/L	Disinfectant Contact time (T) At C Measurement Point during Peak flow, Minutes	Lowest CT Provided Before or At first Customer During Peak flow, mg-min/L	Temp Of Water, C	pH of Water, If appl.	Minimum CT req. mg-min/L	Lowest operating UV dose, mW-sec/cm ²			Minimum UV dose req. mW-sec/cm ²
1	X	24	10300		1.6								9	
2	X	24	6500		1.5								8	
3	X	24	11900		1.2								5	
4	X	24	12700		2.1								1.4	
5	X	24	10800		1.7								1.1	
6	X	24	14000		1.5								9	
7		24	12500											
8	X	24	12500		1.4								8	
9	X	24	6800		1.6								9	
10	X	24	25200		1.5								8	
11	X	24	11400		1.4								7	
12	X	24	14800		1.5								8	
13		24	13400											
14	X	24	13100		1.7								9	
15	X	24	18700		1.8								1.0	
16	X	24	11200		1.6								9	
17	X	24	13400		1.5								8	
18	X	24	14000		1.7								9	
19	X	24	12000		1.6								8	
20		24	10000											
21	X	24	11000		1.5								9	
22	X	24	11000		9								7	
23	X	24	8600		1.2								8	
24	X	24	11800		1.8								1.0	
25	X	24	10000		1.8								9	
26	X	24	19200		1.9								1.1	
27		24	8100											
28	X	24	8400		2.2								1.3	
29	X	24	12700		2.3								1.5	
30	X	24	10300		2.4								1.6	
31														
Total			366400											
Average			12213											
Maximum			25200											



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

See page 4 for instructions.

I. General Information for the Month/Year of NOV 2009

A. Public Water System (PWS) Information

PWS Name: Sun N Lake of Lake Placid PWS Identification Number: 6280273

PWS Type: Community Non-Franchise 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: 863-465-5450

Plant Address: 2163 US 27 South City: Lake Placid State: Florida Zip Code: 33852

Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 282,000

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)/Shift(s) Worked
Lead/Chief Operator:	<u>Otto Kruecker</u>	<u>C</u>	<u>7790</u>	<u>5</u>
Other Operators:	<u>Daniel Holmes</u>	<u>C</u>	<u>4335</u>	<u>•</u>
	<u>Chris Gilbert</u>	<u>C</u>	<u>13107</u>	<u>•</u>
	<u>Darold Poyh</u>	<u>C</u>	<u>2261</u>	<u>•</u>
	<u>* As Needed</u>			

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 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least 10 years and to make them available for review upon request.

Signature and Date: [Signature] NOV 04 2009 Otto Kruecker C - 7790
 Printed or Typed Name License Number

Attn: Peggy Hanks

Corrected Copy

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

PWS Identification Number: 628073				Plant Name: Sun-N-Lakes of Lake Placid													
Report Date for the Month Year: OCTOBER 2009				Means of Achieving Four-Log Virus Inactivation/Removal *													
				Free Chlorine			Chlorine Dioxide			Ozone			Combined Chlorine (Chloramines)				
Type of Disinfectant Residual Maintained in Distribution System				Free Chlorine				Combined Chlorine (Chloramines)				Chlorine Dioxide					
Days of Month	Days Residual Violated by Dept.	Hours Free in Cont.	Net quantity of finished water produced, gal.	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if applicable*													
				Peak Flow, gal.	Lowest residual disinfectant concentration (C) before or at first customer during peak flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point during Peak flow, minutes	Lowest CT provided before or at first customer during Peak flow, mg-min/L	Temp. of Water, C	pH of Water, Mgpt.	Maximum CT req. mg-min/L	Lowest operating UV dose, mW-sec/cm ²	Minimum UV dose req. mW-sec/cm ²	Lowest residual disinfectant concentration in distribution system, mg/L	Emergency of abnormal operating conditions, repair or maintenance work that involved taking water system temporarily out of operation			
1	X	24	9400		3.1												1.5
2	X	24	10500		1.1											7	
3	X	24	11900		2.1											1.1	
4		24	17000														
5	X	24	10900		1.8											1.0	
6	X	24	12800		1.9											1.1	
7	X	24	11400		1.8											1.0	
8	X	24	12500		1.8											1.1	
9	X	24	14600		1.5											1.1	
10	X	24	9900		1.6											1.0	
11		24	16800														
12	X	24	16800		1.5											9	
13	X	24	13200		1.6											1.0	
14	X	24	12700		1.5											8	
15	X	24	17000		1.7											9	
16	X	24	10100		1.6											8	
17	X	24	11400		1.5											8	
18		24	17700														
19	X	24	17300		1.3											8	
20	X	24	14200		1.4											6	
21	X	24	13800		1.2											7	
22	X	24	15800		1.5											6	
23	X	24	12400		1.4											8	
24	X	24	8000		1.5											7	
25		24	17000														
26	X	24	16000		1.2											8	
27	X	24	10500		1.1											7	
28	X	24	9100		1.4											8	
29	X	24	14900		1.5											8	
30	X	24	17900		1.4											8	
31	X	24	19000														
Total			437500														
Average			13619														
Minimum			17000														

Page 1 of 1

From: 8634655159

NOV-30-2009 10:16



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

See page 4 for instructions.

I. General Information for the Month/Year of:		NOV	2009
A. Public Water System (PWS) Information			
PWS Name: Sun N Lakes of Lake Placid		PWS Identification Number: 6280273	
PWS Type: <input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive
Number of Service Connections at End of Month: 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
Contact Person's Telephone Number: 800-272-1919		Zip Code: 32714	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com		Contact Person's Fax Number: 407-869-6961	
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: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> 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
Lead/Chief Operator:	Otto Krueger	C	7790
Other Operators			Day(s)/Shift(s) Worked
	Daniel Holmes	C	4335
	Chris Gilbert	C	13107
	Darold Pugh	C	2261
	* 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 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 62-555.520(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 test data, and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at this plant for at least 10 years and to make them available for review upon request.

DEC 6 2009

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

RECEIVED
DEC 2 0 2009

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

PWS Identification Number: 6280273				Plant Name: Sun - N. Lakes of Lake Placid											
III. Daily Data for the Month/Year of: NOVEMBER 2009															
Means of Achieving Four-Log Virus Inactivation/Removal *				<input type="checkbox"/> Free Chlorine <input type="checkbox"/> Chlorine Dioxide <input type="checkbox"/> Ozone <input type="checkbox"/> Combined Chlorine (Chloramines)											
Ultraviolet Radiation <input type="checkbox"/> Other (Describe):															
Type of Disinfectant Residual Maintained in Distribution System				Free Chlorine			Combined Chlorine (Chloramines)			Chlorine Dioxide					
				CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if applicable*											
Day of Month	Days Plant Staffed Or Visited By Oper.	Hours Plant in oper.	Net quantity of finished Water Produced, gal	CT Calculations				UV Dose				Lowest residual disinfectant concentration at remote point in distribution system, mg/L	Emergency or abnormal operating conditions, repair or maintenance work that involves taking water system component out of operation.		
				Peak Flow Rate, gpd	Lowest residual disinfectant concentration (C) Before or at First customer During peak Flow, mg/L	Disinfectant Contact time (T) At C Measurement Point during Peak flow, Minutes	Lowest CT Provided Before or At first Customer During Peak flow, mg-min L	Temp Of Water, C	pH of Water, If appl	Minimum CT req mg-min L	Lowest operating UV dose, mW-sec/cm ²			Minimum UV dose req mW-sec/cm ²	
1		24	10150												
2	X	24	20150		1.2										7
3	X	24	13800		1.3										6
4	X	24	15200		1.6										7
5	X	24	18000		1.5										6
6	X	24	19200		1.5										8
7	X	24	12500		1.6										7
8	X	24	12700		1.4										8
9	X	24	17900		1.5										9
10	X	24	14000		1.4										6
11	X	24	13900		1.3										7
12	X	24	17600		1.4										7
13		24	14000												
14	X	24	14000		1.5										8
15		24	17100												
16	X	24	17000		1.4										7
17	X	24	11500		1.5										6
18	X	24	16000		1.0										6
19	X	24	16300		.9										5
20	X	24	17900		3.0										3.0
21		24	42100		1.8										1.3
22		24	12300												
23	X	24	12200		1.6										9
24	X	24	15000		1.5										7
25	X	24	14400		1.6										6
26	X	24	14200		1.5										8
27	X	24	19600		1.1										6
28	X	24	15200		1.3										7
29		24	19700												
30	X	24	19700		1.4										6
31															
Total			493300												
Average			16380												
Maximum			42100												



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

See page 4 for instructions.

I. General Information for the Month/Year of: Dec 2009

A. Public Water System (PWS) Information

PWS Name: Sun N Lake of Lake Placid | PWS Identification Number: 6280273

PWS Type: 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: 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)/Shift(s) Worked
Lead/Chief Operator:	Otto Krucker	C	7790	6
Other Operators	Daniel Holmes	C	4335	*
	Chris Gilbert	C	13107	*
	Darald Pugh	C	2261	*
	* 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 I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical test rates; and (2) if applicable, appropriate treatment processed performance records. Furthermore, I agree to retain these additional operations records at the plant for at least 10 years and to make them available for review upon request.

Signature and Date: *[Signature]* 1/5/10 Printed or Typed Name: Otto Krucker License Number: C - 7790

RECEIVED

JAN 26 2010

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

PWS Identification Number: 6280273				Plant Name: Sun -N- Lakes of Lake Placid										
III: Daily Data for the Month/Year of: DECEMBER 2009														
Means of Achieving Four-Log Virus Inactivation/Removal: *				<input type="checkbox"/> Free Chlorine <input type="checkbox"/> Chlorine Dioxide <input type="checkbox"/> Ozone <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Ultraviolet Radiation <input type="checkbox"/> Other (Describe):										
Type of Disinfectant Residual Maintained in Distribution System:				Free Chlorine			Combined Chlorine (Chloramines)			Chlorine Dioxide				
				CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if applicable*										
Days of Month	Days Plant Staffed Or Visited By Oper.	Hours Plant In Oper.	Net quantity Of finished Water Produced, gal	CT Calculations						UV Dose		Lowest residual disinfectant concentration at remote point in distribution system, mg/l.	Emergency or abnormal operating conditions, repair or maintenance work that involves taking water system component out of operation.	
				Peak Flow Rate, gpd	Lowest residual disinfectant concentration (C) Before or at First customer During peak flow, mg/l.	Disinfectant Contact time (T) At C Measurement Point during Peak flow, Minutes	Lowest CT Provided Before or At first Customer During Peak flow, mg-min/l.	Temp Of Water, C	pH of Water, If appl.	Minimum CT req. mg-min/l.	Lowest operating UV dose, mW-sec/cm ²			Minimum UV dose req. mW-sec/cm ²
1	X	24	17000		1.3								7	
2	X	24	13900		1.2								8	
3	X	24	13900		1.3								7	
4	X	24	12000		1.5								7	
5	X	24	10300		1.4								8	
6		24	18300											
7	X	24	18300		1.4								6	
8	X	24	18100		1.5								7	
9	X	24	11700		1.5								7	
10	X	24	15300		1.4								8	
11	X	24	14800		1.6								8	
12	X	24	10000		1.5								7	
13		24	16200											
14	X	24	11900		1.4								7	
15	X	24	15400		1.5								6	
16	X	24	13400		1.3								7	
17	X	24	15600		1.5								8	
18	X	24	10300		1.4								8	
19	X	24	35900		1.4								6	
20	X	24	10000		1.5								1.0	
21	X	24	11000		1.6								1.1	
22	X	24	15600		1.0								5	
23	X	24	15100		1.2								4	
24	X	24	17600		1.4								7	
25		24	21050											
26	X	24	21050		1.6								1.0	
27		24	6900											
28	X	24	6900		1.5								8	
29	X	24	16400		1.5								9	
30	X	24	16000		1.4								9	
31	X	24	12400		1.6								7	
Total			466300											
Average			15041											
Maximum			35900											

LAKE PLACID UTILITIES, INC.

DOCKET NO.: 090531-WS

RESPONSE TO REQUEST NO. 3

DMRS

2
0
0
8

D
M
R
S

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

641

When Completed mail this report to: Department of Environmental Protection

PERMITTEE NAME: Lake Placid Utilities, Inc.
 MAILING ADDRESS: 200 Weatherfield Ave.
 Altamonte Springs, Florida 32714

PERMIT NUMBER: FL A014346

LIMIT: Final

REPORT: Monthly

FACILITY: Sun & Lakes of Lake Placid WWTP
 LOCATION: Broadway Ave
 Lake Placid, Florida

CLASS SIZE:
 DISCHARGE POINT NUMBER:
 PLANT SIZE/TREATMENT TYPE: IIC
 NO DISCHARGE FROM SITE: 11
 Type of Effluent Disposal: Perk Pond

FILE COPY

Domestic

COUNTY: Highlands

MONITORING PERIOD From: 1/1/08

To: 1/31/08

Parameter		Quantity or Loading			Quality or Concentration			No. EN.	Frequency of Analysis	Sample Type	
		Average	Maximum	Units	Minimum	Average	Maximum				Units
BOD, Carbonaceous 5 day, 20C	Sample Measurement					4.1		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon Site No. EFA-1	Permit Requirement					20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2.0	2.0	mg/L	0	Monthly	Grab
PARM Code 80082 1 Mon Site No. EFA-1	Permit Requirement					Report (Mo. Ave.)	60.0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					4.8		mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon Site No. EFA-1	Permit Requirement					20.0 (An. Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					1.0	1.0	mg/L	0	Monthly	Grab
PARM Code 00530 1 Mon Site No. EFA-1	Permit Requirement					Report (Mo. Ave.)	60.0 (Max)	mg/L		Monthly	Grab
PH	Sample Measurement				6.9		7.3	su	0	3 days a week	Grab
PARM Code 00400 1 Mon Site No. EFA-1	Permit Requirement				6.0 (Min)		8.5 (Max)	su		3 days a week	Grab
Coliform, Fecal	Sample Measurement					1.3		#/100 ml	0	Monthly	Grab
PARM Code 74055 Y Mon Site No. EFA-1	Permit Requirement					200 (An. Ave.)		#/100 ml		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 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	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO.	DATE: YY/MM/DD
Otto Krueger / Operator		(863) 465-6911	2/18/08

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

DISCHARGE MONITORING REPORT - PART A (Continued)

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

PERMIT NUMBER: FLA014386

DISCHARGE POINT NUMBER: R-001

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
Coliform Fecal PARAM Code 74055 1 Mon. Site No. EFA - 1	Sample Measurement				1.0u		1.0u	#/100 ml	0	Monthly	Grab
	Permit Requirement				Report (Mo. Gen. Mean)		600 (Max)	#/100ml		Monthly	Grab
Total Residual Chlorine (for disinfection) PARAM Code 50660 A Mon. Site No. EFA - 1	Sample Measurement				8			mg/L	0	5 days a week	Grab
	Permit Requirement				0.5 (min)			mg/L		5 days a week	Grab
Nitrogen, Nitrate, Total (as N) (If required in the permit) PARAM Code 60620 1 Mon. Site No. EFA - 1	Sample Measurement						3.02	mg/L	0	Monthly	Grab
	Permit Requirement				12 mg/L		12.0 (max)	mg/L		Monthly	Grab
Flow PARAM Code 50650 Y Mon. Site No. FLW - 1	Sample Measurement	039		mgd					0	5 days a week	Flow meter / a totalizer
	Permit Requirement	0.690 (An. Ave)		mgd						5 days a week	Flow meter / a totalizer
Flow PARAM Code 50050 1 Mon. Site No. FLW - 1	Sample Measurement	.045		mgd						5 days a week	Flow meter / a totalizer
	Permit Requirement	Report (Mo. Ave.)		mgd						5 days a week	Flow meter / a totalizer
BOD, Carbonaceous 5 day, 20C PARAM Code 80082 G Mon. Site No. INF - 1	Sample Measurement					111.0		mg/L	0	Monthly	Grab
	Permit Requirement					Report (Mo. Ave)		mg/L		Monthly	Grab
Solids, Total Suspended PARAM Code 60530 G Mon. Site No. INF - 1	Sample Measurement					72.0		mg/L	0	Monthly	Grab
	Permit Requirement					Report (Mo. 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 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	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO	DATE: YY/MM/DD
Otto Krueker / Operator		(863) 465-6911	2/18/08

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: FLA014386

DISCHARGE POINT NUMBER: R-001

Month Year: January 2008

County: Highlands

Three Month Average Daily Flow: 0.97

Daily Flow % of Permitted Capacity: 41%

	Flow (MGD)	CBOD5 (mg/l)	CRD5 (mg/l)	TSS (mg/l)	TSS (mg/l)	pH (a.w.)	Fecal Coliform Bacteria (#/100)	TRC (for disinfect) (mg/l)	Nitrogen, Nitrate, Total (as N mg/l)	Type of Sample Grab C=Comp	Time of Sample
Code	50030	R0082	R0082	00530	00530	00490	74055	50060	00670		
Mon. Site	FLW-1	EFA-1	INF-1	EFA-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1		
1	.0399										
2	.0392					7.1		3.7			
3	.0347					7.1		4.1			
4	.0496					7.2		3.5			
5	.0399					7.2		4.6			
6	.037										
7	.038					7.2		5.0			
8	.0452					7.2		3.9			
9	.0497					7.2		3.6			
10	.0376					7.3		3.8			
11	.0463					7.3		4.0			
12	.0365					7.3		3.6			
13	.0446										
14	.0361					7.3		4.5			
15	.0298	2.0u	111.0	1.0	72.0	7.3	1.0u	2.3		G	1045
16	.0486					7.3		2.0			
17	.0486					7.2		2.2			
18	.0782					7.2		1.0			
19	.0459					7.2		1.9			
20	.0659										
21	.0659					7.1		2.5			
22	.0479					7.1		3.0			
23	.0503					7.1		.8			
24	.0385					7.1		1.5			
25	.0549					7.1		1.0			
26	.0390					7.1		1.1			
27	.044										
28	.044					7.0		1.8			
29	.0317					7.0		2.0			
30	.0317					6.9		1.7			
31	.0373					6.9		3.0			

PLANT STAFFING:

Day Shift Operator Class: _____ Certificate No: _____ Name: _____
 Evening Shift Operator Class: _____ Certificate No: _____ Name: _____
 Night Shift Operator Class: _____ Certificate No: _____ Name: _____
 Lead Operator Class: C Certificate No: 8619 Name: Otto Krueker

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.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

646

When Completed mail this report to: Department of Environmental Protection

PERMITTEE: Lake Placid Utilities, Inc.
 NAME:
 MAILING ADDRESS: 200 Weatherfield Ave.
 Altamonte Springs, Florida 32714

PERMIT NUMBER: 11-AD1436

FILE COPY

LIMIT: Final

REPORT: Monthly

CLASS SIZE:
 DISCHARGE POINT NUMBER:

GROUP: Domestic

FACILITY: Sun & Lakes of Lake Placid WWTP
 LOCATION: Brevard Ave
 Lake Placid, Florida

PLANT SIZE/TREATMENT TYPE: IIC
 NO DISCHARGE FROM SITE: I I
 Type of Effluent Disposal: Perk Pond

MONITORING PERIOD

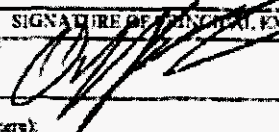
From: 2/1/08

To: 2/29/08

COUNTY: Highlands

Parameter		Quantity or Loading			Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum				
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon. Site No. EFA - 1	Sample Measurement					3.8		mg/L	0	Monthly	Grab
	Permit Requirement					20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 I Mon. Site No. EFA - 1	Sample Measurement					2.2	2.2	mg/L	0	Monthly	Grab
	Permit Requirement					Report (Mo. Ave.)	60.0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended PARM Code 00330 Y Mon. Site No. EFA - 1	Sample Measurement					4.2		mg/L	0	Monthly	Grab
	Permit Requirement					20.0 (An. Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 I Mon. Site No. EFA - 1	Sample Measurement					1.2	1.2	mg/L	0	Monthly	Grab
	Permit Requirement					Report (Mo. Ave.)	60.0 (Max)	mg/L		Monthly	Grab
PH PARM Code 00400 I Mon. Site No. EFA - 1	Sample Measurement				6.8		7.1	u.u.	0	5 days a week	Grab
	Permit Requirement				6.0 (Min)		8.5 (Max)	u.u.		5 days a week	Grab
Coliform, Fecal PARM Code 74035 Y Mon. Site No. EFA - 1	Sample Measurement					1.25		#/100 ml	0	Monthly	Grab
	Permit Requirement					200 (An. Ave)		#/100 ml		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 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	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO.	DATE: YY/MM/DD
Otto Krueger / Operator		(863) 465-6911	3/13/08

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: FEBRUARY 2008 COUNTY: Highlands

PERMIT NUMBER: FLA014386

DISCHARGE POINT NUMBER: R-001

P. 5

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
Coliform Fecal PARM Code 74055 1 Mon. Site No. EFA - 1	Sample Measurement				1.0U		1.0U	#/100 ml	0	Monthly	Grab
	Permit Requirement				Report (Mo. Geo. Mean)		100 (Max)	#/100ml		Monthly	Grab
Total Residual Chlorine (for disinfection) PARM Code 50060 A Mon. Site No. EFA - 1	Sample Measurement				3.1			mg/L	0	5 days a week	Grab
	Permit Requirement				0.3 (min)			mg/L		5 days a week	Grab
Nitrogen, Nitrate, Total (as N) (If required in the permit) PARM Code 00620 1 Mon. Site No. EFA - 1	Sample Measurement						2.39	mg/L	0	Monthly	Grab
	Permit 12 mg/l. Requirement						12.0 (max)	mg/L		Monthly	Grab
Flow PARM Code 50050 Y Mon. Site No. FLW - 1	Sample Measurement	.014		mgd					0	5 days a week	Flow meter / a totalizer
	Permit Requirement	0.090 (An. Ave)		mgd						5 days a week	Flow meter / a totalizer
Flow PARM Code 50050 1 Mon. Site No. FLW - 1	Sample Measurement	0.487		mgd						5 days a week	Flow meter / a totalizer
	Permit Requirement	Report (Mo. Ave.)		mgd						5 days a week	Flow meter / a totalizer
BOD, Carbonaceous 5 day, 20C PARM Code 90012 G Mon Site No. INF - 1	Sample Measurement					250.0		mg/L	0	Monthly	Grab
	Permit Requirement					Report (Mo. Ave.)		mg/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 G Mon Site No. INF - 1	Sample Measurement					298.0		mg/L	0	Monthly	Grab
	Permit Requirement					Report (Mo. 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 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	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO.	DATE: YY/MM/DD
Otto Krueker / Operator		(863) 465-6911	3/13/08

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

641 ✓
Rec'd 5/13/8

When Completed mail this report to: Department of Environmental Protection

PERMITTEE NAME: Lake Placid Utilities, Inc.
MAILING ADDRESS: 200 Weatherfield Ave
Altamonte Springs, Florida 32714

PERMIT NUMBER: FL 0014386

LIMIT: Final

FILE COPY
REPORT GROUP: Monthly Domestic

FACILITY LOCATION: Sun & Lakes of Lake Placid WWTP
Brevard Ave
Lake Placid, Florida

CLASS SIZE: DISCHARGE POINT NUMBER: PLANT SIZE/TREATMENT TYPE: HFC
NO DISCHARGE FROM SITE: 11
Type of Effluent Disposal: Perk Pond

MONITORING PERIOD From: 3/1/08

To: 3/31/08

COUNTY: Highlands

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
BOD, Carbonaceous 5 day, 20C	Sample Measurement					3.1		mg/L	0	Monthly	Grab
PARM Code 40082 Y	Permit Requirement					20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2.0U	2.0U	mg/L	0	Monthly	Grab
PARM Code 40082 1	Permit Requirement					Report (Mo. Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					1.6		mg/L	0	Monthly	Grab
PARM Code 00530 Y	Permit Requirement					20.0 (An. Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					2.8	2.8	mg/L	0	Monthly	Grab
PARM Code 00530 1	Permit Requirement					Report (Mo. Avg.)	60.0 (Max)	mg/L		Monthly	Grab
PH	Sample Measurement				7.1		7.2	u.u.	0	5 days a week	Grab
PARM Code 00400 1	Permit Requirement				6.0 (Min)		8.5 (Max)	u.u.		5 days a week	Grab
Coliform, Fecal	Sample Measurement					1.3		#/100 ml	0	Monthly	Grab
PARM Code 74055 Y	Permit Requirement					200 (An. Ave)		#/100 ml		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 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	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO.	DATE: YYMMDD
Otto Krueker / Operator		(863) 465-6911	4-14-08

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: MARCH 2008 COUNTY: Highlands

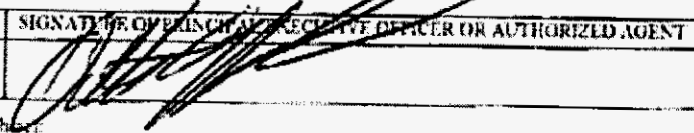
PERMIT NUMBER: FLA014386

DISCHARGE POINT NUMBER: R-001

P. 5

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
Coliform Fecal PARM Code 74055 1 Mon. Site No. EFA - 1	Sample Measurement				1.01		1.01	#/100 ml	0	Monthly	Grab
	Permit Requirement				Report (Mo. Cvg. Mean)		300 (Max)	#/100ml		Monthly	Grab
Total Residual Chlorine (for disinfection) PARM Code 50060 A Mon. Site No. EFA - 1	Sample Measurement				2.0			mg/l.	0	5 days a week	Grab
	Permit Requirement				0.5 (min)			mg/L.		5 days a week	Grab
Nitrogen, Nitrate, Total (as N) (If required in the permit) PARM Code 00620 1 Mon. Site No. EFA - 1	Sample Measurement						.10	mg/L.	0	Monthly	Grab
	Permit Requirement				12 mg/L.		12.0 (max)	mg/L.		Monthly	Grab
Flow PARM Code 50050 Y Mon. Site No. FLW - 1	Sample Measurement	.037		mgd					0	5 days a week	Flow meter / a totalizer
	Permit Requirement	0.090 (Ar. Ave.)		mgd						5 days a week	Flow meter / a totalizer
Flow PARM Code 50050 1 Mon. Site No. FLW - 1	Sample Measurement	.040		mgd						5 days a week	Flow meter / a totalizer
	Permit Requirement	Report (Mo. Ave.)		mgd						5 days a week	Flow meter / a totalizer
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon Site No. INF - 1	Sample Measurement					248.0		mg/L.	0	Monthly	Grab
	Permit Requirement					Report (Mo. Ave.)		mg/L.		Monthly	Grab
Solids, Total Suspended PARM Code 00530 G Mon Site No. INF - 1	Sample Measurement					285.0		mg/L.	0	Monthly	Grab
	Permit Requirement					Report (Mo. 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 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 Chris Krueker / Operator	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	PHONE NO. (863) 465-6911	DATE: YYMMDD 4/14/08
---	--	-----------------------------	-------------------------

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: FLA014386

DISCHARGE POINT NUMBER: R-001

Month/Year: MARCH 2008

County: Highlands

Three Month Average Daily Flow: 0.44

Daily Flow % of Permitted Capacity: 49%

	Flow (MGD)	CBOD ₅ (mg/l)	CBOD ₂ (mg/l)	TSS (mg/l)	TSS (mg/l)	pH (n.w.)	Focal Coliform Bacteria (#/100)	TRC (for disinfect) (mg/l)	Nitrogen, Nitrate, Total (as N mg/l)	Type of Sample G-grab C-Comp	Time of Sample
Code	50050	R00E2	R00S2	00530	00530	00400	74055	10360	00620		
Mon. Site	FLW-1	EFA-1	INF-1	EFA-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1		
1	0420					7.1		4.8			
2	0421										
3	0422					7.1		3.6			
4	0411					7.1		4.1			
5	0376					7.1		3.3			
6	0497					7.2		3.9			
7	0568					7.2		2.2			
8	0333					7.2		3.1			
9	0411					7.2		2.8			
10	0652					7.2		3.0			
11	0314	2.0U	248.0	2.8	288.0	7.2		2.6	.10	G	0904
12	0437					7.2		2.0			
13	0411					7.1		2.3			
14	0193										
15	0193					7.1		3.0			
16	0351										
17	0351					7.1		2.8			
18	0318					7.1		3.0			
19	0368					7.1		2.0			
20	0449					7.1	1.0U	3.0		G	1200
21	0484					7.1		3.5			
22	044					7.2		4.1			
23	0402										
24	0402					7.2		3.1			
25	0411					7.2		2.8			
26	0374					7.1		3.0			
27	0391					7.1		3.5			
28	0385					7.1		3.9			
29	0371					7.1		2.8			
30	0423										
31	0423					7.2		3.0			

PLANT STAFFING:

Day Shift Operator: Class: _____ Certificate No. _____ Name: _____
 Evening Shift Operator: Class: _____ Certificate No. _____ Name: _____
 Night Shift Operator: Class: _____ Certificate No. _____ Name: _____
 Lead Operator: Class: C Certificate No. 8619 Name: Otto Krueker

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.

641

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
 MAILING ADDRESS: 200 Weatherfield Ave.
 Altamonte Springs, Florida 32714

PERMIT NUMBER: FLAD14386
 LIMIT: Final
 CLASS SIZE: Final
 DISCHARGE POINT NUMBER: ILC
 PLANT SIZE/TREATMENT TYPE: I I
 NO DISCHARGE FROM SITE: Perk Pond
 Type of Effluent Disposal: Perk Pond
 MONITORING PERIOD: From: 4/1/08

FILE COPY

Monthly
 Domestic

FACILITY: Sun & Lakes of Lake Placid WWTP
 LOCATION: Drey and Ave
 Lake Placid, Florida

COUNTY: Highlands

To: 4/30/08

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
BOD, Carbonaceous 5 day, 20C	Sample Measurement					3.2		mg/l	0	Monthly	Grab
PARM Code 80082 Y	Permit Requirement					20.0 (An. Avg)		mg/l		Monthly	Grab
Mon. Site No. EFA - 1	Sample Measurement					2.3	2.3	mg/l	0	Monthly	Grab
PARM Code 80082 1	Permit Requirement					Report (Mo. Ave)	60.0 (Max)	mg/l		Monthly	Grab
Mon. Site No. EFA - 1	Sample Measurement					3.6		mg/l	0	Monthly	Grab
Solids, Total Suspended	Permit Requirement					20.0 (An. Avg)		mg/l		Monthly	Grab
PARM Code 00530 Y	Sample Measurement					1.2	1.2	mg/l	0	Monthly	Grab
Mon. Site No. EFA - 1	Permit Requirement					Report (Mo. Ave)	60.0 (Max)	mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement					7.1	7.3	su	0	5 days a week	Grab
PARM Code 60460 1	Permit Requirement					6.0 (Min)	8.5 (Max)	su		5 days a week	Grab
Mon. Site No. EFA - 1	Sample Measurement					1.0		#/100 ml	0	Monthly	Grab
Coliform, Fecal	Permit Requirement					200 (An. Ave)		#/100 ml		Monthly	Grab
PARM Code 74055 Y	Sample Measurement										
Mon. Site No. EFA - 1	Permit Requirement										

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 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	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO.	DATE: YY/MM/DD
Orlo Kracker / Operator		(863) 465-6911	5/15/08

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: APRIL 2008 COUNTY: Highlands

PERMIT NUMBER: FLA014386

DISCHARGE POINT NUMBER: R-001

Parameter		Quantity or Loading			Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type	
		Average	Maximum	Units	Minimum	Average	Maximum				Units
Coliform Fecal PARM Code 74055 1 Mon. Site No. EFA - 1	Sample Measurement				1.0		1.0	#/100 ml	0	Monthly	Grab
	Permit Requirement				Report (Mo. Ave. Mean)		800 (Max)	#/100ml		Monthly	Grab
Total Residual Chlorine (for disinfection) PARM Code 50060 A Mon. Site No. EFA - 1	Sample Measurement				2.5			mg/l.	0	5 days a week	Grab
	Permit Requirement				0.5 (min)			mg/l.		5 days a week	Grab
Nitrogen, Nitrate, Total (as N) (If required in the permit) PARM Code 00620 1 Mon. Site No. EFA - 1	Sample Measurement						07	mg/l.	0	Monthly	Grab
	Permit Requirement				12 mg/l.		12.0 (max)	mg/L.		Monthly	Grab
Flow PARM Code 50050 Y Mon. Site No. FLW - 1	Sample Measurement	.036		mgd					0	5 days a week	Flow meter / a totalizer
	Permit Requirement	0.090 (An. Ave)		mgd						5 days a week	Flow meter / a totalizer
Flow PARM Code 50050 1 Mon. Site No. FLW - 1	Sample Measurement	.0345		mgd						5 days a week	Flow meter / a totalizer
	Permit Requirement	Report (Mo. Ave.)		mgd						5 days a week	Flow meter / a totalizer
BOD, Carbonaceous 5 day, 20C PARM Code 00882 G Mon. Site No. INF - 1	Sample Measurement					185.0		mg/l.	0	Monthly	Grab
	Permit Requirement					Report (Mo. Ave.)		mg/l.		Monthly	Grab
Solids, Total Suspended PARM Code 00530 G Mon. Site No. INF - 1	Sample Measurement					154.0		mg/L.	0	Monthly	Grab
	Permit Requirement					Report (Mo. 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 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	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO.	DATE: YY/MM/DD
Otto Krueger / Operator		(863) 465-6911	3/15/08

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: FLA014386 DISCHARGE POINT NUMBER: R-001
 Month/Year: APRIL 2008 County: Highlands
 Three Month Average Daily Flow: .040 Daily Flow % of Permitted Capacity: 48%

	Flow (MGD)	CBOD5 (mg/l)	CBOD5 (mg/l)	TSS (mg/l)	TSS (mg/l)	pH (p.u.)	Facal Coliform Bacteria (#/100)	TRC (for disinfect) (mg/l)	Nitrogen, Nitrate, Total (as N mg/l)	Type of Sample Grab C-Comp	Time of Sample
Code	50150	8062	8062	01530	01530	00400	74055	50000	00620		
Mon Site	FLW-1	EFA-1	INF-1	EFA-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1		
1	0357					7.2		2.5			
2	0354					7.1		3.5			
3	0254					7.1		3.0			
4	0423					7.1		3.8			
5	029					7.2		4.5			
6	0413										
7	040					7.2		3.9			
8	0331	2.3	125.0	1.2	154.0	7.2	1.0	4.1	.07	G	0830
9	0366					7.1		3.8			
10	0356					7.1		4.0			
11	0313					7.1		4.5			
12	0331					7.1		5.5			
13	0547										
14	0548					7.1		5.1			
15	038					7.3		4.0			
16	0366					7.3		3.8			
17	0246					7.3		3.8			
18	0348					7.3		3.8			
19	0261					7.3		4.8			
20	0175										
21	017					7.3		4.3			
22	0345					7.2		3.0			
23	061					7.2		3.3			
24	0261					7.2		4.1			
25	0143					7.2		3.0			
26	019					7.2		4.3			
27	0416										
28	040					7.2		4.6			
29	0244					7.2		3.1			
30	0209					7.2		4.0			
31											

PLANT STAFFING:

Day Shift Operator Class: _____ Certificate No: _____ Name: _____
 Evening Shift Operator Class: _____ Certificate No: _____ Name: _____
 Night Shift Operator Class: _____ Certificate No: _____ Name: _____
 Lead Operator Class: C Certificate No: 8619 Name: One Krucker

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.

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.
 MAILING ADDRESS: 200 Weathersfield Ave.
 Altamonte Springs, Florida 32714

PERMIT NUMBER: FLA014386

LIMIT: Final

REPORT: Monthly

CLASS SIZE:
 DISCHARGE POINT NUMBER:
 PLANT SIZE/TREATMENT TYPE: III-C
 NO DISCHARGE FROM SITE: []
 Type of Effluent Disposal: Perk Pond

GROUP: Domestic

FACILITY: Sun & Lakes of Lake Placid WWTP
 LOCATION: Brevard Ave
 Lake Placid, Florida

MONITORING PERIOD: From: 5/1/08

To: 5/31/08

COUNTY: Highlands

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon. Site No. EFA - 1	Sample Measurement					3.1		mg/L	0	Monthly	Grab
	Permit Requirement					20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 I Mon. Site No. EFA - 1	Sample Measurement					2.5	2.5	mg/L	0	Monthly	Grab
	Permit Requirement					Report (Mo. Ave.)	60.0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 Y Mon. Site No. EFA - 1	Sample Measurement					3.7		mg/L	0	Monthly	Grab
	Permit Requirement					20.0 (An. Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 I Mon. Site No. EFA - 1	Sample Measurement					2.2	2.2	mg/L	0	Monthly	Grab
	Permit Requirement					Report (Mo. Ave.)	60.0 (Max)	mg/L		Monthly	Grab
PH PARM Code 00400 I Mon. Site No. EFA - 1	Sample Measurement				7.0		7.2	s.u.	0	5 days a week	Grab
	Permit Requirement				6.0 (Min)		8.5 (Max)	s.u.		5 days a week	Grab
Coliform, Fecal PARM Code 74055 Y Mon. Site No. EFA - 1	Sample Measurement					1.0		#/100 ml	0	Monthly	Grab
	Permit Requirement					200 (An. Ave)		#/100 ml		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 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	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE: YY/MM/DD
Otto Krueker / Operator		(863) 465-6911	6/20/08

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: MAY 2008 COUNTY: Highlands

PERMIT NUMBER: FLA014386

DISCHARGE POINT NUMBER: R-001

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
Coliform Fecal PARM Code 74055 I Mon. Site No. EFA - 1	Sample Measurement				1.0U		1.0U	#/100 ml	0	Monthly	Grab
	Permit Requirement				Report (Mo. Geo. Mean)		800 (Max)	#/100ml		Monthly	Grab
Total Residual Chlorine (for disinfection) PARM Code 50060 A Mon. Site No. EFA - 1	Sample Measurement				3.8			mg/L	0	5 days a week	Grab
	Permit Requirement				0.5 (min)			mg/L		5 days a week	Grab
Nitrogen, Nitrate, Total (as N) (If required in the permit) PARM Code 00620 I Mon. Site No. EFA - 1	Sample Measurement						8.75	mg/L	0	Monthly	Grab
	Permit Requirement				12 mg/L		12.0 (max)	mg/L		Monthly	Grab
Flow PARM Code 50050 Y Mon. Site No. FLW - 1	Sample Measurement	.035		mgd					0	5 days a week	Flow meter / a totalizer
	Permit Requirement	0.090 (An. Ave)		mgd						5 days a week	Flow meter / a totalizer
Flow PARM Code 50050 I Mon. Site No. FLW - 1	Sample Measurement	.0254		mgd						5 days a week	Flow meter / a totalizer
	Permit Requirement	Report (Mo. Ave)		mgd						5 days a week	Flow meter / a totalizer
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon Site No. INF - 1	Sample Measurement					129.0		mg/L	0	Monthly	Grab
	Permit Requirement					Report (Mo. Ave.)		mg/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 G Mon Site No. INF - 1	Sample Measurement					76.0		mg/L	0	Monthly	Grab
	Permit Requirement					Report (Mo. 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 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	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO.	DATE: YY/MM/DD
Otto Krueker / Operator		(863) 465-6911	6/20/08

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: FLA014386

DISCHARGE POINT NUMBER: R-001

Month/Year: MAY 2008

County: Highlands

Three Month Average Daily Flow: .035

Daily Flow % of Permitted Capacity: 39%

Code	Flow (MGD)	CBOD5 (mg/l)	CBOD5 (mg/l)	TSS (mg/l)	TSS (mg/l)	PH (s.u.)	Fecal Coliform Bacteria (#/100)	TRC (for disinfect) (mg/l)	Nitrogen, Nitrate, Total (as N mg/l)	Type of Sample G-grab C-Comp	Time of Sample
50050		R0082	R0082	00530	00530	00-100	74055	50060	00620		
Mon. Site	FLW-1	EFA-1	INF-1	EFA-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1		
1	.0301					7.1		3.8			
2	.0566					7.1		3.3			
3	.0308					7.1		2.6			
4	.022										
5	.022					7.1		3.0			
6	.0246					7.1		2.0			
7	.0255					7.1		3.1			
8	.026	2.5	129.0	2.2	76.0	7.2	1.0U	3.0		G	1151
9	.0214					7.2		2.5			
10	.0188					7.2		2.0			
11	.037										
12	.039					7.2		2.3			
13	.018					7.2		3.0			
14	.0098					7.2		2.8			
15	.0364					7.1		2.0			
16	.0238					7.1		2.1			
17	.022					7.1		2.3			
18	.0084										
19	.0084					7.0		3.0			
20	.0199					7.0		2.6			
21	.0679					7.2		2.0			
22	.0204					7.2		2.2			
23	.027					7.2		2.1			
24	.0081					7.2		3.1			
25	.0111					7.2		2.3			
26	.057										
27	.058					7.2		2.1			
28	.0226					7.2		3.0			
29	.024					7.2		2.8			
30	.0231					7.1		2.6			
31	.0236					7.2		2.1	8.75	G	1555

PLANT STAFFING:

Day Shift Operator Class: _____ Certificate No: _____ Name: _____
 Evening Shift Operator Class: _____ Certificate No: _____ Name: _____
 Night Shift Operator Class: _____ Certificate No: _____ Name: _____
 Lead Operator Class: C Certificate No: 8619 Name: Otto Krucker

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.

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.
 MAILING ADDRESS: 200 Weathersfield Ave.
 Altamonte Springs, Florida 32714

PERMIT NUMBER: FLA014386

LIMIT: Final

REPORT: Monthly

CLASS SIZE:
 DISCHARGE POINT NUMBER:
 PLANT SIZE/TREATMENT TYPE: H/C
 NO DISCHARGE FROM SITE: []
 Type of Effluent Disposal: Perk Pond

GROUP: Domestic

FACILITY LOCATION: Sun & Lakes of Lake Placid WWTP
 Brevard Ave
 Lake Placid, Florida

MONITORING PERIOD: From: 6/1/08

FILE COPY To: 6/30/08

COUNTY: Highlands

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
BOD, Carbonaceous 5 day, 20C	Sample Measurement					3.1		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon Site No. EFA - 1	Permit Requirement					20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2.0U	2.0U	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon Site No. EFA - 1	Permit Requirement					Report (Mo. Ave.)	60.0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					3.7		mg/L	0	Monthly	Grab
PARM Code 00530 Y 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	Monthly	Grab
PARM Code 00530 I Mon. Site No. EFA - 1	Permit Requirement					Report (Mo. Ave.)	60.0 (Max)	mg/L		Monthly	Grab
PH	Sample Measurement				7.1		7.4	s.u.	0	5 days a week	Grab
PARM Code 00400 I Mon. Site No. EFA - 1	Permit Requirement				6.0 (Min)		8.5 (Max)	s.u.		5 days a week	Grab
Coliform, Fecal	Sample Measurement					1.0		#/100 ml	0	Monthly	Grab
PARM Code 74055 Y Mon. Site No. EFA - 1	Permit Requirement					200 (An. Avg.)		#/100 ml		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 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	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE: YY/MM/DD
Otto Krucker / Operator		(863) 463-6911	7/19/08

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

Rec'd 8-19-08

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		Units	Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type	
		Average	Maximum		Minimum	Average	Maximum				Units
Coliform Fecal PARM Code 74055 1 Mon. Site No. EFA - 1	Sample Measurement				1.0U		1.0U	#/100 ml	0	Monthly	Grab
	Permit Requirement				Report (Mo. Geo. Mean)		800 (Max)	#/100ml		Monthly	Grab
Total Residual Chlorine (for disinfection) PARM Code 50060 A Mon. Site No. EFA - 1	Sample Measurement				1.6			mg/L	0	5 days a week	Grab
	Permit Requirement				0.5 (min)			mg/L		5 days a week	Grab
Nitrogen, Nitrate, Total (as N) (If required in the permit) PARM Code 00620 1 Mon. Site No. EFA - 1	Sample Measurement						7.82	mg/L	0	Monthly	Grab
	Permit Requirement				12 mg/L		12.0 (max)	mg/L		Monthly	Grab
Flow PARM Code 50050 Y Mon. Site No. FLW - 1	Sample Measurement	.035		mgd					0	5 days a week	Flow meter / a totalizer
	Permit Requirement	0.090 (An. Ave)		mgd						5 days a week	Flow meter / a totalizer
Flow PARM Code 50050 1 Mon. Site No. FLW - 1	Sample Measurement	.023		mgd						5 days a week	Flow meter / a totalizer
	Permit Requirement	Report (Mo. Ave.)		mgd						5 days a week	Flow meter / a totalizer
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon Site No. INF - 1	Sample Measurement					111.0		mg/L	0	Monthly	Grab
	Permit Requirement					Report (Mo. Ave.)		mg/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 G Mon Site No. INF - 1	Sample Measurement					100.0		mg/L	0	Monthly	Grab
	Permit Requirement					Report (Mo. 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 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 including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO.	DATE: YY/MM/DD
Otto Kruecker / Operator		(863) 465-6911	7/19/08

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: FLA014386

DISCHARGE POINT NUMBER: R-001

Month/Year: JUNE 2008

County: Highlands

Three Month Average Daily Flow: .029

Daily Flow % of Permitted Capacity: 32%

	Flow (MGD)	CBOD5 (mg/l)	CBOD5 (mg/l)	TSS (mg/l)	TSS (mg/l)	PH (s.u.)	Fecal Coliform Bacteria (#/100)	TRC (for disinfect) (mg/l)	Nitrogen, Nitrate, Total (as N mg/l)	Type of Sample G=grab C=Comp	Time of Sample
Code	50030	80082	80082	00530	00530	01400	74055	50060	00620		
Mon. Site	FLW-1	EFA-1	INF-1	EFA-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1		
1	.0281										
2	.0281					7.2		1.8			
3	.0279					7.2		1.9			
4	.0214					7.2		1.6			
5	.0247					7.2		1.9			
6	.0158					7.2		1.8			
7	.0244					7.2		1.6			
8	.0199										
9	.0199					7.2		1.9			
10	.0213					7.2		2.0			
11	.0288					7.2		1.8			
12	.0168	2.0U	111.0	1.6	100.0	7.2	1.0U	2.6		G	1035
13	.0216					7.1		3.0			
14	.019					7.1		2.8			
15	.0217										
16	.0217					7.1		3.8			
17	.0196					7.1		3.6			
18	.0218					7.1		4.5			
19	.0231					7.1		3.0			
20	.0258					7.2		3.5			
21	.014					7.2		4.2			
22	.030										
23	.0303					7.3		2.1			
24	.0208					7.2		3.3			
25	.0171					7.2		3.8			
26	.0321					7.4		3.6			
27	.0478					7.4		3.1	7.82	G	1314
28	.0216					7.4		2.8			
29	.0367					7.4		2.1			
30	.0396					7.2		2.0			
31											

PLANT STAFFING:

Day Shift Operator Class: _____ Certificate No: _____ Name: _____
 Evening Shift Operator Class: _____ Certificate No: _____ Name: _____
 Night Shift Operator Class: _____ Certificate No: _____ Name: _____
 Lead Operator Class: C Certificate No: 8619 Name: Orto Krucker

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. _____

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.
 MAILING ADDRESS: 200 Weathersfield Ave
 Altamonte Springs, Florida 32714

PERMIT NUMBER: FLA014386

LIMIT: Final

REPORT: Monthly

FACILITY: Sun & Lakes of Lake Placid WWTP
 LOCATION: Brevard Ave
 Lake Placid, Florida

CLASS SIZE: DISCHARGE POINT NUMBER:
 PLANT SIZE/TREATMENT TYPE: ILC
 NO DISCHARGE FROM SITE: []
 Type of Effluent Disposal: Perk Pond

GROUP: Domestic

FILE COPY

COUNTY: Highlands

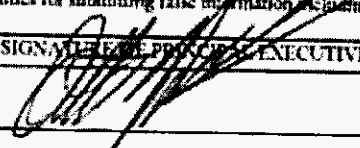
MONITORING PERIOD From: 7/1/08

To: 7/31/08

RECEIVED
 AUG 25 2008

Parameter		Quantity or Loading			Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type	
		Average	Maximum	Units	Minimum	Average	Maximum				Units
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon. Site No. EFA - 1	Sample Measurement					3.1		mg/L	0	Monthly	Grab
	Permit Requirement					20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 I Mon. Site No. EFA - 1	Sample Measurement					2.0U	2.0U	mg/L	0	Monthly	Grab
	Permit Requirement					Report (Mo. Ave.)	60.0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 Y Mon. Site No. EFA - 1	Sample Measurement					3.7		mg/L	0	Monthly	Grab
	Permit Requirement					20.0 (An. Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 I Mon. Site No. EFA - 1	Sample Measurement					1.0U	1.0U	mg/L	0	Monthly	Grab
	Permit Requirement					Report (Mo. Ave.)	60.0 (Max)	mg/L		Monthly	Grab
PHI PARM Code 00400 I Mon. Site No. EFA - 1	Sample Measurement				7.2		7.4	s.u.	0	5 days a week	Grab
	Permit Requirement				6.0 (Min)		8.5 (Max)	s.u.		5 days a week	Grab
Coliform, Fecal PARM Code 74055 Y Mon. Site No. EFA - 1	Sample Measurement					1.0		#/100 ml	0	Monthly	Grab
	Permit Requirement					200 (An. Ave)		#/100 ml		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 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 Otto Krucker / Operator	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	PHONE NO: (863) 465-6911	DATE: YY/MM/DD 8/15/08
--	--	--------------------------------	---------------------------

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

DISCHARGE MONITORING REPORT - PART A (Continued)

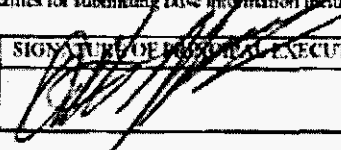
FACILITY NAME: Sun & Lakes of Lake Placid WWTP
 Month/Year: JULY 2008 COUNTY: Highlands

PERMIT NUMBER: FLA014386

DISCHARGE POINT NUMBER: R-001

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
Coliform Fecal PARM Code 74055 1 Mon. Site No. EPA - 1	Sample Measurement				1.0U		1.0U	#/100 ml	0	Monthly	Grab
	Permit Requirement				Report (Mo. Geo. Mean)		800 (Max)	#/100ml		Monthly	Grab
Total Residual Chlorine (for disinfection) PARM Code 50060 A Mon. Site No. EPA - 1	Sample Measurement				2.0			mg/L	0	5 days a week	Grab
	Permit Requirement				0.5 (min)			mg/L		5 days a week	Grab
Nitrogen, Nitrate, Total (as N) (If required in the permit) PARM Code 00620 1 Mon. Site No. EPA - 1	Sample Measurement						1.90	mg/L	0	Monthly	Grab
	Permit Requirement				12 mg/L		12.0 (max)	mg/L		Monthly	Grab
Flow PARM Code 50050 Y Mon. Site No. FLW - 1	Sample Measurement	.034		mgd					0	5 days a week	Flow meter / a totalizer
	Permit Requirement	0.090 (An. Ave)		mgd						5 days a week	Flow meter / a totalizer
Flow PARM Code 50050 1 Mon. Site No. FLW - 1	Sample Measurement	.032		mgd						5 days a week	Flow meter / a totalizer
	Permit Requirement	Report (Mo. Ave.)		mgd						5 days a week	Flow meter / a totalizer
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon Site No. INF - 1	Sample Measurement					108.0		mg/L	0	Monthly	Grab
	Permit Requirement					Report (Mo. Ave.)		mg/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 G Mon Site No. INF - 1	Sample Measurement					70.0		mg/L	0	Monthly	Grab
	Permit Requirement					Report (Mo. 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 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	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO.	DATE: YY/MM/DD
Otto Krucker / Operator		(863) 465-6911	8/15/08

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: FLA014386

DISCHARGE POINT NUMBER: R-001

Month/Year: JULY 2008

County: Highlands

Three Month Average Daily Flow: .027

Daily Flow % of Permitted Capacity: 30%

	Flow (MGD)	CBOD5 (mg/l)	CBOD5 (mg/l)	TSS (mg/l)	TSS (mg/l)	PH (s.u.)	Fecal Coliform Bacteria (#/100)	TRC (for disinfect) (mg/l)	Nitrogen, Nitrate, Total (as N mg/l)	Type of Sample G-grab C-Comp	Time of Sample
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620		
Mon. Site	FLW-1	EPA-1	INF-1	EPA-1	INF-1	EPA-1	EPA-1	EPA-1	EPA-1		
1	.023					7.2		3.0			
2	.0283					7.2		2.6			
3	.0211					7.2		3.0			
4	.0246										
5	.0246					7.2		3.8			
6	.0563										
7	.0563					7.4		4.0			
8	.0224					7.4		3.8			
9	.0244					7.3		3.1			
10	.0289	2.0U	108.0	1.0U	70.0	7.3		2.0	1.9	G	1121
11	.0342					7.3		2.8			
12	.0255					7.3		3.1			
13	.0412										
14	.040					7.3		2.3			
15	.0288					7.3	1.0U	2.6			
16	.0294					7.3		2.4			
17	.0531					7.3		3.0			
18	.0226					7.3		2.6			
19	.0303					7.3		3.5			
20	.026										
21	.0261					7.3		2.8			
22	.016					7.3		3.0			
23	.0295					7.3		2.2			
24	.0558					7.3		3.0			
25	.0352					7.3		2.6			
26	.0101					7.3		3.3			
27	.043										
28	.043					7.3		3.0			
29	.0233					7.4		2.9			
30	.0378					7.4		3.4			
31	.0267					7.1		2.6			

PLANT STAFFING:

Day Shift Operator Class: _____ Certificate No: _____ Name: _____
 Evening Shift Operator Class: _____ Certificate No: _____ Name: _____
 Night Shift Operator Class: _____ Certificate No: _____ Name: _____
 Lead Operator Class: C Certificate No: 8619 Name: Otto Krucker

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.

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.
 MAILING ADDRESS: 200 Weathersfield Ave.
 Altamonte Springs, Florida 32714

PERMIT NUMBER: FLA014386

LIMIT: Final

FILE COPY Monthly
 REPORT GROUP: Domestic

FACILITY LOCATION: Sun & Lakes of Lake Placid WWTP
 Harvard Ave
 Lake Placid, Florida

CLASS SIZE:
 DISCHARGE POINT NUMBER:
 PLANT SIZE/TREATMENT TYPE: IIC
 NO DISCHARGE FROM SITE:
Type of Effluent Disposal
 Perk Pond


MONITORING PERIOD From: 8/1/08

To: 8/31/08

COUNTY: Highlands

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon. Site No. EFA - 1	Sample Measurement					3.0		mg/L	0	Monthly	Grab
	Permit Requirement					20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 I Mon. Site No. EFA - 1	Sample Measurement					3.1	3.1	mg/L	0	Monthly	Grab
	Permit Requirement					Report (Mo. Ave.)	60.0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 Y Mon. Site No. EFA - 1	Sample Measurement					1.4		mg/L	0	Monthly	Grab
	Permit Requirement					20.0 (An. Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 I Mon. Site No. EFA - 1	Sample Measurement					1.0	1.0	mg/L	0	Monthly	Grab
	Permit Requirement					Report (Mo. Ave.)	60.0 (Max)	mg/L		Monthly	Grab
PH PARM Code 00400 I Mon. Site No. EFA - 1	Sample Measurement				7.1		7.2	pH	0	5 days a week	Grab
	Permit Requirement				6.0 (Min)		8.5 (Max)	pH		5 days a week	Grab
Coliform, Fecal PARM Code 74055 Y Mon. Site No. EFA - 1	Sample Measurement					3.4		#/100 ml	0	Monthly	Grab
	Permit Requirement					200 (An. Avg.)		#/100 ml		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 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 Otto Krueker / Operator	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	PHONE NO: (863) 465-6911	DATE: YY/MM/DD 9/15/08
--	--	--------------------------------	---------------------------

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: AUGUST 2008 COUNTY: Highlands

PERMIT NUMBER: FLA014386

DISCHARGE POINT NUMBER: R-001

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
Coliform Fecal PARM Code 74055 1 Mon. Site No. EFA - 1	Sample Measurement				30.0		30.0	#/100 ml	0	Monthly	Grab
	Permit Requirement				Report (Mo. Obs. Mean)		900 (Max)	#/100ml		Monthly	Grab
Total Residual Chlorine (for disinfection) PARM Code 50060 A Mon. Site No. EFA - 1	Sample Measurement				1.0			mg/L	0	5 days a week	Grab
	Permit Requirement				0.5 (min)			mg/L		5 days a week	Grab
Nitrogen Nitrate, Total (as N) (If required in the permit) PARM Code 00620 1 Mon. Site No. EFA - 1	Sample Measurement						.52	mg/L	0	Monthly	Grab
	Permit Requirement				12 mg/L		12.0 (max)	mg/L		Monthly	Grab
Flow PARM Code 50050 Y Mon. Site No. FLW - 1	Sample Measurement	.035		mgd					0	5 days a week	Flow meter / a totalizer
	Permit Requirement	0.090 (An. Ave)		mgd						5 days a week	Flow meter / a totalizer
Flow PARM Code 50050 1 Mon. Site No. FLW - 1	Sample Measurement	.027		mgd						5 days a week	Flow meter / a totalizer
	Permit Requirement	Report (Mo. Ave.)		mgd						5 days a week	Flow meter / a totalizer
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon Site No. INF - 1	Sample Measurement					108.0		mg/L	0	Monthly	Grab
	Permit Requirement					Report (Mo. Ave.)		mg/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 G Mon Site No. INF - 1	Sample Measurement					66.0		mg/L	0	Monthly	Grab
	Permit Requirement					Report (Mo. 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 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 Orto Krueker / Operator	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	PHONE NO. (863) 465-6911	DATE: YY/MM/DD 9/15/08
--	--	-----------------------------	---------------------------

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: FLA014386

DISCHARGE POINT NUMBER: R-001

Month/Year: AUGUST 2008

County: Highlands

Three Month Average Daily Flow: 031

Daily Flow % of Permitted Capacity: 35%

	Flow (MGD)	CBOD5 (mg/l)	CBOD5 (mg/l)	TSS (mg/l)	TSS (mg/l)	PH (s.u.)	Fecal Coliform (Bacteria (#/100))	TRC (for disinfect) (mg/l)	Nitrogen Nitrate, Total (as N mg/l)	Type of Sample G-grab C-Comp	Time of Sample
Code	9020	800E2	807E2	10520	02510	00400	74055	50060	00620		
Mon. Site	FLW-1	EFA-1	INF-1	EFA-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1		
1	0204					7.1		3.0			
2	0432					7.1		2.0			
3	0341										
4	0341					7.2		2.3			
5	020					7.2		2.0			
6	010					7.2		1.0			
7	019	3.1	108.0	1.0	66.0	7.2	30.0	1.1	.52	G	10:37
8	0271					7.2		1.8			
9	026					7.2		1.4			
10	0318										
11	0317					7.2		1.9			
12	0238					7.2		1.8			
13	0214					7.2		3.0			
14	0361					7.2		3.5			
15	0251					7.2		2.8			
16	0183					7.2		3.5			
17	0117										
18	0118					7.2		2.9			
19	021					7.2		2.8			
20	0584					7.2		3.0			
21	0116					7.2		1.8			
22	0231					7.2		2.1			
23	0338					7.2		2.3			
24	0627										
25	0627					7.2		2.0			
26	1073					7.1		1.8			
27	0541					7.1		2.0			
28	0389					7.1		2.5			
29	052					7.2		3.1			
30	0194					7.2		2.8			
31	0605										

PLANT STAFFING:

Day Shift Operator Class: _____ Certificate No: _____ Name: _____
 Evening Shift Operator Class: _____ Certificate No: _____ Name: _____
 Night Shift Operator Class: _____ Certificate No: _____ Name: _____
 Lead Operator Class: C Certificate No: 8619 Name: Otto Krueker

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

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.
 MAILING ADDRESS: 200 Weatherfield Ave.
 Altamonte Springs, Florida 32714

PERMIT NUMBER: FLA014386

LIMIT: Final

REPORT: Monthly
 GROUP: Domestic

FILE COPY

FACILITY LOCATION: Sun & Lakes of Lake Placid WWTP
 Brevard Ave
 Lake Placid, Florida

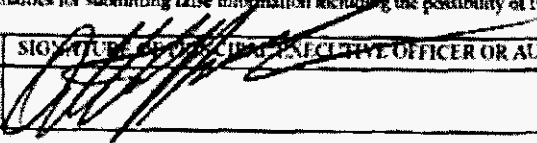
CLASS SIZE:
 DISCHARGE POINT NUMBER:
 PLANT SIZE/TREATMENT TYPE: III C
 NO DISCHARGE FROM SITE: []
 Type of Effluent Disposal: Perk Pond

MONITORING PERIOD From: 9/1/08 To: 9/30/08

COUNTY: Highlands

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon. Site No. EFA - 1	Sample Measurement					3.1		mg/L	0	Monthly	Grab
	Permit Requirement					20.0 (Ar. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 I Mon. Site No. EFA - 1	Sample Measurement					5.3	5.3	mg/L	0	Monthly	Grab
	Permit Requirement					Report (Mo. Ave.)	60.0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 Y Mon. Site No. EFA - 1	Sample Measurement					1.4		mg/L	0	Monthly	Grab
	Permit Requirement					20.0 (Ar. Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 I Mon. Site No. EFA - 1	Sample Measurement					1.0U	1.0U	mg/L	0	Monthly	Grab
	Permit Requirement					Report (Mo. Ave.)	60.0 (Max)	mg/L		Monthly	Grab
PH PARM Code 00400 I Mon. Site No. EFA - 1	Sample Measurement				7.1		7.3	s.u.	0	5 days a week	Grab
	Permit Requirement				6.0 (Min)		8.5 (Max)	s.u.		5 days a week	Grab
Coliform, Fecal PARM Code 74055 Y Mon. Site No. EFA - 1	Sample Measurement					3.4		#/100 ml	0	Monthly	Grab
	Permit Requirement					200 (Ar. Avg)		#/100 ml		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 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	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO.	DATE: YY/MM/DD
Otto Krueker / Operator		(863) 465-6911	10/15/08

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

DISCHARGE MONITORING REPORT - PART A (Continued)

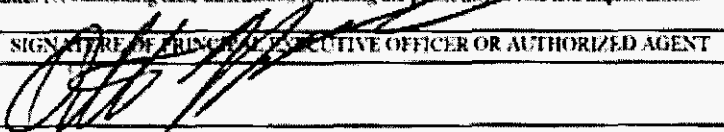
FACILITY NAME: Sun & Lakes of Lake Placid WWTP
 Month/Year: SEPTEMBER 2008 COUNTY: Highlands

PERMIT NUMBER: FLA014386

DISCHARGE POINT NUMBER: R-001

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type	
		Average	Maximum		Minimum	Average					Maximum
Coliform Fecal PARM Code 74055 1 Mon. Site No. EFA - 1	Sample Measurement				1.0U		1.0U	#/100 ml	0	Monthly	Grab
	Permit Requirement				Report (Mo. Geo. Mean)		800 (Max)	#/100ml		Monthly	Grab
Total Residual Chlorine (for disinfection) PARM Code 50060 A Mon. Site No. EFA - 1	Sample Measurement				1.6			mg L	0	5 days a week	Grab
	Permit Requirement				0.5 (min)			mg L		5 days a week	Grab
Nitrogen, Nitrate, Total (as N) (If required in the permit) PARM Code 00620 1 Mon. Site No. EFA - 1	Sample Measurement						3.27	mg L	0	Monthly	Grab
	Permit Requirement				12 mg L		12.0 (max)	mg L		Monthly	Grab
Flow PARM Code 50050 Y Mon. Site No. FLW - 1	Sample Measurement	035		mgd					0	5 days a week	Flow meter / a totalizer
	Permit Requirement	0.090 (An. Ave)		mgd						5 days a week	Flow meter / a totalizer
Flow PARM Code 50050 1 Mon. Site No. FLW - 1	Sample Measurement	0351		mgd						5 days a week	Flow meter / a totalizer
	Permit Requirement	Report (Mo. Ave.)		mgd						5 days a week	Flow meter / a totalizer
BOD, Carbonaceous 5 day, 20C PARM Code 50082 G Mon Site No. INF - 1	Sample Measurement						76.0	mg/L	0	Monthly	Grab
	Permit Requirement						Report (Mo. Ave)	mg/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 G Mon Site No. INF - 1	Sample Measurement						80.0	mg/L	0	Monthly	Grab
	Permit Requirement						Report (Mo. 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 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	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE: YY/MM/DD
Otto Kracker / Operator		(863) 465-6911	10/15/08

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: FLA014386

DISCHARGE POINT NUMBER: R-001

Month/Year: AUGUST 2008

County: Highlands

Three Month Average Daily Flow: .0347

Daily Flow % of Permitted Capacity: 39%

	Flow (MGD)	CBOD5 (mg/l)	CBOD5 (mg/l)	TSS (mg/l)	TSS (mg/l)	PH (p.u.)	Fecal Coliform Bacteria (#/100)	TRC (for disinfect) (mg/l)	Nitrogen, Nitrate, Total (as N mg/l)	Type of Sample G=grab C=Comp	Time of Sample
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620		
Mon. Site	FLW-1	EFA-1	INF-1	EFA-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1		
1	.065					7.1		2.6			
2	.032					7.1		2.4			
3	.035	5.3	76.0	1.01	80.0	7.2	1.01	2.7	3.27	G	1303
4	.028					7.2		2.4			
5	.028					7.3		2.8			
6	.044										
7	.044					7.2		2.6			
8	.030					7.3		2.4			
9	.034					7.2		2.3			
10	.034					7.3		2.5			
11	.032					7.2		2.3			
12	.030					7.2		2.2			
13	.032										
14	.032					7.2		2.4			
15	.028					7.2		2.2			
16	.032					7.3		2.6			
17	.028					7.2		2.2			
18	.034					7.3		2.6			
19	.029					7.2		2.3			
20	.045					7.3		2.5			
21	.0322										
22	.0321					7.3		2.0			
23	.0333					7.3		1.6			
24	.0239					7.3		1.9			
25	.0213					7.3		2.1			
26	.0475					7.3		1.6			
27	.0326					7.3		1.8			
28	.036										
29	.036					7.2		2.0			
30	.0231					7.2		1.8			
31											

PLANT STAFFING:

Day Shift Operator Class: _____ Certificate No: _____ Name: _____
 Evening Shift Operator Class: _____ Certificate No: _____ Name: _____
 Night Shift Operator Class: _____ Certificate No: _____ Name: _____
 Lead Operator Class: C Certificate No: 8619 Name: Otto Krucker

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.

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.
 MAILING ADDRESS: 200 Weatherfield Ave.
 Altamonte Springs, Florida 32714

PERMIT NUMBER: FLA014386

LIMIT: Final

REPORT: Monthly

FACILITY LOCATION: Sun & Lakes of Lake Placid WWTP
 Harvard Ave
 Lake Placid, Florida

CLASS SIZE: DISCHARGE POINT NUMBER:
 PLANT SIZE/TREATMENT TYPE:
 NO DISCHARGE FROM SITE:
 Type of Effluent Disposal:

GROUP: Domestic
 BUC
 []
 Perk Pond
 From: 10/1/08

FILE COPY

COUNTY: Highlands

MONITORING PERIOD

To: 10/31/08

Parameter		Quantity or Loading			Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type	
		Average	Maximum	Units	Minimum	Average	Maximum				Units
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon. Site No. EFA-1	Sample Measurement					3.1		mg/L	0	Monthly	Grab
	Permit Requirement					20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 I Mon. Site No. EFA-1	Sample Measurement					3.3	3.3	mg/L	0	Monthly	Grab
	Permit Requirement					Report (Mo. Ave.)	60.0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended PARM Code 60530 Y Mon. Site No. EFA-1	Sample Measurement					1.5		mg/L	0	Monthly	Grab
	Permit Requirement					20.0 (An. Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended PARM Code 60530 I Mon. Site No. EFA-1	Sample Measurement					2.2	2.2	mg/L	0	Monthly	Grab
	Permit Requirement					Report (Mo. Ave.)	60.0 (Max)	mg/L		Monthly	Grab
PH PARM Code 00400 I Mon. Site No. EFA-1	Sample Measurement				7.1		7.3	s.u.	0	5 days a week	Grab
	Permit Requirement				6.0 (Min)		8.5 (Max)	s.u.		5 days a week	Grab
Coliform, Fecal PARM Code 74055 Y Mon. Site No. EFA-1	Sample Measurement					3.6		#/100 ml	0	Monthly	Grab
	Permit Requirement					200 (An. Ave)		#/100 ml		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 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 Otto Knicker / Operator	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	PHONE NO: (863) 465-6911	DATE: YY/MM/DD 11/20/08
--	--	--------------------------------	----------------------------

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

DISCHARGE MONITORING REPORT - PART A (Continued)

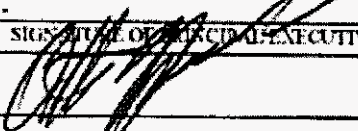
FACILITY NAME: Sun & Lakes of Lake Placid WWTP
 Month/Year: OCTOBER 2008 COUNTY: Highlands

PERMIT NUMBER: FLA014386

DISCHARGE POINT NUMBER: R-001

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
Coliform Focal PARM Code 74055 1 Mon. Site No. EFA - 1	Sample Measurement				3.0		3.0	#/100 ml	0	Monthly	Grab
	Permit Requirement				Report (Mo. Geo. Mean)		800 (Max)	#/100ml		Monthly	Grab
Total Residual Chlorine (for disinfection) PARM Code 50060 A Mon. Site No. EFA - 1	Sample Measurement				1.0			mg/L	0	3 days a week	Grab
	Permit Requirement				0.5 (min)			mg/L		3 days a week	Grab
Nitrogen, Nitrate, Total (as N) (If required in the permit) PARM Code 00620 1 Mon. Site No. EFA - 1	Sample Measurement						.20	mg/L	0	Monthly	Grab
	Permit Requirement				12 mg/L		12.0 (max)	mg/L		Monthly	Grab
Flow PARM Code 50050 Y Mon. Site No. FLW - 1	Sample Measurement	.036		mgd					0	3 days a week	Flow meter / a totalizer
	Permit Requirement	0.090 (An. Ave)		mgd						3 days a week	Flow meter / a totalizer
Flow PARM Code 50050 1 Mon. Site No. FLW - 1	Sample Measurement	.038		mgd						3 days a week	Flow meter / a totalizer
	Permit Requirement	Report (Mo. Ave)		mgd						3 days a week	Flow meter / a totalizer
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon. Site No. INF - 1	Sample Measurement					211.0		mg/L	0	Monthly	Grab
	Permit Requirement					Report (Mo. Ave)		mg/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 G Mon. Site No. INF - 1	Sample Measurement					13.0		mg/L	0	Monthly	Grab
	Permit Requirement					Report (Mo. 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 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	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE: YY/MM/DD
Otto Krueker / Operator		(863) 465-6911	11/20/08

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: FLA014386

DISCHARGE POINT NUMBER: R-001

Month/Year: OCTOBER 2008

County: Highlands

Three Month Average Daily Flow:

Daily Flow % of Permitted Capacity:

	Flow (MGD)	CBOD5 (mg/l)	CBOD5 (mg/l)	TSS (mg/l)	TSS (mg/l)	pH (a.u.)	Fecal Coliform Bacteria (#/100)	TRC (for direct) (mg/l)	Nitrogen, Nitrate, Total (as N mg/l)	Type of Sample G-grab C-Comp	Time of Sample
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620		
Mon. Site	FLW-1	EFA-1	INF-1	EFA-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1		
1	.0471					7.2		1.5			
2	.022					7.3		1.3			
3	.0398					7.3		1.1			
4	.0252					7.3		1.3			
5	.0438										
6	.0438					7.3		1.0			
7	.0174					7.3		1.1			
8	.0251					7.3		1.4			
9	.0551					7.2		1.3			
10	.0254					7.2		1.1			
11	.025					7.2		1.6			
12	.063										
13	.062					7.2		1.3			
14	.034					7.1		1.0			
15	.0409					7.1		1.2			
16	.0382	3.3	211.0	2.2	13.0	7.2	3.0	1.3	.20	G	1017
17	.0419					7.2		1.1			
18	.0408					7.2		1.5			
19	.0348										
20	.0348					7.1		1.0			
21	.0261					7.1		1.1			
22	.0436					7.1		1.5			
23	.0407					7.2		1.4			
24	.0411					7.2		1.8			
25	.0591					7.2		1.9			
26	.0338										
27	.0338					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		1.6			

PLANT STAFFING:

Day Shift Operator Class: _____ Certificate No: _____ Name: _____
 Evening Shift Operator Class: _____ Certificate No: _____ Name: _____
 Night Shift Operator Class: _____ Certificate No: _____ Name: _____
 Lead Operator Class: C Certificate No: 8619 Name: Otto Krueker

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. _____

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.
 MAILING ADDRESS: 200 Weatherfield Ave.
 Altamonte Springs, Florida 32714

PERMIT NUMBER: FLA014386

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: ILC
 NO DISCHARGE FROM SITE: I J
 Type of Effluent Disposal: Perk Pond

GROUP: Domestic

COUNTY: Highlands

MONITORING PERIOD From: 11/1/08

To: 11/30/08

Parameter		Quantity or Loading			Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type	
		Average	Maximum	Units	Minimum	Average	Maximum				Units
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon. Site No. EFA - 1	Sample Measurement					2.6		mg/L	0	Monthly	Grab
	Permit Requirement					20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 I Mon. Site No. EFA - 1	Sample Measurement					2.0U	2.0U	mg/L	0	Monthly	Grab
	Permit Requirement					Report (Mo. Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 Y Mon. Site No. EFA - 1	Sample Measurement					1.5		mg/L	0	Monthly	Grab
	Permit Requirement					20.0 (An. Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 I Mon. Site No. EFA - 1	Sample Measurement					1.4	1.4	mg/L	0	Monthly	Grab
	Permit Requirement					Report (Mo. Avg.)	60.0 (Max)	mg/L		Monthly	Grab
PH PARM Code 00400 I Mon. Site No. EFA - 1	Sample Measurement				7.1		7.2	su.	0	5 days a week	Grab
	Permit Requirement				6.0 (Min)		8.5 (Max)	su.		5 days a week	Grab
Coliform, Fecal PARM Code 74055 Y Mon. Site No. EFA - 1	Sample Measurement					3.6		#/100 ml	0	Monthly	Grab
	Permit Requirement					200 (An. Avg.)		#/100 ml		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 inspection 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 Otto Krueger / Operator	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	PHONE NO: (863) 465-6911	DATE: YY/MM/DD 12/20/08
--	--	-----------------------------	----------------------------

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: NOVEMBER 2008 COUNTY: Highlands

PERMIT NUMBER: FLA014386

DISCHARGE POINT NUMBER: R-001

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
Coliform, Fecal PARM Code 74055 1 Mon. Site No. EFA - 1	Sample Measurement				1.0U		1.0U	#/100 ml	0	Monthly	Grab
	Permit Requirement				Report (Mo. Geo. Mean)		800 (Max)	#/100ml		Monthly	Grab
Total Residual Chlorine (for disinfection) PARM Code 50060 A Mon. Site No. EFA - 1	Sample Measurement				.6			mg/L	0	5 days a week	Grab
	Permit Requirement				0.5 (min)			mg/L		5 days a week	Grab
Nitrogen, Nitrate, Total (as N) (If required in the permit) PARM Code 00620 1 Mon. Site No. EFA - 1	Sample Measurement						.30	mg/L	0	Monthly	Grab
	Permit Requirement						12.0 (max)	mg/L		Monthly	Grab
Flow PARM Code 50050 Y Mon. Site No. FLW - 1	Sample Measurement	.037		mgd					0	5 days a week	Flow meter / a totalizer
	Permit Requirement	0.090 (Av. Ave)		mgd						5 days a week	Flow meter / a totalizer
Flow PARM Code 50050 1 Mon. Site No. FLW - 1	Sample Measurement	.0447		mgd						5 days a week	Flow meter / a totalizer
	Permit Requirement	Report (Mo. Ave.)		mgd						5 days a week	Flow meter / a totalizer
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon Site No. INF - 1	Sample Measurement						52.0	mg/L	0	Monthly	Grab
	Permit Requirement						Report (Mo. Ave.)	mg/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 G Mon Site No. INF - 1	Sample Measurement						60.0	mg/L	0	Monthly	Grab
	Permit Requirement						Report (Mo. 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 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	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO.	DATE: YY/MM/DD
Otto Kruecker / Operator		(863) 465-6911	12/20/08

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: FLA014386

DISCHARGE POINT NUMBER: R-001

Month/Year: NOVEMBER 2008

County: Highlands

Three Month Average Daily Flow: .039

Daily Flow % of Permitted Capacity: 43%

	Flow (MGD)	CBOD5 (mg/l)	CBOD5 (mg/l)	TSS (mg/l)	TSS (mg/l)	PH (u.u.)	Fecal Coliform Bacteria (#/100)	TRC (for disinfect) (mg/l)	Nitrogen, Nitrate, Total (as N mg/l)	Type of Sample G-grab C-Comp	Time of Sample
Code	50050	80082	80082	00530	00530	00400	74055	50060	00670		
Mon. Site	FLW-1	EFA-1	INF-1	EFA-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1		
1	.0407					7.1		1.9			
2	.0331										
3	.0331					7.2		2.0			
4	.0309					7.2		1.8			
5	.0591					7.2		.6			
6	.0421	2.0U	52.0	1.4	60.0	7.2	1.0U	9	30	G	1012
7	.041					7.2		1.3			
8	.0308					7.2		1.3			
9	.0278					7.2		1.0			
10	.0899					7.2		8			
11	.0407					7.2		6			
12	.0318					7.2		.7			
13	.0297										
14	.0297					7.2		.9			
15	.0363					7.2		1.5			
16	.0764										
17	.0764					7.1		1.1			
18	.0413					7.1		1.5			
19	.0566					7.1		1.0			
20	.0411					7.2		1.8			
21	.0382					7.2		1.3			
22	.0437					7.2		1.1			
23	.0486										
24	.048					7.2		1.5			
25	.0307					7.2		1.7			
26	.0491					7.2		1.6			
27	.0329					7.1		1.8			
28	.0827					7.1		1.9			
29	.0383					7.1		1.9			
30	.040										
31											

PLANT STAFFING:

Day Shift Operator Class: _____ Certificate No: _____ Name: _____
 Evening Shift Operator Class: _____ Certificate No: _____ Name: _____
 Night Shift Operator Class: _____ Certificate No: _____ Name: _____
 Lead Operator Class: C Certificate No: 8619 Name: Otto Krueker

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.

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.
 MAILING ADDRESS: 200 Weathersfield Ave.
 Altamonte Springs, Florida 32714

PERMIT NUMBER: FLA014386

LIMIT: Final

REPORT: Monthly

FACILITY LOCATION: Sun & Lakes of Lake Placid WWTP
 Brevard Ave
 Lake Placid, Florida

CLASS SIZE: DISCHARGE POINT NUMBER: III C

GROUP: Domestic

PLANT SIZE/TREATMENT TYPE: NO DISCHARGE FROM SITE: []
 Type of Effluent Disposal: Perik Pond

MONITORING PERIOD From: 12/1/08

To: 12/31/08

COUNTY: Highlands

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon. Site No. EFA - 1	Sample Measurement					2.6		mg/L	0	Monthly	Grab
	Permit Requirement					20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 I Mon. Site No. EFA - 1	Sample Measurement					2.5	2.5	mg/L	0	Monthly	Grab
	Permit Requirement					Report (Mo. Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 Y Mon. Site No. EFA - 1	Sample Measurement					1.5		mg/L	0	Monthly	Grab
	Permit Requirement					20.0 (An. Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 I Mon. Site No. EFA - 1	Sample Measurement					1.0u	1.0u	mg/L	0	Monthly	Grab
	Permit Requirement					Report (Mo. Avg.)	60.0 (Max)	mg/L		Monthly	Grab
PH PARM Code 00400 I Mon. Site No. EFA - 1	Sample Measurement				7.0		7.4	u.u.	0	5 days a week	Grab
	Permit Requirement				6.0 (Min)		8.5 (Max)	u.u.		5 days a week	Grab
Coliform, Fecal PARM Code 74055 Y Mon. Site No. EFA - 1	Sample Measurement					3.6		#/100 ml	0	Monthly	Grab
	Permit Requirement					200 (An. Avg.)		#/100 ml		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 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	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE: YY/MM/DD
Otto Krueker / Operator		(863) 465-6911	1/20/09

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: DECEMBER 2008 COUNTY: Highlands

PERMIT NUMBER: FLA014386

DISCHARGE POINT NUMBER: R-001

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
Coliform, Fecal PARM Code 74055 1 Mon. Site No. EFA - 1	Sample Measurement				1.0u		1.0u	#/100 ml	0	Monthly	Grab
	Permit Requirement				Report (Mo. Geo. Mean)		800 (Max)	#/100ml		Monthly	Grab
Total Residual Chlorine (for disinfection) PARM Code 50060 A Mon. Site No. EFA - 1	Sample Measurement				1.0			mg/L	0	5 days a week	Grab
	Permit Requirement				0.5 (min)			mg/L		5 days a week	Grab
Nitrogen, Nitrate, Total (as N) (If required in the permit) PARM Code 00620 1 Mon. Site No. EFA - 1	Sample Measurement						.55	mg/L	0	Monthly	Grab
	Permit Requirement						12.0 (max)	mg/L		Monthly	Grab
Flow PARM Code 50050 Y Mon. Site No. FLW - 1	Sample Measurement	.038		mgd					0	5 days a week	Flow meter / a totalizer
	Permit Requirement	0.090 (An. Ave)		mgd						5 days a week	Flow meter / a totalizer
Flow PARM Code 50050 1 Mon. Site No. FLW - 1	Sample Measurement	.045		mgd						5 days a week	Flow meter / a totalizer
	Permit Requirement	Report (Mo. Ave.)		mgd						5 days a week	Flow meter / a totalizer
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon. Site No. INF - 1	Sample Measurement						66.0	mg/L	0	Monthly	Grab
	Permit Requirement						Report (Mo. Ave.)	mg/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 G Mon. Site No. INF - 1	Sample Measurement						66.0	mg/L	0	Monthly	Grab
	Permit Requirement						Report (Mo. 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 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 Otto Krueker / Operator	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	PHONE NO. (863) 465-6911	DATE: YY/MM/DD 1/20/09
--	--	-----------------------------	---------------------------

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:** FLA014386 **DISCHARGE POINT NUMBER:** R-001
Month/Year: DECEMBER 2008 **County:** Highlands
Three Month Average Daily Flow: .042 **Daily Flow % of Permitted Capacity:** 47%

	Flow (MGD)	CBOD5 (mg/l)	CBOD5 (mg/l)	TSS (mg/l)	TSS (mg/l)	pH (s.u.)	Fecal Coliform Bacteria (#/100)	TRC (for disinfect) (mg/l)	Nitrogen, Nitrate, Total (as N mg/l)	Type of Sample G=grab C=Comp	Time of Sample
Code	51050	80082	80082	00530	00530	00400	74053	50060	00620		
Mon. Site	FLW-1	EFA-1	INF-1	EFA-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1		
1	.043					7.1		1.6			
2	.0228					7.2		1.5			
3	.0437					7.2		1.8			
4	.0463	2.5	66.0	1.0u	66.0	7.2	1.0u	1.4		G	1038
5	.048					7.2		1.5			
6	.0328										
7	.0421										
8	.0421					7.0		1.6			
9	.0341					7.2		2.0			
10	.0475					7.2		1.8			
11	.0408					7.2		2.1			
12	.0219					7.2		2.3			
13	.0411					7.2		2.0			
14	.064										
15	.0655					7.2		2.0			
16	.0434					7.1		1.8			
17	.046					7.4		1.6			
18	.0279					7.4		1.4			
19	.037					7.4		1.3			
20	.046					7.3		1.8			
21	.037					7.3		1.6			
22	.0415					7.3		1.7			
23	.0634					7.3		1.8			
24	.053					7.4		1.6			
25	.0112										
26	.0412					7.4		1.9			
27	.0407					7.4		2.0			
28	.0519					7.4		1.3			
29	.0425					7.4		1.5			
30	.0395					7.4		1.4			
31	.0899					7.0		1.0			

PLANT STAFFING:

Day Shift Operator Class: _____ Certificate No: _____ Name: _____
 Evening Shift Operator Class: _____ Certificate No: _____ Name: _____
 Night Shift Operator Class: _____ Certificate No: _____ Name: _____
 Lead Operator Class: C Certificate No: 8619 Name: Otto Krueker

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. _____

LAKE PLACID UTILITIES, INC.

DOCKET NO.: 090531-WS

RESPONSE TO REQUEST NO. 5

A. Infiltration allowance, excluding service laterals

	Main dia. inches	Main length feet	Main length miles	Allowance @ 500 gpd/inch-dia./mile gpd	gpy
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 flows (l.10)				<u>1,069,685</u>
6	Allowable I&I				<u>2,218,606</u>

B. Calculation of Inflow & Infiltration (I&I)

7	Wastewater treated				12,669,000
---	--------------------	--	--	--	------------

	Water Gallons billed to WW customers (gallons)	Estimated volume returned (gallons)	
8	Residential (not capped)	4,916,000	90%
8a	Non water Customers (est)	2,892,000	90%
9	Multi-Fmly Master Metered	1,124,980	96%
9a	General Service	<u>1,763,873</u>	<u>96%</u>
10	Total est flows returned to WWTP for treatment	10,696,853	

11	Estimated I&I (treated less returned) [l.7-l.10]	2,868,501
12	Allowable I&I [l.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	0	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	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															1,762,873
Multi-Family Accounts by 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	617,470
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	507,510
Multi-Family Total															1,124,980

**641 - LAKE PLACID
COLLECTING AND FORCE MAINS (in lineal feet)**

Size	Type	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	TOTAL
COLLECTING MAINS													
4"	PVC												0
	DIP												0
	VCP												0
6"	PVC												0
	DIP												0
	VCP												0
8"	PVC	2660										1080	3740
	DIP	397										18	415
	VCP												0
10"	PVC												0
	DIP												0
	VCP												0
12"	PVC												0
	DIP												0
	VCP												0
15"	PVC												0
	DIP												0
	VCP												0
18"	PVC												0
	DIP												0
	VCP												0
FORCE MAINS													
2"	PVC												0
	DIP												0
	VCP												0
	A/C												0
4"	PVC	3920											3920
	DIP												0
	VCP												0
	A/C												0
6"	PVC												0
	DIP												0
	VCP												0
	A/C												0
8"	PVC	3320											3320

4155

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	

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	0.831	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. t	162.510	113.181	148.782	119.025	211.966	1.78	

Note (1) - Estimate of DeeAnn Water Use

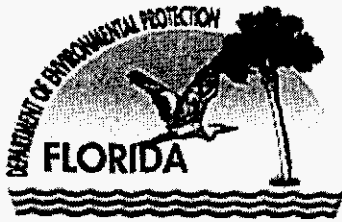
4,916,000	Residential gallons billed
119.00	Average residential bills
41,310.92	Average gallons per resident
70	DeeAnn unit count
2,891,765	Estimated DeeAnn annual water gallons

LAKE PLACID UTILITIES, INC.

DOCKET NO.: 090531-WS

RESPONSE TO REQUEST NO. 6

INSPECTION REPORTS



Florida Department of
Environmental Protection

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

Richard Bittub
March 8, 2007
REV. 4/2/07 Charlie Crist
Governor
Jeff Kotkamp
Lt. Governor
Michael W. Sole
Secretary

February 14, 2007

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

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

Dear Mr. Flynn:

March 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 March 8, 2007 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 Raymond.Kenney@dep.state.fl.us. Please include the system name and PWS I.D. number with all correspondence.

Sincerely,

Raymond W. Kenney
Raymond W. Kenney
Engineering Specialist II

RWK
cc: Michael Dunn
Darryl 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 Placid	County:	Highlands PWS: 6280273
Address:	2163 US 27 South, Lake Placid FL 33870 (Behind the Ramada Inn)	Contact:	Otto Krucker
Owner Name:	Lake Placid Utilities	Phone:	(863) 465-6911
Owner Address:	200 Weathersfield Avenue Altamonte Springs, Fl 32714	Contact:	Patrick Flynn, Regional Director
		Phone:	(407) 869-1919

This Inspection Date:	Feb 13, 2007	Last C.I. Date:	Apr 14, 2005
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: 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)

DESIGN CAPACITY 0.288 MGD
STORAGE CAPACITY 0.005 MG

CHLORINATION

Chlorinator Type: Hypo
Cl₂ Residual:
Plant: 1.9 mg/l Free
Remote: 1.8 mg/l Free
Location: Blowoff at 245 Golfview Dr

PRESSURE

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

PWS: 6280273
Date: 02/13/07

AERATION No

OTHER TREATMENT PROCESSES: None

OTHER

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

(G) Ground (C) Cleanwell (E) Elevated
(B) Bladder (H) Hydropneumatic/flow-through

Tank type	H			
Capacity gal	5,000			
Gravity drain	Y			
By-pass piping	Y			
Pressure gauge	Y			
On/Off pressure	40-60			
Sight glass	Y			
Fittings for sight glass	Y			
Air release valve	Y			
Pressure relief valve	Y			
Access padlocked	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 any (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.

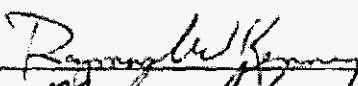

3. Rule 62-555.320(14)(f) F.A.C. also requires that if the site where the standby-powered water system components are in operation is not staffed during all hours the standby-powered water system components are in operation, the alarm must be telemetered to a place staffed during all hours the standby-powered 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

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

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@uiwater.com

March 5, 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:

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 slhaws@uiwater.com.

Sincerely,

LAKE PLACID UTILITIES, INC.


Scotty L. Haws
Regional Compliance Manager

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

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:

- 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 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.

- 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 slhaws@uiwater.com.

Sincerely,

LAKE PLACID UTILITIES, INC.

Scotty L. Haws
Regional Compliance Manager

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



Florida Department of Environmental Protection

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

MICC
cc: Scott
Charlie Crist
Governor
Jeff Kottkamp
Lt. Governor
Michael W. Sole
Secretary

April 15, 2008

RECEIVED
APR 17 2008

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

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

*Reference was made to
ERP not being on site
but yet no deficiencies
were found. Ⓟ*

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,


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

This Inspection Date:	April 11, 2008	Last C.I. Date:	Apr 14, 2005
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: **Satiffing 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:	Hypo
Cl ₂ 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

PWS: 6280273
Date: 04/15/8

AERATION No

OTHER TREATMENT PROCESSES: None

OTHER

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

(G) Ground (C) Clearwell (E) Elevated
(B) Bladder (H) Hydropneumatic/flow-through

Tank type	H			
Capacity gal	5,000			
Gravity drain	Y			
By-pass piping	Y			
Pressure gauge	Y			
On/Off pressure	40-60			
Sight glass	Y			
Fittings for sight glass	Y			
Air release valve	Y			
Pressure relief valve	Y			
Access padlocked	Y			



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 onsite at all times.

RECOMMENDATIONS: None

Inspector: Celeste Rodgers  Engineering Specialist III Date 4/15/2008
 Approved By: James Oni  P.E. Supervisor III Date 4/15/2008



Florida Department of
Environmental
Protection

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

151194 BY 8/26/08

11/11/08
Scotty H.V.

Charlie Crist
Governor

Jill Koslkamp
Lt. Governor

Michael W. Sole
Secretary

August 11, 2008

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

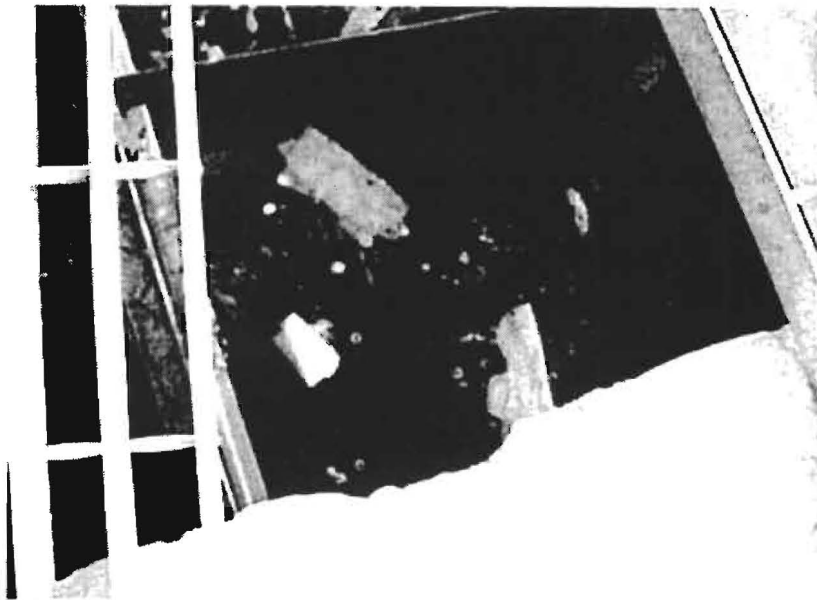
RE: Highlands County-DWF
Lake Placid Utilities
FLA014386

RECEIVED
AUG 13 2008

Dear Mr. Flynn:

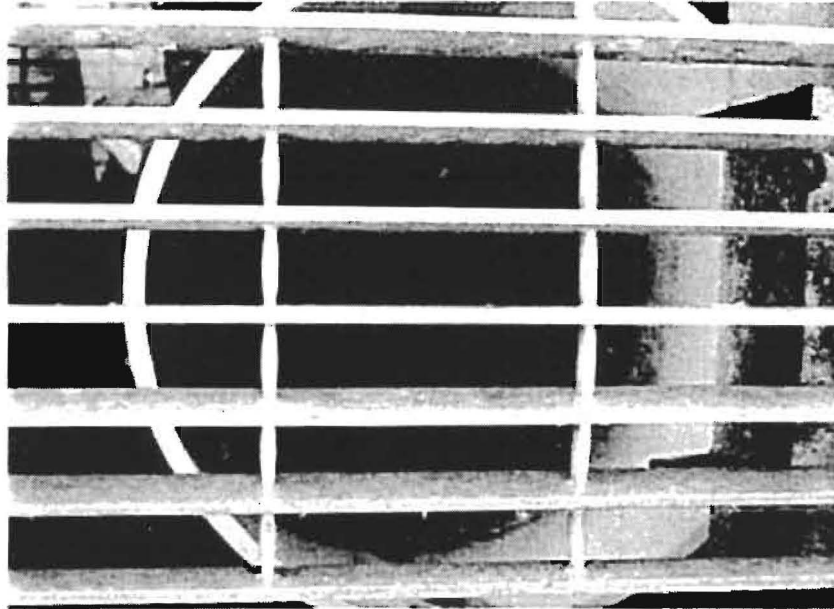
A file review and a field inspection of the above referenced WWTP on July 30, 2008 indicate that you may be in violation of Chapter 403, Florida Statutes and the rules promulgated thereunder. Department personnel observed the following:

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 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.



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,


Keith Kleinmann
Environmental Manager

DWF/PJR/jl

CC: Allen Slater, FRWA



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)}.

Utilities, Inc. company Lake Placid Utilities, Inc.

200 Weathersfield Ave. Altamonte Springs, FL 32714-4027 P.407-869-1919 F.407-869-6961 www.uwater.com

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 five-year 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 slhaws@ulwater.com.

Sincerely,

LAKE PLACID UTILITIES, INC.


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

MLO -
SH -
Sullivan

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

June 29, 2009

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

RECEIVED
JUL 1 2009

Re: Highlands County - PW
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 this letter.

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

Sincerely,

Mark Charneski

Mark Charneski
Environmental Supervisor II

MAC/rjs
Enclosures

cc: Mr. Mike Wilson
Mr. Danny Holmes

SANITARY SURVEY REPORT

SURVEY SYSTEM OWNER OPERATOR

Water system: SUN-N-LAKES OF LAKE PLACID System PWS #: 6280273 Date of survey: 7-9-09
 Inspector name: Ryan Schwarz Person(s) contacted: Scott Stewart
 System type: C Population: 378 Connections: 166 Design capacity: 288,000 Storage capacity: 5,000
 System address: 2153 US 27 South City Lake Placid State FL Zip 33870
 System phone: 407-869-1919 Cell: _____
 Fax number: _____ Email: _____
 Owner name: Utilities Inc. Owner title: _____
 Owner address: 200 Weathersfield Avenue City: Altamonte springs State FL Zip 32714
 Owner phone: _____ Cell: _____
 Fax number: _____ Email: _____
 Operator required? Yes No (If "No", Operator sections not applicable) Operator class & cert. number: 7790-C
 Operator name: Otto Krucker Phone: _____
 Fax number: _____ Email: _____

WELL INFORMATION	WELL ID	WELL ID
Well Name and/or FL Unique Well ID	ANN0348	ANN0349
Well head sealed? (Pack/conduit/openings)	Y	Y
Well casing 12" above grade?	Y	Y
Casing vent compliant? (installed, screened)	Y	Y
Check valve compliant (installed/no leak)?	Y	Y
Tap Compliant? (Smooth/2" high/check)	Y	Y
Flow measurable? (if applicable GPM@ps)	Y	Y
Flow meter accuracy checked?	Y	Y
Well capacity > maximum day?	Y	Y
Setbacks compliant? (hazard type and distance)	Y	Y
Name of plant & type of chlorination	Hypo	/ /
O & M log compliant?	Y	
O & M manual compliant?	Y	
Cl storage compliant? (no organs/addition)	Y	
Chlorinator flow proportionate?	Y	
Treated sample tap provided?	Y	
Cl solution strength?	10.5%	
Solution tank compliant? (covered/etc)	Y	
Antisiphon protection compliant?	Y	
Safety: (Gloves/Apron/Eye safety)	Y	
Cl room compliant? (separate/ventilation)		
Scales compliant? (installed/functional)		
Safety: (SCBA/Gloves/Apron)		
Choose type: "X" box below if not compliant <input type="checkbox"/> Screen <input type="checkbox"/> Tray <input type="checkbox"/> Lid <input type="checkbox"/> Bypass <input type="checkbox"/> Drain <input type="checkbox"/> Algae Free <input type="checkbox"/> Compliant		
Flushing of dead ends compliant?		Y
Valve maintenance compliant?		Y
Distribution PSI compliant? (>2PS)		Y
Chlorine residual above minimum?		Y

STORAGE FACILITIES	COMPLIANT
Storage type used: <input checked="" type="checkbox"/> Hydro <input type="checkbox"/> Ground <input type="checkbox"/> Elevated <input type="checkbox"/> Bladder <input type="checkbox"/> N/A	
Inspections compliant? (annual/5yr)	Y
Washouts compliant? (every 5 yrs)	Y
Storage capacity compliant? (1% max)	Y
HYDRO APPURTENANCES: "X" box below if not compliant <input type="checkbox"/> PRV <input type="checkbox"/> Gauge <input type="checkbox"/> Sight glass <input type="checkbox"/> Bypass <input type="checkbox"/> Drain <input checked="" type="checkbox"/> Compliant	
GROUND/ELEVATED APPURTENANCES: "X" box below if not compliant <input type="checkbox"/> Hatch <input type="checkbox"/> Vent <input type="checkbox"/> Overflow <input type="checkbox"/> Drain <input type="checkbox"/> Bypass <input type="checkbox"/> Compliant	
Manual or automatic controls?	Auto
On/Off pressure of pumps?	40/60
High Service Pumps functional?	
HSP capacity compliant?	
Chlorine test kit compliant?	Y
Chlorine grab sampling compliant?	Y
Bacti sampling compliant?	Y
Chemical sampling compliant?	Y
Lead/copper sampling compliant? (c,n)	Y
DBP monitoring compliant? (c,n)	Y
MONITORING PLANS: "X" box below if not compliant <input type="checkbox"/> Bacteriological <input type="checkbox"/> Disinfection By-Products (c,n) <input type="checkbox"/> Lead & Copper (c,n)	
NSF: "X" box below if not compliant <input type="checkbox"/> Treatment Chemicals/Components <input type="checkbox"/> Storage <input type="checkbox"/> Pipe <input type="checkbox"/> New Meters	
CCC / Plan (C) implemented?	Y
Record keeping compliant?	Y
Security measures compliant?	Y
Plant category and type?	S/D
Operator visits compliant?	Y
Plant checked 5 days/week? (am/empt)	Y
MORs submittal compliant?	Y

FIELD SAMPLING RESULTS: Plant Cl (mg/L) / pH / Distribution Cl (mg/L) / pH / 0.3 mg/L
 TECHNICAL ASSISTANCE PROVIDERS (TAP) RECOMMENDED? Yes (see enclosed TAP information) No TAP recommended at this time

COMMENTS:



DEFICIENCIES

None.

REMARKS AND RECOMMENDATIONS

None.

SYSTEM SCHEMATIC

W1-RWST-CV-HCL (17) -HT (5000) -WM (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/or graphics)

Red circle indicated location of WTP





DIGITAL PHOTOS



Well 1



Chlorine room

Inspector Signature *Mr. Frank* Date: July 23, 2009

Reviewer's Signature *Mark Charnick* Date: July 23, 2009

LAKE PLACID UTILITIES, INC.

DOCKET NO.: 090531-WS

RESPONSE TO REQUEST NO. 7

CUSTOMER COMPLAINTS

2
0
0
7

C
U
S
T
O
M
E
R

C
O
M
P
L
A
I
N
T
S

LAKE PLACID
Customer Complaints and Resolutions 01/2007 to 12/2007

SERVICE ORDER# :. 155790
ACCOUNT# :. 006410010772
CUSTOMER NAME :. Lake Placid Hotels LLC
SERVICE ADDRESS:. 2165 S US Hwy 27
EDATE :. 03/27/07
TYPE :. 27
COMMENT :. 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 ORDER# :. 191261
ACCOUNT# :. 006410010772
CUSTOMER NAME :. Lake Placid Hotels LLC
SERVICE ADDRESS:. 2165 S US HWY 27
EDATE :. 07/05/07
TYPE :. 28
COMMENT :. Customer called to report low water pressure at the Ramada Inn. Dispatched call to Pugh Utilities.
RESOLUTION :. Tech Danny responded. Used the water pressure as registered, per Lake Placid.
RDATE :. 07/05/07

SERVICE ORDER# :. 237513
ACCOUNT# :. 006410010032
CUSTOMER NAME :. Orrell, David J.
SERVICE ADDRESS:. 175 Fairway Dr.
EDATE :. 11/08/07
TYPE :. 28
COMMENT :. Customer called due to low pressure throughout the home.
. Paged to Otto.
RESOLUTION :. Checked and everything was fine, per Clay. Spoke with customer. .
. CS/IC
RDATE :. 11/08/07

SERVICE ORDER# :. 169180
ACCOUNT# :. 006410011393
CUSTOMER NAME :. Mancinelli, Donna
SERVICE ADDRESS:. 105 Fairway Dr.
EDATE :. 05/04/07
TYPE :. 29
COMMENT :. Customer spoke to manager in area about discolored water. Per Operation Manager, please flush lines in the area and establish residual.
. Paged to Otto.

LAKE PLACID
Customer Complaints and Resolutions 01/2007 to 12/2007

RESOLUTION :. N/A PER Field Tech Otto from Pugh Utilities. Completed service order.
 . OTTO/CS/RB
RDATE :. 05/04/07

SERVICE ORDER# :. 240019
ACCOUNT# :. 006410011582
CUSTOMER NAME :. Baggett, Troy
SERVICE ADDRESS:.. 106 Country Club Dr.
EDATE :. 11/15/07
TYPE :. 29
COMMENT :. Customer called due to discolored water (yellow color).
 . Paged to Otto with Pugh Utilities.
RESOLUTION :. Flushed lines and checked chlorine residual afterward.
 . IC
RDATE :. 11/15/07

SERVICE ORDER# :. 134015
ACCOUNT# :. 006410011330
CUSTOMER NAME :. Conner, Elsie M.
SERVICE ADDRESS:.. 142 Fairway Dr.
EDATE :. 01/22/07
TYPE :. 32
COMMENT :. Customer complaint about bad odor in the water.
 . Check it out and speak with customer.
 . Paged to Otto with Pugh Utilities.
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
RDATE :. 01/22/07

SERVICE ORDER# :. 158164
ACCOUNT# :. 006410011393
CUSTOMER NAME :. Mancinnelli, Donna

LAKE PLACID
Customer Complaints and Resolutions 01/2007 to 12/2007

SERVICE ADDRESS:.. 105 Fairway Dr.
EDATE :.. 04/04/07
TYPE :.. 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
RDATE :.. 04/04/07

SERVICE ORDER# :.. 176045
ACCOUNT# :.. 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.
RESOLUTION :.. 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
RDATE :.. 05/29/07

SERVICE ORDER# :.. 183042
ACCOUNT# :.. 006410011393
CUSTOMER NAME :.. Mancinelli, Donna
SERVICE ADDRESS:.. 105 FAIRWAY DR.
EDATE :.. 06/13/07
TYPE :.. 32
COMMENT :.. 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

SERVICE ORDER# :.. 229291
ACCOUNT# :.. 006410010773
CUSTOMER NAME :.. Lake Placid Hospitality Corp.
SERVICE ADDRESS:.. 2165 S US HWY 27
EDATE :.. 10/17/07

LAKE PLACID
Customer Complaints and Resolutions 01/2007 to 12/2007

TYPE :. 36
COMMENT :. Sewer back up at this location per hotel staff.
. Dispatched call to Otto (Pugh Utilities)
RESOLUTION :. Sewer lateral on customer's side.
. CS/IC
RDATE :. 10/17/07

SERVICE ORDER# :. 140236
ACCOUNT# :. 006410011392
CUSTOMER NAME :. McClarty, O. E.
SERVICE ADDRESS:.. 105 Fairway Dr.
EDATE :. 02/08/07
TYPE :. 39
COMMENT :. Customer called. L/S alarm is going off.
. Paged to Otto
RESOLUTION :. Per the Field Tech, Pugh Utilities completed this service
order.
. CS/RB
RDATE :. 02/08/07

SERVICE ORDER# :. 233754
ACCOUNT# :. 006410010232
CUSTOMER NAME :. LaFountain, Gary H.
SERVICE ADDRESS:.. 149 Fairway Dr.
EDATE :. 10/29/07
TYPE :. 43
COMMENT :. Customer called answering service on 10/27/07 and reported no
water.
. Please resolve.
RESOLUTION :. Valve was off.
. CS/IC
RDATE :. 10/30/07

**2
0
0
8**

**C
U
S
T
O
M
E
R**

**C
O
M
P
L
A
I
N
T
S**

LAKE PLACID
Customer Complaints and Resolutions 01/2008 to 04/2008

SERVICE ORDER# :. 270305
ACCOUNT# :. 006410012030
CUSTOMER NAME :. Jones, Carl E.
SERVICE ADDRESS:.. 245 Golfpoint Dr.
EDATE :. 02/21/08
TYPE :. 26
COMMENT :. 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 :. Leak on customer's side. Repaired by Otto.
. OK/IC
RDATE :. 02/21/08

SERVICE ORDER# :. 293432
ACCOUNT# :. 006410010591
CUSTOMER NAME :. Lakeshore Tower II,
SERVICE ADDRESS:.. 121 County Club Dr.
EDATE :. 05/05/08
TYPE :. 28
COMMENT :. Customer called answering service on 5-3-8 and reported having low water pressure. Please resolve.
RESOLUTION :. Pugh Utilities responded to water break.
. CS/IC
RDATE :. 05/07/08

SERVICE ORDER# :. 298829
ACCOUNT# :. 006410011783
CUSTOMER NAME :. Crowder, Lorraine
SERVICE ADDRESS:.. 228 County Club Dr.
EDATE :. 05/21/08
TYPE :. 32
COMMENT :. Water has bad odor, taste and pressure. Tag with results.
RESOLUTION :. Customer's house valve problem solved.
RDATE :. 05/21/08

SERVICE ORDER# :. 260674
ACCOUNT# :. 006410011461
CUSTOMER NAME :. Faessel, Robert P.
SERVICE ADDRESS:.. 151 Fairway Dr.
EDATE :. 01/21/08
TYPE :. 43
COMMENT :. Customers on Fairway and Country Club called answering service on 1-19-08 and reported having a water outage. Please resolve.
RESOLUTION :. 01/21/08 FAXED
. 02/04/08 FAXED
. 02/05/08 FAXED
. Pugh Utilities responded.
. JS
RDATE :. 02/06/08

SERVICE ORDER# :. 274597
ACCOUNT# :. 006410010591
CUSTOMER NAME :. Lakeshore Tower II

LAKE PLACID
Customer Complaints and Resolutions 01/2008 to 04/2008

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

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

Sub Division : 223 MR Route: F60 FA ID : 0312610854
 Account # : 0312610000 Customer Name: Grill, Donald Phone #: (863) 699-6462
 Address : 120 Fairway Drive CSR: Jacqueline Sillitoe Operator: Scott Stewart
 Entry Date : 7/2/2008 10:43:42 AM SO Type: M-SIO Request Type: Lift Station Problems
 Instructions : Customer says alarm on lift station is going off. JMS 07/02/08 Dispatched to Rob B.
 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

Sub Division : 223 MR Route: F60 FA ID: 1882610770
 Account # : 1882610000 Customer Name: Broyles, M. Kay Phone #: (423) 388-9011
 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
 Resolution : Reread meter.

Sub Division : 223 MR Route: F60 FA ID: 2022610502
 Account # : 2022610000 Customer Name: Loyal Order of Moose Phone #: (863) 465-0131
 Address : 2137 S US Highway 27 CSR: Isabel Ceballos 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 SO Type: Meter reread
 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.

**Lake Placid
Customer Complaints and Resolutions 05/01/2008 to 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 bill.
 Due Date : 9/17/2008 1:12:00 PM Resolution Date: 9/17/2008 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 check for leaks, usage is high. No one is living there at the time.
 10/07/2008
 Due Date : 10/8/2008 1:40:00PM Resolution Date: 10/8/2008 12:00:00 AM FA Status : Completed
 Resolution : No Leaks found. Spoke to 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 Meter
 Instructions : Please re-read for billing. Should show 0 usage.
 Due Date : 11/11/2008 6:00:00PM Resolution Date:11/11/2008 12:00:00 AM FA Status: Completed
 Resolution :

Sub Division : 223 MR Route: F60 FA ID: 3162610044
 Account # : 3162610000 Customer Name: Craighead, Sherman Phone #: (540) 297-5698
 Address : 216 County Club Drive CSR: Ferrie Trovinger Operator:
 Entry Date : 12/29/2008 1:51:49 PM SO Type: M-SIO Request Type: General Investigation
 Instructions : After re-read, detected no leaks. Customer requested a meter test. Please call customer to set up.
 Due Date : 12/30/2008 12:00:00 AM Resolution Date :1/26/2009 12:00:00 AM FA Status: Completed
 Resolution : Scott Steward contacted Mr. Craighead 1/26/09 and the customer is monitoring his meter every 4-5 days. So far he is happy with what he has found and will continue to keep an eye on it. Scott Steward provided customer with his cell # if he desires a test in the future.

Sub Division : 223 MR Route: F60 FA ID: 3162610143
 Account # : 3162610000 Customer Name: Craighead, Sherman Phone #: (540) 297-5698
 Address : 216 County Club Drive CSR: Isabel Ceballos Operator: Scott Stewart

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

Entry Date : 12/10/2008 10:17:45 AM SO Type: High Bill

Instructions : Reread meter and check for leaks. Customer says there's no one living there. Tag door w/findings.

Due Date : 12/11/2008 6:00:00PM Resolution Date: 12/11/2008 12:00:00 AM FA Status: Completed

Resolution : Read 268620. Spoke to customer; 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 Bill

Instructions : Re-read meter due to high bill.

Due Date : 8/18/2008 11:15:00 AM Resolution Date : 8/18/2008 12:00:00AM FA Status: Completed

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 and there's usage on meter. Re-read and check for leaks. Turn meter off and lock if it's not.

Due Date : 8/12/2008 7:15:00 AM Resolution Date: 8/12/2008 12:00:00 AM FA Status: Completed

Resolution : No leaks. Estimated usage is too 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 Request Type: General Investigation

Instructions : MR ID: 428167329865

Due Date : 9/2/2008 8:00:36 PM Resolution Date: 9/2/2008 12:00:00 AM FA Status : Completed

Resolution : Per customer, someone opened the faucet on the back side of the house. Left it running. Payment arrangement given to customer.

Sub Division : 223 MR Rout : F60 FA I : 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 check for leaks, last read not in line.

Due Date : 11/5/2008 6:00:00 PM Resolution Date: 11/5/2008 12:00:00 AM FA Status: Completed

Resolution : Read on 11/1 was 247000. The read was mis-keyed when entered into the system.

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

Sub Division : 223 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
Instructions : Reread meter. Estimated last two months and customer says no one home.
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
Instructions : Customer stated his meter should be off and locked. Customer was billed for 174 gallons of water. Reread meter and make sure meter is locked.
Due Date : 8/15/2008 12:00:00 AM Resolution Date: 8/15/2008 12:00:00AM 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 performed repairs. Pressure remained at 40 psi.

Sub Division : 223 MR Route: F60 FA ID: 7541610866
Account # : 7541610000 Customer Name: Sac, Jacqueline Phone #: (863) 465-1634
Address : 161 Fairway Drive CSR: Leanne Loeffel Operator:
Entry Date : 9/15/2008 8:43:05 AM SO Type : High bill
Instructions : Please re-read due to high bill.
Due Date : 9/16/2008 8:43:00AM Resolution Date: 9/16/2008 12:00:00 AM FA Status: Completed
Resolution : Reread meter. No leaks. Clay

Sub Division : 223 MR Rout : F60 FA I : 8462610278
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

**2
0
0
9**

**C
U
S
T
O
M
E
R**

**C
O
M
P
L
A
I
N
T
S**

**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 meter.
 Instructions : Turn on after noon. Customer was turned off in error.
 Due Date : 6/24/2009 12:00:00 AM 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 reread
 Instructions : Reread meter
 Due Date : 6/9/2009 6:00:00PM 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 reread
 Instructions : Read meter. Last billing was with estimated meter read.
 Due Date : 9/4/2009 6:00:00PM 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 Request Type: High or Low Pressure in the Water
 Instructions : Customer complaint of low pressure. Check out and tag door. Paged to Scott S.
 Due Date : 8/17/2009 6:00:00PM Resolution 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. Called Danny Holmes.

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

Due Date : 3/6/2009 6:00:00 PM Resolution Date: 3/6/2009 12:00:00 AM FA Status: Completed

Resolution : Broken sprinkler head. Not UI problem. Neighbor and customer are aware. Danny

Sub Division : 223 MR Route : F60 FA ID : 7451610596
Account # : 7451610000 Customer Name: Lakeshore Tower I Phone #: (863) 465-1475
Address : 117 County Club Drive CSR: Lyn Paulk Operator:
Entry Date : 1/30/2009 2:48:35 PM SO Type: M-SIO Request Type: General Investigation
Instructions : Customer called and thinks we are not reading the meter. Show customer how to read meter.
Due Date : 2/2/2009 6:00:00 PM Resolution Date: 2/2/2009 12:00:00 AM FA Status: Completed
Resolution : Spoke to customer and showed customer how to read the meter. CS 2-2-09

Sub Division : 223 MR Route: F60 FA I : 9761610966
Account # : 6477862676 Customer Name: Grove, Chet Phone #: (717) 525-0864
Address : 173 Fairway Drive CSR: Leanne Loeffel Operator:
Entry Date : 7/27/2009 1:25:47PM SO Type: Hi Bill
Instructions : Please read and check for leaks, customers are not in residence but meter shows usage. Thanks *Leanne
Due Date : 7/28/2009 6:00:00PM Resolution Date: FA Status: Completed
Resolution :

Sub Division : 223 MR Rout : F60 FA I : 9761610966
Account # : 9761610000 Customer Name: Natorski, Theodore Phone #: (860) 774-3876
Address : 173 FAIRWAY DR CSR: Leanne Loeffel Operator:
Entry Date : 7/27/2009 1:25:47PM SO Type: Hi Bill
Instructions : Please read and check for leaks, customers are not in residence but meter shows usage. Thanks *Leanne
Due Date : 7/28/2009 6:00:00PM Resolution Date: FA Status: Completed
Resolution :

Sub Division : 223 MR Route: F60 FA ID: 9980610112
Account # : 9980610000 Customer Name: Orrell, David J. Phone #: (863) 465-6542
Address : 175 FAIRWAY DR CSR: Jacqueline Sillitoe Operator:
Entry Date : 4/21/2009 7:05:21AM SO Type: M-SIO Request Type: High or Low Pressure in the Water
Instructions : Customer stated water pressure too high. JMC 04/21 Dispatched to Field
Due Date : 4/21/2009 12:00:00 AM Resolution Date : 4/21/2009 12:00:00 AM FA Status: Completed
Resolution :

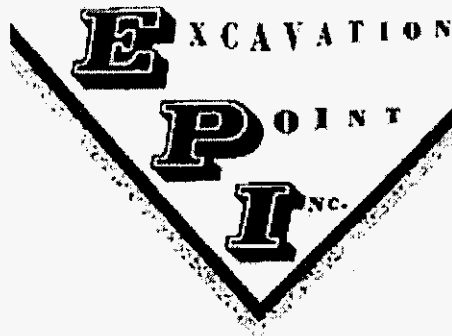
LAKE PLACID UTILITIES, INC.

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



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****Gravity Sewer**

1080' - 8" SDR35 @ \$38.72	\$41,818.00
18' - 8" DIP @ \$67.67	\$ 1,218.00
7 - Manholes @ \$2240.00	\$15,680.00
48 - Service Connections @ \$561.10	<u>\$26,933.00</u>
	\$85,649.00

Lift Station

1 @ \$43,983.00	\$43,983.00
-----------------	-------------

Force Main

992' - 4" C900 @ \$8.55	<u>\$ 8,482.00</u>
	\$52,465.00

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	<u>\$ 7,084.00</u>
	\$ 41,882.00

Offsite

2520' - 6" C900 @ \$32.51	\$ 81,928.00
---------------------------	--------------

Respectfully,

Tal Rancourt
 President

For Superior Service & Quality Performance
 Get To The Point!

LAKE PLACID UTILITIES, INC.

DOCKET NO.: 090531-WS

RESPONSE TO REQUEST NO. 9



UNITRON CONTROLS

A DIVISION OF BARNEY'S PUMPS INC.

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 \$1,700.00

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

MICHAEL A. WILSON

Print

REG. MOR. UTILITIES, INC.



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
florida@ujwater.com

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
 A Division of Utility Supply of America, Inc.
 PO Box 9004
 Granite, IL 60031-9004
 Toll Free: 1-800-548-1234
 Fax: (847) 669-2030

NO. 2802A7

Page 1

02/04/10

Ship-to: 36
 UTILITIES INCORPORATED OF FL

14668 AERIES WAY OR
 FORT MYERS, FL 33912
 USA

Bill-to: UC600
 UTILITIES INCORPORATED OF
 FLORIDA
 2335 SANGERS RD
 NORTHBROOK, IL 60062
 USA

REFERENCE #	EXPIRES	LSLSP	TERMS	UNH	FREIGHT	SHIP VIA
2-4-10	103/06/10	1SWH	1/8/10 NET 30	101	FND/PDD/AST	

QUOTED BY: SWH QUOTED TO: SCOTT STEWART

ITEM	DESCRIPTION	QUANTITY	UM	PRICE	UM	EXTENSION
48526	Sutorbilt 5M Blower (Horizontal Model)	1	EA	2285.31	EA	2285.31
11850	15HP, 1760RPM, TEFC, FR154T (3PH, 230/460V, BALDOR)	1	EA	975.95	EA	975.95
1850T	Motor Base for 254T Frame	1	EA	74.95	EA	74.95
10850	Standard Housing For 4"NPT Paper Filter Element	1	EA	169.95	EA	169.95
62515	17-B-12.4 X SK V-Belt Snave, 12.75" O.D.	1	EA	94.50	EA	94.50
62506	1SK X 1-1/8" 100 Tapered Bushing	1	EA	25.95	EA	25.95
62510	12-B-7.4 X SK V-Belt Snave, 7.75" O.D.	1	EA	66.95	EA	66.95
62504	1SK X 1-5/8" 100 Tapered Bushing	1	EA	25.95	EA	25.95
20822	1BX6 Premium Raw Edge, V-Belt Notched	2	EA	21.25	EA	42.50
	NOTE: WHILE THE OUTSIDE DIAMETERS OF THE ABOVE PULLEYS ARE SLIGHTLY LARGER, 12.75" AND 7.75", THE PITCH, OR WHERE THE BELT RIDES, ARE 12" AND 7", SO THE BLOWER SPEED WOULD REMAIN THE SAME.					
	ESTIMATED DELIVERY TIME 2-3 WEEKS					
00	Ship Complete	1	EA	.00	EA	.00

Any quoted item(s) without a 5 digit stock # is not normally stocked by USA BlueBook and is not normally returnable for credit UNLESS it is determined to be defective and covered under the vendor's warranty. With this in mind, please carefully review this quote BEFORE ordering.

CONTINUED

QUOTATION
 USA BLUEBOOK
 A Division of Utility Supply of America, Inc.
 PO Box 9004
 Gurnee, IL 60031-9004
 Toll free: 1-800-548-1234
 Fax: (847) 689-3030

NO. 187247

Page 2

02/04/10

Ship-to: 36
 UTILITIES INCORPORATED OF FL

14668 AERIES WAY DR
 FORT MYERS, FL 33912
 USA

Bill-to: 30630
 UTILITIES INCORPORATED OF
 FLORIDA

2335 SANDERS RD
 NORTHBROOK, IL 60062
 USA

REFERENCE #	EXPIRES	LSLT	TERMS	UN	FREIGHT	SHIP VIA
2-4-10	103/06/10	LSWH	110/10 NET 30	101	FXD/PPD:AST	

QUOTED BY: SMH QUOTED TO: SCOTT STEWART

ITEM	DESCRIPTION	QUANTITY	UNIT	PRICE	UNIT	EXTENSION
------	-------------	----------	------	-------	------	-----------

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 847-689-3030. We will process your order promptly and fax a confirmation so you know we have it. If you prefer to call your order in or have additional questions or concerns, you may contact our Customer Service Department @ 800-548-1234. Please note any changes to the quantities or shipping address. Thanks for choosing USABlueBook.

Handwritten Signature

Authorization Signature

PO Number (if required)

MERCHANDISE	MISC	TAX	FREIGHT	TOTAL
3764.01	.00	.00	303.00	4067.01

USE THIS QUOTE # ON PO's!