

HC Waterworks, Inc.
Docket No. 140158-WS
Volume II

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HC Waterworks, Inc.

Docket No. 140158-WS

Chemicals

HC Waterworks, Inc.
Docket No. 140158-WS

System Name	Actual Location	Chemical	Feed Rate	Cost	Gallons/Units	Cost per gallon/unit	Date
Lake Josephine	WTP	Sodium Hypochlorite	.015 gpm	\$ 1,171.65	876	\$ 1.34	7/17/2013
		Sodium Hypochlorite	.015 gpm	\$ 1,140.89	853	\$ 1.34	8/8/2013
		Sodium Hypochlorite	.015 gpm	\$ 774.41	579	\$ 1.34	8/27/2013
		Sodium Hypochlorite	.015 gpm	\$ 597.75	555	\$ 1.08	9/10/2013
		Sodium Hypochlorite	.015 gpm	\$ 698.55	651	\$ 1.07	9/26/2013
		Sodium Hypochlorite	.015 gpm	\$ 657.60	612	\$ 1.07	10/15/2013
		Sodium Hypochlorite	.015 gpm	\$ 892.80	836	\$ 1.07	11/5/2013
		Sodium Hypochlorite	.015 gpm	\$ 705.90	658	\$ 1.07	11/21/2013
		Sodium Hypochlorite	.015 gpm	\$ 615.90	572	\$ 1.08	12/10/2013
		Sodium Hypochlorite	.015 gpm	\$ 489.60	452	\$ 1.08	12/24/2013
		Sodium Hypochlorite	.015 gpm	\$ 750.00	700	\$ 1.07	1/16/2014
		Sodium Hypochlorite	.015 gpm	\$ 850.80	796	\$ 1.07	2/4/2014
		Sodium Hypochlorite	.015 gpm	\$ 869.70	814	\$ 1.07	3/4/2014
		Sodium Hypochlorite	.015 gpm	\$ 696.45	649	\$ 1.07	3/25/2014
		Sodium Hypochlorite	.015 gpm	\$ 831.90	778	\$ 1.07	4/15/2014
		Sodium Hypochlorite	.015 gpm	\$ 537.90	498	\$ 1.08	4/29/2014
		Sodium Hypochlorite	.015 gpm	\$ 444.45	409	\$ 1.09	6/10/2014
		Sodium Hypochlorite	.015 gpm	\$ 952.65	893	\$ 1.07	5/28/2014

Leisure Lakes	WTP	Sodium Hypochlorite	.014 gpm	\$	274.19	205	\$	1.34	7/17/2013
		Sodium Hypochlorite	.014 gpm	\$	347.75	260	\$	1.34	8/8/2013
		Sodium Hypochlorite	.014 gpm	\$	335.71	251	\$	1.34	8/27/2013
		Sodium Hypochlorite	.014 gpm	\$	286.95	259	\$	1.11	9/10/2013
		Sodium Hypochlorite	.014 gpm	\$	231.30	206	\$	1.12	9/26/2013
		Sodium Hypochlorite	.014 gpm	\$	202.80	186	\$	1.09	10/15/2013
		Sodium Hypochlorite	.014 gpm	\$	208.05	191	\$	1.09	11/5/2013
		Sodium Hypochlorite	.014 gpm	\$	213.30	196	\$	1.09	11/21/2013
		Sodium Hypochlorite	.014 gpm	\$	261.60	242	\$	1.08	12/10/2013
		Sodium Hypochlorite	.014 gpm	\$	230.10	212	\$	1.09	12/24/2013
		Sodium Hypochlorite	.014 gpm	\$	265.65	253	\$	1.05	1/14/2014
		Sodium Hypochlorite	.014 gpm	\$	379.05	361	\$	1.05	2/18/2014
		Sodium Hypochlorite	.014 gpm	\$	363.05	341	\$	1.06	2/4/2014
		Sodium Hypochlorite	.014 gpm	\$	234.95	219	\$	1.07	3/4/2014
		Sodium Hypochlorite	.014 gpm	\$	221.70	204	\$	1.09	3/25/2014
		Sodium Hypochlorite	.014 gpm	\$	273.29	255	\$	1.07	4/15/2014
		Sodium Hypochlorite	.014 gpm	\$	217.10	202	\$	1.07	4/29/2014
		Sodium Hypochlorite	.014 gpm	\$	185.60	172	\$	1.08	6/10/2014
		Sodium Hypochlorite	.014 gpm	\$	366.75	335	\$	1.09	5/28/2014
Leisure Lakes	WTP	Ammonium Sulfate	.02 gpm	\$	94.05	30	\$	3.14	9/27/2013
		Ammonium Sulfate	.02 gpm	\$	94.05	30	\$	3.14	1/16/2014
		Ammonium Sulfate	.02 gpm	\$	48.95	15	\$	3.26	3/4/2014
		Ammonium Sulfate	.02 gpm	\$	43.09	13	\$	3.31	2/4/2014
		Ammonium Sulfate	.02 gpm	\$	59.57	19	\$	3.14	3/26/2014
		Ammonium Sulfate	.02 gpm	\$	28.98	8	\$	3.62	4/15/2014
		Ammonium Sulfate	.02 gpm	\$	19.65	5	\$	3.93	4/29/2014
		Ammonium Sulfate	.02 gpm	\$	54.81	17	\$	3.22	6/10/2014
		Trichloroisocyanuric	3 tabs/2 days	\$	145.00	1 - 50 lb pail	\$	2.90	6/3/2014

Sebring Lakes	WTP	Sodium Hypochlorite	.015 gpm	\$	604.55	452	\$	1.34	7/17/2013
	WTP	Sodium Hypochlorite	.015 gpm	\$	651.36	487	\$	1.34	8/8/2013
	WTP	Sodium Hypochlorite	.015 gpm	\$	520.05	481	\$	1.08	9/10/2013
	WTP	Sodium Hypochlorite	.015 gpm	\$	536.85	497	\$	1.08	9/26/2013
	WTP	Sodium Hypochlorite	.015 gpm	\$	443.40	408	\$	1.09	10/15/2013
	WTP	Sodium Hypochlorite	.015 gpm	\$	475.95	439	\$	1.08	11/5/2013
	WTP	Sodium Hypochlorite	.015 gpm	\$	366.75	335	\$	1.09	11/21/2013
	WTP	Sodium Hypochlorite	.015 gpm	\$	365.70	334	\$	1.09	12/10/2013
	WTP	Sodium Hypochlorite	.015 gpm	\$	316.35	287	\$	1.10	12/24/2013
	WTP	Sodium Hypochlorite	.015 gpm	\$	435.00	400	\$	1.09	1/16/2014
	WTP	Sodium Hypochlorite	.015 gpm	\$	250.20	224	\$	1.12	2/4/2014
	WTP	Sodium Hypochlorite	.015 gpm	\$	327.90	298	\$	1.10	3/4/2014
	WTP	Sodium Hypochlorite	.015 gpm	\$	439.20	404	\$	1.09	3/25/2014
	WTP	Sodium Hypochlorite	.015 gpm	\$	235.55	211	\$	1.12	4/15/2014
	WTP	Sodium Hypochlorite	.015 gpm	\$	250.20	224	\$	1.12	4/29/2014
	WTP	Sodium Hypochlorite	.015 gpm	\$	342.60	312	\$	1.10	5/28/2014
Leisure Lakes	WWTP	Chlorine Tablets		\$	149.80	1 - 50 lb pail	\$	3.00	7/17/2013
	WWTP	Sodium Hypochlorite	.003 gpm	\$	179.23	174	\$	1.03	7/25/2013
	WWTP	Sodium Hypochlorite	.003 gpm	\$	144.00	130	\$	1.11	10/15/2013
	WWTP	Trichloroisocyanuric	3 tabs/2 day	\$	145.00	1 - 50 lb pail	\$	2.90	10/17/2013
	WWTP	Sodium Hypochlorite	.003 gpm	\$	100.95	89	\$	1.13	11/5/2013
	WWTP	Sodium Hypochlorite	.003 gpm	\$	125.10	112	\$	1.12	11/21/2013
	WWTP	Sodium Hypochlorite	.003 gpm	\$	87.30	76	\$	1.15	12/10/2013
	WWTP	Sodium Hypochlorite	.003 gpm	\$	98.85	87	\$	1.14	12/24/2013
	WWTP	Sodium Hypochlorite	.003 gpm	\$	145.95	139	\$	1.05	1/14/2014
	WWTP	Sodium Hypochlorite	.003 gpm	\$	97.40	88	\$	1.11	3/4/2014
	WWTP	Trichloroisocyanuric	3 tabs/2 day	\$	135.00	1 - 50 lb pail	\$	2.70	2/4/2014
	WWTP	Trichloroisocyanuric	3 tabs/2 day	\$	135.00	1 - 50 lb pail	\$	2.70	3/25/2014
	WWTP	Sodium Hypochlorite	.003 gpm	\$	171.95	159	\$	1.08	3/25/2014
	WWTP	Sodium Hypochlorite	.003 gpm	\$	153.61	141	\$	1.09	4/15/2014
	WWTP	Sodium Hypochlorite	.003 gpm	\$	112.10	102	\$	1.10	4/29/2014
	WWTP	Sodium Hypochlorite	.003 gpm	\$	342.60	312	\$	1.10	5/13/2014
	WWTP	Sodium Hypochlorite	.003 gpm	\$	42.80	36	\$	1.19	6/10/2014

HC Waterworks, Inc.
Docket No. 140158-WS
Chemical Analysis

**Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format**

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - Please type or print legibly)

System Name: Leisure Lakes PWS I.D. #: 6280064
 System Type (check one): Community NonTransient Noncommunity Transient NonCommunity
 Address: 101 Parkview Circle
 City: Lake Placid State: Florida ZIP Code: 33852
 Phone#: 352-674-2860 Fax #: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 390891 Sample Date: 4/24/2012 Sample Time: 14:10
 Sample Location (be specific): Point of Entry
 Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): _____ mg/L Field pH: _____

Sample Type (Check Only One)

Reason(s) for Sample (Check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Distribution | <input checked="" type="checkbox"/> Routine Compliance (with 62-550) | <input type="checkbox"/> Quarterly (Which One?) |
| <input checked="" type="checkbox"/> Entry Point (to Distribution) | <input type="checkbox"/> Confirmation of MCL Exceedance* | <input type="checkbox"/> Special (not for compliance with 62-550.) |
| <input type="checkbox"/> Plant Tap (not for compliance with 62-550) | <input type="checkbox"/> Composite Multiple Sites** | <input type="checkbox"/> Violation Resolution |
| <input type="checkbox"/> Raw (at well intake) | <input type="checkbox"/> Clearance (permitting) | <input type="checkbox"/> Replacement (of invalidated Sample) |
| <input type="checkbox"/> Max. Residence Time | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> Ave. Residence Time | Sampling Procedure Used or other Comments: _____ | |
| <input type="checkbox"/> Near First Customer | | |

*See 62-550.500(6) for requirements and restrictions and 62-550.513(3) for nitrate or nitrite exceedances.

**See 62-550.550(4) for requirements and attach a results page for each site.

RECEIVED DEC 20 2012
ENTERED DEC 26 2012

SAMPLER CERTIFICATE

I, Eddie Christmas Operator, do HEREBY CERTIFY
 (Print Name) (Print Title)

that the above public water system and sample collection information is complete and correct.

Signature: OK got it (see attached) Date: 04/24/2012
 Certified Operator #: _____ Phone #: 863-381-0755 Sampler's FAX #: 863-655-2556
 Sampler's E-mail: _____

Reporting Form 62-550.730
 Effective January 1995, Revised February 2010

Fe = .333 but < .349 so OK

Disinfectant = 25 but < 1.0 so OK

NOV 13 2011 (SU 21) 2015 (SC)

**Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format**

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - Please type or print legibly.)

System Name: Leisure Lakes PWS ID #: 6280064
 System Type (check one): Community Non-Transient Noncommunity Transient Noncommunity
 Address: 101 Parkview Circle
 City: Lake Placid State: Florida ZIP Code: 33852
 Phone #: 352-674-2860 Fax #: _____ E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 390891 Sample Date: 4/24/2012 Sample Time: 1410
 Sample Location (be specific): Point of Entry
 Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): _____ mg/l. Field pH: _____

Sample Type (Check Only One)

Reason(s) for Sample (Check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Distribution | <input checked="" type="checkbox"/> Routine Compliance (with 62-550) | <input type="checkbox"/> Quarterly (which one? _____) |
| <input checked="" type="checkbox"/> Entry Point (to Distribution) | <input type="checkbox"/> Confirmation of MCL Exceedance* | <input type="checkbox"/> Special (not for compliance with 62-550.) |
| <input type="checkbox"/> Plant Tap (not for compliance with 62-550) | <input type="checkbox"/> Composite Multiple Sites** | <input type="checkbox"/> Violation Resolution |
| <input type="checkbox"/> Raw (at well intake) | <input type="checkbox"/> Clearance (permitting) | <input type="checkbox"/> Replacement (of invalidated Sample) |
| <input type="checkbox"/> Max. Residence Time | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> Ave. Residence Time | Sampling Procedure Used or other Comments: _____ | |
| <input type="checkbox"/> Near First Customer | | |

* See 62-550.500(6) for requirements and restrictions and 62-550.513(3) for nitrate or nitrite exceedances.

** See 62-550.550(4) for requirements and attach a results page for each site.

SAMPLER CERTIFICATION

I, Eddie Christmas Operator do HEREBY CERTIFY
 (Print Name) (Print Title)

that the above public water system and sample collection information is complete and correct.

Signature: *Eddie Christmas* SR FIELD OPERATOR Date: 04/24/2012

Certified Operator #: 614147 Phone #: 863-381-0755 Sampler's FAX #: 863-655-2556

Sampler's E-mail: _____

Reporting Format 62-550.730

Effective January 1995, Revised February 2010

Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

LABORATORY CERTIFICATION INFORMATION (to be completed by lab) - Please type or print legibly

Lab Name: Shore Environmental Laboratories Florida DOH Certification #: E85458 Certification Expiration Date: 06/30/2012
 Address: 10405 US Highway 27 South Sebring, FL 33876 Phone #: (863) 655-4022
 Were any analyses subcontracted? Yes No If yes, please provide DOH certification Number(s): E84129
 ATTACH CURRENT DOH ANALYTE SHEET*
 ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab):

Date Sample(s) Received: 04/24/2012
 PWS ID (From Page 1): 6280064 Sample Number (From Page 1): 390891 Lab Assigned Report Number or Job ID: 390891

Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

<u>Inorganics</u>	<u>Synthetic Organics</u>	<u>Volatile Organics</u>	<u>Disinfection Byproducts</u>	<u>Radionuclides</u>	<u>Secondaries</u>
<input checked="" type="checkbox"/> All Except Asbestos	<input type="checkbox"/> All 30	<input checked="" type="checkbox"/> All 21	<input type="checkbox"/> Trihalomethanes	<input type="checkbox"/> Single Sample	<input checked="" type="checkbox"/> All 14
<input type="checkbox"/> Partial	<input checked="" type="checkbox"/> All Except Dioxin	<input type="checkbox"/> Partial	<input type="checkbox"/> Haloacetic Acid	<input type="checkbox"/> Qtrly Composite**	<input type="checkbox"/> Partial
<input type="checkbox"/> Nitrate	<input type="checkbox"/> Partial		<input type="checkbox"/> Chlorite		
<input type="checkbox"/> Nitrite	<input type="checkbox"/> Dioxin Only		<input type="checkbox"/> Bromate	<u>Miscellaneous</u>	<u>Lead & Copper</u>
<input type="checkbox"/> Asbestos				<input type="checkbox"/>	<input type="checkbox"/>

LAB CERTIFICATION

I, Douglas E. Morton Project Manager do HEREBY CERTIFY
 (Print Name) (Print Title)
 that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAP).
 Signature: Douglas E. Morton Date: 6/22/2012

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.
 ** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE OR NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER

(Non-detects reported as "BDL" or with a "<" are not acceptable)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

Fe = 33.3 DOT < 349 500K
Duquenois = 85 DOT < 100 500K

Sample Collection & Analysis Satisfactory: () Yes () No Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: [Signature]

**Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format**

Inorganic Contaminants:

Report Number/Job ID: 390891

62-550.310(1)

PWS-ID: (from page 1): 6280064

Contam ID	Contaminant Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification:#
1040	Nitrate (as N)	10	mg/L	0.13		EPA 353.2	0.02	04/26/2012	1409	E85458
1041	Nitrite (as N)	1	mg/L	0.01	U	EPA 353.2	0.01	04/24/2012	1637	E85458
1005	Arsenic	0.01	mg/L	0.002	U	SM 3113 B	0.002	05/08/2012	0808	E85458
1010	Barium	2	mg/L	0.127		EPA 200.7	0.002	05/18/2012	1310	E85458
1015	Cadmium	0.005	mg/L	0.001	U	EPA 200.7	0.001	05/18/2012	1310	E85458
1020	Chromium	0.10	mg/L	0.001	U	EPA 200.7	0.001	05/18/2012	1310	E85458
1024	Cyanide	0.20	mg/L	0.005	U	EPA 335.4	0.005	04/30/2012	0900	E85458
1025	Fluoride	4.0	mg/L	0.13		SM 4500F C	0.05	05/15/2012	1400	E85458
1030	Lead	0.015	mg/L	0.001	U	SM 3113 B	0.001	05/09/2012	0858	E85458
1035	Mercury	0.002	mg/L	0.0002	U	EPA 245.1	0.0002	05/02/2012	0851	E85458
1036	Nickel	0.10	mg/L	0.002	U	EPA 200.7	0.002	05/18/2012	1310	E85458
1045	Selenium	0.05	mg/L	0.0010	U	EPA 200.8	0.0010	04/30/2012	1233	E84129
1052	Sodium	160	mg/L	8.78		EPA 200.7	0.05	05/18/2012	1310	E85458
1074	Antimony	0.006	mg/L	0.003	U	SM 3113 B	0.003	04/30/2012	0800	E85458
1075	Beryllium	0.004	mg/L	0.0005	U	EPA 200.7	0.0005	05/18/2012	1310	E85458
1085	Thallium	0.002	mg/L	0.001	U	EPA 200.9	0.001	05/01/2012	1048	E85458
1094	Asbestos	7 MFL	MFL							

*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ? are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

Reporting Format 62-550.730

Effective January 1995, Revised February 2010

**Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format**

Secondary Contaminants

Report Number/Job ID: 390891

62-550.320

PWS ID (From Page 1): 6280064

Contam ID	Contaminant Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification#
1002	Aluminum	0.20	mg/L	0.02	T	EPA 200.7	0.02	05/18/2012	1310	E85458
1017	Chloride	250	mg/L	39		SM 4500CIC	0.5	05/07/2012	0923	E85458
1022	Copper	.1	mg/L	0.011		EPA 200.7	0.002	05/18/2012	1310	E85458
1025	Fluoride	2.0	mg/L	0.13		SM 4500F.C	0.05	05/15/2012	1400	E85458
1028	Iron	0.30	mg/L	0.333		EPA 200.7	0.005	05/18/2012	1310	E85458
1032	Manganese	0.05	mg/L	0.0051		EPA 200.7	0.0005	05/18/2012	1310	E85458
1050	Silver	0.10	mg/L	0.001	U	EPA 200.7	0.001	05/18/2012	1310	E85458
1055	Sulfate	250	mg/L	51		ASTMD51690	.1	05/02/2012	0859	E85458
1095	Zinc	5	mg/L	0.009	T	EPA 200.7	0.004	05/18/2012	1310	E85458
1905	Color	15	CU	2	T	SM 2120 B	.1	04/24/2012	1629	E85458
1920	Odor	3	TGN	0	U	SM 2150	PA	04/24/2012	1530	E85458
1925	pH	6.5 - 8.5	SU	7.42		SM 4500H+ B	.01	04/24/2012	1645	E85458
1930	Total Dissolved Solids	500	mg/L	268		SM 2540C	10	04/26/2012	1349	E85458
2905	Foaming Agents	0.50	mg/L	0.04	T	SM 5540C	0.02	04/25/2012	0525	E85458

*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ? , * are unacceptable for compliance with 62.550. Results qualified with a J, Q, R, or Y, must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

Reporting Format 62-550.730

Effective January 1995, Revised February 2010

**Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format**

Volatile Organics

Report Number/Job ID: 390891

62-550.310(4)(a)

PWS ID (from page 1): 6280064

Contam ID	Contaminant Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Analysis Date	Analysis Time	DOH Lab Certification #
2378	1,2,4-Trichlorobenzene	70	µg/L	0.3	U	EPA 524.2	0.3	0.5	04/25/2012	1719	E84129
2380	cis-1,2-Dichloroethylene	70	µg/L	0.09	U	EPA 524.2	0.09	0.5	04/25/2012	1719	E84129
2955	Xylenes (total)	10,000	µg/L	0.1	U	EPA 524.2	0.1	0.5	04/25/2012	1719	E84129
2964	Dichloromethane	5	µg/L	0.2	U	EPA 524.2	0.2	0.5	04/25/2012	1719	E84129
2968	o-Dichlorobenzene	600	µg/L	0.1	U	EPA 524.2	0.1	0.5	04/25/2012	1719	E84129
2969	para-Dichlorobenzene	75	µg/L	0.2	U	EPA 524.2	0.2	0.5	04/25/2012	1719	E84129
2976	Vinyl Chloride	1	µg/L	0.3	U	EPA 524.2	0.3	0.5	04/25/2012	1719	E84129
2977	1,1-Dichloroethylene	7	µg/L	0.2	U	EPA 524.2	0.2	0.5	04/25/2012	1719	E84129
2979	trans-1,2-Dichloroethylene	100	µg/L	0.2	U	EPA 524.2	0.2	0.5	04/25/2012	1719	E84129
2980	1,2-Dichloroethane	3	µg/L	0.1	U	EPA 524.2	0.1	0.5	04/25/2012	1719	E84129
2981	1,1,1-Trichloroethane	200	µg/L	0.2	U	EPA 524.2	0.2	0.5	04/25/2012	1719	E84129
2982	Carbon tetrachloride	3	µg/L	0.2	U	EPA 524.2	0.2	0.5	04/25/2012	1719	E84129
2983	1,2-Dichloropropane	5	µg/L	0.2	U	EPA 524.2	0.2	0.5	04/25/2012	1719	E84129
2984	Trichloroethylene	3	µg/L	0.2	U	EPA 524.2	0.2	0.5	04/25/2012	1719	E84129
2985	1,1,2-Trichloroethane	5	µg/L	0.2	U	EPA 524.2	0.2	0.5	04/25/2012	1719	E84129
2987	Tetrachloroethylene	3	µg/L	0.1	U	EPA 524.2	0.1	0.5	04/25/2012	1719	E84129
2989	Monochlorobenzene	100	µg/L	0.1	U	EPA 524.2	0.1	0.5	04/25/2012	1719	E84129
2990	Benzene	1	µg/L	0.1	U	EPA 524.2	0.1	0.5	04/25/2012	1719	E84129
2991	Toluene	1,000	µg/L	0.09	U	EPA 524.2	0.09	0.5	04/25/2012	1719	E84129
2992	Ethylbenzene	700	µg/L	0.08	U	EPA 524.2	0.08	0.5	04/25/2012	1719	E84129
2996	Styrene	100	µg/L	0.05	U	EPA 524.2	0.05	0.5	04/25/2012	1719	E84129

NOTE: Results indicating non-detection with a reported lab MDL > 0.5 µg/L will not be accepted for compliance.

*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with a A, F, H, N, O, T, Z, ? are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case-by-case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples during the same monitoring period.

Reporting Format 62-550730

Effective January 1995; Revised January 2004

**Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format**

Synthetic Organics

Report Number/Job ID: 390891

62-550.310(4)(b)

PWS ID (From Page 1): 6280064

Contam ID	Contaminant Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Extraction Date	Analysis Date	Analysis Time	DOH Lab Certification#
2005	Endrin	2	µg/L	0.05	U	EPA 525.2	0.05	0.01	04/30/2012	04/30/2012	1854	E84129
2010	Lindane	0.20	µg/L	0.02	U	EPA 525.2	0.02	0.02	04/30/2012	04/30/2012	1854	E84129
2015	Methoxychlor	40	µg/L	0.02	U	EPA 525.2	0.02	0.10	04/30/2012	04/30/2012	1854	E84129
2020	Toxaphene	3	µg/L	0.51	U	EPA 508.1	0.51	1	04/30/2012	05/09/2012	1123	E84129
2031	Dalapon	200	µg/L	0.85	1	EPA 515.3	0.33	1	05/01/2012	05/02/2012	0210	E84129
2032	Diquat	20	µg/L	0.44	U	EPA 549.2	0.44	0.4	04/26/2012	05/08/2012	1756	E84129
2033	Endothal	100	µg/L	6.5	U	EPA 548.1	6.5	9	04/27/2012	05/01/2012	1957	E84129
2034	Glyphosate	700	µg/L	2.7	U	EPA 547	2.7	6	04/27/2012	04/27/2012	1324	E84129
2035	Di(2-ethylhexyl)adipate	400	µg/L	0.1	U	EPA 525.2	0.1	0.6	04/30/2012	04/30/2012	1854	E84129
2036	Oxamyl (Vydate)	200	µg/L	0.88	U	EPA 531.1	0.88	2	05/03/2012	05/03/2012	2316	E84129
2037	Simazine	4	µg/L	0.03	U	EPA 525.2	0.03	0.07	04/30/2012	04/30/2012	1854	E84129
2039	Di(2-ethylhexyl)phthalate	6	µg/L	0.6	U	EPA 525.2	0.6	0.6	04/30/2012	04/30/2012	1854	E84129
2040	Picloram	500	µg/L	0.047	U	EPA 515.3	0.047	0.1	05/01/2012	05/02/2012	0210	E84129
2041	Dinoseb	7	µg/L	0.15	U	EPA 515.3	0.15	0.2	05/01/2012	05/02/2012	0210	E84129
2042	Hexachlorocyclopentadiene	50	µg/L	0.06	U	EPA 525.2	0.06	0.1	04/30/2012	04/30/2012	1854	E84129
2046	Carbofuran	40	µg/L	0.60	U	EPA 531.1	0.60	0.9	05/03/2012	05/03/2012	2316	E84129
2050	Atrazine	3	µg/L	0.02	U	EPA 525.2	0.02	0.1	04/30/2012	04/30/2012	1854	E84129
2051	Alachlor	2	µg/L	0.03	U	EPA 525.2	0.03	0.2	04/30/2012	04/30/2012	1854	E84129
2063	2,3,7,8-TCDD (Dioxin)	0.03	µg/L					0.005				
2065	Heptachlor	0.40	µg/L	0.01	U	EPA 525.2	0.01	0.04	04/30/2012	04/30/2012	1854	E84129
2067	Heptachlor Epoxide	0.20	µg/L	0.04	U	EPA 525.2	0.04	0.02	04/30/2012	04/30/2012	1854	E84129
2105	2,4-D	70	µg/L	0.099	U	EPA 515.3	0.099	0.1	05/01/2012	05/02/2012	0210	E84129
2110	2,4,5-TP (Silvex)	50	µg/L	0.040	U	EPA 515.3	0.040	0.2	05/01/2012	05/02/2012	0210	E84129
2274	Hexachlorobenzene	1	µg/L	0.04	U	EPA 525.2	0.04	0.1	04/30/2012	04/30/2012	1854	E84129
2306	Benzo(a)pyrene	0.20	µg/L	0.02	U	EPA 525.2	0.02	0.02	04/30/2012	04/30/2012	1854	E84129
2326	Pentachlorophenol	1	µg/L	0.014	U	EPA 515.3	0.014	0.04	05/01/2012	05/02/2012	0210	E84129
2383	Polychlorinated biphenyls (PCBS)	0.50	µg/L	0.085	U	EPA 508.1	0.085	0.1	04/30/2012	05/09/2012	1123	E84129
2931	Dibromochloropropane	0.20	µg/L	0.0054	U	EPA 504.1	0.0054	0.02	05/01/2012	05/01/2012	2112	E84129
2946	Ethylene Dibromide (EDB)	0.02	µg/L	0.0054	U	EPA 504.1	0.0054	0.01	05/01/2012	05/01/2012	2112	E84129
2959	Chlordane	2	µg/L	0.045	U	EPA 508.1	0.045	0.2	04/30/2012	05/09/2012	1123	E84129

NOTE: Results indicating no-detection with a reported lab MDL ≥ 50 % of the MCL will not be accepted for compliance.

* Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, P, H, N, Q, J, Z, *, or any unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

Reporting Format 62-550.730

Effective January 1995, Revised January 2004

**Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format**

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - Please type or print legibly)

System Name: Lake Josephine #3 PWS I.D. #: 6280162
 System Type (check one): Community Non-Transient Noncommunity Transient Noncommunity
 Address: 1449 Canary Way
 City: Sebring State: Florida ZIP Code: 33876
 Phone #: 352-674-2860 Fax #: 863-655-2556 E-Mail Address: See Attached

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 390804 Sample Date: 4/23/2012 Sample Time: 1030
 Sample Location (be specific): Point of Entry
 Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): _____ mg/L Field pH: _____

Sample Type (Check Only One)

Reason(s) for Sample (Check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Distribution | <input checked="" type="checkbox"/> Routine Compliance (with 62-550) | <input type="checkbox"/> Quarterly (Which One?) |
| <input checked="" type="checkbox"/> Entry Point (to Distribution) | <input type="checkbox"/> Confirmation of MCL Exceedance | <input type="checkbox"/> Special (not for compliance with 62-550.) |
| <input type="checkbox"/> Plant Tap (not for compliance with 62-550) | <input type="checkbox"/> Composite Multiple Sites | <input type="checkbox"/> Violation Resolution |
| <input type="checkbox"/> Raw (at well intake) | <input type="checkbox"/> Clearance (per 62-550) | <input type="checkbox"/> Replacement (of invalidated Sample) |
| <input type="checkbox"/> Max. Residence Time | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> Ave. Residence Time | Sampling Procedure Used or other Comments: <u>GA=4.3 → 2018</u> | |
| <input type="checkbox"/> Near First Customer | | |

*See 62-550.500(6) for requirements and restrictions and 62-550.513(3) for nitrate or nitrite exceedances.

**See 62-550.550(4) for requirements and attach a results page for each site.

SAMPLER CERTIFICATION

I, Alfred Gregg Operator, do HEREBY CERTIFY
 (Print Name) (Print Title)

that the above public water system and sample collection information is complete and correct.

Signature: OK got it (see attached) Date: 04/23/2012
 Certified Operator #: _____ Phone #: _____ Sampler's FAX #: _____
 Sampler's E-mail: _____

Reporting Format 62-550.730
 Effective January 1995, Revised February 2010

** Note Delaplan det = 1.7 so should have started OTS in Q3 2012
 Missed 50 PN for non viol. Start Q2 in Q4 2012*

**Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format**

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - Please type or print legibly.)

System Name: Lake Josephine #3 PWS I.D. #: 6280162
 System Type (check one): Community NonTransient Noncommunity Transient NonCommunity
 Address: 1449 Canary Way
 City: Sebring State: Florida ZIP Code: 33876
 Phone #: 352-674-2860 Fax #: 863-655-2556 E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 390804 Sample Date: 4/23/2012 Sample Time: 1030
 Sample Location (be specific): Point of Entry
 Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): _____ mg/L Field pH: _____

Sample Type (Check Only One)

Reason(s) for Sample (Check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Distribution | <input checked="" type="checkbox"/> Routine Compliance (with 62-550) | <input type="checkbox"/> Quarterly (Which One?) |
| <input checked="" type="checkbox"/> Entry Point (to Distribution) | <input type="checkbox"/> Confirmation of MCL Exceedance* | <input type="checkbox"/> Special (not for compliance with 62-550.) |
| <input type="checkbox"/> Plant Tap (not for compliance with 62-550) | <input type="checkbox"/> Composite Multiple Sites** | <input type="checkbox"/> Violation Resolution |
| <input type="checkbox"/> Raw (at well intake) | <input type="checkbox"/> Clearance (permitting) | <input type="checkbox"/> Replacement (of invalidated Sample) |
| <input type="checkbox"/> Max. Residence Time | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> Ave. Residence Time | Sampling Procedure Used or other Comments: _____ | |
| <input type="checkbox"/> Near First Customer | | |

* See 62-550.500(6) for requirements and restrictions and 62-550.513(3) for nitrate or nitrite exceedances.

** See 62-550.550(4) for requirements and attach a results page for each site.

SAMPLER CERTIFICATION

I, Alfred Gregg Operator do HEREBY CERTIFY
 (Print Name) (Print Title)

that the above public water system and sample collection information is complete and correct.

Signature: [Signature] (CALL GREGG NO LONGER WORKS FOR AQUA) Date: 04/23/2012
 Certified Operator #: C14197 Phone #: 782-919-0674 Sampler's FAX #: 941-378-3554
 Sampler's E-mail: D.HOSTETLER@AQUAAMERICA.COM

Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - Please type or print legibly)

Lab Name: Short Environmental Laboratories Florida DOH Certification #: E85458 Certification Expiration Date: 06/30/2012
 Address: 10405 US Highway 27 South Sebring, FL 33876 Phone #: (863) 655-4022
 Were any analyses subcontracted? Yes No If yes, please provide DOH certification Number(s): E84129
 ATTACH CURRENT DOH ANALYTE SHEET*
 ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab)

PWS ID (From Page 1): 6280162 Sample Number (From Page 1): 390804 Lab/Assigned Report Number or Job ID: 390804
 Date Sample(s) Received: 04/23/2012

Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

<u>Inorganics</u>	<u>Synthetic Organics</u>	<u>Volatile Organics</u>	<u>Disinfection Byproducts</u>	<u>Radionuclides</u>	<u>Secondaries</u>
<input checked="" type="checkbox"/> All Except Arsenic	<input type="checkbox"/> All 30	<input checked="" type="checkbox"/> All 21	<input type="checkbox"/> Trihalomethanes	<input checked="" type="checkbox"/> Single Sample	<input checked="" type="checkbox"/> All 14
<input type="checkbox"/> Partial	<input checked="" type="checkbox"/> All Except Dioxin	<input type="checkbox"/> Partial	<input type="checkbox"/> Haloacetic Acid	<input type="checkbox"/> Quarterly Composite**	<input type="checkbox"/> Partial
<input type="checkbox"/> Nitrate	<input type="checkbox"/> Partial		<input type="checkbox"/> Chloric		
<input type="checkbox"/> Nitrite	<input type="checkbox"/> Dioxin Only		<input type="checkbox"/> Bromate	<u>Miscellaneous</u>	<u>Lead & Copper</u>
<input type="checkbox"/> Asbestos				<input type="checkbox"/>	<input type="checkbox"/>

LAB CERTIFICATION

I, Douglas E. Morion Project Manager do HEREBY CERTIFY
 (Print Name) (Print Title)
 that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).
 Signature: [Signature] Date: 6/21/2012

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HOURS FOR NITRATE OR NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER

(Non-detects reported as "BDL" or with a "<" are not acceptable)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

Sample Collection & Analysis Satisfactory: Yes No Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: [Signature]

Reporting Format 62-550.730
 Effective January 1995, Revised February 2010

**Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format**

Inorganic Contaminants

Report Number/Job ID: 390804

62-550.310(1)

PWS ID (from page 1): 6280162

Contam ID	Contaminant Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1040	Nitrate (as N)	10	mg/L	0.08		EPA 353.2	0.02	04/26/2012	1409	E85458
1041	Nitrite (as N)	1	mg/L	0.01	U	EPA 353.2	0.01	04/24/2012	1637	E85458
1005	Arsenic	0.01	mg/L	0.002	U	SM 3113 B	0.002	04/26/2012	0937	E85458
1010	Barium	2	mg/L	0.080		EPA 200.7	0.002	05/18/2012	1310	E85458
1015	Cadmium	0.005	mg/L	0.001	U	EPA 200.7	0.001	05/18/2012	1310	E85458
1020	Chromium	0.10	mg/L	0.001	U	EPA 200.7	0.001	05/18/2012	1310	E85458
1024	Cyanide	0.20	mg/L	0.005	U	EPA 335.4	0.005	04/30/2012	0900	E85458
1025	Fluoride	4.0	mg/L	0.16	T	SM 4500F-C	0.05	04/26/2012	0909	E85458
1030	Lead	0.015	mg/L	0.001	U	SM 3113 B	0.001	04/25/2012	1306	E85458
1035	Mercury	0.002	mg/L	0.0002	U	EPA 245.1	0.0002	05/17/2012	0800	E85458
1036	Nickel	0.10	mg/L	0.002	U	EPA 200.7	0.002	05/18/2012	1310	E85458
1045	Selenium	0.05	mg/L	0.0010	U	EPA 200.8	0.0010	04/26/2012	1246	E84129
1052	Sodium	160	mg/L	37.5		EPA 200.7	0.05	05/18/2012	1310	E85458
1074	Antimony	0.006	mg/L	0.003	U	SM 3113 B	0.003	04/30/2012	0800	E85458
1075	Beryllium	0.004	mg/L	0.0005	U	EPA 200.7	0.0005	05/18/2012	1310	E85458
1085	Thallium	0.002	mg/L	0.001	U	EPA 200.9	0.001	05/01/2012	1048	E85458
1094	Asbestos	7 MFL	MFL							

*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ? are unacceptable for compliance with 62-550. Results qualified with S, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

Reporting Format 62-550.730

Effective January 1995, Revised February 2010.

**Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format**

Secondary Contaminants

Report Number/Job ID: 390804

62-550.320

PWS ID (From Page 1): 6280162

Contam ID	Contaminant Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification#
1002	Aluminum	0.20	mg/L	0.02	U	EPA 200.7	0.02	05/18/2012	1310	E85458
1017	Chloride	250	mg/L	34		SM 4500CIC	0.5	04/24/2012	0836	E85458
1022	Copper	1	mg/L	0.002	U	EPA 200.7	0.002	05/18/2012	1310	E85458
1025	Fluoride	2.0	mg/L	0.16	J	SM 4500FC	0.05	04/26/2012	0909	E85458
1028	Iron	0.30	mg/L	0.006	J	EPA 200.7	0.005	05/18/2012	1310	E85458
1032	Manganese	0.05	mg/L	0.0005	U	EPA 200.7	0.0005	05/18/2012	1310	E85458
1050	Silver	0.10	mg/L	0.001	U	EPA 200.7	0.001	05/18/2012	1310	E85458
1055	Sulfate	250	mg/L	26		ASTMD51690	1	04/25/2012	0857	E85458
1095	Zinc	5	mg/L	0.004	U	EPA 200.7	0.004	05/18/2012	1310	E85458
1905	Color	15	CU	1	U	SM 2120 B	1	04/24/2012	1629	E85458
1920	Odor	3	TON	0	U	SM 2150	N/A	04/23/2012	1618	E85458
1925	pH	6.5 - 8.5	SU	7.70		SM4500H+ B	0.01	04/23/2012	1701	E85458
1930	Total Dissolved Solids	500	mg/L	320		SM 2540C	10	04/26/2012	1349	E85458
2905	Foaming Agents	0.50	mg/L	0.02	U	SM 5540 C	0.02	04/25/2012	0525	E85458

*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62-550. Results qualified with a, J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case-by-case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

Reporting Format 62-550.730

Effective January 1995, Revised February 2010

**Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format**

Volatile Organics

Report Number/Job ID: 390804

62-550.310(4)(a)

PWS ID (from page 1): 6280162

Contam ID	Contaminant Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Analysis Date	Analysis Time	DOH Lab Certification #
2378	1,2,4-Trichlorobenzene ✓	70	µg/L	0.3	U	EPA 524.2	0.3	0.5	04/25/2012	2200	E84129
2380	cis-1,2-Dichloroethylene ✓	70	µg/L	0.09	U	EPA 524.2	0.09	0.5	04/25/2012	2200	E84129
2955	Xylenes (total) ✓	10,000	µg/L	0.1	U	EPA 524.2	0.1	0.5	04/25/2012	2200	E84129
2964	Dichloromethane ✓	5	µg/L	0.2	U	EPA 524.2	0.2	0.5	04/25/2012	2200	E84129
2968	o-Dichlorobenzene ✓	600	µg/L	0.1	U	EPA 524.2	0.1	0.5	04/25/2012	2200	E84129
2969	para-Dichlorobenzene ✓	75	µg/L	0.2	U	EPA 524.2	0.2	0.5	04/25/2012	2200	E84129
2976	Vinyl Chloride ✓	1	µg/L	0.3	U	EPA 524.2	0.3	0.5	04/25/2012	2200	E84129
2977	1,1-Dichloroethylene ✓	7	µg/L	0.2	U	EPA 524.2	0.2	0.5	04/25/2012	2200	E84129
2979	trans-1,2-Dichloroethylene ✓	100	µg/L	0.2	U	EPA 524.2	0.2	0.5	04/25/2012	2200	E84129
2980	1,2-Dichloroethane ✓	3	µg/L	0.1	U	EPA 524.2	0.1	0.5	04/25/2012	2200	E84129
2981	1,1,1-Trichloroethane ✓	200	µg/L	0.2	U	EPA 524.2	0.2	0.5	04/25/2012	2200	E84129
2982	Carbon tetrachloride ✓	3	µg/L	0.2	U	EPA 524.2	0.2	0.5	04/25/2012	2200	E84129
2983	1,2-Dichloropropane ✓	5	µg/L	0.2	U	EPA 524.2	0.2	0.5	04/25/2012	2200	E84129
2984	Trichloroethylene ✓	3	µg/L	0.2	U	EPA 524.2	0.2	0.5	04/25/2012	2200	E84129
2985	1,1,2-Trichloroethane ✓	5	µg/L	0.2	U	EPA 524.2	0.2	0.5	04/25/2012	2200	E84129
2987	Tetrachloroethylene ✓	3	µg/L	0.1	U	EPA 524.2	0.1	0.5	04/25/2012	2200	E84129
2989	Monochlorobenzene ✓	100	µg/L	0.1	U	EPA 524.2	0.1	0.5	04/25/2012	2200	E84129
2990	Benzene ✓	1	µg/L	0.1	U	EPA 524.2	0.1	0.5	04/25/2012	2200	E84129
2991	Toluene ✓	1,000	µg/L	0.09	U	EPA 524.2	0.09	0.5	04/25/2012	2200	E84129
2992	Ethylbenzene ✓	700	µg/L	0.08	U	EPA 524.2	0.08	0.5	04/25/2012	2200	E84129
2996	Styrene ✓	100	µg/L	0.05	U	EPA 524.2	0.05	0.5	04/25/2012	2200	E84129

NOTE: Results indicating non-detection with a reported lab MDL > 0.5 µg/L will not be accepted for compliance.

* Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with a A, F, H, N, O, T, Z, ? are unacceptable for compliance with 62.550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples during the same monitoring period.

Reporting Format 62-550730

Effective January 1995, Revised January 2004

**Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format**

Synthetic Organics
62-550.310(4)(b)

Report Number/Job ID: 390804

PWS ID (From Page 1): 6280162

Contam ID	Contaminant Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Extraction Date	Analysis Date	Analysis Time	DOH Lab Certification#
2005	Endrin	2	µg/L	0.05	U	EPA 525.2	0.05	0.01	04/30/2012	04/30/2012	2310	E84129
2010	Lindane	0.20	µg/L	0.02	U	EPA 525.2	0.02	0.02	04/30/2012	04/30/2012	2310	E84129
2015	Methoxychlor	40	µg/L	0.02	U	EPA 525.2	0.02	0.10	04/30/2012	04/30/2012	2310	E84129
2020	Toxaphene	5	µg/L	0.53	U	EPA 508.1	0.53	1	04/30/2012	05/09/2012	1513	E84129
2031	Dalapon	200	µg/L	0.7	U	EPA 515.3	0.33	1	05/01/2012	05/02/2012	0523	E84129
2032	Diquat	20	µg/L	0.44	U	EPA 549.2	0.44	0.4	04/26/2012	05/08/2012	1938	E84129
2033	Endosulf	100	µg/L	6.6	U	EPA 548.1	6.6	9	04/27/2012	05/01/2012	2243	E84129
2034	Glyphosate	700	µg/L	2.7	U	EPA 547	2.7	6	04/27/2012	04/27/2012	1523	E84129
2035	Di(2-ethylhexyl)adipate	400	µg/L	0.1	U	EPA 525.2	0.1	0.6	04/30/2012	04/30/2012	2310	E84129
2036	Oxamyl (Vydate)	200	µg/L	0.88	U	EPA 531.1	0.88	2	05/04/2012	05/04/2012	0417	E84129
2037	Simazine	4	µg/L	0.03	U	EPA 525.2	0.03	0.07	04/30/2012	04/30/2012	2310	E84129
2039	Di(2-ethylhexyl)phthalate	6	µg/L	0.6	U	EPA 525.2	0.6	0.6	04/30/2012	04/30/2012	2310	E84129
2040	Picloram	500	µg/L	0.048	U	EPA 515.3	0.048	0.1	05/01/2012	05/02/2012	0523	E84129
2041	Dinoseb	7	µg/L	0.15	U	EPA 515.3	0.15	0.2	05/01/2012	05/02/2012	0523	E84129
2042	Hexachlorocyclopentadiene	50	µg/L	0.06	U	EPA 525.2	0.06	0.1	04/30/2012	04/30/2012	2310	E84129
2046	Carbofuran	40	µg/L	0.60	U	EPA 531.1	0.60	0.9	05/04/2012	05/04/2012	0417	E84129
2050	Atrazine	3	µg/L	0.02	U	EPA 525.2	0.02	0.1	04/30/2012	04/30/2012	2310	E84129
2051	Alachlor	2	µg/L	0.03	U	EPA 525.2	0.03	0.2	04/30/2012	04/30/2012	2310	E84129
2063	2,3,7,8-TCDD (Dioxin)	0.03	µg/L					0.005				
2065	Heptachlor	0.40	µg/L	0.01	U	EPA 525.2	0.01	0.04	04/30/2012	04/30/2012	2310	E84129
2067	Heptachlor Epoxide	0.20	µg/L	0.04	U	EPA 525.2	0.04	0.02	04/30/2012	04/30/2012	2310	E84129
2105	2,4-D	70	µg/L	0.10	U	EPA 515.3	0.10	0.1	05/01/2012	05/02/2012	0523	E84129
2110	2,4,5-TP (Silvex)	50	µg/L	0.041	U	EPA 515.3	0.041	0.2	05/01/2012	05/02/2012	0523	E84129
2274	Hexachlorobenzene	1	µg/L	0.04	U	EPA 525.2	0.04	0.1	04/30/2012	04/30/2012	2310	E84129
2306	Benzo(a)pyrene	0.20	µg/L	0.02	U	EPA 525.2	0.02	0.02	04/30/2012	04/30/2012	2310	E84129
2326	Pentachlorophenol	1	µg/L	0.014	U	EPA 515.3	0.014	0.04	05/01/2012	05/02/2012	0523	E84129
2383	Polychlorinated biphenyls (PCBS)	0.50	µg/L	0.087	U	EPA 508.1	0.087	0.1	04/30/2012	05/09/2012	1513	E84129
2931	Dibromochloropropane	0.20	µg/L	0.0054	U	EPA 504.1	0.0054	0.02	05/01/2012	05/02/2012	0109	E84129
2946	Ethylene Dibromide (EDB)	0.02	µg/L	0.0054	U	EPA 504.1	0.0054	0.01	05/01/2012	05/02/2012	0109	E84129
2959	Chlordane	2	µg/L	0.046	U	EPA 508.1	0.046	0.2	04/30/2012	05/09/2012	1513	E84129

NOTE: Results indicating no-detection with a reported lab MDL > 50% of the MCL will not be accepted for compliance.

* Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, * are unacceptable for compliance with 62.550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case-by-case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

Reporting Format 62-550.730

Effective January 1995, Revised January 2004

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

Radionuclides

Report Number/Job ID: 390804

62-550.310(6)

PWS ID (From Page 1): 6280162

Contam ID	Contaminant Name	MCL	Units	Analysis Results	Qualifier*	Analytical Method	Lab MDL	RDL	Analysis Error	Analysis Date	Analysis Time	DOH Lab Certification #
4000	Gross Alpha (Excl Uranium)	15**	pCi/L					3				
4002	Gross Alpha (Incl Uranium)	***	pCi/L	4.3		SM 7110 B	2.5	3	3.1	04/30/2012	1229	E84129
4006	Combined Uranium (U-234, U-235, & U-238)	****	pCi/L					0.667				
		30	µg/L					1				
4020	Radium - 226	5	pCi/L					1				
4030	Radium - 228							1				

** If the result exceeds 5 pCi/L, a measurement for radium-226 is required. Uranium is reported separately under Contam ID 4006.

If the results exceed 5 pCi/L, a measurement for radium-226 is required. If the results exceed 15 pCi/L, a measurement for Combined Uranium must be reported separately.

The DEP/DOH will subtract the U value from the Gross Alpha (ID 4002) to determine compliance with MCL for Gross Alpha (Excl. U) of 15 pCi/L. If the result for ID 4002

*** Gross Alpha (including Uranium) does not exceed 15 pCi/L, Combined Uranium need not be measured nor reported.

**** If using Uranium testing methods ASTM D5174 or EPA 200.8 only, then Analysis Error need not be reported.

All results meet the requirements of NELAC, except as noted.

Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ?, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

Reporting Format 62-550.730

Effective January 1995, Revised January 2004

Short Environmental Laboratories, Inc.

10405 US 27 S

Sebring, FL 33876

(863) 655-4022 (800) 833-4022 Fax: (863) 655-5820

Shortlab@Strato.net

LABORATORY ANALYSES

Q23 Type	Q23 No.	SAI																		
U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U
P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
SAI	SAI	SAI	SAI	SAI	SAI	SAI	SAI	SAI	SAI	SAI	SAI	SAI	SAI	SAI	SAI	SAI	SAI	SAI	SAI	SAI

Sample's Name: ALFRED GREGG Client Name: Aqua Utilities Florida, Inc. #386

Project: Lk Josephine #3 DW 62-550 DWTP

Field ID=	Sample ID	Composite	Date	Time	Samp Type	Grah	Laboratory ID=	# of Cunt
	P.O.E.		4/23/12	0130	DW	X	390804	24

Comments:

Samples kept to 5:00
 Nutrient Containers Preserved:
 Metals Containers preserved:
 Vials preserved:

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please read all container labels for caution notices.

99157

Sample Qty	Retrieved By	Accepted By	Date	Time
24	<u>Alfred Gregg</u>	<u>mm</u>	4/23/12	1320

Time	
Departed Lab	
Arrived Site	
Departed Site	
Arrived Lab	

Chain of Custody and Transmittal Form

PG

HC Waterworks, Inc.

Docket No. 140158-WS

Operating Reports

#4

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Department of Environmental Protection, 2295 Victoria Ave, Suite 364, Ft. Myers, FL 33901-3881

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: P.O. Box 2480
 Lady Lake, FL 32158-2480

PERMIT NUMBER: FLA014388-005-DW3P

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Leisure Lakes Utilities
 LOCATION: 101 Parkview Cir
 Lake Placid, FL 33852-6011

MONITORING GROUP NUMBER R-01
 MONITORING GROUP DESC: Dual percolation ponds, with Influent

RE-SUBMITTED DMR:

COUNTY: Highlands

NO DISCHARGE FROM SITE:

OFFICE: South District

MONITORING PERIOD From: 07/01/2012 To: 07/31/2012

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement				7.2			0		
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Requirement				20.0 (An. Avg.)		mg/L		Bi-weekly; every 2 weeks	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.3	2.3	2.1		0		
PARM Code 80082 A Mon.Site No. EFA-01	Permit Requirement			60.0 (Max.)	45.0 (Wk. Avg.)	30.0 (Mo. Avg.)	mg/L		Bi-weekly; every 2 weeks	Grab
Solids, Total Suspended	Sample Measurement				2.4			0		
PARM Code 00530 Y Mon.Site No. EFA-01	Permit Requirement				20.0 (An. Avg.)		mg/L		Bi-weekly; every 2 weeks	Grab
Solids, Total Suspended	Sample Measurement			1.6	1.6	1.3		0		
Parm Code 00530 A Mon.Site No. EFA-01	Permit Requirement			60.0 (Max.)	30.0 (Wk. Avg.)	30.0 (Mo. Avg.)	mg/L		Bi-weekly; every 2 weeks	Grab
Coliform, Fecal	Sample Measurement				1.0			0		
Parm Code 74055 Y Mon.Site No. EFA-01	Permit Requirement				200 (An. Avg.)		#/100mL		Bi-weekly; every 2 weeks	Grab
Coliform, Fecal	Sample Measurement				1.0	1.0		0		
Parm Code 74055 A Mon.Site No. EFA-01	Permit Requirement				200 (Mo. Geo. Mn.)	800 (Max.)	#/100mL		Bi-weekly; every 2 weeks	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (mm/dd/yyyy)
Don Hostetler SR Facility Operator	<i>Don Hostetler</i>	727-919-0674	08/22/2012

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY:
COUNTY:

Leisure Lakes Utilities
Highlands

MONITORING GROUP NUMBER: R-01
MONITORING PERIOD: From:

PERMIT NUMBER: FLA014388-005-DW3P
To: 07/01/2012 07/31/2012

Parameter	Sample Measurement	Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.5	7.6		0		
PARM Code 00400 A Mon.Site No. EFA-01	Permit Requirement				6.0 (Min.)	8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement				2.5			0		
PARM Code 50060 A Mon.Site No.EFA-01	Permit Requirement				0.5 (Min.)		mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					6.0		0		
PARM Code 00620 A Mon. Site No. EFA-01	Permit Requirement					12.0 (Max.)	mg/L		Bi-weekly; every 2 weeks	Grab
Flow	Sample Measurement		0.024					0		
PARM Code 50050 Y Mon.Site No.FLW-01	Permit Requirement		0.05 (An. Avg.)	MGD					5 Days/Week	Meter
Flow	Sample Measurement	0.024	0.033					N/A		
PARM Code 50050 1 Mon.Site No.FLW-01	Permit Requirement	Report (Mo. Avg.)	Report (Qt. Avg.)	MGD					5 Days/Week	Meter
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement					65.7		N/A		
PARM Code 00180 P Mon.Site No. CAL-01	Permit Requirement					Report (Mo. Avg.)	percent		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C (Influent)	Sample Measurement					342		N/A		
PARM Code 80082 Q Mon.Site No. INF-01	Permit Requirement					Report (Max.)	mg/L		Bi-weekly; every 2 weeks	Grab
Solids, Total Suspended (Influent)	Sample Measurement					286		N/A		
PARM Code 00530 Q Mon.Site No. INF-01	Permit Requirement					Report (Max.)	mg/L		Bi-weekly; every 2 weeks	Grab

DAILY SAMPLE RESULTS - PART B (R-01)

Permit Number: FLA014388-005-DW3P

Facility: Leisure Lakes Utilities

 MONITORING PERIOD From: 07/01/2012 To: 07/31/2012

Code	BOD, Carbonaceous 5 Day, 20C mg/L	Chlorine, Total Residual (For Disinfection) mg/L	Coliform, Fecal #/100ML	Nitrogen, Nitrate Total (as N) mg/L	Solids, Total Suspended mg/L	pH s.u.	Flow MGD	BOD, Carbonaceous 5 Day, 20C (Influent) mg/L	Solids, Total Suspended (Influent) mg/L
Mon. Site	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	FLW-01	INF-01	INF-01
1							0.029		
2		3.5				7.5	0.029		
3	2.3	3.0	1.0	6.0	1.6	7.5	0.016	342	286
4		3.2				7.5	0.018		
5		3.0				7.5	0.023		
6		3.0				7.5	0.021		
7		3.2				7.5	0.021		
8							0.020		
9		3.0				7.5	0.020		
10		3.1				7.6	0.024		
11		3.2				7.6	0.020		
12		3.4				7.6	0.022		
13		3.6				7.6	0.021		
14		3.4				7.6	0.010		
15							0.022		
16		3.6				7.6	0.022		
17		3.4				7.6	0.031		
18		2.5				7.6	0.028		
19		3.0				7.6	0.027		
20	2.0	3.1	1.0	2.2	1.0	7.6	0.024	231	124
21		3.0				7.6	0.016		
22							0.031		
23		3.2				7.6	0.031		
24		3.0				7.6	0.026		
25		3.2				7.6	0.029		
26		3.0				7.5	0.019		
27		3.3				7.6	0.033		
28		3.0				7.5	0.022		
29							0.028		
30		3.2				7.5	0.028		
31		3.0				7.5	0.022		
Total	N/A	N/A	N/A	N/A	N/A	N/A	0.729	N/A	N/A
Mo. Avg.	2.1	3.2	1.0	4.1	1.3	7.6	0.024	287	205

PLANT STAFFING:

Lead Operator	Class: <u>C</u>	Certification No.: <u>13244</u>	Name: <u>Eddie Christmas</u>
Day Shift Operator	Class: <u>C</u>	Certification No.: <u>13244</u>	Name: <u>Eddie Christmas</u>
Day Shift Operator	Class: <u>B</u>	Certification No.: <u>8035</u>	Name: <u>Don Hostetler</u>
Day Shift Operator	Class: _____	Certification No.: _____	Name: _____

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Department of Environmental Protection, 2295 Victoria Ave, Suite 364, Ft. Myers, FL 33901-3881

PERMITTEE NAME: Aqua Utilities Florida, Inc.
MAILING ADDRESS: P.O. Box 2480
 Lady Lake, FL 32158-2480

PERMIT NUMBER: FLA014388-005-DW3P

LIMIT: Final
CLASS SIZE: N/A
MONITORING GROUP NUMBER: R-01

REPORT: Monthly
GROUP: Domestic

FACILITY: Leisure Lakes Utilities
LOCATION: 101 Parkview Cir
 Lake Placid, FL 33852-6011

MONITORING GROUP DESC: Dual percolation ponds, with Influent
RE-SUBMITTED DMR:

COUNTY: Highlands
OFFICE: South District

NO DISCHARGE FROM SITE:
MONITORING PERIOD From: 08/01/2012 To: 08/31/2012

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8.3			0		
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Requirement				20.0 (An. Avg.)		mg/L		Bi-weekly; every 2 weeks	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement		2.6	2.6	2.4			0		
PARM Code 80082 A Mon.Site No. EFA-01	Permit Requirement		60.0 (Max.)	45.0 (Wk. Avg.)	30.0 (Mo. Avg.)		mg/L		Bi-weekly; every 2 weeks	Grab
Solids, Total Suspended	Sample Measurement			2.3				0		
PARM Code 00530 Y Mon.Site No. EFA-01	Permit Requirement			20.0 (An. Avg.)			mg/L		Bi-weekly; every 2 weeks	Grab
Solids, Total Suspended	Sample Measurement		1.0	1.0	1.0			0		
PARM Code 00530 A Mon.Site No. EFA-01	Permit Requirement		60.0 (Max.)	30.0 (Wk. Avg.)	30.0 (Mo. Avg.)		mg/L		Bi-weekly; every 2 weeks	Grab
Coliform, Fecal	Sample Measurement			1.0				0		
PARM Code 74055 Y Mon.Site No. EFA-01	Permit Requirement			200 (An. Avg.)			#/100mL		Bi-weekly; every 2 weeks	Grab
Coliform, Fecal	Sample Measurement			1.0	1.0			0		
PARM Code 74055 A Mon.Site No. EFA-01	Permit Requirement			200 (Mo. Geo. Mn.)	800 (Max.)		#/100mL		Bi-weekly; every 2 weeks	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (mm/dd/yyyy)
			08/08/2014

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Leisure Lakes Utilities
 COUNTY: Highlands

MONITORING GROUP NUMBER: R-01
 MONITORING PERIOD: From:

PERMIT NUMBER: FLA014388-005-DW3P
 To: 08/31/2012

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.6	7.7		0		
PARM Code 00400 A Mon.Site No. EFA-01	Permit Requirement				6.0 (Min.)	8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement				3.0			0		
PARM Code 50060 A Mon.Site No.EFA-01	Permit Requirement				0.5 (Min.)		mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					3.5		0		
PARM Code 00620 A Mon. Site No. EFA-01	Permit Requirement					12.0 (Max.)	mg/L		Bi-weekly; every 2 weeks	Grab
Flow	Sample Measurement		0.032					0		
PARM Code 50050 Y Mon.Site No.FLW-01	Permit Requirement		0.05 (An. Avg.)	MGD					5 Days/Week	Meter
Flow	Sample Measurement	0.023	0.033					N/A		
PARM Code 50050 1 Mon.Site No.FLW-01	Permit Requirement	Report (Mo. Avg.)	Report (Qt. Avg.)	MGD					5 Days/Week	Meter
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement					65.3		N/A		
PARM Code 00180 P Mon.Site No. CAL-01	Permit Requirement					Report (Mo. Avg.)	percent		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C (Influent)	Sample Measurement					246		N/A		
PARM Code 80082 Q Mon.Site No. INF-01	Permit Requirement					Report (Max.)	mg/L		Bi-weekly; every 2 weeks	Grab
Solids, Total Suspended (Influent)	Sample Measurement					160		N/A		
PARM Code 00530 Q Mon.Site No. INF-01	Permit Requirement					Report (Max.)	mg/L		Bi-weekly; every 2 weeks	Grab

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Department of Environmental Protection, 2295 Victoria Ave, Suite 364, Ft. Myers, FL 33901-3881

PERMITTEE NAME: Aqua Utilities Florida, Inc.
MAILING ADDRESS: P.O. Box 2480
 Lady Lake, FL 32158-2480

PERMIT NUMBER: FLA014388-005-DW3P

LIMIT: Final
CLASS SIZE: N/A
MONITORING GROUP NUMBER: R-01

REPORT: Monthly
GROUP: Domestic

FACILITY: Leisure Lakes Utilities
LOCATION: 101 Parkview Cir
 Lake Placid, FL 33852-6011

MONITORING GROUP DESC: Dual percolation ponds, with influent

RE-SUBMITTED DMR:

COUNTY: Highlands

NO DISCHARGE FROM SITE:

OFFICE: South District

MONITORING PERIOD From: 09/01/2012 To: 09/30/2012

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement				7.3			0		
PARM Code 80082 Y Mon. Site No. EFA-01	Permit Requirement				20.0 (An. Avg.)		mg/L		Bi-weekly; every 2 weeks	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.4	2.4	2.4		0		
PARM Code 80082 A Mon. Site No. EFA-01	Permit Requirement			60.0 (Max.)	45.0 (Wk. Avg.)	30.0 (Mo. Avg.)	mg/L		Bi-weekly; every 2 weeks	Grab
Solids, Total Suspended	Sample Measurement				2.4			0		
PARM Code 00530 Y Mon. Site No. EFA-01	Permit Requirement				20.0 (An. Avg.)		mg/L		Bi-weekly; every 2 weeks	Grab
Solids, Total Suspended	Sample Measurement			1.6	1.6	1.3		0		
PARM Code 00530 A Mon. Site No. EFA-01	Permit Requirement			60.0 (Max.)	30.0 (Wk. Avg.)	30.0 (Mo. Avg.)	mg/L		Bi-weekly; every 2 weeks	Grab
Coliform, Fecal	Sample Measurement				1.0			0		
PARM Code 74055 Y Mon. Site No. EFA-01	Permit Requirement				200 (An. Avg.)		#/100mL		Bi-weekly; every 2 weeks	Grab
Coliform, Fecal	Sample Measurement				1.0	1.0		0		
PARM Code 74055 A Mon. Site No. EFA-01	Permit Requirement				200 (Mo. Geo. Mn.)	800 (Max.)	#/100mL		Bi-weekly; every 2 weeks	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)
Don Hostetler SR Facility Operator	<i>Don Hostetler</i>	727-919-0674	10/28/2012

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY:
COUNTY:

Leisure Lakes Utilities
Highlands

MONITORING GROUP NUMBER: R-01
MONITORING PERIOD: From

PERMIT NUMBER: FLA014388-005-DW3P
To: 09/01/2012 09/30/2012

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.4	7.6		0		
PARM Code 00400 A Mon. Site No. EFA-01	Permit Requirement				6.0 (Min.)	8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement				1.0			0		
PARM Code 50060 A Mon. Site No. EFA-01	Permit Requirement				0.5 (Min.)		mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					0.9		0		
PARM Code 00620 A Mon. Site No. EFA-01	Permit Requirement					12.0 (Max.)	mg/L		Bi-weekly; every 2 weeks	Grab
Flow	Sample Measurement		0.025					0		
PARM Code 50050 Y Mon. Site No. FLW-01	Permit Requirement		0.05 (An. Avg.)	MGD					5 Days/Week	Meter
Flow	Sample Measurement	0.024	0.033					N/A		
PARM Code 50050 1 Mon. Site No. FLW-01	Permit Requirement	Report (Mo. Avg.)	Report (Qt. Avg.)	MGD					5 Days/Week	Meter
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement					66.1		N/A		
PARM Code 00180 P Mon. Site No. CAL-01	Permit Requirement					Report (Mo. Avg.)	percent		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C (Influent)	Sample Measurement					171		N/A		
PARM Code 80082 Q Mon. Site No. INF-01	Permit Requirement					Report (Max.)	mg/L		Bi-weekly; every 2 weeks	Grab
Solids, Total Suspended (Influent)	Sample Measurement					106		N/A		
PARM Code 00530 Q Mon. Site No. INF-01	Permit Requirement					Report (Max.)	mg/L		Bi-weekly; every 2 weeks	Grab

DAILY SAMPLE RESULTS - PART B (R-01)

Permit Number: **FLA014388-005-DW3P**

Facility: **Leisure Lakes Utilities**

MONITORING PERIOD From: 09/01/2012 To: 09/30/2012

Code	BOD, Carbonaceous 5 Day, 20C mg/L	Chlorine, Total Residual (For Disinfection) mg/L	Coliform, Fecal #/100ML	Nitrogen, Nitrate, Total (as N) mg/L	Solids, Total Suspended mg/L	pH s u	Flow MGD	BOD, Carbonaceous 5 Day, 20C (Influent) mg/L	Solids, Total Suspended (Influent) mg/L
Mon. Site	80082 EFA-01	50060 EFA-01	74055 EFA-01	00620 EFA-01	00530 EFA-01	00400 EFA-01	50050 FLW-01	80082 INF-01	00530 INF-01
1		3.2				7.6	0.017		
2							0.025		
3		3.0				7.6	0.025		
4		3.0				7.6	0.028		
5	2.4	3.0	1.0	0.9	1.0	7.6	0.026	171	70
6		3.0				7.6	0.026		
7		2.2				7.6	0.027		
8		3.0				7.6	0.028		
9							0.025		
10		1.0				7.4	0.025		
11		3.0				7.5	0.019		
12		3.1				7.5	0.019		
13		2.2				7.6	0.026		
14		3.2				7.6	0.025		
15		3.0				7.6	0.024		
16							0.025		
17		2.2				7.6	0.025		
18		2.2				7.6	0.025		
19		1.5				7.5	0.026		
20		2.2				7.5	0.025		
21		2.2				7.5	0.023		
22		1.9				7.5	0.029		
23							0.030		
24		2.1				7.6	0.030		
25	2.4	1.2	1.0	0.6	1.6	7.5	0.027	149	106
26		2.2				7.5	0.021		
27		3.0				7.5	0.028		
28		3.0				7.5	0.030		
29		3.0				7.5	0.021		
30							0.022		
1									
Total	N/A	N/A	N/A	N/A	N/A	N/A	0.750	N/A	N/A
Mo. Avg.	2.4	2.5	1.0	0.8	1.3	7.5	0.024	160	88

PLANT STAFFING:

Lead Operator	Class:		Certification No.:		Name:	
Day Shift Operator	Class:	C	Certification No.:	13244	Name:	Eddie Christmas
Day Shift Operator	Class:		Certification No.:		Name:	
Day Shift Operator	Class:		Certification No.:		Name:	

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Department of Environmental Protection, 2295 Victoria Ave, Suite 364, Ft. Myers, FL 33901-3881

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: P.O. Box 2480
 Lady Lake, FL 32158-2480

PERMIT NUMBER: FLA014388-005-DW3P

LIMIT: Final REPORT: Monthly
 CLASS SIZE: N/A GROUP: Domestic
 MONITORING GROUP NUMBER: R-01
 MONITORING GROUP DESC: Dual percolation ponds, with Influent
 RE-SUBMITTED DMR:

FACILITY: Leisure Lakes Utilities
 LOCATION: 101 Parkview Cir
 Lake Placid, FL 33852-6011

COUNTY: Highlands
 OFFICE: South District

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: 10/01/2012 To: 10/31/2012

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement				6.9			0		
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Requirement				20.0 (An. Avg.)		mg/L		Bi-weekly; every 2 weeks	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.9	2.9	2.8		0		
PARM Code 80082 A Mon.Site No. EFA-01	Permit Requirement			60.0 (Max.)	45.0 (Wk. Avg.)	30.0 (Mo. Avg.)	mg/L		Bi-weekly; every 2 weeks	Grab
Solids, Total Suspended	Sample Measurement				2.2			0		
PARM Code 00530 Y Mon.Site No. EFA-01	Permit Requirement				20.0 (An. Avg.)		mg/L		Bi-weekly; every 2 weeks	Grab
Solids, Total Suspended	Sample Measurement			2.4	2.4	2.4		0		
Parm Code 00530 A Mon.Site No. EFA-01	Permit Requirement			60.0 (Max.)	30.0 (Wk. Avg.)	30.0 (Mo. Avg.)	mg/L		Bi-weekly; every 2 weeks	Grab
Coliform, Fecal	Sample Measurement				1.0			0		
Parm Code 74055 Y Mon.Site No. EFA-01	Permit Requirement				200 (An. Avg.)		#/100mL		Bi-weekly; every 2 weeks	Grab
Coliform, Fecal	Sample Measurement				1.0	1.0		0		
Parm Code 74055 A Mon.Site No. EFA-01	Permit Requirement				200 (Mo. Geo. Mn.)	800 (Max.)	#/100mL		Bi-weekly; every 2 weeks	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)
Don Hostetler	<i>Don Hostetler</i>	727-919-0674	11/26/2012

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY:
COUNTY:

Leisure Lakes Utilities
Highlands

MONITORING GROUP NUMBER: R-01
MONITORING PERIOD: From:

PERMIT NUMBER: FLA014388-005-DW3P
To: 10/01/2012 10/31/2012

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.3	7.8		0		
PARM Code 00400 A Mon.Site No. EFA-01	Permit Requirement				6.0 (Min.)	8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement				2.0			0		
PARM Code 50060 A Mon.Site No.EFA-01	Permit Requirement				0.5 (Min.)		mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					0.5		0		
PARM Code 00620 A Mon. Site No. EFA-01	Permit Requirement					12.0 (Max.)	mg/L		Bi-weekly; every 2 weeks	Grab
Flow	Sample Measurement		0.025					0		
PARM Code 50050 Y Mon.Site No.FLW-01	Permit Requirement		0.05 (An. Avg.)	MGD					5 Days/Week	Meter
Flow	Sample Measurement	0.029	0.030					N/A		
PARM Code 50050 1 Mon.Site No.FLW-01	Permit Requirement	Report (Mo. Avg.)	Report (Qt. Avg.)	MGD					5 Days/Week	Meter
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement					60.9		N/A		
PARM Code 00180 P Mon.Site No. CAL-01	Permit Requirement					Report (Mo. Avg.)	percent		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C (Influent)	Sample Measurement					265		N/A		
PARM Code 80082 Q Mon.Site No. INF-01	Permit Requirement					Report (Max.)	mg/L		Bi-weekly; every 2 weeks	Grab
Solids, Total Suspended (Influent)	Sample Measurement					316		N/A		
PARM Code 00530 Q Mon.Site No. INF-01	Permit Requirement					Report (Max.)	mg/L		Bi-weekly; every 2 weeks	Grab

DAILY SAMPLE RESULTS - PART B (R-01)

Permit Number:

FLA014388-005-DW3P

Facility:

Leisure Lakes Utilities

MONITORING PERIOD

From: 10/01/2012

To: 10/31/2012

Code	BOD, Carbonaceous 5 Day, 20C mg/L	Chlorine, Total Residual (For Disinfection) mg/L	Coliform, Fecal #/100ML	Nitrogen, Nitrate, Total (as N) mg/L	Solids, Total Suspended mg/L	pH s.u.	Flow MGD	BOD, Carbonaceous 5 Day, 20C (Influent) mg/L	Solids, Total Suspended (Influent) mg/L
Mon. Site	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	FLW-01	INF-01	INF-01
1		2.1				7.3	0.014		
2		2.5				7.5	0.024		
3	2.7	4.5	1.0	0.5	2.4	7.5	0.023	265	316
4		3.5				7.5	0.043		
5		4.0				7.5	0.031		
6		2.5				7.5	0.026		
7							0.040		
8		2.5				7.5	0.040		
9		2.0				7.5	0.041		
10		2.3				7.6	0.030		
11		3.8				7.8	0.029		
12		3.1				7.7	0.046		
13		3.6				7.7	0.026		
14							0.035		
15		3.4				7.6	0.035		
16		3.0				7.6	0.026		
17	2.9	3.0	1.0	0.1	2.4	7.6	0.020	208	206
18		2.5				7.6	0.028		
19		2.8				7.6	0.026		
20		4.0				7.6	0.026		
21							0.029		
22		2.4				7.6	0.029		
23		2.6				7.6	0.027		
24		2.4				7.6	0.021		
25		2.2				7.6	0.024		
26		2.4				7.6	0.027		
27		2.4				7.6	0.023		
28							0.025		
29		2.2				7.6	0.025		
30		2.5				7.5	0.038		
31		2.8				7.5	0.029		
Total	N/A	N/A	N/A	N/A	N/A	N/A	0.904	N/A	N/A
Mo. Avg.	2.8	2.9	1.0	0.3	2.4	7.6	0.029	237	261

PLANT STAFFING:

Lead Operator	Class:	<u>C</u>	Certification No.:	<u>13244</u>	Name:	<u>Eddie Christmas</u>
Day Shift Operator	Class:	<u>C</u>	Certification No.:	<u>13244</u>	Name:	<u>Eddie Christmas</u>
Day Shift Operator	Class:	<u> </u>	Certification No.:	<u> </u>	Name:	<u> </u>
Day Shift Alt Operator	Class:	<u>B</u>	Certification No.:	<u>8035</u>	Name:	<u>Don Hostetler</u>

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Department of Environmental Protection, 2295 Victoria Ave, Suite 364, Ft. Myers, FL 33901-3881

PERMITTEE NAME: Aqua Utilities Florida, Inc.
MAILING ADDRESS: P.O. Box 2480
 Lady Lake, FL 32158-2480

PERMIT NUMBER: FLA014388-005-DW3P

LIMIT: Final
CLASS SIZE: N/A
REPORT: Monthly
GROUP: Domestic

FACILITY: Leisure Lakes Utilities
LOCATION: 101 Parkview Cir
 Lake Placid, FL 33852-6011

MONITORING GROUP NUMBER: R-01
MONITORING GROUP DESC: Dual percolation ponds, with Influent
RE-SUBMITTED DMR:

COUNTY: Highlands
OFFICE: South District

NO DISCHARGE FROM SITE:
MONITORING PERIOD From: 11/01/2012 To: 11/30/2012

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement				7.0			0		
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Requirement				20.0 (An. Avg.)		mg/L		Bi-weekly; every 2 weeks	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			3.8	3.8	2.9		0		
PARM Code 80082 A Mon.Site No. EFA-01	Permit Requirement			60.0 (Max.)	45.0 (Wk. Avg.)	30.0 (Mo. Avg.)	mg/L		Bi-weekly; every 2 weeks	Grab
Solids, Total Suspended	Sample Measurement				2.3			0		
PARM Code 00530 Y Mon.Site No. EFA-01	Permit Requirement				20.0 (An. Avg.)		mg/L		Bi-weekly; every 2 weeks	Grab
Solids, Total Suspended	Sample Measurement			3.8	3.8	3.0		0		
Parm Code 00530 A Mon.Site No. EFA-01	Permit Requirement			60.0 (Max.)	30.0 (Wk. Avg.)	30.0 (Mo. Avg.)	mg/L		Bi-weekly; every 2 weeks	Grab
Coliform, Fecal	Sample Measurement				1.0			0		
Parm Code 74055 Y Mon.Site No. EFA-01	Permit Requirement				200 (An. Avg.)		#/100mL		Bi-weekly; every 2 weeks	Grab
Coliform, Fecal	Sample Measurement				1.0	1.0		0		
Parm Code 74055 A Mon.Site No. EFA-01	Permit Requirement				200 (Mo. Geo. Mn.)	800 (Max.)	#/100mL		Bi-weekly; every 2 weeks	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)
SR FIELD OPERATOR	<i>[Signature]</i>		12/19/2012

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY:
COUNTY:

Leisure Lakes Utilities
Highlands

MONITORING GROUP NUMBER: R-01
MONITORING PERIOD: From

PERMIT NUMBER: FLA014388-005-DW/3P
To: 11/01/2012 To: 11/30/2012

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.5	7.6		0		
PARM Code 00400 A Mon. Site No. EFA-01	Permit Requirement				6.0 (Min.)	8.5 (Max.)	s. u.		5 Days/Week	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement				2.8			0		
PARM Code 50060 A Mon. Site No. EFA-01	Permit Requirement				0.5 (Min.)		mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					0.2		0		
PARM Code 00620 A Mon. Site No. EFA-01	Permit Requirement					12.0 (Max.)	mg/L		Bi-weekly; every 2 weeks	Grab
Flow	Sample Measurement		0.025					0		
PARM Code 50050 Y Mon. Site No. FLW-01	Permit Requirement		0.05 (An. Avg.)	MGD					5 Days/Week	Meter
Flow	Sample Measurement	0.027	0.032					N/A		
PARM Code 50050 1 Mon. Site No. FLW-01	Permit Requirement	Report (Mo. Avg.)	Report (Qt. Avg.)	MGD					5 Days/Week	Meter
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement					63.1		N/A		
PARM Code 00180 P Mon. Site No. CAL-01	Permit Requirement					Report (Mo. Avg.)	percent		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C (Influent)	Sample Measurement					339		N/A		
PARM Code 80082 Q Mon. Site No. INF-01	Permit Requirement					Report (Max.)	mg/L		Bi-weekly; every 2 weeks	Grab
Solids, Total Suspended (Influent)	Sample Measurement					222		N/A		
PARM Code 00530 Q Mon. Site No. INF-01	Permit Requirement					Report (Max.)	mg/L		Bi-weekly; every 2 weeks	Grab

DAILY SAMPLE RESULTS - PART B (R-01)

Permit Number: FLA014388-005-DW3P

Facility: Leisure Lakes Utilities

 MONITORING PERIOD From: 11/01/2012 To: 11/30/2012

Code	BOD, Carbonaceous 5 Day, 20C mg/L	Chlorine, Total Residual (For Disinfection) mg/L	Coliform, Fecal #/100ML	Nitrogen, Nitrate, Total (as N) mg/L	Solids, Total Suspended mg/L	pH s.u.	Flow MGD	BOD, Carbonaceous 5 Day, 20C (Influent) mg/L	Solids, Total Suspended (Influent) mg/L
Mon. Site	80082 EFA-01	50060 EFA-01	74055 EFA-01	00620 EFA-01	00530 EFA-01	00400 EFA-01	50050 FLW-01	80082 INF-01	00530 INF-01
1		3.0				7.5	0.014		
2		3.2				7.5	0.029		
3		2.8				7.5	0.016		
4							0.035		
5	2.0	3.0	1.0	0.2	2.2	7.5	0.035	306	177
6		2.8				7.5	0.030		
7		3.1				7.5	0.025		
8		3.0				7.5	0.029		
9		3.2				7.5	0.031		
10		3.2				7.5	0.023		
11							0.032		
12		3.2				7.5	0.032		
13		3.0				7.5	0.031		
14	3.8	3.4	1.0	0.1	3.8	7.6	0.022	339	222
15		3.2				7.6	0.031		
16		3.0				7.6	0.022		
17		3.1				7.6	0.028		
18							0.033		
19		3.3				7.6	0.033		
20		3.1				7.5	0.028		
21		3.3				7.5	0.025		
22		3.2				7.5	0.029		
23		3.2				7.5	0.038		
24		3.0				7.5	0.030		
25							0.026		
26		3.5				7.6	0.026		
27		3.3				7.6	0.033		
28		3.2				7.6	0.033		
29		3.4				7.6	0.029		
30		3.2				7.6	0.022		
1									
Total	N/A	N/A	N/A	N/A	N/A	N/A	0.850	N/A	N/A
Mo. Avg.	2.9	3.2	1.0	0.2	3.0	7.5	0.027	323	200

PLANT STAFFING:

Lead Operator	Class: <u>C</u>	Certification No.: <u>13244</u>	Name: <u>Eddie Christmas</u>
SR Field Operator	Class: <u>B</u>	Certification No.: <u>8035</u>	Name: <u>Don Hostetter</u>
Day Shift Operator	Class: _____	Certification No.: _____	Name: _____
Day Shift Operator	Class: _____	Certification No.: _____	Name: _____

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

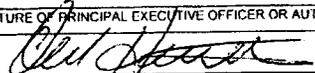
When completed mail this report to: Department of Environmental Protection, 2295 Victoria Ave, Suite 364, Ft. Myers, FL 33901-3881

PERMITTEE NAME: Aqua Utilities Florida, Inc. **PERMIT NUMBER:** FLA014388-005-DW3P
MAILING ADDRESS: P.O. Box 2480
 Lady Lake, FL 32158-2480

FACILITY: Leisure Lakes Utilities **LIMIT:** Final **REPORT:** Monthly
LOCATION: 101 Parkview Cir **CLASS SIZE:** N/A **GROUP:** Domestic
 Lake Placid, FL 33852-6011 **MONITORING GROUP NUMBE R-01**
COUNTY: Highlands **MONITORING GROUP DESC:** Dual percolation ponds, with Influent
OFFICE: South District **RE-SUBMITTED DMR:**
 NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: 12/01/2012 To: 12/31/2012

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement				6.3			0		
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Requirement				20.0 (An. Avg.)		mg/L		Bi-weekly; every 2 weeks	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			7.1	7.1	5.7		0		
PARM Code 80082 A Mon.Site No. EFA-01	Permit Requirement			60.0 (Max.)	45.0 (Wk. Avg.)	30.0 (Mo. Avg.)	mg/L		Bi-weekly; every 2 weeks	Grab
Solids, Total Suspended	Sample Measurement				2.6			0		
PARM Code 00530 Y Mon.Site No. EFA-01	Permit Requirement				20.0 (An. Avg.)		mg/L		Bi-weekly; every 2 weeks	Grab
Solids, Total Suspended	Sample Measurement			8.8	8.8	7.6		0		
Parm Code 00530 A Mon.Site No. EFA-01	Permit Requirement			60.0 (Max.)	30.0 (Wk. Avg.)	30.0 (Mo. Avg.)	mg/L		Bi-weekly; every 2 weeks	Grab
Coliform, Fecal	Sample Measurement				1.5			0		
Parm Code 74055 Y Mon.Site No. EFA-01	Permit Requirement				200 (An. Avg.)		#/100mL		Bi-weekly; every 2 weeks	Grab
Coliform, Fecal	Sample Measurement				6.7	18.0		0		
Parm Code 74055 A Mon.Site No. EFA-01	Permit Requirement				200 (Mo. Geo. Mn.)	800 (Max.)	#/100mL		Bi-weekly; every 2 weeks	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)
Sr Field Operator		727-919-0674	01/24/2013

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY
COUNTY:

Leisure Lakes Utilities
Highlands

MONITORING GROUP NUMBER: R-01
MONITORING PERIOD: From:

PERMIT NUMBER: FLA014388-005-DW3P
To: 12/01/2012 To: 12/31/2012

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Fx.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.6	7.9		0		
PARM Code 00400 A Mon.Site No. EFA-01	Permit Requirement				6.0 (Min.)	8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement				3.0			0		
PARM Code 50060 A Mon.Site No.EFA-01	Permit Requirement				0.5 (Min.)		mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					2.3		0		
PARM Code 00620 A Mon. Site No. EFA-01	Permit Requirement					12.0 (Max.)	mg/L		Bi-weekly; every 2 weeks	Grab
Flow	Sample Measurement	0.027						0		
PARM Code 50050 Y Mon.Site No.FLW-01	Permit Requirement		0.05 (An. Avg.)	MGD					5 Days/Week	Meter
Flow	Sample Measurement	0.030	0.029					N/A		
PARM Code 50050 1 Mon.Site No.FLW-01	Permit Requirement	Report (Mo. Avg.)	Report (Qt. Avg.)	MGD					5 Days/Week	Meter
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement					57.9		N/A		
PARM Code 00180 P Mon.Site No. CAL-01	Permit Requirement					Report (Mo. Avg.)	percent		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C (Influent)	Sample Measurement					290		N/A		
PARM Code 80082 Q Mon.Site No. INF-01	Permit Requirement					Report (Max.)	mg/L		Bi-weekly; every 2 weeks	Grab
Solids, Total Suspended (Influent)	Sample Measurement					482		N/A		
PARM Code 00530 Q Mon.Site No. INF-01	Permit Requirement					Report (Max.)	mg/L		Bi-weekly; every 2 weeks	Grab

DAILY SAMPLE RESULTS - PART B (R-01)

Permit Number:

FLA014388-005-DW3P

Facility:

Leisure Lakes Utilities

MONITORING PERIOD

From:

12/01/2012

To:

12/31/2012

Code Mon. Site	BOD, Carbonaceous 5 Day, 20C mg/L	Chlorine, Total Residual (For Disinfection) mg/L	Coliform, Fecal #/100ML	Nitrogen, Nitrate, Total (as N) mg/L	Solids, Total Suspended mg/L	pH s.u.	Flow MGD	BOD, Carbonaceous 5 Day, 20C (Influent) mg/L	Solids, Total Suspended (Influent) mg/L
80082 EFA-01	50060 EFA-01	74055 EFA-01	00620 EFA-01	00530 EFA-01	00400 EFA-01	50050 FLW-01	80082 INF-01	00530 INF-01	
1		3.2				7.6	0.018		
2							0.030		
3		3.5				7.8	0.030		
4		3.2				7.8	0.036		
5	7.1	3.5	18.0	0.1	8.8	7.8	0.020	282	482
6		3.5	1.0			7.8	0.038		
7		3.5				7.8	0.024		
8		3.4				7.8	0.025		
9							0.040		
10		3.4				7.9	0.040		
11		3.2				7.9	0.032		
12		3.3				7.9	0.028		
13		3.5				7.9	0.025		
14		3.3				7.9	0.042		
15		3.4				7.9	0.026		
16							0.033		
17		3.6				7.8	0.033		
18		3.4				7.8	0.033		
19		3.4				7.8	0.029		
20	4.3	3.2	1.0	2.3	6.4	7.8	0.027	290	116
21		3.4				7.8	0.025		
22		3.2				7.8	0.035		
23							0.028		
24		3.2				7.8	0.028		
25		3.0				7.8	0.035		
26		3.4				7.9	0.028		
27		3.0				7.8	0.027		
28		3.2				7.8	0.026		
29		3.2				7.8	0.030		
30							0.035		
31		3.0				7.8	0.035		
Total	N/A	N/A	N/A	N/A	N/A	N/A	0.939	N/A	N/A
Mo. Avg.	5.7	3.3	6.7	1.2	7.6	7.8	0.030	286	299

PLANT STAFFING:

Lead Operator	Class:	C
SR Field Operator	Class:	B
Day Shift Operator	Class:	
Day Shift Operator	Class:	

Certification No.:	13244
Certification No.:	8035
Certification No.:	
Certification No.:	

Name:	Eddie Christmas
Name:	Don Hostetter
Name:	
Name:	

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Department of Environmental Protection, 2295 Victoria Ave, Suite 364, Ft. Myers, FL 33901-3881

PERMITTEE NAME:	Aqua Utilities Florida, Inc.	PERMIT NUMBER:	FLA014388-005-DW3P
MAILING ADDRESS:	P.O. Box 2480 Lady Lake, FL 32158-2480	LIMIT:	Final
FACILITY:	Leisure Lakes Utilities	CLASS SIZE:	N/A
LOCATION:	101 Parkview Cir Lake Placid, FL 33852-6011	MONITORING GROUP NUMBER:	R-01
COUNTY:	Highlands	MONITORING GROUP DESC:	Dual percolation ponds, with Influent
OFFICE:	South District	RE-SUBMITTED DMR:	<input type="checkbox"/>
		NO DISCHARGE FROM SITE:	<input type="checkbox"/>
		MONITORING PERIOD From:	01/01/2013
		To:	01/31/2013

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement			6.2				0		
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Requirement			20.0 (An. Avg.)			mg/L		Bi-weekly; every 2 weeks	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement		2.6	2.6	2.3			0		
PARM Code 80082 A Mon.Site No. EFA-01	Permit Requirement		60.0 (Max.)	45.0 (Wk. Avg.)	30.0 (Mo. Avg.)		mg/L		Bi-weekly; every 2 weeks	Grab
Solids, Total Suspended	Sample Measurement			2.7				0		
PARM Code 00530 Y Mon.Site No. EFA-01	Permit Requirement			20.0 (An. Avg.)			mg/L		Bi-weekly; every 2 weeks	Grab
Solids, Total Suspended	Sample Measurement		2.2	2.2	1.6			0		
PARM Code 00530 A Mon.Site No. EFA-01	Permit Requirement		60.0 (Max.)	30.0 (Wk. Avg.)	30.0 (Mo. Avg.)		mg/L		Bi-weekly; every 2 weeks	Grab
Coliform, Fecal	Sample Measurement			1.5				0		
PARM Code 74055 Y Mon.Site No. EFA-01	Permit Requirement			200 (An. Avg.)			#/100mL		Bi-weekly; every 2 weeks	Grab
Coliform, Fecal	Sample Measurement			1.0	< 1			0		
PARM Code 74055 A Mon.Site No. EFA-01	Permit Requirement			200 (Mo. Geo. Mn.)	800 (Max.)		#/100mL		Bi-weekly; every 2 weeks	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (mm/dd/yyyy)
Don Hostetter Sr Field Operator		727-919-0674	08/08/2014

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Leisure Lakes Utilities
 COUNTY: Highlands

MONITORING GROUP NUMBER: R-01
 MONITORING PERIOD: From:

PERMIT NUMBER: FLA014388-005-DW3P
 To: 01/01/2013 01/31/2013

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.3	7.9		0		
PARM Code 00400 A Mon.Site No. EFA-01	Permit Requirement				6.0 (Min.)	8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement				0.8			0		
PARM Code 50080 A Mon.Site No.EFA-01	Permit Requirement				0.5 (Min.)		mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					4.0		0		
PARM Code 00620 A Mon. Site No. EFA-01	Permit Requirement					12.0 (Max.)	mg/L		Bi-weekly, every 2 weeks	Grab
Flow	Sample Measurement		0.028					0		
PARM Code 50050 Y Mon.Site No.FLW-01	Permit Requirement		0.050 (An. Avg.)	MGD					5 Days/Week	Meter
Flow	Sample Measurement	0.031	0.030					N/A		
PARM Code 50050 1 Mon.Site No.FLW-01	Permit Requirement	Report (Mo. Avg.)	Report (Qt. Avg.)	MGD					5 Days/Week	Meter
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement					59.2		N/A		
PARM Code 00180 P Mon.Site No. CAL-01	Permit Requirement					Report (Mo. Avg.)	percent		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C (Influent)	Sample Measurement					254		N/A		
PARM Code 60082 Q Mon.Site No. INF-01	Permit Requirement					Report (Max.)	mg/L		Bi-weekly, every 2 weeks	Grab
Solids, Total Suspended (Influent)	Sample Measurement					240		N/A		
PARM Code 00530 Q Mon.Site No. INF-01	Permit Requirement					Report (Max.)	mg/L		Bi-weekly, every 2 weeks	Grab

DAILY SAMPLE RESULTS - PART B (R-01)

Permit Number: FLA014388-005-DW3P

Facility: Leisure Lakes Utilities

MONITORING PERIOD From: 01/01/2013 To: 01/31/2013

	BOD, Carbonaceous 5 Day, 20C mg/L	Chlorine, Total Residual (For Disinfection) mg/L	Coliform, Fecal #/100ML	Nitrogen, Nitrate, Total (as N) mg/L	Solids, Total Suspended mg/L	pH s.u.	Flow MGD	BOD, Carbonaceous 5 Day, 20C (Influent) mg/L	Solids, Total Suspended (Influent) mg/L	
Code	80082	50060	74055	00620	00530	00400	50050	80082	00530	
Mon.Site	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	FLW-01	INF-01	INF-01	
1		3.0				7.8	0.035			
2		3.2				7.8	0.028			
3		3.0				7.8	0.025			
4		3.0				7.8	0.030			
5		3.2				7.8	0.031			
6							0.035			
7		3.2				7.9	0.035			
8	2.0	3.3	1	3.6	2.2	7.9	0.029	254	240	
9		0.8				7.3	0.040			
10		1.5				7.5	0.027			
11		2.3				7.4	0.038			
12		2.5				7.5	0.026			
13							0.030			
14		2.8				7.5	0.030			
15		3.0				7.6	0.028			
16	2.6	2.8	1	4.0	1.0	7.5	0.026	153	198	
17		3.0				7.7	0.025			
18		3.2				7.7	0.033			
19		3.0				7.7	0.023			
20							0.039			
21		3.2				7.8	0.039			
22		3.2				7.7	0.029			
23		2.8				7.7	0.031			
24		3.5				7.8	0.020			
25		3.3				7.8	0.036			
26		3.5				7.8	0.027			
27							0.037			
28		3.3				7.8	0.037			
29		3.1				7.8	0.032			
30		3.2				7.8	0.030			
31		3.0				7.8	0.033			
Total	N/A	N/A	N/A	N/A	N/A	N/A	0.962	N/A	N/A	
Mo. Avg.	2.3	2.9	1.0	3.8	1.6	7.7	0.031	204	219	

PLANT STAFFING:

Lead Operator	Class: <u> C </u>	Certification No.: <u> 13244 </u>	Name: <u> Eddie Christmas </u>
SR Field Operator	Class: <u> B </u>	Certification No.: <u> 8035 </u>	Name: <u> Don Hostetler </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Department of Environmental Protection, 2295 Victoria Ave, Suite 364, Ft. Myers, FL 33901-3881

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: P.O. Box 2480
 Lady Lake, FL 32158-2480

PERMIT NUMBER: FLA014388-005-DW3P

LIMIT: Final REPORT: Monthly
 CLASS SIZE: N/A GROUP: Domestic
 MONITORING GROUP NUMBER R-01

FACILITY: Leisure Lakes Utilities
 LOCATION: 101 Parkview Cir
 Lake Placid, FL 33852-6011

MONITORING GROUP DESC: Dual percolation ponds, with Influent

RE-SUBMITTED DMR:

COUNTY: Highlands

NO DISCHARGE FROM SITE:

OFFICE: South District

MONITORING PERIOD From: 02/01/2013 To: 02/28/2013

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement				7.2			0		
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Requirement				20.0 (An. Avg.)		mg/L		Bi-weekly; every 2 weeks	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.0	2.0	2.0		0		
PARM Code 80082 A Mon.Site No. EFA-01	Permit Requirement			60.0 (Max.)	45.0 (Wk. Avg.)	30.0 (Mo. Avg.)	mg/L		Bi-weekly; every 2 weeks	Grab
Solids, Total Suspended	Sample Measurement				2.4			0		
PARM Code 00530 Y Mon.Site No. EFA-01	Permit Requirement				20.0 (An. Avg.)		mg/L		Bi-weekly; every 2 weeks	Grab
Solids, Total Suspended	Sample Measurement			3.0	3.0	2.0		0		
ParM Code 00530 A Mon.Site No. EFA-01	Permit Requirement			60.0 (Max.)	30.0 (Wk. Avg.)	30.0 (Mo. Avg.)	mg/L		Bi-weekly; every 2 weeks	Grab
Coliform, Fecal	Sample Measurement				1.0			0		
ParM Code 74055 Y Mon.Site No. EFA-01	Permit Requirement				200 (An. Avg.)		#/100mL		Bi-weekly; every 2 weeks	Grab
Coliform, Fecal	Sample Measurement				1.0	1.0		0		
ParM Code 74055 A Mon.Site No. EFA-01	Permit Requirement				200 (Mo. Geo. Mn.)	800 (Max.)	#/100mL		Bi-weekly; every 2 weeks	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)
Don Hostetler SR Facility Operator	<i>Don Hostetler</i>	727-919-0674	03/21/2013

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Leisure Lakes Utilities
 COUNTY: Highlands

MONITORING GROUP NUMBER: R-01
 MONITORING PERIOD: From:

PERMIT NUMBER: FLA014388-005-DW3P
 To: 02/01/2013 02/28/2013

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.6	7.7		0		
PARM Code 00400 A Mon.Site No. EFA-01	Permit Requirement				6.0 (Min.)	8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement				3.0			0		
PARM Code 50060 A Mon.Site No.EFA-01	Permit Requirement				0.5 (Min.)		mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					0.14		0		
PARM Code 00620 A Mon. Site No. EFA-01	Permit Requirement					12.0 (Max.)	mg/L		Bi-weekly, every 2 weeks	Grab
Flow	Sample Measurement		0.025					0		
PARM Code 50050 Y Mon.Site No.FLW-01	Permit Requirement		0.05 (An. Avg.)	MGD					5 Days/Week	Meter
Flow	Sample Measurement	0.030	0.035					N/A		
PARM Code 50050 1 Mon. Site No.FLW-01	Permit Requirement	Report (Mo. Avg.)	Report (Qt. Avg.)	MGD					5 Days/Week	Meter
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement					69.8		N/A		
PARM Code 00180 P Mon.Site No. CAL-01	Permit Requirement					Report (Mo. Avg.)	percent		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C (Influent)	Sample Measurement					339		N/A		
PARM Code 80082 Q Mon.Site No. INF-01	Permit Requirement					Report (Max.)	mg/L		Bi-weekly, every 2 weeks	Grab
Solids, Total Suspended (Influent)	Sample Measurement					266		N/A		
PARM Code 00530 Q Mon.Site No. INF-01	Permit Requirement					Report (Max.)	mg/L		Bi-weekly, every 2 weeks	Grab

DAILY SAMPLE RESULTS - PART B (R-01)

Permit Number: FLA014388-005-DW3P

Facility: Leisure Lakes Utilities

 MONITORING PERIOD From: 02/01/2013 To: 02/28/2013

Code	BOD, Carbonaceous 5 Day, 20C mg/L	Chlorine, Total Residual (For Disinfection) mg/L	Coliform, Fecal #/100ML	Nitrogen, Nitrate, Total (as N) mg/L	Solids, Total Suspended mg/L	pH s.u.	Flow MGD	BOD, Carbonaceous 5 Day, 20C (Influent) mg/L	Solids, Total Suspended (Influent) mg/L
80082	50060	74055	00620	00530	00400	50050	80082	00530	
Mon Site	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	FLW-01	INF-01	INF-01	
1		3.0				7.7	0.017		
2		3.2				7.7	0.028		
3							0.034		
4		3.5				7.7	0.034		
5		3.4				7.7	0.026		
6	2.0	3.2	1.0	0.1	3.0	7.7	0.028	339	
7		3.5				7.7	0.042		
8		3.4				7.6	0.027		
9		3.2				7.6	0.026		
10							0.038		
11		3.2				7.7	0.038		
12		3.4				7.7	0.037		
13		3.4				7.7	0.029		
14		3.2				7.7	0.036		
15		3.2				7.7	0.038		
16		3.3				7.6	0.033		
17							0.036		
18		3.0				7.6	0.036		
19	2.0	3.5	1.0	0.1	1.0	7.6	0.029	287	
20		3.4				7.7	0.036		
21		3.0				7.7	0.032		
22		3.2				7.7	0.029		
23		3.0				7.7	0.034		
24							0.035		
25		3.9				7.6	0.035		
26		3.0				7.6	0.037		
27		3.2				7.6	0.036		
28		3.4				7.6	0.034		
1									
Total	N/A	N/A	N/A	N/A	N/A	N/A	0.919	N/A	N/A
Mo. Avg.	2.0	3.3	1.0	0.2	2.0	7.7	0.030	313	255

PLANT STAFFING:

Lead Operator	Class: <u>C</u>	Certification No.: <u>13244</u>	Name: <u>Eddie Christmas</u>
Day Shift Operator	Class: <u>C</u>	Certification No.: <u>13244</u>	Name: <u>Eddie Christmas</u>
ALT Operator	Class: <u>B</u>	Certification No.: <u>8035</u>	Name: <u>Don Hostetter</u>
Day Shift Operator	Class: _____	Certification No.: _____	Name: _____

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Department of Environmental Protection, 2295 Victoria Ave, Suite 364, Ft. Myers, FL 33901-3881

PERMITTEE NAME: Aqua Utilities Florida, Inc.
MAILING ADDRESS: P.O. Box 2480
 Lady Lake, FL 32158-2480

PERMIT NUMBER: FLA014388-005-DW3P

LIMIT: Final
CLASS SIZE: N/A
MONITORING GROUP NUMBER: R-01

REPORT: Monthly
GROUP: Domestic

FACILITY: Leisure Lakes Utilities
LOCATION: 101 Parkview Cir
 Lake Placid, FL 33852-6011

MONITORING GROUP DESC: Dual percolation ponds, with Influent

RE-SUBMITTED DMR:

COUNTY: Highlands
OFFICE: South District

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 03/01/2013 To: 03/31/2013

Parameter	Sample Measurement	Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement				7.0				0		
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Requirement				20.0 (An. Avg.)			mg/L		Bi-weekly; every 2 weeks	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			4.4	4.4	4.3			0		
PARM Code 80082 A Mon.Site No. EFA-01	Permit Requirement			60.0 (Max.)	45.0 (Wk. Avg.)	30.0 (Mo. Avg.)		mg/L		Bi-weekly; every 2 weeks	Grab
Solids, Total Suspended	Sample Measurement				2.3				0		
PARM Code 00530 Y Mon.Site No. EFA-01	Permit Requirement				20.0 (An. Avg.)			mg/L		Bi-weekly; every 2 weeks	Grab
Solids, Total Suspended	Sample Measurement			3.8	3.8	2.5			0		
Parm Code 00530 A Mon.Site No. EFA-01	Permit Requirement			60.0 (Max.)	30.0 (Wk. Avg.)	30.0 (Mo. Avg.)		mg/L		Bi-weekly; every 2 weeks	Grab
Coliform, Fecal	Sample Measurement				1.0				0		
Parm Code 74055 Y Mon.Site No. EFA-01	Permit Requirement				200 (An. Avg.)			#/100mL		Bi-weekly; every 2 weeks	Grab
Coliform, Fecal	Sample Measurement				1.0	1.0			0		
Parm Code 74055 A Mon.Site No. EFA-01	Permit Requirement				200 (Mo. Geo. Mn.)	800 (Max.)		#/100mL		Bi-weekly; every 2 weeks	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (mm/dd/yyyy)
Don Hostetler SR Facility Operator	<i>Don Hostetler</i>	727-919-0674	04/10/2013

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY:
COUNTY:

Leisure Lakes Utilities
Highlands

MONITORING GROUP NUMBER: R-01
MONITORING PERIOD: From:

PERMIT NUMBER: FLA014388-005-DW3P
To: 03/01/2013 03/31/2013

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.6	7.8		0		
PARM Code 00400 A Mon.Site No. EFA-01	Permit Requirement				6.0 (Min.)	8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement				2.9			0		
PARM Code 50060 A Mon.Site No.EFA-01	Permit Requirement				0.5 (Min.)		mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					0.2		0		
PARM Code 00620 A Mon. Site No. EFA-01	Permit Requirement					12.0 (Max.)	mg/L		Bi-weekly; every 2 weeks	Grab
Flow	Sample Measurement		0.026					0		
PARM Code 50050 Y Mon.Site No.FLW-01	Permit Requirement		0.05 (An. Avg.)	MGD					5 Days/Week	Meter
Flow	Sample Measurement	0.031	0.033					N/A		
PARM Code 50050 1 Mon.Site No.FLW-01	Permit Requirement	Report (Mo. Avg.)	Report (Qt. Avg.)	MGD					5 Days/Week	Meter
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement					65.6	%	N/A		
PARM Code 00180 P Mon.Site No. CAL-01	Permit Requirement					Report (Mo. Avg.)	percent		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C (Influent)	Sample Measurement					345		N/A		
PARM Code 80082 Q Mon.Site No. INF-01	Permit Requirement					Report (Max.)	mg/L		Bi-weekly; every 2 weeks	Grab
Solids, Total Suspended (Influent)	Sample Measurement					191		N/A		
PARM Code 00530 Q Mon.Site No. INF-01	Permit Requirement					Report (Max.)	mg/L		Bi-weekly; every 2 weeks	Grab

DAILY SAMPLE RESULTS - PART B (R-01)

Permit Number:

FLA014388-005-DW3P

Facility:

Leisure Lakes Utilities

MONITORING PERIOD

From: 03/01/2013

To: 03/31/2013

Code	BOD, Carbonaceous 5 Day, 20C mg/L	Chlorine, Total Residual (For Disinfection) mg/L	Coliform, Fecal #/100ML	Nitrogen, Nitrate, Total (as N) mg/L	Solids, Total Suspended mg/L	pH s u.	Flow MGD	BOD, Carbonaceous 5 Day, 20C (Influent) mg/L	Solids, Total Suspended (Influent) mg/L
80082	50060	74055	00620	00530	00400	50050	80082	00530	
Mon. Site	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	FLW-01	INF-01	INF-01
1		3.2				7.6	0.017		
2		3.0				7.6	0.029		
3							0.032		
4		3.0				7.6	0.032		
5		2.9				7.6	0.030		
6		3.1				7.6	0.029		
7		3.3				7.6	0.030		
8	4.4	3.2	1.0	0.1	1.2	7.6	0.043	326	178
9		3.2				7.6	0.029		
10							0.039		
11		3.0				7.6	0.039		
12		3.2				7.6	0.025		
13		3.0				7.6	0.034		
14		3.0				7.8	0.030		
15		3.3				7.8	0.030		
16		3.1				7.8	0.031		
17							0.036		
18		3.2				7.8	0.036		
19	4.1	3.0	1.0	0.2	3.8	7.8	0.027	345	191
20		3.2				7.8	0.026		
21		3.1				7.8	0.029		
22		3.2				7.8	0.030		
23		3.1				7.8	0.031		
24							0.033		
25		3.3				7.8	0.033		
26		3.1				7.8	0.035		
27		3.1				7.8	0.028		
28		3.3				7.8	0.028		
29		3.1				7.8	0.037		
30		3.0				7.8	0.026		
31							0.020		
Total	N/A	N/A	N/A	N/A	N/A	N/A	0.952	N/A	N/A
Mo. Avg.	4.3	3.1	1.0	0.2	2.5	7.7	0.031	336	185

PLANT STAFFING:

Lead Operator	Class:	C
Day Shift Operator	Class:	C
Alt. Operator	Class:	B
Day Shift Operator	Class:	

Certification No.:	13244
Certification No.:	13244
Certification No.:	8035
Certification No.:	

Name:	Eddie Christmas
Name:	Eddie Christmas
Name:	Don Hostetler
Name:	

0
0

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Department of Environmental Protection, 2295 Victoria Ave. Suite 364, Ft. Myers, FL 33901-3881

PERMITTEE NAME: HC Waterworks, Inc.
MAILING ADDRESS: 4939 Cross Bayou Blvd.
New Port Richey, FL 34652

PERMIT NUMBER: FLA014388-005-DW3P

FACILITY: Leisure Lakes Utilities
LOCATION: 101 Parkview Cir
Lake Placid, FL 33852-6011

LIMIT: Final
CLASS SIZE: N/A
MONITORING GROUP NUMBER: R-01
MONITORING GROUP DESC: Dual percolation ponds, with Influent
RE-SUBMITTED DMR:

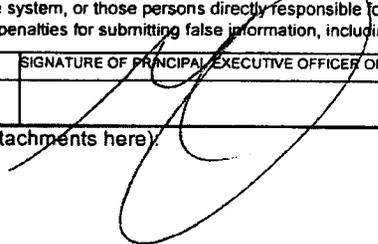
REPORT: Monthly
GROUP: Domestic

COUNTY: Highlands
OFFICE: South District

NO DISCHARGE FROM SITE:
MONITORING PERIOD From: 04/01/2013 To: 04/30/2013

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement			7.5				0		
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Requirement			20.0 (An. Avg.)			mg/L		Bi-weekly; every 2 weeks	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement		14.0	14.0	10.1			0		
PARM Code 80082 A Mon.Site No. EFA-01	Permit Requirement		60.0 (Max.)	45.0 (Wk. Avg.)	30.0 (Mo. Avg.)		mg/L		Bi-weekly; every 2 weeks	Grab
Solids, Total Suspended	Sample Measurement			2.5				0		
PARM Code 00530 Y Mon.Site No. EFA-01	Permit Requirement			20.0 (An. Avg.)			mg/L		Bi-weekly; every 2 weeks	Grab
Solids, Total Suspended	Sample Measurement		7.6	7.6	5.7			0		
ParM Code 00530 A Mon.Site No. EFA-01	Permit Requirement		60.0 (Max.)	30.0 (Wk. Avg.)	30.0 (Mo. Avg.)		mg/L		Bi-weekly; every 2 weeks	Grab
Coliform, Fecal	Sample Measurement			1.2				0		
ParM Code 74055 Y Mon.Site No. EFA-01	Permit Requirement			200 (An. Avg.)			#/100mL		Bi-weekly; every 2 weeks	Grab
Coliform, Fecal	Sample Measurement			3.0	5.0			0		
ParM Code 74055 A Mon.Site No. EFA-01	Permit Requirement			200 (Mo. Geo. Mn.)	800 (Max.)		#/100mL		Bi-weekly; every 2 weeks	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (mm/dd/yyyy)
U.S. Water Services Corp, Gary Deremer, President		727-848-8292	05/09/2013

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

Reviewed By 

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Leisure Lakes Utilities MONITORING GROUP NUMBER: R-01 PERMIT NUMBER: FLA014388-005-DW3P
 COUNTY: Highlands MONITORING PERIOD: From: 04/01/2013 To: 04/30/2013

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.4	8.0		0		
PARM Code 00400 A Mon.Site No. EFA-01	Permit Requirement				6.0 (Min.)	8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement				2.5			0		
PARM Code 50060. A Mon.Site No.EFA-01	Permit Requirement				0.5 (Min.)		mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					0.1		0		
PARM Code 00620 A Mon. Site No. EFA-01	Permit Requirement					12.0 (Max.)	mg/L		Bi-weekly; every 2 weeks	Grab
Flow	Sample Measurement		0.026					0		
PARM Code 50050 Y Mon.Site No.FLW-01	Permit Requirement		0.05 (An. Avg.)	MGD					5 Days/Week	Meter
Flow	Sample Measurement	0.028	0.032					N/A		
PARM Code 50050 1 Mon.Site No.FLW-01	Permit Requirement	Report (Mo. Avg.)	Report (Qt. Avg.)	MGD					5 Days/Week	Meter
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement					63.7	%	N/A		
PARM Code 00180 P Mon.Site No. CAL-01	Permit Requirement					Report (Mo. Avg.)	percent		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C (Influent)	Sample Measurement					443		N/A		
PARM Code 80082 Q Mon.Site No. INF-01	Permit Requirement					Report (Max.)	mg/L		Bi-weekly; every 2 weeks	Grab
Solids, Total Suspended (Influent)	Sample Measurement					352		N/A		
PARM Code 00530 Q Mon.Site No. INF-01	Permit Requirement					Report (Max.)	mg/L		Bi-weekly; every 2 weeks	Grab

DAILY SAMPLE RESULTS - PART B (R-01)

Permit Number: FLA014388-005-DW3P

Facility: Leisure Lakes Utilities

 MONITORING PERIOD From: 04/01/2013 To: 04/30/2013

	BOD, Carbonaceous 5 Day, 20C mg/L	Chlorine, Total Residual (For Disinfection) mg/L	Coliform, Fecal #/100ML	Nitrogen, Nitrate, Total (as N) mg/L	Solids, Total Suspended mg/L	pH s.u.	Flow MGD	BOD, Carbonaceous 5 Day, 20C (Influent) mg/L	Solids, Total Suspended (Influent) mg/L		
Code	80082	50060	74055	00620	00530	00400	50050	80082	00530		
Mon.Site	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	FLW-01	INF-01	INF-01		
1		3.1				7.8	0.040				
2		3.2				7.8	0.030				
3		3.4				7.8	0.040				
4		3.2				7.8	0.039				
5		3.1				7.8	0.025				
6		3.1				7.8	0.023				
7							0.035				
8	6.2	3.5	1.0	0.1	3.8	7.8	0.035	345	254		
9		3.4				7.8	0.026				
10		3.2				7.8	0.039				
11		3.3				7.8	0.027				
12		7.0				7.5	0.024				
13		8.6				7.5	0.032				
14							0.032				
15		6.0				7.6	0.032				
16		8.8				7.5	0.012				
17		8.8				7.5	0.032				
18		6.8				8.0	0.036				
19		8.8				7.4	0.023				
20							0.030				
21							0.031				
22	14.0	8.8	5.0	0.1	7.6	7.4	0.031	443	352		
23		8.8				7.6	0.031				
24		5.4				7.8	0.024				
25		2.6				7.7	0.019				
26		2.5				7.8	0.027				
27		6.8				7.8	0.018				
28							0.024				
29		8.8				7.7	0.024				
30		6.0				7.6	0.026				
31											
Total	N/A	N/A	N/A	N/A	N/A	N/A	0.864	N/A	N/A		
Mo. Avg.	10.1	5.6	3.0	0.2	5.7	7.7	0.028	394	303		

PLANT STAFFING:

Lead Operator	Class: <u>C</u>	Certification No.: <u>13244</u>	Name: <u>Eddie Christmas</u>
Day Shift Operator	Class: <u>C</u>	Certification No.: <u>13244</u>	Name: <u>Eddie Christmas</u>
Alt. Operator	Class: <u>B</u>	Certification No.: <u>8035</u>	Name: <u>Don Hostetter</u>
Day Shift Operator	Class: _____	Certification No.: _____	Name: _____

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Department of Environmental Protection, 2295 Victoria Ave., Suite 364, Ft. Myers, FL 33901-3881

PERMITTEE NAME: HC Waterworks, Inc.
 MAILING ADDRESS: 4939 Cross Bayou Blvd.
 New Port Richey, FL 34652

PERMIT NUMBER: FLA014388-005-DW3P

FACILITY: Leisure Lakes Utilities
 LOCATION: 101 Parkview Cir
 Lake Placid, FL 33852-6011

LIMIT: Final
 CLASS SIZE: N/A
 MONITORING GROUP NUMBER: R-01
 MONITORING GROUP DESC: Dual percolation ponds, with Influent
 RE-SUBMITTED DMR:

REPORT: Monthly
 GROUP: Domestic

File Copy

COUNTY: Highlands
 OFFICE: South District

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: 05/01/2013 To: 05/30/2013

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement				7.5			0		
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Requirement				20.0 (An. Avg.)		mg/L		Bi-weekly; every 2 weeks	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement		24.0	24.0	14.1			0		
PARM Code 80082 A Mon.Site No. EFA-01	Permit Requirement		60.0 (Max.)	45.0 (Wk. Avg.)	30.0 (Mo. Avg.)		mg/L		Bi-weekly; every 2 weeks	Grab
Solids, Total Suspended	Sample Measurement				2.7			0		
PARM Code 00530 Y Mon.Site No. EFA-01	Permit Requirement				20.0 (An. Avg.)		mg/L		Bi-weekly; every 2 weeks	Grab
Solids, Total Suspended	Sample Measurement		8.4	8.4	6.3			0		
Parm Code 00530 A Mon.Site No. EFA-01	Permit Requirement		60.0 (Max.)	30.0 (Wk. Avg.)	30.0 (Mo. Avg.)		mg/L		Bi-weekly; every 2 weeks	Grab
Coliform, Fecal	Sample Measurement				1.2			0		
Parm Code 74055 Y Mon.Site No. EFA-01	Permit Requirement				200 (An. Avg.)		#/100mL		Bi-weekly; every 2 weeks	Grab
Coliform, Fecal	Sample Measurement				2.0	3.0		0		
Parm Code 74055 A Mon.Site No. EFA-01	Permit Requirement				200 (Mo. Geo. Mn.)	800 (Max.)	#/100mL		Bi-weekly; every 2 weeks	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (mm/dd/yyyy)
U.S. Water Services Corp, Melisa Rotteveel, Manager	<i>Melisa Rotteveel</i>	727-848-8292	06/10/2013

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Leisure Lakes Utilities MONITORING GROUP NUMBER: R-01 PERMIT NUMBER: FLA014388-005-DW3P
 COUNTY: Highlands MONITORING PERIOD: From: 05/01/2013 To: 05/30/2013

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.3	7.8		0		
PARM Code 00400 A Mon.Site No. EFA-01	Permit Requirement				6.0 (Min.)	8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement				1.4			0		
PARM Code 50060 A Mon Site No.EFA-01	Permit Requirement				0.5 (Min.)		mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					0.1		0		
PARM Code 00620 A Mon. Site No. EFA-01	Permit Requirement					12.0 (Max.)	mg/L		Bi-weekly; every 2 weeks	Grab
Flow	Sample Measurement		0.026					0		
PARM Code 50050 Y Mon.Site No.FLW-01	Permit Requirement		0.05 (An. Avg.)	MGD					5 Days/Week	Meter
Flow	Sample Measurement	0.022	0.027					N/A		
PARM Code 50050 1 Mon.Site No.FLW-01	Permit Requirement	Report (Mo. Avg.)	Report (Qt. Avg.)	MGD					5 Days/Week	Meter
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement					53.4	%	N/A		
PARM Code 00180 P Mon.Site No. CAL-01	Permit Requirement					Report (Mo. Avg.)	percent		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C (Influent)	Sample Measurement					299		N/A		
PARM Code 80082 Q Mon.Site No. INF-01	Permit Requirement					Report (Max.)	mg/L		Bi-weekly; every 2 weeks	Grab
Solids, Total Suspended (Influent)	Sample Measurement					226		N/A		
PARM Code 00530 Q Mon.Site No. INF-01	Permit Requirement					Report (Max.)	mg/L		Bi-weekly; every 2 weeks	Grab

DAILY SAMPLE RESULTS - PART B (R-01)

Permit Number:

FLA014388-005-DW3P

Facility:

Leisure Lakes Utilities

MONITORING PERIOD

From:

05/01/2013

To:

05/30/2013

	BOD, Carbonaceous 5 Day, 20C mg/L	Chlorine, Total Residual (For Disinfection) mg/L	Coliform, Fecal #/100ML	Nitrogen, Nitrate, Total (as N) mg/L	Solids, Total Suspended mg/L	pH s.u.	Flow MGD	BOD, Carbonaceous 5 Day, 20C (Influent) mg/L	Solids, Total Suspended (Influent) mg/L		
Code	80082	50060	74055	00820	00530	00400	50050	80082	00530		
Mon. Site	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	FLW-01	INF-01	INF-01		
1		5.3				7.6	0.023				
2		8.8				7.6	0.023				
3		6.4				7.6	0.029				
4		6.0				7.6	0.023				
5											
6		4.8				7.6	0.047				
7	24.0	7.6	1.0	0.1	8.4	7.6	0.021	299	223		
8		5.0				7.6	0.025				
9		7.0				7.5	0.022				
10		7.0				7.6	0.025				
11		6.0				7.6	0.023				
12											
13		5.4				7.4	0.041				
14		3.5				7.5	0.023				
15		3.4				7.5	0.026				
16		3.4				7.5	0.018				
17		3.8				7.8	0.019				
18		2.0				7.6	0.022				
19											
20		3.9				7.6	0.041				
21	4.1	1.5	3.0	0.1	4.2	7.6	0.028	234	226		
22		3.6				7.7	0.017				
23		3.8				7.4	0.020				
24		3.8				7.5	0.023				
25		2.4				7.6	0.016				
26											
27		3.0				7.4	0.046				
28		2.1				7.4	0.025				
29		1.5				7.6	0.025				
30		1.4				7.6	0.026				
31		2.6				7.3	0.020				
Total	N/A	N/A	N/A	N/A	N/A	N/A	0.697	N/A	N/A		
Mo. Avg.	14.1	4.3	2.0	0.2	6.3	7.6	0.022	267	225		

PLANT STAFFING:

Lead Operator	Class:	<u> C </u>
Day Shift Operator	Class:	<u> C </u>
Alt. Operator	Class:	<u> B </u>
Day Shift Operator	Class:	<u> </u>

Certification No.:	<u> 13244 </u>
Certification No.:	<u> 13244 </u>
Certification No.:	<u> 8035 </u>
Certification No.:	<u> </u>

Name:	<u> Eddie Christmas </u>
Name:	<u> Eddie Christmas </u>
Name:	<u> Don Hostetter </u>
Name:	<u> </u>

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Department of Environmental Protection, 2295 Victoria Ave, Suite 364, Ft. Myers, FL 33901-3881

PERMITTEE NAME: HC Waterworks, Inc.
MAILING ADDRESS: 4939 Cross Bayou Blvd.
 New Port Richey, FL 34652

PERMIT NUMBER: FLA014388-005-DW3P

LIMIT: Final
CLASS SIZE: N/A
REPORT: Monthly
GROUP: Domestic

FACILITY: Leisure Lakes Utilities
LOCATION: 101 Parkview Cir
 Lake Placid, FL 33852-6011

MONITORING GROUP NUMBER: R-01
MONITORING GROUP DESC: Dual percolation ponds, with Influent File Copy

RE-SUBMITTED DMR:

COUNTY: Highlands
OFFICE: South District

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 06/01/2013 To: 06/30/2013

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement			7.5				0		
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Requirement			20.0 (An. Avg.)			mg/L		Bi-weekly; every 2 weeks	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			3.7	3.7	3.2		0		
PARM Code 80082 A Mon.Site No. EFA-01	Permit Requirement			60.0 (Max.)	45.0 (Wk. Avg.)	30.0 (Mo. Avg.)	mg/L		Bi-weekly; every 2 weeks	Grab
Solids, Total Suspended	Sample Measurement			2.8				0		
PARM Code 00530 Y Mon.Site No. EFA-01	Permit Requirement			20.0 (An. Avg.)			mg/L		Bi-weekly; every 2 weeks	Grab
Solids, Total Suspended	Sample Measurement			3.6	3.6	2.3		0		
ParM Code 00530 A Mon.Site No. EFA-01	Permit Requirement			60.0 (Max.)	30.0 (Wk. Avg.)	30.0 (Mo. Avg.)	mg/L		Bi-weekly; every 2 weeks	Grab
Coliform, Fecal	Sample Measurement			1.2				0		
ParM Code 74055 Y Mon.Site No. EFA-01	Permit Requirement			200 (An. Avg.)			#/100mL		Bi-weekly; every 2 weeks	Grab
Coliform, Fecal	Sample Measurement			1.0	1.0			0		
ParM Code 74055 A Mon.Site No. EFA-01	Permit Requirement			200 (Mo. Geo. Mn.)	800 (Max.)		#/100mL		Bi-weekly; every 2 weeks	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (mm/dd/yyyy)
U.S. Water Services Corp, Melisa Rotteveel, Manager		727-848-8292	07/11/2013

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

REVIEWED

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Leisure Lakes Utilities MONITORING GROUP NUMBER: R-01 PERMIT NUMBER: FLA014388-005-DW3P
 COUNTY: Highlands MONITORING PERIOD: From: 06/01/2013 To: 06/30/2013

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.2	7.6		0		
PARM Code 00400 A Mon.Site No. EFA-01	Permit Requirement				6.0 (Min.)	8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement				1.0			0		
PARM Code 50060 A Mon.Site No.EFA-01	Permit Requirement				0.5 (Min.)		mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					0.09		0		
PARM Code 00620 A Mon. Site No. EFA-01	Permit Requirement					12.0 (Max.)	mg/L		Bi-weekly; every 2 weeks	Grab
Flow	Sample Measurement		0.027					0		
PARM Code 50050 Y Mon.Site No.FLW-01	Permit Requirement		0.05 (An. Avg.)	MGD					5 Days/Week	Meter
Flow	Sample Measurement	0.020	0.024					N/A		
PARM Code 50050 1 Mon.Site No.FLW-01	Permit Requirement	Report (Mo. Avg.)	Report (Qt. Avg.)	MGD					5 Days/Week	Meter
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement					47.2	%	N/A		
PARM Code 00180 P Mon.Site No. CAL-01	Permit Requirement					Report (Mo. Avg.)	percent		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C (Influent)	Sample Measurement					332		N/A		
PARM Code 80082 Q Mon.Site No. INF-01	Permit Requirement					Report (Max.)	mg/L		Bi-weekly; every 2 weeks	Grab
Solids, Total Suspended (Influent)	Sample Measurement					365		N/A		
PARM Code 00530 Q Mon.Site No. INF-01	Permit Requirement					Report (Max.)	mg/L		Bi-weekly; every 2 weeks	Grab

DAILY SAMPLE RESULTS - PART B (R-01)

Permit Number: FLA014388-005-DW3P

Facility: Leisure Lakes Utilities

MONITORING PERIOD From: 06/01/2013 To: 06/30/2013

Code	BOD, Carbonaceous 5 Day, 20C mg/L	Chlorine, Total Residual (For Disinfection) mg/L	Coliform, Fecal #/100ML	Nitrogen, Nitrate, Total (as N) mg/L	Solids, Total Suspended mg/L	pH s.u.	Flow MGD	BOD, Carbonaceous 5 Day, 20C (Influent) mg/L	Solids, Total Suspended (Influent) mg/L		
Mon. Site	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	FLW-01	INF-01	INF-01		
1		3.6				7.3	0.019				
2							0.018				
3		3.0				7.4	0.019				
4	2.7	1.0	1.0	0.04	1.0	7.4	0.018	295	214		
5		1.5				7.4	0.012				
6		2.5				7.4	0.015				
7		1.9				7.4	0.022				
8		2.0				7.4	0.018				
9							0.022				
10		1.5				7.4	0.022				
11		2.3				7.2	0.020				
12		1.9				7.2	0.018				
13		1.6				7.6	0.016				
14		1.6				7.5	0.019				
15		1.8				7.4	0.015				
16							0.021				
17		1.6				7.4	0.021				
18	3.7	1.5	1.0	0.09	3.6	7.4	0.024	332	365		
19		1.9				7.3	0.024				
20		1.7				7.3	0.024				
21		2.0				7.3	0.018				
22		1.5				7.4	0.026				
23							0.025				
24		2.4				7.2	0.025				
25		3.0				7.5	0.029				
26		2.5				7.5	0.023				
27		2.1				7.5	0.025				
28		2.5				7.5	0.027				
29		2.0				7.5	0.024				
30							0.020				
1											
Total	N/A	N/A	N/A	N/A	N/A	N/A	0.629	N/A	N/A		
Mo. Avg.	3.2	2.0	1.0	0.2	2.3	7.4	0.020	314	290		

PLANT STAFFING:

Lead Operator	Class: <u> C </u>	Certification No.: <u> 19814 </u>	Name: <u> Shaun Longoria </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Alt. Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Department of Environmental Protection, 2295 Victoria Ave, Suite 364, Ft. Myers, FL 33901-3881

PERMITTEE NAME: HC Waterworks, Inc.
 MAILING ADDRESS: 4939 Cross Bayou Blvd.
 New Port Richey, FL 34652

PERMIT NUMBER: FLA014388-005-DW3P

FACILITY: Leisure Lakes Utilities
 LOCATION: 101 Parkview Cir
 Lake Placid, FL 33852-6011

LIMIT: Final
 CLASS SIZE: N/A
 MONITORING GROUP NUMBER: R-01

REPORT: Monthly
 GROUP: Domestic

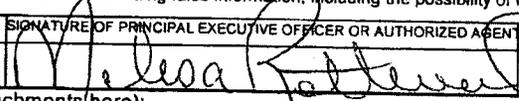
COUNTY: Highlands
 OFFICE: South District

MONITORING GROUP DESC: Dual percolation ponds, with Influent
 RE-SUBMITTED DMR:
 NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 07/01/2013 To: 07/30/2013

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement				7.5			0		
PARM Code 80082 Y Mon Site No EFA-01	Permit Requirement				200 (An Avg)		mg/L		Bi-weekly every 2 weeks	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			6.6	6.6	5.4		0		
PARM Code 80082 A Mon Site No EFA-01	Permit Requirement			600 (Max)	450 (Wk Avg)	300 (Mo Avg)	mg/L		Bi-weekly every 2 weeks	Grab
Solids, Total Suspended	Sample Measurement				3.2			0		
PARM Code 00530 Y Mon Site No EFA-01	Permit Requirement				200 (An Avg)		mg/L		Bi-weekly every 2 weeks	Grab
Solids, Total Suspended	Sample Measurement			6.0	6.0	5.6		0		
PARM Code 00530 A Mon Site No EFA-01	Permit Requirement			600 (Max)	300 (Wk Avg)	300 (Mo Avg)	mg/L		Bi-weekly every 2 weeks	Grab
Coliform, Fecal	Sample Measurement				5.2			0		
PARM Code 74055 Y Mon Site No EFA-01	Permit Requirement				200 (An Avg)		#/100mL		Bi-weekly every 2 weeks	Grab
Coliform, Fecal	Sample Measurement				48.6	20000.0		1		
PARM Code 74055 A Mon Site No EFA-01	Permit Requirement				200 (Mo Geo Mn)	800 (Max)	#/100mL		Bi-weekly every 2 weeks	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (mm/dd/yyyy)
U.S. Water Services Corp, Melisa Rotteveel, Manager		727-848-8292	08/08/2013

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Leisure Lakes Utilities
 COUNTY: Highlands

MONITORING GROUP NUMBER: R-01
 MONITORING PERIOD: From:

PERMIT NUMBER: FLA014388-005-DW3P
 To: 07/01/2013 07/30/2013

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.2	7.8		0		
PARM Code 00400 A Mon Site No EFA-01	Permit Requirement				6.0 (Min)	8.5 (Max)	s u		5 Days/Week	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement				0.8			0		
PARM Code 50060 A Mon Site No EFA-01	Permit Requirement				0.5 (Min)		mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					0.09		0		
PARM Code 00620 A Mon Site No EFA-01	Permit Requirement					12.0 (Max)	mg/L		Bi-weekly every 2 weeks	Grab
Flow	Sample Measurement		0.028					0		
PARM Code 50050 Y Mon Site No FLW-01	Permit Requirement		0.05 (An Avg)	MGD					5 Days/Week	Meter
Flow	Sample Measurement	0.025	0.023					N/A		
PARM Code 50050 1 Mon Site No FLW-01	Permit Requirement	Report (Mo Avg)	Report (Qt Avg)	MGD					5 Days/Week	Meter
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement					45%	%	N/A		
PARM Code 00160 P Mon Site No CAL-01	Permit Requirement					Report (Mo Avg)	percent		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C (Influent)	Sample Measurement					242		N/A		
PARM Code 80082 Q Mon Site No INF-01	Permit Requirement					Report (Max)	mg/L		Bi-weekly every 2 weeks	Grab
Solids, Total Suspended (Influent)	Sample Measurement					88		N/A		
PARM Code 00530 Q Mon Site No INF-01	Permit Requirement					Report (Max)	mg/L		Bi-weekly, every 2 weeks	Grab

DAILY SAMPLE RESULTS - PART B (R-01)

Permit Number: FLA014388-005-DW3P

Facility: Leisure Lakes Utilities

 MONITORING PERIOD From: 07/01/2013 To: 07/30/2013

	BOD, Carbonaceous 5 Day, 20C mg/L	Chlorine, Total Residual (For Disinfection) mg/L	Coliform, Fecal #/100ML	Nitrogen, Nitrate, Total (as N) mg/L	Solids, Total Suspended mg/L	pH s.u.	Flow MGD	BOD, Carbonaceous 5 Day, 20C (Influent) mg/L	Solids, Total Suspended (Influent) mg/L		
Code	80082	50060	74055	00620	00530	00400	50050	80082	00530		
Mon. Site	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	FLW-01	INF-01	INF-01		
1		2.0				7.5	0.010				
2	6.6	0.8	1,120.0	0.1	6.0	7.7	0.008	55	68		
3		2.3				7.7	0.015				
4		2.6				7.8	0.010				
5		2.4				7.6	0.010				
6							0.010				
7		0.9				7.5	0.010				
8		1.8	<1			7.5	0.010				
9		1.4				7.6	0.010				
10		1.8				7.4	0.010				
11		1.4				7.6	0.007				
12		1.6				7.5	0.046				
13							0.024				
14							0.026				
15		3.3				7.5	0.024				
16	4.1	3.0	20,000.0	0.1	5.2	7.6	0.038	242	88		
17		2.8				7.6	0.029				
18		1.4				7.5	0.032				
19		3.0				7.2	0.052				
20		4.4				7.3	0.028				
21							0.039				
22		2.5	<1			7.4	0.039				
23		1.5				7.5	0.035				
24		3.6				7.4	0.057				
25		4.2				7.3	0.030				
26		3.9				7.3	0.025				
27		3.6				7.4	0.028				
28							0.032				
29		4.4				7.4	0.032				
30		3.9				7.3	0.027				
31		4.1				7.2	0.028				
Total	N/A	N/A	N/A	N/A	N/A	N/A	0.779	N/A	N/A		
Mo. Avg.	5.4	2.6	48.6	0.2	5.6	7.5	0.025	149	78		

PLANT STAFFING:

Lead Operator	Class: <u> C </u>	Certification No.: <u> 5834 </u>	Name: <u> Howard Short </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Alt. Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Department of Environmental Protection, 2295 Victoria Ave, Suite 364, Ft. Myers, FL 33901-3881

PERMITTEE NAME: HC Waterworks, Inc.
 MAILING ADDRESS: 4939 Cross Bayou Blvd.
 New Port Richey, FL 34652

PERMIT NUMBER: FLA014388-005-DW3P

LIMIT: Final
 CLASS SIZE: N/A
 REPORT: Monthly
 GROUP: Domestic

FACILITY: Leisure Lakes Utilities
 LOCATION: 101 Parkview Cir
 Lake Placid, FL 33852-6011

MONITORING GROUP NUMBER: R-01
 MONITORING GROUP DESC: Dual percolation ponds, with Influent

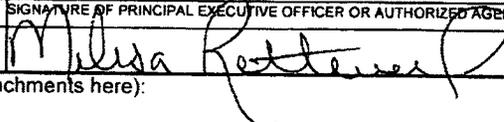
COUNTY: Highlands
 OFFICE: South District

RE-SUBMITTED DMR:
 NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 08/01/2013 To: 08/31/2013

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement			7.7				0		
PARM Code 80082 Y Mon Site No EFA-01	Permit Requirement			20.0 (An Avg)			mg/L		Bi-weekly every 2 weeks	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement		9.6	9.6	8.5			0		
PARM Code 80082 A Mon Site No EFA-01	Permit Requirement		60.0 (Max)	45.0 (Wk Avg)	30.0 (Mo Avg)		mg/L		Bi-weekly every 2 weeks	Grab
Solids, Total Suspended	Sample Measurement			3.5				0		
PARM Code 00530 Y Mon Site No EFA-01	Permit Requirement			20.0 (An Avg)			mg/L		Bi-weekly every 2 weeks	Grab
Solids, Total Suspended	Sample Measurement		8.8	8.8	6.6			0		
Parm Code 00530 A Mon Site No EFA-01	Permit Requirement		60.0 (Max)	30.0 (Wk Avg)	30.0 (Mo Avg)		mg/L		Bi-weekly every 2 weeks	Grab
Coliform, Fecal	Sample Measurement			5.2				0		
Parm Code 74055 Y Mon Site No EFA-01	Permit Requirement			200 (An Avg)			#/100mL		Bi-weekly every 2 weeks	Grab
Coliform, Fecal	Sample Measurement			0.75	1.0			0		
Parm Code 74055 A Mon Site No EFA-01	Permit Requirement			200 (Mo Geo Mn)	800 (Max)		#/100mL		Bi-weekly every 2 weeks	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (mm/dd/yyyy)
U.S. Water Services Corp, Melisa Rotteveel, Manager		727-848-8292	09/19/2013

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Leisure Lakes Utilities MONITORING GROUP NUMBER: R-01 PERMIT NUMBER: FLA014388-005-DW3P
 COUNTY: Highlands MONITORING PERIOD: From: 08/01/2013 To: 08/31/2013

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.2	7.5		0		
PARM Code 00400 A Mon Site No EFA-01	Permit Requirement				6.0 (Min)	8.5 (Max)	su		5 Days/Week	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement				1.4			0		
PARM Code 50060 A Mon Site No EFA-01	Permit Requirement				0.5 (Min)		mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					0.06		0		
PARM Code 00620 A Mon Site No EFA-01	Permit Requirement					12.0 (Max)	mg/L		Bi-weekly, every 2 weeks	Grab
Flow	Sample Measurement		0.029					0		
PARM Code 50050 Y Mon Site No FLW-01	Permit Requirement		0.05 (An Avg)	MGD					5 Days/Week	Meter
Flow	Sample Measurement	0.031	0.025					N/A		
PARM Code 50050 1 Mon Site No FLW-01	Permit Requirement	Report (Mo Avg)	Report (Qt Avg)	MGD					5 Days/Week	Meter
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement					51%	%	N/A		
PARM Code 00180 P Mon Site No CAL-01	Permit Requirement					Report (Mo Avg)	percent		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C (Influent)	Sample Measurement					333		N/A		
PARM Code 80082 Q Mon Site No INF-01	Permit Requirement					Report (Max)	mg/L		Bi-weekly, every 2 weeks	Grab
Solids, Total Suspended (Influent)	Sample Measurement					1060		N/A		
PARM Code 00530 Q Mon Site No INF-01	Permit Requirement					Report (Max)	mg/L		Bi-weekly, every 2 weeks	Grab

DAILY SAMPLE RESULTS - PART B (R-01)

Permit Number: FLA014388-005-DW3P

Facility: Leisure Lakes Utilities

 MONITORING PERIOD From: 08/01/2013 To: 08/31/2013

	BOD, Carbonaceous 5 Day, 20C mg/L	Chlorine, Total Residual (For Disinfection) mg/L	Coliform, Fecal #/100ML	Nitrogen, Nitrate, Total (as N) mg/L	Solids, Total Suspended mg/L	pH s.u.	Flow MGD	BOD, Carbonaceous 5 Day, 20C (influent) mg/L	Solids, Total Suspended (influent) mg/L		
Code	80082	50080	74055	00820	00530	00400	50050	80082	00530		
Mon.Site	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	FLW-01	INF-01	INF-01		
1		3.3				7.5	0.029				
2		3.9				7.2	0.026				
3		1.5				7.3	0.026				
4											
5		2.6				7.3	0.031				
6	9.6	2.6	1.0	0.1	8.8	7.4	0.094	333	377		
7		2.1				7.3	0.036				
8		2.2				7.2	0.029				
9		2.6				7.3	0.027				
10		1.4				7.3	0.035				
11											
12		3.1				7.4	0.083				
13		4.2				7.2	0.031				
14		3.9				7.3	0.030				
15		3.2				7.2	0.030				
16		3.0				7.3	0.020				
17		1.7				7.2	0.029				
18											
19		47.1				7.2	0.060				
20		3.1				7.2	0.035				
21	7.4	4.5	1.0	0.1	4.4	7.2	0.032	185	1,060		
22		3.6				7.2	0.025				
23		3.0				7.4	0.031				
24		2.6				7.4	0.021				
25											
26		2.4				7.2	0.063				
27		1.8				7.2	0.023				
28		2.2				7.3	0.029				
29		2.0				7.4	0.023				
30		1.6				7.3	0.031				
31		1.8				7.3	0.021				
Total	N/A	N/A	N/A	N/A	N/A	N/A	0.950	N/A	N/A		
Mo. Avg.	8.5	4.3		0.2	6.6	7.3	0.031	259	719		

PLANT STAFFING:

Lead Operator	Class: <u> C </u>	Certification No.: <u> 17434 </u>	Name: <u> Alfred Gregg </u>
Day Shift Operator	Class: <u> _____ </u>	Certification No.: <u> _____ </u>	Name: <u> _____ </u>
Alt. Operator	Class: <u> _____ </u>	Certification No.: <u> _____ </u>	Name: <u> _____ </u>
Day Shift Operator	Class: <u> _____ </u>	Certification No.: <u> _____ </u>	Name: <u> _____ </u>

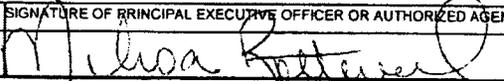
DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Department of Environmental Protection, 2295 Victoria Ave, Suite 364, Ft. Myers, FL 33901-3881

PERMITTEE NAME:	HC Waterworks, Inc.	PERMIT NUMBER:	FLA014388-005-DW3P
MAILING ADDRESS:	4939 Cross Bayou Blvd. New Port Richey, FL 34652	LIMIT:	Final
FACILITY:	Leisure Lakes Utilities	CLASS SIZE:	N/A
LOCATION:	101 Parkview Cir Lake Placid, FL 33852-6011	MONITORING GROUP NUMBER:	R-01
COUNTY:	Highlands	MONITORING GROUP DESC:	Dual percolation ponds, with Influent
OFFICE:	South District	RE-SUBMITTED DMR:	<input type="checkbox"/>
		NO DISCHARGE FROM SITE:	<input checked="" type="checkbox"/> 9/01/13
		MONITORING PERIOD From:	08/01/2013 To: 08/31/2013
			REPORT: Monthly
			GROUP: Domestic

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement				7.9			0		
PARM Code 80082 Y Mon Site No EFA-01	Permit Requirement				20.0 (An Avg)		mg/L		Bi-weekly, every 2 weeks	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			7.2	7.2	4.6		0		
PARM Code 80082 A Mon Site No EFA-01	Permit Requirement			60.0 (Max)	45.0 (Wk Avg)	30.0 (Mo Avg)	mg/L		Bi-weekly, every 2 weeks	Grab
Solids, Total Suspended	Sample Measurement				5.1			0		
PARM Code 00530 Y Mon Site No EFA-01	Permit Requirement				20.0 (An Avg)		mg/L		Bi-weekly, every 2 weeks	Grab
Solids, Total Suspended	Sample Measurement			25.0	25.0	20.0		0		
PARM Code 00530 A Mon Site No EFA-01	Permit Requirement			60.0 (Max)	30.0 (Wk Avg)	30.0 (Mo Avg)	mg/L		Bi-weekly, every 2 weeks	Grab
Coliform, Fecal	Sample Measurement				19.7			0		
PARM Code 74055 Y Mon Site No EFA-01	Permit Requirement				200 (An Avg)		#/100mL		Bi-weekly, every 2 weeks	Grab
Coliform, Fecal	Sample Measurement				175.44	20000.0		1		
PARM Code 74055 A Mon Site No EFA-01	Permit Requirement				200 (Mo Geo Mn)	800 (Max)	#/100mL		Bi-weekly, every 2 weeks	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (mm/dd/yyyy)
U.S. Water Services Corp, Melisa Rotteveel, Manager		727-848-8292	10/16/2013

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): Notice of Abnormal Event filed 9/30/13 with regard to elevated fecal. Copy is attached.

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Leisure Lakes Utilities
 COUNTY: Highlands
 MONITORING GROUP NUMBER: R-01
 MONITORING PERIOD: From: 08/01/2013 To: 08/31/2013
 PERMIT NUMBER: FLA014388-005-DW3P

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.2	7.4		0		
PARM Code 00400 A Mon Site No EFA-01	Permit Requirement				6.0 (Min)	8.5 (Max)	su		5 Days/Week	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement				1.2			0		
PARM Code 50060 A Mon Site No EFA-01	Permit Requirement				0.5 (Min)		mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					0.09		0		
PARM Code 00620 A Mon Site No EFA-01	Permit Requirement					12.0 (Max)	mg/L		Bi-weekly, every 2 weeks	Grab
Flow	Sample Measurement		0.029					0		
PARM Code 50050 Y Mon Site No FLW-01	Permit Requirement		0.05 (An Avg)	MGD					5 Days/Week	ETM's
Flow	Sample Measurement	0.027	0.028					N/A		
PARM Code 50050 1 Mon Site No FLW-01	Permit Requirement	Report (Mo Avg)	Report (Qt Avg)	MGD					5 Days/Week	ETM's
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement					55%	%	N/A		
PARM Code 00180 P Mon Site No CAL-01	Permit Requirement					Report (Mo Avg)	percent		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C (Influent)	Sample Measurement					362		N/A		
PARM Code 80082 Q Mon Site No INF-01	Permit Requirement					Report (Max)	mg/L		Bi-weekly, every 2 weeks	Grab
Solids, Total Suspended (Influent)	Sample Measurement					305		N/A		
PARM Code 00530 Q Mon Site No INF-01	Permit Requirement					Report (Max)	mg/L		Bi-weekly, every 2 weeks	Grab

DAILY SAMPLE RESULTS - PART B (R-01)

Permit Number: FLA014388-005-DW3P

Facility: Leisure Lakes Utilities

Sept 1/13 *Sept. 30/13*
 MONITORING PERIOD From: 08/01/2013 To: 08/31/2013

	BOD, Carbonaceous 5 Day, 20C mg/L	Chlorine, Total Residual (For Disinfection) mg/L	Coliform, Fecal #/100ML	Nitrogen, Nitrate, Total (as N) mg/L	Solids, Total Suspended mg/L	pH s.u.	Flow MGD	BOD, Carbonaceous 5 Day, 20C (Influent) mg/L	Solids, Total Suspended (Influent) mg/L		
Code	80082	50060	74055	00820	00530	00400	50050	80082	00530		
Mon. Site	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	FLW-01	INF-01	INF-01		
1							0.043				
2		2.1				7.2	0.043				
3		1.9				7.3	0.032				
4	7.2	1.5	10.0	0.08	25.0	7.4	0.020	362	305		
5		2.0				7.3	0.023				
6		1.8				7.2	0.021				
7		1.6				7.3	0.026				
8							0.020				
9		2.7				7.4	0.035				
10		2.5				7.4	0.020				
11		2.2				7.3	0.025				
12		2.4				7.4	0.020				
13		1.6				7.4	0.026				
14		2.0				7.2	0.022				
15							0.023				
16		1.9				7.3	0.031				
17		2.1				7.3	0.026				
18		2.4				7.4	0.027				
19		1.8				7.4	0.027				
20		2.0				7.3	0.029				
21		2.2				7.3	0.029				
22							0.025				
23	2.0	2.0	20,000.0	0.1	15.0	7.4	0.024	3	8		
24		1.8				7.3	0.043				
25		2.2	27.0			7.4	0.027				
26		2.5				7.3	0.028				
27		1.2				7.3	0.033				
28		1.9				7.3	0.025				
29							0.023				
30		2.2				7.3	0.034				
31											
Total	N/A	N/A	N/A	N/A	N/A	N/A	0.830	N/A	N/A		
Mo. Avg.	4.6	2.0	175.4	0.2	20.0	7.3	0.027	183	157		

PLANT STAFFING:

Lead Operator	Class: <u> C </u>	Certification No.: <u> 17434 </u>	Name: <u> Alfred Gregg </u>
Day Shift Operator	Class: <u> _____ </u>	Certification No.: <u> _____ </u>	Name: <u> _____ </u>
Alt. Operator	Class: <u> _____ </u>	Certification No.: <u> _____ </u>	Name: <u> _____ </u>
Day Shift Operator	Class: <u> _____ </u>	Certification No.: <u> _____ </u>	Name: <u> _____ </u>

DUPLICATE

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Department of Environmental Protection, 2295 Victoria Ave, Suite 364, Ft. Myers, FL 33901-3881

PERMITTEE NAME: HC Waterworks, Inc.
MAILING ADDRESS: 4939 Cross Bayou Blvd.
 New Port Richey, FL 34652

PERMIT NUMBER: FLA014388-005-DW3P

FACILITY: Leisure Lakes Utilities
LOCATION: 101 Parkview Cir
 Lake Placid, FL 33852-6011

LIMIT: Final
CLASS SIZE: N/A
MONITORING GROUP NUMBER: R-01
MONITORING GROUP DESC: Dual percolation ponds, with Influent
RE-SUBMITTED DMR:

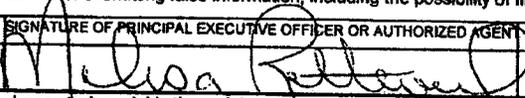
REPORT: Monthly
GROUP: Domestic

COUNTY: Highlands
OFFICE: South District

NO DISCHARGE FROM SITE:
MONITORING PERIOD From: 10/01/2013 To: 10/31/2013

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement				7.9				0		
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Requirement				20.0 (An. Avg.)			mg/L		Bi-weekly; every 2 weeks	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			6.8	6.8	5.8			0		
PARM Code 80082 A Mon.Site No. EFA-01	Permit Requirement			60.0 (Max.)	45.0 (Wk. Avg.)	30.0 (Mo. Avg.)		mg/L		Bi-weekly; every 2 weeks	Grab
Solids, Total Suspended	Sample Measurement				5.9				0		
PARM Code 00530 Y Mon.Site No. EFA-01	Permit Requirement				20.0 (An. Avg.)			mg/L		Bi-weekly; every 2 weeks	Grab
Solids, Total Suspended	Sample Measurement			14.0	14.0	10.8			0		
ParM Code 00530 A Mon.Site No. EFA-01	Permit Requirement			60.0 (Max.)	30.0 (Wk. Avg.)	30.0 (Mo. Avg.)		mg/L		Bi-weekly; every 2 weeks	Grab
Coliform, Fecal	Sample Measurement				20.7				0		
ParM Code 74055 Y Mon.Site No. EFA-01	Permit Requirement				200 (An. Avg.)			#/100mL		Bi-weekly; every 2 weeks	Grab
Coliform, Fecal	Sample Measurement				12.25	150.0			0		
ParM Code 74055 A Mon.Site No. EFA-01	Permit Requirement				200 (Mo. Geo. Mn.)	800 (Max.)		#/100mL		Bi-weekly; every 2 weeks	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (mm/dd/yyyy)
U.S. Water Services Corp, Melisa Rotteveel, Manager		727-848-8292	11/06/2013

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): Notice of Abnormal Event filed 9/30/13 with regard to elevated fecal. Copy is attached.

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Leisure Lakes Utilities
 COUNTY: Highlands

MONITORING GROUP NUMBER: R-01
 MONITORING PERIOD: From:

PERMIT NUMBER: FLA014388-005-DW3P
 To: 10/31/2013

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.3	7.5		0		
PARM Code 00400 A Mon.Site No. EFA-01	Permit Requirement				6.0 (Min.)	8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement				1.4			0		
PARM Code 50060 A Mon.Site No.EFA-01	Permit Requirement				0.5 (Min.)		mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					0.07		0		
PARM Code 00620 A Mon. Site No. EFA-01	Permit Requirement					12.0 (Max.)	mg/L		Bi-weekly, every 2 weeks	Grab
Flow	Sample Measurement		0.029					0		
PARM Code 50050 Y Mon.Site No.FLW-01	Permit Requirement		0.05 (An. Avg.)	MGD					5 Days/Week	ETM's
Flow	Sample Measurement	0.025	0.027					N/A		
PARM Code 50050 1 Mon.Site No.FLW-01	Permit Requirement	Report (Mo. Avg.)	Report (Qt. Avg.)	MGD					5 Days/Week	ETM's
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement					55%	%	N/A		
PARM Code 00180 P Mon.Site No. CAL-01	Permit Requirement					Report (Mo. Avg.)	percent		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C (Influent)	Sample Measurement					588		N/A		
PARM Code 80082 Q Mon.Site No. INF-01	Permit Requirement					Report (Max.)	mg/L		Bi-weekly, every 2 weeks	Grab
Solids, Total Suspended (Influent)	Sample Measurement					176		N/A		
PARM Code 00530 Q Mon.Site No. INF-01	Permit Requirement					Report (Max.)	mg/L		Bi-weekly, every 2 weeks	Grab

DAILY SAMPLE RESULTS - PART B (R-01)

Permit Number: FLA014388-008-DW3P

Facility: Leisure Lakes Utilities

MONITORING PERIOD From: 10/01/2013 To: 10/31/2013

Code	BOD, Carbonaceous 5 Day, 20C mg/L	Chlorine, Total Residual (For Disinfection) mg/L	Coliform, Fecal #/100ML	Nitrogen, Nitrate, Total (as N) mg/L	Solids, Total Suspended mg/L	pH s.u.	Flow MGD	BOD, Carbonaceous 5 Day, 20C (Influent) mg/L	Solids, Total Suspended (Influent) mg/L		
80082	50080	74055	00620	00530	00400	50050	80082	00530			
Mon. Site	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	FLW-01	INF-01	INF-01		
1		1.8				7.4	0.030				
2		2.7				7.3	0.035				
3		3.4				7.3	0.018				
4		2.9				7.3	0.026				
5		1.9				7.3	0.027				
6							0.024				
7	4.8	1.4	150.0	0.04	14.0	7.4	0.024	5	4		
8		2.1				7.4	0.018				
9		3.0				7.3	0.025				
10		2.7				7.3	0.022				
11		3.1				7.3	0.032				
12		3.3				7.4	0.019				
13							0.026				
14		4.0				7.5	0.026				
15		3.8				7.5	0.023				
16		3.1				7.4	0.023				
17		3.3				7.4	0.018				
18		2.9				7.4	0.026				
19		3.0				7.4	0.027				
20							0.029				
21		2.8				7.4	0.029				
22	6.8	3.0	1.0	0.07	7.6	7.3	0.024	588	176		
23		2.7				7.4	0.023				
24		2.8				7.4	0.027				
25		2.8				7.4	0.029				
26		3.0				7.4	0.014				
27							0.031				
28		3.2				7.4	0.031				
29		3.0				7.4	0.021				
30		3.1				7.4	0.030				
31		3.0				7.5	0.016				
Total	N/A	N/A	N/A	N/A	N/A	N/A	0.772	N/A	N/A		
Mo. Avg.	5.8	2.9	12.2	0.2	10.8	7.4	0.025	296	90		

PLANT STAFFING:

Lead Operator	Class: <u> C </u>	Certification No.: <u> 17434 </u>	Name: <u> Alfred Gregg </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Alt. Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY:
COUNTY:

Leisure Lakes Utilities
Highlands

MONITORING GROUP NUMBER: R-01
MONITORING PERIOD: From:

PERMIT NUMBER: FLA014388-005-DW3P
To: 11/01/2013 11/30/2013

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.3	7.4		0		
PARM Code 00400 A Mon.Site No. EFA-01	Permit Requirement				6.0 (Min.)	8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement				0.8			0		
PARM Code 50060 A Mon.Site No. EFA-01	Permit Requirement				0.5 (Min.)		mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					0.42		0		
PARM Code 00620 A Mon. Site No. EFA-01	Permit Requirement					12.0 (Max.)	mg/L		Bi-weekly; every 2 weeks	Grab
Flow	Sample Measurement		0.028					0		
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Requirement		0.05 (An. Avg.)	MGD					5 Days/Week	ETM's
Flow	Sample Measurement	0.027	0.026					N/A		
PARM Code 50050 1 Mon.Site No. FLW-01	Permit Requirement	Report (Mo. Avg.)	Report (Qt. Avg.)	MGD					5 Days/Week	ETM's
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement					52%	%	N/A		
PARM Code 00180 P Mon.Site No. CAL-01	Permit Requirement					Report (Mo. Avg.)	percent		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C (Influent)	Sample Measurement					578		N/A		
PARM Code 80082 Q Mon.Site No. INF-01	Permit Requirement					Report (Max.)	mg/L		Bi-weekly; every 2 weeks	Grab
Solids, Total Suspended (Influent)	Sample Measurement					400		N/A		
PARM Code 00530 Q Mon.Site No. INF-01	Permit Requirement					Report (Max.)	mg/L		Bi-weekly; every 2 weeks	Grab

DAILY SAMPLE RESULTS - PART B (R-01)

Permit Number: FLA014388-005-DW3P

Facility: Leisure Lakes Utilities

MONITORING PERIOD From: 11/01/2013 To: 11/30/2013

	BOD, Carbonaceous 5 Day, 20C mg/L	Chlorine, Total Residual (For Disinfection) mg/L	Coliform, Fecal #/100ML	Nitrogen, Nitrate, Total (as N) mg/L	Solids, Total Suspended mg/L	pH s.u.	Flow MGD	BOD, Carbonaceous 5 Day, 20C (Influent) mg/L	Solids, Total Suspended (Influent) mg/L		
Code	80082	50060	74055	00620	00530	00400	50050	80082	00530		
Mon. Site	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	FLW-01	INF-01	INF-01		
1		2.9				7.3	0.026				
2		2.7				7.3	0.023				
3							0.031				
4		2.5				7.3	0.031				
5		3.4				7.4	0.024				
6	7.3	3.9	<1.0	0.1	40.0	7.4	0.028	527	400		
7		3.6				7.4	0.032				
8		3.3				7.4	0.026				
9		3.5				7.3	0.027				
10							0.029				
11		3.0				7.4	0.029				
12		3.2				7.4	0.026				
13		2.8				7.4	0.019				
14		2.9				7.4	0.037				
15		2.8				7.4	0.027				
16		3.4				7.4	0.019				
17							0.033				
18		0.8				7.3	0.033				
19		2.1				7.3	0.027				
20		3.6				7.4	0.027				
21		3.4				7.4	0.026				
22		3.2				7.4	0.023				
23		3.0				7.4	0.024				
24							0.027				
25	13.0	3.8	<1.0	0.4	11.6	7.4	0.027	578	316		
26		3.6				7.4	0.029				
27		3.2				7.4	0.031				
28		2.9				7.3	0.027				
29		2.8				7.3	0.035				
30		1.8				7.3	0.023				
1											
Total	N/A	N/A	N/A	N/A	N/A	N/A	0.825	N/A	N/A		
Mo. Avg.	10.2	3.0	<1.0	0.3	25.8	7.4	0.027	553	358		

PLANT STAFFING:

Lead Operator Class: C
 Day Shift Operator Class:
 Alt. Operator Class:
 Day Shift Operator Class:

Certification No.: 17434
 Certification No.:
 Certification No.:
 Certification No.:

Name: Alfred Gregg
 Name:
 Name:
 Name:

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

DUPLICATE

When completed mail this report to: Department of Environmental Protection, 2295 Victoria Ave, Suite 364, Ft. Myers, FL 33901-3881

PERMITTEE NAME: HC Waterworks, Inc.
 MAILING ADDRESS: 4939 Cross Bayou Blvd.
 New Port Richey, FL 34652

PERMIT NUMBER: FLA014388-005-DW3P

FACILITY: Leisure Lakes Utilities
 LOCATION: 101 Parkview Cir
 Lake Placid, FL 33852-6011

LIMIT: Final
 CLASS SIZE: N/A
 MONITORING GROUP NUMBER: R-01
 MONITORING GROUP DESC: Dual percolation ponds, with Influent

REPORT: Monthly
 GROUP: Domestic

COUNTY: Highlands
 OFFICE: South District

RE-SUBMITTED DMR:
 NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 12/01/2013 To: 12/30/2013

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement			8.1				0		
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Requirement			20.0 (An. Avg.)			mg/L		Bi-weekly; every 2 weeks	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement		14.0	14.0	12.0			0		
PARM Code 80082 A Mon.Site No. EFA-01	Permit Requirement		60.0 (Max.)	45.0 (Wk. Avg.)	30.0 (Mo. Avg.)		mg/L		Bi-weekly; every 2 weeks	Grab
Solids, Total Suspended	Sample Measurement			9.5				0		
PARM Code 00530 Y Mon.Site No. EFA-01	Permit Requirement			20.0 (An. Avg.)			mg/L		Bi-weekly; every 2 weeks	Grab
Solids, Total Suspended	Sample Measurement		27.0	27.0	24.0			0		
Parm Code 00530 A Mon.Site No. EFA-01	Permit Requirement		60.0 (Max.)	30.0 (Wk. Avg.)	30.0 (Mo. Avg.)		mg/L		Bi-weekly; every 2 weeks	Grab
Coliform, Fecal	Sample Measurement			32.3				0		
Parm Code 74055 Y Mon.Site No. EFA-01	Permit Requirement			200 (An. Avg.)			#/100mL		Bi-weekly; every 2 weeks	Grab
Coliform, Fecal	Sample Measurement			141.42	20000.0			1		
Parm Code 74055 A Mon.Site No. EFA-01	Permit Requirement			200 (Mo. Geo.Mn.)	800 (Max.)		#/100mL		Bi-weekly; every 2 weeks	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (mm/dd/yyyy)
U.S. Water Services Corp, Melisa Rotteveel, Manager	<i>Melisa Rotteveel</i>	727-848-8292	01/10/2014

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

REVIEWED

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Leisure Lakes Utilities
 COUNTY: Highlands

MONITORING GROUP NUMBER: R-01
 MONITORING PERIOD: From:

PERMIT NUMBER: FLA014388-005-DW3P
 To: 12/01/2013 12/30/2013

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.3	7.5		0		
PARM Code 00400 A Mon.Site No. EFA-01	Permit Requirement				6.0 (Min.)	8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement				2.0			0		
PARM Code 50060 A Mon.Site No.EFA-01	Permit Requirement				0.5 (Min.)		mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					0.10		0		
PARM Code 00620 A Mon. Site No. EFA-01	Permit Requirement					12.0 (Max.)	mg/L		Bi-weekly; every 2 weeks	Grab
Flow	Sample Measurement		0.028					0		
PARM Code 50050 Y Mon.Site No.FLW-01	Permit Requirement		0.05 (An. Avg.)	MGD					5 Days/Week	ETM's
Flow	Sample Measurement	0.030	0.027					N/A		
PARM Code 50050 1 Mon.Site No.FLW-01	Permit Requirement	Report (Mo. Avg.)	Report (Qt. Avg.)	MGD					5 Days/Week	ETM's
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement					55%	%	N/A		
PARM Code 00180 P Mon.Site No. CAL-01	Permit Requirement					Report (Mo. Avg.)	percent		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C (Influent)	Sample Measurement					570		N/A		
PARM Code 80082 Q Mon.Site No. INF-01	Permit Requirement					Report (Max.)	mg/L		Bi-weekly; every 2 weeks	Grab
Solids, Total Suspended (Influent)	Sample Measurement					206		N/A		
PARM Code 00530 Q Mon.Site No. INF-01	Permit Requirement					Report (Max.)	mg/L		Bi-weekly; every 2 weeks	Grab

DAILY SAMPLE RESULTS - PART B (R-01)

 Permit Number: FLA014388-005-DW3P

 Facility: Leisure Lakes Utilities

 MONITORING PERIOD From: 12/01/2013 To: 12/30/2013

	BOD, Carbonaceous 5 Day, 20C mg/L	Chlorine, Total Residual (For Disinfection) mg/L	Coliform, Fecal #/100ML	Nitrogen, Nitrate, Total (as N) mg/L	Solids, Total Suspended mg/L	pH s.u.	Flow MGD	BOD, Carbonaceous 5 Day, 20C (Influent) mg/L	Solids, Total Suspended (Influent) mg/L		
Code	80082	50060	74055	00620	00530	00400	50050	80082	00530		
Mon. Site	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	FLW-01	INF-01	INF-01		
1							0.029				
2		3.1				7.4	0.029				
3	9.9	3.8	1.0	0.1	27.0	7.4	0.036	339	206		
4		3.4				7.4	0.028				
5		3.6				7.4	0.029				
6		3.2				7.4	0.028				
7		3.4				7.4	0.022				
8							0.033				
9		2.7				7.4	0.033				
10		2.2				7.5	0.028				
11		2.4				7.5	0.041				
12		2.7				7.4	0.026				
13		2.2				7.4	0.026				
14		2.4				7.3	0.031				
15							0.033				
16		2.7				7.5	0.033				
17		3.4				7.5	0.024				
18	14.0	2.9	20,000.0	0.05	21.0	7.4	0.032	570	192		
19		2.0				7.4	0.039				
20		2.5				7.4	0.029				
21		2.4				7.4	0.021				
22							0.034				
23		2.6				7.4	0.034				
24		2.2				7.4	0.022				
25		2.4				7.4	0.037				
26		2.0				7.4	0.038				
27		2.4				7.4	0.017				
28		3.6				7.5	0.040				
29							0.037				
30		3.1				7.5	0.037				
31		3.8				7.3	0.022				
Total	N/A	N/A	N/A	N/A	N/A	N/A	0.945	N/A	N/A		
Mo. Avg.	12.0	2.8	141.4	0.2	24.0	7.4	0.030	455	199		

PLANT STAFFING:

 Lead Operator Class: C
 Day Shift Operator Class:
 Alt, Operator Class:
 Day Shift Operator Class:

 Certification No.: 17434
 Certification No.:
 Certification No.:
 Certification No.:

 Name: Alfred Gregg
 Name:
 Name:
 Name:

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Department of Environmental Protection, 2295 Victoria Ave, Suite 364, Ft. Myers, FL 33901-3881

PERMITTEE NAME: HC Waterworks, Inc. **PERMIT NUMBER:** FLA014388-005-DW3P
MAILING ADDRESS: 4939 Cross Bayou Blvd.
 New Port Richey, FL 34652

FACILITY: Leisure Lakes Utilities **LIMIT:** Final
LOCATION: 101 Parkview Cir **CLASS SIZE:** N/A **REPORT:** Monthly
 Lake Placid, FL 33852-6011 **MONITORING GROUP NUMBER:** R-01 **GROUP:** Domestic
COUNTY: Highlands **MONITORING GROUP DESC:** Dual percolation ponds, with Influent
OFFICE: South District **RE-SUBMITTED DMR:**
NO DISCHARGE FROM SITE:
MONITORING PERIOD From: 01/01/2014 To: 01/31/2014

DUPLICATE

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement			8.8				0		
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Requirement			20.0 (An. Avg.)			mg/L		Bi-weekly; every 2 weeks	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement		23.0	23.0	19.5			0		
PARM Code 80082 A Mon.Site No. EFA-01	Permit Requirement		60.0 (Max.)	45.0 (Wk. Avg.)	30.0 (Mo. Avg.)		mg/L		Bi-weekly; every 2 weeks	Grab
Solids, Total Suspended	Sample Measurement			12.2				0		
PARM Code 00530 Y Mon.Site No. EFA-01	Permit Requirement			20.0 (An. Avg.)			mg/L		Bi-weekly; every 2 weeks	Grab
Solids, Total Suspended	Sample Measurement		57.0	57.0	35.0			2		
Parm Code 00530 A Mon.Site No. EFA-01	Permit Requirement		60.0 (Max.)	30.0 (Wk. Avg.)	30.0 (Mo. Avg.)		mg/L		Bi-weekly; every 2 weeks	Grab
Coliform, Fecal	Sample Measurement			33.8				0		
Parm Code 74055 Y Mon.Site No. EFA-01	Permit Requirement			200 (An. Avg.)			#/100mL		Bi-weekly; every 2 weeks	Grab
Coliform, Fecal	Sample Measurement			18.50	35.0			0		
Parm Code 74055 A Mon.Site No. EFA-01	Permit Requirement			200 (Mo. Geo. Mn.)	800 (Max.)		#/100mL		Bi-weekly; every 2 weeks	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (mm/dd/yyyy)
U.S. Water Services Corp, Melisa Rotteveel, Manager	<i>Melisa Rotteveel</i>	727-848-8292	02/14/2014

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): Abnormal Event Report filed regarding TSS failure. A copy is attached.

REVIEWED

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Leisure Lakes Utilities
 COUNTY: Highlands

MONITORING GROUP NUMBER: R-01
 MONITORING PERIOD: From:

PERMIT NUMBER: FLA014388-005-DW3P
 To: 01/01/2014 01/31/2014

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.4	7.5		0		
PARM Code 00400 A Mon.Site No. EFA-01	Permit Requirement				6.0 (Min.)	8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement				1.3			0		
PARM Code 50060 A Mon.Site No.EFA-01	Permit Requirement				0.5 (Min.)		mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					0.07		0		
PARM Code 00620 A Mon. Site No. EFA-01	Permit Requirement					12.0 (Max.)	mg/L		Bi-weekly; every 2 weeks	Grab
Flow	Sample Measurement		0.028					0		
PARM Code 50050 Y Mon.Site No.FLW-01	Permit Requirement		0.05 (An. Avg.)	MGD					5 Days/Week	ETM's
Flow	Sample Measurement	0.034	0.030					N/A		
PARM Code 50050 1 Mon.Site No.FLW-01	Permit Requirement	Report (Mo. Avg.)	Report (Qt. Avg.)	MGD					5 Days/Week	ETM's
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement					61%	%	N/A		
PARM Code 00180 P Mon.Site No. CAL-01	Permit Requirement					Report (Mo. Avg.)	percent		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C (Influent)	Sample Measurement					455		N/A		
PARM Code 80082 Q Mon.Site No. INF-01	Permit Requirement					Report (Max.)	mg/L		Bi-weekly; every 2 weeks	Grab
Solids, Total Suspended (Influent)	Sample Measurement					252		N/A		
PARM Code 00530 Q Mon.Site No. INF-01	Permit Requirement					Report (Max.)	mg/L		Bi-weekly; every 2 weeks	Grab

DAILY SAMPLE RESULTS - PART B (R-01)

Permit Number: FLA014388-005-DW3P

Facility: Leisure Lakes Utilities

MONITORING PERIOD From: 01/01/2014 To: 01/31/2014

Code	BOD, Carbonaceous 5 Day, 20C mg/L	Chlorine, Total Residual (For Disinfection) mg/L	Coliform, Fecal #/100ML	Nitrogen, Nitrate, Total (as N) mg/L	Solids, Total Suspended mg/L	pH s.u.	Flow MGD	BOD, Carbonaceous 5 Day, 20C (Influent) mg/L	Solids, Total Suspended (Influent) mg/L		
Mon. Site	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	FLW-01	INF-01	INF-01		
1		2.9				7.4	0.039				
2		3.1				7.4	0.039				
3		2.8				7.4	0.032				
4		2.4				7.5	0.027				
5							0.039				
6		2.2				7.4	0.039				
7		2.5				7.5	0.025				
8	23.0	1.3	35.0	0.1	57.0	7.5	0.025	319	246		
9		2.0				7.4	0.026				
10		2.6				7.4	0.036				
11		2.4				7.4	0.031				
12							0.036				
13		2.2				7.4	0.036				
14		2.5				7.4	0.032				
15		2.8				7.4	0.031				
16		2.6				7.4	0.038				
17		2.6				7.4	0.039				
18		2.4				7.4	0.033				
19							0.036				
20		2.2				7.4	0.036				
21		2.6				7.4	0.039				
22	16.0	2.5	2.0	0.03	13.0	7.4	0.030	455	252		
23		2.4				7.4	0.035				
24		1.9				7.4	0.032				
25		2.2				7.4	0.028				
26							0.041				
27		2.0				7.4	0.041				
28		2.1				7.4	0.033				
29		1.9				7.4	0.028				
30		2.2				7.4	0.029				
31		2.0				7.4	0.035				
Total	N/A	N/A	N/A	N/A	N/A	N/A	1.049	N/A	N/A		
Mo. Avg.	19.5	2.3	18.5	0.2	35.0	7.4	0.034	387	249		

PLANT STAFFING:

Lead Operator Class: C
 Day Shift Operator Class:
 Alt, Operator Class:
 Day Shift Operator Class:

Certification No.: 17434
 Certification No.:
 Certification No.:
 Certification No.:

Name: Alfred Gregg
 Name:
 Name:
 Name:

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

DUPLICATE

When completed mail this report to: Department of Environmental Protection, 2295 Victoria Ave, Suite 364, Ft. Myers, FL 33901-3881

PERMITTEE NAME: HC Waterworks, Inc. PERMIT NUMBER: FLA014388-005-DW3P

MAILING ADDRESS: 4939 Cross Bayou Blvd.
New Port Richey, FL 34652

LIMIT: Final REPORT: Monthly
CLASS SIZE: N/A GROUP: Domestic

FACILITY: Leisure Lakes Utilities
LOCATION: 101 Parkview Cir
Lake Placid, FL 33852-6011

MONITORING GROUP NUMBER: R-01
MONITORING GROUP DESC: Dual percolation ponds, with Influent

COUNTY: Highlands

RE-SUBMITTED DMR:

OFFICE: South District

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 02/01/2014 To: 02/28/2014

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement			10.6		0		
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Requirement			20.0 (An. Avg.)	mg/L		Bi-weekly; every 2 weeks	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement		45.0	45.0 32.5		1		
PARM Code 80082 A Mon.Site No. EFA-01	Permit Requirement		60.0 (Max.)	45.0 (Wk. Avg.)	30.0 (Mo. Avg.)	mg/L	Bi-weekly; every 2 weeks	Grab
Solids, Total Suspended	Sample Measurement			13.0		0		
PARM Code 00530 Y Mon.Site No. EFA-01	Permit Requirement			20.0 (An. Avg.)	mg/L		Bi-weekly; every 2 weeks	Grab
Solids, Total Suspended	Sample Measurement		14.0	14.0 11.5		0		
ParM Code 00530 A Mon.Site No. EFA-01	Permit Requirement		60.0 (Max.)	30.0 (Wk. Avg.)	30.0 (Mo. Avg.)	mg/L	Bi-weekly; every 2 weeks	Grab
Coliform, Fecal	Sample Measurement			33.8		0		
ParM Code 74055 Y Mon.Site No. EFA-01	Permit Requirement			200 (An. Avg.)	#/100mL		Bi-weekly; every 2 weeks	Grab
Coliform, Fecal	Sample Measurement			0.50 <1.0		0		
ParM Code 74055 A Mon.Site No. EFA-01	Permit Requirement			200 (Mo. Geo.Mn.)	800 (Max.)	#/100mL	Bi-weekly; every 2 weeks	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (mm/dd/yyyy)
U.S. Water Services Corp, Melisa Rotteveel, Manager		787-848-8292	03/20/2014

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): Abnormal Event Report filed regarding CBOD failure. A copy is attached.

Reviewed By

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY:
COUNTY:

Leisure Lakes Utilities
Highlands

MONITORING GROUP NUMBER: R-01
MONITORING PERIOD: From:

PERMIT NUMBER: FLA014388-005-DW3P
To: 02/01/2014 02/28/2014

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.4	7.5		0		
PARM Code 00400 A Mon.Site No. EFA-01	Permit Requirement				6.0 (Min.)	8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement				1.6			0		
PARM Code 50060 A Mon.Site No.EFA-01	Permit Requirement				0.5 (Min.)		mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					0.28		0		
PARM Code 00620 A Mon. Site No. EFA-01	Permit Requirement					12.0 (Max.)	mg/L		Bi-weekly; every 2 weeks	Grab
Flow	Sample Measurement		0.028					0		
PARM Code 50050 Y Mon.Site No.FLW-01	Permit Requirement		0.05 (An. Avg.)	MGD					5 Days/Week	ETM's
Flow	Sample Measurement	0.032	0.032					N/A		
PARM Code 50050 1 Mon.Site No.FLW-01	Permit Requirement	Report (Mo. Avg.)	Report (Qt. Avg.)	MGD					5 Days/Week	ETM's
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement					64%	%	N/A		
PARM Code 00180 P Mon.Site No. CAL-01	Permit Requirement					Report (Mo. Avg.)	percent		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C (Influent)	Sample Measurement					520		N/A		
PARM Code 80082 Q Mon.Site No. INF-01	Permit Requirement					Report (Max.)	mg/L		Bi-weekly; every 2 weeks	Grab
Solids, Total Suspended (Influent)	Sample Measurement					388		N/A		
PARM Code 00530 Q Mon.Site No. INF-01	Permit Requirement					Report (Max.)	mg/L		Bi-weekly; every 2 weeks	Grab

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

DUPLICATE

When completed mail this report to: Department of Environmental Protection, 2295 Victoria Ave, Suite 364, Ft. Myers, FL 33901-3881

PERMITTEE NAME: HC Waterworks, Inc.
MAILING ADDRESS: 4939 Cross Bayou Blvd.
 New Port Richey, FL 34652

PERMIT NUMBER: FLA014388-005-DW3P

LIMIT: Final **REPORT:** Monthly
CLASS SIZE: N/A **GROUP:** Domestic

FACILITY: Leisure Lakes Utilities
LOCATION: 101 Parkview Cir
 Lake Placid, FL 33852-6011

MONITORING GROUP NUMBER: R-01
MONITORING GROUP DESC: Dual percolation ponds, with Influent
RE-SUBMITTED DMR:

COUNTY: Highlands
OFFICE: South District

NO DISCHARGE FROM SITE:
MONITORING PERIOD From: 03/01/2014 **To:** 03/28/2014

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement				14.8			0		
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Requirement				20.0 (An. Avg.)		mg/L		Bi-weekly; every 2 weeks	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			71.0	71.0	51.5		3		
PARM Code 80082 A Mon.Site No. EFA-01	Permit Requirement			60.0 (Max.)	45.0 (Wk. Avg.)	30.0 (Mo. Avg.)	mg/L		Bi-weekly; every 2 weeks	Grab
Solids, Total Suspended	Sample Measurement				16.8			0		
PARM Code 00530 Y Mon.Site No. EFA-01	Permit Requirement				20.0 (An. Avg.)		mg/L		Bi-weekly; every 2 weeks	Grab
Solids, Total Suspended	Sample Measurement			66.0	66.0	48.0		3		
Parm Code 00530 A Mon.Site No. EFA-01	Permit Requirement			60.0 (Max.)	30.0 (Wk. Avg.)	30.0 (Mo. Avg.)	mg/L		Bi-weekly; every 2 weeks	Grab
Coliform, Fecal	Sample Measurement				33.7			0		
Parm Code 74055 Y Mon.Site No. EFA-01	Permit Requirement				200 (An. Avg.)		#/100mL		Bi-weekly; every 2 weeks	Grab
Coliform, Fecal	Sample Measurement				0.50	<1.0		0		
Parm Code 74055 A Mon.Site No. EFA-01	Permit Requirement				200 (Mo.Geo.Mn.)	800 (Max.)	#/100mL		Bi-weekly; every 2 weeks	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (mm/dd/yyyy)
U.S. Water Services Corp, Melisa Rotteveel, Manager	<i>Melisa Rotteveel</i>	727-848-8292	04/17/2014

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): Abnormal Event Report filed regarding CBOD failure. A copy is attached.

Reviewed By *[Signature]*

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Leisure Lakes Utilities
 COUNTY: Highlands

MONITORING GROUP NUMBER: R-01
 MONITORING PERIOD: From:

PERMIT NUMBER: FLA014388-005-DW3P
 To: 03/01/2014 03/28/2014

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.4	7.5		0		
PARM Code 00400 A Mon.Site No. EFA-01	Permit Requirement				6.0 (Min.)	8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement				0.9			0		
PARM Code 50060 A Mon.Site No.EFA-01	Permit Requirement				0.5 (Min.)		mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					0.25		0		
PARM Code 00620 A Mon. Site No. EFA-01	Permit Requirement					12.0 (Max.)	mg/L		Bi-weekly; every 2 weeks	Grab
Flow	Sample Measurement		0.028					0		
PARM Code 50050 Y Mon.Site No.FLW-01	Permit Requirement		0.05 (An. Avg.)	MGD					5 Days/Week	ETM's
Flow	Sample Measurement	0.032	0.032					N/A		
PARM Code 50050 1 Mon.Site No.FLW-01	Permit Requirement	Report (Mo. Avg.)	Report (Qt. Avg.)	MGD					5 Days/Week	ETM's
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement					65%	%	N/A		
PARM Code.00180 P Mon.Site No. CAL-01	Permit Requirement					Report (Mo. Avg.)	percent		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C (Influent)	Sample Measurement					840		N/A		
PARM Code 80082 Q Mon.Site No. INF-01	Permit Requirement					Report (Max.)	mg/L		Bi-weekly; every 2 weeks	Grab
Solids, Total Suspended (Influent)	Sample Measurement					356		N/A		
PARM Code 00530 Q Mon.Site No. INF-01	Permit Requirement					Report (Max.)	mg/L		Bi-weekly; every 2 weeks	Grab

DAILY SAMPLE RESULTS - PART B (R-01)

Permit Number: FLA014388-005-DW3P

Facility: Leisure Lakes Utilities

MONITORING PERIOD From: 03/01/2014 To: 03/28/2014

	BOD, Carbonaceous 5 Day, 20C mg/L	Chlorine, Total Residual (For Disinfection) mg/L	Coliform, Fecal #/100ML	Nitrogen, Nitrate, Total (as N) mg/L	Solids, Total Suspended mg/L	pH s.u.	Flow MGD	BOD, Carbonaceous 5 Day, 20C (Influent) mg/L	Solids, Total Suspended (Influent) mg/L		
Code	80082	50060	74055	00620	00530	00400	50050	80082	00530		
Mon. Site	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	FLW-01	INF-01	INF-01		
1		2.0				7.4	0.034				
2							0.037				
3		2.3				7.4	0.037				
4		1.9				7.4	0.039				
5	71.0	1.7	<1.0	0.07	30.0	7.4	0.032	712	238		
6		1.9				7.4	0.033				
7		2.2				7.4	0.029				
8		2.4				7.4	0.036				
9							0.037				
10		2.0				7.4	0.037				
11		2.4				7.4	0.039				
12		2.2				7.4	0.029				
13		2.0				7.4	0.018				
14		2.3				7.4	0.036				
15		2.4				7.5	0.042				
16							0.023				
17		2.0				7.4	0.023				
18		0.9				7.5	0.035				
19	32.0	4.0	<1.0	0.25	66.0	7.5	0.024	840	356		
20		3.6				7.5	0.033				
21		3.0				7.5	0.030				
22		2.8				7.5	0.025				
23							0.031				
24		2.1				7.5	0.031				
25		2.0				7.5	0.033				
26		2.1				7.5	0.029				
27		1.8				7.5	0.032				
28		2.6				7.5	0.034				
29		2.4				7.5	0.027				
30							0.030				
31		2.0				7.5	0.030				
Total	N/A	N/A	N/A	N/A	N/A	N/A	0.988	N/A	N/A		
Mo. Avg.	51.5	2.3	1.0	0.20	48.0	7.5	0.032	776	297		

PLANT STAFFING:

Lead Operator	Class: <u> C </u>	Certification No.: <u> 17434 </u>	Name: <u> Alfred Gregg </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Alt. Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

DUPLICATE

When completed mail this report to: Department of Environmental Protection, 2295 Victoria Ave, Suite 364, Ft. Myers, FL 33901-3881

PERMITTEE NAME: HC Waterworks, Inc. **PERMIT NUMBER:** FLA014388-005-DW3P

MAILING ADDRESS: 4939 Cross Bayou Blvd.
New Port Richey, FL 34652

LIMIT: Final **REPORT:** Monthly
CLASS SIZE: N/A **GROUP:** Domestic

FACILITY: Leisure Lakes Utilities
LOCATION: 101 Parkview Cir
Lake Placid, FL 33852-6011

MONITORING GROUP NUMBER: R-01
MONITORING GROUP DESC: Dual percolation ponds, with influent

COUNTY: Highlands
OFFICE: South District

RE-SUBMITTED DMR:
NO DISCHARGE FROM SITE:

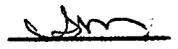
MONITORING PERIOD From: 04/01/2014 To: 04/28/2014

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement				15.7			0		
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Requirement				20.0 (An. Avg.)		mg/L		Bi-weekly; every 2 weeks	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			22.0	22.0	21.0		0		
PARM Code 80082 A Mon.Site No. EFA-01	Permit Requirement			60.0 (Max.)	45.0 (Wk. Avg.)	30.0 (Mo. Avg.)	mg/L		Bi-weekly; every 2 weeks	Grab
Solids, Total Suspended	Sample Measurement				21.2			1		
PARM Code 00530 Y Mon.Site No. EFA-01	Permit Requirement				20.0 (An. Avg.)		mg/L		Bi-weekly; every 2 weeks	Grab
Solids, Total Suspended	Sample Measurement			79.0	79.0	59.0		3		
ParM Code 00530 A Mon.Site No. EFA-01	Permit Requirement			60.0 (Max.)	30.0 (Wk. Avg.)	30.0 (Mo. Avg.)	mg/L		Bi-weekly; every 2 weeks	Grab
Coliform, Fecal	Sample Measurement				34.6			0		
ParM Code 74055 Y Mon.Site No. EFA-01	Permit Requirement				200 (An. Avg.)		#/100mL		Bi-weekly; every 2 weeks	Grab
Coliform, Fecal	Sample Measurement				13.42	90.0		0		
ParM Code 74055 A Mon.Site No. EFA-01	Permit Requirement				200 (Mo.Geo.Mn.)	800 (Max.)	#/100mL		Bi-weekly; every 2 weeks	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (mm/dd/yyyy)
U.S. Water Services Corp, Melisa Rotteveel, Manager		727-848-8292	05/19/2014

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): Abnormal Event Report filed for TSS failure.

Reviewed By 

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Leisure Lakes Utilities
 COUNTY: Highlands

MONITORING GROUP NUMBER: R-01
 MONITORING PERIOD: From:

PERMIT NUMBER: FLA014388-005-DW3P
 To: 04/01/2014 04/28/2014

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.5	7.5		0		
PARM Code 00400 A Mon.Site No: EFA-01	Permit Requirement				6.0 (Min.)	8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement				0.6			0		
PARM Code 50060 A Mon.Site No: EFA-01	Permit Requirement				0.5 (Min.)		mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					0.10		0		
PARM Code 00620 A Mon. Site No: EFA-01	Permit Requirement					12.0 (Max.)	mg/L		Bi-weekly; every 2 weeks	Grab
Flow	Sample Measurement		0.028					0		
PARM Code 50050 Y Mon.Site No: FLW-01	Permit Requirement		0.05 (An. Avg.)	MGD					5 Days/Week	ETM's
Flow	Sample Measurement	0.027	0.030					N/A		
PARM Code 50050 1 Mon.Site No: FLW-01	Permit Requirement	Report (Mo. Avg.)	Report (Qt. Avg.)	MGD					5 Days/Week	ETM's
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement					60%	%	N/A		
PARM Code 00180 P Mon.Site No. CAL-01	Permit Requirement					Report (Mo. Avg.)	percent		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C (Influent)	Sample Measurement					388		N/A		
PARM Code 80082 Q Mon.Site.No: INF-01	Permit Requirement					Report (Max.)	mg/L		Bi-weekly; every 2 weeks	Grab
Solids, Total Suspended (Influent)	Sample Measurement					323		N/A		
PARM Code 00530 Q Mon.Site No. INF-01	Permit Requirement					Report (Max.)	mg/L		Bi-weekly; every 2 weeks	Grab

DAILY SAMPLE RESULTS - PART B (R-01)

Permit Number: FLA014388-005-DW3P

Facility: Leisure Lakes Utilities

MONITORING PERIOD From: 04/01/2014 To: 04/28/2014

	BOD, Carbonaceous 5 Day, 20C mg/L	Chlorine, Total Residual (For Disinfection) mg/L	Coliform, Fecal #/100ML	Nitrogen, Nitrate, Total (as N) mg/L	Solids, Total Suspended mg/L	pH s.u.	Flow MGD	BOD, Carbonaceous 5 Day, 20C (Influent) mg/L	Solids, Total Suspended (Influent) mg/L		
Code	80082	50080	74055	00620	00530	00400	50050	80082	00530		
Mon.Site	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	FLW-01	INF-01	INF-01		
1		1.8				7.5	0.033				
2		4.2				7.5	0.025				
3		0.6				7.5	0.032				
4		3.8				7.5	0.023				
5		2.9				7.5	0.022				
6							0.031				
7		0.8				7.5	0.031				
8	22.0	1.9	2.0	0.10	39.0	7.5	0.027	388	244		
9		2.1				7.5	0.027				
10		2.2				7.5	0.034				
11		1.8				7.5	0.033				
12		2.0				7.5	0.027				
13							0.030				
14		2.2				7.5	0.030				
15		2.0				7.5	0.023				
16		1.8				7.5	0.029				
17		2.1				7.5	0.026				
18		3.9				7.5	0.030				
19		4.0				7.5	0.027				
20		3.1				7.5	0.025				
21							0.028				
22		2.6				7.5	0.028				
23	20.0	2.0	90.0	0.04	79.0	7.5	0.010	345	323		
24		1.7				7.5	0.028				
25		1.5				7.5	0.022				
26		1.9				7.5	0.022				
27							0.033				
28		2.1				7.5	0.033				
29		2.0				7.5	0.024				
30		1.7				7.5	0.020				
1											
Total	N/A	N/A	N/A	N/A	N/A	N/A	0.812	N/A	N/A		
Mo. Avg.	21.0	2.3	13.4	0.20	59.0	7.5	0.027	367	284		

PLANT STAFFING:

Lead Operator	Class: <u> C </u>	Certification No.: <u> 17434 </u>	Name: <u> Alfred Gregg </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Alt. Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>

DUPLICATE

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Department of Environmental Protection, 2295 Victoria Ave, Suite 364, Ft. Myers, FL 33901-3881

PERMITTEE NAME: HC Waterworks, Inc.
 MAILING ADDRESS: 4939 Cross Bayou Blvd.
 New Port Richey, FL 34652

PERMIT NUMBER: FLA014388-005-DW3P

FACILITY: Leisure Lakes Utilities
 LOCATION: 101 Parkview Cir
 Lake Placid, FL 33852-6011

LIMIT: Final
 CLASS SIZE: N/A
 MONITORING GROUP NUMBER: R-01
 REPORT: Monthly
 GROUP: Domestic

COUNTY: Highlands
 OFFICE: South District

MONITORING GROUP DESC: Dual percolation ponds, with Influent

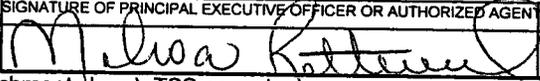
RE-SUBMITTED DMR:

NO DISCHARGE FROM SITE:

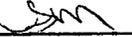
MONITORING PERIOD From: 05/01/2014 To: 05/31/2014

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement				15.2			0		
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Requirement				20.0 (An. Avg.)		mg/L		Bi-weekly; every 2 weeks	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			11.1	11.1	8.4		0		
PARM Code 80082 A Mon.Site No. EFA-01	Permit Requirement			60.0 (Max.)	45.0 (Wk. Avg.)	30.0 (Mo. Avg.)	mg/L		Bi-weekly; every 2 weeks	Grab
Solids, Total Suspended	Sample Measurement				21.8			1		
PARM Code 00530 Y Mon.Site No. EFA-01	Permit Requirement				20.0 (An. Avg.)		mg/L		Bi-weekly; every 2 weeks	Grab
Solids, Total Suspended	Sample Measurement			18.0	18.0	12.4		0		
ParM Code 00530 A Mon.Site No. EFA-01	Permit Requirement			60.0 (Max.)	30.0 (Wk. Avg.)	30.0 (Mo. Avg.)	mg/L		Bi-weekly; every 2 weeks	Grab
Coliform, Fecal	Sample Measurement				34.5			0		
ParM Code 74055 Y Mon.Site No. EFA-01	Permit Requirement				200 (An. Avg.)		#/100mL		Bi-weekly; every 2 weeks	Grab
Coliform, Fecal	Sample Measurement				0.50	<1.0		0		
ParM Code 74055 A Mon.Site No. EFA-01	Permit Requirement				200 (Mo. Geo. Mn.)	800 (Max.)	#/100mL		Bi-weekly; every 2 weeks	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (mm/dd/yyyy)
U.S. Water Services Corp, Melisa Rotteveel, Manager		727-848-8292	06/19/2014

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): TSS annual average exceedence is due to a failure in previous month.

Reviewed By 

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Leisure Lakes Utilities
 COUNTY: Highlands

MONITORING GROUP NUMBER: R-01
 MONITORING PERIOD: From:

PERMIT NUMBER: FLA014388-005-DW3P
 To: 05/01/2014 05/31/2014

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.5	7.5		0		
PARM Code 00400 A Mon.Site.No. EFA-01	Permit Requirement				6.0 (Min.)	8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement				1.2			0		
PARM Code 50060 A Mon.Site.No.EFA-01	Permit Requirement				0.5 (Min.)		mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					9.50		0		
PARM Code 00620 A Mon. Site No. EFA-01	Permit Requirement					12.0 (Max.)	mg/L		Bi-weekly, every 2 weeks	Grab
Flow	Sample Measurement		0.028					0		
PARM Code 50050 Y Mon.Site.No.FLW-01	Permit Requirement		0.05 (An. Avg.)	MGD					5 Days/Week	ETM's
Flow	Sample Measurement	0.023	0.027					N/A		
PARM Code 50050 1 Mon.Site.No.FLW-01	Permit Requirement	Report (Mo. Avg.)	Report (Qt. Avg.)	MGD					5 Days/Week	ETM's
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement					55%	%	N/A		
PARM Code 00180 P Mon.Site.No. CAL-01	Permit Requirement					Report (Mo. Avg.)	percent		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C (Influent)	Sample Measurement					443		N/A		
PARM Code 80082 Q Mon.Site.No. INF-01	Permit Requirement					Report (Max.)	mg/L		Bi-weekly, every 2 weeks	Grab
Solids, Total Suspended (Influent)	Sample Measurement					274		N/A		
PARM Code 00530 Q Mon.Site.No. INF-01	Permit Requirement					Report (Max.)	mg/L		Bi-weekly, every 2 weeks	Grab

DAILY SAMPLE RESULTS - PART B (R-01)

Permit Number: FLA014388-005-DW3P

Facility: Leisure Lakes Utilities

MONITORING PERIOD From: 05/01/2014 To: 05/31/2014

	BOD, Carbonaceous 5 Day, 20C mg/L	Chlorine, Total Residual (For Disinfection) mg/L	Coliform, Fecal #/100ML	Nitrogen, Nitrate, Total (as N) mg/L	Solids, Total Suspended mg/L	pH s.u.	Flow MGD	BOD, Carbonaceous 5 Day, 20C (Influent) mg/L	Solids, Total Suspended (Influent) mg/L		
Code	80082	50060	74055	00620	00530	00400	50050	80082	00530		
Mon. Site	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	FLW-01	INF-01	INF-01		
1		1.9				7.5	0.027				
2		2.0				7.5	0.027				
3		2.0				7.5	0.030				
4							0.026				
5		2.0				7.5	0.025				
6		1.8				7.5	0.013				
7		1.6				7.5	0.026				
8	5.6	3.6	1.0	0.09	18.0	7.5	0.017	443	274		
9		3.0				7.5	0.024				
10		2.8				7.5	0.020				
11							0.024				
12		1.2				7.5	0.024				
13		1.5				7.5	0.013				
14		2.0				7.5	0.027				
15		1.8				7.5	0.020				
16		2.0				7.5	0.029				
17		1.8				7.5	0.023				
18							0.024				
19		2.2				7.5	0.023				
20		3.2				7.5	0.021				
21		1.3				7.5	0.022				
22		1.8				7.5	0.024				
23	11.1	1.2	1.0	9.50	6.8	7.5	0.023	280	144		
24		2.3				7.5	0.021				
25							0.022				
26		2.4				7.5	0.022				
27		2.8				7.5	0.022				
28		2.1				7.5	0.018				
29		1.8				7.5	0.031				
30		5.6				7.5	0.024				
31		3.6				7.5	0.032				
Total	N/A	N/A	N/A	N/A	N/A	N/A	0.724	N/A	N/A		
Mo. Avg.	8.4	2.3	0.5	4.80	12.4	7.5	0.023	362	209		

PLANT STAFFING:

Lead Operator Class: C
 Day Shift Operator Class:
 Alt. Operator Class:
 Day Shift Operator Class:

Certification No.: 20588
 Certification No.:
 Certification No.:
 Certification No.:

Name: Jackie Williams
 Name:
 Name:
 Name:

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

DUPLICATE

When completed mail this report to: Department of Environmental Protection, 2295 Victoria Ave, Suite 364, Ft. Myers, FL 33901-3881

PERMITTEE NAME: HC Waterworks, Inc.
 MAILING ADDRESS: 4939 Cross Bayou Blvd.
 New Port Richey, FL 34652

PERMIT NUMBER: FLA014388-005-DW3P

FACILITY: Leisure Lakes Utilities
 LOCATION: 101 Parkview Cir
 Lake Placid, FL 33852-6011

LIMIT: Final
 CLASS SIZE: N/A
 MONITORING GROUP NUMBER: R-01
 MONITORING GROUP DESC: Dual percolation ponds, with Influent
 RE-SUBMITTED DMR:

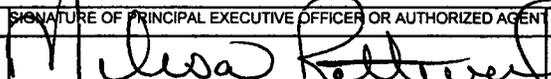
REPORT: Monthly
 GROUP: Domestic

COUNTY: Highlands
 OFFICE: South District

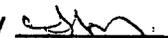
NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: 06/01/2014 To: 06/30/2014

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement			15.2				0		
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Requirement			20.0 (An. Avg.)			mg/L		Bi-weekly; every 2 weeks	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			4.3	4.3	3.8		0		
PARM Code 80082 A Mon.Site No. EFA-01	Permit Requirement			60.0 (Max.)	45.0 (Wk. Avg.)	30.0 (Mo. Avg.)	mg/L		Bi-weekly; every 2 weeks	Grab
Solids, Total Suspended	Sample Measurement			21.8				1		
PARM Code 00530 Y Mon.Site No. EFA-01	Permit Requirement			20.0 (An. Avg.)			mg/L		Bi-weekly; every 2 weeks	Grab
Solids, Total Suspended	Sample Measurement			3.6	3.6	2.6		0		
ParM Code 00530 A Mon.Site No. EFA-01	Permit Requirement			60.0 (Max.)	30.0 (Wk. Avg.)	30.0 (Mo. Avg.)	mg/L		Bi-weekly; every 2 weeks	Grab
Coliform, Fecal	Sample Measurement			34.4				0		
ParM Code 74055 Y Mon.Site No. EFA-01	Permit Requirement			200 (An. Avg.)			#/100mL		Bi-weekly; every 2 weeks	Grab
Coliform, Fecal	Sample Measurement			0.75	1.0			0		
ParM Code 74055 A Mon.Site No. EFA-01	Permit Requirement			200 (Mo. Geo. Mn.)	800 (Max.)		#/100mL		Bi-weekly; every 2 weeks	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (mm/dd/yyyy)
U.S. Water Services Corp, Melisa Rotteveel, Manager		727-848-8292	07/18/2014

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): TSS annual average exceedence is due to a failure in previous month.

Reviewed By 

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Leisure Lakes Utilities
 COUNTY: Highlands

MONITORING GROUP NUMBER: R-01
 MONITORING PERIOD: From:

PERMIT NUMBER: FLA014388-005-DW3P
 To: 06/01/2014 To: 06/30/2014

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.2	7.8		0		
PARM Code 00400 A Mon.Site No. EFA-01	Permit Requirement				6.0 (Min.)	8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement				0.7			0		
PARM Code 50060 - A Mon.Site No. EFA-01	Permit Requirement				0.5 (Min.)		mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					2.36		0		
PARM Code 00620 A Mon. Site No. EFA-01	Permit Requirement					12.0 (Max.)	mg/L		Bi-weekly; every 2 weeks	Grab
Flow	Sample Measurement		0.028					0		
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Requirement		0.05 (An. Avg.)	MGD					5 Days/Week	ETM's
Flow	Sample Measurement	0.027	0.026					N/A		
PARM Code 50050 1 Mon.Site No. FLW-01	Permit Requirement	Report (Mo. Avg.)	Report (Qt. Avg.)	MGD					5 Days/Week	ETM's
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement					52%	%	N/A		
PARM Code 00180 P Mon.Site No. CAL-01	Permit Requirement					Report (Mo. Avg.)	percent		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C (Influent)	Sample Measurement					191		N/A		
PARM Code 80082 Q Mon.Site No.: INF-01	Permit Requirement					Report (Max.)	mg/L		Bi-weekly; every 2 weeks	Grab
Solids, Total Suspended (Influent)	Sample Measurement					90		N/A		
PARM Code 00530 Q Mon.Site No. INF-01	Permit Requirement					Report (Max.)	mg/L		Bi-weekly; every 2 weeks	Grab

DAILY SAMPLE RESULTS - PART B (R-01)

Permit Number: **FLA014388-005-DW3P**

Facility: **Leisure Lakes Utilities**

MONITORING PERIOD From: 06/01/2014 To: 06/30/2014

	BOD, Carbonaceous 5 Day, 20C mg/L	Chlorine, Total Residual (For Disinfection) mg/L	Coliform, Fecal #/100ML	Nitrogen, Nitrate, Total (as N) mg/L	Solids, Total Suspended mg/L	pH s.u.	Flow MGD	BOD, Carbonaceous 5 Day, 20C (Influent) mg/L	Solids, Total Suspended (Influent) mg/L		
Code	80082	50060	74055	00620	00530	00400	50050	80082	00530		
Mon.Site	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	FLW-01	INF-01	INF-01		
1							0.032				
2		2.2				7.5	0.027				
3		8.8				7.5	0.017				
4		0.7				7.5	0.032				
5	4.3	2.0	<1.0	0.80	1.6	7.5	0.026				
6		1.1				7.2	0.025				
7		1.5				7.7	0.024				
8							0.024				
9		1.5				7.5	0.022				
10		1.8				7.5	0.024				
11		1.3				7.6	0.030				
12		1.4				7.5	0.031				
13		1.5				7.6	0.033				
14		1.8				7.5	0.025				
15							0.025				
16		1.0				7.5	0.027				
17		1.0				7.5	0.018				
18		1.4				7.6	0.034				
19		1.1				7.5	0.021				
20	3.2	1.5	1.0	2.36	3.6	7.5	0.032	191	90		
21		1.2				7.7	0.030				
22							0.030				
23		2.5				7.7	0.031				
24		4.3				7.7	0.027				
25		6.7				7.8	0.025				
26		7.3				7.5	0.022				
27		1.1				7.5	0.027				
28		2.3				7.6	0.029				
29							0.029				
30		2.4				7.5	0.030				
1											
Total	N/A	N/A	N/A	N/A	N/A	N/A	0.809	N/A	N/A		
Mo. Avg.	3.8	2.4	<1.0	1.58	2.6	7.5	0.027	191	90		

PLANT STAFFING:

Lead Operator	Class:	<u> C </u>	Certification No.:	<u> 20588 </u>	Name:	<u> Jackie Williams </u>
Day Shift Operator	Class:	<u> </u>	Certification No.:	<u> </u>	Name:	<u> </u>
Alt. Operator	Class:	<u> </u>	Certification No.:	<u> </u>	Name:	<u> </u>
Day Shift Operator	Class:	<u> </u>	Certification No.:	<u> </u>	Name:	<u> </u>



See Pages 4 for Instructions.

I. General Information for the Month/Year of: July, 2012

A. Public Water System (PWS) Information

PWS Name:	Lake Josephine Plant #3	PWS Identification Number:	5284137
PWS Type:	<input checked="" type="checkbox"/> Community <input checked="" type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	536	Total Population Served at End of Month:	1,250
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Harry Householder	Contact Person's Title:	Operation Manager
Contact Person's Mailing Address:	PO Box 2480	City:	Jay Lake
		State:	Florida
Contact Person's Telephone Number:	941-915-8788	Zip Code:	32158
Contact Person's E-Mail Address:	hhouseholder@aquaamerica.com		
		Contact Person's Fax Number:	(941) 377-9456

B. Water Treatment Plant Information

Plant Name:	Lake Josephine Plant #3	Plant Telephone Number:	941-377-9456
Plant Address:	1949 Canary Way	City:	Sebring
		State:	Florida
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	Zip Code:	33872
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	300,000	Plant Class (per subsection 62-699.310(4), F.A.C.):	C
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Wendell faircloth	C	8196	
Other Operators:	Don Hostetler	C	14147	

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 provide these additional operations records to the PWS owner or the PWS owner can retain.

Don Hostetler
Signature and Date 8/6/2012

Don Hostetler
Printed or Typed Name

C 14147
License Number

III. Daily Data for the Month/Year of:

July, 2012

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 Demstrate Four-Log Virus Inactivation, if Applicable*

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	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 Components 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 Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²			Minimum UV Dose Required, mW-sec/cm ²
1		24.0	135,000										0.6	
2	X	24.0	135,000		2.0								0.5	
3	X	24.0	140,000		1.2								0.4	
4	X	24.0	189,000		1.6								0.7	
5	X	24.0	148,000		2.4								1.7	
6	X	24.0	157,000		3.6								1.1	
7	X	24.0	210,000		2.5								1.0	
8		24.0	123,000										1.3	
9	X	24.0	123,000		1.8								0.9	
10	X	24.0	190,000		2.2								0.5	
11	X	24.0	160,000		1.4								1.1	
12	X	24.0	126,000		1.4								1.0	
13	X	24.0	164,000		2.1								0.9	
14	X	24.0	160,000		1.7								1.2	
15		24.0	120,000										1.6	
16	X	24.0	120,000		2.3								1.2	
17	X	24.0	170,000		4.0								3.8	
18	X	24.0	129,000		4.0								3.7	
19	X	24.0	118,000		4.0								3.0	
20	X	24.0	109,000		3.7								3.2	
21	X	24.0	154,000		1.2								3.7	
22		24.0	125,000										0.4	
23	X	24.0	125,000		1.0								3.5	
24	X	24.0	167,000		1.7								3.7	
25	X	24.0	163,000		4.0								3.0	
26	X	24.0	110,000		4.0								3.2	
27	X	24.0	137,000		4.0								3.7	
28	X	24.0	133,000		4.0								3.0	
29		24.0	119,500										3.2	
30	X	24.0	119,500		4.2								3.7	
31	X	24.0	128,000		4.7								3.7	
Total			4,407,000											
Average			142,161											
Maximum			210,000											

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

III. Daily Data for the Month/Year of:

July, 2012

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 Demostate Four-Log Virus Inactivation, if Applicable*

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	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 Components 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 Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²		
1		24.0	51,450											
2	X	24.0	51,450		1.0								0.5	
3	X	24.0	73,200		1.0								0.4	
4	X	24.0	90,100		0.9								0.4	
5	X	24.0	55,500		1.4								0.3	
6	X	24.0	102,900		1.0								0.4	
7	X	24.0	162,400		3.3								1.0	
8		24.0	41,550											
9	X	24.0	41,550		1.2								0.6	
10	X	24.0	83,400		4.0								1.0	
11	X	24.0	57,300		4.0								1.4	
12	X	24.0	42,800		4.0								0.4	
13	X	24.0	63,900		4.0								0.6	
14	X	24.0	76,200		4.0								1.0	
15		24.0	66,850											
16	X	24.0	66,850		4.0								2.5	
17	X	24.0	56,700		4.0								2.6	
18	X	24.0	37,700		4.0								2.0	
19	X	24.0	45,500		4.0								0.6	
20	X	24.0	39,600		4.0								0.5	
21	X	24.0	51,300		4.0								0.7	
22		24.0	44,700											
23	X	24.0	44,700		3.9								1.3	
24	X	24.0	58,300		4.0								1.3	
25	X	24.0	57,100		2.6								0.9	
26	X	24.0	35,200		1.2								0.5	
27	X	24.0	51,800		1.0								0.4	
28	X	24.0	46,800		3.0								0.7	
29		24.0	40,750											
30	X	24.0	40,750		2.8								0.6	
31	X	24.0	48,200		2.4								0.8	
Total			1,826,500											
Average			58,919											
Maximum			162,400											

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



MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

Daily Finished-Water Production for the Month/Year of : July 2012											
Community Water System (CWS) Name: Lake Josephine Plants 3 & 4											
Public Water System (PWS) Identification Number: 5284137											
Day of Month	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	Total
	Lake Josephine Plant 3	Lake Josephine Plant 4									
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										
	Net Quantity of Finished Water Produced by Each Plant, gallons										
1	135,000	51,450									186,450
2	135,000	51,450									186,450
3	140,000	73,200									213,200
4	189,000	90,100									279,100
5	148,000	55,500									203,500
6	157,000	102,900									259,900
7	210,000	162,400									372,400
8	123,000	41,550									164,550
9	123,000	41,550									164,550
10	190,000	83,400									273,400
11	160,000	57,300									217,300
12	126,000	42,800									168,800
13	164,000	63,900									227,900
14	160,000	76,200									236,200
15	120,000	66,850									186,850
16	120,000	66,850									186,850
17	170,000	56,700									226,700
18	129,000	37,700									166,700
19	118,000	45,500									163,500
20	109,000	39,600									148,600
21	154,000	51,300									205,300
22	125,000	44,700									169,700
23	125,000	44,700									169,700
24	167,000	58,300									225,300
25	163,000	57,100									220,100
26	110,000	35,200									145,200
27	137,000	51,800									188,800
28	133,000	46,800									179,800
29	119,500	40,750									160,250
30	119,500	40,750									160,250
31	128,000	48,200									176,200
Total											6,233,500
Avg.											201,081
Max.											372,400

Monthly Water Loss Report

PLANT NAME: Lake Josephine 3 & 4
 PLANT NO: 1010
 REPORTING MONTH: July 2012
 PWS ID NO: 6280162

Date	On-Site Usage	Man Flushing	Line Breaks Est	Fire		Auto Flushing	Comments
	Est Gals	Est Gals	Gals	Est Gals	Est Gals	Est Gals	
1						124,000	Auto Flush Riverway BO
2		20,000					
3		10,000				31,000	Auto Flush Dewey BO DE
4		15,000					
5						93,000	Auto Flush Lynnwood BO DE
6							
7						174,375	Auto Flush Sebring Lakes Blvd BO DE
8							
9						139,500	Auto Flush Riverway & Hamlin BO
10							
11						186,000	Auto Flush Oak Beach Blvd BO DE
12							
13							
14							
15						124,000	Auto Flush Atkins/Rosemary BO
16		12,000					
17						124,000	Auto Flush Lake Josephine Shores BO DE
18							
19						116,250	Auto Flush Twitty BO
20							
21							
22							
23		70,000					
24							
25							
26							
27							
28							
29							
30							
31	25,000		5,000				
Total	25,000	127,000	5,000	0		1,112,125	

Grand Total	1,269,125
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III. Daily Data for the Month/Year of:

August, 2012

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 Demstrate Four-Log Virus Inactivation, if Applicable*

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	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 Components 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 Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²		
1	X	24.0	58,400		3.2							1.1	
2	X	24.0	54,200		3.6							1.3	
3	X	24.0	49,600		3.4							1.4	
4	X	24.0	85,500		3.8							1.2	
5		24.0	51,550										
6	X	24.0	51,550		4.0							3.0	
7	X	24.0	33,800		3.8							2.2	
8	X	24.0	66,000		1.2							2.3	
9	X	24.0	46,700		1.0							0.5	
10	X	24.0	33,500		3.3							0.4	
11	X	24.0	41,800		2.6							0.7	
12		24.0	47,000										
13	X	24.0	47,000		1.0							2.1	
14	X	24.0	65,300		3.4							0.4	
15	X	24.0	49,200		4.0							2.7	
16	X	24.0	44,200		3.6							2.4	
17	X	24.0	83,400		4.0							3.7	
18	X	24.0	40,400		4.0							3.2	
19		24.0	37,850										
20	X	24.0	37,850		4.0							2.6	
21	X	24.0	48,000		4.0							2.1	
22	X	24.0	54,500		4.0							2.6	
23	X	24.0	42,300		2.2							2.3	
24	X	24.0	40,800		2.8							0.8	
25	X	24.0	41,200		2.6							1.0	
26		24.0	48,300										
27	X	24.0	48,300		1.6							0.3	
28	X	24.0	36,600		1.3							0.4	
29	X	24.0	76,000		1.8							1.2	
30	X	24.0	29,400		4.0							0.4	
31	X	24.0	145,700		2.8							2.0	
Total			1,635,900										
Average			52,771										
Maximum			145,700										

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



MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

Daily Finished-Water Production for the Month/Year of :											August 2012
Community Water System (CWS) Name:											Lake Josephine Plants 3 & 4
Public Water System (PWS) Identification Number:											5284137
Day of Month	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	Total
	Lake Josephine Plant 3	Lake Josephine Plant 4									
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										
	300,000	280,000									
Net Quantity of Finished Water Produced by Each Plant, gallons											Total
1	165,000	58,400									223,400
2	163,000	54,200									217,200
3	195,000	49,600									244,600
4	222,000	85,500									307,500
5	139,000	51,550									190,550
6	139,000	51,550									190,550
7	123,000	33,800									156,800
8	184,000	66,000									250,000
9	137,000	46,700									183,700
10	96,000	33,500									129,500
11	131,000	41,800									172,800
12	139,500	47,000									186,500
13	139,500	47,000									186,500
14	222,000	65,300									287,300
15	185,000	49,200									234,200
16	150,000	44,200									194,200
17	176,000	83,400									259,400
18	117,000	40,400									157,400
19	125,000	37,850									162,850
20	125,000	37,850									162,850
21	163,000	48,000									211,000
22	127,000	54,500									181,500
23	133,000	42,300									175,300
24	132,000	40,800									172,800
25	135,000	41,200									176,200
26	147,500	48,300									195,800
27	147,500	48,300									195,800
28	120,000	36,600									156,600
29	174,000	76,000									250,000
30	116,000	29,400									145,400
31	214,000	145,700									359,700
Total											6,317,900
Avg.											203,803
Max.											359,700

Monthly Water Loss Report

PLANT NAME: Lake Josephine 3 & 4
 PLANT NO: 1010
 REPORTING MONTH: August 2012
 PWS ID NO: 6280162

Date	On-Site Usage Est Gals	Man Flushing Est Gals	Line Breaks Est Gals	Fire Est Gals	Auto Flushing Est Gals	Comments
1					124,000	Auto Flush Riverway BO
2		20,000				
3		40,000			31,000	Auto Flush Dewey BO DE
4						
5					93,000	Auto Flush Lynnwood BO DE
6						
7		18,000			174,375	Auto Flush Sebring Lakes Blvd BO DE
8						
9					139,500	Auto Flush Riverway & Hamlin BO
10						
11					186,000	Auto Flush Oak Beach Blvd BO DE
12						
13		35,000				
14						
15					124,000	Auto Flush Atkins/Rosemary BO
16						
17					124,000	Auto Flush Lake Josephine Shores BO DE
18						
19					116,250	Auto Flush Twitty BO
20						
21						
22						
23		70,000				
24						
25						
26						
27						
28						
29						
30			160,000			WTR MAIN LEAK AT 727 LK JO DR
31	25,000					
Total	25,000	183,000	160,000	0	1,112,125	

Grand Total	1,480,125
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See Pages 4 for Instructions.

I. General Information for the Month/Year of: September, 2012

A. Public Water System (PWS) Information

PWS Name:	Lake Josephine Plant #3	PWS Identification Number:	5284137
PWS Type:	<input checked="" type="checkbox"/> Community <input checked="" type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	536	Total Population Served at End of Month:	1,250
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Harry Householder	Contact Person's Title:	Operation Manager
Contact Person's Mailing Address:	PO Box 2480	City:	lady Lake
		State:	Florida
		Zip Code:	32158
Contact Person's Telephone Number:	941-915-8788	Contact Person's Fax Number:	(941) 377-9456
Contact Person's E-Mail Address:	hhouseholder@aquaaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Lake Josephine Plant #3	Plant Telephone Number:	941-377-9456
Plant Address:	1949 Canary Way	City:	Sebring
		State:	Florida
		Zip Code:	33872
Type of Water Treatment 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:	300,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Wendell faircloth	C	8196	
Other Operators:	Waunda Barcus	B	20966	
	Don Hostetler	C	14147	

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 provide these additional operations records to the PWS owner as the PWS owner can obtain

Don Hostetler
Signature and Date 10/8/2012

Don Hostetler
Printed or Typed Name

C 14147
License Number

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (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 Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24.0	121,000		2.3									1.3	
2		24.0	133,000												
3	X	24.0	133,000		1.8									0.6	
4	X	24.0	134,000		1.5									0.5	
5	X	24.0	110,000		1.5									0.4	
6	X	24.0	150,000		1.0									0.2	
7	X	24.0	92,000		1.2									0.2	
8	X	24.0	184,000		1.3									0.2	
9		24.0	111,500												
10	X	24.0	111,500		1.8									1.3	
11	X	24.0	181,000		1.9									1.2	
12	X	24.0	110,000		1.4									0.3	
13	X	24.0	149,000		1.9									1.6	
14	X	24.0	136,000		2.2									2.2	
15	X	24.0	181,000		2.1									2.0	
16		24.0	150,000												
17	X	24.0	150,000		1.3									0.8	
18	X	24.0	155,000		1.9									1.5	
19	X	24.0	134,000		1.8									0.7	
20	X	24.0	155,000		1.6									1.5	
21	X	24.0	160,000		1.3									0.5	
22	X	24.0	147,000		1.7									1.0	
23		24.0	138,000												
24	X	24.0	138,000		1.3									1.2	
25	X	24.0	143,000		1.4									1.3	
26	X	24.0	151,000		1.0									0.6	
27	X	24.0	133,000		1.2									1.0	
28	X	24.0	152,000		1.1									2.2	
29	X	24.0	177,000		2.0									1.6	
30		24.0	131,000												
1		24.0	131,000												
Total			4,382,000												
Average			141,355												
Maximum			184,000												

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

III. Daily Data for the Month/Year of:

September, 2012

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)

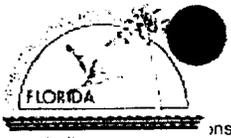
Chlorine Dioxide

CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	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 Components 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 Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
													CT Calculations		
1	X	24.0	57,400		3.2									0.5	
2		24.0	41,100											0.9	
3	X	24.0	41,100		2.4									0.5	
4	X	24.0	39,100		2.4									0.7	
5	X	24.0	27,700		2.0									0.7	
6	X	24.0	46,300		2.3									0.3	
7	X	24.0	23,500		2.4									0.3	
8	X	24.0	64,600		2.3									0.3	
9		24.0	31,550											0.3	
10	X	24.0	31,550		2.3									0.8	
11	X	24.0	56,600		2.4									1.6	
12	X	24.0	30,400		2.6									0.5	
13	X	24.0	51,900		2.4									1.0	
14	X	24.0	62,200		2.2									0.9	
15	X	24.0	61,300		2.0									1.3	
16		24.0	55,050											1.1	
17	X	24.0	55,050		2.2									0.8	
18	X	24.0	55,900		2.2									1.5	
19	X	24.0	47,900		3.3									0.9	
20	X	24.0	51,900		2.1									1.0	
21	X	24.0	52,400		2.2									0.6	
22	X	24.0	53,000		2.9									0.7	
23		24.0	51,100											0.3	
24	X	24.0	51,100		1.9									0.5	
25	X	24.0	54,600		1.6									0.6	
26	X	24.0	72,300		2.1									0.5	
27	X	24.0	39,900		1.7									0.6	
28	X	24.0	65,100		1.7									0.5	
29	X	24.0	69,600		1.8										
30		24.0	55,450												
1		24.0	55,450												
Total			1,552,100												
Average			50,068												
Maximum			72,300												

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

MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS



Daily Finished-Water Production for the Month/Year of : September 2012

Community Water System (CWS) Name: Lake Josephine Plants 3 & 4
 Public Water System (PWS) Identification Number: 5284137

Day of Month	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	Total
	Lake Josephine Plant 3	Lake Josephine Plant 4									
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
	300,000	280,000									580,000
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	121,000	57,400									178,400
2	133,000	41,100									174,100
3	133,000	41,100									174,100
4	134,000	39,100									173,100
5	110,000	27,700									137,700
6	150,000	46,300									196,300
7	92,000	23,500									115,500
8	184,000	64,600									248,600
9	111,500	31,550									143,050
10	111,500	31,550									143,050
11	181,000	56,600									237,600
12	110,000	30,400									140,400
13	149,000	51,900									200,900
14	136,000	62,200									198,200
15	181,000	61,300									242,300
16	150,000	55,050									205,050
17	150,000	55,050									205,050
18	155,000	55,900									210,900
19	134,000	47,900									181,900
20	155,000	51,900									206,900
21	160,000	52,400									212,400
22	147,000	53,000									200,000
23	138,000	51,100									189,100
24	138,000	51,100									189,100
25	143,000	54,600									197,600
26	151,000	72,300									223,300
27	133,000	39,900									172,900
28	152,000	65,100									217,100
29	177,000	69,600									246,600
30	131,000	55,450									186,450
1	131,000	55,450									186,450
Total											5,934,100
Avg.											191,423
Max.											248,600

Monthly Water Loss Report

PLANT NAME: Lake Josephine 3 & 4
 PLANT NO: 1010
 REPORTING MONTH: September 2012
 PWS ID NO: 6280162

Date	On-Site Usage Est Gals	Man Flushing Est Gals	Line Breaks Est Gals	Fire		Auto Flushing Est Gals	Comments
					Est Gals		
1						124,000	Auto Flush Riverway BO
2		20,000					
3		40,000				31,000	Auto Flush Dewey BO DE
4							
5						93,000	Auto Flush Lynnwood BO DE
6							
7		18,000				174,375	Auto Flush Sebring Lakes Blvd BO DE
8							
9						139,500	Auto Flush Riverway & Hamlin BO
10							
11						186,000	Auto Flush Oak Beach Blvd BO DE
12							
13		35,000					
14							
15						124,000	Auto Flush Atkins/Rosemary BO
16							
17						124,000	Auto Flush Lake Josephine Shores BO DE
18							
19						116,250	Auto Flush Twitty BO
20							
21							
22							
23		70,000					
24							
25							
26							
27							
28							
29							
30			160,000				WTR MAIN LEAK AT 727 LK JO DR
1	25,000						
Total	25,000	183,000	160,000		0	1,112,125	

Grand Total	1,480,125
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III. Daily Data for the Month/Year of:

October, 2012

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 Demostate Four-Log Virus Inactivation, if Applicable*

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	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 Components 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 Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²		
1		24.0	262,000		1.7								1.2	
2		24.0	147,000		1.1								0.9	
3		24.0	137,000		1.3								1.1	
4		24.0	147,000		1.2								0.9	
5		24.0	160,000		1.6								1.2	
6		24.0	124,000		1.1								0.6	
7		24.0	156,500											
8		24.0	156,500		0.8								0.3	
9		24.0	180,000		0.9								0.3	
10		24.0	121,000		0.9								0.3	
11		24.0	164,000		0.9								1.1	
12		24.0	163,000		1.0								0.8	
13		24.0	170,000		0.9								0.4	
14		24.0	206,500											
15		24.0	206,500		0.7								0.2	
16		24.0	178,000		0.9								0.3	
17		24.0	151,000		1.8								1.2	
18		24.0	151,000		0.4								0.3	
19		24.0	147,000		0.7								0.4	
20		24.0	147,000		1.0								0.3	
21		24.0	179,500											
22		24.0	179,500		1.6								0.2	
23		24.0	155,000		0.6								0.5	
24		24.0	291,000		1.8								1.9	
25		24.0	170,000		1.6								1.4	
26		24.0	217,000		3.0								2.2	
27		24.0	163,000		1.3								1.0	
28		24.0	185,500											
29		24.0	185,500		2.6								1.4	
30		24.0	163,000		3.4								2.2	
31		24.0	223,000		2.2								0.6	

Total	5,387,000
Average	173,774
Maximum	291,000

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

III. Daily Data for the Month/Year of:

October, 2012

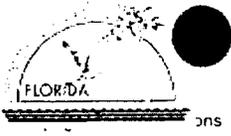
Means of Achieving Four-Log Virus Inactivation/Removal: Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

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

CT Calculations, or UV Dose, to Demstrate Four-Log Virus Inactivation, if Applicable*

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	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 Components 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 Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
													CT Calculations		
1		24.0	110,900		0.5									0.2	
2		24.0	69,100		2.2									1.9	
3		24.0	50,500		2.2									1.9	
4		24.0	68,100		2.2									1.1	
5		24.0	59,000		2.8									1.5	
6		24.0	42,600		2.2									1.2	
7		24.0	71,000												
8		24.0	71,000		1.2									0.4	
9		24.0	61,100		1.6									0.2	
10		24.0	61,000		1.0									0.4	
11		24.0	57,600		1.0									0.5	
12		24.0	68,400		1.9									0.3	
13		24.0	44,700		1.2									1.0	
14		24.0	152,600												
15		24.0	152,600		1.4									1.3	
16		24.0	56,700		1.6									0.8	
17		24.0	45,500		2.2									1.9	
18		24.0	69,700		1.3									0.9	
19		24.0	35,100		0.8									0.5	
20		24.0	51,600		2.8									0.8	
21		24.0	57,400												
22		24.0	57,400		2.7									0.6	
23		24.0	46,900		2.6									1.3	
24		24.0	145,200		2.4									1.5	
25		24.0	254,500		3.4									0.8	
26		24.0	212,300		3.4									2.6	
27		24.0	70,600		3.4									1.6	
28		24.0	46,750												
29		24.0	46,750		2.8									1.4	
30		24.0	71,600		3.2									2.2	
31		24.0	73,500		3.4									1.5	
Total			2,481,700												
Average			80,055												
Maximum			254,500												

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



MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

Daily Finished-Water Production for the Month/Year of : October 2012

Community Water System (CWS) Name: Lake Josephine Plants 3 & 4

Public Water System (PWS) Identification Number: 5284137

Day of Month	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	Total
	Lake Josephine Plant 3	Lake Josephine Plant 4									
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
	300,000	280,000									580,000
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	262,000	110,900									372,900
2	147,000	69,100									216,100
3	137,000	50,500									187,500
4	147,000	68,100									215,100
5	160,000	59,000									219,000
6	124,000	42,600									166,600
7	156,500	71,000									227,500
8	156,500	71,000									227,500
9	180,000	61,100									241,100
10	121,000	61,000									182,000
11	164,000	57,600									221,600
12	163,000	68,400									231,400
13	170,000	44,700									214,700
14	206,500	152,600									359,100
15	206,500	152,600									359,100
16	178,000	56,700									234,700
17	151,000	45,500									196,500
18	151,000	69,700									220,700
19	147,000	35,100									182,100
20	147,000	51,600									198,600
21	179,500	57,400									236,900
22	179,500	57,400									236,900
23	155,000	46,900									201,900
24	291,000	145,200									436,200
25	170,000	254,500									424,500
26	217,000	212,300									429,300
27	163,000	70,600									233,600
28	185,500	46,750									232,250
29	185,500	46,750									232,250
30	163,000	71,600									234,600
31	223,000	73,500									296,500
Total											7,868,700
Avg.											253,829
Max.											436,200

Monthly Water Loss Report

PLANT NAME: Lake Josephine 3 & 4
 PLANT NO: 1010
 REPORTING MONTH: October 2012
 PWS ID NO: 6280162

Date	On-Site Usage Est Gals	Man Flushing Est Gals	Line Breaks Est Gals	Fire Est Gals	Auto Flushing Est Gals	Comments
1					99,000	Auto Flush Riverway BO
2						
3		55,000			99,000	Auto Flush Dewey BO DE
4						
5					99,000	Auto Flush Lynnwood BO DE
6						
7					148,000	Auto Flush Sebring Lakes Blvd BO DE
8						
9					148,000	Auto Flush Riverway & Hamlin BO
10						
11					148,000	Auto Flush Oak Beach Blvd BO DE
12						
13						
14						
15		42,000			148,000	Auto Flush Atkins/Rosemary BO
16						
17					148,000	Auto Flush Lake Josephine Shores BO DE
18						
19					148,000	Auto Flush Twitty BO
20						
21						
22						
23		35,000				
24						
25		30,000				
26						
27						
28						
29						
30						
31	40,000					
Total	40,000	162,000	0	0	1,185,000	

Grand Total	1,387,000
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See Pages 4 for Instructions.

I. General Information for the Month/Year of: November, 2012

A. Public Water System (PWS) Information

PWS Name:	Lake Josephine Plant #3	PWS Identification Number:	5284137
PWS Type:	<input checked="" type="checkbox"/> Community <input checked="" type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	536	Total Population Served at End of Month:	1,250
PWS Owner:	Aqua Utilities Florida	Contact Person's Title:	Operation Manager
Contact Person:	Harry Houschouder	Contact Person's Mailing Address:	PO Box 2480
Contact Person's Telephone Number:	941-915-8788	City:	Jay Lake
Contact Person's E-Mail Address:	hhousholder@aquamerica.com	State:	Florida
		Zip Code:	32158
		Contact Person's Fax Number:	(941) 377-9456

B. Water Treatment Plant Information

Plant Name:	Lake Josephine Plant #3	Plant Telephone Number:	941-377-9456
Plant Address:	1949 Canary Way	City:	Sebring
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	Florida
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	300,000	Zip Code:	33872
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Waunda Barcus	B	20966	
Other Operators:	Don Hostetler	C	14147	

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 provide these additional operations records to the PWS owner or the PWS owner can retain

Don Hostetler
Signature and Date 12/6/2012

Don Hostetler
Printed or Typed Name

C 14147
License Number

III. Daily Data for the Month/Year of: November, 2012

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	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 Components Out of Operation
				CT Calculations					UV Dose						
				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 Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1	X	24.0	202,000		1.5									1.3	
2	X	24.0	200,000		1.8									2.0	
3	X	24.0	201,000		1.6									2.0	
4		24.0	238,000												
5	X	24.0	238,000		1.2									3.0	
6	X	24.0	223,000		2.7									1.2	
7	X	24.0	212,000		2.4									0.4	
8	X	24.0	153,000		1.2									1.1	
9	X	24.0	215,000		1.5									1.9	
10	X	24.0	191,000		3.5									3.6	
11		24.0	212,500												
12	X	24.0	212,500		3.6									3.4	
13	X	24.0	197,000		3.5									3.4	
14	X	24.0	212,000		1.8									2.3	
15	X	24.0	186,000		3.2									3.3	
16	X	24.0	200,000		1.2									1.2	
17	X	24.0	187,000		1.6									1.4	
18		24.0	187,000												
19	X	24.0	187,000		2.8									2.1	
20	X	24.0	220,000		1.0									1.0	
21	X	24.0	175,000		2.5									2.5	
22	X	24.0	179,000		1.4									1.4	
23	X	24.0	184,000		2.1									2.5	
24	X	24.0	194,000		2.1									1.9	
25		24.0	198,000												
26	X	24.0	198,000		1.6									1.4	
27	X	24.0	202,000		3.0									2.5	
28	X	24.0	176,000		2.9									2.5	
29	X	24.0	196,000		2.7									3.2	
30	X	24.0	230,000		3.2									2.9	
1		24.0	0												
Total			6,006,000												
Average			200,200												
Maximum			238,000												

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

III. Daily Data for the Month/Year of:

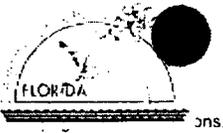
November, 2012

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demstrate Four-Log Virus Inactivation, if Applicable*								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations				UV Dose					
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (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 Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²		
1	X	24.0	58,300		3.4							1.8	
2	X	24.0	65,100		3.2							2.0	
3	X	24.0	70,900		3.2							1.7	
4		24.0	115,850										
5	X	24.0	115,850		1.6							0.3	
6	X	24.0	101,200		2.6							2.5	
7	X	24.0	73,700		3.0							2.7	
8	X	24.0	61,100		2.4							1.6	
9	X	24.0	74,400		4.0							2.7	
10	X	24.0	72,000		4.0							3.4	
11		24.0	88,400										
12	X	24.0	88,400		4.0							4.1	
13	X	24.0	91,100		3.5							2.9	
14	X	24.0	57,100		3.1							2.9	
15	X	24.0	61,800		3.3							3.1	
16	X	24.0	63,200		3.1							2.3	
17	X	24.0	62,400		2.7							2.5	
18		24.0	65,000										
19	X	24.0	65,000		2.4							2.2	
20	X	24.0	64,600		2.8							2.9	
21	X	24.0	57,600		3.5							3.4	
22	X	24.0	66,200		3.6							3.1	
23	X	24.0	65,700		3.1							2.6	
24	X	24.0	66,900		3.2							2.7	
25		24.0	67,150										
26	X	24.0	67,150		2.8							2.5	
27	X	24.0	71,900		2.8							1.8	
28	X	24.0	60,000		2.8							1.6	
29	X	24.0	66,000		1.9							1.7	
30	X	24.0	88,800		2.1							1.7	
1		24.0	0										
Total			2,192,800										
Average			73,093										
Maximum			115,850										

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



MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

Daily Finished-Water Production for the Month/Year of : November 2012											
Community Water System (CWS) Name: Lake Josephine Plants 3 & 4											
Public Water System (PWS) Identification Number: 5284137											
Day of Month	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	Total
	Lake Josephine Plant 3	Lake Josephine Plant 4									
Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total	
	300,000	280,000									580,000
Net Quantity of Finished Water Produced by Each Plant, gallons										Total	
1	202,000	58,300									260,300
2	200,000	65,100									265,100
3	201,000	70,900									271,900
4	238,000	115,850									353,850
5	238,000	115,850									353,850
6	223,000	101,200									324,200
7	212,000	73,700									285,700
8	153,000	61,100									214,100
9	215,000	74,400									289,400
10	191,000	72,000									263,000
11	212,500	88,400									300,900
12	212,500	88,400									300,900
13	197,000	91,100									288,100
14	212,000	57,100									269,100
15	186,000	61,800									247,800
16	200,000	63,200									263,200
17	187,000	62,400									249,400
18	187,000	65,000									252,000
19	187,000	65,000									252,000
20	220,000	64,600									284,600
21	175,000	57,600									232,600
22	179,000	66,200									245,200
23	184,000	65,700									249,700
24	194,000	66,900									260,900
25	198,000	67,150									265,150
26	198,000	67,150									265,150
27	202,000	71,900									273,900
28	176,000	60,000									236,000
29	196,000	66,000									262,000
30	230,000	88,800									318,800
1	0	0									0
Total											8,198,800
Avg.											273,293
Max.											353,850

Monthly Water Loss Report

PLANT NAME: Lake Josephine 3 & 4
 PLANT NO: 1010
 REPORTING MONTH: November 2012
 PWS ID NO: 6280162

Date	On-Site Usage Est Gals	Man Flushing Est Gals	Line Breaks Est Gals	Fire Est Gals	Auto Flushing Est Gals	Comments
1					99,000	Auto Flush Riverway BO
2		20,000				
3		30,000			99,000	Auto Flush Dewey BO DE
4						
5					99,000	Auto Flush Lynnwood BO DE
6		30,000				
7					148,000	Auto Flush Sebring Lakes Blvd BO DE
8		18,000				
9					148,000	Auto Flush Riverway & Hamlin BO
10						
11					148,000	Auto Flush Oak Beach Blvd BO DE
12						
13						
14						
15					148,000	Auto Flush Atkins/Rosemary BO
16						
17					148,000	Auto Flush Lake Josephine Shores BO DE
18						
19					148,000	Auto Flush Twitty BO
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30	30,000					
1						
Total	30,000	98,000	0	0	1,185,000	

Grand Total	1,313,000
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See Pages 4 for Instructions.

I. General Information for the Month/Year of: December, 2012

A. Public Water System (PWS) Information

PWS Name:	Lake Josephine Plant #3	PWS Identification Number:	5284137
PWS Type:	<input checked="" type="checkbox"/> Community <input checked="" type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	536	Total Population Served at End of Month:	1,250
PWS Owner:	Aqua Utilities Florida	Contact Person's Title:	Operation Manager
Contact Person:	Harry Householder	Contact Person's Mailing Address:	PO Box 2480
Contact Person's Telephone Number:	941-915-8788	City:	lady Lake
Contact Person's E-Mail Address:	hhouseholder@aquaamerica.com	State:	Florida
		Zip Code:	32158
		Contact Person's Fax Number:	(941) 377-9456

B. Water Treatment Plant Information

Plant Name:	Lake Josephine Plant #3	Plant Telephone Number:	941-377-9456
Plant Address:	1949 Canary Way	City:	Sebring
		State:	Florida
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	Zip Code:	33872
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	300,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C
Licensed Operators	Name	License Class	License Number
Lead/Chief Operator:	Waunda Barcus	B	20966
Other Operators:	Don Hostetler	C	14147

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 provide these additional operations records to the PWS owner so the PWS owner can retain

Don Hostetler
Signature and Date 1/7/2013

Don Hostetler
Printed or Typed Name

C 14147
License Number

III. Daily Data for the Month/Year of:

December, 2012

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 Demostate Four-Log Virus Inactivation, if Applicable*

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	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 Components 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 Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
													CT Calculations		
1	X	24.0	178,000		2.8									2.1	
2		24.0	197,500												
3	X	24.0	197,500		1.8									1.6	
4	X	24.0	196,000		2.2									2.2	
5	X	24.0	248,000		2.0									1.9	
6	X	24.0	148,000		1.8									1.2	
7	X	24.0	220,000		1.1									1.0	
8	X	24.0	170,000		2.2									2.4	
9		24.0	213,000												
10	X	24.0	213,000		2.1									2.0	
11	X	24.0	183,000		1.7									1.5	
12	X	24.0	203,000		1.8									1.5	
13	X	24.0	190,000		1.9									1.8	
14	X	24.0	219,000		1.6									1.4	
15	X	24.0	174,000		2.6									2.3	
16		24.0	205,000												
17	X	24.0	205,000		2.2									2.0	
18	X	24.0	226,000		3.8									2.6	
19	X	24.0	212,000		2.3									1.8	
20	X	24.0	174,000		1.0									0.9	
21	X	24.0	198,000		1.5									1.2	
22	X	24.0	189,000		1.4									0.9	
23		24.0	212,500												
24	X	24.0	212,500		1.6									0.8	
25	X	24.0	156,000		2.7									2.6	
26	X	24.0	240,000		1.8									1.4	
27	X	24.0	189,000		4.0									2.8	
28	X	24.0	159,000		2.7									2.0	
29	X	24.0	241,000		1.9									1.5	
30		24.0	175,000												
31	X	24.0	175,000		2.7									1.4	

Total	6,119,000
Average	197,387
Maximum	248,000

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

III. Daily Data for the Month/Year of:

December, 2012

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

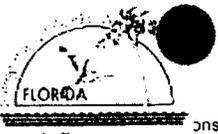
Combined Chlorine (Chloramines)

Chlorine Dioxide

CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	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 Components 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 Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1	X	24.0	56,900		2.0									1.8	
2		24.0	113,700												
3	X	24.0	113,700		2.3									2.3	
4	X	24.0	78,400		2.3									2.3	
5	X	24.0	120,600		2.7									2.6	
6	X	24.0	80,700		2.3									1.5	
7	X	24.0	109,400		4.1									3.0	
8	X	24.0	102,700		3.3									3.3	
9		24.0	118,500												
10	X	24.0	118,500		3.2									3.3	
11	X	24.0	96,000		3.3									3.0	
12	X	24.0	117,300		3.1									2.7	
13	X	24.0	109,900		2.8									2.4	
14	X	24.0	126,700		3.3									2.6	
15	X	24.0	83,800		3.1									2.2	
16		24.0	102,150												
17	X	24.0	102,150		2.9									2.0	
18	X	24.0	120,100		3.1									1.9	
19	X	24.0	79,800		1.0									0.5	
20	X	24.0	91,600		3.3									1.4	
21	X	24.0	97,800		3.3									1.8	
22	X	24.0	86,500		3.2									2.8	
23		24.0	93,200												
24	X	24.0	93,200		2.7									2.8	
25	X	24.0	51,900		2.4									1.8	
26	X	24.0	97,200		2.8									1.5	
27	X	24.0	60,400		2.6									1.7	
28	X	24.0	59,900		2.9									1.6	
29	X	24.0	86,200		2.7									1.5	
30		24.0	62,750												
31	X	24.0	62,750		2.6									2.0	
Total			2,894,400												
Average			93,368												
Maximum			126,700												

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



MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

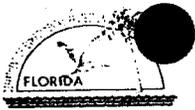
Daily Finished-Water Production for the Month/Year of: December 2012											
Community Water System (CWS) Name: Lake Josephine Plants 3 & 4											
Public Water System (PWS) Identification Number: 5284137											
Day of Month	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	Total
	Lake Josephine Plant 3	Lake Josephine Plant 4									
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										
	300,000	280,000									
Net Quantity of Finished Water Produced by Each Plant, gallons											
Total											
1	178,000	56,900									234,900
2	197,500	113,700									311,200
3	197,500	113,700									311,200
4	196,000	78,400									274,400
5	248,000	120,600									368,600
6	148,000	80,700									228,700
7	220,000	109,400									329,400
8	170,000	102,700									272,700
9	213,000	118,500									331,500
10	213,000	118,500									331,500
11	183,000	96,000									279,000
12	203,000	117,300									320,300
13	190,000	109,900									299,900
14	219,000	126,700									345,700
15	174,000	83,800									257,800
16	205,000	102,150									307,150
17	205,000	102,150									307,150
18	226,000	120,100									346,100
19	212,000	79,800									291,800
20	174,000	91,600									265,600
21	198,000	97,800									295,800
22	189,000	86,500									275,500
23	212,500	93,200									305,700
24	212,500	93,200									305,700
25	156,000	51,900									207,900
26	240,000	97,200									337,200
27	189,000	60,400									249,400
28	159,000	59,900									218,900
29	241,000	86,200									327,200
30	175,000	62,750									237,750
31	175,000	62,750									237,750
Total											9,013,400
Avg.											290,755
Max.											368,600

Monthly Water Loss Report

PLANT NAME: Lake Josephine 3 & 4
 PLANT NO: 1010
 REPORTING MONTH: December 2012
 PWS ID NO: 6280162

Date	On-Site Usage Est Gals	Man Flushing Est Gals	Line Breaks Est Gals	Fire		Auto Flushing Est Gals	Comments
					Est Gals		
1						99,000	Auto Flush Riverway BO
2							
3		31,250				99,000	Auto Flush Dewey BO DE
4		42,500					
5						99,000	Auto Flush Lynnwood BO DE
6		38,500					
7						148,000	Auto Flush Sebring Lakes Blvd BO DE
8							
9						148,000	Auto Flush Riverway & Hamlin BO
10							
11						99,000	Auto Flush Oak Beach Blvd BO DE
12							
13							
14							
15						99,000	Auto Flush Atkins/Rosemary BO
16							
17						99,000	Auto Flush Lake Josephine Shores BO DE
18							
19						99,000	Auto Flush Twitty BO
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31	10,000		10,000				
Total	10,000	112,250	10,000		0	989,000	

Grand Total	1,121,250
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See Pages 4 for Instructions.

I. General Information for the Month/Year of: January, 2013

A. Public Water System (PWS) Information

PWS Name:	Lake Josephine Plant #3	PWS Identification Number:	5284137
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:	536	Total Population Served at End of Month:	1,250
PWS Owner:	Aqua Utilities Florida	Contact Person's Title:	Operation Manager
Contact Person:	Harry Householder	Contact Person's Mailing Address:	PO Box 2480
Contact Person's Mailing Address:	PO Box 2480	City:	Jay Lake
Contact Person's Telephone Number:	941-915-8788	State:	Florida
Contact Person's E-Mail Address:	hhouseholder@aquaamerica.com	Zip Code:	32158
		Contact Person's Fax Number:	(941) 377-9456

B. Water Treatment Plant Information

Plant Name:	Lake Josephine Plant #3	Plant Telephone Number:	941-377-9456
Plant Address:	1949 Canary Way	City:	Sebring
		State:	Florida
		Zip Code:	33872
Type of Water Treatment 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:	300,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Waunda Bareus	B	20966	
Other Operators:	Don Hostetler	C	14147	

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 provide these additional operations records to the DWS owner as the DWS owner may require.

<u>Don Hostetler</u>	Don Hostetler	C 14147
Signature and Date	Printed or Typed Name	License Number
2/6-2013		

III. Daily Data for the Month/Year of:

January, 2013

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 Demostate Four-Log Virus Inactivation, if Applicable*

Day of the Month	Days Staffed or Visited by Operator (Place "X")	Hours plant in Operation	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 Components 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 Applicable	Minimum CT Required, mg-min/L.	Lowest Operating UV Dose, mW-sec/cm ² .	Minimum UV Dose Required, mW-sec/cm ² .		
1	X	24.0	186,000		2.5								2.0	
2	X	24.0	216,000		3.0								2.8	
3	X	24.0	174,000		4.0								2.6	
4	X	24.0	199,000		2.9								1.9	
5	X	24.0	186,000		0.9								0.9	
6		24.0	201,000											
7	X	24.0	201,000		3.7								3.5	
8	X	24.0	171,000		1.3								1.9	
9	X	24.0	206,000		2.4								1.5	
10	X	24.0	206,000		2.8								0.6	
11	X	24.0	208,000		2.4								0.6	
12	X	24.0	162,000		3.0								1.4	
13		24.0	197,000											
14	X	24.0	197,000		2.4								2.2	
15	X	24.0	182,000		1.1								1.2	
16	X	24.0	195,000		1.5								1.1	
17	X	24.0	171,000		1.1								0.6	
18	X	24.0	186,000		0.5								2.2	
19	X	24.0	127,000		1.2								0.5	
20		24.0	178,500											
21	X	24.0	178,500		2.5								2.4	
22	X	24.0	119,000		2.8								0.9	
23	X	24.0	127,000		2.3								1.8	
24	X	24.0	137,000		2.7								1.0	
25	X	24.0	144,000		4.1								2.4	
26	X	24.0	127,000		2.4								1.1	
27		24.0	138,500											
28	X	24.0	138,500		0.8								0.8	
29	X	24.0	132,000		2.1								1.4	
30	X	24.0	148,000		1.8								0.8	
31	X	24.0	105,000		2.3								1.3	
Total			5,244,000											
Average			169,161											
Maximum			216,000											

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

PWS ID: 5284137	Plant Name: Lake Josephine Plant #4
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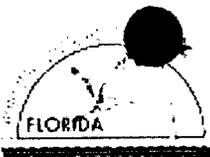
III. Daily Data for the Month/Year of: January, 2013

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations				UV Dose						
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (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 Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²			Minimum UV Dose Required, mW-sec/cm ²
1	X	24.0	63,900		2.4								3.0	
2	X	24.0	74,700		2.0								1.6	
3	X	24.0	64,800		1.7								1.2	
4	X	24.0	64,100		1.9								2.3	
5	X	24.0	61,400		3.1								1.0	
6		24.0	72,900											
7	X	24.0	72,900		2.4								0.6	
8	X	24.0	60,200		2.3								1.8	
9	X	24.0	75,400		2.5								1.6	
10	X	24.0	72,400		2.6								2.4	
11	X	24.0	73,300		2.7								1.5	
12	X	24.0	63,400		2.1								1.3	
13		24.0	74,600											
14	X	24.0	74,600		1.4								1.2	
15	X	24.0	67,300		2.4								1.2	
16	X	24.0	73,700		2.0								0.9	
17	X	24.0	59,000		1.7								1.0	
18	X	24.0	56,100		2.7								1.3	
19	X	24.0	44,000		2.5								0.9	
20		24.0	57,350											
21	X	24.0	57,350		3.1								2.2	
22	X	24.0	27,000		1.9								2.2	
23	X	24.0	32,000		3.0								1.7	
24	X	24.0	35,400		2.6								1.9	
25	X	24.0	37,300		2.5								1.8	
26	X	24.0	35,900		2.4								1.5	
27		24.0	32,050											
28	X	24.0	32,050		2.6								1.5	
29	X	24.0	32,200		1.6								1.5	
30	X	24.0	34,200		1.6								1.4	
31	X	24.0	31,500		1.6								1.2	
Total			1,713,000											
Average			55,258											
Maximum			75,400											

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



MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

See page 2 for instructions.

Daily Finished-Water Production for the Month/Year of : January 2013											
Community Water System (CWS) Name: Lake Josephine Plants 3 & 4											
Public Water System (PWS) Identification Number: 5284137											
Day of Month	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	Total
	Lake Josephine Plant 3	Lake Josephine Plant 4									
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										
	300,000	280,000									
Net Quantity of Finished Water Produced by Each Plant, gallons											
Total											
1	186,000	63,900									249,900
2	216,000	74,700									290,700
3	174,000	64,800									238,800
4	199,000	64,100									263,100
5	186,000	61,400									247,400
6	201,000	72,900									273,900
7	201,000	72,900									273,900
8	171,000	60,200									231,200
9	206,000	75,400									281,400
10	206,000	72,400									278,400
11	208,000	73,300									281,300
12	162,000	63,400									225,400
13	197,000	74,600									271,600
14	197,000	74,600									271,600
15	182,000	67,300									249,300
16	195,000	73,700									268,700
17	171,000	59,000									230,000
18	186,000	56,100									242,100
19	127,000	44,000									171,000
20	178,500	57,350									235,850
21	178,500	57,350									235,850
22	119,000	27,000									146,000
23	127,000	32,000									159,000
24	137,000	35,400									172,400
25	144,000	37,300									181,300
26	127,000	35,900									162,900
27	138,500	32,050									170,550
28	138,500	32,050									170,550
29	132,000	32,200									164,200
30	148,000	34,200									182,200
31	105,000	31,500									136,500
Total											6,957,000
Avg.											224,419
Max.											290,700

Monthly Water Loss Report

PLANT NAME: Lake Josephine 3 & 4
 PLANT NO: 1010
 REPORTING MONTH: January 2013
 PWS ID NO: 6280162

Date	On-Site Usage Est Gals	Man Flushing Est Gals	Line Breaks Est Gals	Fire Est Gals	Auto Flushing Est Gals	Comments
1					99,000	Auto Flush Riverway BO
2		35,450				
3		34,000			99,000	Auto Flush Dewey BO DE
4		42,500				
5					99,000	Auto Flush Lynnwood BO DE
6						
7		36,780			148,000	Auto Flush Sebring Lakes Blvd BO DE
8						
9					148,000	Auto Flush Riverway & Hamlin BO
10						
11					99,000	Auto Flush Oak Beach Blvd BO DE
12						
13						
14						
15					99,000	Auto Flush Atkins/Rosemary BO
16						
17					99,000	Auto Flush Lake Josephine Shores BO DE
18						
19					99,000	Auto Flush Twitty BO
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31	10,000					
Total	10,000	148,730	0	0	989,000	

Grand Total	1,147,730
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III. Daily Data for the Month/Year of:

February, 2013

Means of Achieving Four-Log Virus Inactivation/Removal:

Free Chlorine

Chlorine Dioxide

Ozone

Combined Chlorine (Chloramines)

Ultraviolet Radiation

Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:

Free Chlorine

Combined Chlorine (Chloramines)

Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (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 Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24.0	127,000		3.2									2.0	
2	X	24.0	121,000		4.5									2.3	
3		24.0	143,000												
4	X	24.0	143,000		2.1									1.1	
5	X	24.0	139,000		3.1									1.3	
6	X	24.0	167,000		1.9									1.8	
7	X	24.0	104,000		1.3									0.9	
8	X	24.0	158,000		2.2									1.1	
9	X	24.0	93,000		2.1									1.1	
10		24.0	147,500												
11	X	24.0	147,500		1.4									0.4	
12	X	24.0	159,000		1.3									0.8	
13	X	24.0	133,000		1.6									0.9	
14	X	24.0	114,000		1.5									1.0	
15	X	24.0	134,000		0.7									0.8	
16	X	24.0	131,000		1.0									0.6	
17		24.0	143,500												
18	X	24.0	143,500		3.4									1.7	
19	X	24.0	115,000		1.9									1.7	
20	X	24.0	150,000		0.7									0.8	
21	X	24.0	132,000		1.6									1.2	
22	X	24.0	151,000		2.2									1.6	
23	X	24.0	120,000		3.6									2.3	
24		24.0	157,000												
25	X	24.0	157,000		3.0									2.9	
26	X	24.0	130,000		2.9									2.6	
27	X	24.0	158,000		3.0									2.2	
28	X	24.0	113,000		2.6									1.9	
1		24.0	0												
		24.0	0												
		24.0	0												
Total			3,831,000												
Average			123,581												
Maximum			167,000												

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

III. Daily Data for the Month/Year of:

February, 2013

Means of Achieving Four-Log Virus Inactivation/Removal:

Free Chlorine

Chlorine Dioxide

Ozone

Combined Chlorine (Chloramines)

Ultraviolet Radiation

Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:

Free Chlorine

Combined Chlorine (Chloramines)

Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations				UV Dose						
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (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 Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²			Minimum UV Dose Required, mW-sec/cm ²
1	X	24.0	28,800		2.3								1.1	
2	X	24.0	30,400		3.3								1.2	
3		24.0	33,900											
4	X	24.0	33,900		3.0								2.1	
5	X	24.0	34,400		2.7								3.3	
6	X	24.0	38,700		3.0								1.8	
7	X	24.0	26,500		2.9								1.9	
8	X	24.0	36,000		2.6								1.2	
9	X	24.0	33,700		2.7								1.9	
10		24.0	35,000											
11	X	24.0	35,000		2.5								1.9	
12	X	24.0	43,500		1.9								0.9	
13	X	24.0	36,100		1.7								0.9	
14	X	24.0	33,800		1.5								1.1	
15	X	24.0	33,700		2.6								1.1	
16	X	24.0	31,600		4.5								3.1	
17		24.0	33,250											
18	X	24.0	33,250		2.1								3.6	
19	X	24.0	32,100		2.2								1.6	
20	X	24.0	34,100		2.1								1.7	
21	X	24.0	37,400		1.9								1.4	
22	X	24.0	37,400		2.1								1.4	
23	X	24.0	37,300		1.8								1.3	
24		24.0	39,850											
25	X	24.0	39,850		1.4								1.3	
26	X	24.0	37,300		1.5								0.9	
27	X	24.0	39,400		2.0								1.1	
28	X	24.0	32,500		1.4								0.8	
1		24.0	0											
		24.0	0											
		24.0	0											
Total			978,700											
Average			31,571											
Maximum			43,500											

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



MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

Dns.

Daily Finished-Water Production for the Month/Year of :											February 2013
Community Water System (CWS) Name:											Lake Josephine Plants 3 & 4
Public Water System (PWS) Identification Number:											5284137
Day of Month	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	Total
	Lake Josephine Plant 3	Lake Josephine Plant 4									
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										
	300,000	280,000									
Net Quantity of Finished Water Produced by Each Plant, gallons											Total
1	127,000	28,800									155,800
2	121,000	30,400									151,400
3	143,000	33,900									176,900
4	143,000	33,900									176,900
5	139,000	34,400									173,400
6	167,000	38,700									205,700
7	104,000	26,500									130,500
8	158,000	36,000									194,000
9	93,000	33,700									126,700
10	147,500	35,000									182,500
11	147,500	35,000									182,500
12	159,000	43,500									202,500
13	133,000	36,100									169,100
14	114,000	33,800									147,800
15	134,000	33,700									167,700
16	131,000	31,600									162,600
17	143,500	33,250									176,750
18	143,500	33,250									176,750
19	115,000	32,100									147,100
20	150,000	34,100									184,100
21	132,000	37,400									169,400
22	151,000	37,400									188,400
23	120,000	37,300									157,300
24	157,000	39,850									196,850
25	157,000	39,850									196,850
26	130,000	37,300									167,300
27	158,000	39,400									197,400
28	113,000	32,500									145,500
1	0	0									0
	0	0									0
	0	0									0
Total											4,809,700
Avg.											155,152
Max.											205,700

Monthly Water Loss Report

PLANT NAME: Lake Josephine 3 & 4
 PLANT NO: 1010
 REPORTING MONTH: February 2013
 PWS ID NO: 6280162

Date	On-Site Usage Est Gals	Man Flushing Est Gals	Line Breaks Est Gals	Fire		Auto Flushing Est Gals	Comments
					Est Gals		
1						99,000	Auto Flush Riverway BO
2		35,450					
3						99,000	Auto Flush Dewey BO DE
4		42,500					
5		35,340				99,000	Auto Flush Lynnwood BO DE
6							
7		36,000				148,000	Auto Flush Sebring Lakes Blvd BO DE
8							
9		40,234				148,000	Auto Flush Riverway & Hamlin BO
10							
11						99,000	Auto Flush Oak Beach Blvd BO DE
12							
13							
14							
15						99,000	Auto Flush Atkins/Rosemary BO
16							
17						99,000	Auto Flush Lake Josephine Shores BO DE
18							
19						99,000	Auto Flush Twitty BO
20							
21							
22							
23							
24							
25							
26							
27							
28							
1							
	10,000						
Total	10,000	189,524	0	0		989,000	

Grand Total	1,188,524
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III. Daily Data for the Month/Year of: March, 2013

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (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 Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24.0	87,000		1.0									1.2	
2	X	24.0	170,500		2.1									1.1	
3		24.0	170,500												
4	X	24.0	133,000		3.9									2.2	
5	X	24.0	160,000		4.1									3.2	
6	X	24.0	145,000		1.2									0.9	
7	X	24.0	126,000		2.6									1.9	
8	X	24.0	114,000		2.3									1.3	
9	X	24.0	154,500		2.6									1.6	
10		24.0	154,500												
11	X	24.0	134,000		1.6									1.3	
12	X	24.0	173,000		1.5									0.7	
13	X	24.0	117,000		1.5									1.2	
14	X	24.0	155,000		1.4									1.1	
15	X	24.0	162,000		1.2									0.7	
16	X	24.0	140,000		1.6									1.0	
17		24.0	140,000												
18	X	24.0	129,000		1.2									0.9	
19	X	24.0	148,000		1.9									0.9	
20	X	24.0	141,000		1.8									1.1	
21	X	24.0	146,000		2.3									1.6	
22	X	24.0	133,000		2.7									1.0	
23	X	24.0	149,000		2.0									1.2	
24		24.0	149,000												
25	X	24.0	135,000		1.7									1.3	
26	X	24.0	132,000		1.7									0.9	
27	X	24.0	121,000		2.2									0.6	
28	X	24.0	141,000		3.8									1.5	
29	X	24.0	117,000		4.2									2.1	
30	X	24.0	171,000		4.9									3.2	
31	X	24.0	171,000												
Total			4,419,000												
Average			142,548												
Maximum			173,000												

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

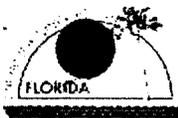
III. Daily Data for the Month/Year of: March, 2013

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations						UV Dose					
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (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 Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24.0	18,900		2.0									1.2	
2	X	24.0	35,650		2.2									0.8	
3		24.0	35,650												
4	X	24.0	31,500		2.0									1.9	
5	X	24.0	36,100		1.3									1.1	
6	X	24.0	32,400		1.1									0.6	
7	X	24.0	33,700		2.2									1.4	
8	X	24.0	31,500		2.4									1.3	
9	X	24.0	35,200		2.3									1.4	
10		24.0	35,200												
11	X	24.0	32,400		1.7									1.8	
12	X	24.0	36,300		2.2									1.1	
13	X	24.0	23,500		2.3									1.0	
14	X	24.0	31,800		2.2									1.0	
15	X	24.0	32,000		3.1									1.1	
16	X	24.0	31,700		2.8									1.0	
17		24.0	31,700												
18	X	24.0	35,200		2.3									2.4	
19	X	24.0	38,000		2.8									2.3	
20	X	24.0	49,600		2.5									2.0	
21	X	24.0	33,900		4.7									3.0	
22	X	24.0	36,000		2.1									3.0	
23	X	24.0	38,450		1.8									2.0	
24		24.0	38,450												
25	X	24.0	33,100		2.3									1.7	
26	X	24.0	32,700		2.2									1.4	
27	X	24.0	31,000		2.4									1.8	
28	X	24.0	31,900		2.1									1.4	
29	X	24.0	31,800		1.8									1.4	
30	X	24.0	36,550		3.5									1.2	
31	X	24.0	36,550												
Total			1,048,400												
Average			33,819												
Maximum			49,600												

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



MONTHLY OPERATION REPORT FOR SUMMATION FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

See page 2 for instructions.

Daily Finished-Water Production for the Month/Year of : March 2013											
Community Water System (CWS) Name: Lake Josephine WTP's 3 & 4											
Public Water System (PWS) Identification Number: 6280162											
Day of Month	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	Total
	Lake Josephine Plant 3	Lake Josephine Plant 4									
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										
	Net Quantity of Finished Water Produced by Each Plant, gallons										
1	87,000	18,900									105,900
2	170,500	35,650									206,150
3	170,500	35,650									206,150
4	133,000	31,500									164,500
5	160,000	36,100									196,100
6	145,000	32,400									177,400
7	126,000	33,700									159,700
8	114,000	31,500									145,500
9	154,500	35,200									189,700
10	154,500	35,200									189,700
11	134,000	32,400									166,400
12	173,000	36,300									209,300
13	117,000	23,500									140,500
14	155,000	31,800									186,800
15	162,000	32,000									194,000
16	140,000	31,700									171,700
17	140,000	31,700									171,700
18	129,000	35,200									164,200
19	148,000	38,000									186,000
20	141,000	49,600									190,600
21	146,000	33,900									179,900
22	133,000	36,000									169,000
23	149,000	38,450									187,450
24	149,000	38,450									187,450
25	135,000	33,100									168,100
26	132,000	32,700									164,700
27	121,000	31,000									152,000
28	141,000	31,900									172,900
29	117,000	31,800									148,800
30	171,000	36,550									207,550
31	171,000	36,550									207,550
Total											5,467,400
Avg.											176,368
Max.											209,300

III. Daily Data for the Month/Year of: April, 2013

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

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

Day of the Month	Days Plant Started or Visited by Operator (Place X)	Hours plant in Operation	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 Components 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 Applicable	Minimum CT Required, mg-min/L	Lowest UV Dose Operating, mW-sec/cm ²		
4/1	X	24.0	342,000		1.1							1.0	
4/2	X	24.0	112,000		1.2							0.9	
4/3	X	24.0	162,000		1.2							0.7	
4/4	X	24.0	122,000		1.2							1.0	
4/5	X	24.0	119,000		1.3							0.6	
4/6	X	24.0	112,000		1.6							0.8	
4/7		24.0	142,500										
4/8	X	24.0	142,500		1.2							0.7	
4/9	X	24.0	107,000		2.1							0.6	
4/10	X	24.0	133,000		1.5							1.1	
4/11	X	24.0	151,000		1.4							1.0	
4/12	X	24.0	144,000		1.8							0.8	
4/13	X	24.0	109,000		2.4							1.1	
4/14		24.0	124,500										
4/15	X	24.0	124,500		1.7							1.0	
4/16	X	24.0	153,000		1.7							1.0	
4/17	X	24.0	116,000		1.2							1.0	
4/18	X	24.0	140,000		2.4							1.1	
4/19	X	24.0	116,000		1.8							1.5	
4/20	X	24.0	103,000		2.0							1.5	
4/21		24.0	150,000										
4/22	X	24.0	150,000		2.2							1.5	
4/23	X	24.0	132,000		2.2							1.0	
4/24	X	24.0	135,000		2.3							1.0	
4/25	X	24.0	110,000		2.2							0.9	
4/26	X	24.0	183,000		2.3							1.2	
4/27	X	24.0	77,000		2.2							1.1	
4/28		24.0	144,500										
4/29	X	24.0	144,500		2.2							0.9	
4/30	X	24.0	123,000		3.3							1.0	
Total			4,124,000										
Average			137,467										
Maximum			342,000										

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of: April, 2013

A. Public Water System (PWS) Information

PWS Name:	Lake Josephine Plant #4			PWS Identification Number:	5284137
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:	65	Total Population Served at End of Month:	75		
PWS Owner:	US Water Services Corporation				
Contact Person:	Melisa Roteveel	Contact Person's Title:			
Contact Person's Mailing Address:	PO Box 2480	City:	New Port Rich	State:	Florida
				Zip Code:	34652
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	941-378-3554		
Contact Person's E-Mail Address:	mroteveel@uswatercorp.net				

B. Water Treatment Plant Information

Plant Name:	Lake Josephine Plant #4			Plant Telephone Number:	941-377-9456
Plant Address:	5313 Knight Ave	City:	Sebring	State:	Florida
				Zip Code:	33875
Type of Water Treatment 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:	280,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	C				
Licensed Operators		Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Howard Short		A	3304	Operator
Other Operators:	Ron Derossett		A	3531	Operation Manager

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, drinking water treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner or the PWS owner's representative.

Ron Derossett
Signature and Date 5/2/2013

Ron Derossett
Printed or Typed Name

A-3531
License Number

III. Daily Data for the Month/Year of: April, 2013

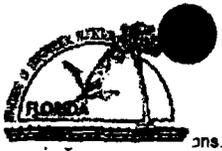
Means of Achieving Four-Log Virus Inactivation/Removal: Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced (gal)	CT Calculations for UV Dose to Demolish Four-Log Virus Inactivation, if Applicable				UV Dose, if Applicable				Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer, 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, min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW sec/cm ²		
1	X	24.0	73,100		2.3							2.7	
2	X	24.0	32,100		2.9							2.2	
3	X	24.0	31,700		1.4							1.7	
4	X	24.0	33,400		1.3							1.1	
5	X	24.0	31,500		1.3							0.6	
6	X	24.0	30,800		1.4							0.9	
7	X	24.0	35,650										
8	X	24.0	35,650		1.0							0.8	
9	X	24.0	31,700		1.2							0.6	
10	X	24.0	31,800		1.2							0.4	
11	X	24.0	33,600		1.2							0.6	
12	X	24.0	42,400		1.5							0.2	
13	X	24.0	26,600		2.6							0.2	
14		24.0	30,750										
15	X	24.0	30,750		2.6							0.9	
16	X	24.0	36,800		2.6							1.2	
17	X	24.0	30,100		2.3							1.2	
18	X	24.0	32,100		2.1							1.1	
19	X	24.0	32,800		2.1							1.3	
20	X	24.0	27,100		2.5							1.3	
21		24.0	29,200										
22	X	24.0	29,200		1.2							0.5	
23	X	24.0	12,800		2.1							0.6	
24	X	24.0	29,200		1.4							0.5	
25	X	24.0	27,300		1.8							0.6	
26	X	24.0	24,300		1.5							0.5	
27	X	24.0	24,000		2.7							0.7	
28		24.0	27,400										
29	X	24.0	27,400		2.4							1.2	
30	X	24.0	26,700		2.8							1.3	
31													

Total	947,900
Average	31,597
Maximum	73,100

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



MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

Daily Finished-Water Production for the Month/Year of: April 2013											
Community Water System (CWS) Name: Lake Josephine Plants 3 & 4											
Public Water System (PWS) Identification Number: 5284137											
Plant 1 Name	Plant 2 Name	Plant 3 Name	Plant 4 Name	Plant 5 Name	Plant 6 Name	Plant 7 Name	Plant 8 Name	Plant 9 Name	Plant 10 Name	Plant 11 Name	Gal
Lake Josephine Plant 3	Lake Josephine Plant 4										580,000
Permitted Maximum Day Operating Capacity of Each Plant (Gallons per Day)											
300,000	280,000										580,000
Net Quantity of Finished Water Produced by Each Plant (Gallons)											
342,000	73,100										415,100
112,000	32,100										144,100
182,000	31,700										183,700
122,000	33,400										155,400
119,000	31,500										150,500
112,000	30,800										142,800
142,500	35,650										178,150
142,500	35,650										178,150
107,000	31,700										138,700
133,000	31,800										164,800
151,000	33,600										184,600
144,000	42,400										186,400
109,000	26,600										135,600
124,500	30,750										155,250
124,500	30,750										155,250
153,000	36,800										189,800
116,000	30,100										146,100
140,000	32,100										172,100
116,000	32,800										148,800
103,000	27,100										130,100
150,000	29,200										179,200
150,000	29,200										179,200
132,000	12,800										144,800
135,000	29,200										164,200
110,000	27,300										137,300
183,000	24,300										207,300
77,000	24,000										101,000
144,500	27,400										171,900
144,500	27,400										171,900
123,000	26,700										149,700
											0
Total											5,071,900
Avg											163,810
Max											415,100

III. Daily Data for the Month/Year of:

May, 2013

Means of Achieving Four-Log Virus Inactivation/Removal:

Free Chlorine

Chlorine Dioxide

Ozone

Combined Chlorine (Chloramines)

Ultraviolet Radiation

Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:

Free Chlorine

Combined Chlorine (Chloramines)

Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demstrate Four-Log Virus Inactivation, if Applicable*								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose					
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (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 Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²			Minimum UV Dose Required, mW-sec/cm ²
1	X	24.0	135,000		2.2								1.0	
2	X	24.0	80,000		2.5								1.2	
3	X	24.0	121,000		1.9								1.2	
4	X	24.0	94,000		2.2								0.9	
5		24.0	123,500											
6	X	24.0	127,500		3.0								1.1	
7	X	24.0	150,000		2.3								1.2	
8	X	24.0	118,000		2.9								1.0	
9	X	24.0	126,000		2.1								1.1	
10	X	24.0	101,000		2.2								1.0	
11	X	24.0	91,000		1.7									
12		24.0	146,500											
13	X	24.0	146,500		1.5								0.8	
14	X	24.0	131,000		1.4								0.9	
15	X	24.0	107,000		2.0								1.0	
16	X	24.0	123,000		1.9								0.9	
17	X	24.0	114,000		1.9								1.1	
18	X	24.0	46,000		1.0								0.9	
19		24.0	100,500											
20	X	24.0	100,500		1.2								0.6	
21	X	24.0	107,000		2.4								1.0	
22	X	24.0	140,000		2.4								1.2	
23	X	24.0	128,000		1.6								0.8	
24	X	24.0	124,000		2.4								0.8	
25	X	24.0	117,000		2.0								0.9	
26		24.0	141,000											
27	X	24.0	141,000		3.5								1.0	
28	X	24.0	141,000		2.6								1.5	
29	X	24.0	118,000		2.8								1.8	
30	X	24.0	124,000		2.6								1.3	
	X				2.2								1.6	
Total			3,559,000											
Average			118,633											
Maximum			150,000											

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

III. Daily Data for the Month/Year of: May, 2013

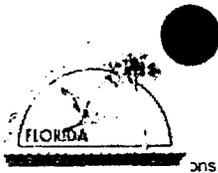
Means of Achieving Four-Log Virus Inactivation/Removal: Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose					
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (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 Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²		
1	X	24.0	25,500		2.8								0.6	
2	X	24.0	56,000		1.4								0.5	
3	X	24.0	25,800		1.6								0.5	
4	X	24.0	17,200		1.4								0.6	
5		24.0	25,000											
6	X	24.0	25,000		1.3								0.5	
7	X	24.0	32,000		1.7								0.6	
8	X	24.0	25,000		1.2								0.5	
9	X	24.0	24,300		1.5								0.6	
10	X	24.0	25,300		1.4								0.5	
11	X	24.0	18,700		1.4								0.6	
12		24.0	29,600											
13	X	24.0	29,600		2.7								0.8	
14	X	24.0	24,100		1.4								1.3	
15	X	24.0	27,500		0.9								1.2	
16	X	24.0	25,200		1.3								0.7	
17	X	24.0	25,900		1.2								0.8	
18	X	24.0	71,000		1.6								0.6	
19		24.0	47,950											
20	X	24.0	47,950		0.7								0.5	
21	X	24.0	19,000		3.3								0.2	
22	X	24.0	23,000		0.6								0.3	
23	X	24.0	31,000		2.6								0.4	
24	X	24.0	28,800		4.0								0.5	
25	X	24.0	28,600		2.6								0.6	
26		24.0	29,550											
27	X	24.0	29,550		2.6								2.0	
28	X	24.0	29,200		2.0								1.3	
29	X	24.0	34,800		2.6								1.3	
30	X	24.0	23,800		2.5								1.6	
31	X	24.0	18,000		2.3								1.2	

Total	923,900
Average	29,803
Maximum	71,000

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



MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

ons.

Daily Finished-Water Production for the Month/Year of : May 2013											
Community Water System (CWS) Name: Lake Josephine Plants 3 & 4											
Public Water System (PWS) Identification Number: 5284137											
	Plant 1 Name	Plant 2 Name	Plant 3 Name	Plant 4 Name	Plant 5 Name	Plant 6 Name	Plant 7 Name	Plant 8 Name	Plant 9 Name	Plant 10 Name	
	Lake Josephine Plant 3	Lake Josephine Plant 4									
Day of Month	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
	300,000	280,000									580,000
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	135,000	25,500									160,500
2	80,000	56,000									136,000
3	121,000	25,800									146,800
4	94,000	17,200									111,200
5	123,500	25,000									148,500
6	123,500	25,000									148,500
7	150,000	32,000									182,000
8	118,000	25,000									143,000
9	126,000	24,300									150,300
10	101,000	25,300									126,300
11	91,000	18,700									109,700
12	146,500	29,600									176,100
13	146,500	29,600									176,100
14	131,000	24,100									155,100
15	107,000	27,500									134,500
16	123,000	25,200									148,200
17	114,000	25,900									139,900
18	46,000	71,000									117,000
19	100,500	47,950									148,450
20	100,500	47,950									148,450
21	107,000	19,000									126,000
22	140,000	23,000									163,000
23	128,000	31,000									159,000
24	124,000	28,800									152,800
25	117,000	28,600									145,600
26	141,000	29,550									170,550
27	141,000	29,550									170,550
28	141,000	29,200									170,200
29	118,000	34,800									152,800
30	124,000	23,800									147,800
31	120,000	18,000									138,000
Total											4,602,900
Avg											148,481
Max											182,000

III. Daily Data for the Month/Year of: June, 2013

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation			
				CT Calculations					UV Dose								
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (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 Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L				
1	X	24.0	138,000		2.8												
2		24.0	114,000														0.9
3	X	24.0	114,000		2.4												
4	X	24.0	114,000		1.9												1.0
5	X	24.0	109,000		3.0												0.9
6	X	24.0	131,000		1.9												1.1
7	X	24.0	79,000		2.9												1.0
8	X	24.0	120,000		2.2												1.6
9		24.0	122,500														1.2
10	X	24.0	122,500		2.8												
11	X	24.0	117,000		2.4												1.0
12	X	24.0	112,000		2.1												1.1
13	X	24.0	117,000		1.7												0.9
14	X	24.0	121,000		2.2												0.8
15	X	24.0	124,000		1.7												1.0
16		24.0	133,500														0.9
17	X	24.0	133,500		2.9												
18	X	24.0	153,000		1.7												1.1
19	X	24.0	96,000		2.3												0.8
20	X	24.0	114,000		0.9												0.7
21	X	24.0	112,000		3.9												0.7
22	X	24.0	111,000		3.0												1.2
23		24.0	131,500														1.3
24	X	24.0	131,500		3.4												
25	X	24.0	125,000		3.3												0.9
26	X	24.0	127,000		2.6												1.4
27	X	24.0	123,000		3.0												1.2
28	X	24.0	127,000		2.0												1.3
29	X	24.0	125,000		2.6												1.1
30		24.0	0														1.0
31		24.0															
Total			3,498,000														
Average			116,600														
Maximum			153,000														

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

III. Daily Data for the Month/Year of:

June, 2013

Means of Achieving Four-Log Virus Inactivation/Removal:

Free Chlorine

Chlorine Dioxide

Ozone

Combined Chlorine (Chloramines)

Ultraviolet Radiation

Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:

Free Chlorine

Combined Chlorine (Chloramines)

Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (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 Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1	X	24.0	39,200		2.6									1.3	
2		24.0	24,400												
3	X	24.0	24,400		1.8									0.9	
4	X	24.0	34,100		1.9									0.7	
5	X	24.0	25,500		1.6									0.7	
6	X	24.0	33,000		1.9									0.6	
7	X	24.0	20,000		2.4									0.7	
8	X	24.0	31,000		2.7									0.8	
9		24.0	27,700												
10	X	24.0	27,700		2.9									0.7	
11	X	24.0	25,600		2.4									1.5	
12	X	24.0	26,100		2.0									1.4	
13	X	24.0	24,900		2.1									1.5	
14	X	24.0	25,000		2.4									1.4	
15	X	24.0	27,000		1.6									0.8	
16		24.0	29,500												
17	X	24.0	29,500		2.0									0.9	
18	X	24.0	35,000		1.2									0.6	
19	X	24.0	21,000		1.1									0.7	
20	X	24.0	34,000		2.3									0.9	
21	X	24.0	21,000		2.6									1.1	
22	X	24.0	27,000		3.4									1.2	
23		24.0	30,500												
24	X	24.0	30,500		3.4									1.1	
25	X	24.0	34,000		2.6									1.2	
26	X	24.0	35,000		2.7									1.1	
27	X	24.0	35,000		3.1									1.0	
28	X	24.0	36,000		1.8									1.2	
29	X	24.0	33,000		2.6									1.0	
30		24.0	0												
31		24.0													
Total			846,600												
Average			28,220												
Maximum			39,200												

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

III. Daily Data for the Month/Year of: July, 2013

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (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 Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1	X	24.0	294,000		3.8									1.1	
2	X	24.0	124,000		3.7									1.2	
3	X	24.0	129,000		3.8									1.0	
4	X	24.0	129,000		1.2									0.8	
5	X	24.0	156,000		2.9									1.0	
6		24.0	130,500											1.1	
7	X	24.0	130,500		2.8									0.3	
8	X	24.0	127,000		0.4									0.2	
9	X	24.0	149,000		0.4									0.8	
10	X	24.0	227,000		4.0									1.8	
11	X	24.0	159,000		3.4									1.6	
12	X	24.0	146,000		2.4										
13		24.0	126,000												
14		24.0	126,000												Weekend visit missed
15	X	24.0	126,000		0.7									0.4	
16	X	24.0	155,000		3.4									2.0	
17	X	24.0	148,000		1.7									0.8	
18	X	24.0	148,000		3.0									2.1	
19	X	24.0	115,000		2.2									2.1	
20	X	24.0	184,000		3.8									2.6	
21		24.0	124,500											1.0	
22	X	24.0	124,500		2.7									1.1	
23	X	24.0	136,000		2.9									2.9	
24	X	24.0	167,000		3.2									2.5	
25	X	24.0	130,000		3.2									2.7	
26	X	24.0	151,000		3.9									1.1	
27	X	24.0	155,000		2.0									3.0	
28		24.0	152,000											1.2	
29	X	24.0	152,000		3.9									1.2	
30	X	24.0	161,000		1.9									2.9	
31	X	24.0	217,000		4.3										
Total			4,699,000												
Average			151,581												
Maximum			294,000												

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of: July, 2013

A. Public Water System (PWS) Information

PWS Name:	Lake Josephine Plant #4			PWS Identification Number:	5284137
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:	65			Total Population Served at End of Month:	75
PWS Owner:	US Water Services Corporation				
Contact Person:	Melisa Roteveel			Contact Person's Title:	
Contact Person's Mailing Address:	PO Box 2480	City:	New Port Rich	State:	Florida
Contact Person's Telephone Number:	(352) 787-0980			Zip Code:	34652
Contact Person's E-Mail Address:	mrotteveel@uswatercorp.net			Contact Person's Fax Number:	941-378-3554

B. Water Treatment Plant Information

Plant Name:	Lake Josephine Plant #4			Plant Telephone Number:	941-377-9456
Plant Address:	5313 Knight Ave	City:	Sebring	State:	Florida
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water		Zip Code:	33875
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	280,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.):	
				C	
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked	
Lead/Chief Operator:	Howard Short	A	3304	Operator	
Other Operators:	Ron Derossett	A	3531	Operation Manager	

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 provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Ron Derossett 8/7/13

Signature and Date: 8/7/2013
 Printed or Typed Name: Ron Derossett
 License Number: A 3531

III. Daily Data for the Month/Year of:

July, 2013

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

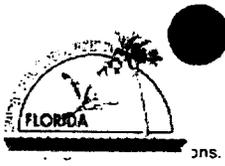
Combined Chlorine (Chloramines)

Chlorine Dioxide

CT Calculations, or UV Dose, to Demstrate Four-Log Virus Inactivation, if Applicable*

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	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 Components 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 Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²		
1	X	24.0	73,700		1.7								0.5	
2	X	24.0	32,000		3.3								1.0	
3	X	24.0	34,900		0.9								0.3	
4	X	24.0	37,200		1.3								0.5	
5	X	24.0	43,900		2.4								1.1	
6		24.0	34,650										0.8	
7	X	24.0	34,650		1.8								0.8	
8	X	24.0	54,100		4.3								2.1	
9	X	24.0	88,200										0.4	
10	X	24.0	72,100		4.5								0.9	
11	X	24.0	54,000		3.8								1.2	
12	X	24.0	48,000		3.4								2.6	
13		24.0	54,100											Weekend visit missed
14		24.0	25,900											
15	X	24.0	25,900		1.4								0.7	
16	X	24.0	43,300		4.2								1.5	
17	X	24.0	55,600		3.6								2.0	
18	X	24.0	34,500		3.6								2.2	
19	X	24.0	49,200		3.4								2.3	
20	X	24.0	47,200		2.1								0.7	
21		24.0	33,700											
22	X	24.0	33,700		3.7								2.2	
23	X	24.0	76,900		1.6								0.8	
24	X	24.0	60,700		3.6								1.2	
25	X	24.0	46,200		3.1								1.1	
26	X	24.0	54,400		1.6								0.9	
27	X	24.0	43,200		3.6								1.7	
28		24.0	57,350											
29	X	24.0	57,350		2.3								1.1	
30	X	24.0	68,300		3.2								1.4	
31	X	24.0	178,400		3.4								1.7	
Total			1,653,300											
Average			53,332											
Maximum			178,400											

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



MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

Daily Finished-Water Production for the Month/Year of : July 2013											
Community Water System (CWS) Name: Lake Josephine Plants 3 & 4											
Public Water System (PWS) Identification Number: 5284137											
Day of Month	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	Total
	Lake Josephine Plant 3	Lake Josephine Plant 4									
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
	300,000	280,000									580,000
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	294,000	73,700									367,700
2	124,000	32,000									156,000
3	129,000	34,900									163,900
4	129,000	37,200									166,200
5	156,000	43,900									199,900
6	130,500	34,650									165,150
7	130,500	34,650									165,150
8	127,000	54,100									181,100
9	149,000	88,200									237,200
10	227,000	72,100									299,100
11	159,000	54,000									213,000
12	146,000	48,000									194,000
13	126,000	54,100									180,100
14	126,000	25,900									151,900
15	126,000	25,900									151,900
16	155,000	43,300									198,300
17	148,000	55,600									203,600
18	148,000	34,500									182,500
19	115,000	49,200									164,200
20	184,000	47,200									231,200
21	124,500	33,700									158,200
22	124,500	33,700									158,200
23	136,000	76,900									212,900
24	167,000	60,700									227,700
25	130,000	46,200									176,200
26	151,000	54,400									205,400
27	155,000	43,200									198,200
28	152,000	57,350									209,350
29	152,000	57,350									209,350
30	161,000	68,300									229,300
31	217,000	178,400									395,400
Total											6,352,300
Avg.											204,813
Max.											395,400



See Pages 4 for Instructions.

I. General Information for the Month/Year of: August, 2013

A. Public Water System (PWS) Information

PWS Name:	Lake Josephine Plant #3	PWS Identification Number:	5284137
PWS Type:	<input checked="" type="checkbox"/> Community <input checked="" type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	536	Total Population Served at End of Month:	1,250
PWS Owner:	US Water Services Corporation		
Contact Person:	Melisa Rotteveel	Contact Person's Title:	Compliance Manager
Contact Person's Mailing Address:	4939 Cross Bayou Blvd	City:	New Port Rich State: Florida Zip Code: 34652
Contact Person's Telephone Number:	866-753-8292	Contact Person's Fax Number:	727-849-4219
Contact Person's E-Mail Address:	mrotteveel@uswatercorp.net		

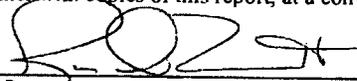
B. Water Treatment Plant Information

Plant Name:	Lake Josephine Plant #3	Plant Telephone Number:	941-377-9456
Plant Address:	1949 Canary Way	City:	Sebring State: Florida Zip Code: 33872
Type of Water Treatment 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:	300,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator	Ron Derossert	A	3531	Operation Manager Days 1st Shift
Other Operators	Howard Short	A	3304	Operator Days 1st Shift

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 provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

 9/6/13
 Signature and Date

Ron Derossert
 Printed or Typed Name

A 3531
 License Number

III. Daily Data for the Month/Year of: August, 2013

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	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 Components Out of Operation
				CT Calculations					UV Dose						
				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 Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1	X	24.0	120,000		4.0									2.6	
2	X	24.0	168,000		4.3									3.8	
3	X	24.0	152,000		1.0									0.6	
4		24.0	174,500												
5	X	24.0	174,500		1.5									0.7	
6	X	24.0	159,000		3.6									2.6	
7	X	24.0	176,000		2.8									1.6	
8	X	24.0	160,000		4.2									2.2	
9	X	24.0	119,000		3.6									2.7	
10	X	24.0	114,000		2.9									2.4	
11		24.0	124,000												
12	X	24.0	124,000		4.1									2.6	
13	X	24.0	155,000		3.8									3.1	
14	X	24.0	113,000		2.4									1.4	
15	X	24.0	120,000		3.6									1.2	
16	X	24.0	99,000		3.8									2.4	
17	X	24.0	108,000		3.8									1.9	
18		24.0	126,000												
19	X	24.0	126,000		2.3									1.9	
20	X	24.0	118,000		1.7									0.8	
21	X	24.0	123,000		4.5									2.6	
22	X	24.0	123,000		4.1									3.2	
23	X	24.0	124,000		3.7									3.0	
24	X	24.0	145,000		3.8									1.3	
25		24.0	142,000												
26	X	24.0	142,000		4.0									2.6	
27	X	24.0	173,000		1.4									0.6	
28	X	24.0	178,000		3.1									2.3	
29	X	24.0	76,000		3.1									2.6	
30	X	24.0	119,000		2.6									1.1	
31	X	24.0	114,000		4.0									1.9	
Total			4,189,000												
Average			135,129												
Maximum			178,000												

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

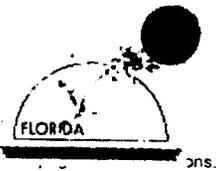
III. Daily Data for the Month/Year of: August, 2013

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demostate 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 Involve Taking Water System Component Out of Operation
				CT Calculations					UV Dose						
				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 Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1	X	24.0	81,600		4.0									2.2	
2	X	24.0	160,800		4.2									3.6	
3	X	24.0	118,100		2.1									2.8	
4		24.0	50,500												
5	X	24.0	50,500		1.5									1.1	
6	X	24.0	117,200		1.3									1.0	
7	X	24.0	160,900		3.2									1.7	
8	X	24.0	35,600		1.1									0.9	
9	X	24.0	49,700		1.2									0.7	
10	X	24.0	19,800		2.2									1.3	
11		24.0	15,400												
12	X	24.0	15,400		3.7									1.1	
13	X	24.0	59,200		3.9									1.6	
14	X	24.0	28,700		4.0									1.7	
15	X	24.0	17,000		4.0									1.4	
16	X	24.0	35,000		3.8									1.7	
17	X	24.0	22,700		3.0									1.9	
18		24.0	22,500												
19	X	24.0	22,500		1.7									0.5	
20	X	24.0	22,100		1.2									0.5	
21	X	24.0	114,000		5.1									1.8	
22	X	24.0	66,900		3.9									1.5	
23	X	24.0	73,800		4.3									3.8	
24	X	24.0	155,500		3.0									1.2	
25		24.0	57,450												
26	X	24.0	57,450		3.5									1.5	
27	X	24.0	81,600		3.1									0.8	
28	X	24.0	47,400		4.4									3.8	
29	X	24.0	47,700		3.0									1.8	
30	X	24.0	100,700		3.3									0.8	
31	X	24.0	55,200		3.1									1.0	
Total			1,962,900												
Average			63,319												
Maximum			160,900												

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



MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

Daily Finished-Water Production for the Month/Year of : August 2013										
Community Water System (CWS) Name: Lake Josephine Plants 3 & 4										
Public Water System (PWS) Identification Number: 5284137										
Plant 1 Name	Plant 2 Name	Plant 3 Name	Plant 4 Name	Plant 5 Name	Plant 6 Name	Plant 7 Name	Plant 8 Name	Plant 9 Name	Plant 10 Name	
Lake Josephine Plant 3	Lake Josephine Plant 4									
Permitted Maximum Day Operating Capacity of Each Plant gallons per day										Total
300,000	280,000									580,000
Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	120,000	81,600								201,600
2	168,000	160,800								328,800
3	152,000	118,100								270,100
4	174,500	50,500								225,000
5	174,500	50,500								225,000
6	159,000	117,200								278,200
7	176,000	160,900								336,900
8	160,000	35,600								195,600
9	119,000	49,700								168,700
10	114,000	19,800								133,800
11	124,000	15,400								139,400
12	124,000	15,400								139,400
13	155,000	59,200								214,200
14	113,000	28,700								141,700
15	120,000	17,000								137,000
16	99,000	35,000								134,000
17	108,000	22,700								130,700
18	126,000	22,500								148,500
19	126,000	22,500								148,500
20	118,000	22,100								140,100
21	123,000	114,000								237,000
22	123,000	66,900								189,900
23	124,000	73,800								197,800
24	145,000	155,500								300,500
25	142,000	57,450								199,450
26	142,000	57,450								199,450
27	173,000	81,600								254,600
28	178,000	47,400								225,400
29	78,000	47,700								123,700
30	119,000	100,700								219,700
31	114,000	55,200								169,200
Total										6,151,900
Avg										198,448
Max										336,900

III. Daily Data for the Month/Year of: September, 2013

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

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

Day of the Month	Day: Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	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 Components Out of Operation
				CT Calculations				UV Dose					
				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 Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²		
1		24.0	116,500										
2	X	24.0	116,500		3.7							1.7	
3	X	24.0	118,000		3.0							1.9	
4	X	24.0	116,000		3.2							2.4	
5	X	24.0	105,000		4.5							3.9	
6	X	24.0	94,000		3.1							2.2	
7	X	24.0	106,000		3.7							2.9	
8		24.0	110,000										
9	X	24.0	110,000		3.9							1.4	
10	X	24.0	135,000		2.8							1.4	
11	X	24.0	125,000		3.8							1.9	
12	X	24.0	83,000		3.9							2.3	
13	X	24.0	102,000		2.5							1.8	
14	X	24.0	130,000		4.1							2.5	
15		24.0	110,500										
16	X	24.0	110,500		4.5							2.6	
17	X	24.0	125,000		3.0							1.2	
18	X	24.0	115,000		2.9							1.0	
19	X	24.0	152,000		4.3							2.2	
20	X	24.0	138,000		3.4							2.0	
21	X	24.0	161,000		3.9							2.2	
22		24.0	159,000										
23	X	24.0	159,000		3.0							1.9	
24	X	24.0	137,000		3.8							2.4	
25	X	24.0	151,000		3.4							2.1	
26	X	24.0	154,000		2.7							1.9	
27	X	24.0	106,000		2.9							1.7	BWN - 6" water valve break
28	X	24.0	118,000		4.1							2.2	
29		24.0	119,500										
30	X	24.0	119,500		3.9							3.0	BWN - Rescinded
31		24.0											
Total			3,702,000										
Average			123,400										
Maximum			161,000										

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of: September 2013

A. Public Water System (PWS) Information

PWS Name:	Lake Josephine Plant #4			PWS Identification Number:	5284137
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:	65			Total Population Served at End of Month:	75
PWS Owner:	US Water Services Corporation				
Contact Person:	Melisa Roteveel			Contact Person's Title:	
Contact Person's Mailing Address:	PO Box 2480	City:	New Port Rich	State:	Florida
Contact Person's Telephone Number:	(352) 787-0980			Zip Code:	34652
Contact Person's E-Mail Address:	mroteveel@uswatercorp.net			Contact Person's Fax Number:	941-378-3554

B. Water Treatment Plant Information

Plant Name:	Lake Josephine Plant #4			Plant Telephone Number:	941-377-9456
Plant Address:	5313 Knight Ave			City:	Sebring
Type of Water Treatment 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:	280,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.):	
				C	
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked	
Lead/Chief Operator:	Howard Short	A	3304	Operator	
Other Operators:	Ron Derossett	A	3531	Operation Manager	

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 provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Ron Derossett 10/7/13
 Signature and Date

Ron Derossett
 Printed or Typed Name

A 3531
 License Number

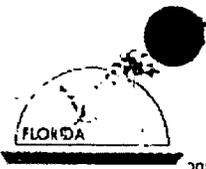
III. Daily Data for the Month/Year of: September, 2013

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate gpd	Low est 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 Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1		24.0	30,700												
2	X	24.0	30,700		3.9									0.9	
3	X	24.0	32,700		4.1									1.1	
4	X	24.0	48,700		4.0									1.0	
5	X	24.0	34,300		3.1									4.5	
6	X	24.0	43,700		2.9									1.2	
7	X	24.0	38,800		2.9									1.3	
8		24.0	32,750												
9	X	24.0	3,275		2.8									0.8	
10	X	24.0	38,200		4.2									1.3	
11	X	24.0	32,400		4.0									1.3	
12	X	24.0	32,500		4.7									2.9	
13	X	24.0	36,300		3.5									3.0	
14	X	24.0	46,800		2.5									0.9	
15		24.0	32,000												
16	X	24.0	32,000		4.2									0.6	
17	X	24.0	62,500		2.1									1.1	
18	X	24.0	39,000		2.9									1.0	
19	X	24.0	80,100		4.3									2.5	
20	X	24.0	42,100		4.0									2.2	
21	X	24.0	58,200		3.9									3.2	
22		24.0	53,150												
23	X	24.0	53,150		4.1									2.1	
24	X	24.0	37,000		2.0									1.6	
25	X	24.0	63,000		2.2									1.6	
26	X	24.0	50,000		2.1									1.1	
27	X	24.0	31,000		4.2									1.7	BWN - 6" water valve break
28	X	24.0	79,000		4.3									1.9	
29		24.0	31,500												
30	X	24.0	31,500		4.2									2.0	BWN - Rescued
31		24.0													
Total			1,257,025												
Average			41,901												
Maximum			80,100												

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



MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

Daily Finished-Water Production for the Month/Year of : September 2013											
Community Water System (CWS) Name: Lake Josephine Plants 3 & 4											
Public Water System (PWS) Identification Number: 5284137											
Day of Month	Plant 1 Name	Plant 2 Name	Plant 3 Name	Plant 4 Name	Plant 5 Name	Plant 6 Name	Plant 7 Name	Plant 8 Name	Plant 9 Name	Plant 10 Name	Total
	Lake Josephine Plant 3	Lake Josephine Plant 4									
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										
	300,000	280,000									
Net Quantity of Finished Water Produced by Each Plant, gallons											
											Total
1	116,500	30,700									147,200
2	116,500	30,700									147,200
3	118,000	32,700									150,700
4	116,000	48,700									164,700
5	105,000	34,300									139,300
6	84,000	43,700									137,700
7	106,000	38,800									144,800
8	110,000	32,750									142,750
9	110,000	32,750									142,750
10	135,000	38,200									173,200
11	125,000	32,400									157,400
12	83,000	32,500									115,500
13	102,000	36,300									138,300
14	170,000	48,800									218,800
15	110,500	32,000									142,500
16	110,500	32,000									142,500
17	125,000	62,500									187,500
18	115,000	39,000									154,000
19	152,000	80,100									232,100
20	138,000	42,100									180,100
21	161,000	58,200									219,200
22	159,000	53,150									212,150
23	159,000	53,150									212,150
24	137,000	37,000									174,000
25	151,000	63,000									214,000
26	154,000	50,000									204,000
27	106,000	31,000									137,000
28	118,000	79,000									197,000
29	119,500	31,500									151,000
30	119,500	31,500									151,000
31											0
Total											5,030,500
Avg											162,274
Max											232,100

III. Daily Data for the Month/Year of:

October, 2013

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

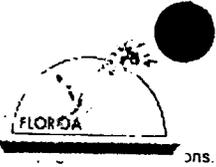
Combined Chlorine (Chloramines)

Chlorine Dioxide

CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*

Day of the Month	Days Plant Staffed or Visited by Operator (Place 'X')	Hours plant in Operation	Vol. Quantity of Finished Water Produced, gal	CT Calculations									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (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 Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1	X	24.0	24,000		4.2									2.5	
2	X	24.0	31,000		4.0									2.5	
3	X	24.0	25,700		4.1									3.5	
4	X	24.0	34,000		4.2									2.9	
5	X	24.0	26,000		3.8									2.5	
6		24.0	35,950												
7	X	24.0	35,950		4.0									2.0	
8	X	24.0	141,000		1.8									1.0	
9	X	24.0	26,900		3.2									2.1	
10	X	24.0	30,800		3.6									1.8	
11	X	24.0	36,300		2.8									1.6	
12	X	24.0	28,900		2.6									1.8	
13		24.0	24,750												
14	X	24.0	24,750		2.5									1.9	
15	X	24.0	26,000		3.4									1.8	
16	X	24.0	27,300		3.2									2.1	
17	X	24.0	26,100		4.0									3.2	
18	X	24.0	35,000		3.8									3.0	
19	X	24.0	32,000		3.6									2.6	
20		24.0	34,400												
21	X	24.0	34,400		3.2									2.4	
22	X	24.0	26,100		3.2									2.2	
23	X	24.0	40,600		2.4									1.9	
24	X	24.0	37,200		3.5									1.7	
25	X	24.0	25,600		3.2									1.9	
26	X	24.0	31,800		3.4									2.1	
27		24.0	33,700												
28	X	24.0	33,700		3.1									2.2	
29	X	24.0	36,200		3.2									2.1	
30	X	24.0	36,100		2.9									2.3	
31	X	24.0	31,000		2.7									1.7	
Total			1,072,900												
Average			34,610												
Maximum			141,000												

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



MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

Daily Finished-Water Production for the Month/Year of : October 2013											
Community Water System (CWS) Name: Lake Josephine Plants 3 & 4											
Public Water System (PWS) Identification Number: 5284137											
Day of Month	Plant 1 Name	Plant 2 Name	Plant 3 Name	Plant 4 Name	Plant 5 Name	Plant 6 Name	Plant 7 Name	Plant 8 Name	Plant 9 Name	Plant 10 Name	Total
	Lake Josephine Plant 3	Lake Josephine Plant 4									
Permitted Maximum Day Operating Capacity of Each Plant gallons per day											
	300,000	280,000									580,000
Net Quantity of Finished Water Produced by Each Plant, gallons											
											Total
1	118,000	24,000									142,000
2	108,000	31,000									139,000
3	107,000	25,700									132,700
4	114,000	34,000									148,000
5	100,000	26,000									126,000
6	118,500	35,950									154,450
7	118,500	35,950									154,450
8	90,000	141,000									231,000
9	98,000	26,900									124,900
10	113,000	30,800									143,800
11	94,000	36,300									130,300
12	91,000	28,900									119,900
13	116,500	24,750									141,250
14	116,500	24,750									141,250
15	111,000	26,000									137,000
16	109,000	27,300									136,300
17	115,000	26,100									141,100
18	113,000	35,000									148,000
19	88,000	32,000									120,000
20	126,500	34,400									160,900
21	126,500	34,400									160,900
22	113,000	26,100									139,100
23	128,000	40,600									168,600
24	130,000	37,200									167,200
25	130,000	25,600									155,600
26	115,000	31,800									146,800
27	132,000	33,700									165,700
28	132,000	33,700									165,700
29	118,000	36,200									154,200
30	119,000	36,100									155,100
31	116,000	31,000									147,000
Total											147,000
Avg											4,598,200
Max											148,329
											231,000

III. Daily Data for the Month/Year of: October, 2013

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Plant(s))	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations or UV Dose to Demstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (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 Applicable	Minimum CT Required, mg-min/l	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1	X	24.0	118,000		4.0									2.7	
2	X	24.0	108,000		4.3									3.2	
3	X	24.0	107,000		3.8									1.8	
4	X	24.0	114,000		4.2									2.0	
5	X	24.0	100,000		4.1									2.2	
6		24.0	118,500												
7	X	24.0	118,500		3.9									2.9	
8	X	24.0	90,000		4.0									3.0	
9	X	24.0	98,000		3.9									2.9	
10	X	24.0	113,000		3.0									2.1	
11	X	24.0	94,000		2.5									1.6	
12	X	24.0	91,000		2.3									1.9	
13		24.0	116,500												
14	X	24.0	116,500		4.1									4.0	
15	X	24.0	111,000		3.8									2.5	
16	X	24.0	109,000		3.1									2.2	
17	X	24.0	115,000		2.2									1.4	
18	X	24.0	113,000		3.2									1.9	
19	X	24.0	88,000		3.8									2.4	
20		24.0	126,500												
21	X	24.0	126,500		4.1									2.8	
22	X	24.0	113,000		3.1									2.8	
23	X	24.0	128,000		3.4									2.6	
24	X	24.0	130,000		2.8									2.1	
25	X	24.0	130,000		3.6									2.2	
26	X	24.0	115,000		3.2									2.4	
27		24.0	132,000												
28	X	24.0	132,000		3.5									2.6	
29	X	24.0	118,000		5.6									2.8	
30	X	24.0	119,000		3.0									2.7	
31	X	24.0	116,000		4.3									2.9	
Total			3,537,000												
Average			114,097												
Maximum			132,000												

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

III. Daily Data for the Month/Year of: November, 2013

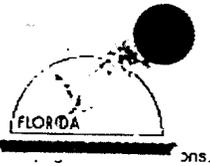
Means of Achieving Four-Log Virus Inactivation/Removal: Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demstrate Four-Log Virus Inactivation, if Applicable*										Emergencys or Abnormal Operating Conditions, Repair or Maintenance Work that involve Taking Water System Components Out of Operation				
				CT Calculations					UV Dose									
				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 Applicable	Minimum CT Required, mg-min/l	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L					
1	X	24.0	27,100		3.0													
2	X	24.0	37,200		2.6													1.9
3		24.0	29,800															1.8
4	X	24.0	29,800		3.0													
5	X	24.0	41,500		2.6													2.0
6	X	24.0	26,200		3.1													1.8
7	X	24.0	25,200		2.7													2.3
8	X	24.0	19,600		2.6													2.0
9	X	24.0	37,600		3.5													2.1
10		24.0	42,000															2.3
11	X	24.0	42,000		3.7													
12	X	24.0	22,800		3.4													1.9
13	X	24.0	36,900		3.2													2.1
14	X	24.0	32,600		3.8													2.0
15	X	24.0	31,800		3.4													3.0
16	X	24.0	27,800		3.6													2.6
17		24.0	31,350															2.3
18	X	24.0	31,350		3.5													
19	X	24.0	28,300		3.4													2.5
20	X	24.0	43,400		3.6													2.5
21	X	24.0	40,100		2.8													2.9
22	X	24.0	32,100		3.7													1.9
23	X	24.0	33,200		3.6													3.0
24		24.0	38,150															3.1
25	X	24.0	38,150		3.2													
26	X	24.0	27,400		3.4													2.7
27	X	24.0	37,700		3.2													2.4
28	X	24.0	34,800		2.7													2.4
29	X	24.0	35,400		3.6													1.9
30	X	24.0	36,200		3.2													2.2
31		24.0																2.4
Total			997,500															
Average			32,177															
Maximum			43,400															

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

PN MAILED- Stage 1



MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

Daily Finished-Water Production for the Month/Year of : November 2013										
Community Water System (CWS) Name: Lake Josephine Plants 3 & 4										
Public Water System (PWS) Identification Number: 5284137										
Plant 1 Name	Plant 2 Name	Plant 3 Name	Plant 4 Name	Plant 5 Name	Plant 6 Name	Plant 7 Name	Plant 8 Name	Plant 9 Name	Plant 10 Name	
Lake Josephine Plant 3	Lake Josephine Plant 4									
Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
300,000	280,000									580,000
Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	125,000	27,100								152,100
2	103,000	37,200								140,200
3	138,000	29,800								167,800
4	138,000	29,800								167,800
5	107,000	41,500								148,500
6	140,000	26,200								166,200
7	154,000	25,200								179,200
8	149,000	19,600								168,600
9	115,000	37,600								152,600
10	130,500	42,000								172,500
11	130,500	42,000								172,500
12	69,000	22,800								91,800
13	96,000	36,900								132,900
14	107,000	32,600								139,600
15	126,000	31,800								157,800
16	87,000	37,800								124,800
17	107,500	31,350								138,850
18	107,500	31,350								138,850
19	125,000	28,300								153,300
20	102,000	43,400								145,400
21	114,000	40,100								154,100
22	96,000	32,100								128,100
23	107,000	33,200								140,200
24	125,000	38,150								163,150
25	125,000	38,150								163,150
26	81,000	27,400								108,400
27	125,000	37,700								162,700
28	108,000	34,800								142,800
29	118,000	35,400								151,400
30	125,000	36,200								161,200
31										0
Total										4,486,500
Avg										144,726
Max										179,200

III. Daily Data for the Month/Year of: November, 2013

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	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	
				CT Calculations					UV Dose						
				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 Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/l		
1	X	24.0	125,000		4.0									2.5	
2	X	24.0	103,000		3.1									2.5	
3		24.0	138,000												
4	X	24.0	138,000		3.8									2.9	
5	X	24.0	107,000		4.2									3.0	
6	X	24.0	140,000		3.0									1.8	
7	X	24.0	154,000		3.7									2.1	
8	X	24.0	149,000		3.5									2.4	
9	X	24.0	115,000		4.0									2.9	
10		24.0	130,500												
11	X	24.0	130,500		3.9									2.4	
12	X	24.0	69,000		4.1									3.3	
13	X	24.0	96,000		3.8									3.6	
14	X	24.0	107,000		3.6									2.5	
15	X	24.0	126,000		3.1									2.4	
16	X	24.0	87,000		3.2									2.5	
17		24.0	107,500												
18	X	24.0	107,500		1.6									2.8	
19	X	24.0	125,000		3.6									2.0	
20	X	24.0	102,000		3.4									1.8	
21	X	24.0	114,000		1.5									1.6	
22	X	24.0	96,000		3.4									1.8	
23	X	24.0	107,000		3.6									2.3	
24		24.0	125,000												
25	X	24.0	125,000		3.2									2.4	
26	X	24.0	81,000		3.6									2.3	
27	X	24.0	125,000		3.5									2.4	
28	X	24.0	108,000		3.6									2.3	PN MAILED - Stage I
29	X	24.0	116,000		4.0									2.4	
30	X	24.0	125,000		3.8									2.2	
31		24.0													
Total			3,479,000												
Average			112,226												
Maximum			149,000												

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

III. Daily Data for the Month/Year of: January, 2014

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation		
				CT Calculations					UV Dose							
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (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 Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L			
1	X	24.0	97,000		3.6										3.0	
2	X	24.0	97,000		3.4										2.2	
3	X	24.0	96,000		3.6										2.4	
4	X	24.0	99,000		1.9										0.9	
5		24.0	111,500													
6	X	24.0	111,500		3.0										2.4	
7	X	24.0	100,000		3.4										2.5	
8	X	24.0	101,000		3.6										2.8	
9	X	24.0	85,000		3.6										2.7	
10	X	24.0	104,000		3.7										2.8	
11	X	24.0	113,000		1.9										1.6	
12		24.0	127,500													
13	X	24.0	127,500		3.2										1.9	
14	X	24.0	110,000		3.6										2.1	
15	X	24.0	116,000		3.5										1.5	
16	X	24.0	115,000		4.0										2.1	
17	X	24.0	114,000		3.6										2.4	
18	X	24.0	112,000		4.0										2.0	
19		24.0	128,500													
20	X	24.0	128,500		3.8										2.5	
21	X	24.0	138,000		1.6										1.4	
22	X	24.0	111,000		3.6										2.4	
23	X	24.0	132,000		3.7										2.2	
24	X	24.0	101,000		3.9										3.1	
25	X	24.0	138,000		3.9										2.4	
26		24.0	124,500													
27	X	24.0	124,500		4.0										3.0	
28	X	24.0	120,000		3.6										2.9	
29	X	24.0	113,000		3.3										1.5	
30	X	24.0	123,000		3.4										1.7	
31	X	24.0	109,000		3.3										1.5	

	3,525,000
Average	113,710
Maximum	138,000

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

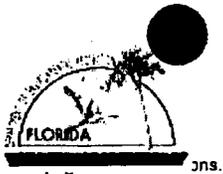
III. Daily Data for the Month/Year of: January, 2014

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	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	
				CT Calculations					UV Dose						
				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 Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24.0	49,000		3.0									2.1	
2	X	24.0	32,300		4.0									3.0	
3	X	24.0	41,900		2.6									2.0	
4	X	24.0	48,800		3.1									1.7	
5		24.0	46,050												
6	X	24.0	46,050		2.4									2.2	
7	X	24.0	50,300		2.5									2.1	
8	X	24.0	39,800		2.4									1.4	
9	X	24.0	42,500		2.0									1.8	
10	X	24.0	36,900		1.8									1.6	
11	X	24.0	24,900		2.0									1.8	
12		24.0	28,500												
13	X	24.0	28,500		1.8									0.9	
14	X	24.0	30,500		2.0									1.2	
15	X	24.0	28,700		1.6									1.4	
16	X	24.0	37,700		1.0									0.8	
17	X	24.0	42,700		3.6									2.0	
18	X	24.0	34,200		3.9									2.1	
19		24.0	39,450												
20	X	24.0	39,450		3.3									2.7	
21	X	24.0	38,100		2.8									2.4	
22	X	24.0	34,700		2.3									1.2	
23	X	24.0	34,500		2.4									1.6	
24	X	24.0	30,600		3.0									1.5	
25	X	24.0	40,100		2.4									2.2	
26		24.0	37,650												
27	X	24.0	37,650		2.8									2.1	
28	X	24.0	39,000		2.5									2.3	
29	X	24.0	34,100		2.4									1.9	
30	X	24.0	31,900		2.3									1.6	
31	X	24.0	31,400		2.2									1.5	
Total			1,159,100												
Average			37,390												
Maximum			50,300												

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



MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

Daily Finished-Water Production for the Month/Year of : January 2014											
Community Water System (CWS) Name: Lake Josephine Plants 3 & 4											
Public Water System (PWS) Identification Number: 5284137											
Day of Month	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	Total
	Lake Josephine Plant 3	Lake Josephine Plant 4									
Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total	
	300,000	280,000									580,000
Net Quantity of Finished Water Produced by Each Plant, gallons										Total	
1	97,000	49,000									146,000
2	97,000	32,300									129,300
3	96,000	41,900									137,900
4	99,000	48,800									147,800
5	111,500	46,050									157,550
6	111,500	46,050									157,550
7	100,000	50,300									150,300
8	101,000	39,800									140,800
9	85,000	42,500									127,500
10	104,000	36,900									140,900
11	113,000	24,900									137,900
12	127,500	28,500									156,000
13	127,500	28,500									156,000
14	110,000	30,500									140,500
15	116,000	28,700									144,700
16	115,000	37,700									152,700
17	114,000	42,700									156,700
18	112,000	34,200									146,200
19	128,500	39,450									167,950
20	128,500	39,450									167,950
21	138,000	38,100									176,100
22	111,000	34,700									145,700
23	132,000	34,500									166,500
24	101,000	30,600									131,600
25	138,000	40,100									178,100
26	124,500	37,650									162,150
27	124,500	37,650									162,150
28	120,000	39,000									159,000
29	113,000	34,100									147,100
30	123,000	31,900									154,900
31	109,000	31,400									140,400
Total											4,685,900
Avg.											151,158
Max.											178,100

III. Daily Data for the Month/Year of: January, 2014

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (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 Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24.0	97,000		3.6									3.0	
2	X	24.0	97,000		3.4									2.2	
3	X	24.0	96,000		3.6									2.4	
4	X	24.0	99,000		1.9									0.9	
5		24.0	111,500												
6	X	24.0	111,500		3.0									2.4	
7	X	24.0	100,000		3.4									2.5	
8	X	24.0	101,000		3.6									2.8	
9	X	24.0	85,000		3.6									2.7	
10	X	24.0	104,000		3.7									2.8	
11	X	24.0	113,000		1.9									1.6	
12		24.0	127,500												
13	X	24.0	127,500		3.2									1.9	
14	X	24.0	110,000		3.6									2.1	
15	X	24.0	116,000		3.5									1.5	
16	X	24.0	115,000		4.0									2.1	
17	X	24.0	114,000		3.6									2.4	
18	X	24.0	112,000		4.0									2.0	
19		24.0	128,500												
20	X	24.0	128,500		3.8									2.5	
21	X	24.0	138,000		1.6									1.4	
22	X	24.0	111,000		3.6									2.4	
23	X	24.0	132,000		3.7									2.2	
24	X	24.0	101,000		3.9									3.1	
25	X	24.0	138,000		3.9									2.4	
26		24.0	124,500												
27	X	24.0	124,500		4.0									3.0	
28	X	24.0	120,000		3.6									2.9	
29	X	24.0	113,000		3.3									1.5	
30	X	24.0	123,000		3.4									1.7	
31	X	24.0	109,000		3.3									1.5	
			3,525,000												
Average			113,710												
Maximum			138,000												

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

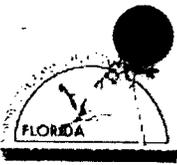
III. Daily Data for the Month/Year of: January, 2014

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (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 Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24.0	49,000		3.0									2.1	
2	X	24.0	32,300		4.0									3.0	
3	X	24.0	41,900		2.6									2.0	
4	X	24.0	48,800		3.1									1.7	
5		24.0	46,050												
6	X	24.0	46,050		2.4									2.2	
7	X	24.0	50,300		2.5									2.1	
8	X	24.0	39,800		2.4									1.4	
9	X	24.0	42,500		2.0									1.8	
10	X	24.0	36,900		1.8									1.6	
11	X	24.0	24,900		2.0									1.8	
12		24.0	28,500												
13	X	24.0	28,500		1.8									0.9	
14	X	24.0	30,500		2.0									1.2	
15	X	24.0	28,700		1.6									1.4	
16	X	24.0	37,700		1.0									0.8	
17	X	24.0	42,700		3.6									2.0	
18	X	24.0	34,200		3.9									2.1	
19		24.0	39,450												
20	X	24.0	39,450		3.3									2.7	
21	X	24.0	38,100		2.8									2.4	
22	X	24.0	34,700		2.3									1.2	
23	X	24.0	34,500		2.4									1.6	
24	X	24.0	30,600		3.0									1.5	
25	X	24.0	40,100		2.4									2.2	
26		24.0	37,650												
27	X	24.0	37,650		2.8									2.1	
28	X	24.0	39,000		2.5									2.3	
29	X	24.0	34,100		2.4									1.9	
30	X	24.0	31,900		2.3									1.6	
31	X	24.0	31,400		2.2									1.5	
Total			1,159,100												
Average			37,390												
Maximum			50,300												

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



MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

ons.

Daily Finished-Water Production for the Month/Year of : January 2014											
Community Water System (CWS) Name: Lake Josephine Plants 3 & 4											
Public Water System (PWS) Identification Number: 5284137											
Day of Month	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	
	Lake Josephine Plant 3	Lake Josephine Plant 4									
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
	300,000	280,000									580,000
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	97,000	49,000									146,000
2	97,000	32,300									129,300
3	96,000	41,900									137,900
4	99,000	48,800									147,800
5	111,500	46,050									157,550
6	111,500	46,050									157,550
7	100,000	50,300									150,300
8	101,000	39,800									140,800
9	85,000	42,500									127,500
10	104,000	36,900									140,900
11	113,000	24,900									137,900
12	127,500	28,500									156,000
13	127,500	28,500									156,000
14	110,000	30,500									140,500
15	116,000	28,700									144,700
16	115,000	37,700									152,700
17	114,000	42,700									156,700
18	112,000	34,200									146,200
19	128,500	39,450									167,950
20	128,500	39,450									167,950
21	138,000	38,100									176,100
22	111,000	34,700									145,700
23	132,000	34,500									166,500
24	101,000	30,600									131,600
25	138,000	40,100									178,100
26	124,500	37,650									162,150
27	124,500	37,650									162,150
28	120,000	39,000									159,000
29	113,000	34,100									147,100
30	123,000	31,900									154,900
31	109,000	31,400									140,400
Total											4,685,900
Avg.											151,158
Max											178,100

III. Daily Data for the Month/Year of: February, 2014

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose					
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (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 Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²		Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L
1	X	24.0	112,000		2.1								1.3	
2		24.0	132,000											
3	X	24.0	132,000		3.6								2.9	
4	X	24.0	122,000		3.6								2.4	
5	X	24.0	110,000		3.2								2.6	
6	X	24.0	116,000		3.2								2.3	
7	X	24.0	126,000		3.0								1.9	
8	X	24.0	92,000		2.6								0.8	
9		24.0	134,000											
10	X	24.0	134,000		2.4								1.2	
11	X	24.0	103,000		3.1								1.7	
12	X	24.0	133,000		2.8								1.5	
13	X	24.0	115,000		2.0								0.9	
14	X	24.0	99,000		2.7								1.4	
15	X	24.0	124,000		3.2								1.6	
16		24.0	102,000											
17	X	24.0	102,000		3.1								2.0	
18	X	24.0	134,000		3.1								1.6	
19	X	24.0	137,000		1.4								0.9	
20	X	24.0	103,000		3.0								1.9	
21	X	24.0	112,000		2.6								1.6	
22	X	24.0	109,000		2.4								1.8	
23		24.0	120,500											
24	X	24.0	120,500		2.6								1.9	
25	X	24.0	120,000		2.5								1.9	
26	X	24.0	152,000		2.3								1.8	
27	X	24.0	141,000		2.3								1.7	
28	X	24.0	82,000		3.1								1.9	
31														
			3,319,000											
Average			107,065											
Maximum			152,000											

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

III. Daily Data for the Month/Year of: February, 2014

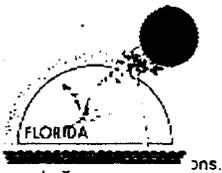
Means of Achieving Four-Log Virus Inactivation/Removal: Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demstrate Four-Log Virus Inactivation, if Applicable*								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L.	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation		
				CT Calculations				UV Dose							
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (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 Applicable	Minimum CT Required, mg-min/L.	Lowest Operating UV Dose, mW-sec/cm ²			Minimum UV Dose Required, mW-sec/cm ²	
1	X	24.0	36,500		3.0								2.1		
2		24.0	37,200												
3	X	24.0	37,200		3.3								1.8		
4	X	24.0	34,400		2.9								2.8		
5	X	24.0	33,900		1.4								2.4		
6	X	24.0	33,700		2.2								1.2		
7	X	24.0	32,800		2.0								1.4		
8	X	24.0	26,200		2.2								1.4		
9		24.0	36,500												
10	X	24.0	36,500		1.9								1.7		
11	X	24.0	40,500		2.0								1.5		
12	X	24.0	36,000		1.5								1.3		
13	X	24.0	35,100		1.8								2.0		
14	X	24.0	27,100		2.2								1.5		
15	X	24.0	35,800		1.8								1.2		
16		24.0	19,000												
17	X	24.0	19,000		1.9								1.4		
18	X	24.0	19,300		1.7								1.6		
19	X	24.0	18,000		2.4								1.7		
20	X	24.0	13,800		1.5								1.8		
21	X	24.0	21,200		1.8								1.7		
22	X	24.0	17,700		1.6								1.4		
23		24.0	18,550												
24	X	24.0	18,550		1.8								1.7		
25	X	24.0	34,000		1.4								0.8		
26	X	24.0	19,400		1.7								1.1		
27	X	24.0	17,400		1.5								1.0		
28	X	24.0	14,500		1.7								1.3		
1															
31															

Total	769,800
Average	24,832
Maximum	40,500

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



MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

Daily Finished-Water Production for the Month/Year of : February 2014											
Community Water System (CWS) Name: Lake Josephine Plants 3 & 4											
Public Water System (PWS) Identification Number: 5284137											
Day of Month	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	Total
	Lake Josephine Plant 3	Lake Josephine Plant 4									580,000
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
	300,000	280,000									580,000
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	112,000	36,500									148,500
2	132,000	37,200									169,200
3	132,000	37,200									169,200
4	122,000	34,400									156,400
5	110,000	33,900									143,900
6	116,000	33,700									149,700
7	126,000	32,800									158,800
8	92,000	26,200									118,200
9	134,000	36,500									170,500
10	134,000	36,500									170,500
11	103,000	40,500									143,500
12	133,000	36,000									169,000
13	115,000	35,100									150,100
14	99,000	27,100									126,100
15	124,000	25,800									149,800
16	102,000	19,000									121,000
17	102,000	19,000									121,000
18	134,000	19,300									153,300
19	137,000	18,000									155,000
20	103,000	13,800									116,800
21	112,000	21,200									133,200
22	109,000	17,700									126,700
23	120,500	18,550									139,050
24	120,500	18,550									139,050
25	120,000	34,000									154,000
26	152,000	19,400									171,400
27	141,000	17,400									158,400
28	82,000	14,500									96,500
1											0
											0
											0
Total											4,078,800
Avg.											131,574
Max.											171,400



See Pages 4 for Instructions.

I. General Information for the Month/Year of: March 2014

A. Public Water System (PWS) Information

PWS Name: Lake Josephine Plant #3		PWS Identification Number: 6280162	
PWS Type: <input checked="" type="checkbox"/> Community <input checked="" type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 536		Total Population Served at End of Month: 1,250	
PWS Owner: US Water Services Corporation			
Contact Person: Melisa Rotteveel		Contact Person's Title: Compliance Manager	
Contact Person's Mailing Address: 4939 Cross Bayou Blvd		City: New Port Rich State: Florida Zip Code: 34652	
Contact Person's Telephone Number: 866-753-8292		Contact Person's Fax Number: 727-849-4219	
Contact Person's E-Mail Address: mrotteveel@uswatercorp.net			

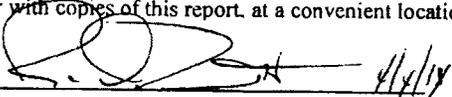
B. Water Treatment Plant Information

Plant Name: Lake Josephine Plant #3		Plant Telephone Number: 941-377-9456	
Plant Address: 1949 Canary Way		City: Sebring State: Florida Zip Code: 33872	
Type of Water Treatment 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: 300,000			

Licensed Operators		Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Ron Derossett		A	3531	Operation Manager Days 1st Shift
Other Operators:	Howard Short		A	3304	Operator Days 1st Shift
	Alfred Gregg		A	14324	Operator Days 1st Shift

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 provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years


Signature and Date

Ron Derossett
Printed or Typed Name

A 3531
License Number

III. Daily Data for the Month/Year of: March, 2014

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 Demostate Four-Log Virus Inactivation, if Applicable*

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations				UV Dose					
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (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 Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²		
1	X	24.0	118,000		3.6							2.2	
2		24.0	129,500										
3	X	24.0	129,500		2.2							1.7	
4	X	24.0	194,000		2.0							1.6	
5	X	24.0	92,000		1.4							1.1	
6	X	24.0	143,000		3.8							2.4	
7	X	24.0	102,000		3.6							2.3	
8	X	24.0	13,300		4.2							2.0	
9		24.0	96,500										
10	X	24.0	96,500		3.8							3.0	
11	X	24.0	159,000		3.8							2.9	
12	X	24.0	101,000		3.6							2.7	
13	X	24.0	142,000		3.1							2.0	
14	X	24.0	138,000		4.0							2.7	
15	X	24.0	142,000		4.0							2.8	
16		24.0	133,500										
17	X	24.0	133,500		2.2							1.7	
18	X	24.0	149,000		2.4							1.8	
19	X	24.0	141,000		3.8							2.4	
20	X	24.0	127,000		2.4							2.2	
21	X	24.0	138,000		3.0							2.4	
22	X	24.0	125,000		2.4							1.8	
23		24.0	151,000										
24	X	24.0	151,000		2.4							2.0	
25	X	24.0	143,000		3.3							2.3	
26	X	24.0	134,000		3.8							2.6	
27	X	24.0	120,000		4.2							3.1	
28	X	24.0	111,000		4.0							3.3	
29	X	24.0	106,000		3.7							3.0	
30		24.0	149,000										
31	X	24.0	149,000		3.6							3.2	
			4,150,000										
Average			133,871										
Maximum			194,000										

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of: March, 2014

A. Public Water System (PWS) Information

PWS Name:	Lake Josephine (Sebring Lakes) Plant #4			PWS Identification Number:	6280162
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:	65			Total Population Served at End of Month:	75
PWS Owner:	US Water Services Corporation				
Contact Person:	Melisa Roteveel			Contact Person's Title:	
Contact Person's Mailing Address:	PO Box 2480	City:	New Port Rich	State:	Florida
				Zip Code:	34652
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	941-378-3554
Contact Person's E-Mail Address:	<u>mroteveel@uswatercorp.net</u>				

B. Water Treatment Plant Information

Plant Name:	Lake Josephine Plant #4			Plant Telephone Number:	941-377-9456
Plant Address:	5313 Knight Ave	City:	Sebring	State:	Florida
				Zip Code:	33875
Type of Water Treatment 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:	280,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked	
Lead/Chief Operator:	Howard Short	A	3304	Operator	
Other Operators:	Ron Derosssett	A	3531	Operation Manager	
	Alfred Gregg	A	14324	Operator	

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 provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.


4/14/14

 Signature and Date

 Printed or Typed Name

 License Number

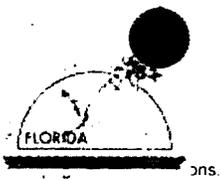
III. Daily Data for the Month/Year of: March, 2014

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations				UV Dose					
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (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 Applicable	Minimum CT Required, mg-min/l	Lowest Operating UV Dose, mW-sec/cm ²		
1	X	24 0	17,600		1.5							1.2	
2		24 0	20,450										
3	X	24 0	20,450		1.6							1.0	
4	X	24 0	71,600		3.6							2.4	
5	X	24 0	26,400		1.6							0.9	
6	X	24 0	34,800		2.4							1.4	
7	X	24 0	23,500		3.4							2.0	
8	X	24 0	27,100		3.8							2.4	
9		24 0	32,050										
10	X	24 0	32,050		3.6							3.2	
11	X	24 0	30,100		4.0							3.3	
12	X	24 0	43,300		3.3							3.0	
13	X	24 0	26,600		2.8							2.4	
14	X	24 0	30,900		3.6							3.1	
15	X	24 0	46,600		4.0							3.4	
16		24 0	26,550										
17	X	24 0	26,550		3.4							2.8	
18	X	24 0	33,300		3.4							2.4	
19	X	24 0	32,600		3.1							2.2	
20	X	24 0	23,400		3.2							2.0	
21	X	24 0	31,800		2.4							1.4	
22	X	24 0	29,900		3.1							1.7	
23		24 0	31,100										
24	X	24 0	31,100		3.0							1.8	
25	X	24 0	32,200		2.5							1.6	
26	X	24 0	33,000		4.0							1.8	
27	X	24 0	21,400		3.8							1.9	
28	X	24 0	26,900		4.1							3.1	
29	X	24 0	27,800		3.8							2.9	
30		24 0	26,950										
31	X	24 0	26,950		1.2							3.0	
Total			945,000										
Average			30,484										
Maximum			71,600										

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



MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

Daily Finished-Water Production for the Month/Year of : March 2014											
Community Water System (CWS) Name: Lake Josephine Plants 3 & 4											
Public Water System (PWS) Identification Number: 6280162											
Day of Month	Plant 1 Name	Plant 2 Name	Plant 3 Name	Plant 4 Name	Plant 5 Name	Plant 6 Name	Plant 7 Name	Plant 8 Name	Plant 9 Name	Plant 10 Name	Total
	Lake Josephine Plant 3	Lake Josephine Plant 4									
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
	300,000	280,000									580,000
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	119,000	17,600									136,600
2	129,500	20,450									149,950
3	129,500	20,450									149,950
4	194,000	71,600									265,600
5	92,000	26,400									118,400
6	143,000	34,800									177,800
7	102,000	23,500									125,500
8	133,000	27,100									160,100
9	96,500	32,050									128,550
10	96,500	32,050									128,550
11	159,000	30,100									189,100
12	101,000	43,300									144,300
13	142,000	28,600									168,600
14	138,000	30,900									168,900
15	142,000	46,600									188,600
16	133,500	26,550									160,050
17	133,500	26,550									160,050
18	149,000	33,300									182,300
19	141,000	32,600									173,600
20	127,000	23,400									150,400
21	138,000	31,800									169,800
22	125,000	29,900									154,900
23	151,000	31,100									182,100
24	151,000	31,100									182,100
25	143,000	32,200									175,200
26	134,000	33,000									167,000
27	120,000	21,400									141,400
28	111,000	26,900									137,900
29	106,000	27,800									133,800
30	149,000	26,950									175,950
	149,000	26,950									175,950
Total											5,023,000
Avg											162,032
Max											265,600



See Pages 4 for Instructions.

I. General Information for the Month/Year of: April, 2014

A. Public Water System (PWS) Information

PWS Name:	Lake Josephine Plant #3	PWS Identification Number:	6280162
PWS Type:	<input checked="" type="checkbox"/> Community <input checked="" type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	536	Total Population Served at End of Month:	1,250
PWS Owner:	US Water Services Corporation		
Contact Person:	Melisa Rotteveel	Contact Person's Title:	Compliance Manager
Contact Person's Mailing Address:	4939 Cross Bayou Blvd	City:	New Port Rich State: Florida Zip Code: 34652
Contact Person's Telephone Number:	866-753-8292	Contact Person's Fax Number:	727-849-4219
Contact Person's E-Mail Address:	mrotteveel@uswatercorp.net		

B. Water Treatment Plant Information

Plant Name:	Lake Josephine Plant #3	Plant Telephone Number:	941-377-9456
Plant Address:	1949 Canary Way	City:	Sebring State: Florida Zip Code: 33872
Type of Water Treatment 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:	300,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Ron Derossett	A	3531	Operation Manager Days 1st Shift
Other Operators:	Howard Short	A	3304	Operator Days 1st Shift
	Alfred Gregg	A	14324	Operator Days 1st Shift

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 provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

 4/9/14

Ron Derossett
Printed or Typed Name

A 3531
License Number

III. Daily Data for the Month/Year of: April, 2014

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation		
				CT Calculations					UV Dose							
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (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 Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/l			
1	X	24 0	140,000		4.2										3.7	
2	X	24 0	83,000		2.7										3.0	
3	X	24 0	124,000		3.2										2.1	
4	X	24 0	124,000		2.4										2.0	
5	X	24 0	79,000		2.2										1.7	
6		24 0	135,000													
7	X	24 0	135,000		2.0										1.2	
8	X	24 0	123,000		2.2										1.6	
9	X	24 0	87,000		2.0										1.4	
10	X	24 0	94,000		3.2										1.7	
11	X	24 0	97,000		2.7										2.4	
12	X	24 0	104,000		2.4										2.0	
13		24 0	117,000													
14	X	24 0	117,000		2.6										2.3	
15	X	24 0	96,000		2.3										2.0	
16	X	24 0	107,000		2.2										1.8	
17	X	24 0	97,000		2.6										2.0	
18	X	24 0	113,000		4.0										2.9	
19	X	24 0	100,000		4.0										3.2	
20	X	24 0	110,000		4.0										3.0	
21		24 0	126,000													
22	X	24 0	126,000		4.0										2.9	
23	X	24 0	91,000		4.0										2.4	
24	X	24 0	127,000		3.0										2.4	
25	X	24 0	115,000		3.4										2.2	
26	X	24 0	119,000		2.8										2.4	
27		24 0	118,000													
28	X	24 0	118,000		3.0										2.6	
29	X	24 0	109,000		3.1										2.4	
30	X	24 0	97,000		3.2										2.1	
31		24 0														
			3,397,000													
Average			109,581													
Maximum			147,000													

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of: April, 2014

A. Public Water System (PWS) Information

PWS Name:	Lake Josephine (Sebring Lakes) Plant #4			PWS Identification Number:	6280162
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:	65			Total Population Served at End of Month:	75
PWS Owner:	US Water Services Corporation				
Contact Person:	Melisa Roteveel			Contact Person's Title:	
Contact Person's Mailing Address:	PO Box 2480	City:	New Port Rch	State:	Florida
Contact Person's Telephone Number:	(352) 787-0980			Zip Code:	34652
Contact Person's E-Mail Address:	mroteveel@uswatercorp.net				
Contact Person's Fax Number:	941-378-3554				

B. Water Treatment Plant Information

Plant Name:	Lake Josephine Plant #4			Plant Telephone Number:	941-377-9456
Plant Address:	5313 Knight Ave		City:	Sebring	State: Florida
Type of Water Treatment 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:	280,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked	
Lead/Chief Operator:	Howard Short	A	3304	Operator	
Other Operators:	Ron Derossett	A	3531	Operation Manager	
	Alfred Gregg	A	14324	Operator	

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 provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

4/17/14

Signature and Date

Ron Derossett

Printed or Typed Name

A 3531

License Number

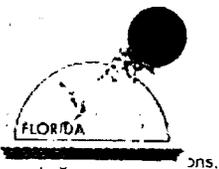
III. Daily Data for the Month/Year of: April, 2014

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

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

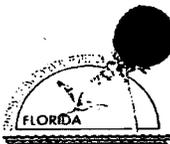
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (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 Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24.0	30,300		3.8									3.0	
2	X	24.0	16,500		4.0									2.9	
3	X	24.0	26,000		3.0									2.5	
4	X	24.0	18,600		2.6									1.9	
5	X	24.0	27,100		2.7									1.9	
6		24.0	27,700												
7	X	24.0	27,700		2.8									1.6	
8	X	24.0	19,600		2.4									1.7	
9	X	24.0	20,000		2.2									1.9	
10	X	24.0	19,000		2.0									1.7	
11	X	24.0	20,100		2.3									2.0	
12	X	24.0	16,900		2.0									1.6	
13		24.0	17,750												
14	X	24.0	17,750		1.6									1.4	
15	X	24.0	23,600		1.9									1.6	
16	X	24.0	17,600		1.9									1.6	
17	X	24.0	17,800		2.6									1.3	
18	X	24.0	22,600		3.1									0.8	
19	X	24.0	17,500		2.7									1.1	
20	X	24.0	14,500		3.0									0.9	
21		24.0	22,850												
22	X	24.0	22,850		3.2									1.2	
23	X	24.0	19,700		3.4									2.1	
24	X	24.0	14,800		3.2									2.0	
25	X	24.0	152,800		3.4									2.6	
26	X	24.0	20,800		3.0									2.0	
27		24.0	17,150												
28	X	24.0	17,150		2.6									1.8	
29	X	24.0	19,000		2.8									2.0	
30	X	24.0	16,900		2.7									2.1	
31		24.0													
Total			721,600												
Average			23,277												
Maximum			152,800												

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



MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

Daily Finished-Water Production for the Month/Year of : April 2014											
Community Water System (CWS) Name: Lake Josephine Plants 3 & 4											
Public Water System (PWS) Identification Number: 6280162											
Day of Month	Plant 1 Name	Plant 2 Name	Plant 3 Name	Plant 4 Name	Plant 5 Name	Plant 6 Name	Plant 7 Name	Plant 8 Name	Plant 9 Name	Plant 10 Name	Total
	Lake Josephine Plant 3	Lake Josephine Plant 4									
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
	300,000	280,000									580,000
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	140,000	30,300									170,300
2	83,000	16,500									99,500
3	124,000	26,000									150,000
4	124,000	18,600									142,600
5	79,000	27,100									106,100
6	135,000	27,700									162,700
7	135,000	27,700									162,700
8	123,000	19,600									142,600
9	87,000	20,000									107,000
10	94,000	19,000									113,000
11	97,000	20,100									117,100
12	104,000	16,900									120,900
13	117,000	17,750									134,750
14	117,000	17,750									134,750
15	96,000	23,600									119,600
16	107,000	17,600									124,600
17	97,000	17,800									114,800
18	113,000	22,600									135,600
19	100,000	17,500									117,500
20	110,000	14,500									124,500
21	126,000	22,850									148,850
22	126,000	22,850									148,850
23	91,000	19,700									110,700
24	127,000	14,800									141,800
25	115,000	152,800									267,800
26	119,000	20,800									139,800
27	118,000	17,150									135,150
28	118,000	17,150									135,150
29	109,000	19,000									128,000
30	97,000	16,900									113,900
Total											0
Avg											4,070,600
Max.											131,310
											267,800



See Pages 4 for Instructions.

MAY

I. General Information for the Month/Year of: April, 2014

A. Public Water System (PWS) Information

PWS Name:	Lake Josephine Plant #3	PWS Identification Number:	6280162
PWS Type:	<input checked="" type="checkbox"/> Community <input checked="" type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	536	Total Population Served at End of Month:	1,250
PWS Owner:	US Water Services Corporation		
Contact Person:	Melisa Rotteveel	Contact Person's Title:	Compliance Manager
Contact Person's Mailing Address:	4939 Cross Bayou Blvd	City:	New Port Rich State: Florida Zip Code: 34652
Contact Person's Telephone Number:	866-753-8292	Contact Person's Fax Number:	727-849-4219
Contact Person's E-Mail Address:	mrotteveel@uswatercorp.net		

B. Water Treatment Plant Information

Plant Name:	Lake Josephine Plant #3	Plant Telephone Number:	941-377-9456
Plant Address:	1949 Canary Way	City:	Sebring State: Florida Zip Code: 33872
Type of Water Treatment 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:	300,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Ron Derossett	A	3531	Operation Manager Days 1st Shift
Other Operators:	Howard Short	A	3304	Operator Days 1st Shift
	Alfred Gregg	A	14324	Operator Days 1st Shift

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 provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Ron Derossett 6/5/14
Signature and Date

Ron Derossett
Printed or Typed Name

A 3531
License Number

III. Daily Data for the Month/Year of: May, 2014

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 Demostate Four-Log Virus Inactivation, if Applicable*

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	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 Components 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 Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²		
1	X	24.0	108,000		3.0							2.4		
2	X	24.0	97,000		2.7							1.9		
3	X	24.0	106,000		2.5							1.8		
4		24.0	113,000											
5	X	24.0	113,000		3.6							2.1		
6	X	24.0	90,000		2.4							1.9		
7	X	24.0	93,000		2.2							1.6		
8	X	24.0	104,000		2.4							1.9		
9	X	24.0	105,000		2.2							1.6		
10	X	24.0	116,000		3.6							2.0		
11		24.0	119,500											
12	X	24.0	119,500		3.4							2.2		
13	X	24.0	89,000		4.2							3.0		
14	X	24.0	118,000		3.7							2.8		
15	X	24.0	117,000		3.7							3.0		
16	X	24.0	90,000		3.2							2.8		
17	X	24.0	106,000		3.0							2.6		
18		24.0	112,500											
19	X	24.0	112,500		2.9							2.4		
20	X	24.0	96,000		3.0							2.2		
21	X	24.0	109,000		3.6							2.4		
22	X	24.0	105,000		3.2							2.1		
23	X	24.0	99,000		3.9							3.4		
24	X	24.0	105,000		1.4							1.1		
25		24.0	123,500											
26	X	24.0	123,500		2.4							1.4		
27	X	24.0	121,000		3.1							2.0		
28	X	24.0	96,000		1.4							1.1		
29	X	24.0	98,000		2.2							1.0		
30	X	24.0	102,000		2.1							0.5		
31	X	24.0	85,000		1.0							0.9		

	3,286,000
Average	106,000
Maximum	123,500

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of: May, 2014

A. Public Water System (PWS) Information

PWS Name:	Lake Josephine (Sebring Lakes) Plant #4	PWS Identification Number:	6280162
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:	65	Total Population Served at End of Month:	75
PWS Owner:	US Water Services Corporation		
Contact Person:	Melisa Roteveel		
Contact Person's Mailing Address:	PO Box 2480	City:	New Port Rich State: Florida Zip Code: 34652
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	941-378-3554
Contact Person's E-Mail Address:	mroteveel@uswatercorp.net		

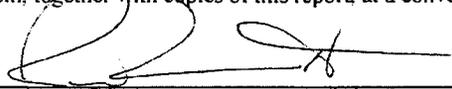
B. Water Treatment Plant Information

Plant Name:	Lake Josephine Plant #4	Plant Telephone Number:	941-377-9456
Plant Address:	5313 Knight Ave	City:	Sebring State: Florida Zip Code: 33875
Type of Water Treatment 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:	280,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Howard Short	A	3304	Operator
Other Operators:	Ron Derossett	A	3531	Operation Manager
	Alfred Gregg	A	14324	Operator

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 provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.



 Signature and Date

Ron Derossett

 Printed or Typed Name

A 3531

 License Number

III. Daily Data for the Month/Year of:

May, 2014

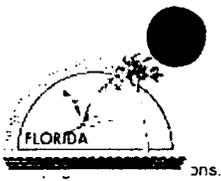
Means of Achieving Four-Log Virus Inactivation/Removal: Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

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

CT Calculations, or UV Dose, to Demstrate Four-Log Virus Inactivation, if Applicable*

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	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 Components 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 Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1	X	24.0	17,700		2.5								2.0		
2	X	24.0	16,500		2.4								1.9		
3	X	24.0	19,100		2.2								1.7		
4		24.0	17,500												
5	X	24.0	17,500		2.0								1.8		
6	X	24.0	16,000		2.2								1.6		
7	X	24.0	21,200		3.4								2.9		
8	X	24.0	17,300		2.2								2.8		
9	X	24.0	16,900		3.0								2.6		
10	X	24.0	16,500		2.7								2.2		
11		24.0	17,600												
12	X	24.0	17,600		2.5								2.0		
13	X	24.0	18,200		2.4								1.9		
14	X	24.0	18,300		2.2								1.7		
15	X	24.0	15,700		2.3								1.9		
16	X	24.0	14,800		2.4								1.9		
17	X	24.0	18,600		2.2								1.7		
18		24.0	17,700												
19	X	24.0	17,700		2.4								1.9		
20	X	24.0	17,300		2.4								2.0		
21	X	24.0	19,100		1.7								2.9		
22	X	24.0	17,400		1.4								1.4		
23	X	24.0	19,700		0.6								1.0		
24	X	24.0	21,700		1.6								0.7		
25		24.0	19,100												
26	X	24.0	19,100		1.6								0.9		
27	X	24.0	27,800		0.9								0.6		
28	X	24.0	19,000		2.0								0.4		
29	X	24.0	18,000		0.7								0.3		
30	X	24.0	17,200		1.9								0.3		
31	X	24.0	17,700		3.7								1.5		
Total			565,500												
Average			18,242												
Maximum			27,800												

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



MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

Daily Finished-Water Production for the Month/Year of : May 2014											
Community Water System (CWS) Name: Lake Josephine Plants 3 & 4											
Public Water System (PWS) Identification Number: 6280162											
	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	
	Lake Josephine Plant 3	Lake Josephine Plant 4									
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
Day of Month	300,000	280,000									580,000
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	108,000	17,700									125,700
2	97,000	16,500									113,500
3	106,000	19,100									125,100
4	113,000	17,500									130,500
5	113,000	17,500									130,500
6	90,000	16,000									106,000
7	93,000	21,200									114,200
8	104,000	17,300									121,300
9	105,000	16,900									121,900
10	116,000	16,500									132,500
11	119,500	17,600									137,100
12	119,500	17,600									137,100
13	89,000	18,200									107,200
14	118,000	18,300									136,300
15	117,000	15,700									132,700
16	90,000	14,800									104,800
17	106,000	18,600									124,600
18	112,500	17,700									130,200
19	112,500	17,700									130,200
20	96,000	17,300									113,300
21	109,000	19,100									128,100
22	105,000	17,400									122,400
23	99,000	19,700									118,700
24	105,000	21,700									126,700
25	123,500	19,100									142,600
26	123,500	19,100									142,600
27	121,000	27,800									148,800
28	96,000	19,000									115,000
29	98,000	18,000									116,000
30	102,000	17,200									119,200
	85,000	17,700									102,700
Total											3,857,500
Avg.											124,435
Max.											148,800



See Pages 4 for Instructions.

I. General Information for the Month/Year of: June, 2014

A. Public Water System (PWS) Information

PWS Name:	Lake Josephine Plant #3	PWS Identification Number:	6280162
PWS Type:	<input checked="" type="checkbox"/> Community <input checked="" type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	536	Total Population Served at End of Month:	1,250
PWS Owner:	US Water Services Corporation		
Contact Person:	Melisa Rotteveel	Contact Person's Title:	Compliance Manager
Contact Person's Mailing Address:	4939 Cross Bayou Blvd	City:	New Port Rich State: Florida Zip Code: 34652
Contact Person's Telephone Number:	866-753-8292	Contact Person's Fax Number:	727-849-4219
Contact Person's E-Mail Address:	mrotteveel@uswatercorp.net		

B. Water Treatment Plant Information

Plant Name:	Lake Josephine Plant #3	Plant Telephone Number:	941-377-9456
Plant Address:	1949 Canary Way	City:	Sebring State: Florida Zip Code: 33872
Type of Water Treatment 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:	300,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Ron Derossett	A	3531	Operation Manager Days 1st Shift
Other Operators:	Jackie Williams	C	20588	Operator Days 1st Shift
				Operator Days 1st Shift

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 provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

 2/4/15
 Signature and Date

Ron Derossett
 Printed or Typed Name

A 3531
 License Number

III. Daily Data for the Month/Year of: June, 2014

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 Demostatc Four-Log Virus Inactivation, if Applicable*

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	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 Components 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 Applicable	Minimum CT Required, mg-min/L.	Lowest Operating UV Dose, mW-sec/cm ²			Minimum UV Dose Required, mW-sec/cm ²
1		24.0	122,000											
2	X	24.0	88,000		6.8							4.4		
3	X	24.0	120,000		6.6							5.0		
4	X	24.0	77,000		3.7							1.3		
5	X	24.0	111,000		3.3							2.3		
6	X	24.0	99,000		4.0							2.8		
7	X	24.0	114,000		3.9									
8		24.0	114,000									0.3		
9	X	24.0	89,000		1.1							1.2		
10	X	24.0	78,000		1.4							0.9		
11	X	24.0	81,000		2.0							0.8		
12	X	24.0	107,000		3.1							3.5		
13	X	24.0	134,000		4.2							1.3		
14	X	24.0	103,000		2.2							1.3		
15		24.0	103,000											
16	X	24.0	119,000		0.8							1.4	BWN - 1166 Josephine Ct	
17	X	24.0	166,000		1.6							1.9		
18	X	24.0	68,000		2.1							0.5		
19	X	24.0	156,000		1.9							0.4	Rescinded	
20	X	24.0	111,000		4.7							3.6		
21	X	24.0	122,000		2.5							1.7		
22		24.0	121,000											
23	X	24.0	120,000		2.5							0.8		
24	X	24.0	107,000		3.3							2.1		
25	X	24.0	110,000		4.7							4.3		
26	X	24.0	128,000		6.5							1.8		
27	X	24.0	97,000		4.2							3.1		
28	X	24.0	95,000		2.7							1.3		
29		24.0	95,000											
30	X	24.0	116,000		1.5							0.4		
31		24.0												

	3,271,000
Average	110,500
Maximum	166,000

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

III. Daily Data for the Month/Year of:

June, 2014

Means of Achieving Four-Log Virus Inactivation/Removal:

Free Chlorine

Chlorine Dioxide

Ozone

Combined Chlorine (Chloramines)

Ultraviolet Radiation

Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:

Free Chlorine

Combined Chlorine (Chloramines)

Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demstrate Four-Log Virus Inactivation, if Applicable*								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L.	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations				UV Dose						
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (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 Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²			Minimum UV Dose Required, mW-sec/cm ²
1		24.0	16,000											
2	X	24.0	23,300		5.8								3.8	
3	X	24.0	15,800		4.8								3.6	
4	X	24.0	15,100		3.6								3.2	
5	X	24.0	17,100		3.9								14.1	
6	X	24.0	21,200		3.8								3.6	
7	X	24.0	17,600		2.6								3.1	
8		24.0	17,600											
9	X	24.0	55,200		2.9								1.7	
10	X	24.0	30,600		1.8								1.2	
11	X	24.0	16,300		0.7								0.5	
12	X	24.0	19,300		1.3								0.3	
13	X	24.0	19,000		1.9								0.4	
14	X	24.0	30,000		2.0								0.5	
15		24.0	30,100											
16	X	24.0	35,400		2.1								0.7	
17	X	24.0	22,500		2.0								1.0	
18	X	24.0	27,100		2.5								1.9	
19	X	24.0	32,700		2.4								1.4	
20	X	24.0	21,600		1.5								0.9	
21	X	24.0	17,000		5.0								1.1	
22		24.0	17,100											
23	X	24.0	25,100		4.9								3.4	
24	X	24.0	21,100		5.5								3.2	
25	X	24.0	23,500		6.4								3.3	
26	X	24.0	18,000		7.4								4.2	
27	X	24.0	18,500		7.8								4.6	
28	X	24.0	15,000		4.0								4.0	
29		24.0	15,700											
30	X	24.0	26,100		7.6								3.9	
31		24.0												
Total			680,600											
Average			22,687											
Maximum			55,200											

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



MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

ons.

Daily Finished-Water Production for the Month/Year of : June 2014											
Community Water System (CWS) Name: Lake Josephine Plants 3 & 4											
Public Water System (PWS) Identification Number: 6280162											
	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	
	Lake Josephine Plant 3	Lake Josephine Plant 4									
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
	300,000	280,000									580,000
Day of Month	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	122,000	16,000									138,000
2	88,000	23,300									111,300
3	120,000	15,800									135,800
4	77,000	15,100									92,100
5	111,000	17,100									128,100
6	99,000	21,200									120,200
7	114,000	17,600									131,600
8	114,000	17,600									131,600
9	89,000	55,200									144,200
10	78,000	30,600									108,600
11	81,000	16,300									97,300
12	107,000	19,300									126,300
13	134,000	19,000									153,000
14	103,000	30,000									133,000
15	103,000	30,100									133,100
16	119,000	35,400									154,400
17	166,000	22,500									188,500
18	68,000	27,100									95,100
19	156,000	32,700									188,700
20	111,000	21,600									132,600
21	122,000	17,000									139,000
22	121,000	17,100									138,100
23	120,000	25,100									145,100
24	107,000	21,100									128,100
25	110,000	23,500									133,500
26	128,000	18,000									146,000
27	97,000	18,500									115,500
28	95,000	15,000									110,000
29	95,000	15,700									110,700
30	116,000	26,100									142,100
											0
Total											3,951,600
Avg.											127,471
Max.											188,700

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of: July, 2012

A. Public Water System (PWS) Information

PWS Name:	Leasure Lakes / Covered Bridge			PWS Identification Number:	6280064
PWS Type:	<input type="checkbox"/> Community	<input checked="" type="checkbox"/> Non-Transient Non-Community	<input checked="" type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	276			Total Population Served at End of Month:	632
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Harry Householder			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 2480	City:	Lady Lake	State:	Florida
Contact Person's Telephone Number:	(941) 915-8788			Contact Person's Fax Number:	(941)378-3554
Contact Person's E-Mail Address:	hhouseh@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Leasure Lakes / Covered Bridge			Plant Telephone Number:	(877)-987-2782
Plant Address:	101 Parkveiw Circle S	City:	Lake Placid	State:	Florida
Type of Water Treatment 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:	72,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.):	C
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked	
Lead/Chief Operator:	Wendell Faircloth	C	8196		
Other Operators:	Don Hostetler	C	14147		

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 provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Don Hostetler
Signature and Date 8/6/2012

Don Hostetler
Printed or Typed Name

C 14147
License Number

MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 6280064 Plant Name: Leisure Lakes / Covered Bridge

III. Daily Data for the Month/Year of: July, 2012

Means of Achieving Four-Log Virus Inactivation/Removal: Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)

Ultraviolet Radiation Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose							
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (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 Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²				
1		24.0	29,000												1.4	
2	X	24.0	29,000		2.0										1.5	
3	X	24.0	40,000		2.1										1.8	
4	X	24.0	32,000		2.6										1.0	
5	X	24.0	34,000		1.4										1.6	
6	X	24.0	34,000		3.4										1.5	
7	X	24.0	25,000		2.2											
8		24.0	34,500													
9	X	24.0	34,500		2.4										1.6	
10	X	24.0	30,000		2.6										1.8	
11	X	24.0	30,000		2.9										1.9	
12	X	24.0	32,000		3.2										1.9	
13	X	24.0	35,000		3.4										2.0	
14	X	24.0	32,000		2.6										1.8	
15		24.0	35,500													
16	X	24.0	35,500		3.0										1.9	
17	X	24.0	35,000		2.4										1.7	
18	X	24.0	35,000		2.0										1.5	
19	X	24.0	33,000		2.1										1.6	
20	X	24.0	37,000		3.4										1.8	
21	X	24.0	30,000		3.2										1.7	
22		24.0	39,500													
23	X	24.0	39,500		3.4										1.8	
24	X	24.0	39,000		2.2										1.6	
25	X	24.0	40,000		2.6										1.8	
26	X	24.0	40,000		2.2										1.7	
27	X	24.0	42,000		2.3										1.8	
28	X	24.0	33,000		2.0										1.6	
29		24.0	35,500													
30	X	24.0	35,500		1.9										1.5	
31	X	24.0	45,000		1.6										1.2	
Total			1,081,000													
Average			34,871													
Maximum			45,000													

* Refer to the instructions for this report to determine which plants must provide this information.
 DEP Form 6280064 (3)
 Effective August 28, 2003

Monthly Water Loss Report

PLANT NAME: Leisure lakes
 PLANT NO: 1010
 REPORTING MONTH: July 2012
 PWS ID NO:

Date	On-Site Usage Est Gals	Man Flushing Est Gals	Line Breaks Est Gals	Fire Est Gals	Auto Flushing Est Gals	Comments
1					20,000	Auto Flushing 15 Venetian Pkwy
2		15,000				
3						
4					30,000	Auto Flushing Pinetree ST DE
5						
6						
7					30,000	Auto Flushing #12 Fire Hydrant
8						
9		15,000				
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31	10,000					
Total	10,000	30,000	0	0	80,000	

Grand Total	120,000
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER



See Pages 4 for Instructions.

I. General Information for the Month/Year of: August, 2012

A. Public Water System (PWS) Information

PWS Name:	Leasure Lakes / Covered Bridge			PWS Identification Number:	6280064		
PWS Type:	<input type="checkbox"/> Community	<input checked="" type="checkbox"/> Non-Transient Non-Community	<input checked="" type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month:	276			Total Population Served at End of Month:	632		
PWS Owner:	Aqua Utilities Florida						
Contact Person:	Harry Householder			Contact Person's Title:	Area Manager		
Contact Person's Mailing Address:	PO Box 2480	City:	Lady Lake	State:	Florida	Zip Code:	32158
Contact Person's Telephone Number:	(941) 915-8788			Contact Person's Fax Number:	(941)378-3554		
Contact Person's E-Mail Address:	hhouseh@aquaaamerica.com						

B. Water Treatment Plant Information

Plant Name:	Leasure Lakes / Covered Bridge			Plant Telephone Number:	(877)987-2782		
Plant Address:	101 Parkveiw Circle S	City:	Lake Placid	State:	Florida	Zip Code:	03385
Type of Water Treatment 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:	72,000						
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.):	C		
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked			
Lead/Chief Operator:	Wendell Faircloth	C	8196				
Other Operators:	Don Hostetter	C	14147				

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 provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Don Hostetter
 Signature and Date 9/5/2012

Don Hostetter
 Printed or Typed Name

C 14147
 License Number

MONTHLY OPERATION REPORT FOR PW'Ss TREATING R... GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 6280064 Plant Name: Leisure Lakes / Covered Bridge

III. Daily Data for the Month/Year of: August, 2012

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose							
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (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 Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²				
1	X	24.0	46,000		3.4										1.8	
2	X	24.0	42,000		2.6										1.6	
3	X	24.0	55,000		1.8										1.2	
4	X	24.0	27,000		2.2										1.6	
5		24.0	30,000													
6	X	24.0	30,000		1.4										1.1	
7	X	24.0	33,000		1.3										1.0	
8	X	24.0	29,000		4.0										1.8	
9	X	24.0	25,000		2.7										1.6	
10	X	24.0	31,000		1.7										1.2	
11	X	24.0	25,000		1.6										1.2	
12		24.0	27,500													
13	X	24.0	27,500		2.8										1.5	
14	X	24.0	26,000		2.1										1.5	
15	X	24.0	35,000		1.0										0.8	
16	X	24.0	36,000		1.2										0.9	
17	X	24.0	60,000		2.8										1.2	
18	X	24.0	17,000		5.2										1.2	
19		24.0	29,000													
20	X	24.0	12,000		2.6										1.2	
21	X	24.0	11,000		3.9										1.6	
22	X	24.0	18,000		1.9										1.4	
23	X	24.0	15,000		0.8										1.2	
24	X	24.0	23,000		1.2										0.8	
25	X	24.0	24,000		1.5										0.8	
26		24.0	22,500													
27	X	24.0	22,500		2.8										1.4	
28	X	24.0	47,000		1.7										1.2	
29	X	24.0	45,000		5.6										1.4	
30	X	24.0	36,000		5.8										1.6	
31	X	24.0	40,000		3.6										1.9	
Total			945,000													
Average			30,484													
Maximum			60,000													

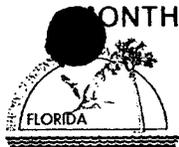
* Refer to the instructions for this report to determine which plants must provide this information.

Monthly Water Loss Report

PLANT NAME: Leisure lakes
 PLANT NO: 1010
 REPORTING MONTH: July 2012
 PWS ID NO: 628 0064

Date	On-Site Usage Est Gals	Man Flushing Est Gals	Line Breaks Est Gals	Fire Est Gals	Auto Flushing Est Gals	Comments
1					20,000	Auto Flushing 15 Venetian Pkwy
2		15,000				
3						
4					30,000	Auto Flushing Pinetree ST DE
5						
6		15,000				
7					30,000	Auto Flushing #12 Fire Hydrant
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27			50,000			
28						
29						
30						
31	10,000					
Total	10,000	30,000	50,000	0	80,000	

Grand Total	170,000
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See Pages 4 for Instructions.

I. _____ September, 2012 _____

A. Public Water System (PWS) Information

PWS Name	Leisure Lakes / Covered Bridge			PWS Identification Number	6280064
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:	276			Total Population Served at End of Month:	632
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Harry Householder			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	1100 Thomas Ave.	City:	Leesburg	State:	Florida
Contact Person's Telephone Number:	(941) 915-8788	Contact Person's Fax Number:		(941)378-3554	
Contact Person's E-Mail Address:	hhouseh@aquaaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Leisure Lakes / Covered Bridge			Plant Telephone Number:	(877)987-2782	
Plant Address:	101 Parkview Circle S	City:	Lake Placid	State:	Florida	
Type of Water Treatment 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:	72,000					
Plant Category (per subsection 62-699.310(4), F.A.C.):	V				Plant Class (per subsection 62-699.310(4), F.A.C.):	C
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked		
Lead/Chief Operator:	Wendell Faireloth	C	8197	Days 1st Shift		
Other Operators:	Waunda Barcus	B	20966	Days 1st Shift		
	Don Hostetler	C	14147	Days 1st Shift		

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 provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.


 Signature and Date: _____ 10/8/2012 _____
 Printed or Typed Name: Don Hostetler _____
 License Number: C 14147 _____

MONTHLY OPERATION REPORT FOR PW'Ss TREATING FROM GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 6280064 Plant Name: Leasure Lakes / Covered Bridge

III. Daily Data for the Month/Year of: September, 2012

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose							
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (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 Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²				
1	X	24.0	29,000		3.7										1.9	
2		24.0	38,000													
3	X	24.0	38,000		3.7										1.5	
4	X	24.0	34,000		1.8										1.6	
5	X	24.0	34,000		2.8										1.8	
6	X	24.0	36,000		3.2										1.8	
7	X	24.0	30,000		3.0										0.2	
8	X	24.0	41,000		3.5										0.9	
9		24.0	15,000													
10	X	24.0	15,000		3.6										0.2	
11	X	24.0	32,000		2.8										1.6	
12	X	24.0	18,000		2.8										1.6	
13	X	24.0	28,000		2.2										1.6	
14	X	24.0	21,000		2.2										2.2	
15	X	24.0	25,000		2.9										1.5	
16		24.0	19,500													
17	X	24.0	19,500		1.8										0.8	
18	X	24.0	22,000		2.2										0.8	
19	X	24.0	17,000		1.8										0.2	
20	X	24.0	21,000		1.2										0.2	
21	X	24.0	19,000		2.2										0.8	
22	X	24.0	22,000		3.2										1.2	
23		24.0	20,000													
24	X	24.0	20,000		2.2										2.1	
25	X	24.0	19,000		1.8										1.5	
26		24.0	19,000		2.2										0.5	
27	X	24.0	23,000		2.2										2.1	
28	X	24.0	27,000		2.2										2.1	
29	X	24.0	24,000		2.8										1.6	
30		24.0	22,500													
Total			748,500													
Average			24,950													
Maximum			41,000													

* Refer to the instructions for this report to determine which plants must provide this information.
 DEP Form 62-555 900(3)
 Effective August 28, 2003

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of: October, 2012

A. Public Water System (PWS) Information

PWS Name:	Leasure Lakes / Covered Bridge			PWS Identification Number:	6280064		
PWS Type:	<input type="checkbox"/> Community	<input checked="" type="checkbox"/> Non-Transient Non-Community	<input checked="" type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month:	276			Total Population Served at End of Month:	632		
PWS Owner:	Aqua Utilities Florida						
Contact Person:	Harry Householder			Contact Person's Title:	Area Manager		
Contact Person's Mailing Address:	PO Box 2480	City:	Lady Lake	State:	Florida	Zip Code:	32158
Contact Person's Telephone Number:	(941) 915-8788			Contact Person's Fax Number:	(941)378-3554		
Contact Person's E-Mail Address:	hhouseh@aquaaamerica.com						

B. Water Treatment Plant Information

Plant Name:	Leasure Lakes / Covered Bridge			Plant Telephone Number:	(877)987-2782		
Plant Address:	101 Parkveiw Circle S	City:	Lake Placid	State:	Florida	Zip Code:	03385
Type of Water Treatment 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:	72,000						
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.):	C		
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked			
Lead/Chief Operator:	Waunda Barcus	B	20966				
Other Operators:	Don Hostetler	C	14147				

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 provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Don Hostetler
Signature and Date 11/5/2012

Don Hostetler
Printed or Typed Name

C 14147
License Number

MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 6280064 Plant Name: Leisure Lakes / Covered Bridge

III. Daily Data for the Month/Year of: October, 2012

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations						UV Dose						
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (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 Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²				
1	X	24.0	45,000		5.0										3.2	
2	X	24.0	28,000		1.5										2.2	
3	X	24.0	19,000		2.2										1.3	
4	X	24.0	251,000		2.0										1.3	
5	X	24.0	28,000		1.8										0.4	
6	X	24.0	32,000		1.2										2.1	
7		24.0	50,500													
8	X	24.0	50,500		0.3										0.2	
9	X	24.0	33,000		0.8										1.9	
10	X	24.0	44,000		1.5										0.6	
11	X	24.0	33,000		0.8										1.1	
12	X	24.0	35,000		2.2										2.2	
13	X	24.0	21,000		2.2										1.8	
14		24.0	34,000													
15	X	24.0	34,000		1.0										0.8	
16	X	24.0	20,000		2.2										2.2	
17	X	24.0	25,000		2.0										1.2	
18	X	24.0	25,000		1.7										0.5	
19	X	24.0	14,000		1.3										0.3	
20	X	24.0	24,000		1.6										0.5	
21		24.0	21,500													
22	X	24.0	21,500		2.8										0.8	
23	X	24.0	27,000		1.6										1.0	
24	X	24.0	24,000		1.6										0.4	
25	X	24.0	21,000		3.4										1.2	
26	X	24.0	18,000		0.9										0.3	
27	X	24.0	22,000		3.4										2.0	
28		24.0	28,500													
29	X	24.0	28,500		3.4										1.8	
30	X	24.0	31,000		1.0										0.8	
31	X	24.0	38,000		0.9										0.8	

Total	1,127,000
Average	36,355
Maximum	251,000

* Refer to the DEP Form 9003 for this report to determine which plants must provide this information.
 DEP Form 9003 Effective August 28, 2003

Monthly Water Loss Report

PLANT NAME: Leisure lakes
 PLANT NO: 1010
 REPORTING MONTH: October 2012
 PWS ID NO: 628 0064

Date	On-Site Usage Est Gals	Man Flushing Est Gals	Line Breaks Est Gals	Fire Est Gals	Auto Flushing Est Gals	Comments
1		5,000			99,000	Auto Flushing 15 Venetian Pkwy
2		5,000				
3		5,000				
4					30,000	Auto Flushing Pinetree ST DE
5						
6						
7					161,000	Auto Flushing #12 Fire Hydrant
8		5,000				
9		4,000				
10						
11		4,000				
12						
13						
14						
15		2,000				
16		3,000				
17						
18		4,000				
19						
20		4,000				
21						
22						
23		5,000				
24						
25		4,000				
26						
27		4,000				
28						
29						
30						
31	10,000					
Total	10,000	54,000	0	0	290,000	

Grand Total	354,000
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III. Daily Data for the Month/Year of: November, 2012

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	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 Components Out of Operation
				CT Calculations				UV Dose					
				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 Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²		
1		24.0	32,000		3.6							2.8	
2		24.0	30,000		1.7							0.6	
3		24.0	29,000		2.0							0.9	
4		24.0	36,500										
5		24.0	36,500		1.9							0.6	
6		24.0	28,000		2.6							2.2	
7		24.0	37,000		1.7							1.2	
8		24.0	30,000		1.0							1.0	
9		24.0	34,000		1.2							0.2	
10		24.0	33,000		3.4							0.5	
11		24.0	38,500										
12		24.0	38,500		2.6							1.7	
13		24.0	35,000		3.1							2.1	
14		24.0	31,000		1.4							1.2	
15		24.0	30,000		0.9							1.0	
16		24.0	37,000		2.7							1.2	
17		24.0	32,000		1.5							2.7	
18		24.0	34,500										
19		24.0	34,500		2.3							1.5	
20		24.0	29,000		4.4							2.9	
21		24.0	34,000		3.6							2.6	
22		24.0	32,000		2.7							1.6	
23		24.0	38,000		1.7							0.9	
24		24.0	33,000		3.7							3.0	
25		24.0	35,500										
26		24.0	35,500		2.8							1.1	
27		24.0	38,000		2.0							1.6	
28		24.0	32,000		1.0							1.0	
29		24.0	37,000		3.3							3.0	
30		24.0	41,000		3.6							3.2	
1		24.0	0										
Total			1,022,000										
Average			34,067										
Maximum			41,000										

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

Monthly Water Loss Report

PLANT NAME: Leisure Lakes/Covered Bridge

PLANT NO: 1010

REPORTING MONTH: November 2012

PWS ID NO: 6280064

Date	On-Site Usage Est Gals	Man Flushing Est Gals	Line Breaks Est Gals	Fire Est Gals	Auto Flushing Est Gals	Comments
1					96,000	Auto Flusher 15 Venetian Pkwy
2						
3						
4					96,000	Auto Flusher Pinetree St. DE
5						
6						
7					150,000	Auto Flusher #12 Fire Hydrant
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30	10,000	30,000				
1						
Total	10,000	30,000	0	0	342,000	

Grand Total	382,000
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See Pages 4 for Instructions.

I. General Information for the Month/Year of: December, 2012

A. Public Water System (PWS) Information

PWS Name:	Leisure Lakes/Covered Bridge			PWS Identification Number:	6280064
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:	276			Total Population Served at End of Month:	632
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Stan Epperly			Contact Person's Title:	Area Coordinator
Contact Person's Mailing Address:	PO Box 2480	City:	lady Lake	State:	Florida
Contact Person's Telephone Number:	941-915-7688			Contact Person's Fax Number:	(352)674-2862
Contact Person's E-Mail Address:	SGEpperly@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Leisure Lakes/Covered Bridge			Plant Telephone Number:	941-377-9456
Plant Address:	140 Woodside Drive	City:	Lake Placid	State:	Florida
Type of Water Treatment 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:	72,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked	
Lead/Chief Operator:	Waunda Barcus	B	20966		
Other Operators:	Don Hostetler	C	14147		

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 provide these additional operations records to the PWS owner so the PWS owner can retain

Don Hostetler
Signature and Date 1/7/2013

Don Hostetler
Printed or Typed Name

C 14147
License Number

III. Daily Data for the Month/Year of:

December, 2012

Means of Achieving Four-Log Virus Inactivation/Removal:

Free Chlorine

Chlorine Dioxide

Ozone

Combined Chlorine (Chloramines)

Ultraviolet Radiation

Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:

Free Chlorine

Combined Chlorine (Chloramines)

Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (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 Applicable	Minimum CT Required, mg-min/L.	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1		24.0	30,000		2.7									2.2	
2		24.0	39,500												
3		24.0	39,500		2.2									2.2	
4		24.0	28,000		1.7									1.7	
5		24.0	47,000		2.9									1.7	
6		24.0	66,000		2.5									1.2	
7		24.0	72,000		4.0									1.0	
8		24.0	83,000		3.5									1.5	
9		24.0	104,500												
10		24.0	104,500		1.9									1.7	
11		24.0	40,000		2.2									1.4	
12		24.0	43,000		3.4									2.0	
13		24.0	45,000		3.3									2.4	
14		24.0	59,000		2.7									2.2	
15		24.0	45,000		2.7									2.2	
16		24.0	50,500												
17		24.0	50,500		2.0									1.4	
18		24.0	55,000		2.1									1.8	
19		24.0	44,000		2.2									1.7	
20		24.0	46,000		2.1									1.5	
21		24.0	30,000		3.2									1.5	
22		24.0	24,000		2.4									2.8	
23		24.0	30,000												
24		24.0	30,000		2.5									1.8	
25		24.0	20,000		2.1									2.2	
26		24.0	32,000		2.8									2.0	
27		24.0	32,000		2.2									1.8	
28		24.0	33,000		2.5									1.8	
29		24.0	34,000		2.3									1.7	
30		24.0	43,000												
31		24.0	43,000		2.4									2.2	
Total			1,443,000												
Average			46,548												
Maximum			104,500												

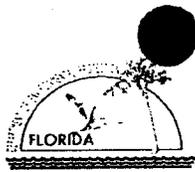
* Refer to the instructions for this report to determine which plants must provide this information.

Monthly Water Loss Report

PLANT NAME: Leisure Lakes/Covered Bridge
 PLANT NO: 1010
 REPORTING MONTH: December 2012
 PWS ID NO: 6280064

Date	On-Site Usage Est Gals	Man Flushing Est Gals	Line Breaks Est Gals	Fire Est Gals	Auto Flushing Est Gals	Comments
1					99,200	Auto Flusher 15 Venetian Pkwy
2						
3						
4					99,200	Auto Flusher Pinetree St. DE
5		30,000				
6						
7					99,200	Auto Flusher #12 Fire Hydrant
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31	50,000					
Total	50,000	30,000	10,000	0	297,600	

Grand Total	387,600
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See Pages 4 for Instructions.

I. General Information for the Month/Year of: January, 2013

A. Public Water System (PWS) Information

PWS Name: Leisure Lakes/Covered Bridge		PWS Identification Number: 6280064	
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: 276		Total Population Served at End of Month: 632	
PWS Owner: Aqua Utilities Florida			
Contact Person: Stan Epperly		Contact Person's Title: Area Coordinator	
Contact Person's Mailing Address: PO Box 2480		City: Lady Lake	State: Florida
Contact Person's Telephone Number: 941-915-7688		Contact Person's Fax Number: (352)674-2862	
Contact Person's E-Mail Address: SGEpperly@aquaamerica.com			

B. Water Treatment Plant Information

Plant Name: Leisure Lakes/Covered Bridge		Plant Telephone Number: 941-377-9456		
Plant Address: 140 Woodside Drive		City: Lake Placid	State: Florida	
Type of Water Treatment 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: 72,000		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Plant Category (per subsection 62-699.310(4), F.A.C.): V				
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Waunda Barcus	B	20966	
Other Operators:	Don Hostetter	C	14147	

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 provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Don Hostetter
Signature and Date 2/6/2013

Don Hostetter
Printed or Typed Name

C 14147
License Number

III. Daily Data for the Month/Year of: January, 2013

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (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 Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1		24.0	29,000		3.2									1.9	
2		24.0	34,000		2.6									2.2	
3		24.0	32,000		2.3									1.7	
4		24.0	28,000		0.9									1.7	
5		24.0	35,000		1.0									0.6	
6		24.0	38,500												
7		24.0	38,500		1.5									1.3	
8		24.0	24,000		1.2									1.1	
9		24.0	39,000		1.0									0.9	
10		24.0	29,000		1.7									1.5	
11		24.0	38,000		2.2									1.5	
12		24.0	30,000		1.6									1.6	
13		24.0	33,500												
14		24.0	33,500		1.4									1.4	
15		24.0	29,000		1.9									1.0	
16		24.0	85,000		2.5									1.8	
17		24.0	34,000		2.7									1.6	
18		24.0	32,000		2.5									2.2	
19		24.0	32,000		1.9									2.0	
20		24.0	34,500												
21		24.0	34,500		2.7									2.1	
22		24.0	31,000		2.8									2.0	
23		24.0	30,000		2.8									1.8	
24		24.0	31,000		2.2									2.0	
25		24.0	33,000		1.1									1.0	
26		24.0	32,000		1.5									1.0	
27		24.0	37,000												
28		24.0	37,000		1.8									1.3	
29		24.0	38,000		1.9									1.1	
30		24.0	32,000		1.8									1.4	
31		24.0	44,000		3.5									2.5	

Total	1,088,000
Average	35,097
Maximum	85,000

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

Monthly Water Loss Report

PLANT NAME: Leisure Lakes/Covered Bridge
 PLANT NO: 1010
 REPORTING MONTH: January 2013
 PWS ID NO: 6280064

Date	On-Site Usage Est Gals	Man Flushing Est Gals	Line Breaks Est Gals	Fire		Auto Flushing Est Gals	Comments
				Est Gals	Est Gals		
1						99,200	Auto Flusher 15 Venetian Pkwy
2		30,000					
3							
4							Auto Flusher Pinetree St. DE
5							
6							
7						99,200	Auto Flusher #12 Fire Hydrant
8							
9							
10							
11							
12			10,000				
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31	10,000						
Total	10,000	30,000	10,000	0	0	198,400	

Grand Total	248,400
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See Pages 4 for Instructions.

I. General Information for the Month/Year of: February, 2013

A. Public Water System (PWS) Information

PWS Name:	Leisure Lakes/Covered Bridge			PWS Identification Number:	6280064
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:	276			Total Population Served at End of Month:	632
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Stan Epperly			Contact Person's Title:	Area Coordinator
Contact Person's Mailing Address:	PO Box 2480	City:	Lady Lake	State:	Florida
Contact Person's Telephone Number:	941-915-7688	Zip Code:	32158		
Contact Person's E-Mail Address:	SGEpperly@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Leisure Lakes/Covered Bridge			Plant Telephone Number:	941-377-9456
Plant Address:	140 Woodside Drive	City:	Lake Placid	State:	Florida
Type of Water Treatment 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:	72,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.):	C
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked	
Lead/Chief Operator:	Waunda Barcus	B	20966		
Other Operators:	Don Hostetler	C	14147		

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 provide these additional operations records to the PWS owner so the PWS owner can retain

Don Hostetler
Signature and Date 3/6/2013

Don Hostetler
Printed or Typed Name

C 14147
License Number

III. Daily Data for the Month/Year of: February, 2013

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (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 Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1		24.0	38,000		3.1									3.0	
2		24.0	37,000		2.1									2.6	
3		24.0	40,500												
4		24.0	40,500		2.6									2.2	
5		24.0	42,000		2.2									2.1	
6		24.0	40,000		2.0									2.1	
7		24.0	36,000		1.9									1.9	
8		24.0	40,000		1.7									1.5	
9		24.0	30,000		1.3									1.6	
10		24.0	41,000												
11		24.0	41,000		1.5									1.5	
12		24.0	47,000		1.9									1.5	
13		24.0	38,000		1.3									1.6	
14		24.0	39,000		1.7									1.1	
15		24.0	41,000		2.4									2.0	
16		24.0	30,000		2.9									2.4	
17		24.0	48,000												
18		24.0	48,000		2.1									1.7	
19		24.0	48,000		2.0									1.9	
20		24.0	40,000		1.6									1.9	
21		24.0	50,000		1.9									1.8	
22		24.0	41,000		2.3									1.6	
23		24.0	44,000		1.6									1.5	
24		24.0	44,000												
25		24.0	44,000		1.0									1.2	
26		24.0	45,000		2.4									1.6	
27		24.0	42,000		1.8									2.0	
28		24.0	40,000		2.0									1.6	
1		24.0	0												
		24.0	0												
		24.0	0												

Total	1,155,000
Average	41,250
Maximum	50,000

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

Monthly Water Loss Report

PLANT NAME: Leisure Lakes/Covered Bridge
 PLANT NO: 1010
 REPORTING MONTH: February 2013
 PWS ID NO: 6280064

Date	On-Site Usage Est Gals	Man Flushing Est Gals	Line Breaks Est Gals	Fire Est Gals	Auto Flushing Est Gals	Comments
1					99,200	Auto Flusher 15 Venetian Pkwy
2						
3						
4		40,000				Auto Flusher Pinetree St. DE
5						
6						
7					99,200	Auto Flusher #12 Fire Hydrant
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28	10,000					
1						
Total	10,000	40,000		0	198,400	

Grand Total	248,400
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See Pages 4 for Instructions.

I. General Information for the Month/Year of: March, 2013

A. Public Water System (PWS) Information

PWS Name: Leisure Lakes/Covered Bridge		PWS Identification Number: 6280064	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		Total Population Served at End of Month: 632	
Number of Service Connections at End of Month: 276			
PWS Owner: Aqua Utilities Florida		Contact Person's Title: Area Coordinator	
Contact Person: Stan Epperly		City: lady Lake	State: Florida
Contact Person's Mailing Address: PO Box 2480		Zip Code: 32158	
Contact Person's Telephone Number: 941-915-7688		Contact Person's Fax Number: (352)674-2862	
Contact Person's E-Mail Address: SGEpperly@aquaaamerica.com			

B. Water Treatment Plant Information

Plant Name: Leisure Lakes/Covered Bridge		Plant Telephone Number: 941-377-9456	
Plant Address: 140 Woodside Drive		City: Lake Placid	State: Florida
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		Zip Code: 33852	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 72,000		Plant Class (per subsection 62-699 310(4), F.A.C.): C	
Plant Category (per subsection 62-699 310(4), F.A.C.): V			
	Name	License Class	License Number
Licensed Operators			Day(s) / Shift(s) Worked
Lead/Chief Operator:	Waunda Barcus	B	20966
Other Operators:	Don Hostetler	C	14147

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 provide these additional operations records to the PWS owner so the PWS owner can retain

Don Hostetler
Signature and Date 4/4/2013

Don Hostetler
Printed or Typed Name

C 14147
License Number

III. Daily Data for the Month/Year of: March, 2013

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose							
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (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 Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²				
1	X	24.0	52,000		2.2										1.8	
2	X	24.0	28,000		2.1										1.6	
3		24.0	43,500													
4	X	24.0	43,500		1.2										0.9	
5	X	24.0	48,000		1.9										1.8	
6	X	24.0	48,000		1.8										1.5	
7	X	24.0	40,000		1.8										0.8	
8	X	24.0	38,000		1.5										2.1	
9	X	24.0	43,000		2.1										1.9	
10		24.0	44,500													
11	X	24.0	44,500		3.5										3.4	
12	X	24.0	50,000		3.6										3.0	
13	X	24.0	50,000		3.3										2.8	
14	X	24.0	38,000		3.0										2.2	
15	X	24.0	49,000		3.6										3.0	
16	X	24.0	44,000		3.1										1.9	
17		24.0	41,500													
18	X	24.0	41,500		2.2										2.4	
19	X	24.0	37,000		2.6										2.4	
20	X	24.0	44,000		3.6										2.7	
21	X	24.0	47,000		2.2										2.6	
22	X	24.0	37,000		2.2										2.5	
23	X	24.0	42,000		2.3										2.1	
24		24.0	39,500													
25	X	24.0	39,500		2.6										2.2	
26	X	24.0	41,000		2.2										2.0	
27	X	24.0	32,000		2.2										1.8	
28	X	24.0	45,000		1.7										1.6	
29	X	24.0	40,000		2.3										1.2	
30	X	24.0	35,000		2.4										1.9	
31		24.0	45,000													
Total			1,311,000													
Average			42,290													
Maximum			52,000													

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

Monthly Water Loss Report

PLANT NAME: Leisure Lakes/Covered Bridge
 PLANT NO: 1010
 REPORTING MONTH: March 2013
 PWS ID NO: 6280064

Date	On-Site Usage Est Gals	Man Flushing Est Gals	Line Breaks Est Gals	Fire	Est Gals	Auto Flushing Est Gals	Comments
1						99,200	Auto Flusher 15 Venetian Pkwy
2							
3							
4							Auto Flusher Pinetree St. DE
5		42,000					
6							
7						99,200	Auto Flusher #12 Fire Hydrant
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31	8,000						
Total	8,000	42,000			0	198,400	

Grand Total	248,400
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III. Daily Data for the Month/Year of: April, 2013

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

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

Day of Month	Days Plant Started or Restarted (Please Mark)	Flow (MGD)	Net Quantity of Finished Water (MG)	UV Dose to Disinfect Four Log Virus Inactivation, if Applicable											
				Peak Flow Rate	Disinfectant Residual Concentration (C) (mg/L)	Disinfectant Contact Time (min)	Flow Rate (MGD) During Peak	pH of Water	Minimum UV Dose (mJ/cm ²)	UV System	Emergency or Abnormal	Other			
1	X	24.0	90,000		2.5										
2	X	24.0	46,000		2.3										
3	X	24.0	36,000		2.5										
4	X	24.0	43,000		2.6										
5	X	24.0	37,000		1.8										
6	X	24.0	30,000		2.2										
7	X	24.0	41,500		1.8										
8	X	24.0	41,500		1.8										
9	X	24.0	46,000		1.6										
10	X	24.0	40,000		2.0										
11	X	24.0	32,000		1.5										
12	X	24.0	47,000		1.7										
13	X	24.0	37,000		2.0										
14	X	24.0	34,500		1.6										
15	X	24.0	34,500		1.6										
16	X	24.0	43,000		1.9										
17	X	24.0	38,000		1.8										
18	X	24.0	81,000		1.2										
19	X	24.0	53,000		1.4										
20	X	24.0	73,000		1.7										
21	X	24.0	38,000		1.7										
22	X	24.0	38,000		3.0										
23	X	24.0	42,000		0.9										
24	X	24.0	38,000		1.4										
25	X	24.0	38,000		2.1										
26	X	24.0	51,000		2.2										
27	X	24.0	29,000		1.9										
28	X	24.0	39,000		3.0										
29	X	24.0	39,000		3.0										
30	X	24.0	40,000		3.0										
31	X	24.0	0												
Total			1,316,000												
Average			43,867												
Minimum			90,000												

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

III. Daily Data for the Month/Year of: **May 2013**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation		
				CT Calculatums					UV Dose							
				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 Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L			
1	X	24.0	46,000		1.8									1.3		
2	X	24.0	36,000		1.8									1.2		
3	X	24.0	51,000		1.6									0.6		
4	X	24.0	29,000		0.9									0.3		
5	X	24.0	42,500													
6	X	24.0	42,500		3.2									1.7		
7	X	24.0	36,000		1.5									1.1		
8	X	24.0	43,000		1.2									0.5		
9	X	24.0	41,000		1.3									0.7		
10	X	24.0	40,000		2.1									0.6		
11	X	24.0	48,000		2.4									0.8		
12	X	24.0	37,000													
13	X	24.0	37,000		2.3									1.3		
14	X	24.0	25,000		2.1									1.2		
15	X	24.0	29,000		2.0									1.8		
16	X	24.0	26,000		1.9									1.6		
17	X	24.0	30,000		2.1									1.0		
18	X	24.0	32,000		1.3											
19	X	24.0	26,500													
20	X	24.0	26,500		1.5									0.6		
21	X	24.0	50,000		1.1									0.5		
22	X	24.0	27,000		0.9									0.3		
23	X	24.0	46,000		2.0									1.5		
24	X	24.0	46,000		4.1									1.6		
25	X	24.0	49,000		1.0									1.0		
26	X	24.0	49,000													
27	X	24.0	49,000		1.0									0.8		
28	X	24.0	53,000		1.3									0.8		
29	X	24.0	53,000		1.9									1.5		
30	X	24.0	50,000		1.9									1.5		
31	X	24.0	48,000		2.0									1.6		
Total			1,244,000													
Average			40,129													
Maximum			53,000													

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

I. Daily Data for the Month/Year of: June, 2013

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (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 Applicable	Minimum CT Required, mg-min-L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24.0	55,000		1.7									0.8	
2		24.0	46,500												
3	X	24.0	46,500		1.0									0.4	
4	X	24.0	48,000		1.3									0.6	
5	X	24.0	57,000		0.9									0.6	
6	X	24.0	35,000		1.3									0.5	
7	X	24.0	56,000		2.7									1.9	
8	X	24.0	38,000		1.5									1.0	
9		24.0	50,500												
10	X	24.0	50,500		2.6									0.3	
11	X	24.0	54,000		2.3									0.9	
12	X	24.0	50,000		1.5									0.7	
13	X	24.0	70,000		1.8									1.5	
14	X	24.0	47,000		1.7									1.4	
15	X	24.0	52,000		1.5									0.8	
16		24.0	51,000												
17	X	24.0	51,000		1.2									0.7	
18	X	24.0	42,000		1.0									0.5	
19	X	24.0	62,000		1.1									0.5	
20	X	24.0	63,000		1.0									0.6	
21	X	24.0	43,000		3.0									1.3	
22	X	24.0	44,000		3.4									1.8	
23		24.0	54,000												
24	X	24.0	54,000		3.9									2.0	
25	X	24.0	69,000		1.5									0.9	
26	X	24.0	67,000		1.8									1.0	
27	X	24.0	65,000		1.1									1.0	
28	X	24.0	45,000		1.2									0.6	
29	X	24.0	65,000		0.6									0.5	
30		24.0													
31		24.0													
Total			1,531,000												
Average			52,793												
Maximum			70,000												

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of: July, 2013

A. Public Water System (PWS) Information

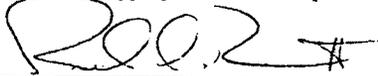
PWS Name:	Leisure Lakes/Covered Bridge			PWS Identification Number:	6280064
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	276			Total Population Served at End of Month:	632
PWS Owner:	US Water Services Corporation				
Contact Person:	Melisa Rotteveel			Contact Person's Title:	Compliance Manager
Contact Person's Mailing Address:	4939 Cross Bayou Blvd		City:	New Port Rich	State: Florida
Contact Person's Telephone Number:	866-753-8292			Zip Code:	34652
Contact Person's E-Mail Address:	mrotteveel@uswatercorp.net			Contact Person's Fax Number:	727-849-4219

B. Water Treatment Plant Information

Plant Name:	Leisure Lakes/Covered Bridge			Plant Telephone Number:	941-377-9456	
Plant Address:	140 Woodside Drive		City:	Lake Placid	State: Florida	
Type of Water Treatment 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:	72,000					
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.):	C	
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked		
Lead/Chief Operator:	Ron Derossett	A	3531	Operation Manager	Days 1st Shift	
Other Operators:	Howard Short	A	3304	Operator	Days 1st Shift	

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 provide these additional operations records to the PWS owner so the PWS owner can retain


8/7/13
Ron Derossett
A 3531

Signature and Date 8/7/2013
Printed or Typed Name
License Number

III. Daily Data for the Month/Year of: July, 2013

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demstrate Four-Log Virus Inactivation, if Applicable*								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Condition, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations				UV Dose					
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (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 Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²		
1	X	24.0	140,000		1.7							0.5	
2	X	24.0	63,400		1.6							0.6	
3	X	24.0	42,500		1.6							0.5	
4	X	24.0	52,800		1.5							0.5	
5	X	24.0	55,400		1.4							0.4	
6		24.0	55,400										
7	X	24.0	82,000		1.5							0.5	
8	X	24.0	49,600		1.4							0.6	
9	X	24.0	49,600		3.1							0.3	
10	X	24.0	51,400		1.2							0.6	
11	X	24.0	105,300		0.8							0.6	
12	X	24.0	59,200		2.9							0.9	
13	X	24.0	48,000		2.6							0.6	
14		24.0	36,200										
15	X	24.0	36,200		2.4							0.8	
16	X	24.0	27,900		1.8							0.7	
17	X	24.0	45,800		3.4							2.2	
18	X	24.0	35,600		3.0							2.1	
19	X	24.0	39,200		3.4							0.8	
20	X	24.0	45,500		3.6							2.7	
21		24.0	45,450										
22	X	24.0	45,450		2.0							1.0	
23	X	24.0	39,000		1.6							0.6	
24	X	24.0	58,000		3.7							1.6	
25	X	24.0	33,700		3.6							1.4	
26	X	24.0	46,600		3.9							1.5	
27	X	24.0	48,000		2.6							1.7	
28		24.0	47,250										
29	X	24.0	47,250		2.1							1.6	
30	X	24.0	42,300		2.0							1.1	
31	X	24.0	52,100		4.2							2.1	
Total			1,626,100										
Average			52,455										
Maximum			140,000										

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

III. Daily Data for the Month/Year of: August, 2013

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hour: plant in operation	Net Quantity of Finished Water Produced gal	CT Calculations or UV Dose, to Demstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions Repair or Maintenance Work that Involves Taking Water System Components Out of Operation.		
				CT Calculations					UV Dose							
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (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 Applicable	Minimum CT Required mg-min/l	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/l.			
1	X	24.0	38,200		2.9										1.2	
2	X	24.0	36,400		1.8										1.0	
3	X	24.0	66,000		2.1										0.6	
4		24.0	54,700													
5	X	24.0	54,700		2.4										1.0	
6	X	24.0	55,800		4.2										3.1	
7	X	24.0	62,900		3.2										2.2	
8	X	24.0	50,100		2.8										2.0	
9	X	24.0	40,500		2.0										1.0	
10	X	24.0	75,000		4.1										2.2	
11		24.0	52,850													
12	X	24.0	52,850		3.4										2.6	
13	X	24.0	47,000		2.7										1.6	
14	X	24.0	45,600		0.8										0.5	
15	X	24.0	54,000		3.4										1.0	
16	X	24.0	52,000		2.8										1.6	
17	X	24.0	49,500												1.8	
18		24.0	50,000													
19	X	24.0	50,000		1.4										1.1	
20	X	24.0	54,000		1.2										0.5	
21	X	24.0	51,000		4.7										0.8	
22	X	24.0	49,000		3.9										2.1	
23	X	24.0	59,600		3.7										2.2	
24	X	24.0	42,900		2.8										1.7	
25		24.0	40,105													
26	X	24.0	40,103		2.4										1.2	
27	X	24.0	31,000		3.3										1.6	
28	X	24.0	49,000		3.1										2.0	
29	X	24.0	37,000		4.7										2.9	
30	X	24.0	47,000		2.5										2.1	
31	X	24.0	67,900		4.3										2.6	
Total			1,561,306													
Average			50,365													
Maximum			75,600													

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

III. Daily Data for the Month/Year of:

September, 2013

Means of Achieving Four-Log Virus Inactivation/Removal:

Free Chlorine

Chlorine Dioxide

Ozone

Combined Chlorine (Chloramines)

Ultraviolet Radiation

Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:

Free Chlorine

Combined Chlorine (Chloramines)

Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place 'X')	Hours plant in Operation	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	
				CT Calculations					UV Dose						
				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 Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1		24.0	100,000												
2	X	24.0	100,000		2.7									1.2	
3	X	24.0	40,900		2.7									1.5	
4	X	24.0	45,600		2.6									1.2	
5	X	24.0	42,000		4.1									1.8	
6	X	24.0	91,600		2.3									1.5	
7	X	24.0	51,200		1.8									1.0	
8		24.0	39,350												
9	X	24.0	39,350		3.0									0.8	
10	X	24.0	27,570		4.3									0.6	
11	X	24.0	42,000		4.1									0.9	
12	X	24.0	47,000		4.2									1.8	
13	X	24.0	38,300		2.1									1.3	
14	X	24.0	39,000		1.9									0.9	
15		24.0	35,000												
16	X	24.0	35,000		1.8									1.2	
17	X	24.0	33,800		0.8									0.3	
18	X	24.0	37,000		2.4									1.7	
19	X	24.0	28,300		3.9									2.2	
20	X	24.0	37,800		2.0									1.8	
21	X	24.0	57,100		4.3									3.1	
22		24.0	33,050												
23	X	24.0	33,050		3.6									2.0	
24	X	24.0	47,400		3.9									2.2	
25	X	24.0	45,000		3.8									3.1	
26	X	24.0	33,000		3.0									1.8	
27	X	24.0	37,000		3.5									2.6	
28	X	24.0	29,000		3.2									2.3	
29		24.0	34,900												
30	X	24.0	34,900		4.1									2.4	
1		24.0													
Total			1,321,570												
Average			44,052												
Maximum			100,000												

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

III. Daily Data for the Month/Year of: **October, 2013**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose							
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (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 Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose mW-sec/cm ²	Minimum UV Dose Required mW-sec/cm ²				
1	X	24.0	45,600		3.6										2.5	
2	X	24.0	40,600		3.8										2.2	
3	X	24.0	24,800		3.6										1.9	
4	X	24.0	41,000		3.4										2.5	
5	X	24.0	38,000		3.4										2.2	
6		24.0	38,550													
7	X	24.0	38,550		3.9										3.0	
8	X	24.0	26,800		3.6										2.7	
9	X	24.0	40,800		3.6										2.2	
10	X	24.0	33,200		3.7										2.4	
11	X	24.0	43,600		3.1										2.2	
12	X	24.0	37,800		3.0										2.1	
13		24.0	39,000													
14	X	24.0	39,000		3.3										2.7	
15	X	24.0	39,800		2.5										2.0	
16	X	24.0	28,500		3.7										2.4	
17	X	24.0	41,900		3.9										2.1	
18	X	24.0	44,600		3.7										2.4	
19	X	24.0	31,740		3.6										2.4	
20		24.0	21,050													
21	X	24.0	21,050		0.8										0.5	
22	X	24.0	33,880		2.4										0.8	
23	X	24.0	61,500		3.6										1.1	
24	X	24.0	44,800		3.6										2.1	
25	X	24.0	40,500		3.6										2.0	
26	X	24.0	45,500		3.4										2.2	
27		24.0	43,950													
28	X	24.0	43,950		4.1										2.8	
29	X	24.0	32,300		3.5										2.6	
30	X	24.0	45,600		2.4										1.8	
31	X	24.0	34,000		2.4										2.2	
Total			1,179,920													
Average			38,062													
Maximum			61,500													

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of: November, 2013

A. Public Water System (PWS) Information

PWS Name:	Leisure Lakes/Covered Bridge			PWS Identification Number:	6280064
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:	276			Total Population Served at End of Month:	632
PWS Owner:	US Water Services Corporation				
Contact Person:	Melisa Rotteveel			Contact Person's Title:	Compliance Manager
Contact Person's Mailing Address:	4939 Cross Bayou Blvd		City:	New Port Rich	State: Florida Zip Code: 34652
Contact Person's Telephone Number:	866-753-8292			Contact Person's Fax Number:	727-849-1219
Contact Person's E-Mail Address:	mrotteveel@uswatercorp.net				

B. Water Treatment Plant Information

Plant Name:	Leisure Lakes/Covered Bridge			Plant Telephone Number:	941-377-9456
Plant Address:	140 Woodside Drive		City:	Lake Placid	State: Florida Zip Code: 33852
Type of Water Treatment 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:	72,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked	
Lead/Chief Operator:	Ron Derossctt	A	3531	Operation Manager	Days 1st Shift
Other Operators:	Howard Short	A	3304	Operator	Days 1st Shift
	Alfred Gregg	A	14324	Operator	Days 1st Shift

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 provide these additional operations records to the PWS owner so the PWS owner can retain

Ron Derossctt 12/4/13
Signature and Date

Ron Derossctt
Printed or Typed Name

A 3531
License Number

III. Daily Data for the Month/Year of: November, 2013

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (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 Applicable	Minimum CT Required, mg-min/l	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/l		
1	X	24.0	36,300		2.6									1.5	
2	X	24.0	34,000		2.8									1.7	
3		24.0	36,150												
4	\	24.0	36,150		2.4									1.2	
5	\	24.0	50,000		1.8									1.0	
6	\	24.0	38,600		2.2									1.8	
7	X	24.0	35,700		2.3									2.0	
8	X	24.0	35,200											1.6	
9	X	24.0	43,000		2.2									1.6	
10		24.0	38,000												
11	X	24.0	38,000		1.5									0.6	
12	\	24.0	31,700		2.5									1.7	
13	\	24.0	34,700		2.7									1.8	
14	X	24.0	35,500		3.3									3.0	
15	X	24.0	44,700		3.6									2.4	
16	X	24.0	28,400		3.8									2.2	
17		24.0	34,600												
18	\	24.0	34,600		3.2									2.9	
19	X	24.0	47,300		3.8									2.8	
20	X	24.0	48,600		2.2									1.8	
21	\	24.0	45,000		2.2									1.9	
22	X	24.0	37,700		3.0									1.8	
23	\	24.0	45,400		2.9									2.2	
24		24.0	42,700												
25	\	24.0	42,700		4.5									2.0	
26	X	24.0	58,800		3.8									2.6	
27	\	24.0	45,900		4.0									3.2	
28	\	24.0	43,200		3.7									3.0	
29	\	24.0	45,800		3.8									3.1	
30	X	24.0	44,600		3.6									2.8	
1		24.0													
Total			1,179,920												
Average			38,062												
Maximum			58,800												

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of: January, 2014

A. Public Water System (PWS) Information

PWS Name:	Leisure Lakes/Covered Bridge			PWS Identification Number:	6280064
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:	276			Total Population Served at End of Month:	632
PWS Owner:	US Water Services Corporation				
Contact Person:	Melisa Rotteveel			Contact Person's Title:	Compliance Manager
Contact Person's Mailing Address:	4939 Cross Bayou Blvd	City:	New Port Rich	State:	Florida
Contact Person's Telephone Number:	866-753-8292			Zip Code:	34652
Contact Person's E-Mail Address:	mrotteveel@uswatercorp.net				
Contact Person's Fax Number:	727-849-4219				

B. Water Treatment Plant Information

Plant Name:	Leisure Lakes/Covered Bridge			Plant Telephone Number:	941-377-9456
Plant Address:	140 Woodside Drive	City:	Lake Placid	State:	Florida
Type of Water Treatment 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:	72,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.):	
				C	
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked	
Lead/Chief Operator:	Ron Derossett	A	3531	Operation Manager	Days 1st Shift
Other Operators:	Howard Short	A	3304	Operator	Days 1st Shift
	Alfred Gregg	A	14324	Operator	Days 1st Shift

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 provide these additional operations records to the PWS owner so the PWS owner can retain

Signature and Date:  2/7/14

Printed or Typed Name: Ron Derossett

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 FEB 10 2014
 D.E.P. South District

PWS ID:

6280064

Plant Name:

Leisure Lakes/Covered Bridge

III. Daily Data for the Month/Year of:

January, 2014

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*

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	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 Components 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 Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²		
1	X	24.0	43,900		4.0							2.0	
2	X	24.0	43,800		4.1							2.4	
3	X	24.0	79,300		4.0							2.4	
4	X	24.0	42,100		3.6							2.2	
5		24.0	50,850										
6	X	24.0	50,850		1.8							1.4	
7	X	24.0	65,000		1.2							0.8	
8	X	24.0	44,300		3.2							2.4	
9	X	24.0	60,500		3.4							1.6	
10	X	24.0	55,200		2.6							1.5	
11	X	24.0	60,700		2.1							0.8	
12		24.0	68,450										
13	X	24.0	68,450		2.4							1.6	
14	X	24.0	48,900		1.4							0.9	
15	X	24.0	70,500		3.2							2.4	
16	X	24.0	54,600		3.4							2.6	
17	X	24.0	67,700		3.2							2.4	
18	X	24.0	58,200		2.7							3.2	
19		24.0	64,300										
20	X	24.0	64,300		1.2							0.8	
21	X	24.0	64,700		3.1							2.6	
22	X	24.0	67,600		2.9							1.0	
23	X	24.0	65,300		2.4							2.2	
24	X	24.0	62,700		3.2							3.0	
25	X	24.0	58,600		2.8							1.8	
26		24.0	64,750										
27	X	24.0	64,750		2.7							2.4	
28	X	24.0	60,800		2.9							2.2	
29	X	24.0	69,600		1.7							1.5	
30	X	24.0	62,800		2.0							1.6	
31	X	24.0	63,800		1.8							1.2	
Total			1,823,400										
Average			58,819										
Maximum			79,300										

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of: February, 2014

A. Public Water System (PWS) Information

PWS Name:	Leisure Lakes/Covered Bridge			PWS Identification Number:	6280064
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:	276			Total Population Served at End of Month:	632
PWS Owner:	US Water Services Corporation				
Contact Person:	Melisa Rötteveel			Contact Person's Title:	Compliance Manager
Contact Person's Mailing Address:	4939 Cross Bayou Blvd	City:	New Port Rich	State:	Florida
Contact Person's Telephone Number:	866-753-8292			Zip Code:	34652
Contact Person's E-Mail Address:	mrotteveel@uswatercorp.net				

B. Water Treatment Plant Information

Plant Name:	Leisure Lakes/Covered Bridge			Plant Telephone Number:	941-377-9436
Plant Address:	140 Woodside Drive	City:	Lake Placid	State:	Florida
				Zip Code:	33852
Type of Water Treatment 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:	72,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operator	Name	License Class	License Number	Day(s)/Shifts Worked
Lead/Chief Operator	Ron Derosselt	A	3531	Operation Manager Days 1st Shift
Office Operators	Howard Short	A	3304	Operator Days 1st Shift
	Alfred Gregg	A	14324	Operator Days 1st Shift

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 provide these additional operations records to the PWS owner so the PWS owner can retain

Ron Derosselt 2/6/14
Signature and Date

Ron Derosselt
Printed or Typed Name

A 3531
License Number

RECEIVED
FEB 10 2014
SEPP South District



See Pages 4 for Instructions.

I. General Information for the Month/Year of: March, 2014

A. Public Water System (PWS) Information

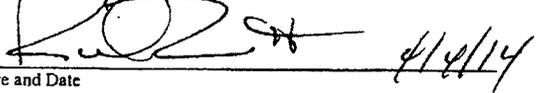
PWS Name:	Leisure Lakes/Covered Bridge			PWS Identification Number:	6280064
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	276			Total Population Served at End of Month:	632
PWS Owner:	US Water Services Corporation				
Contact Person:	Melisa Rotteveel			Contact Person's Title:	Compliance Manager
Contact Person's Mailing Address:	4939 Cross Bayou Blvd	City:	New Port Rich	State:	Florida
Contact Person's Telephone Number:	866-753-8292			Zip Code:	34652
Contact Person's E-Mail Address:	mrotteveel@uswatercorp.net			Contact Person's Fax Number:	727-849-4219

B. Water Treatment Plant Information

Plant Name:	Leisure Lakes/Covered Bridge			Plant Telephone Number:	941-377-9456
Plant Address:	140 Woodside Drive	City:	Lake Placid	State:	Florida
Type of Water Treatment 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:	72,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked	
Lead/Chief Operator:	Ron Derossett	A	3531	Operation Manager	Days 1st Shift
Other Operators:	Howard Short	A	3304	Operator	Days 1st Shift
	Alfred Gregg	A	14324	Operator	Days 1st Shift

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 provide these additional operations records to the PWS owner so the PWS owner can retain



 Signature and Date 4/14/14
Ron Derossett
A 3531

Printed or Typed Name
License Number

III. Daily Data for the Month/Year of: March, 2014

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (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 Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24.0	31,200		4.0									2.6	
2		24.0	31,360												
3	X	24.0	31,360		1.8									3.7	
4	X	24.0	65,000		3.6									2.5	
5	X	24.0	52,800		1.1									3.2	
6	X	24.0	73,900		3.7									2.4	
7	X	24.0	51,900		3.0									2.8	
8	X	24.0	60,000		3.6									2.7	
9		24.0	65,450												
10	X	24.0	65,450		1.4									0.9	
11	X	24.0	61,000		4.8									4.4	
12	X	24.0	137,700		3.8									3.2	
13	X	24.0	78,000		2.6									1.9	
14	X	24.0	64,900		2.3									2.7	
15	X	24.0	88,000		2.5									2.4	
16		24.0	52,750												
17	X	24.0	52,750		4.2									3.6	
18	X	24.0	76,800		3.5									3.0	
19	X	24.0	57,100		3.8									3.0	
20	X	24.0	72,800		4.0									2.8	
21	X	24.0	68,600		2.6									1.8	
22	X	24.0	74,700		2.5									2.0	
23		24.0	70,900												
24	X	24.0	70,900		3.4									1.4	
25	X	24.0	74,000		3.0									1.8	
26	X	24.0	70,800		1.8									1.3	
27	X	24.0	78,300		1.7									1.4	
28	X	24.0	77,200		3.6									1.7	
29	X	24.0	69,500		3.6									1.8	
30		24.0	69,250												
31	X	24.0	69,250		3.5									1.4	

Total	2,035,420
Average	58,019
Maximum	137,700

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of: April, 2014

A. Public Water System (PWS) Information

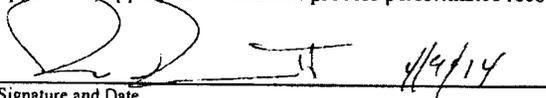
PWS Name:	Leisure Lakes/Covered Bridge			PWS Identification Number:	6280064
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	276			Total Population Served at End of Month:	632
PWS Owner:	US Water Services Corporation				
Contact Person:	Melisa Rotteveel			Contact Person's Title:	Compliance Manager
Contact Person's Mailing Address:	4939 Cross Bayou Blvd		City:	New Port Rich	State: Florida Zip Code: 34652
Contact Person's Telephone Number:	866-753-8292			Contact Person's Fax Number:	727-849-4219
Contact Person's E-Mail Address:	mrotteveel@uswatercorp.net				

B. Water Treatment Plant Information

Plant Name:	Leisure Lakes/Covered Bridge			Plant Telephone Number:	941-377-9456
Plant Address:	140 Woodside Drive		City:	Lake Placid	State: Florida Zip Code: 33852
Type of Water Treatment 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:	72,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked	
Lead/Chief Operator:	Ron Derossett	A	3531	Operation Manager Days 1st Shift	
Other Operators:	Howard Short	A	3304	Operator Days 1st Shift	
	Alfred Gregg	A	14324	Operator Days 1st Shift	

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 provide these additional operations records to the PWS owner so the PWS owner can retain


 Signature and Date 4/4/14

Ron Derossett
 Printed or Typed Name

A 3531
 License Number

III. Daily Data for the Month/Year of: April, 2014

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (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 Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24.0	86,100		3.8									1.4	
2	X	24.0	52,600		1.8									1.1	
3	X	24.0	80,900		1.4									0.9	
4	X	24.0	77,200		3.8									1.4	
5	X	24.0	51,800		4.0									1.0	
6		24.0	72,500												
7	X	24.0	72,500		2.1									1.0	
8	X	24.0	58,600		2.3									0.8	
9	X	24.0	72,700		4.6									1.3	
10	X	24.0	95,500		4.2									1.4	
11	X	24.0	101,200		2.9									3.0	
12	X	24.0	78,100		2.4									2.0	
13		24.0	79,350												
14	X	24.0	79,350		1.9									1.6	
15	X	24.0	67,700		2.0									1.4	
16	X	24.0	79,200		2.2									1.3	
17	X	24.0	74,900		3.0									2.2	
18	X	24.0	90,900		2.1									1.1	
19	X	24.0	73,000		2.5									1.3	
20	X	24.0	63,400		2.4									1.2	
21		24.0	77,350												
22	X	24.0	77,350		2.7									1.4	
23	X	24.0	50,500		3.2									2.4	
24	X	24.0	67,700		3.7									2.6	
25	X	24.0	62,800		3.6									2.4	
26	X	24.0	63,200		3.4									2.2	
27		24.0	72,500												
28	X	24.0	72,500		2.3									2.0	
29	X	24.0	68,500		2.2									1.2	
30	X	24.0	66,500		2.4									1.6	
1		24.0													

Total	2,100,300
Average	70,010
Maximum	101,200

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of: May, 2014

A. Public Water System (PWS) Information

PWS Name:	Leisure Lakes/Covered Bridge	PWS Identification Number:	6280064
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:	276	Total Population Served at End of Month:	632
PWS Owner:	US Water Services Corporation		
Contact Person:	Melisa Rotteveel	Contact Person's Title:	Compliance Manager
Contact Person's Mailing Address:	4939 Cross Bayou Blvd	City:	New Port Rich State: Florida Zip Code: 34652
Contact Person's Telephone Number:	866-753-8292	Contact Person's Fax Number:	727-849-4219
Contact Person's E-Mail Address:	mrotteveel@uswatercorp.net		

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Plant Address:	140 Woodside Drive	City:	Lake Placid State: Florida Zip Code: 33852
Type of Water Treatment 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:	72,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator	Ron Derossett	A	3531	Operation Manager Days 1st Shift
Other Operators	Howard Short	A	3304	Operator Days 1st Shift
	Alfred Gregg	A	14324	Operator Days 1st Shift

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 6/5/14
 Signature and Date

Ron Derossett
 Printed or Typed Name

A 3531
 License Number

III. Daily Data for the Month/Year of: May, 2014

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log-Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (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 Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24.0	69,100		3.6									1.7	
2	X	24.0	63,300		3.8									2.1	
3	X	24.0	72,500		3.6									1.9	
4		24.0	124,500												
5	X	24.0	124,500		3.2									1.4	BWN - Highland St & Jasmine St
6	X	24.0	441,000		3.4									2.4	
7	X	24.0	57,000		2.8									2.6	
8	X	24.0	65,700		2.5									2.2	
9	X	24.0	63,500		3.0									1.9	BWN - Rescinded
10	X	24.0	66,400		2.6									1.7	
11		24.0	65,450												
12	X	24.0	65,450		2.2									1.4	
13	X	24.0	49,600		1.8									1.2	
14	X	24.0	71,700		3.7									1.6	
15	X	24.0	64,800		3.8									1.9	
16	X	24.0	69,700		3.6									2.0	
17	X	24.0	58,200		3.2									1.8	
18		24.0	62,850												
19	X	24.0	62,850		3.0									1.9	
20	X	24.0	49,600		2.4									1.7	
21	X	24.0	65,800		3.4									2.2	
22	X	24.0	75,100		2.3									3.0	
23	X	24.0	57,200		1.8									2.0	
24	X	24.0	64,800		4.3									1.4	
25		24.0	70,150												
26	X	24.0	70,150		3.1									2.6	
27	X	24.0	67,300		2.1									1.8	
28	X	24.0	62,100		1.2									1.3	
29	X	24.0	67,000		1.1									0.6	
30	X	24.0	68,300		1.5									0.2	
31	X	24.0	59,000		2.3									0.4	
Total			2,425,500												
Average			70,010												
Maximum			441,000												

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

III. Daily Data for the Month/Year of:

June, 2014

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*

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	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 Components 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 Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²		
1		24.0	66,950										1.2	
2	X	24.0	65,700		2.9								1.1	
3	X	24.0	40,700		2.8								1.0	
4	X	24.0	75,500		2.3								0.8	
5	X	24.0	71,300		2.5								2.3	
6	X	24.0	61,800		2.6								2.3	
7	X	24.0	88,600		2.8									
8		24.0	68,650										1.2	
9	X	24.0	64,200		3.3								2.8	
10	X	24.0	64,500		2.9								3.4	
11	X	24.0	75,300		4.1								3.6	
12	X	24.0	71,600		3.9								3.8	
13	X	24.0	79,900		3.9								1.3	
14	X	24.0	67,400		2.3									
15		24.0	67,300										2.3	
16	X	24.0	72,000		2.9								2.1	
17	X	24.0	43,900		2.6								2.6	
18	X	24.0	72,500		3.2								1.0	
19	X	24.0	73,200		1.9								1.0	
20	X	24.0	87,700		1.2								0.4	
21	X	24.0	69,000		1.5									
22		24.0	69,000										2.5	
23	X	24.0	86,100		5.6								1.5	
24	X	24.0	119,000		3.1								2.9	
25	X	24.0	66,300		3.4								1.3	
26	X	24.0	58,700		1.5								2.4	
27	X	24.0	77,700		3.6								1.0	
28	X	24.0	71,600		2.6									
29		24.0	71,600										2.1	
30	X	24.0	250,000		3.5									
1		24.0												

Total	2,317,700
Average	70,010
Maximum	250,000

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

HC Waterworks, Inc.

Docket No. 140158-WS

DEP Reports



**FLORIDA DEPARTMENT OF
ENVIRONMENTAL PROTECTION**

SOUTH DISTRICT
P.O. BOX 2549
FORT MYERS, FL 33902-2549
SouthDistrict@dep.state.fl.us

RICK SCOTT
GOVERNOR

CARLOS LOPEZ-CATERA
LT. GOVERNOR

HERSCHEL T. VINYARD JR.
SECRETARY

September 25, 2014

Mr. Gary Deremer
4939 Cross Bayou Blvd.
New Port Richey, Florida 33552
gderemer@uswatercorp.net

Re: Highlands County - PW
Lake Josephine Heights WTP
PWS I.D. Number: 6280162
Sanitary Survey Inspection Report

Dear Mr. Deremer:

Department personnel conducted a Sanitary Survey Inspection of the above-referenced facility on August 28, 2014. Based on the information provided during and following the inspection, the facility was determined to be in compliance with the Department's rules and regulations. A copy of the inspection report is attached for your records.

The Department appreciates your efforts to maintain this facility in compliance with state and federal rules. Should you have any questions or comments, please contact Gordon Romeis at (239) 344-5688 or whenever possible, electronically via e-mail at gordon.romeis@dep.state.fl.us.

Sincerely,

Elizabeth Gillen
Environmental Administrator

EG/GR/se

Attachment

BASIC SURVEY INFORMATION

Water System Name: Lake Josephine Heights

Date(s) Surveyed: August 28, 2014

Survey Inspector(s): Gordon Romeis

Person(s) Contacted: Ron DeRossett

CONTACT INFORMATION

PWS ID: 6280162 System (Office) Address: Canary Way, Sebring, Florida 33875

Phone: 904-540-9765 Cell: _____ Email/Fax: rderossett@uswatercorp.net

OWNER
 Owner Name: Gary Deremer Title: President
 Address: 4939 Cross Bayou Blvd. City: New Port Richey State: FL Zip: 33552
 Owner Phone: 727-848-8292 Cell: _____ Email/Fax: gderemer@uswatercorp.net

OPERATOR
 Operator Name: Jack Williams Lead Operator Class & Certification Number: C - 20588
 Address: 4939 Cross Bayou Blvd. City: New Port Richey State: FL Zip: 33552
 Phone: _____ Cell: _____ Email or Fax: _____

SYSTEM CHARACTERISTICS SUMMARY

SOURCES
 Ground: Four Wells Surface _____ Name of Surface Source(s): _____
TREATMENT
 Number of Plants: 2 (check boxes for treatment used)
 Aeration Coagulation Disinfection Filtration Flocculation
 Membrane Softening Stabilization Corrosion Control

Comment

SERVICE AREA CHARACTERISTICS SUMMARY

Total service connections: 536 Population served: 1,250 Survey area characteristics: Residential

TOTAL SYSTEM CAPACITY AND DEMAND

CAPACITY DATA
 System Design: 600,000 GPD Primary Limiting Factor: _____ High Service Pumps: _____ GPD
 Routinely utilized interconnections? Yes No If routinely used, what is hydraulic capacity? _____ GPD
 Max: 346,800 GPD 25% Max: _____ GPD Average: 134,199 GPD Last survey max: NA GPD
CAPACITY COMPLIANCE
 Max daily demand is less than 75% of design capacity? Yes No Comment _____
 Storage capacity more than 25% of max daily demand? Yes No Comment _____
 Firm capacity more than average (avg) daily demand? Yes No Comment _____
 Standby/avg power capacity more than avg daily demand? Yes No Standby power capacity: 600,000 GPD

Comment

TREATMENT

Chemical storage appear to be compliant? Yes No
 Are all chemical feed systems tied to flow? Yes No
 Are dusty and dry chemicals and feed equipment housed separately? Yes No N/A

Facilities & chemicals properly labeled? Yes No
 Corrosive vapors properly controlled? Yes No

Location	Chemical	Purpose	NSF/ANSI?
Lake Josephine Heights	Liquid Chlorine	Filter aid, disinfection	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Sebring Lakes	Liquid Chlorine	Filter aid, disinfection	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Comment

DISINFECTION

Plant name	Lake Josephine	Sebring Lakes
Type (gas/hypo/chloramination)	Hypo	Hypo
Condition of Equipment	Good	Good
Feed Rate (PPD, GPD)	20	10
Manual or flow paced?	Flow Paced	Flow Paced
Alarm testing frequency?	NA	NA
Chlorine loss alarm functional?	NA	NA
150 lb or Ton Cylinders?	NA	NA
Automatic Switchover? (>10 PPD)	NA	NA
Scale compliant?	NA	NA
Chlorine feed rate?	NA	NA
Cylinders restrained?	NA	NA
Ammonia bottle onsite?	NA	NA
Wrench in-place?	NA	NA
Panic hardware provided?	NA	NA
Storage & feed isolated?	NA	NA
Ventilation Compliant?	NA	NA
Vent switch on exterior?	NA	NA
Leak containment?	NA	NA
Leak detection & fix kit? (>1 ton)	NA	NA
Type used (sodium or calcium)	Sodium	Sodium
Type of Feeder:	Prominent / Stenner	Prominent / Stenner
Solution strength	12.5	12.5
Solution tank compliant?	Yes	Yes
Adequate spill containment?	Yes	Yes
Chlorine to ammonia ratio?	NA*	NA*
Ammonia flow-paced?		
Ammonia after chlorine?		
Free chlorine burn frequency?		

Comment: These plants are in the process of installing ammonia feed equipment. A clearance request will be submitted in the near future. The equipment is onsite now but not activated.

TREATMENT (Page 2)

DISINFECTANT RESIDUALS	Location of sampling (POE Plant 1, East Remote, etc.)?	Lake Josephine POE	Sebring Lakes POE	End of Line		
	What test kit was used for the sampling?	PW-2	PW-2	PW-2		
	Time sample was collected?	10:30	11:00	11:15		
	Result? (note whether free or total)	3.7 mg/L Free	3.6 mg/L Free	2.2 mg/L Free		
	Sampler Name? (if other than lead inspector)	Romeis	Romeis	Romeis		
	Are disinfectant residuals tested in the distribution system as established by rule? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
	Comment					
4 LOG	Are injection points located in positions indicated in approved 4-log demonstration? <input type="checkbox"/> Yes <input type="checkbox"/> No					
	Are the minimum tank levels specified in approved 4-log demonstration maintained? <input type="checkbox"/> Yes <input type="checkbox"/> No					
	Continuous monitoring required? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, are analyzers used? <input type="checkbox"/> Yes <input type="checkbox"/> No		Analyzers calibrated? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Comment					
AERATION	Why is aeration used? <u>H2S removal</u>					
	Type of aeration: Tray.		Screening intact? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Mesh size #24? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Aerator adequately protected from contaminants (covered, located properly)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
	Comment					
STABILIZATION	Why is stabilization practiced?					
	What chemicals are being used:					
	Comment					
FERRIC PRECIP.,	What treatment process is used?					
	What chemicals are used?					
		Comment				
ACTIVATED CARBON	Why is activated carbon used?					
	GAC types used					
	PAC stored properly? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		GAC backwash compliant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
	What testing is performed to determine effectiveness of activated carbon?					
	Comment					
SOFTENING	Why is softening being used?					
	Comment					
FLUORIDATION	Proper fluoride concentration in distribution? <input type="checkbox"/> Yes <input type="checkbox"/> No					
	Are the fluoride concentrations consistent? <input type="checkbox"/> Yes <input type="checkbox"/> No		Safety considerations compliant? <input type="checkbox"/> Yes <input type="checkbox"/> No			
		Comment				
ION EXCHANGE	Why is ion exchange used?					
	Comment					

TREATMENT (PAGE 3)

CONVENTIONAL

List the type and combination of coagulants: _____

List the types of coagulant aids being used: _____

List flocculation facilities that are being used: _____

Rapid mix unit adequate? Yes No Flocculation adequate? Yes No Flocculation detention time? _____

Comment NA

FILTRATION

Types of filtration utilized: Gravity Pressure Constant Declining rate Other: H2S removal filters.

Types of media installed: Mono Dual Multi Other: Manganese Dioxide

Filtration and related equipment operated properly and in good repair? Yes No Are mud balls / cracks prevented? Yes No

Filter gallery piping in good condition? Yes No Color coded? Yes No Filter gallery floor drained? Yes No

What initiates a backwash? Gallons of flow Backwash flow rate: _____

Is re-wash (filter-to-waste) capability available? Yes No If so, it is used? Yes No

Meters calibrated and/or checked for accuracy? Yes No How often? _____

Are the disinfection byproduct precursor removal requirements of the Stage 1 Disinfectants/Disinfection Byproducts Rule being met? Yes No

System required to prepare disinfection profile? Yes No Profile available for review? Yes No

Any individual filter excursions occurred in past? Yes No If so, actions taken: Changed backwash cycle and disposal method.

Comment

What are the shortest & average times between filter replacements?

Comment NA

MEMBRANES

Type of membrane(s) used: _____ Safeguards in place to warn of membrane failure? Yes No

Type of pre-treatment used: _____ Date of membrane installation: _____

Fouling rate of membranes? _____ Expected life of membranes: _____

What's the percent recovery? _____ Operating pressure: _____

Comment NA

SEDIMENTATION

Types of sedimentation/clarification process & facilities being used? _____

Flow distributed evenly to basins? Yes No Mechanical equipment working? Yes No Settled water turbidity? _____

Indication of excess sludge in basin(s)? Yes No How often is sludge removed? _____

Comment NA

RO

Types of sedimentation/clarification process & facilities being used? _____

Where is treatment waste disposed? (i.e., RO concentrate, brine, etc.) _____

Frequency of cleaning and disposal of cleaning fluids and brines: _____

Comment NA

Is the dose utilized currently adequate? Yes No Is the equipment room kept clean and dry? Yes No

OZON

Comment NA

SOURCE

GROUNDWATER QUANTITY, QUALITY, AND PROTECTION

Total Source Capacity exceeds Maximum Daily Demand? Yes No
 Any unused or improperly abandoned wells within system? Yes No
 Does the system have an emergency spill response plan? Yes No

Firm capacity exceeds Average Daily Demand? Yes No
 System have a well head protection program? Yes No

Comment

GROUNDWATER WELLS

Well name	Lake Josephine #1	Lake Josephine #2	Sebring Lakes #1	Sebring Lakes #2		
FLUWID	AAJ9388	AAJ9387	AAH9136	AAH9135		
Year well drilled	1989	1994	1998	1998		
Depth well drilled	1,100 Ft	1,400 Ft	1,300 Ft	1,200		
Aquifer name	Floridan	Floridan	Floridan	Floridan		
Depth of casing	NA	NA	300 Ft	300 Ft		
Diameter of casing	8 inch	8 inch	10 inch	10 inch		
Pump type	Submersible	Submersible	Submersible	Submersible		
Horsepower	20	20	20	20		
Rated capacity (GPM@PSI)	350	350	400 GPM	400 GPM		
Observed Yield? (GPM@PSI)	NA	NA	NA	NA		
Subject to flooding?	No	No	No	No		
Setbacks compliant?	Yes	Yes	Yes	Yes		
Any past contamination?	No	No	No	No		
Raw water tap compliant?	Yes	Yes	Yes	Yes		
Well head sealed?	Yes	Yes	Yes	Yes		
Casing >12" above grade?	NA	Yes	Yes	Yes		
Casing vent compliant?	No*	Yes	Yes	Yes		
Check valve compliant?	Yes	Yes	Yes	Yes		
Water meter compliant?	Yes	Yes	Yes	Yes		
Air-relief valve installed?	Yes	Yes	Yes	Yes		
Dumpline installed?	Yes	Yes	Yes	Yes		
Stand-by Power?	Yes	Yes	Yes	Yes		

*The casing vent on this well was too low. The operator was advised of this condition at the time of the inspection and corrected the vent the same day. Well #2 was down at the time of the inspection due to a lightning strike. It was scheduled for repair by a local vendor.

PUMPS AND CONTROLS

Pump Name	Lake Josephine	Lake Josephine	Sebring Lakes	Sebring Lakes		
Pump Use	Jockey pump	High service 1,2, and 3	High Service 1	High Service 2		
Pump Type	Centrifugal	Centrifugal	Centrifugal	Centrifugal		
Horsepower	15	30	20	20		
Capacity-MG/day	100 GPM	300 GPM	335 GPM	335 GPM		
Lubricant NSF?	NA	NA	NA	NA		

Comment

DISTRIBUTION

Flush Frequency: at least quarterly per written plan Other: _____

Maximum Pressure 70 PSI Minimum Pressure: 60

Valve Maintenance Program Compliant? Yes No # of inline valves: 124 How often exercised? Annually

Comment

STORAGE FACILITIES

Tank Name or Number	Lake Josephine	Sebring Lakes	Sebring Lakes				
Storage type (ground, elevated, hydro, etc.)	GST	GST	Hydro				
Tank material (steel, concrete, etc.)	Steel	Steel	Steel				
Tank size (Gallons)	71,000	15,000	10,000				
Watertight roof/hatch?	Yes	Yes	NA				
Venting/screens compliant?	Yes	Yes	NA				
Overflow compliant?	Yes	Yes	Yes				
Level/PSI indicator compliant?	Yes	Yes	Yes				
Drain & bypass installed?	Yes	Yes	Yes				
Interior coating meet NSF?	Yes	Yes	Yes				
Date of last annual inspection	2010	2010	2010				
Year of last 5 year inspection	2010	2010	2010				
Year of last 5 year washout	2010	2010	2010				
On/Off pressure (PSI) settings	65		65/70				
Altitude valves present? (elevated)	No	No	No				
Adequate turnover provided?	Yes	Yes	Yes				
How are tanks levels controlled	<input type="checkbox"/> Manually <input checked="" type="checkbox"/> Auto onsite <input type="checkbox"/> SCADA	<input type="checkbox"/> Manually <input checked="" type="checkbox"/> Auto onsite <input type="checkbox"/> SCADA	<input type="checkbox"/> Manually <input checked="" type="checkbox"/> Auto onsite <input type="checkbox"/> SCADA	<input type="checkbox"/> Manually <input type="checkbox"/> Auto onsite <input type="checkbox"/> SCADA	<input type="checkbox"/> Manually <input type="checkbox"/> Auto onsite <input type="checkbox"/> SCADA	<input type="checkbox"/> Manually <input type="checkbox"/> Auto onsite <input type="checkbox"/> SCADA	<input type="checkbox"/> Manually <input type="checkbox"/> Auto onsite <input type="checkbox"/> SCADA

Comment

MONITORING, REPORTING, & DATA VERIFICATION

Written available required monitoring plans? Bacteriological DBP Pb/Cu and WQP Other: _____

Monitoring program maintained and followed per rule? Yes No Records retention compliant? Yes No

Is testing required monitoring equipment compliant? Yes No Are the reagents in date? Yes No

Proper procedures for calibrating monitor equipment? Yes No Are records maintained per the FDEP Yes No

Parameters currently monitored: Chlorine pH F PO4 Fe H2S Turbidity Other: _____

Any monitoring & reporting, treatment techniques, or MCL problems? Yes No

Violation	Follow-up Date

Comment

OPERATOR STAFFING REQUIREMENTS

Plant Category/Class: 5C Lead operator class compliant? Yes No Number of plant operators: 5

Treatment O&M log type: Bound Paper Approved for reduced staffing? Yes No

Distribution category: Level 3

Distribution O&M log type: Paper Approved Electronic In Plant Log Book If the log compliant? Yes No

Are all licenses valid? Yes No Does staffing meet requirements of 62-699, FAC? Yes No

Comment



SYSTEM MANAGEMENT AND OPERATION

ADMIN

Formal Org Chart: Available Not available Is there a Capital Improvement Plan or plan for system sustainability?: Yes No

Comment

INFO MANAGE

Are financial, operational data, and maintenance records maintained? Yes No

Are main breaks reported and recorded Yes No Are boil water notices issued when applicable? Yes No

Comment

ERP

Emergency response plan on-file? Yes No Compliant security in place (e.g. wells, plants, storage, pumps, etc.)? Yes No

Comment

P/Is & SOPs

Preventative Maintenance Program in place? Yes No

Are written SOPs and O&M Manuals for: Flushing Valves Plants Clearances New Line Installations

Comment

ENGINEERING

Maps Include: Lines (all) Valves Flush/Fire Hydrants Storage/Booster Pumps Interconnections
 Line Size Line Material Updates Air relief/Blow-off Valves Complaints

Comment

CROSS CONNECTION CONTROL

Does the system have and implement a written cross connection control program? Yes No NA

Has the cross connection control annual report been submitted? Yes No NA

Do any of the past three years of annual reports indicate any deficiencies? Yes No NA

Are there any cross connections observed onsite or in the distribution system? Yes No

Comment

PERSONNEL

Is continuous training provided? Yes No Does the system appear to have adequate staff to maintain compliance? Yes No

Comment

STANDBY POWER

Switchover: Automatic Manual Capacity of Standby Power Source: 225 kW

Is stand-by equipment exercised at least monthly? Yes No Hrs Operated Under Load: 1 hr/wk

Satisfy average daily demand? Yes No Unknown

What equipment does it operate? Well Pumps High Service Pumps Treatment Equipment

Audio-visual alarm? Yes No

Comment

DETERMINATIONS

Areas of Concern Noted? Yes No

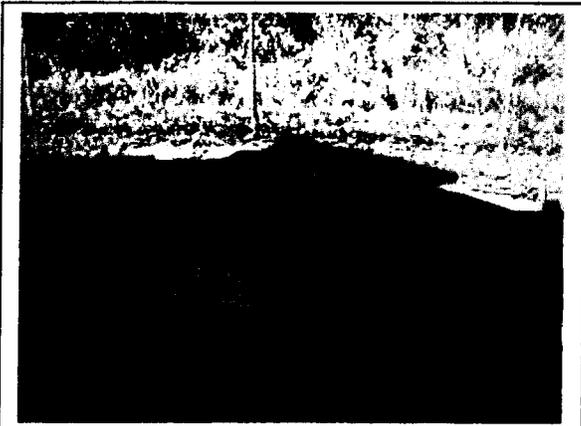
Areas of Concern	Rule	Corrective Action	Date Corrected	Significant Deficiency?

Technical assistance providers recommended? Yes No

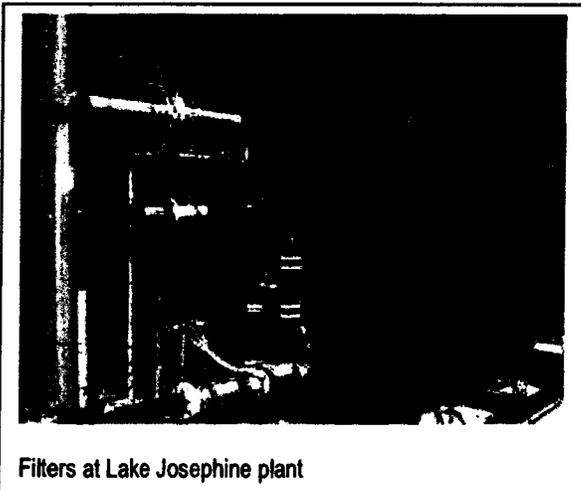
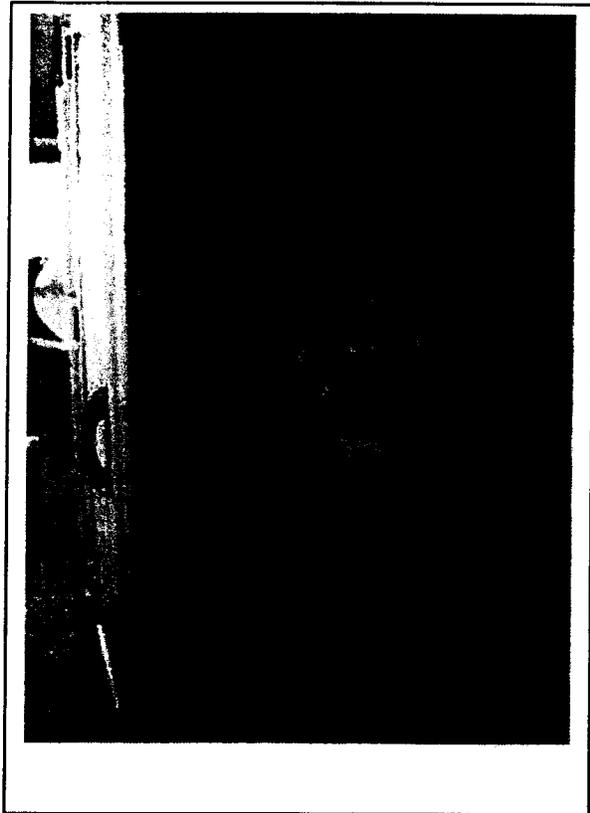
SUMMARY OF DEFICIENCIES AND RECOMMENDATIONS FOR TECHNICAL ASSISTANCE.

1. Please review your Cross Connection Control Plan to verify that it is not less stringent than, or inconsistent with, the newly revised Cross Connection Control Rule 62-555.360, F.A.C. If the existing plan does not meet the intent of the new rule then please provide the Department with a written description and schedule of actions to bring the written plan into compliance with the newly revised rule.

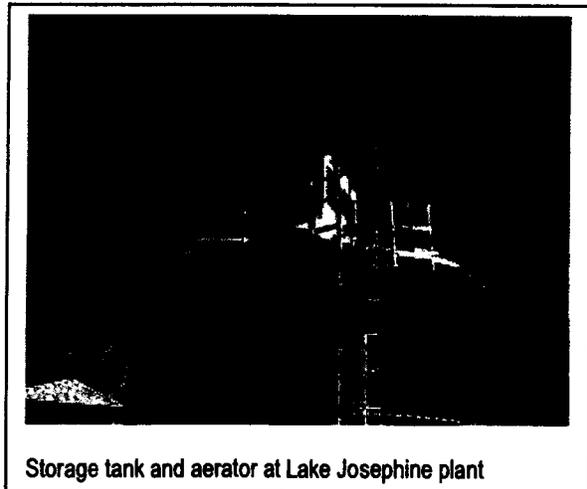
PHOTOS



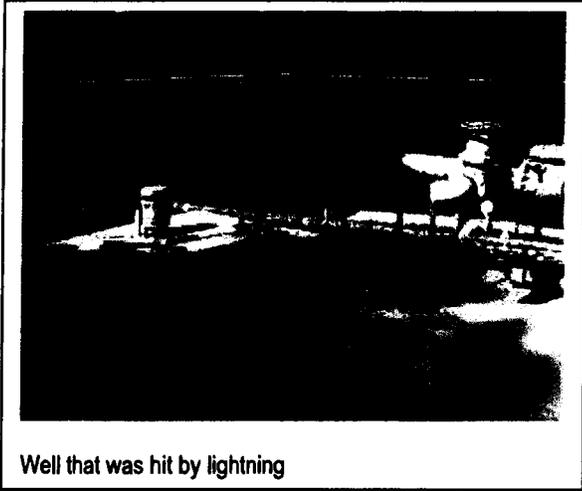
Ammonia injection point and static mixer for new ammonia feed system.



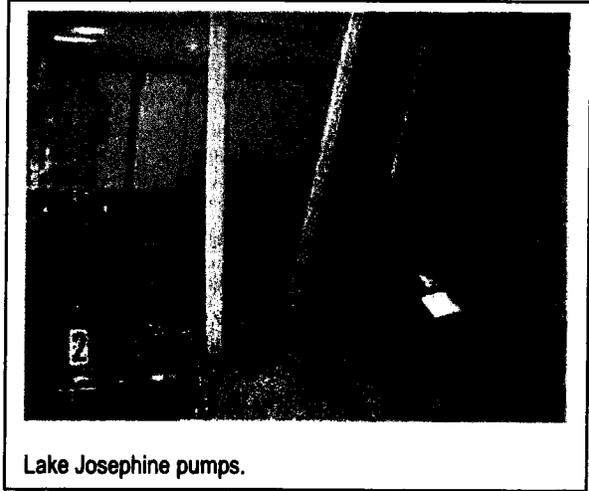
Filters at Lake Josephine plant



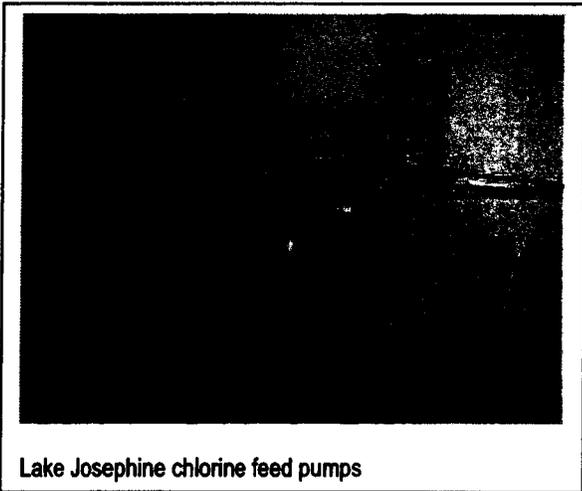
Storage tank and aerator at Lake Josephine plant



Well that was hit by lightning



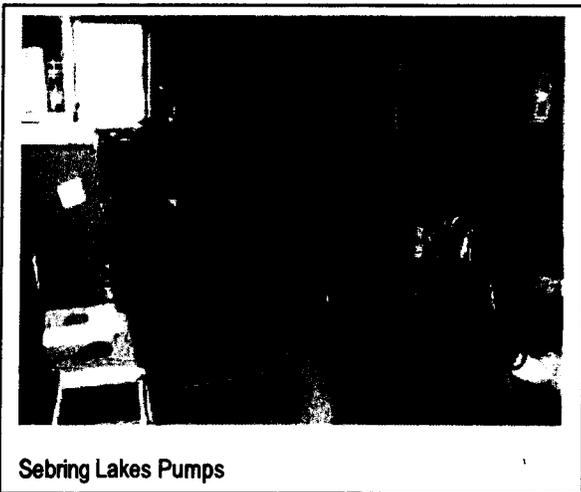
Lake Josephine pumps.



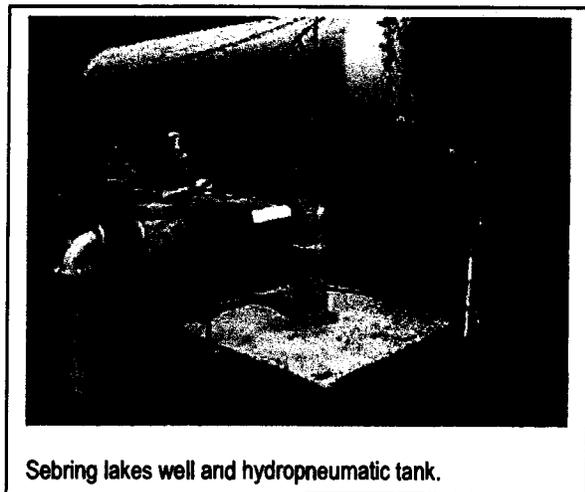
Lake Josephine chlorine feed pumps



Sebring lakes aeration and storage tank.



Sebring Lakes Pumps



Sebring lakes well and hydropneumatic tank.

MONITORING SCHEDULE

Compliance Schedule: The following parameters are due during the year shown.

NO₂/NO₃:2014 Inorganic: _____ Secondary: _____ VOC: _____ Pb/Cu: _____ THMs:2014 Rad: _____ SOC: _____ Asbestos: _____

Comment

During the third calendar quarter (July/August/September) of 2014, initiate Annual monitoring for TTHMs and HAA5s under Stage 2 of the Disinfectants and Disinfection Byproducts Rule by collecting 1 dual sample set. A dual sample set consists of a set of two samples collected at the same time and location, with one sample analyzed for TTHMs and one sample analyzed for HAA5s. A dual set of samples must be collected at the location (and during the specific week of the month) identified in your DEP approved Stage 2 monitoring plan. If you have not already submitted a Stage 2 sampling plan to the DEP for approval, please use the DEP monitoring format available at: <http://www.dep.state.fl.us/water/drinkingwater/forms.htm>

Inspector's Signature _____

Gordon Romo

Date: September 23, 2014

Reviewer's Signature _____

Date: _____

5



FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

SOUTH DISTRICT
P.O. BOX 2549
FORT MYERS, FL 33902-2549

RICK SCOTT
GOVERNOR

CARLOS LOPEZ-CANTERA
LT. GOVERNOR

HERSCHEL T. VINYARD JR.
SECRETARY

August 7, 2014

SENT VIA ELECTRONIC MAIL

Andrew Bloemsma
Leisure Lakes Utilities WWTP
3651 U.S. 27 South
Sebring, FL 33870
E-mail: tabinvst@aol.com

Re: Highlands County – DW
Compliance Assistance Offer
Leisure Lakes Utilities WWTP
Facility ID No. FLA014388

Dear Mr. Bloemsma:

Department personnel conducted a compliance assistance site visit of the above-referenced facility on June 26, 2014. Based on the information provided after the inspection, the facility was determined to be in compliance.

The Department appreciates your efforts to maintain this facility in compliance with state and federal rules. Should you have any questions or comments, please contact Narrisa Pannell at (239) 344-5680 or via e-mail at Narrisa.Pannell@dep.state.fl.us.

Sincerely,

Deanna Newburg
Environmental Manager
South District Office
Florida Department of Environmental Protection

DLN/NP/rcd

cc: Ron DeRossett (via e-mail: RDeRossett@uswatercorp.net)

#5



**FLORIDA DEPARTMENT OF
ENVIRONMENTAL PROTECTION**

SOUTH DISTRICT
P.O. BOX 2549
FORT MYERS, FL 33902-2549

RICK SCOTT
GOVERNOR

CARLOS LOPEZ-CANTERA
LT. GOVERNOR

HERSCHEL T. VINYARD JR.
SECRETARY

May 9, 2014

VIA ELECTRONIC MAIL

Mr. Gary Deremer, President
HC Waterworks, Inc.
4939 Cross Bayou Blvd.
New Port Richey, Florida 34652
GDeremer@uswatercorp.com



Re: Highlands County – PW
Compliance Assistance Offer
Compliance Inspection Report
Leisure Lakes
PWS I.D. Number: 6280064

Dear Mr. Deremer:

A Compliance Inspection was conducted at your facility on April 11, 2014, under the authority of Section 403.061, Florida Statutes (F.S.). During this inspection, possible violations of Chapter 403, F.S., Chapter 62-550, Florida Administrative Code (F.A.C.), and Chapter 62-555, F.A.C. were observed. The purpose of this letter is to offer you compliance assistance as a means of resolving these matters.

Please see the attached inspection report for a full account of Department observations and be advised this Compliance Assistance Offer is part of an agency investigation preliminary to agency action in accordance with Section 120.57(5), F.S. We request you review the items of concern noted in the attached inspection report and respond in writing within **15 days** of receipt of this Compliance Assistance Offer. Your written response should either:

1. Describe what you have done to resolve the issue (see "Area of Concern" section of the report),
2. Provide information that either mitigates the concerns or demonstrates them to be invalid, or
3. Arrange for one of our inspectors to visit your facility to offer suggested actions to return to compliance without enforcement.

Leisure Lakes WTP
PWS I.D. Number: 6280064
Compliance Assistance Offer
May 9, 2014
Page 2 of 2

It is the Department's desire that you are able to document compliance or corrective actions concerning the possible violations identified in the attached inspection report so that this matter can be closed without enforcement. Your failure to respond promptly in writing (or by e-mail) may result in the initiation of formal enforcement proceedings.

Please address your response and any questions to Gordon Romeis of the South District Office at (239) 344-5688 or via e-mail at gordon.romeis@dep.state.fl.us. We look forward to your cooperation with this matter.

Sincerely,



Albert McLaurin, Assistant Director
South District
Florida Department of Environmental Protection

Enclosures: Compliance Inspection Report

Compliance Inspection Form

BASIC INSPECTION AND SYSTEM INFORMATION

Date of Inspection: April 11, 2014
 Water System: Leisure Lakes System Type: Community System PWS #: 6280064
 System Address: Hillcrest Street, Lake Placid, Florida 33852
 Owner Name: Mr. Gary Deremer, President HC Waterworks, Inc.
 Owner Address: 4939 Cross Bayou Blvd, New Port Richey, Fl. 34652
 Owner Phone: 727-848-8292 Owner Cell: _____
 Owner Fax: _____ Owner Email: gderemer@uswatercorp.com
 Primary Contact Name: Ron Derossett
 Primary Contact Address: 4939 Cross Bayou Blvd, New Port Richey, Fl. 34652
 Primary Contact Phone: 904-540-9765 Primary Contact Cell: _____
 Primary Contact Fax: _____ Primary Contact Email: rderossett@uswatercorp.com
 Operator Required? Yes No (if "No", Operator Section Not Applicable)
 Operator Name: Alfred Gregg Operator Phone: 352-342-4974 Operator Email: _____

SOURCE - WELL INFORMATION

Well Number	AAH9358	AAH9357	
Well Artesian?	N	N	
Setback Compliant?	Y	Y	
Well Head Sealed? (Pad/Conduit/Openings)	Y	Y	
Well Casing 12" Above Grade? (2002)	Y	Y	
Casing Vent Compliant? (2003)	NA	Y	
Check Valve Compliant?	Y	Y	
Tap Compliant? (smooth/12" high/ pre-check)	Y	Y	
6' x 6' x 4" Well Apron? (2002)	Y	Y	
Flow Measureable?	Y	Y	
Well Security Measure Compliant?	Y	Y	
Auxiliary Power? (C/350/150)	Y	Y	

TREATMENT

CL Storage Compliant (no organics/sun)		Y	
Loss of Chlorine Alarm Compliant?		NA	
CL Testing Following S.O.P.		Y	
Plant Security Measures Compliant?		Y	
HYPO	CL Solution NSF Approved?	Y	
	Solution Vat Compliant? (covered)	Y	
	Safety: (Gloves/ Apron/ Eyewash/ Etc.)	Y	
GAS	Spare Chlorination Compliant?	NA	
	Loss of Chlorine Alarm Compliant?	NA	
	CL Room Compliant? (Separate/ Vented)	NA	
	Scale Compliant?	NA	
	Auto Switchover Provided?	NA	
Safety: (SCBA/ Gloves/ Ammonia/ Panic HW)	NA		

STORAGE

ADEDGE FILTERS, AMMONIA

Tank Number	GST		
Inspections Compliant? (annual /5 yr)	Y		
Overflow / Vents Compliant?	Y		
Pressure Relief Valve Provided? (Hydro)	NA		
Security Measures Compliant?	Y		

DISTRIBUTION

MANAGEMENT

OPERATOR

4-1

Flushing of Dead Ends Compliant? Y

Valve Maintenance Compliant? Y

Distribution Map (C/350 / 150) Y

Distribution CL Samples Compliant? Y
>3300: 1 grab per day serving water or 5 days per wk (whichever less)
 < 3300: 1 grab per day serving water or 2 days per wk (whichever less)

Records Properly Retained? Y

Preventative Maintenance Plan? Y

Flow Meter Accuracy Checked? (5 yrs) Y

Bacteriological Sampling? (Plan / Sampling) Y

Chemical Sampling? (Plan / Sampling) Y

Process Performance Records? Y

Cross Connection Control Plan? (C) Y

Any Cross Connections Observed? N

Pb and Cu Sampling Plan? (C, NTNC) Y

Auxiliary Power Maintenance? (C) Y

Emergency Response Plan? (C/350 / 150) Y

O & M Log Compliant? Y

Operator Visits Compliant Y

MORs Submittal Compliant? Y

Facility 4-Log Approved? Yes No

4-Log Approval In Compliance? Yes No

FOLLOW - UP TO LAST INSPECTION

Last Inspection Fully Complaint? Yes No

CL FIELD SAMPLING RESULTS

Free Chlorine <input type="checkbox"/>	Total Chlorine <input checked="" type="checkbox"/>
1.3 (mg/L)	1.1 (mg/L)
Conducted By: Gordon	Conducted By: Gordon
Time: 11:05	Time: 11:05
Location: POE	Location: Blow off Pinecrest @Ventura

Inspector Used FDEP Test Kit PW-2



AREAS OF CONCERN

1. The monthly operation reports for the facility indicate it is routinely operating over capacity. This condition must be addressed by either reducing the amount of water used, applying for a permit to see if the plant can be rerated to a higher capacity, or applying for a permit to expand the plant. The permit application to rerate must include an evaluation of each of the components in the treatment system to ensure that all components are able to function at the level of production that is requested. Rule 62-555.350 (4) F.A.C.
2. The outside well apron has cracks, a hole, and a pipe penetrating the concrete. (see photo 1) Please seal the concrete and cap the pipe so that no contaminants can penetrate the apron. Rule 62-532.500 (4) F.A.C.

REMARKS AND RECOMMENDATIONS

1. There have been numerous complaints regarding color and odor in the water from the plant for a period of several weeks. Staff from the utility have been working to determine the source of the problems and to correct them, however it appears there may be a need for further work.

PHOTOS



Photo 1: Orange arrows are cracks. Green arrow is the pipe. Blue arrow is the hole.



Photo 2: Aedge Filters

Inspectors Signature: *Gordon Rome* Title: EC Date: April 25, 2014

Review Signature: _____ Title: [Click here to enter text.](#) Date: [Click here to enter text.](#)

Compliance Inspection Form

BASIC INSPECTION AND SYSTEM INFORMATION

Water system: LAKE JOSEPHINE HEIGHTS System Type: sc System PWS #: 6280162 Date of inspection: 7/16/2013

System address: PLANT 3 AND 4

System phone: 727-848-8292 Cell: _____

Fax number: _____ Email: gderemer@uswatercorp.net

Owner name: GARY DEREMER Owner title: PRESIDENT

Owner address: 4939 CROSS BAYOU BOULEVARD NEW PORT RICHEY, FL 34652

Owner phone: 727-848-8292 Cell: _____

Fax number: _____ Email: gderemer@uswatercorp.net

Operator required? Yes No (If "No", Operator sections not applicable) Operator name: HOWARD SHORT

Operator Email SHORT2@STRATO.NET Phone 863-414-3851 Fax: _____

Y=Yes N=No NA=Not Applicable *=See comment below

SOURCE - WELL INFORMATION

Well Number	AAJ 9388 -1	AAJ 9387 -2	AAH9136-N
Setbacks Complaint?	Y	Y	Y
Well head sealed? (Pad/conduit/openings)	N	Y	Y
Well casing 12" above grade? (2002)	Y	Y	Y
Casing vent compliant? (2003)	Y	Y	Y
Check valve compliant?	Y	Y	Y
Tap Compliant? (Smooth/12" high/pre-check)	Y	Y	Y
6' x 6' x 4" pad (2002)	Y	Y	Y
Flow measurable?	Y	Y	Y
Well security measures compliant?	Y	Y	Y
Auxiliary power? (C/350pop/150con)	Y	Y	Y
Cl storage compliant (no organics/acid/sun)		Y	
Treated sample tap provided?		Y	
Plant security measures compliant?		Y	
Cl testing following S.O.P.		Y	
HPO			
Cl solution NSF approved?		Y	
Solution vat compliant?(covered/etc)		Y	
Safety: (Gloves/Apron/Eyewash/etc)		Y	
GAS			
Spare chlorination compliant?		NA	
Loss of chlorine alarm compliant?		NA	
Cl room compliant?(separate/ventilation)		NA	
Scales compliant?		NA	
Auto switchover provided?		NA	
Safety:(SCBA/Gloves/Ammonia/Panic.HW)		NA	

TREATMENT

ADDITIONAL

Aldridge Sulfide Filters

STORAGE

Tank Number	71,000 G	15,000 G	10,000 H
Inspections compliant? (annual/5yr)	Y	Y	Y
Overflow/Vents compliant?	Y	Y	NA
Pressure relief valve provided? (hydro)	NA	NA	Y
Security measures compliant?	Y	Y	Y

COMMENTS

DISTRIBUTION

MANAGEMENT

OPERATOR

Flushing of dead ends compliant?	Y
Valve maintenance compliant?	Y
Distribution map (C/350/150)	Y
Distribution CL grab samples compliant <small>≥3300: 1 grab per day serving water or 5 days per wk (whichever less) < 3300: 1 grab per day serving water or 2 days per wk (whichever less)</small>	Y
Preventative maintenance plan	Y
Flow meter accuracy checked? (5yrs)	Y
Bacteriological sampling plan	Y
Process performance records	NA
CCC devices test annually?	Y
Cross connection control plan (c)	Y
Pb and Cu sampling plan (c, nmc)	Y
Auxiliary power maintenance? (c)	Y
Emergency preparedness plan (C/350/150)	Y
O & M log compliant?	Y
Operator visits compliant?	Y
MORs submittal compliant?	Y

FOLLOW-UP TO LAST INSPECTION / SANITARY SURVEY

Last inspection fully compliant? Yes No (see below)

Are any of the deficiencies "repeats"? NA

Have deficiencies been addressed? NA

FIELD SAMPLING RESULTS

Plant	Distribution
1.2 Cl (mg/L)	0.7 Cl (mg/L)
Conducted By: Gordon Time: 1:30 Location: Plant	Conducted By: Gordon Time: 1:57 Location: Remote tap

FDEP Test Kit # 2 Was Used During Inspection



Wells Continued:

SOURCE - WELL INFORMATION	Well Number	AAH9135-S					
	Well head sealed? (Pad/conduit/openings)	Y					
	Well casing 12" above grade?	Y					
	Casing vent compliant? (2003)	Y					
	Check valve compliant?	Y					
	Tap Compliant? (Smooth/12" high/pre-check)	Y					
	6' x 6' x 4" pad	Y					
	Flow measurable?	Y					
	Auxiliary power?	Y					
	Security measures compliant?	Y					

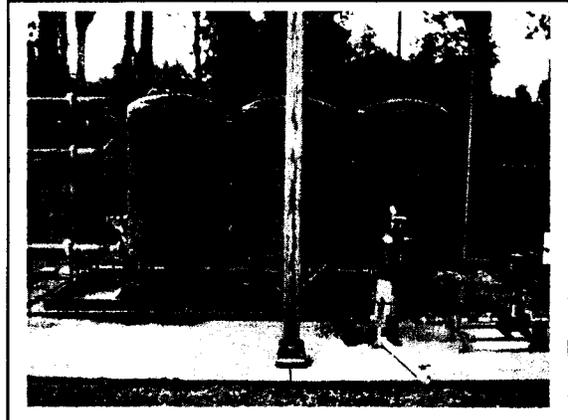
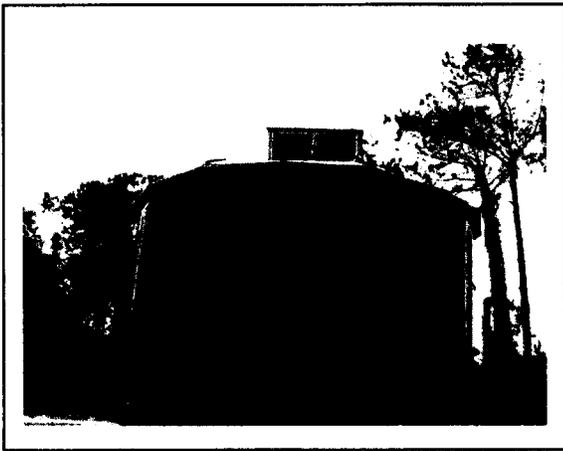
AREAS OF CONCERN

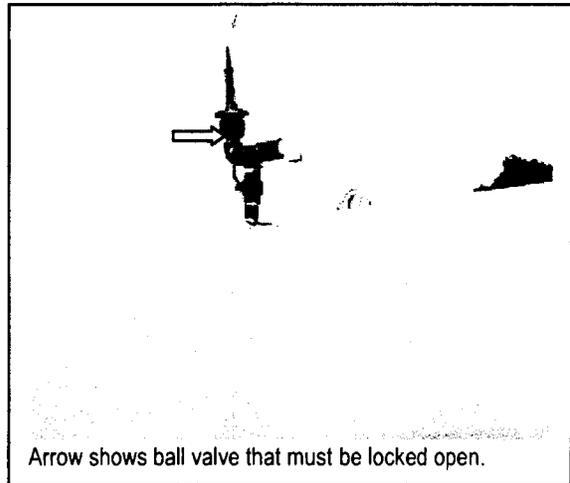
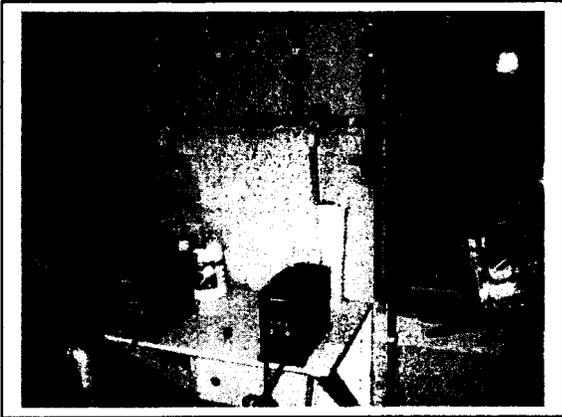
1. The hydropneumatic tank has a shut off valve installed between the tank itself and the pressure relief valve. Please lock or seal the shutoff valve open for normal operation. The O&M manual for the plant should include procedures that identify who may close the shutoff valve, instructing such person(s) to remain at the shutoff valve during the time the shutoff valve is closed and requiring them to lock or seal the shutoff valve open before leaving the shutoff valve.
2. The concrete apron on well number one at plant number 3, ID number AAJ9388, is cracked. Please seal the crack around the well head. Rule 62-532.500(4), Florida Administrative Code

REMARKS AND RECOMMENDATIONS

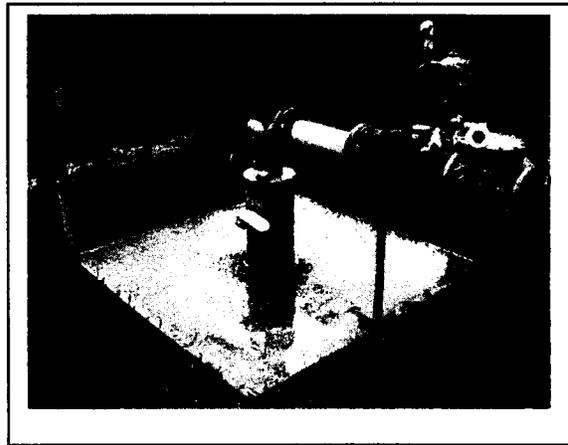
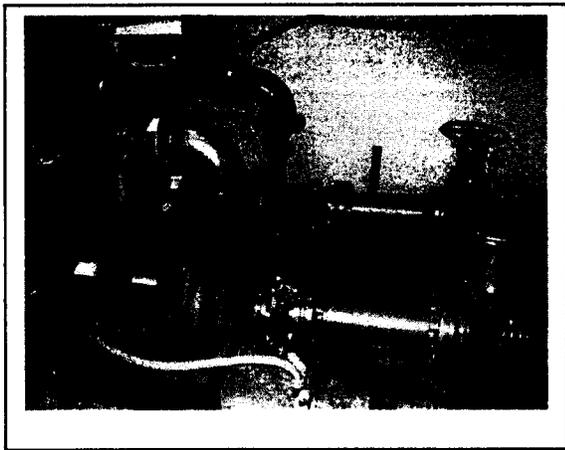
1. Copies of the emergency preparedness plan, system maps, sampling plans, and other related plans/documents should be kept at the plants for the operator's use.

PHOTOS





Arrow shows ball valve that must be locked open.



INSPECTOR'S SIGNATURE *Herdon Rome* TITLE EC DATE: 7/24/2013

REVIEWED BY *[Signature]* TITLE ESIII DATE: 07/24/2013



**FLORIDA DEPARTMENT OF
ENVIRONMENTAL PROTECTION**

SOUTH DISTRICT
P.O. BOX 2549
FORT MYERS, FL 33902-2549

RICK SCOTT
GOVERNOR

HERSCHEL T. VINYARD JR.
SECRETARY

July 24, 2013

Mr. Gary Deremer, President
HC Waterworks, Inc.
4939 Cross Bayou Boulevard
New Port Richey, FL 34652
gderemer@uswatercorp.net

Re: Highlands County - PW
Lake Josephine Heights
PWS I.D. Number: 6280162
Compliance Inspection Report

Dear Mr. Deremer:

Enclosed is your copy of the recently completed Compliance 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. Please correct all deficiencies as soon as possible and notify the Department in writing of corrective actions completed by no later than August 24, 2013. For those deficiencies which cannot be corrected by that date, please submit a written request for a time extension that proposes specific deadlines to complete corrective actions.

If you have any questions, please contact me at the letterhead address or call 239-344-5688, or by e-mail at Gordon.Romeis@dep.state.fl.us. All correspondence must include the system name and PWS I.D. number.

Sincerely,

Gordon Romeis
Environmental Consultant



Water and Wastewater Utility Operations, Maintenance, Engineering, Management, Construction

August 15, 2013

Mr. Albert McLaurin, P.E.
Assistant Director
Florida Department of Environmental Protection
South District Office
2295 Victoria Avenue, Suite 364
Ft. Myers, FL 33902-2549

**RE: HC Waterworks/Lake Josephine Water System
Highland County, Florida
PWS ID No. 628-0162**

Dear Mr. McLaurin:

This is in response to your letter of August 8, 2013, requesting a corrective action plan to address the complaints of the customers regarding the occurrence of color, odor, and particulate matter in their water supply.

The occurrence of the color, odor, and particulate matter in the water was due to excessive flushing of the water distribution system which scoured the pipes and dislodged the brown deposits in them. After four days of flushing, the distribution system was clear and had a chlorine residual ranging from 0.8 to 1.5 mg/l.

Even though the distribution system is free of these contaminants, there is a need to flush the lines in the customers' homes of any remaining particulates drawn into them due to flushing. We have advised our customers about this need.

Since Lake Josephine water system is interconnected with Sebring Lake system, the latter experienced the same problem due to the extensive flushing of its water lines. Accordingly, we have modified our flushing procedures to prevent any similar problems in the future. This will include making adjustments to the auto flusher to help maintain consistent chlorine residual throughout the system and rotating the manual flushing points on a weekly basis.

**4939 Cross Bayou Boulevard * New Port Richey, Florida * 34652
Phone: 727-848-8292 * Fax: 727-848-7701 * Toll Free: 866-753-8292**

Mr. Albert McLaurin, P.E.
August 15, 2013

Page 2 of 2

We hope we have addressed your concerns. Please feel free to call me at (727) 243-5875 should you have any questions or need further information.

Sincerely,

A handwritten signature in black ink, appearing to read "Mo Kader". The signature is fluid and cursive, with a long horizontal stroke at the end.

Mo Kader, P.E.
Engineering Director & VP
U.S. Water Services Corporation

MK/mk

Cc: Gary Deremer, HC Waterworks
Jay Thabaraj, Ph.D., US Water
Ron Dorosette, US Water



**FLORIDA DEPARTMENT OF
ENVIRONMENTAL PROTECTION**

SOUTH DISTRICT
P.O. BOX 2549
FORT MYERS, FL 33902-2549
SouthDistrict@dep.state.fl.us

RICK SCOTT
GOVERNOR

CARLOS LOPEZ-CANERA
LT. GOVERNOR

HERSCHEL T. VINYARD JR.
SECRETARY

September 9, 2014

PERMITTEE:

Gary Deremer, President
HC Waterworks, Inc. – Lake Josephine
4939 Cross Bayou Blvd.
New Port Richey, FL 34652
mkader@uswatercorp.net

RE: Highlands County - PW
HC Waterworks Lake Josephine &
Sebring Lake WTPs – Chloramine Conversion
198083-002-WC/M1

Dear Mr. Rutledge:

This acknowledges receipt of certification that the subject water treatment plant improvement has been **completed** in accordance with the plans and related materials permitted by this agency under Permit Number 198083-002-WC/M1, dated April 24, 2014.

Based on this certification and satisfactory bacteriological results, we are approving the chloramine conversion for service. Your continued cooperation in our water supply program is appreciated.

Sincerely,

O. James Oni
Professional Engineer
Water Facilities

Cc: Mohammed Y. Kader, P.E., mkader@uswatercorp.net
Gordon Romeis, FDEP, gordon.romeis@dep.state.fl.us
Ryan Snyder, FDEP, ryan.snyder@dep.state.fl.us

HC Waterworks, Inc.
Docket No. 140158-WS
Permits



**FLORIDA DEPARTMENT OF
ENVIRONMENTAL PROTECTION**

SOUTH DISTRICT
P.O. BOX 2549
FORT MYERS, FL 33902-2549

RICK SCOTT
GOVERNOR

CARLOS LOPEZ-CANTERA
LT. GOVERNOR

HERSCHEL T. VINYARD JR.
SECRETARY

April 24, 2014

**In the matter of an
Application for Permit by:**

Gary Deremer, President
C/O Mohammed Y. Kader
HC Waterworks, Inc.
– Lake Josephine/Sebring Lakes
4939 Cross Bayou Boulevard
New Port Richey, FL 34652
Emailed to: mkader@uswatercorp.net

HC Waterworks Lake Josephine & Sebring Lake
WTP's Chloramine Conversion
DEP File No. 198083-002-WC/M1
County: Highlands

NOTICE OF PERMIT ISSUANCE

Enclosed is Permit Number 198083-002-WC/M1 to install the subject ammonium sulfate feed system for conversion of disinfection system to chloramination to the existing Water Treatment Plants, issued pursuant to Section 403.861(9), Florida Statutes.

This permit is final and effective on the date filed with the clerk of the Department unless a petition is filed in accordance with the paragraphs below or unless a request for extension of time in which to file a petition is filed within the required timeframe and conforms to Rule 62-110.106(4), F.A.C. Upon timely filing of a petition or a request for an extension, this permit will not be effective until further Order of the Department.

A person whose substantial interests are affected by this permit may petition for an administrative proceeding (hearing) in accordance with sections 120.569 and 120.57 of the Florida Statutes. The petition must contain the information set forth below and must be filed (received) with the Agency Clerk for the Department of Environmental Protection, Office of General Counsel, Mail Station 35, 3900 Commonwealth Boulevard, Tallahassee, Florida 32399-3000, within 14 days of receipt of this Notice. Petitioner shall mail a copy of the petition to the applicant at the address indicated above at the time of filing. Failure to file a petition within this time period shall constitute a waiver of any right such person may have to request an administrative determination (hearing) under sections 120.569 and 120.57 of the Florida Statutes. Any subsequent intervention will only be at the approval of the presiding officer upon motion filed pursuant to Rule 28-106.205, F.A.C.

A petition must contain the following information:

- a. The name and address of each agency affected and each agency's file or identification number, if known;
- b. The name, address, and telephone number of the petitioner; the name, address, and telephone number of the petitioner's representative, if any, which shall be the address for service purposes during the course of the proceeding; and an explanation of how the petitioner's substantial interests will be affected by the agency determination;

HC Waterworks Lake Josephine & Sebring Lake WTP's - Chloramine Conversion
DEP File No. 198083-002-WC/M1
County: Highlands

- c. A statement of how and when the petitioner received notice of the agency decision;
- d. A statement of all disputed issues of material fact. If there are none, the petition must so indicate;
- e. A concise statement of the ultimate facts alleged, including the specific facts which petitioner contends warrant reversal or modification of the Department's action;
- f. A statement of the specific rules or statutes the petitioner contends requires reversal or modification of the Department's action, including an explanation of how the alleged facts relate to the specific rules or statutes; and
- g. A statement of the relief sought by petitioner, stating precisely the action that the petitioner wants the Department to take.

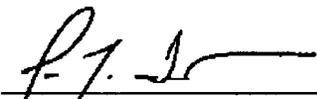
A petition that does not dispute the materials facts on which the Department's action is based shall state that no such facts are in dispute and otherwise contain the same information as set forth above, as required by Rule 28-106.301, F.A.C.

Because the administrative hearing process is designed to formulate final agency action, the filing of a petition means that, the Department's final action may be different from the position taken by it in this Notice. Persons whose substantial interests will be affected by any such final decision of the Department on the petition have the right to petition to become a party to the proceeding, in accordance with the requirements set forth above.

When the Order (Permit) is final, any party to the Order has the right to seek judicial review of the Order pursuant to section 120.68 of the Florida Statutes, by filing a Notice of Appeal pursuant to Rule 9.110 of the Florida Rules of Appellate Procedure, with the Clerk of the Department in the Office of General Counsel, Mail Station 35, 3900 Commonwealth Boulevard, Tallahassee, Florida 32399-3000; and by filing a copy of the notice of appeal accompanied by the applicable filing fees with the appropriate district court of appeal. The notice of appeal must be filed within 30 days from the date when the final order is filed with the Clerk of the Department.

Executed in Fort Myers, Florida.

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL PROTECTION



Jon M. Iglehart
Director of District Management
2295 Victoria Avenue, Suite 364
Fort Myers, Florida 33901
Phone Number (239) 344-5600

HC Waterworks Lake Josephine & Sebring Lake WTP's - Chloramine Conversion
DEP File No. 198083-002-WC/M1
County: Highlands

CERTIFICATION OF SERVICE

The undersigned duly designated deputy agency clerk hereby certifies that this Notice of Permit Issuance and all copies were mailed/electronically transmitted before the close of business on **April 24, 2014** to those persons listed.

FILING AND ACKNOWLEDGEMENT

Filed, on this date, under section 120.52(7), Florida Statutes, with the designated Department Clerk, receipt of which is hereby acknowledged.



Clerk

April 24, 2014
Date

Attachment: Permit
Copies Furnished to: Mohammed Y. Kader, P.E.
Gordon Romeis, FDEP



**FLORIDA DEPARTMENT OF
ENVIRONMENTAL PROTECTION**

SOUTH DISTRICT
P.O. BOX 2549
FORT MYERS, FL 33902-2549

RICK SCOTT
GOVERNOR

CARLOS LOPEZ-CANTERA
LT. GOVERNOR

HERSCHEL T. VINYARD JR.
SECRETARY

ELECTRONIC CORRESPONDENCE

PERMITTEE:

Gary Deremer, President
C/O Mohammed Y. Kader
HC Waterworks, Inc. – Lake Josephine &
Sebring Lake
4939 Cross Bayou Boulevard
New Port Richey, FL 34652
E-mailed to: mkader@uswatercrop.net

PWS ID NUMBER: 6280162

PERMIT NUMBER: 198083-002-WC/M1

DATE OF ISSUE: April 24, 2014

EXPIRATION DATE: April 23, 2019

COUNTY: Highlands

PROJECT: HC Waterworks Lake Josephine
& Sebring Lake WTP's - Chloramine
Conversion

This permit is issued under the provisions of Chapter 403, Florida Statutes (F.S.), and Florida Administrative Code (F.A.C.) Chapters 62-4, 62-550, 62-555 and 62-699. The above named permittee is hereby authorized to perform the work or operate the facility shown on the application and approved drawings, plans, and other documents attached hereto or on file with the Department and made a part hereof and specifically described as follows:

TO CONSTRUCT: Improvements to Lake Josephine 0.320 MGD WTP and Sebring Lake 0.280 MGD WTP for a combine total design flow of 0.600 MGD WTP's. Chloramine Conversion by installing ammonium sulfate feed system to control the formation of Total Trihalomethanes (TTHMs) and Haloacetic Acids (HAA5s);

PROPOSED CONSTRUCTION INCLUDES: Installation of ammonium sulfate feed system for both plants consisting of the following for each system:

1. Installation of two Stenner Series 45MHP10 (with # 2 tubing) chemical metering pumps each rated at 0.42 gph, 30 gallon day tank for use with 40% ammonium sulfate solution and two 55 gallon drums for liquid ammonium sulfate bulk storage. The chemical metering pumps for use with the liquid chlorine solution are existing;
2. Installation of one 6-inch PVC Static mixer to be installed downstream from ammonium sulfate injection point;
3. Installation of one new 40% ammonium sulfate injection point;
4. Installation of one sample tap for measurement of free chlorine concentration before the injection of ammonia;
5. Installation of one sample tap for measurement of monochloramine of the finished water after the injection of ammonia;

PERMITTEE:

Gary Deremer, President
C/O Mohammed Y. Kader
HC Waterworks, Inc. – Lake Josephine/Sebring Lakes

PWS ID NUMBER: 6280162

PERMIT NUMBER: 198083-002-WC/M1

DATE OF ISSUE: April 24, 2014

EXPIRATION DATE: April 23, 2019

COUNTY: Highlands

PROJECT: HC Waterworks

Lake Josephine & Sebring Lake
WTP's - Chloramine Conversion

IN ACCORDANCE WITH: U.S. Water Services Corporation, design drawings for both Lake Josephine & Sebring Lakes plants, sheet numbers 1 through 4 of 4, dated April 7, and 22, 2014. The design drawings were submitted in support of the construction application. The application was dated April 7, 2014, along with the engineering report dated April 7, revised April 22, and received the same date.

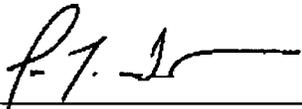
LOCATION:

The projects are located at 1949 Canary Way and 5313 Knight Ave, Sebring, in Highlands County, Florida.

Work must be conducted in accordance with the General and Specific Conditions, attached hereto.

Issued this 24th day of April, 2014.

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL PROTECTION



Jon M. Iglehart
Director of District Management

PERMITTEE:

Gary Deremer, President
C/O Mohammed Y. Kader
HC Waterworks, Inc. – Lake Josephine/Sebring Lakes

PWS ID NUMBER: 6280162

PERMIT NUMBER: 198083-002-WC/M1

DATE OF ISSUE: April 24, 2014

EXPIRATION DATE: April 23, 2019

COUNTY: Highlands

PROJECT: HC Waterworks

Lake Josephine & Sebring Lake
WTP's - Chloramine Conversion

GENERAL CONDITIONS:

The following General Conditions are referenced in Florida Administrative Code Rule 62-4.160.

1. The terms, conditions, requirements, limitations and restrictions set forth in this permit, are "permit conditions" and are binding and enforceable pursuant to Sections 403.141, 403.727, or 403.859 through 403.861, F.S. The permittee is placed on notice that the Department will review this permit periodically and may initiate enforcement action for any violation of these conditions.
2. This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviation from the approved drawings, exhibits, specifications, or conditions of this permit may constitute grounds for revocation and enforcement action by the Department.
3. As provided in subsections 403.087(6) and 403.722(5), 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 any infringement of federal, state, or local laws or regulations. This permit is not a waiver of or approval of any other Department permit that may be required for other aspects of the total project which are not addressed in this permit.
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.
5. This permit does not relieve the permittee from liability 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, or from penalties therefore; 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.
6. The permittee shall 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, are required by Department rules. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to achieve compliance with the conditions of the permit and when required by Department rules.

PERMITTEE:

Gary Deremer, President
C/O Mohammed Y. Kader
HC Waterworks, Inc. – Lake Josephine/Sebring Lakes

PWS ID NUMBER: 6280162

PERMIT NUMBER: 198083-002-WC/M1

DATE OF ISSUE: April 24, 2014

EXPIRATION DATE: April 23, 2019

COUNTY: Highlands

PROJECT: HC Waterworks

Lake Josephine & Sebring Lake
WTP's - Chloramine Conversion

7. The permittee, by accepting this permit, specifically agrees to allow authorized Department personnel, upon presentation of credentials or other documents as may be required by law and at reasonable times, access to the premises where the permitted activity is located or conducted to:
 - a. Have access to and copy any records that must be kept under conditions of the permit;
 - b. Inspect the facility, equipment, practices, or operations regulated or required under this permit; and
 - c. Sample or monitor any substances or parameters at any location reasonable necessary to assure compliance with this permit or Department rules. Reasonable time may depend on the nature of the concern being investigated.

8. If, for any reason, the permittee does not comply with or will be unable to comply with any condition or limitation specified in this permit, the permittee shall immediately provide the Department with the following information:
 - a. A description of and cause of noncompliance; and
 - b. The period of noncompliance, including dates and times; or, if not corrected, the anticipated time the noncompliance is expected to continue, and steps being taken to reduce, eliminate, and prevent recurrence of the noncompliance. The permittee shall be responsible for any and all damages, which may result and may be subject to enforcement action by the Department for penalties or for revocation of this permit.

9. 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 where such use is prescribed by Section 403.111 and 403.73, F.S. Such evidence shall only be used to the extent it is consistent with the Florida Rules of Civil Procedure and appropriate evidentiary rules.

10. The permittee 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, shall include a reasonable time to obtain or be denied a mixing zone for the new or amended standard.

PERMITTEE:

Gary Deremer, President
C/O Mohammed Y. Kader
HC Waterworks, Inc. – Lake Josephine/Sebring Lakes

PWS ID NUMBER: 6280162

PERMIT NUMBER: 198083-002-WC/M1

DATE OF ISSUE: April 24, 2014

EXPIRATION DATE: April 23, 2019

COUNTY: Highlands

PROJECT: HC Waterworks

Lake Josephine & Sebring Lake
WTP's - Chloramine Conversion

11. This permit is transferable only upon Department approval in accordance with Rule 62-4.120 and 62-730.300 F.A.C., as applicable. The permittee shall be liable for any noncompliance of the permitted activity until the transfer is approved by the Department.
12. This permit or a copy thereof shall be kept at the work site of the permitted activity.
13. This permit also constitutes:
 - a. Determination of Best Available Control Technology (BACT)
 - b. Determination of Prevention of Significant Deterioration (PSD)
 - c. Certification of compliance with state Water Quality Standards (Section 401, PL 92-500)
 - d. Compliance with New Source Performance Standards
14. The permittee shall comply with the following:
 - a. Upon request, the permittee shall furnish all records and plans required under Department rules. During enforcement actions, the retention period for all records will be extended automatically unless otherwise stipulated by the Department.
 - b. The permittee shall hold at the facility or other location designated by this permit records of all monitoring information (including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation) required by the permit, copies of all reports required by this permit, and records of all data used to complete the application for this permit. These materials shall be retained at least three years from the date of the sample, measurement, report, or application unless otherwise specified by Department rule.
 - c. Records of monitoring information shall include:
 1. the date, exact place, and time of sampling or measurements;
 2. the person responsible for performing the sampling or measurements;
 3. the dates analyses were performed;
 4. the person responsible for performing the analyses;
 5. the analytical techniques or methods used;
 6. the results of such analyses.

PERMITTEE:

Gary Deremer, President
C/O Mohammed Y. Kader
HC Waterworks, Inc. – Lake Josephine/Sebring Lakes

PWS ID NUMBER: 6280162

PERMIT NUMBER: 198083-002-WC/M1

DATE OF ISSUE: April 24, 2014

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COUNTY: Highlands

PROJECT: HC Waterworks

Lake Josephine & Sebring Lake
WTP's - Chloramine Conversion

15. When requested by the Department, the permittee shall within a reasonable time furnish any information required by law, which is needed to determine compliance with the permit. If the permittee becomes aware the relevant facts were not submitted or were incorrect in the permit application or in any report to the Department, such facts or information shall be corrected promptly.

SPECIFIC CONDITIONS:

1. The Permittee shall retain a Florida-licensed professional engineer in accordance with subsection 62-555.530(3), F.A.C., to take responsible charge of inspecting construction of the project for the purpose of determining in general if the construction proceeds in compliance with the permit, including the approved preliminary design report or drawings and specifications for the project.
2. The Permittee shall have complete record drawings produced for the project in accordance with subsection 62-555.530(4), F.A.C.
3. The Permittee shall provide an operation and maintenance manual for all new or altered facilities to fulfill the requirements under subsection 62-555.350(13), F.A.C.
4. The Permittee shall submit a certification of construction completion to the Department and obtain approval or clearance, from the Department per Rule 62-555.345, F.A.C., before placing any public water system components constructed or altered under this permit in operation for any purpose other than disinfection, testing for leaks, or testing equipment operation. This does not prohibit the Permittee from cutting into existing water mains, and returning the water mains to operation in accordance with subsection 62-555.340(5), F.A.C., without the Department's approval.
5. Chemicals that are contained in coatings that are applied to a surface in contact with drinking water, or are otherwise on equipment surfaces that come into contact with the water, and additives and chemicals used to treat water shall conform to American National Standards Institute (ANSI)/NSF International Standard 60-1988. Water system components whose surfaces come into contact with drinking water shall conform to ANSI/NSF Standard 61-1991. The authorized representative of the public water system shall certify in writing that each item conforms to the appropriate standard prior to release for operation. *[Ref. 62-555.320(3)(a), 62-555.320(3)(b) and 62-555.320(3)(d)]*

PERMITTEE:

Gary Deremer, President
C/O Mohammed Y. Kader
HC Waterworks, Inc. – Lake Josephine/Sebring Lakes

PWS ID NUMBER: 6280162

PERMIT NUMBER: 198083-002-WC/M1

DATE OF ISSUE: April 24, 2014

EXPIRATION DATE: April 23, 2019

COUNTY: Highlands

PROJECT: HC Waterworks

Lake Josephine & Sebring Lake
WTP's - Chloramine Conversion

6. The installation or repair of any public water system, or any plumbing in residential or nonresidential facility providing water for human consumption, which is connected to a public water system, shall be lead free. [Ref. 62-555.322(1)]
7. The permittee must instruct the engineer of record to request system clearance from the Department within sixty (60) days of completion of construction, testing and disinfecting the system. Bacteriological test results shall be considered unacceptable if the test were completed more than 60 days before the Department received the results. [F.A.C. Rule 62-555.340(2)(c)]
8. Permitted construction or alteration of a public water system may not be placed into service until a letter of clearance has been issued by this Department. [F.A.C. Rule 62-555.345]
9. Prior to placing this project into service, Permittee shall submit, at a minimum, all of the following to the Department for evaluation and approval for operation, as provided in Rules 62-555.340 and 62-555.345, F.A.C.:
 - a. the engineer's *Certification of Construction Completion and Request for Clearance to Place Permitted PWS Components Into Operation* [DEP Form 62-555.900(9)];
 - b. certified record drawings, if there are any changes noted for the permitted project;
 - c. a copy of a satisfactory pressure test of the process piping performed in accordance with AWWA Standards. [F.A.C. Rule 62-555.320(21)(a)(1)]; and
 - d. two consecutive days of satisfactory distribution bacteriological analytical results.

In order to facilitate the issuance of a letter of clearance, the Department requests that all of the above information be submitted as one package.

10. Both facilities have been classified as a Category IV, Class C water treatment plant. Accordingly, the lead or chief operator must be Class C or higher. Proof of staffing by a Class C or higher operator: 5 visit/week and one visit each weekend for a total of 1.2 hours/week. F.A.C. Rule 62-699.310(2)(e)4.
11. The water treatment plant shall maintain throughout the distribution system a minimum combined chlorine residual of 0.6 mg/l or its equivalent. A minimum system pressure of 20 psi must be maintained throughout the system. Also, safety equipment shall be provided and located outside of chlorine room.

PERMITTEE:

Gary Deremer, President
C/O Mohammed Y. Kader
HC Waterworks, Inc. – Lake Josephine/Sebring Lakes

PWS ID NUMBER: 6280162

PERMIT NUMBER: 198083-002-WC/M1

DATE OF ISSUE: April 24, 2014

EXPIRATION DATE: April 23, 2019

COUNTY: Highlands

PROJECT: HC Waterworks

Lake Josephine & Sebring Lake
WTP's - Chloramine Conversion

12. Permittee shall follow the guidelines of Chapters 62-550, 62-555, and 62-560, F.A.C., regarding public drinking water system standards, monitoring, reporting, permitting, construction, and operation.
13. This facility is a Community Water System as defined in F.A.C. Rule 62-550.200(16) and shall comply with the applicable chemical, radiological, lead and copper, and bacteriological monitoring requirements of F.A.C. Rule 62-550. Such requirements shall be initiated within the quarter that the water treatment facility is placed into service and the results submitted to the Department.
14. The permittee shall submit a monthly operations report (MOR) DEP Form 62-555.900(3), to the Department no later than the tenth of each succeeding month.
15. The permittee shall provide an operation and maintenance manual for the new or altered treatment facilities to fulfill the requirements under subsection 62-555.350(13), F.A.C. The manual shall contain operation and control procedures, and preventative maintenance and repair procedures, for all plant equipment and shall be made available for reference at the plant or at a convenient location near the plant. Bound and indexed equipment manufacturer manuals shall be considered sufficient to meet the requirements of the subsection.
16. The permittee or suppliers of water shall telephone the State Warning Point (SWP), at 1-800-320-0519 immediately (i.e. within two hours) after discovery of any actual or suspected sabotage or security breach, or any suspicious incident, involving a public water system in accordance with the F.A.C. Rule 62-555.350(10).



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FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

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

RICK SCOTT
GOVERNOR

HERSCHEL T. VINYARD JR.
SECRETARY

July 15, 2013

**In the matter of an
Application for Permit by:**

Gary Deremer, President
HC Waterworks, Inc. – Leisure Lakes
4939 Cross Bayou Blvd
New Port Richey, FL 34652
mkader@uswatercorp.net

DEP File No. 319811-001-WC/MC
Highlands County
Leisure Lakes WTP – Chloramine Conversion

NOTICE OF PERMIT ISSUANCE

Enclosed is Permit Number 319811-001-WC/M1 to install the subject ammonium sulfate feed system for conversion of disinfection system to chloramination to the existing 0.072 MGD Water Treatment Plant, issued pursuant to Section 403.861(9), Florida Statutes.

This permit is final and effective on the date filed with the clerk of the Department unless a petition is filed in accordance with the paragraphs below or unless a request for extension of time in which to file a petition is filed within the required timeframe and conforms to Rule 62-110.106(4), F.A.C. Upon timely filing of a petition or a request for an extension, this permit will not be effective until further Order of the Department.

A person whose substantial interests are affected by this permit may petition for an administrative proceeding (hearing) in accordance with sections 120.569 and 120.57 of the Florida Statutes. The petition must contain the information set forth below and must be filed (received) with the Agency Clerk for the Department of Environmental Protection, Office of General Counsel, Mail Station 35, 3900 Commonwealth Boulevard, Tallahassee, Florida 32399-3000, within 14 days of receipt of this Notice. Petitioner shall mail a copy of the petition to the applicant at the address indicated above at the time of filing. Failure to file a petition within this time period shall constitute a waiver of any right such person may have to request an administrative determination (hearing) under sections 120.569 and 120.57 of the Florida Statutes. Any subsequent intervention will only be at the approval of the presiding officer upon motion filed pursuant to Rule 28-106.205, F.A.C.

A petition must contain the following information:

- (a) The name and address of each agency affected and each agency's file or identification number, if known;
- (b) The name, address, and telephone number of the petitioner; the name, address, and telephone number of the petitioner's representative, if any, which shall be the address for service purposes during the course of the proceeding; and an explanation of how the petitioner's substantial interests will be affected by the agency determination;
- (c) A statement of how and when the petitioner received notice of the agency decision;
- (d) A statement of all disputed issues of material fact. If there are none, the petition must so indicate;
- (e) A concise statement of the ultimate facts alleged, including the specific facts which petitioner contends warrant reversal or modification of the Department's action;
- (f) A statement of the specific rules or statutes the petitioner contends requires reversal or modification of the Department's action, including an explanation of how the alleged facts relate to the specific rules or statutes; and
- (g) A statement of the relief sought by petitioner, stating precisely the action that the petitioner wants the Department to take.

A petition that does not dispute the material facts on which the Department's action is based shall state that no such facts are in dispute and otherwise contain the same information as set forth above, as required by Rule 28-106.301, F.A.C.

Because the administrative hearing process is designed to formulate final agency action, the filing of a petition means that, the Department's final action may be different from the position taken by it in this Notice. Persons whose substantial interests will be affected by any such final decision of the Department on the petition have the right to petition to become a party to the proceeding, in accordance with the requirements set forth above.

When the Order (Permit) is final, any party to the Order has the right to seek judicial review of the Order pursuant to section 120.68 of the Florida Statutes, by filing a Notice of Appeal pursuant to Rule 9.110 of the Florida Rules of Appellate Procedure, with the Clerk of the Department in the Office of General Counsel, Mail Station 35, 3900 Commonwealth Boulevard, Tallahassee, Florida 32399-3000; and by filing a copy of the notice of appeal accompanied by the applicable filing fees with the appropriate district court of appeal. The notice of appeal must be filed within 30 days from the date when the final order is filed with the Clerk of the Department.

Executed in Fort Myers, Florida.

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL PROTECTION



Jon M. Iglehart
Director of District Management
2295 Victoria Avenue, Suite 364
Fort Myers, Florida 33901
Phone Number (239) 344-5600

Enclosure: Permit

CERTIFICATION OF SERVICE

The undersigned duly designated deputy agency clerk hereby certifies that this Notice of Permit Issuance and all copies were mailed/electronically transmitted before the close of business on July 16, 2013 to those persons listed.

FILING AND ACKNOWLEDGEMENT

Filed, on this date, under section 120.52(7), Florida Statutes, with the designated Department Clerk, receipt of which is hereby acknowledged.

Irene S. Collins

7-16-2013

Clerk

Date

Copies Furnished to: Mohammed Y. Kader, P.E. mkader@uswatercorp.net
Patty Baron, FDEP patty.baron@dep.state.fl.us
Gordon Romeis, FDEP gordon.romeis@dep.state.fl.us



**FLORIDA DEPARTMENT OF
ENVIRONMENTAL PROTECTION**

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

RICK SCOTT
GOVERNOR

HERSCHEL T. VINYARD JR.
SECRETARY

Jon M. Iglehart, Director
South District Office

July 15, 2013

ELECTRONIC CORRESPONDENCE

PERMITTEE:

Gary Deremer, President
HC Waterworks, Inc. – Leisure Lakes
4939 Cross Bayou Blvd
New Port Richey, FL 34652
mkader@uswatercorp.net

PWS ID NUMBER: 6280064

PERMIT NUMBER: 319811-001-WC/MC

DATE OF ISSUE: July 15, 2013

EXPIRATION DATE: July 14, 2018

COUNTY: Highlands

PROJECT: Leisure Lakes WTP – Chloramine
Conversion

This permit is issued under the provisions of Chapter 403, Florida Statutes (F.S.), and Florida Administrative Code (F.A.C.) Chapters 62-4, 62-550, 62-555 and 62-699. The above named permittee is hereby authorized to perform the work or operate the facility shown on the application and approved drawings, plans, and other documents attached hereto or on file with the Department and made a part hereof and specifically described as follows:

TO CONSTRUCT: Improvements to the existing 0.072 MGD Leisure Lakes WTP – Chloramine Conversion by installing ammonium sulfate feed system to control the formation of Total Trihalomethanes (TTHMs) and Haloacetic Acids (HAA5s);

PROPOSED CONSTRUCTION INCLUDES: Installation of ammonium sulfate feed system consisting of liquid ammonium sulfate, two 55 gallon bulk storage tanks and a 30 gallons day tank with dual Stenner Series 45MHP2 chemical metering (2) feed pumps each rated at 3.0 gpd, two 4-inch PVC Static mixers and two Stenner Series 85MHP 17 chemical metering pumps for use with the liquid chlorine solution.

IN ACCORDANCE WITH: U.S. Water Services Corporation, design drawings, sheet numbers 1 through 4 of 4, dated July 2 and 15, 2013. The design drawings were submitted in support of the construction application. The application was dated July 1, 2013, along with the engineering report dated July 9, revised July 15, and received the same date.

LOCATION: The project is located at 140 Woodside Drive, Lake Placid, in Highlands County, Florida.

Work must be conducted in accordance with the General and Specific Conditions, attached hereto.

Issued this 15th day of July, 2013.

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL PROTECTION

Jon M. Iglehart
Director of District Management

Attachments

GENERAL CONDITIONS:

The following General Conditions are referenced in Florida Administrative Code Rule 62-4.160.

1. The terms, conditions, requirements, limitations and restrictions set forth in this permit, are "permit conditions" and are binding and enforceable pursuant to Sections 403.141, 403.727, or 403.859 through 403.861, F.S. The permittee is placed on notice that the Department will review this permit periodically and may initiate enforcement action for any violation of these conditions.
2. This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviation from the approved drawings, exhibits, specifications, or conditions of this permit may constitute grounds for revocation and enforcement action by the Department.
3. As provided in subsections 403.087(6) and 403.722(5), 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 any infringement of federal, state, or local laws or regulations. This permit is not a waiver of or approval of any other Department permit that may be required for other aspects of the total project which are not addressed in this permit.
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.
5. This permit does not relieve the permittee from liability 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, or from penalties therefore; 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.
6. The permittee shall 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, are required by Department rules. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to achieve compliance with the conditions of the permit and when required by Department rules.
7. The permittee, by accepting this permit, specifically agrees to allow authorized Department personnel, upon presentation of credentials or other documents as may be required by law and at reasonable times, access to the premises where the permitted activity is located or conducted to:
 - a. Have access to and copy any records that must be kept under conditions of the permit;
 - b. Inspect the facility, equipment, practices, or operations regulated or required under this permit; and
 - c. Sample or monitor any substances or parameters at any location reasonable necessary to assure compliance with this permit or Department rules. Reasonable time may depend on the nature of the concern being investigated.
8. If, for any reason, the permittee does not comply with or will be unable to comply with any condition or limitation specified in this permit, the permittee shall immediately provide the Department with the following information:
 - a. A description of and cause of noncompliance; and
 - b. The period of noncompliance, including dates and times; or, if not corrected, the anticipated time the noncompliance is expected to continue, and steps being taken to reduce, eliminate, and prevent recurrence of the noncompliance. The permittee shall be responsible for any and all damages, which may result and may be subject to enforcement action by the Department for penalties or for revocation of this permit.
9. 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 where such use is prescribed by Section 403.111 and 403.73, F.S. Such evidence shall only be used to the extent it is consistent with the Florida Rules of Civil Procedure and appropriate evidentiary rules.

10. The permittee 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, shall include a reasonable time to obtain or be denied a mixing zone for the new or amended standard.
11. This permit is transferable only upon Department approval in accordance with Rule 62-4.120 and 62-730.300 F.A.C., as applicable. The permittee shall be liable for any non-compliance of the permitted activity until the transfer is approved by the Department.
12. This permit or a copy thereof shall be kept at the work site of the permitted activity.
13. This permit also constitutes:
 - a. Determination of Best Available Control Technology (BACT)
 - b. Determination of Prevention of Significant Deterioration (PSD)
 - c. Certification of compliance with state Water Quality Standards (Section 401, PL 92-500)
 - d. Compliance with New Source Performance Standards
14. The permittee shall comply with the following:
 - a. Upon request, the permittee shall furnish all records and plans required under Department rules. During enforcement actions, the retention period for all records will be extended automatically unless otherwise stipulated by the Department.
 - b. The permittee shall hold at the facility or other location designated by this permit records of all monitoring information (including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation) required by the permit, copies of all reports required by this permit, and records of all data used to complete the application for this permit. These materials shall be retained at least three years from the date of the sample, measurement, report, or application unless otherwise specified by Department rule.
 - c. Records of monitoring information shall include:
 1. the date, exact place, and time of sampling or measurements;
 2. the person responsible for performing the sampling or measurements;
 3. the dates analyses were performed;
 4. the person responsible for performing the analyses;
 5. the analytical techniques or methods used;
 6. the results of such analyses.
15. When requested by the Department, the permittee shall within a reasonable time furnish any information required by law, which is needed to determine compliance with the permit. If the permittee becomes aware the relevant facts were not submitted or were incorrect in the permit application or in any report to the Department, such facts or information shall be corrected promptly.

SPECIFIC CONDITIONS:

1. The Permittee shall retain a Florida-licensed professional engineer in accordance with subsection **62-555.530(3), F.A.C.**, to take responsible charge of inspecting construction of the project for the purpose of determining in general if the construction proceeds in compliance with the permit, including the approved preliminary design report or drawings and specifications for the project.
2. The Permittee shall have complete record drawings produced for the project in accordance with subsection **62-555.530(4), F.A.C.**
3. The Permittee shall provide an operation and maintenance manual for all new or altered facilities to fulfill the requirements under subsection **62-555.350(13), F.A.C.**
4. The Permittee shall submit a certification of construction completion to the Department and obtain approval or clearance, from the Department per **Rule 62-555.345, F.A.C.**, before placing any public water system components constructed or altered under this permit in operation for any purpose other than disinfection, testing for leaks, or testing equipment operation. This does not prohibit the Permittee from cutting into existing water mains, and returning the water mains to operation in accordance with subsection **62-555.340(5), F.A.C.**, without the Department's approval.

SPECIFIC CONDITIONS:

5. Chemicals that are contained in coatings that are applied to a surface in contact with drinking water, or are otherwise on equipment surfaces that come into contact with the water, and additives and chemicals used to treat water shall conform to American National Standards Institute (ANSI)/NSF International Standard 60-1988. Water system components whose surfaces come into contact with drinking water shall conform to ANSI/NSF Standard 61-1991. The authorized representative of the public water system shall certify in writing that each item conforms to the appropriate standard prior to release for operation. [Ref. 62-555.320(3)(a), 62-555.320(3)(b) and 62-555.320(3)(d)]
6. The installation or repair of any public water system, or any plumbing in residential or nonresidential facility providing water for human consumption, which is connected to a public water system, shall be lead free. [Ref. 62-555.322(1)]
7. The permittee must instruct the engineer of record to request system clearance from the Department within sixty (60) days of completion of construction, testing and disinfecting the system. Bacteriological test results shall be considered unacceptable if the test were completed more than 60 days before the Department received the results. [F.A.C. Rule 62-555.340(2)(c)]

Permitted construction or alteration of a public water system may not be placed into service until a letter of clearance has been issued by this Department. [F.A.C. Rule 62-555.345]

8. Prior to placing this project into service, Permittee shall submit, at a minimum, all of the following to the Department for evaluation and approval for operation, as provided in Rules 62-555.340 and 62-555.345, F.A.C.:
 - a. the engineer's *Certification of Construction Completion and Request for Clearance to Place Permitted PWS Components Into Operation* {DEP Form 62-555.900(9)};
 - b. certified record drawings, if there are any changes noted for the permitted project.
 - c. copy of a satisfactory pressure test of the process piping performed in accordance with AWWA Standards. [F.A.C. Rule 62-555.320(21)(a)(1)]
 - d. two consecutive days of satisfactory distribution bacteriological analytical results.

In order to facilitate the issuance of a letter of clearance, the Department requests that all of the above information be submitted as one package.

9. The facility has been classified as a Category IV, Class D water treatment plant. Accordingly, the lead or chief operator must be Class D or higher. Proof of staffing by a Class D or higher operator for 3 visits per week on nonconsecutive days for total of 0.6 hours per week. The lead/chief operator must be Class D or higher. F.A.C. Rule 62-699.310(2)(e)4.
10. The water treatment plant shall maintain throughout the distribution system a minimum combined chlorine residual of 0.6 mg/l or its equivalent. A minimum system pressure of 20 psi must be maintained throughout the system. Also, safety equipment shall be provided and located outside of chlorine room.
11. Permittee shall follow the guidelines of Chapters 62-550, 62-555, and 62-560, F.A.C., regarding public drinking water system standards, monitoring, reporting, permitting, construction, and operation.

This facility is a Community Water System as defined in F.A.C. Rule 62-550.200(16) and shall comply with the applicable chemical, radiological, lead and copper, and bacteriological monitoring requirements of F.A.C. Rule 62-550. Such requirements shall be initiated within the quarter that the water treatment facility is placed into service (i.e. January—March or April—June, the preceding are examples of quarters) and the results submitted to the Department.
12. The permittee shall submit a monthly operations report (MOR) DEP Form 62-555.900(3), to the Department no later than the tenth of each succeeding month.

SPECIFIC CONDITIONS:

13. The permittee shall provide an operation and maintenance manual for the new or altered treatment facilities to fulfill the requirements under subsection 62-555.350(13), F.A.C. The manual shall contain operation and control procedures, and preventative maintenance and repair procedures, for all plant equipment and shall be made available for reference at the plant or at a convenient location near the plant. Bound and indexed equipment manufacturer manuals shall be considered sufficient to meet the requirements of the subsection.
14. The permittee or suppliers of water shall telephone the State Warning Point (SWP), at 1-800-320-0519 immediately (i.e. within two hours) after discovery of any actual or suspected sabotage or security breach, or any suspicious incident, involving a public water system in accordance with the F.A.C. Rule 62-555.350(10).



APPLICATION FOR A SPECIFIC PERMIT TO CONSTRUCT PWS COMPONENTS

319811-001-WC

7-3-13

See page 4 for instructions.

I. General Project Information

A. Name of Project: Leisure Lakes WTP - Chloramine Conversion

B. Description of Project and Its Purpose: Conversion of the existing chlorine disinfection system to chloramination by the addition of the following: two Stenner Series 45MHP2 ammonium sulfate feed pumps, two Stenner Series 85MHP17 liquid chlorine solution feed pumps, 30-gallon ammonium sulfate storage tank, and two static mixers as shown by the attached plans.

C. Does project create a "new system" as described under subsection 62-555.525(1), F.A.C.? Yes, and a completed copy of Form 62-555.900(20), New Water System Capacity Development Financial and Managerial Operations Plan, is attached. No.

D. Location of Project

1. County Where Project Located: Highlands

2. Description of Project Location: 140 Woodside Drive, Lake Placid, FL 34652

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D.E.P. South District

3. Latitude and Longitude of Each New Treatment Plant and Each New Raw Water Source (attach additional sheets if necessary):

Name of New Treatment Plant or Raw Water Source	Latitude	Longitude
	° ' "N	° ' "W
	° ' "N	° ' "W
	° ' "N	° ' "W
	° ' "N	° ' "W
	° ' "N	° ' "W

E. Estimate of Cost to Construct Project: \$7,500.00

F. Estimate of Dates for Starting and Completing Construction of Project: 8/15/2013 - 8/30/2013

G. Applicant

PWS/Company Name: <u>HC Waterworks, Inc. - Leisure Lakes</u>		PWS Identification No.:* <u>6280064</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			
Contact Person: <u>Gary Deremer</u>		Contact Person's Title: <u>President</u>	
Contact Person's Mailing Address: <u>4939 Cross Bayou Blvd</u>			
City: <u>New Port Richey</u>		State: <u>Florida</u>	Zip Code: <u>34652</u>
Contact Person's Telephone Number: <u>7278488292</u>		Contact Person's Fax Number: <u>7278487701</u>	
Contact Person's E-Mail Address: <u>mkader@uswatercorp.net</u>			

* This information is required only if the applicant is a public water system (PWS).

H. Public Water System (PWS) Supplying Water to Project

PWS Name: <u>HC Waterworks, Inc. - Leisure Lakes</u>		PWS Identification No.: <u>6280064</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			
PWS Owner: <u>HC Waterworks, Inc. - Leisure Lakes</u>			
Contact Person: <u>Gary Deremer</u>		Contact Person's Title: <u>President</u>	
Contact Person's Mailing Address: <u>4939 Cross Bayou Blvd</u>			
City: <u>New Port Richey</u>		State: <u>Florida</u>	Zip Code: <u>34652</u>
Contact Person's Telephone Number: <u>7278488292</u>		Contact Person's Fax Number: <u>7278487701</u>	
Contact Person's E-Mail Address: <u>mkader@uswatercorp.net</u>			

APPLICATION FOR A SPECIFIC PERMIT TO CONSTRUCT PWS COMPONENTS

Project Name: <u>Leisure Lakes WTP - Chloramine Conversion</u>	Applicant: <u>HC Waterworks, Inc. - Leisure Lakes</u>
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I. Public Water System (PWS) that Will Own Project After It Is Placed into Permanent Operation

PWS Name: <u>HC Waterworks, Inc. - Leisure Lakes</u>		PWS Identification No.:* <u>6280064</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
PWS Owner: <u>HC Waterworks, Inc. - Leisure Lakes</u>		
Contact Person: <u>Gary Deremer</u>		Contact Person's Title: <u>President</u>
Contact Person's Mailing Address: <u>4939 Cross Bayou Blvd</u>		
City: <u>New Port Richey</u>	State: <u>Florida</u>	Zip Code: <u>34652</u>
Contact Person's Telephone Number: <u>7278488292</u>		Contact Person's Fax Number: <u>7278487701</u>
Contact Person's E-Mail Address: <u>mkader@uswatercorp.net</u>		

* This information is required only if the owner/operator is an existing PWS.

J. Professional Engineer(s) or Other Person(s) in Responsible Charge of Designing Project*

Company Name: <u>U.S. Water Services Corporation</u>		
Designer(s): <u>Mohammed Y. Kader, P.E.</u>		Title(s) of Designer(s): <u>Director of Engineering</u>
Qualifications of Designer(s):		
<input checked="" type="checkbox"/> Professional Engineer(s) Licensed in Florida – License Number(s): <u>45129</u>		
<input type="checkbox"/> Public Officer(s) Employed by State, County, Municipal, or Other Governmental Unit of State†		
<input type="checkbox"/> Plumbing Contractor(s) Licensed in Florida – License Number(s): [^]		
Mailing Address of Designer(s): <u>4939 Cross Bayou Blvd.</u>		
City: <u>New Port Richey</u>	State: <u>Florida</u>	Zip Code: <u>34652</u>
Telephone Number of Designer(s): <u>727-848-8292</u>		Fax Number of Designer(s): <u>727-848-7701</u>
E-Mail Address(es) of Designer(s): <u>mkader@uswatercorp.net</u>		

* Except as noted in paragraphs 62-555.520(3)(a) and (b), F.A.C., projects shall be designed under the responsible charge of one or more professional engineers licensed in Florida.

† Attach a detailed construction cost estimate showing that the cost to construct this project is \$10,000 or less.

[^] Attach documentation showing that this project will be installed by the plumbing contractor(s) designing this project, documentation showing that this project involves a public water system serving a single property and fewer than 250 fixture units, and a detailed construction cost estimate showing that the cost to construct this project is \$50,000 or less.

II. Certifications

A. Certification by Applicant

I am duly authorized to sign this application on behalf of the applicant identified in Part I.G of this application. I certify that, to the best of my knowledge and belief, this project complies with Chapter 62-555, F.A.C., and provides assurance of compliance with Chapter 62-550, F.A.C. I also certify that construction of this project has not begun yet.

	<u>7/1/2013</u>	<u>Gary Deremer</u>		<u>President</u>
Signature and Date		Printed or Typed Name		Title

B. Certification by PWS Supplying Water to Project

I am duly authorized to sign this application on behalf of the PWS identified in Part I.H of this application. I certify that said PWS will supply the water necessary to meet the design water demands for this project. I certify that, to the best of my knowledge and belief, said PWS's connection to this project will not cause said PWS to be, or contribute to said PWS being, in noncompliance with Chapter 62-550 or 62-555, F.A.C. I also certify that said PWS has reviewed the preliminary design report or drawings, specifications, and design data for this project and that said PWS considers the connection(s) between this project and said PWS acceptable as designed.

- Name(s) of Water Treatment Plant(s) to Which this Project Will Be Connected: Leisure Lakes WTP

- Total Permitted Maximum Day Operating Capacity of Plant(s), gpd: 72,000
- Total Maximum Day Flow at Plant(s) as Recorded on Monthly Operating Reports During Past 12 Months, gpd: 53,000

	<u>7/1/2013</u>	<u>Gary Deremer</u>		<u>President</u>
Signature and Date		Printed or Typed Name		Title

APPLICATION FOR A SPECIFIC PERMIT TO CONSTRUCT PWS COMPONENTS

Project Name: Leisure Lakes WTP - Chloramine Conversion	Applicant: HC Waterworks, Inc. - Leisure Lakes
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C. Certification by PWS that Will Own Project After It Is Placed into Permanent Operation

I am duly authorized to sign this application on behalf of the PWS identified in Part I.I of this application. I certify that said PWS will own this project after it is placed into permanent operation. I also certify that said PWS has reviewed the preliminary design report or drawings, specifications, and design data for this project and that said PWS considers this project acceptable as designed.

7/1/2013 Signature and Date	Gary Deremer Printed or Typed Name	President Title
--------------------------------	---------------------------------------	--------------------

D. Certification by Professional Engineer(s) in Responsible Charge of Designing Project*

I, the undersigned professional engineer licensed in Florida, am in responsible charge of preparing the preliminary design report or drawings, specifications, and design data for this project. I certify that, to the best of my knowledge and belief, the design of this project complies with Chapter 62-555, F.A.C., and provides assurance of compliance with Chapter 62-550, F.A.C.

Signature, Seal, and Date: July 2, 2013
Printed/Typed Name: Mohammed Y. Kader, P.E.
License Number: 45129
Portion of Engineering Document(s) for Which Responsible: Entire project

Signature, Seal, and Date:
Printed/Typed Name:
License Number:
Portion of Engineering Document(s) for Which Responsible:

Signature, Seal, and Date:
Printed/Typed Name:
License Number:
Portion of Engineering Document(s) for Which Responsible:

Signature, Seal, and Date:
Printed/Typed Name:
License Number:
Portion of Engineering Document(s) for Which Responsible:

** Except as noted in paragraphs 62-555.520(3)(a) and (b), F.A.C., projects shall be designed under the responsible charge of one or more professional engineers (PEs) licensed in Florida. If this project is being designed under the responsible charge of one or more PEs licensed in Florida, Part II.D of this application shall be completed by the PE(s) in responsible charge. If this project is not being designed under the responsible charge of one or more PEs licensed in Florida, Part II.D does not have to be completed.*

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O.E.P. South District

APPLICATION FOR A SPECIFIC PERMIT TO CONSTRUCT PWS COMPONENTS

INSTRUCTIONS: This application shall be completed and submitted by persons proposing to construct or alter public water system components unless such proposed construction or alteration is permitted under the Department of Environmental Protection's (DEP's) "General Permit for Construction of Water Main Extensions for Public Water Systems," in which case Form 62-555.900(7) is to be completed and submitted, or under the DEP's "General Permit for Construction of Lead or Copper Corrosion Control, or Iron or Manganese Sequestration, Treatment Facilities for Small or Medium Public Water Systems," in which case Form 62-555.900(18) is to be completed and submitted. Complete and submit one copy of this application to the appropriate DEP District Office or Approved County Health Department (ACHD) along with payment of the proper application processing fee and one copy of the following information:

- either a preliminary design report or drawings, specifications, and design data (the preliminary design report or drawings, specifications, and design data shall contain all pertinent information required under subsection 62-555.520(4), F.A.C.); and
- the Florida Public Service Commission (FPSC) certificate of authorization to provide water service if the project involves construction of a new public water system subject to the jurisdiction of the FPSC.

All information provided on this application shall be typed or printed in ink. Application processing fees are listed in paragraph 62-4.050(4)(n), F.A.C. Checks for application processing fees shall be made payable to the Department of Environmental Protection or to the appropriate ACHD. Preliminary design reports, drawings, specifications, and design data prepared under the responsible charge of one or more professional engineers licensed in Florida shall be signed, sealed, and dated by the professional engineer(s) in responsible charge. **NOTE THAT A SEPARATE APPLICATION AND A SEPARATE APPLICATION PROCESSING FEE ARE REQUIRED FOR EACH NON-CONTIGUOUS PROJECT.***

** Non-contiguous projects are projects that are neither interconnected nor located nearby one another (i.e., on the same site, on adjacent streets, or in the same neighborhood).*

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JUL 03 2013
D.E.P. South District

Shoemaker, Bennie

From: Mo Kader [mkader@uswatercorp.net]
Sent: Monday, July 15, 2013 11:46 AM
To: Shoemaker, Bennie
Subject: RE: RFI - Leisure Lakes WTP - Chloramine Conversion for permit application number 319811-001-WC.
Attachments: Response to RAI 07.15.13.pdf

Bennie,

Please find attached the response to your question. Two 55-gallon storage tanks will be provided with a total volume of 110 gallons. Revised calculations attached.

Thanks.

Mo Kader
US Water

From: Shoemaker, Bennie [mailto:Bennie.Shoemaker@dep.state.fl.us]
Sent: Monday, July 15, 2013 11:14 AM
To: mkader@uswatercorp.net; Oni, James
Subject: RFI - Leisure Lakes WTP - Chloramine Conversion for permit application number 319811-001-WC.

July 15, 2013

Mohammed Y. Kader, P.E.
mkader@uswatercorp.net

Gary Deremer, President, Permittee

Gary Deremer, Supplier of Water

Your application for Leisure Lakes WTP - Chloramine Conversion for permit application number 319811-001-WC has been reviewed and was found to be incomplete. Pursuant to the requirements of Chapter 62-4.055, FAC, please provide the following information no later than **August 15, 2013**.

ALL corrected pages / drawings submitted to the agency shall be signed, sealed, and dated by a Florida Registered Engineer per Florida Statutes (F.S.) Title XXXII Chapter 471.025.

1. Please revise the design calculations to justify the requirement of providing a 30 day chemical supply for the Ammonia in accordance with the Recommended Standards for Water Works (RSWW), 2003 edition, Part 5.

Thank you for your prompt response.

Sincerely,
Bennie T. Shoemaker,
Engineering Specialist IV
Florida Department of Environmental Protection, South District
2295 Victoria Ave, Suite 364 or
P.O. Box 2549
Fort Myers, FL 33902-2549
Bennie.Shoemaker@dep.state.fl.us
Direct: 239-344-5693
Main: 239-344-5600
Fax: 850-412-0590

*Please take a few minutes to share your comments on the service you received from the department by clicking on this link.
[DEP Customer Survey.](#)*

ITEM B

Permit Application

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D.E.P. South District

U.S. Water[®]

Services Corporation

Water and Wastewater Utility Operations, Maintenance, Engineering, Management, Construction

July 2, 2013

Mr. O. James Oni, P.E., Manager
Drinking Water Permitting Section
Florida Department of Environmental Protection
2295 Victoria Avenue, Suite 364
Fort Myers, FL 33902

**RE: Leisure Lakes Water System – Chloramine Conversion
PWS ID Number 628-0064**

Dear Mr. Oni:

Please find attached the permit application package for the conversion of the water treatment plant disinfection system at this facility from the use of free chlorination to chloramination. A check for \$1,000.00 is also attached to cover the permit application fee.

If you have any questions or comments regarding this project, please do not hesitate to contact me at (727) 848-8292 ext. 230.

Sincerely



Keith Keegan, P.E.
Project Engineer
U.S. Water Services Corporation

KK/kk
Attachments

cc: Gary Dererner, HC Waterworks, Inc.
Mo Kader, P.E., U.S. Water

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JUL 03 2013
D.E.P. South District

4939 Cross Bayou Blvd. ~ New Port Richey ~ Florida 34652

Ph: 727-848-8292 ~ Fax: 727-848-7701 ~ Toll Free: 866-753-8292

FDEP PERMIT APPLICATION SUBMITTAL
LEISURE LAKES WATER TREATMENT SYSTEM
CHLORAMINE CONVERSION

PWS NO. 628-0064

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Attachment A: Site Plan
Attachment B: Metering Pumps Specifications
Attachment C: 40% Ammonium Sulfates MSDS Sheet
Attachment D: HACH Analyzers Specifications
Item F.....Transfer of Ownership Documents

RECEIVED

JUL 03 2013

D.E.P. South District



4939 Cross Bayou Boulevard
New Port Richey, Florida 34652

U.S. Water[®]

Services Corporation

Water and Wastewater Utility Operations, Maintenance, Engineering, Management, Construction

July 2, 2013

Mr. O. James Oni, P.E., Manager
Drinking Water Permitting Section
Florida Department of Environmental Protection
2295 Victoria Avenue, Suite 364
Fort Myers, FL 33902

**RE: Leisure Lakes Water System – Chloramine Conversion
PWS ID Number 628-0064**

Dear Mr. Oni:

Please find attached the permit application package for the conversion of the water treatment plant disinfection system at this facility from the use of free chlorination to chloramination. A check for \$1,000.00 is also attached to cover the permit application fee.

If you have any questions or comments regarding this project, please do not hesitate to contact me at (727) 848-8292 ext. 230.

Sincerely



Keith Keegan, P.E.
Project Engineer
U.S. Water Services Corporation

KK/kk

Attachments

cc: Gary Dererner, HC Waterworks, Inc.
Mo Kader, P.E., U.S. Water

RECEIVED
JUL 03 2013
D.E.P. South District

4939 Cross Bayou Blvd. ~ New Port Richey ~ Florida 34652

Ph: 727-848-8292 ~ Fax: 727-848-7701 ~ Toll Free: 866-753-8292

ITEM A

Transmittal Letter

RECEIVED
JUL 03 2013
D.E.P. South District

Shoemaker, Bennie

To: mkader@uswatercorp.net; Oni, James
Subject: RFI - Leisure Lakes WTP – Chloramine Conversion for permit application number 319811-001-WC.

July 15, 2013

Mohammed Y. Kader, P.E.
mkader@uswatercorp.net

Gary Deremer, President, Permittee

Gary Deremer, Supplier of Water

Your application for Leisure Lakes WTP – Chloramine Conversion for permit application number 319811-001-WC has been reviewed and was found to be incomplete. Pursuant to the requirements of Chapter 62-4.055, FAC, please provide the following information no later than **August 15, 2013**.

ALL corrected pages / drawings submitted to the agency shall be signed, sealed, and dated by a Florida Registered Engineer per Florida Statutes (F.S.) Title XXXII Chapter 471.025.

1. Please revise the design calculations to justify the requirement of providing a 30 day chemical supply for the Ammonia in accordance with the Recommended Standards for Water Works (RSWW), 2003 edition, Part 5.

Thank you for your prompt response.

Sincerely,
Bennie T. Shoemaker,
Engineering Specialist IV
Florida Department of Environmental Protection, South District
2295 Victoria Ave, Suite 364 or
P.O. Box 2549
Fort Myers, FL 33902-2549
Bennie.Shoemaker@dep.state.fl.us
Direct: 239-344-5693
Main: 239-344-5600
Fax: 850-412-0590

TRANSMITTAL



Date: July 9, 2013

4939 Cross Bayou Boulevard
New Port Richey, Florida 34652

Tel: (727) 848-8292
Fax: (727) 848-7701

To: Mr. Bennie Shoemaker

From: Keith Keegan, P.E.

Reference: Leisure Lakes WTP – Chloramine Conversion

The following items are:

- Requested Enclosed Sent Separately via _____
 Report Specification Cost Estimate Shop Drawings
 Test Result Prints Test Sample Other

No. of Copies	Description
1	Design Report

This data is submitted:

- At your request For your use
 Submittal Approved Submittal Rejected
 For your review For your information

General Remarks:

Mr. Shoemaker,

Please see the attached items.

Call us if you have any additional questions (727) 848-8292 ext. 230.

RECEIVED
JUL 10 2013
D.E.P. South District

Shoemaker, Bennie

From: Keith Keegan [kkeegan@uswatercorp.net]
Sent: Tuesday, July 09, 2013 2:32 PM
To: Shoemaker, Bennie
Cc: mkader@uswatercorp.com
Subject: Leisure Lakes Water Treatment Plant - Chloramine Conversion (Design Report0
Attachments: Design Report 070913.pdf

Dear Mr. Shoemaker:

Please see the revised design report attached for the above referenced project. The original hard copy was mailed out this afternoon.

Sincerely,

Keith Keegan, P.E.
Project Engineer
U.S. Water Services Corporation
Telephone: (727) 848-8292 extension 230

**DEPARTMENT OF ENVIRONMENTAL PROTECTION
WATER FACILITIES - PERMIT DATA ENTRY FORM**

Program Area: **PW** DW IW UIC

THIS FORM MUST BE COMPLETED AND RETURNED TO THE DATA PROCESSING TEAM WITHIN THREE BUSINESS DAYS FROM THE CHECK DATA RECEIVED LISTED BELOW, SUSPENSE 7/9/13

LOG # 060-13 PROCESSOR'S NAME BTS

CASH RECEIVING INFORMATION:

Check # 58959 Amount \$ 1,000.⁰⁰ Date Rec'd 7/3/13
 Check # _____ Amount _____ Date Rec'd _____

CODING INFORMATION:

FEE INFORMATION:

OVERRIDE INFORMATION.:

Type <u>WC</u>	Correct Fee \$ _____	Override? Y or N _____
Subtype <u>MC</u>	Fee Received \$ <u>1000</u>	Reason: _____
County <u>28</u>	To Be Refunded \$ _____	

SysReceipt # 822605 SysPayment # 1232405
 SysApplication/PA # 319811 001-WC CRA # 409130
31 9811

WAFR Input: Facility # _____ Generic PA Input: Site # _____

PROJECT: Leisure lakes WTP Chlmanure
conversion

FACILITY: ✓

SUSPENSE (3 DAYS)	Receipt Date (Initial & Date)	Completion Date (Initial & Date)
Mallroom Processor (Stamping & Sorting)	<u>ec 7/3/13</u>	
Administrative Assistant (Mail Pick Up)		
Adm. Assistant (Fee Verification, Coding, & Assign Program)		
Permit Supervisor (PW)	<u>7-5-13 ISC</u>	<u>7-8-13 ISC</u>
Permit Processor (Data Entry)	<u>7</u>	
Senior Clerk (Project Creation & Money Linking)	<u>NA 7/05/13</u>	<u>NA 7/08/13</u>

COMMENTS: review on date 7/8/13 waiting for correction in Report.

U.S. Water[®] Services Corporation

Water and Wastewater Utility Operations, Maintenance, Engineering, Management, Construction

July 15, 2013

Mr. Bennie Shoemaker
Drinking Water Permitting Section
Florida Department of Environmental Protection
2295 Victoria Avenue, Suite 364
Fort Myers, FL 33902

Handwritten notes:
10/16/13
10/15/13
10/15/13

**RE: Leisure Lakes Water System – Chloramine Conversion
PWS ID Number 628-0064**

Dear Mr. Shoemaker:

Please find attached the revised calculations and the site plan regarding the ammonium sulfate storage requirements.

If you have any questions or comments regarding this project, please do not hesitate to contact me at (727) 243-5875.

Sincerely

Mo Kader
Mo Kader, P.E.
U.S. Water Services Corporation
*PE # 45129
7/15/13*

*Issued
7/18/13
10/15*

KK/kk
Attachments
cc: Gary Dererner, HC Waterworks, Inc.

4939 Cross Bayou Blvd. ≈ New Port Richey ≈ Florida 34652

Ph: 727-848-8292 ≈ Fax: 727-848-7701 ≈ Toll Free: 866-753-8292

**Leisure Lakes WTP
Chloramine Conversion Project
Design Calculations**

Basis of Design Criteria

Existing Flows & Free Chlorine Disinfection Practices

Well #1 Pump Rate = 146 gallons per minute.
Max. Design Flow(1)= 0.210 mgd 146.0 gpm

Ammonia Addition for Chloramines

	Dosage Rates	Minimum (mg/l)	Average (mg/l)	Maximum (mg/l)
Chloramine Concent at Point of Entry, Design Range=		2.0	3.0	4.0
Ammonia Dosage Based on Cl:Ammonia Ratio of:				
	3 to 1	0.7	1.0	1.3
	4 to 1	0.5	0.8	1.0
	5 to 1	0.4	0.6	0.8
Use, Design Ammonia Dosage, Range (mg/l) =		0.4	0.8	1.3

40% Ammonium Sulfates Feed Facilities

Pump Feed Rate: Based on Flow & Dosage Rate

Ammonium Sulfates Pumping Rates	Design
Plant Flow Rate Range (mgd) =	0.210
Design Ammonia Dosage Range (mg/l) =	1.3
Design Ammonia Dosage Range (ppd) =	2.28
Equivalent 40% Ammonium Sulfates Demand Range (gpd) =	2.19
40% Ammonium Sulfates Feed Range (1.04 #/gal) (gph) =	0.091

Use: Design Ammonia Feed Pump Capacity= 0.01 to 0.13 gph pumping range

Pumps Selected: Stenner Series 45MHP2 with maximum capacity of 0.13 GPH (= 3.0 GPD) (with #1 tubing).

40% Ammonium Sulfates Storage Facilities

Storage Based on Average Day Flow & Dosage Rates

Average Day Flow (mgd) =	0.040
Design Average Ammonia Dosage (mg/l) =	0.8
Equivalent 40% Ammonium Sulfates Dosage (1.04 #/gal) (gpd) =	2.192
*Approximate 30-Day Storage Volume (gallons) =	65.75

*Ammonium sulfate bulk storage will be provided by two 55-gallon storage tanks (total volume equals 110 gallons) that will be available at all times.


 M. Y. Kader, P.E.
 Mohd Kabir
 FE PE # 45129
 July 15, 2013



**FLORIDA DEPARTMENT OF
ENVIRONMENTAL PROTECTION**

South District Office
P.O. Box 2549
Fort Myers, FL 33902-2549
SouthDistrict@dep.state.fl.us

RICK SCOTT
GOVERNOR

CARLOS LOPEZ-CANTERA
L.L. GOVERNOR

HERSCHEL T. VINYARD JR.
SECRETARY

Sent by electronic mail

In the Matter of an
Application for Permit by:

HC Waterworks, Inc.
Gary Deremer, President
4939 Cross Bayou Boulevard
New Port Richey, Florida 34652
gderemer@uswatercorp.net

Highlands County - DW
File Number FLA014388-007-DW3P
Leisure Lakes Utilities WWTP AKA Covered Bridge

NOTICE OF PERMIT ISSUANCE

Enclosed is Permit Number FLA014388 to operate the Leisure Lakes Utilities WWTP AKA Covered Bridge, issued under Chapter 403, Florida Statutes.

Monitoring requirements under this permit are effective on the first day of the second month following the effective date of the permit. Until such time, the permittee shall continue to monitor and report in accordance with previously effective permit requirements, if any.

The Department's proposed agency action shall become final unless a timely petition for an administrative hearing is filed under Sections 120.569 and 120.57, Florida Statutes, within fourteen days of receipt of notice. The procedures for petitioning for a hearing are set forth below.

A person whose substantial interests are affected by the Department's proposed permitting decision may petition for an administrative proceeding (hearing) under Sections 120.569 and 120.57, Florida Statutes. The petition must contain the information set forth below and must be filed (received by the Clerk) in the Office of General Counsel of the Department at 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida 32399-3000.

Under Rule 62-110.106(4), Florida Administrative Code, a person may request an extension of the time for filing a petition for an administrative hearing. The request must be filed (received by the Clerk) in the Office of General Counsel before the end of the time period for filing a petition for an administrative hearing.

Petitions by the applicant or any of the persons listed below must be filed within fourteen days of receipt of this written notice. Petitions filed by any persons other than those entitled to written notice under Section 120.60(3), Florida Statutes, must be filed within fourteen days of publication of the notice or within fourteen days of receipt of the written notice, whichever occurs first. Section 120.60(3), Florida Statutes, however, also allows that any person who has asked the Department in writing for notice of agency action may file a petition within fourteen days of receipt of such notice, regardless of the date of publication.

PERMITTEE: HC Waterworks, Inc.
FACILITY: Leisure Lakes Utilities WWTP AKA Covered Bridge

PERMIT NUMBER: FLA014388
PA FILE NUMBER: FLA014388-007-DW3P

The petitioner shall mail a copy of the petition to the applicant at the address indicated above at the time of filing. The failure of any person to file a petition or request for an extension of time within fourteen days of receipt of notice shall constitute a waiver of that person's right to request an administrative determination (hearing) under Sections 120.569 and 120.57, Florida Statutes. Any subsequent intervention (in a proceeding initiated by another party) will be only at the discretion of the presiding officer upon the filing of a motion in compliance with Rule 28-106.205, Florida Administrative Code.

A petition that disputes the material facts on which the Department's action is based must contain the following information, as indicated in Rule 28-106.201, Florida Administrative Code:

- (a) The name and address of each agency affected and each agency's file or identification number, if known;
- (b) The name, address, any e-mail address, any facsimile number, and telephone number of the petitioner, if the petitioner is not represented by an attorney or a qualified representative; the name, address, and telephone number of the petitioner's representative, if any, which shall be the address for service purposes during the course of the proceeding; and an explanation of how the petitioner's substantial interests will be affected by the determination;
- (c) A statement of when and how the petitioner received notice of the Department's decision;
- (d) A statement of all disputed issues of material fact. If there are none, the petition must so indicate;
- (e) A concise statement of the ultimate facts alleged, including the specific facts the petitioner contends warrant reversal or modification of the Department's proposed action;
- (f) A statement of the specific rules or statutes the petitioner contends require reversal or modification of the Department's proposed action, including an explanation of how the alleged facts relate to the specific rules or statutes; and
- (g) A statement of the relief sought by the petitioner, stating precisely the action petitioner wishes the Department to take with respect to the Department's proposed action.

Because the administrative hearing process is designed to formulate final agency action, the filing of a petition means that the Department's final action may be different from the position taken by it in this notice. Persons whose substantial interests will be affected by any such final decision of the Department have the right to petition to become a party to the proceeding, in accordance with the requirements set forth above.

Mediation under Section 120.573, Florida Statutes, is not available for this proceeding.

This permit action is final and effective on the date filed with the Clerk of the Department unless a petition (or request for an extension of time) is filed in accordance with the above. Upon the timely filing of a petition (or request for an extension of time), this permit will not be effective until further order of the Department.

Any party to the permit has the right to seek judicial review of the permit action under Section 120.68, Florida Statutes, by the filing of a notice of appeal under Rules 9.110 and 9.190, Florida Rules of Appellate Procedure, with the Clerk of the Department in the Office of General Counsel, 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida, 32399-3000, and by filing a copy of the notice of appeal accompanied by the applicable filing fees with the appropriate district court of appeal. The notice of appeal must be filed within 30 days from the date when this permit action is filed with the Clerk of the Department.

PERMITTEE: HC Waterworks, Inc.
FACILITY: Leisure Lakes Utilities WWTP AKA Covered Bridge

PERMIT NUMBER: FLA014388
PA FILE NUMBER: FLA014388-007-DW3P

Executed in Fort Myers, Florida

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL PROTECTION



John M. Iglehart
Director of
District Management

DATE: July 16, 2014

CERTIFICATE OF SERVICE

The undersigned hereby certifies that this NOTICE OF PERMIT ISSUANCE and all copies were mailed before the close of business on July 16, 2014, to the listed persons.

FILING AND ACKNOWLEDGMENT

FILED, on this date, under Section 120.52, Florida Statutes, with the designated Deputy Clerk, receipt of which is hereby acknowledged.



Clerk

July 16, 2014
Date

Copies furnished to:
Ronald Derosssett, rderosssett@uswatercorp.net
Mohammed Y. Kader, P.E., MKader@uswatercorp.com
Barbara Skates, FDEP
Deanna Newburg, FDEP
Allen Slater, FRWA, allen.Slater@frwa.net



**FLORIDA DEPARTMENT OF
ENVIRONMENTAL PROTECTION**

South District Office
P.O. Box 2549
Fort Myers, FL 33902-2549
SouthDistrict@dep.state.fl.us

RICK SCOTT
GOVERNOR

CARLOS LOPEZ-CANTERA
J.T. GOVERNOR

HERSCHEL T. VINYARD JR.
SECRETARY

**STATE OF FLORIDA
DOMESTIC WASTEWATER FACILITY PERMIT**

Sent by electronic mail

PERMITTEE:
HC Waterworks, Inc.

RESPONSIBLE OFFICIAL:
Gary Deremer, President
4939 Cross Bayou Boulevard
New Port Richey, Florida 34652
(727) 848-8292
gderemer@uswatercorp.net

PERMIT NUMBER: FLA014388
FILE NUMBER: FLA014388-007-DW3P
EFFECTIVE DATE: August 17, 2014
EXPIRATION DATE: August 16, 2019

FACILITY:

Leisure Lakes Utilities WWTP AKA Covered Bridge
101 Parkview Circle
Lake Placid, FL 33852-6011
Highlands County
Latitude: 27°21' 11.8873" N Longitude: 81°24' 53.9983" W

This permit is issued under the provisions of Chapter 403, Florida Statutes (F.S.), and applicable rules of the Florida Administrative Code (F.A.C.). This permit does not constitute authorization to discharge wastewater other than as expressly stated in this permit. The above named permittee is hereby authorized to operate the facilities in accordance with the documents attached hereto and specifically described as follows:

WASTEWATER TREATMENT:

Operate an existing 0.050 million gallons per day (MDG) annual average daily flow (AADF) extended aeration process domestic wastewater treatment facility consisting of: ten aeration basins for a combined volume of 50,000 gallons, dual clarifiers with a combined volume of 12,400 gallons, dual chlorine contact chambers for a total volume of 4,950 gallons, and one 5,000 gallon digester. Disinfection is provided by sodium hypochlorite solution.

REUSE OR DISPOSAL:

Land Application R-01: An existing 0.050 MGD AADF permitted capacity rapid infiltration basin system. R-01 is a reuse system which consists of a dual percolation pond system located approximately at latitude 27°21' 0" N, longitude 81°25' 0" W.

IN ACCORDANCE WITH: The limitations, monitoring requirements, and other conditions set forth in this cover sheet and Part I through Part IX on pages 1 through 16 of this permit.

PERMITTEE: HC Waterworks, Inc.
 FACILITY: Leisure Lakes Utilities WWTP AKA Covered Bridge

PERMIT NUMBER: FLA014388
 PA FILE NUMBER: FLA014388-007-DW3P

I. RECLAIMED WATER AND EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

A. Reuse and Land Application Systems

1. During the period beginning on the effective date and lasting through the expiration date of this permit, the permittee is authorized to direct reclaimed water to Reuse System R-01. Such reclaimed water shall be limited and monitored by the permittee as specified below and reported in accordance with Permit Condition I.B.7.:

Parameter	Units	Reclaimed Water Limitations			Monitoring Requirements			Notes
		Max/Min	Limit	Statistical Basis	Frequency of Monitoring	Sample Type	Monitoring Site Number	
BOD, Carbonaceous 5 day, 20C	mg/L	Max	20.0	Annual Average	Every 2 weeks	Grab	EFA-01	
		Max	30.0	Monthly Average				
		Max	45.0	Weekly Average				
		Max	60.0	Single Sample				
Solids, Total Suspended	mg/L	Max	20.0	Annual Average	Every 2 weeks	Grab	EFA-01	
		Max	30.0	Monthly Average				
		Max	45.0	Weekly Average				
		Max	60.0	Single Sample				
Coliform, Fecal	#/100mL	Max	200	Annual Average	Every 2 weeks	Grab	EFA-01	See I.A.3
		Max	200	Monthly Geometric Mean				
		Max	800	Single Sample				
pH	s.u.	Min	6.0	Single Sample	5 Days/Week	Grab	EFA-01	
		Max	8.5	Single Sample				
Chlorine, Total Residual (For Disinfection)	mg/L	Min	0.5	Single Sample	5 Days/Week	Grab	EFA-01	See I.A.4
Nitrogen, Nitrate, Total (as N)	mg/L	Max	12.0	Single Sample	Every 2 weeks	Grab	EFA-01	

PERMITTEE: HC Waterworks, Inc.
FACILITY: Leisure Lakes Utilities WWTP AKA Covered Bridge

PERMIT NUMBER: FLA014388
PA FILE NUMBER: FLA014388-007-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 Site Number	Description of Monitoring Site
EFA-01	Effluent sampling after CCC.

3. The effluent limitation for the monthly geometric mean for fecal coliform is only applicable if 10 or more values are reported. If fewer than 10 values are reported, the monthly geometric mean shall be calculated and reported on the Discharge Monitoring Report. *[62-600.440(4)(c)]*
4. Total residual chlorine must be maintained for a minimum contact time of 15 minutes based on peak hourly flow. *[62-610.510, 62-600.440(4)(b) and (5)(b)]*

PERMITTEE: HC Waterworks, Inc.
 FACILITY: Leisure Lakes Utilities WWTP AKA Covered Bridge

PERMIT NUMBER: FLA014388
 PA FILE NUMBER: FLA014388-007-DW3P

B. Other Limitations and Monitoring and Reporting Requirements

1. During the period beginning on the effective date and lasting through the expiration date of this permit, the treatment facility shall be limited and monitored by the permittee as specified below and reported in accordance with condition I.B.7.:

Parameter	Units	Max/Min	Limitations		Monitoring Requirements			Notes
			Limit	Statistical Basis	Frequency of Analysis	Sample Type	Monitoring Site Number	
Flow	MGD	Max Max Max	0.05 Report Report	Annual Average Monthly Average Quarterly Average	5 Days/Week	Meter	FLW-01	See I.B.4
Percent Capacity, (TMADF/Permitted Capacity) x 100	percent	Max	Report	Monthly Average	Monthly	Calculated	CAL-01	
BOD, Carbonaceous 5 day, 20C (Influent)	mg/L	Max	Report	Single Sample	Every 2 weeks	Grab	INF-01	See I.B.3
Solids, Total Suspended (Influent)	mg/L	Max	Report	Single Sample	Every 2 weeks	Grab	INF-01	See I.B.3

PERMITTEE: HC Waterworks, Inc.
 FACILITY: Leisure Lakes Utilities WWTP AKA Covered Bridge

PERMIT NUMBER: FLA014388
 PA FILE NUMBER: FLA014388-007-DW3P

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

Monitoring Site Number	Description of Monitoring Site
FLW-01	Flow determined by ultrasonic level sensor and v-notch weir at the chlorine contact chamber outfall
CAL-01	Calculations are conducted via measurements collected at sampling location FLW-01
INF-01	Influent sample from aeration basin before any side stream mixing

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. A meter shall be utilized to measure flow and calibrated at least once every 12 months. [62-601.200(17) and .500(6)]
5. The sample collection, analytical test methods and method detection limits (MDLs) applicable to this permit shall be conducted using a sufficiently sensitive method to ensure compliance with applicable water quality standards and effluent limitations and shall be in accordance with Rule 62-4.246, Chapters 62-160 and 62-601, F.A.C., and 40 CFR 136, as appropriate. [62-4.246, 62-160]
6. 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)]
7. Monitoring requirements under this permit are effective on the first day of the second month following the effective date of the permit. Until such time, the permittee shall continue to monitor and report in accordance with previously effective permit requirements, if any. During the period of operation authorized by this permit, the permittee shall complete and submit to the Department Discharge Monitoring Reports (DMRs) in accordance with the frequencies specified by the REPORT type (i.e. monthly, quarterly, semiannual, annual, etc.) indicated on the DMR forms attached to this permit. Unless specified otherwise in this permit, monitoring results for each monitoring period shall be submitted in accordance with the associated DMR due dates below. DMRs shall be submitted for each required monitoring period including periods of no discharge.

REPORT Type on DMR	Monitoring Period	Mail or Electronically Submit by
Monthly	First day of month - last day of month	28 th day of following month
Quarterly	January 1 - March 31	April 28
	April 1 - June 30	July 28
	July 1 - September 30	October 28
	October 1 - December 31	January 28
Semiannual	January 1 - June 30	July 28
	July 1 - December 31	January 28
Annual	January 1 - December 31	January 28

The permittee may submit either paper or electronic DMR forms. If submitting paper DMR forms, the permittee shall make copies of the attached DMR forms, without altering the original format or content unless approved by the Department, and shall mail the completed DMR forms to the Department's South District Office at the address specified in Permit Condition I.B.8. by the twenty-eighth (28th) of the month following the month of operation.

PERMITTEE: HC Waterworks, Inc.
 FACILITY: Leisure Lakes Utilities WWTP AKA Covered Bridge

PERMIT NUMBER: FLA014388
 PA FILE NUMBER: FLA014388-007-DW3P

If submitting electronic DMR forms, the permittee shall use the electronic DMR system(s) approved in writing by the Department and shall electronically submit the completed DMR forms to the Department by the twenty-eighth (28th) of the month following the month of operation. Data submitted in electronic format is equivalent to data submitted on signed and certified paper DMR forms.

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

8. 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:

Florida Department of Environmental Protection
 South District Office
 2295 Victoria Avenue
 Suite 364
 Ft. Myers, Florida 33901-3875

Phone Number - (239) 344-5600
 FAX Number - (850) 412-0590
 (All FAX copies and e-mails shall be followed by original copies.)

[62-620.305]

9. All reports and other information shall be signed in accordance with the requirements of Rule 62-620.305, F.A.C. [62-620.305]

II. BIOSOLIDS MANAGEMENT REQUIREMENTS

1. Biosolids generated by this facility may be transferred to Blue Septic Tank Service RMF or disposed of in a Class I solid waste landfill. Transferring biosolids to an alternative biosolids treatment facility does not require a permit modification. However, use of an alternative biosolids treatment facility requires submittal of a copy of the agreement pursuant to Rule 62-640.880(1)(c), F.A.C., along with a written notification to the Department at least 30 days before transport of the biosolids. [62-620.320(6), 62-640.880(1)]
2. The permittee shall monitor and keep records of the quantities of biosolids generated, received from source facilities, treated, distributed and marketed, land applied, used as a biofuel or for bioenergy, transferred to another facility, or landfilled. These records shall be kept for a minimum of five years. [62-640.650(4)(a)]
3. Biosolids quantities shall be monitored by the permittee as specified below. Results shall be reported on the permittee's Discharge Monitoring Report in accordance with Condition I.B.7.

Parameter	Units	Max/ Min	Biosolids Limitations		Monitoring Requirements		
			Limit	Statistical Basis	Frequency of Analysis	Sample Type	Monitoring Site Number
Biosolids Quantity (Transferred)	dry tons	Max	Report	Monthly Total	Monthly	Calculated	RMP-01
Biosolids Quantity (Landfilled)	dry tons	Max	Report	Monthly Total	Monthly	Calculated	RMP-01

[62-640.650(5)(a)1]

PERMITTEE: HC Waterworks, Inc.
 FACILITY: Leisure Lakes Utilities WWTP AKA Covered Bridge

PERMIT NUMBER: FLA014388
 PA FILE NUMBER: FLA014388-007-DW3P

4. Biosolids quantities shall be calculated as listed in Permit Condition II.3 and as described below:

Monitoring Site Number	Description of Monitoring Site Calculations
RMP-01	Calculated Monthly Total of Biosolids transferred, or landfilled. (Per truck weight, flow measurements, calculated from total solids, etc.)

5. The treatment, management, transportation, use, land application, or disposal of biosolids shall not cause a violation of the odor prohibition in subsection 62-296.320(2), F.A.C. [62-640.400(6)]
6. Storage of biosolids or other solids at this facility shall be in accordance with the Facility Biosolids Storage Plan. [62-640.300(4)]
7. Biosolids shall not be spilled from or tracked off the treatment facility site by the hauling vehicle. [62-640.400(9)]
8. Disposal of biosolids, septage, and "other solids" in a solid waste disposal facility, or disposal by placement on land for purposes other than soil conditioning or fertilization, such as at a monofill, surface impoundment, waste pile, or dedicated site, shall be in accordance with Chapter 62-701, F.A.C. [62-640.100(6)(b) & (c)]
9. The permittee shall not be held responsible for treatment and management violations that occur after its biosolids have been accepted by a permitted biosolids treatment facility with which the source facility has an agreement in accordance with subsection 62-640.880(1)(c), F.A.C., for further treatment, management, or disposal. [62-640.880(1)(b)]
10. The permittee shall keep hauling records to track the transport of biosolids between the facilities. The hauling records shall contain the following information:

Leisure Lakes WWTP

1. Date and time shipped
2. Amount of biosolids shipped
3. Degree of treatment (if applicable)
4. Name and ID Number of treatment facility
5. Signature of responsible party at source facility
6. Signature of hauler and name of hauling firm

Biosolids Treatment Facility or Treatment Facility

1. Date and time received
2. Amount of biosolids received
3. Name and ID number of source facility
4. Signature of hauler
5. Signature of responsible party at treatment facility

A copy of the source facility hauling records for each shipment shall be provided upon delivery of the biosolids to the biosolids treatment facility or treatment facility. The treatment facility permittee shall report to the Department within 24 hours of discovery any discrepancy in the quantity of biosolids leaving the source facility and arriving at the biosolids treatment facility or treatment facility.

[62-640.880(4)]

11. If the permittee intends to accept biosolids from other facilities, a permit revision is required pursuant to paragraph 62-640.880(2)(d), F.A.C. [62-640.880(2)(d)]

III. GROUND WATER REQUIREMENTS

1. Section III is not applicable to this facility.

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IV. ADDITIONAL REUSE AND LAND APPLICATION REQUIREMENTS

A. Part IV Rapid Infiltration Basins

1. Advisory signs shall be posted around the site boundaries to designate the nature of the project area. [62-610.518]
2. The maximum annual average loading rate to the Dual percolation pond system. shall be limited to 3 inches per day (as applied to the entire bottom area). [62-610.523(3)]
3. Percolation ponds normally shall be loaded for 1 to 7 days and shall be rested for 5 to 14 days. Infiltration ponds, basins, or trenches shall be allowed to dry during the resting portion of the cycle. [62-610.523(4)]
4. Rapid infiltration basins shall be routinely maintained to control vegetation growth and to maintain percolation capability by scarification or removal of deposited solids. Basin bottoms shall be maintained to be level. [62-610.523(6) and (7)]
5. Routine aquatic weed control and regular maintenance of storage pond embankments and access areas are required. [62-610.514 and 62-610.414]
6. Overflows from emergency discharge facilities on storage ponds or on infiltration ponds, basins, or trenches shall be reported as abnormal events in accordance with Permit Condition IX.20. [62-610.800(9)]

V. OPERATION AND MAINTENANCE REQUIREMENTS

A. Staffing Requirements

1. During the period of operation authorized by this permit, the wastewater facilities shall be operated under the supervision of an 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 for a minimum of: 1/2 hour per day for 5 days per week and one visit each weekend. The lead/chief operator must be a Class C operator, or higher.
2. An operator meeting the lead/chief operator class for 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)]

B. Capacity Analysis Report and Operation and Maintenance Performance Report Requirements

1. The application to renew this permit shall include an updated capacity analysis report prepared in accordance with Rule 62-600.405, F.A.C. [62-600.405(5)]
2. The application to renew this permit shall include a detailed operation and maintenance performance report prepared in accordance with Rule 62-600.735, F.A.C. [62-600.735(1)]

C. Recordkeeping Requirements

1. The permittee shall maintain the following records and make them available for inspection on the site of the permitted facility.

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- a. Records of all compliance monitoring information, including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation, including, if applicable, a copy of the laboratory certification showing the certification number of the laboratory, for at least three years from the date the sample or measurement was taken;
- b. Copies of all reports required by the permit for at least three years from the date the report was prepared;
- c. Records of all data, including reports and documents, used to complete the application for the permit for at least three years from the date the application was filed;
- d. Monitoring information, including a copy of the laboratory certification showing the laboratory certification number, related to the residuals use and disposal activities for the time period set forth in Chapter 62-640, F.A.C., for at least three years from the date of sampling or measurement;
- e. A copy of the current permit;
- f. A copy of the current operation and maintenance manual as required by Chapter 62-600, F.A.C.;
- g. A copy of any required record drawings;
- h. Copies of the licenses of the current certified operators;
- i. Copies of the logs and schedules showing plant operations and equipment maintenance for three years from the date of the logs or schedules. The logs shall, at a minimum, include identification of the plant; the signature and license number of the operator(s) and the signature of the person(s) making any entries; date and time in and out; specific operation and maintenance activities, including any preventive maintenance or repairs made or requested; results of tests performed and samples taken, unless documented on a laboratory sheet; and notation of any notification or reporting completed in accordance with Rule 62-602.650(3), F.A.C. The logs shall be maintained on-site in a location accessible to 24-hour inspection, protected from weather damage, and current to the last operation and maintenance performed; and
- j. Records of biosolids quantities, treatment, monitoring, and hauling for at least five years.

[62-620.350, 62-602.650, 62-640.650(4)]

VI. SCHEDULES

1. **For each Improvement Action listed below, the permittee shall submit a written notice of completion to the Department within 10 days of completing the Improvement Action.** The following improvement actions shall be completed according to the following schedule:

Improvement Action	Completion Date
1. Repair/replace aeration piping and diffusers	October 15, 2014
2. Clean/repair waste activated sludge piping. Pump solids to the digester	October 15, 2014
3. Locate or create facility record drawings	October 15, 2014

[62-620.320(6)]

2. The permittee is not authorized to discharge to waters of the state after the expiration date of this permit, unless:

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- a. The permittee has applied for renewal of this permit at least 180 days before the expiration date of this permit using the appropriate forms listed in Rule 62-620.910, F.A.C., and in the manner established in the Department of Environmental Protection Guide to Permitting Wastewater Facilities or Activities Under Chapter 62-620, F.A.C., including submittal of the appropriate processing fee set forth in Rule 62-4.050, F.A.C.; or
- b. The permittee has made complete the application for renewal of this permit before the permit expiration date.

[62-620.335(1) - (4)]

VII. INDUSTRIAL PRETREATMENT PROGRAM REQUIREMENTS

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

VIII. OTHER SPECIFIC CONDITIONS

1. The permittee shall comply with all conditions and requirements for reuse contained in their consumptive use permit issued by the Water Management District, if such requirements are consistent with Department rules. *[62-610.800(10)]*
2. 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)]*
3. 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)]*
4. Collection/transmission system overflows shall be reported to the Department in accordance with Permit Condition IX. 20. *[62-604.550] [62-620.610(20)]*
5. 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

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- e. Which result in the presence of toxic gases, vapors, or fumes that may cause worker health and safety problems.

[62-604.130(5)]

6. The treatment facility, storage ponds for Part II systems, rapid infiltration basins, and/or infiltration trenches shall be enclosed with a fence or otherwise provided with features to discourage the entry of animals and unauthorized persons. *[62-610.518(1) and 62-600.400(2)(b)]*
7. 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)]*
8. Where required by Chapter 471 or Chapter 492, F.S., applicable portions of reports that must be submitted under this permit shall be signed and sealed by a professional engineer or a professional geologist, as appropriate. *[62-620.310(4)]*
9. The permittee shall provide verbal notice to the Department's South District Office as soon as practical after discovery of a sinkhole or other karst feature within an area for the management or application of wastewater, wastewater residuals (sludges), or reclaimed water. The permittee shall immediately implement measures appropriate to control the entry of contaminants, and shall detail these measures to the Department's South District Office in a written report within 7 days of the sinkhole discovery. *[62-620.320(6)]*
10. The permittee shall provide notice to the Department of the following:
 - a. Any new introduction of pollutants into the facility from an industrial discharger which would be subject to Chapter 403, F.S., and the requirements of Chapter 62-620, F.A.C., if it were directly discharging those pollutants; and
 - b. Any substantial change in the volume or character of pollutants being introduced into that facility by a source which was identified in the permit application and known to be discharging at the time the permit was issued.

Notice shall include information on the quality and quantity of effluent introduced into the facility and any anticipated impact of the change on the quantity or quality of effluent or reclaimed water to be discharged from the facility.

[62-620.625(2)]

IX. GENERAL CONDITIONS

1. The terms, conditions, requirements, limitations, and restrictions set forth in this permit are binding and enforceable pursuant to Chapter 403, Florida Statutes. Any permit noncompliance constitutes a violation of Chapter 403, Florida Statutes, and is grounds for enforcement action, permit termination, permit revocation and reissuance, or permit revision. *[62-620.610(1)]*
2. This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviations from the approved drawings, exhibits, specifications, or conditions of this permit constitutes grounds for revocation and enforcement action by the Department. *[62-620.610(2)]*
3. As provided in subsection 403.087(7), F.S., the issuance of this permit does not convey any vested rights or any exclusive privileges. Neither does it authorize any injury to public or private property or any invasion of personal rights, nor authorize any infringement of federal, state, or local laws or regulations.

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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;
 - b. Have access to and copy any records that shall be kept under the conditions of this permit;
 - c. Inspect the facilities, equipment, practices, or operations regulated or required under this permit; and
 - d. Sample or monitor any substances or parameters at any location necessary to assure compliance with this permit or Department rules.[62-620.610(9)]
10. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data, and other information relating to the construction or operation of this permitted source which are submitted to the Department may be used by the Department as evidence in any enforcement case involving the permitted source arising under the Florida Statutes or Department rules, except as such use is proscribed by Section 403.111, F.S., or Rule 62-620.302, F.A.C. Such evidence shall only be used to the extent that it is consistent with the Florida Rules of Civil Procedure and applicable evidentiary rules. [62-620.610(10)]

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11. When requested by the Department, the permittee shall within a reasonable time provide any information required by law which is needed to determine whether there is cause for revising, revoking and reissuing, or terminating this permit, or to determine compliance with the permit. The permittee shall also provide to the Department upon request copies of records required by this permit to be kept. If the permittee becomes aware of relevant facts that were not submitted or were incorrect in the permit application or in any report to the Department, such facts or information shall be promptly submitted or corrections promptly reported to the Department. *[62-620.610(11)]*
12. Unless specifically stated otherwise in Department rules, the permittee, in accepting this permit, agrees to comply with changes in Department rules and Florida Statutes after a reasonable time for compliance; provided, however, the permittee does not waive any other rights granted by Florida Statutes or Department rules. A reasonable time for compliance with a new or amended surface water quality standard, other than those standards addressed in Rule 62-302.500, F.A.C., shall include a reasonable time to obtain or be denied a mixing zone for the new or amended standard. *[62-620.610(12)]*
13. The permittee, in accepting this permit, agrees to pay the applicable regulatory program and surveillance fee in accordance with Rule 62-4.052, F.A.C. *[62-620.610(13)]*
14. This permit is transferable only upon Department approval in accordance with Rule 62-620.340, F.A.C. The permittee shall be liable for any noncompliance of the permitted activity until the transfer is approved by the Department. *[62-620.610(14)]*
15. The permittee shall give the Department written notice at least 60 days before inactivation or abandonment of a wastewater facility or activity and shall specify what steps will be taken to safeguard public health and safety during and following inactivation or abandonment. *[62-620.610(15)]*
16. The permittee shall apply for a revision to the Department permit in accordance with Rules 62-620.300, F.A.C., and the Department of Environmental Protection Guide to Permitting Wastewater Facilities or Activities Under Chapter 62-620, F.A.C., at least 90 days before construction of any planned substantial modifications to the permitted facility is to commence or with Rule 62-620.325(2), F.A.C., for minor modifications to the permitted facility. A revised permit shall be obtained before construction begins except as provided in Rule 62-620.300, F.A.C. *[62-620.610(16)]*
17. The permittee shall give advance notice to the Department of any planned changes in the permitted facility or activity which may result in noncompliance with permit requirements. The permittee shall be responsible for any and all damages which may result from the changes and may be subject to enforcement action by the Department for penalties or revocation of this permit. The notice shall include the following information:
 - a. A description of the anticipated noncompliance;
 - b. The period of the anticipated noncompliance, including dates and times; and
 - c. Steps being taken to prevent future occurrence of the noncompliance.*[62-620.610(17)]*
18. Sampling and monitoring data shall be collected and analyzed in accordance with Rule 62-4.246 and Chapters 62-160, 62-601, and 62-610, F.A.C., and 40 CFR 136, as appropriate.
 - a. Monitoring results shall be reported at the intervals specified elsewhere in this permit and shall be reported on a Discharge Monitoring Report (DMR), DEP Form 62-620.910(10), or as specified elsewhere in the permit.

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- b. If the permittee monitors any contaminant more frequently than required by the permit, using Department approved test procedures, the results of this monitoring shall be included in the calculation and reporting of the data submitted in the DMR.
- c. Calculations for all limitations which require averaging of measurements shall use an arithmetic mean unless otherwise specified in this permit.
- d. Except as specifically provided in Rule 62-160.300, F.A.C., any laboratory test required by this permit shall be performed by a laboratory that has been certified by the Department of Health Environmental Laboratory Certification Program (DOH ELCP). Such certification shall be for the matrix, test method and analyte(s) being measured to comply with this permit. For domestic wastewater facilities, testing for parameters listed in Rule 62-160.300(4), F.A.C., shall be conducted under the direction of a certified operator.
- e. Field activities including on-site tests and sample collection shall follow the applicable standard operating procedures described in DEP-SOP-001/01 adopted by reference in Chapter 62-160, F.A.C.
- f. Alternate field procedures and laboratory methods may be used where they have been approved in accordance with Rules 62-160.220, and 62-160.330, F.A.C.

[62-620.610(18)]

19. Reports of compliance or noncompliance with, or any progress reports on, interim and final requirements contained in any compliance schedule detailed elsewhere in this permit shall be submitted no later than 14 days following each schedule date. *[62-620.610(19)]*
20. The permittee shall report to the Department's South District Office any noncompliance which may endanger health or the environment. Any information shall be provided orally within 24 hours from the time the permittee becomes aware of the circumstances. A written submission shall also be provided within five days of the time the permittee becomes aware of the circumstances. The written submission shall contain: a description of the noncompliance and its cause; the period of noncompliance including exact dates and time, and if the noncompliance has not been corrected, the anticipated time it is expected to continue; and steps taken or planned to reduce, eliminate, and prevent recurrence of the noncompliance.
 - a. The following shall be included as information which must be reported within 24 hours under this condition:
 - (1) Any unanticipated bypass which causes any reclaimed water or effluent to exceed any permit limitation or results in an unpermitted discharge,
 - (2) Any upset which causes any reclaimed water or the effluent to exceed any limitation in the permit,
 - (3) Violation of a maximum daily discharge limitation for any of the pollutants specifically listed in the permit for such notice, and
 - (4) Any unauthorized discharge to surface or ground waters.
 - b. Oral reports as required by this subsection shall be provided as follows:
 - (1) For unauthorized releases or spills of treated or untreated wastewater reported pursuant to subparagraph (a)4. that are in excess of 1,000 gallons per incident, or where information indicates that public health or the environment will be endangered, oral reports shall be provided to the STATE WARNING POINT TOLL FREE NUMBER (800) 320-0519, as soon as practical, but no later than 24 hours from the time the permittee becomes aware of the discharge. The permittee, to the extent known, shall provide the following information to the State Warning Point:
 - (a) Name, address, and telephone number of person reporting;
 - (b) Name, address, and telephone number of permittee or responsible person for the discharge;
 - (c) Date and time of the discharge and status of discharge (ongoing or ceased);
 - (d) Characteristics of the wastewater spilled or released (untreated or treated, industrial or domestic wastewater);
 - (e) Estimated amount of the discharge;

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- (f) Location or address of the discharge;
 - (g) Source and cause of the discharge;
 - (h) Whether the discharge was contained on-site, and cleanup actions taken to date;
 - (i) Description of area affected by the discharge, including name of water body affected, if any; and
 - (j) Other persons or agencies contacted.
- (2) Oral reports, not otherwise required to be provided pursuant to subparagraph b.1 above, shall be provided to the Department's South District Office within 24 hours from the time the permittee becomes aware of the circumstances.
- c. If the oral report has been received within 24 hours, the noncompliance has been corrected, and the noncompliance did not endanger health or the environment, the Department's South District Office shall waive the written report.

[62-620.610(20)]

21. The permittee shall report all instances of noncompliance not reported under Permit Conditions IX.17., IX.18., or IX.19. of this permit at the time monitoring reports are submitted. This report shall contain the same information required by Permit Condition IX.20. of this permit. *[62-620.610(21)]*
22. Bypass Provisions.
- a. "Bypass" means the intentional diversion of waste streams from any portion of a treatment works.
 - b. Bypass is prohibited, and the Department may take enforcement action against a permittee for bypass, unless the permittee affirmatively demonstrates that:
 - (1) Bypass was unavoidable to prevent loss of life, personal injury, or severe property damage; and
 - (2) There were no feasible alternatives to the bypass, such as the use of auxiliary treatment facilities, retention of untreated wastes, or maintenance during normal periods of equipment downtime. This condition is not satisfied if adequate back-up equipment should have been installed in the exercise of reasonable engineering judgment to prevent a bypass which occurred during normal periods of equipment downtime or preventive maintenance; and
 - (3) The permittee submitted notices as required under Permit Condition IX.22.c. of this permit.
 - c. If the permittee knows in advance of the need for a bypass, it shall submit prior notice to the Department, if possible at least 10 days before the date of the bypass. The permittee shall submit notice of an unanticipated bypass within 24 hours of learning about the bypass as required in Permit Condition IX.20. of this permit. A notice shall include a description of the bypass and its cause; the period of the bypass, including exact dates and times; if the bypass has not been corrected, the anticipated time it is expected to continue; and the steps taken or planned to reduce, eliminate, and prevent recurrence of the bypass.
 - d. The Department shall approve an anticipated bypass, after considering its adverse effect, if the permittee demonstrates that it will meet the three conditions listed in Permit Condition IX.22.b.(1) through (3) of this permit.
 - e. A permittee may allow any bypass to occur which does not cause reclaimed water or effluent limitations to be exceeded if it is for essential maintenance to assure efficient operation. These bypasses are not subject to the provisions of Permit Condition IX.22.b. through d. of this permit.

[62-620.610(22)]

23. Upset Provisions.
- a. "Upset" means an exceptional incident in which there is unintentional and temporary noncompliance with technology-based effluent limitations because of factors beyond the reasonable control of the permittee.

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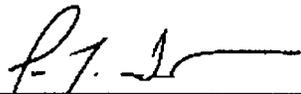
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- (1) An upset does not include noncompliance caused by operational error, improperly designed treatment facilities, inadequate treatment facilities, lack of preventive maintenance, careless or improper operation.
 - (2) An upset constitutes an affirmative defense to an action brought for noncompliance with technology based permit effluent limitations if the requirements of upset provisions of Rule 62-620.610, F.A.C., are met.
- b. A permittee who wishes to establish the affirmative defense of upset shall demonstrate, through properly signed contemporaneous operating logs, or other relevant evidence that:
- (1) An upset occurred and that the permittee can identify the cause(s) of the upset;
 - (2) The permitted facility was at the time being properly operated;
 - (3) The permittee submitted notice of the upset as required in Permit Condition IX.20. of this permit; and
 - (4) The permittee complied with any remedial measures required under Permit Condition IX.5. of this permit.
- c. In any enforcement proceeding, the burden of proof for establishing the occurrence of an upset rests with the permittee.
- d. Before an enforcement proceeding is instituted, no representation made during the Department review of a claim that noncompliance was caused by an upset is final agency action subject to judicial review.

[62-620.610(23)]

Executed in Fort Myers, Florida

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL PROTECTION



Jon M. Iglehart
Director of
District Management

DATE: July 16, 2014

JMI/BJS/se

**STATEMENT OF BASIS
FOR
STATE OF FLORIDA DOMESTIC WASTEWATER FACILITY PERMIT**

PERMIT NUMBER: FLA014388
 PA FILE NUMBER: FLA014388-007-DW3P
 FACILITY NAME: Leisure Lakes Utilities WWTP
 FACILITY LOCATION: 101 Parkview Cir, Lake Placid, FL 33852-6011
 Highlands County
 NAME OF PERMITTEE: HC Waterworks, Inc.
 PERMIT WRITER: Barbara J. Skates

1. BASIS FOR PERMIT LIMITATIONS AND MONITORING REQUIREMENTS

This facility is authorized to direct reclaimed water to Reuse System R-01, a rapid infiltration basin system, based on the following:

Parameter	Units	Max/Min	Limit	Statistical Basis	Rationale
BOD, Carbonaceous 5 day, 20C	mg/L	Max	20.0	Annual Average	62-610.510 & 62-600.740(1)(b)1.a. FAC
		Max	30.0	Monthly Average	62-600.740(1)(b)1.b. FAC
		Max	45.0	Weekly Average	62-600.740(1)(b)1.c. FAC
		Max	60.0	Single Sample	62-600.740(1)(b)1.d. FAC
Solids, Total Suspended	mg/L	Max	20.0	Annual Average	62-610.510 & 62-600.740(1)(b)1.a. FAC
		Max	30.0	Monthly Average	62-600.740(1)(b)1.b. FAC
		Max	45.0	Weekly Average	62-600.740(1)(b)1.c. FAC
		Max	60.0	Single Sample	62-600.740(1)(b)1.d. FAC
Coliform, Fecal	#/100mL	Max	200	Annual Average	62-610.510 & 62-600.440(4)(c)1. FAC
		Max	200	Monthly Geometric Mean	62-600.440(4)(c)2. FAC
		Max	800	Single Sample	62-600.440(4)(c)4. FAC
pH	s.u.	Min	6.0	Single Sample	62-600.445 FAC
		Max	8.5	Single Sample	62-600.445 FAC
Chlorine, Total Residual (For Disinfection)	mg/L	Min	0.5	Single Sample	62-610.510 & 62-600.440(4)(b) FAC
Nitrogen, Nitrate, Total (as N)	mg/L	Max	12.0	Single Sample	62-610.510(1) FAC

Other Limitations and Monitoring Requirements:

Parameter	Units	Max/Min	Limit	Statistical Basis	Rationale
Flow	MGD	Max	0.05	Annual Average	62-600.400(3)(b) FAC
		Max	Report	Monthly Average	62-600.400(3)(b) FAC
		Max	Report	Quarterly Average	62-600.400(3)(b) FAC
Percent Capacity, (TMADF/Permitted Capacity) x 100	percent	Max	Report	Monthly Average	62-600.405(4) FAC
BOD, Carbonaceous 5 day, 20C (Influent)	mg/L	Max	Report	Single Sample	62-601.300(1) FAC
Solids, Total Suspended (Influent)	mg/L	Max	Report	Single Sample	62-601.300(1) FAC
Monitoring Frequencies and Sample Types	-	-	-	All Parameters	62-601 FAC & 62-699 FAC and/or BPJ of permit writer
Sampling Locations	-	-	-	All Parameters	62-601, 62-610.412, 62-610.463(1), 62-610.568, 62-610.613 FAC and/or BPJ of permit writer

2. BIOSOLIDS MANAGEMENT REQUIREMENTS

Biosolids generated by this facility may be transferred to Blue Septic Tank Service RMF or disposed of in a Class I solid waste landfill.

See the table below for the rationale for the biosolids quantities monitoring requirements.

Parameter	Units	Max/Min	Limit	Statistical Basis	Rationale
Biosolids Quantity (Transferred)	dry tons	Max	Report	Monthly Total	62-640.650(5)(a)1. FAC
Biosolids Quantity (Landfilled)	dry tons	Max	Report	Monthly Total	62-640.650(5)(a)1. FAC
Monitoring Frequency				All Parameters	62-640.650(5)(a) FAC

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, 2295 Victoria Ave, Suite 364, Ft. Myers, FL 33901-3875

PERMITTEE NAME: HC Waterworks, Inc.
 MAILING ADDRESS: 4939 Cross Bayou Boulevard
 New Port Richey, Florida 34652-

PERMIT NUMBER: **FLA014388-007-DW3P**

FACILITY: **Leisure Lakes Utilities WWTP AKA Covered Bridge**
 LOCATION: 101 Parkview Cir
 Lake Placid, FL 33852-6011

LIMIT: Final
 CLASS SIZE: N/A
 MONITORING GROUP NUMBER: R-01
 MONITORING GROUP DESCRIPTION: Dual percolation ponds, with Influent

REPORT FREQUENCY: Monthly
 PROGRAM: Domestic

COUNTY: Highlands
 OFFICE: South District

RE-SUBMITTED DMR:
 NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement										
PARM Code 80082 Y Mon. Site No. EFA-01	Permit Requirement				20.0 (An.Avg.)		mg/L			Every 2 weeks	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement										
PARM Code 80082 A Mon. Site No. EFA-01	Permit Requirement			60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L			Every 2 weeks	Grab
Solids, Total Suspended	Sample Measurement										
PARM Code 00530 Y Mon. Site No. EFA-01	Permit Requirement				20.0 (An.Avg.)		mg/L			Every 2 weeks	Grab
Solids, Total Suspended	Sample Measurement										
PARM Code 00530 A Mon. Site No. EFA-01	Permit Requirement			60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L			Every 2 weeks	Grab
Coliform, Fecal	Sample Measurement										
PARM Code 74055 Y Mon. Site No. EFA-01	Permit Requirement				200 (An.Avg.)		#/100mL			Every 2 weeks	Grab
Coliform, Fecal	Sample Measurement										
PARM Code 74055 A Mon. Site No. EFA-01	Permit Requirement				200 (Mo.Geo.Mn.)	800 (Max.)	#/100mL			Every 2 weeks	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)

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

ISSUANCE/REISSUANCE DATE:
 DMR EFFECTIVE DATE: 1st day of the 2nd month following effective date of permit - Permit expiration

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Leisure Lakes Utilities WWTP AKA Covered Bridge

MONITORING GROUP NUMBER:
MONITORING PERIOD

R-01

PERMIT NUMBER: FLA014388-007-DW3P

From: _____ To: _____

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement										
PARM Code 00400 A Mon. Site No. EFA-01	Permit Requirement				6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement										
PARM Code 50060 A Mon. Site No. EFA-01	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement										
PARM Code 00620 A Mon. Site No. EFA-01	Permit Requirement						12.0 (Max.)	mg/L		Every 2 weeks	Grab
Flow	Sample Measurement										
PARM Code 50050 Y Mon. Site No. FLW-01	Permit Requirement		0.05 (An.Avg.)	MGD						5 Days/Week	Meter
Flow	Sample Measurement										
PARM Code 50050 1 Mon. Site No. FLW-01	Permit Requirement	Report (Qt.Avg.)	Report (Mo.Avg.)	MGD						5 Days/Week	Meter
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement										
PARM Code 00180 P Mon. Site No. CAL-01	Permit Requirement						Report (Mo.Avg.)	percent		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C (Influent)	Sample Measurement										
PARM Code 80082 G Mon. Site No. INF-01	Permit Requirement						Report (Max.)	mg/L		Every 2 weeks	Grab
Solids, Total Suspended (Influent)	Sample Measurement										
PARM Code 00530 G Mon. Site No. INF-01	Permit Requirement						Report (Max.)	mg/L		Every 2 weeks	Grab

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, 2295 Victoria Ave, Suite 364, Ft. Myers, FL 33901-3875

PERMITTEE NAME: HC Waterworks, Inc.
 MAILING ADDRESS: 4939 Cross Bayou Boulevard
 New Port Richey, Florida 34652-

PERMIT NUMBER: **FLA014388-007-DW3P**

LIMIT: Final
 CLASS SIZE: N/A
 MONITORING GROUP NUMBER: RMP-Q
 MONITORING GROUP DESCRIPTION: Biosolids Quantity

REPORT FREQUENCY: Monthly
 PROGRAM: Domestic

FACILITY: **Leisure Lakes Utilities WWTP** AKA Covered Bridge
 LOCATION: 101 Parkview Cir
 Lake Placid, FL 33852-6011

RE-SUBMITTED DMR:
 NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: _____ To: _____

COUNTY: Highlands
 OFFICE: South District

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Transferred)	Sample Measurement							
PARM Code B0007 + Mon. Site No. RMP-01	Permit Requirement	Report (Mo. Total)	dry tons				Monthly	Calculated
Biosolids Quantity (Landfilled)	Sample Measurement							
PARM Code B0008 + Mon. Site No. RMP-01	Permit Requirement	Report (Mo. Total)	dry tons				Monthly	Calculated

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)

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

ISSUANCE/REISSUANCE DATE:
 DMR EFFECTIVE DATE: 1st day of the 2nd month following effective date of permit - Permit expiration

DAILY SAMPLE RESULTS - PART B

Permit Number:

FLA014388-007-DW3P

Facility:

Leisure Lakes Utilities WWTP AKA Covered Bridge

Monitoring Period

From: _____ To: _____

	BOD, Carbonaceous 5 day, 20C mg/L	Chlorine, Total Residual (For Disinfection) mg/L	Coliform, Fecal #/100mL	Nitrogen, Nitrate, Total (as N) mg/L	Solids, Total Suspended mg/L	pH s.u.	Flow MGD	BOD, Carbonaceous 5 day, 20C (Influent) mg/L	Solids, Total Suspended (Influent) mg/L
Code	80082	50060	74055	00620	00530	00400	50050	80082	00530
Mon. Site	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	FLW-01	INF-01	INF-01
1									
2									
3									
4									
5									
6									
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8									
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22									
23									
24									
25									
26									
27									
28									
29									
30									
31									
Total									
Mo. Avg.									

PLANT STAFFING:

Day Shift Operator	Class: _____	Certificate No: _____	Name: _____
Evening Shift Operator	Class: _____	Certificate No: _____	Name: _____
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: _____	Certificate No: _____	Name: _____

ISSUANCE/REISSUANCE DATE:

INSTRUCTIONS FOR COMPLETING THE WASTEWATER DISCHARGE MONITORING REPORT

Read these instructions before completing the DMR. Hard copies and/or electronic copies of the required parts of the DMR were provided with the permit. All required information shall be completed in full and typed or printed in ink. A signed, original DMR shall be mailed to the address printed on the DMR by the 28th of the month following the monitoring period. Facilities who submit their DMR(s) electronically through eDMR do not need to submit a hardcopy DMR. The DMR shall not be submitted before the end of the monitoring period.

The DMR consists of three parts--A, B, and D--all of which may or may not be applicable to every facility. Facilities may have one or more Part A's for reporting effluent or reclaimed water data. All domestic wastewater facilities will have a Part B for reporting daily sample results. Part D is used for reporting ground water monitoring well data.

When results are not available, the following codes should be used on parts A and D of the DMR and an explanation provided where appropriate. Note: Codes used on Part B for raw data are different.

CODE	DESCRIPTION/INSTRUCTIONS
ANC	Analysis not conducted.
DRY	Dry Well
FLD	Flood disaster.
IFS	Insufficient flow for sampling.
LS	Lost sample.
MNR	Monitoring not required this period.

CODE	DESCRIPTION/INSTRUCTIONS
NOD	No discharge from/to site.
OPS	Operations were shutdown so no sample could be taken.
OTH	Other. Please enter an explanation of why monitoring data were not available.
SEF	Sampling equipment failure.

When reporting analytical results that fall below a laboratory's reported method detection limits or practical quantification limits, the following instructions should be used, unless indicated otherwise in the permit or on the DMR:

1. Results greater than or equal to the PQL shall be reported as the measured quantity.
2. Results less than the PQL and greater than or equal to the MDL shall be reported as the laboratory's MDL value. These values shall be deemed equal to the MDL when necessary to calculate an average for that parameter and when determining compliance with permit limits.
3. Results less than the MDL shall be reported by entering a less than sign (" $<$ ") followed by the laboratory's MDL value, e.g. < 0.001 . A value of one-half the MDL or one-half the effluent limit, whichever is lower, shall be used for that sample when necessary to calculate an average for that parameter. Values less than the MDL are considered to demonstrate compliance with an effluent limitation.

PART A -DISCHARGE MONITORING REPORT (DMR)

Part A of the DMR is comprised of one or more sections, each having its own header information. Facility information is preprinted in the header as well as the monitoring group number, whether the limits and monitoring requirements are interim or final, and the required submittal frequency (e.g. monthly, annually, quarterly, etc.). Submit Part A based on the required reporting frequency in the header and the instructions shown in the permit. The following should be completed by the permittee or authorized representative:

Resubmitted DMR: Check this box if this DMR is being re-submitted because there was information missing from or information that needed correction on a previously submitted DMR. The information that is being revised should be clearly noted on the re-submitted DMR (e.g. highlight, circle, etc.)

No Discharge From Site: Check this box if no discharge occurs and, as a result, there are no data or codes to be entered for all of the parameters on the DMR for the entire monitoring group number; however, if the monitoring group includes other monitoring locations (e.g., influent sampling), the "NOD" code should be used to individually denote those parameters for which there was no discharge.

Monitoring Period: Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed.

Sample Measurement: Before filling in sample measurements in the table, check to see that the data collected correspond to the limit indicated on the DMR (i.e. interim or final) and that the data correspond to the monitoring group number in the header. Enter the data or calculated results for each parameter on this row in the non-shaded area above the limit. Be sure the result being entered corresponds to the appropriate statistical base code (e.g. annual average, monthly average, single sample maximum, etc.) and units. Data qualifier codes are not to be reported on Part A.

No. Ex.: Enter the number of sample measurements during the monitoring period that exceeded the permit limit for each parameter in the non-shaded area. If none, enter zero.

Frequency of Analysis: The shaded areas in this column contain the minimum number of times the measurement is required to be made according to the permit. Enter the actual number of times the measurement was made in the space above the shaded area.

Sample Type: The shaded areas in this column contain the type of sample (e.g. grab, composite, continuous) required by the permit. Enter the actual sample type that was taken in the space above the shaded area.

Signature: This report must be signed in accordance with Rule 62-620.305, F.A.C. Type or print the name and title of the signing official. Include the telephone number where the official may be reached in the event there are questions concerning this report. Enter the date when the report is signed.

Comment and Explanation of Any Violations: Use this area to explain any exceedances, any upset or by-pass events, or other items which require explanation. If more space is needed, reference all attachments in this area.

PART B - DAILY SAMPLE RESULTS

Monitoring Period: Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed.

Daily Monitoring Results: Transfer all analytical data from your facility's laboratory or a contract laboratory's data sheets for all day(s) that samples were collected. Record the data in the units indicated. Table 1 in Chapter 62-160, F.A.C., contains a complete list of all the data qualifier codes that your laboratory may use when reporting analytical results. However, when transferring numerical results onto Part B of the DMR, only the following data qualifier codes should be used and an explanation provided where appropriate.

CODE	DESCRIPTION/INSTRUCTIONS
<	The compound was analyzed for but not detected.
A	Value reported is the mean (average) of two or more determinations.
J	Estimated value, value not accurate.
Q	Sample held beyond the actual holding time.
Y	Laboratory analysis was from an unpreserved or improperly preserved sample.

To calculate the monthly average, add each reported value to get a total. For flow, divide this total by the number of days in the month. For all other parameters, divide the total by the number of observations.

Plant Staffing: List the name, certificate number, and class of all state certified operators operating the facility during the monitoring period. Use additional sheets as necessary.

PART D - GROUND WATER MONITORING REPORT

Monitoring Period: Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed.

Date Sample Obtained: Enter the date the sample was taken. Also, check whether or not the well was purged before sampling.

Time Sample Obtained: Enter the time the sample was taken.

Sample Measurement: Record the results of the analysis. If the result was below the minimum detection limit, indicate that. Data qualifier codes are not to be reported on Part D.

Detection Limits: Record the detection limits of the analytical methods used.

Analysis Method: Indicate the analytical method used. Record the method number from Chapter 62-160 or Chapter 62-601, F.A.C., or from other sources.

Sampling Equipment Used: Indicate the procedure used to collect the sample (e.g. airlift, bucket/bailer, centrifugal pump, etc.)

Samples Filtered: Indicate whether the sample obtained was filtered by laboratory (L), filtered in field (F), or unfiltered (N).

Signature: This report must be signed in accordance with Rule 62-620.305, F.A.C. Type or print the name and title of the signing official. Include the telephone number where the official may be reached in the event there are questions concerning this report. Enter the date when the report is signed.

Comments and Explanation: Use this space to make any comments on or explanations of results that are unexpected. If more space is needed, reference all attachments in this area.

SPECIAL INSTRUCTIONS FOR LIMITED WET WEATHER DISCHARGES

Flow (Limited Wet Weather Discharge): Enter the measured average flow rate during the period of discharge or divide gallons discharged by duration of discharge (converted into days). Record in million gallons per day (MGD).

Flow (Upstream): Enter the average flow rate in the receiving stream upstream from the point of discharge for the period of discharge. The average flow rate can be calculated based on two measurements; one made at the start and one made at the end of the discharge period. Measurements are to be made at the upstream gauging station described in the permit.

Actual Stream Dilution Ratio: To calculate the Actual Stream Dilution Ratio, divide the average upstream flow rate by the average discharge flow rate. Enter the Actual Stream Dilution Ratio accurate to the nearest 0.1.

No. of Days the SDF > Stream Dilution Ratio: For each day of discharge, compare the minimum Stream Dilution Factor (SDF) from the permit to the calculated Stream Dilution Ratio. On Part B of the DMR, enter an asterisk (*) if the SDF is greater than the Stream Dilution Ratio on any day of discharge. On Part A of the DMR, add up the days with an "*" and record the total number of days the Stream Dilution Factor was greater than the Stream Dilution Ratio.

CBOD₅: Enter the average CBOD₅ of the reclaimed water discharged during the period shown in duration of discharge.

TKN: Enter the average TKN of the reclaimed water discharged during the period shown in duration of discharge.

Actual Rainfall: Enter the actual rainfall for each day on Part B. Enter the actual cumulative rainfall to date for this calendar year and the actual total monthly rainfall on Part A. The cumulative rainfall to date for this calendar year is the total amount of rain, in inches, that has been recorded since January 1 of the current year through the month for which this DMR contains data.

Rainfall During Average Rainfall Year: On Part A, enter the total monthly rainfall during the average rainfall year and the cumulative rainfall for the average rainfall year. The cumulative rainfall for the average rainfall year is the amount of rain, in inches, which fell during the average rainfall year from January through the month for which this DMR contains data.

No. of Days LWWD Activated During Calendar Year: Enter the cumulative number of days that the limited wet weather discharge was activated since January 1 of the current year.

Reason for Discharge: Attach to the DMR a brief explanation of the factors contributing to the need to activate the limited wet weather discharge.

#6



FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

South District Office
P.O. Box 2549
Fort Myers, FL 33902-2549
SouthDistrict@dep.state.fl.us

RICK SCOTT
GOVERNOR

CARLOS LOPEZ-CANTERA
LT. GOVERNOR

HERSCHEL T. VINYARD JR.
SECRETARY

Non sibi eleo caris nisi

In the Matter of a
Permit Revision for:

HC Waterworks, Inc.
Gary Deremer, President
4939 Cross Bayou Boulevard
New Port Richey, Florida 34652
gderemer@uswatercorp.net

Highlands County -DW
Leisure Lakes Utilities WWTP
PA File No.: FLA014388-007-DW3P
Revision Date: July 23, 2014
Effective Date: August 17, 2014
Expiration Date: August 16, 2019

NOTICE OF PERMIT REVISION

This permit revision is in response to your request for a change to the monitoring frequency in the previous permit issued July 16, 2014. This change is allowed in Florida Administrative Code 62-601, Figure 2. This permit revision is issued under Section 403.087 of the Florida Statutes and Rule 62-620.325, F.A.C. A Revised Discharge Monitoring Reports are attached.

Effluent to Reuse System R-01: Changed sampling from "Every Two Weeks" to "Monthly" For the following parameter:

BOD, Carbonaceous 5 day, 20C
Solids, Total Suspended
Coliform, Fecal
Nitrogen, Nitrate, Total (as N)

Influent: Changed sampling from "Every Two Weeks" to "Monthly"
BOD, Carbonaceous 5 day, 20C (Influent)
Solids, Total Suspended (Influent)

The expiration date and all other conditions of the permit number FLA014388-007 shall remain unchanged. This letter and its enclosures must be attached to the referenced permit, and become a permanent part of the permit.

This permit revision is issued under Section 403.087 of the Florida Statutes and Rule 62-620.325, F.A.C.

The Department's proposed agency action shall become final unless a timely petition for an administrative hearing is filed under Sections 120.569 and 120.57, Florida Statutes, within fourteen days of receipt of notice. The procedures for petitioning for a hearing are set forth below.

A person whose substantial interests are affected by the Department's proposed permitting decision may petition for an administrative proceeding (hearing) under Sections 120.569 and 120.57, Florida Statutes. The petition must contain the information set forth below and must be filed (received by the clerk) in the Office of General Counsel of the Department at 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida 32399-3000.

HC Waterworks, Inc.
PA File No.: FLA014388-007
Date of Permit Revision: July 23, 2014
Expiration Date: August 16, 2019

Under Rule 62-110.106(4), Florida Administrative Code, a person may request enlargement of the time for filing a petition for an administrative hearing. The request must be filed (received by the clerk) in the Office of General Counsel before the end of the time period for filing a petition for an administrative hearing.

Petitions by the applicant or any of the persons listed below must be filed within fourteen days of receipt of this written notice. Petitions filed by any persons other than those entitled to written notice under Section 120.60(3), Florida Statutes, must be filed within fourteen days of publication of the notice or within fourteen days of receipt of the written notice, whichever occurs first. Under Section 120.60(3), Florida Statutes, however, any person who has asked the Department for notice of agency action may file a petition within fourteen days of receipt of such notice, regardless of the date of publication.

The petitioner shall mail a copy of the petition to the applicant at the address indicated above at the time of filing. The failure of any person to file a petition within fourteen days of receipt of notice shall constitute a waiver of that person's right to request an administrative determination (hearing) under Sections 120.569 and 120.57, Florida Statutes. Any subsequent intervention (in a proceeding initiated by another party) will be only at the discretion of the presiding officer upon the filing of a motion in compliance with Rule 28-106.205, Florida Administrative Code.

A petition that disputes the material facts on which the Department's action is based must contain the following information:

- (a) The name, address, and telephone number of each petitioner; the name, address, and telephone number of the petitioner's representative, if any; the Department permit identification number and the county in which the subject matter or activity is located;
- (b) A statement of how and when each petitioner received notice of the Department action;
- (c) A statement of how each petitioner's substantial interests are affected by the Department action;
- (d) A statement of all disputed issues of material fact. If there are none, the petition must so indicate;
- (e) A statement of facts that the petitioner contends warrant reversal or modification of the Department action;
- (f) A concise statement of the ultimate facts alleged, as well as the rules and statutes which entitle the petitioner to relief; and
- (g) A statement of the relief sought by the petitioner, stating precisely the action that the petitioner wants the Department to take.

Because the administrative hearing process is designed to formulate final agency action, the filing of a petition means that the Department's final action may be different from the position taken by it in this notice. Persons whose substantial interests will be affected by any such final decision of the Department have the right to petition to become a party to the proceeding, in accordance with the requirements set forth above.

Mediation under Section 120.573, Florida Statutes, is not available for this proceeding.

This permit action is final and effective on the date filed with the clerk of the Department unless a petition is filed in accordance with the above. Upon the timely filing of a petition this permit will not be effective until further order of the Department.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, 2295 Victoria Ave, Suite 364, Ft. Myers, FL 33901-3875

PERMITTEE NAME: HC Waterworks, Inc.
 MAILING ADDRESS: 4939 Cross Bayou Boulevard
 New Port Richey, Florida 34652-

PERMIT NUMBER: FLA014388-007-DW3P

FACILITY: Leisure Lakes Utilities WWTP AKA Covered Bridge
 LOCATION: 101 Parkview Cir
 Lake Placid, FL 33852-6011

LIMIT: Final
 CLASS SIZE: N/A
 MONITORING GROUP NUMBER: R-01
 MONITORING GROUP DESCRIPTION: Dual percolation ponds, with Influent

REPORT FREQUENCY: Monthly
 PROGRAM: Domestic

COUNTY: Highlands
 OFFICE: South District

RE-SUBMITTED DMR:
 NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement									
PARM Code 80082 Y Mon. Site No. EFA-01	Permit Requirement				20.0 (An.Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement									
PARM Code 80082 A Mon. Site No. EFA-01	Permit Requirement			60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement									
PARM Code 00530 Y Mon. Site No. EFA-01	Permit Requirement				20.0 (An.Avg.)		mg/L		Monthly s	Grab
Solids, Total Suspended	Sample Measurement									
PARM Code 00530 A Mon. Site No. EFA-01	Permit Requirement			60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement									
PARM Code 74055 Y Mon. Site No. EFA-01	Permit Requirement				200 (An.Avg.)		#/100mL		Monthly	Grab
Coliform, Fecal	Sample Measurement									
PARM Code 74055 A Mon. Site No. EFA-01	Permit Requirement				200 (Mo.Geo.Mn.)	800 (Max.)	#/100mL		Monthly	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: **Leisure Lakes Utilities WWTP AKA Covered Bridge**

MONITORING GROUP: **R-01**

PERMIT NUMBER: **FLA014388-007-DW3P**

NUMBER:

MONITORING PERIOD

From: _____

To: _____

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
pH PARM Code 00400 A Mon. Site No. EFA-01	Sample Measurement									
	Permit Requirement				6.0 (Min.)		8.5 (Max.)	s.u.	5 Days/Week	Grab
Chlorine, Total Residual (For Disinfection) PARM Code 50060 A Mon. Site No. EFA-01	Sample Measurement									
	Permit Requirement				0.5 (Min.)			mg/L	5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N) PARM Code 00620 A Mon. Site No. EFA-01	Sample Measurement									
	Permit Requirement						12.0 (Max.)	mg/L	Monthly	Grab
Flow PARM Code 50050 Y Mon. Site No. FLW-01	Sample Measurement									
	Permit Requirement		0.05 (An.Avg.)	MGD					5 Days/Week	Meter
Flow PARM Code 50050 1 Mon. Site No. FLW-01	Sample Measurement									
	Permit Requirement	Report (Qt.Avg.)	Report (Mo.Avg.)	MGD					5 Days/Week	Meter
Percent Capacity, (TMADF/Permitted Capacity) x 100 PARM Code 00180 P Mon. Site No. CAL-01	Sample Measurement									
	Permit Requirement						Report (Mo.Avg.)	percent	Monthly	Calculated
BOD, Carbonaceous 5 day, 20C (Influent) PARM Code 80082 G Mon. Site No. INF-01	Sample Measurement									
	Permit Requirement						Report (Max.)	mg/L	Monthly	Grab
Solids, Total Suspended (Influent) PARM Code 00530 G Mon. Site No. INF-01	Sample Measurement									
	Permit Requirement						Report (Max.)	mg/L	Monthly	Grab

ISSUANCE/REISSUANCE DATE:

DMR EFFECTIVE DATE: 1st day of the 2nd month following effective date of permit - Permit expiration

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, 2295 Victoria Ave, Suite 364, Ft. Myers, FL 33901-3875

PERMITTEE NAME: HC Waterworks, Inc.
 MAILING ADDRESS: 4939 Cross Bayou Boulevard
 New Port Richey, Florida 34652-

PERMIT NUMBER: **FLA014388-007-DW3P**

FACILITY: **Leisure Lakes Utilities WWTP AKA Covered Bridge**
 LOCATION: 101 Parkview Cir
 Lake Placid, FL 33852-6011

LIMIT: Final
 CLASS SIZE: N/A
 MONITORING GROUP NUMBER: RMP-Q
 MONITORING GROUP DESCRIPTION: Biosolids Quantity

REPORT FREQUENCY: Monthly
 PROGRAM: Domestic

COUNTY: Highlands
 OFFICE: South District

RE-SUBMITTED DMR:
 NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Transferred)	Sample Measurement							
PARM Code B0007 + Mon. Site No. RMP-01	Permit Requirement	Report (Mo.Total)	dry tons				Monthly	Calculated
Biosolids Quantity (Landfilled)	Sample Measurement							
PARM Code B0008 + Mon. Site No. RMP-01	Permit Requirement	Report (Mo.Total)	dry tons				Monthly	Calculated

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)

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

DAILY SAMPLE RESULTS - PART B

Permit Number:

FLA014388-007-DW3P

Facility:

Leisure Lakes Utilities WWTP AKA Covered Bridge

Monitoring Period

From: _____

To: _____

	BOD, Carbonaceous 5 day, 20C mg/L	Chlorine, Total Residual (For Disinfection) mg/L	Coliform, Fecal #/100mL	Nitrogen, Nitrate, Total (as N) mg/L	Solids, Total Suspended mg/L	pH s.u.	Flow MGD	BOD, Carbonaceous 5 day, 20C (Influent) mg/L	Solids, Total Suspended (Influent) mg/L
Code	80082	50060	74055	00620	00530	00400	50050	80082	00530
Mon. Site	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	FLW-01	INF-01	INF-01
1									
2									
3									
4									
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22									
23									
24									
25									
26									
27									
28									
29									
30									
31									
Total									
Mo. Avg.									

PLANT STAFFING:

Day Shift Operator

Class: _____

Certificate No: _____

Name: _____

Evening Shift Operator

Class: _____

Certificate No: _____

Name: _____

Night Shift Operator

Class: _____

Certificate No: _____

Name: _____

Lead Operator

Class: _____

Certificate No: _____

Name: _____

INSTRUCTIONS FOR COMPLETING THE WASTEWATER DISCHARGE MONITORING REPORT

Read these instructions before completing the DMR. Hard copies and/or electronic copies of the required parts of the DMR were provided with the permit. All required information shall be completed in full and typed or printed in ink. A signed, original DMR shall be mailed to the address printed on the DMR by the 28th of the month following the monitoring period. Facilities who submit their DMR(s) electronically through eDMR do not need to submit a hardcopy DMR. The DMR shall not be submitted before the end of the monitoring period.

The DMR consists of three parts--A, B, and D--all of which may or may not be applicable to every facility. Facilities may have one or more Part A's for reporting effluent or reclaimed water data. All domestic wastewater facilities will have a Part B for reporting daily sample results. Part D is used for reporting ground water monitoring well data.

When results are not available, the following codes should be used on parts A and D of the DMR and an explanation provided where appropriate. Note: Codes used on Part B for raw data are different.

CODE	DESCRIPTION/INSTRUCTIONS
ANC	Analysis not conducted.
DRY	Dry Well
FLD	Flood disaster.
IFS	Insufficient flow for sampling.
LS	Lost sample.
MNR	Monitoring not required this period.

CODE	DESCRIPTION/INSTRUCTIONS
NOD	No discharge from/to site.
OPS	Operations were shutdown so no sample could be taken.
OTH	Other. Please enter an explanation of why monitoring data were not available.
SEF	Sampling equipment failure.

When reporting analytical results that fall below a laboratory's reported method detection limits or practical quantification limits, the following instructions should be used, unless indicated otherwise in the permit or on the DMR:

1. Results greater than or equal to the PQL shall be reported as the measured quantity.
2. Results less than the PQL and greater than or equal to the MDL shall be reported as the laboratory's MDL value. These values shall be deemed equal to the MDL when necessary to calculate an average for that parameter and when determining compliance with permit limits.
3. Results less than the MDL shall be reported by entering a less than sign (" $<$ ") followed by the laboratory's MDL value, e.g. < 0.001 . A value of one-half the MDL or one-half the effluent limit, whichever is lower, shall be used for that sample when necessary to calculate an average for that parameter. Values less than the MDL are considered to demonstrate compliance with an effluent limitation.

PART A -DISCHARGE MONITORING REPORT (DMR)

Part A of the DMR is comprised of one or more sections, each having its own header information. Facility information is preprinted in the header as well as the monitoring group number, whether the limits and monitoring requirements are interim or final, and the required submittal frequency (e.g. monthly, annually, quarterly, etc.). Submit Part A based on the required reporting frequency in the header and the instructions shown in the permit. The following should be completed by the permittee or authorized representative:

Resubmitted DMR: Check this box if this DMR is being re-submitted because there was information missing from or information that needed correction on a previously submitted DMR. The information that is being revised should be clearly noted on the re-submitted DMR (e.g. highlight, circle, etc.)

No Discharge From Site: Check this box if no discharge occurs and, as a result, there are no data or codes to be entered for all of the parameters on the DMR for the entire monitoring group number; however, if the monitoring group includes other monitoring locations (e.g., influent sampling), the "NOD" code should be used to individually denote those parameters for which there was no discharge.

Monitoring Period: Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed.

Sample Measurement: Before filling in sample measurements in the table, check to see that the data collected correspond to the limit indicated on the DMR (i.e. interim or final) and that the data correspond to the monitoring group number in the header. Enter the data or calculated results for each parameter on this row in the non-shaded area above the limit. Be sure the result being entered corresponds to the appropriate statistical base code (e.g. annual average, monthly average, single sample maximum, etc.) and units. Data qualifier codes are not to be reported on Part A.

No. Ex.: Enter the number of sample measurements during the monitoring period that exceeded the permit limit for each parameter in the non-shaded area. If none, enter zero.

Frequency of Analysis: The shaded areas in this column contain the minimum number of times the measurement is required to be made according to the permit. Enter the actual number of times the measurement was made in the space above the shaded area.

Sample Type: The shaded areas in this column contain the type of sample (e.g. grab, composite, continuous) required by the permit. Enter the actual sample type that was taken in the space above the shaded area.

Signature: This report must be signed in accordance with Rule 62-620.305, F.A.C. Type or print the name and title of the signing official. Include the telephone number where the official may be reached in the event there are questions concerning this report. Enter the date when the report is signed.

Comment and Explanation of Any Violations: Use this area to explain any exceedances, any upset or by-pass events, or other items which require explanation. If more space is needed, reference all attachments in this area.

PART B - DAILY SAMPLE RESULTS

Monitoring Period: Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed.

Daily Monitoring Results: Transfer all analytical data from your facility's laboratory or a contract laboratory's data sheets for all day(s) that samples were collected. Record the data in the units indicated. Table 1 in Chapter 62-160, F.A.C., contains a complete list of all the data qualifier codes that your laboratory may use when reporting analytical results. However, when transferring numerical results onto Part B of the DMR, only the following data qualifier codes should be used and an explanation provided where appropriate.

CODE	DESCRIPTION/INSTRUCTIONS
<	The compound was analyzed for but not detected.
A	Value reported is the mean (average) of two or more determinations.
J	Estimated value, value not accurate.
Q	Sample held beyond the actual holding time.
Y	Laboratory analysis was from an unpreserved or improperly preserved sample.

To calculate the monthly average, add each reported value to get a total. For flow, divide this total by the number of days in the month. For all other parameters, divide the total by the number of observations.

Plant Staffing: List the name, certificate number, and class of all state certified operators operating the facility during the monitoring period. Use additional sheets as necessary.

PART D - GROUND WATER MONITORING REPORT

Monitoring Period: Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed.

Date Sample Obtained: Enter the date the sample was taken. Also, check whether or not the well was purged before sampling.

Time Sample Obtained: Enter the time the sample was taken.

Sample Measurement: Record the results of the analysis. If the result was below the minimum detection limit, indicate that. Data qualifier codes are not to be reported on Part D.

Detection Limits: Record the detection limits of the analytical methods used.

Analysis Method: Indicate the analytical method used. Record the method number from Chapter 62-160 or Chapter 62-601, F.A.C., or from other sources.

Sampling Equipment Used: Indicate the procedure used to collect the sample (e.g. airlift, bucket/bailer, centrifugal pump, etc.)

Samples Filtered: Indicate whether the sample obtained was filtered by laboratory (L), filtered in field (F), or unfiltered (N).

Signature: This report must be signed in accordance with Rule 62-620.305, F.A.C. Type or print the name and title of the signing official. Include the telephone number where the official may be reached in the event there are questions concerning this report. Enter the date when the report is signed.

Comments and Explanation: Use this space to make any comments on or explanations of results that are unexpected. If more space is needed, reference all attachments in this area.

SPECIAL INSTRUCTIONS FOR LIMITED WET WEATHER DISCHARGES

Flow (Limited Wet Weather Discharge): Enter the measured average flow rate during the period of discharge or divide gallons discharged by duration of discharge (converted into days). Record in million gallons per day (MGD).

Flow (Upstream): Enter the average flow rate in the receiving stream upstream from the point of discharge for the period of discharge. The average flow rate can be calculated based on two measurements; one made at the start and one made at the end of the discharge period. Measurements are to be made at the upstream gauging station described in the permit.

Actual Stream Dilution Ratio: To calculate the Actual Stream Dilution Ratio, divide the average upstream flow rate by the average discharge flow rate. Enter the Actual Stream Dilution Ratio accurate to the nearest 0.1.

No. of Days the SDF > Stream Dilution Ratio: For each day of discharge, compare the minimum Stream Dilution Factor (SDF) from the permit to the calculated Stream Dilution Ratio. On Part B of the DMR, enter an asterisk (*) if the SDF is greater than the Stream Dilution Ratio on any day of discharge. On Part A of the DMR, add up the days with an "*" and record the total number of days the Stream Dilution Factor was greater than the Stream Dilution Ratio.

CBOD₅: Enter the average CBOD₅ of the reclaimed water discharged during the period shown in duration of discharge.

TKN: Enter the average TKN of the reclaimed water discharged during the period shown in duration of discharge.

Actual Rainfall: Enter the actual rainfall for each day on Part B. Enter the actual cumulative rainfall to date for this calendar year and the actual total monthly rainfall on Part A. The cumulative rainfall to date for this calendar year is the total amount of rain, in inches, that has been recorded since January 1 of the current year through the month for which this DMR contains data.

Rainfall During Average Rainfall Year: On Part A, enter the total monthly rainfall during the average rainfall year and the cumulative rainfall for the average rainfall year. The cumulative rainfall for the average rainfall year is the amount of rain, in inches, which fell during the average rainfall year from January through the month for which this DMR contains data.

No. of Days LWWD Activated During Calendar Year: Enter the cumulative number of days that the limited wet weather discharge was activated since January 1 of the current year.

Reason for Discharge: Attach to the DMR a brief explanation of the factors contributing to the need to activate the limited wet weather discharge.

#6



Southwest Florida Water Management District

2379 Broad Street, Brooksville, Florida 34604-6899
(352) 796-7211 or 1-800-423-1476 (FL only)
SUNCOM 628-4150 TDD only 1-800-231-6103 (FL only)
On the Internet at: WaterMatters.org

An Equal
Opportunity
Employer

Bartow Service Office
170 Century Boulevard
Bartow, Florida 33830-7700
(863) 534-1448 or
1-800-492-7862 (FL only)

Sarasota Service Office
6750 Fruitville Road
Sarasota, Florida 34240-9711
(941) 377-3722 or
1-800-320-3503 (FL only)

Tampa Service Office
7601 Highway 301 North
Tampa, Florida 33637-6759
(813) 985-7481 or
1-800-836-0797 (FL only)

November 30, 2011

Aqua Utilities Florida Incorporated
Judy E. Wallingford, President
Lady Lake, FL 32158



Subject: **Final Agency Action Transmittal Letter**
General Water Use Permit
Permit No.: 20 004167.005
Project Name: Lake Josephine/Sebring Lakes
County: Highlands

Dear Permittee(s):

Your Water Use Permit has been approved. Final approval is contingent upon no objection to the District's action being received by the District within the time frames described in the enclosed Notice of Rights.

The information received by the District will be kept on file to support the District's determination regarding your application. This information is available for viewing or downloading through the District's Application and Permit Search Tools located at www.WaterMatters.org/permits.

The District's action in this matter only becomes closed to future legal challenges from members of the public if such persons have been properly notified of the District's action and no person objects to the District's action within the prescribed period of time following the notification. The District does not publish notices of agency action. If you wish to limit the time within which a person who does not receive actual written notice from the District may request an administrative hearing regarding this action, you are strongly encouraged to publish, at your own expense, a notice of agency action in the legal advertisement section of a newspaper of general circulation in the county or counties where the activity will occur. Publishing notice of agency action will close the window for filing a petition for hearing. Legal requirements and instructions for publishing notice of agency action, as well as a noticing form that can be used is available from the District's website at www.WaterMatters.org/permits/noticing. If you publish notice of agency action, a copy of the affidavit of publishing provided by the newspaper should be sent to the District Regulation Department that reviewed your permit or other agency action, for retention in the File of Record for this agency action.

Please be advised that the Governing Board has formulated a water shortage plan referenced in a Standard Water Use Permit Condition (Exhibit A) of your permit, and will implement such a plan during periods of water shortage. You will be notified during a declared water shortage of any change in the conditions of your Permit or any suspension of your Permit, or of any restriction on your use of water for the duration of any declared water shortage. Please further note that water conservation is a condition of your Permit and should be practiced at all times.

The ID tags for your withdrawals shall be installed by a District representative. This representative will attempt to contact you within 30 days to discuss placement of your tags. If you have any questions or concerns regarding your tags, please contact Mark Alford at extension 6110, in the Bartow Regulation Department. If you have any questions or concerns regarding your permit or any other information, please contact the Bartow Regulation Department and ask to speak to someone in the Water Use Regulation Section.

Sincerely,

Michael K. Balsler, M.P.A., P.G.

Bartow Regulation Department

Enclosures: Approved Permit
Notice of Rights

cc: Diane Kibitlewski, Compliance Coordinator

**SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT
WATER USE PERMIT
GENERAL
PERMIT NO. 20 004167.005**

PERMIT ISSUE DATE: November 30, 2011

EXPIRATION DATE: January 09, 2020

The Permittee is responsible for submitting an application to renew this permit no sooner than one year prior to the expiration date, and no later than the end of the last business day before the expiration date, whether or not the Permittee receives prior notification by mail. Failure to submit a renewal application prior to the expiration date and continuing to withdraw water after the expiration date is a violation of Chapter 373, Florida Statutes, and Chapter 40D-2, Florida Administrative Code, and may result in a monetary penalty and/or loss of the right to use the water. Issuance of a renewal of this permit is contingent upon District approval.

TYPE OF APPLICATION: Letter Modification
GRANTED TO: Aqua Utilities Florida Incorporated
Judy E. Wallingford, President
Lady Lake, FL 32158

PROJECT NAME: Lake Josephine/Sebring Lakes
WATER USE CAUTION AREA: SOUTHERN WATER USE CAUTION AREA
COUNTY: Highlands

TOTAL QUANTITIES AUTHORIZED UNDER THIS PERMIT (in gallons per day)	
ANNUAL AVERAGE	254,500 gpd
PEAK MONTH ¹	326,000 gpd

1. Peak Month: Average daily use during the highest water use month.

ABSTRACT:

This is a District initiated letter modification of a public supply water use permit. This modification is to update any special conditions for recording and reporting requirements, and water conservation practices pursuant to recent Rule amendments to Chapter 40D-2, Florida Administrative Code (F.A.C). The project area lies within the Southern Water Use Caution Area (SWUCA). There is no change to the existing permitted quantities. The Standard Annual Average Annual quantity remains at 254,500 gallons per day (gpd), and the Peak Month quantity remains at 326,000 gpd. Quantities are based on historic pumpage data, and information submitted by the applicant. The permitted per capita is 147 gpcd with a District projected population of 1,593 persons. The existing and projected water use is for single family residential, multifamily residential, mobile home and RV, treatment losses, and other metered uses.

Changes from the prior permit: Special condition revisions include an update to the District reporting address (code 499); update to meter recording, flex pumpage, meter calibration and pumpage reporting (codes 30, 221, 650, and 719); updates condition for annual water use reporting including water conservation plans, audits, and updated service are maps (660); updates condition for maintaining a water conservation rate structure (659); updates condition for an annual billing rate structure (code 592); updates condition for maintaining a per capita rate (67); updates condition language for AWS (458); adds minimum water levels (356), and adds a condition to provide a cost connection estimate for reclaimed water availability (674).

WATER USE TABLE (in gpd)

<u>USE</u>	<u>ANNUAL AVERAGE</u>	<u>PEAK MONTH</u>
Public Supply	254,500	326,000

USE TYPE

- Other Metered Uses
- Regional Public Supply System
- Treatment Losses (Backflushing)

PUBLIC SUPPLY:

Population Served: 1,593
 Per Capita Rate: 147 gpd/person

WITHDRAWAL POINT QUANTITY TABLE

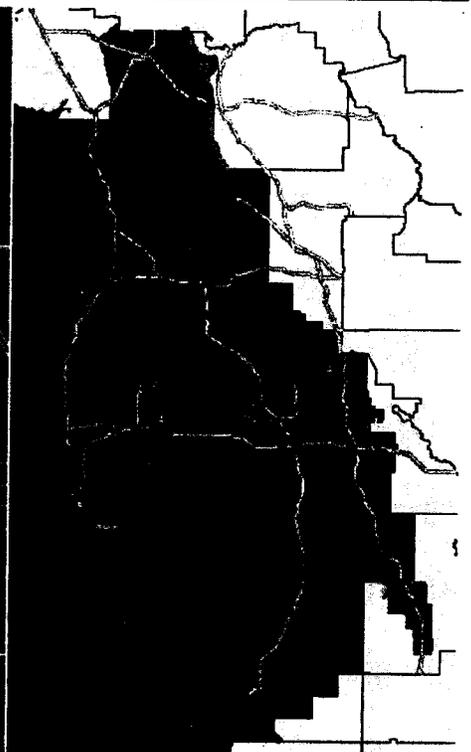
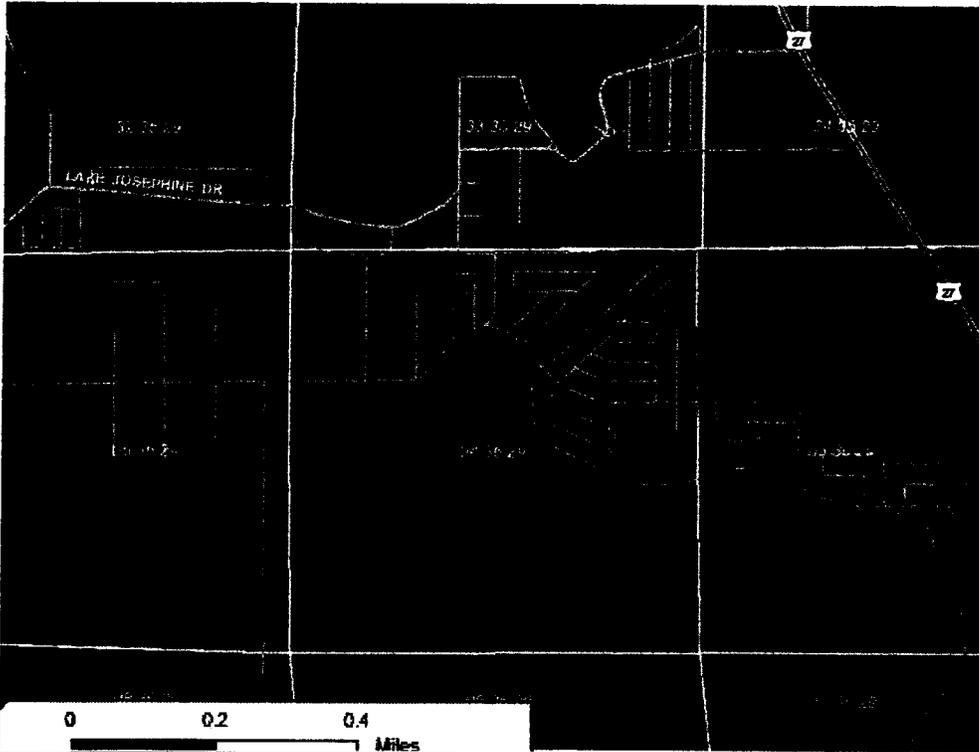
Water use from these withdrawal points are restricted to the quantities given below :

<u>I.D. NO.</u>	<u>PERMITTEE/ DISTRICT</u>	<u>DIAM (IN.)</u>	<u>DEPTH TTL./CSD.FT. (feet bls)</u>	<u>USE DESCRIPTION</u>	<u>AVERAGE (gpd)</u>	<u>PEAK MONTH (gpd)</u>
LJ-1 / 3		8	1,400 / 549	Public Supply	82,200	105,400
LJ-2 / 4		8	1,100 / 528	Public Supply	82,300	105,400
SL-1 / 5		10	1,300 / 500	Public Supply	45,000	57,600
SL-2 / 6		10	1,500 / 460	Public Supply	45,000	57,600

WITHDRAWAL POINT LOCATION TABLE

<u>DISTRICT I.D. NO.</u>	<u>LATITUDE/LONGITUDE</u>
3	27° 22' 59.40"/81° 26' 34.40"
4	27° 22' 58.50"/81° 26' 34.40"
5	27° 22' 30.10"/81° 24' 33.80"
6	27° 22' 29.60"/81° 24' 33.80"

Location Map
Aqua Utilities Florida Incorporated
WUP No. 20 004167.005



Southwest Florida
Water Management District

The logo for the Southwest Florida Water Management District. It features the name 'Southwest Florida' in a bold, serif font, with 'Water Management District' written below it in a smaller, italicized serif font. The text is set against a dark background with a wavy, water-like border at the bottom.

STANDARD CONDITIONS:

The Permittee shall comply with the Standard Conditions attached hereto, incorporated herein by reference as Exhibit A and made a part hereof.

SPECIAL CONDITIONS:

1. All reports and data required by condition(s) of the permit shall be submitted to the District according to the due date(s) contained in the specific condition. If the condition specifies that a District-supplied form is to be used, the Permittee should use that form in order for their submission to be acknowledged in a timely manner. The only alternative to this requirement is to use the District Permit Information Center (www.swfwmd.state.fl.us/permits/epermitting/) to submit data, plans or reports online. There are instructions at the District website on how to register to set up an account to do so. If the report or data is received on or before the tenth day of the month following data collection, it shall be deemed as a timely submittal.

All mailed reports and data are to be sent to:
Southwest Florida Water Management District
Bartow Regulation Department, Water Use Regulation
170 Century Blvd.
Bartow, Florida 33830-7700

Submission of plans and reports: Unless submitted online or otherwise indicated in the special condition, the original and two copies of each plan and report, such as conservation plans, environmental analyses, aquifer test results, per capita annual reports, etc. are required.

Submission of data: Unless otherwise indicated in the special condition, an original (no copies) is required for data submittals such as crop report forms, meter readings and/or pumpage, rainfall, water level evapotranspiration, or water quality data.
(499)

2. The average day, peak monthly, and maximum daily, if applicable, quantities for District ID No(s). 3 and 4, Permittee ID No(s). LJ-1 and LJ-2, Lake Josephine Wellfield, shown in the production withdrawal table are estimates based on historic and/or projected distribution of pumpage, and are for water use inventory and impact analysis purposes only. The quantities listed for these individual sources are not intended to dictate the distribution of pumpage from permitted sources. The Permittee may make adjustments in pumpage distribution as necessary up to 164,500 gallons per day (gpd) on an average basis, up to 210,800 gpd on a peak monthly basis for the individual wells, so long as adverse environmental impacts do not result and the Permittee complies with all other conditions of this Permit. In all cases, the total average annual daily withdrawal, and the total peak monthly daily withdrawal are limited to the quantities set forth above.

The average day, peak monthly, and maximum daily, if applicable, quantities for District ID No(s). 5 and 6, Permittee ID No(s). SL-1 and SL-2, Sebring Lakes Wellfield, shown in the production withdrawal table are estimates based on historic and/or projected distribution of pumpage, and are for water use inventory and impact analysis purposes only. The quantities listed for these individual sources are not intended to dictate the distribution of pumpage from permitted sources. The Permittee may make adjustments in pumpage distribution as necessary up to 90,000 gallons per day (gpd) on an average basis, up to 115,200 gpd on a peak monthly basis for the individual wells, so long as adverse environmental impacts do not result and the Permittee complies with all other conditions of this Permit. In all cases, the total average annual daily withdrawal, and the total peak monthly daily withdrawal are limited to the quantities set forth above.(221)

3. Minimum water level for **Lake Josephine** may be determined by District staff, and if the levels in this lake fall below these minimum water levels, the Permittee shall cease or reduce withdrawals from the lake as specified by the District.(356)
4. Within 90 days of the replacement of any or all withdrawal quantities from ground water or surface water bodies with an Alternative Water Supply, the Permittee shall apply to modify this permit to place equal quantities of permitted withdrawals from the ground and/or surface water resource on standby. The standby quantities can be used in the event that some or all of the alternative source is not

available.(363)

5. The Permittee shall investigate the feasibility of using reclaimed water as a water source and submit a report describing the feasibility to the Permit Data Section, Performance Management Office, July 1, 2014. The report shall contain an analysis of reclaimed water sources for the area, including the relative location of these sources to the Permittee's property, the quantity of reclaimed water available, the projected date(s) of availability, costs associated with obtaining the reclaimed water, and an implementation schedule for reuse, if feasible. Infeasibility shall be supported with a detailed explanation. If the use of reclaimed water is determined to be feasible by the Permittee or by the District, then the Permittee shall submit an application to modify this water use permit to include reclaimed water as a source of water. The modification application shall include a date when the reclaimed water will be available and shall indicate a proposed reduction in permitted quantities. If the permit application is not submitted by the Permittee, the District may reduce, following notice to the Permittee, the quantities authorized with this permit to account for the availability of reclaimed water. (458)
6. Any wells not in use, and in which pumping equipment is not installed shall be capped or valved in a water tight manner in accordance with Chapter 62-532.500(3)(a)(4), F.A.C.(568)
7. Beginning January 1, 2012, the Permittee shall comply with the following requirements:
 - A. Customer billing period usage shall be placed on each utility-metered, customer's bill.
 - B. Meters shall be read and customers shall be billed no less frequently than bi-monthly.
 - C. The following information, as applicable to the customer, shall be provided at least once each calendar year and a summary of the provisions shall be provided to the District annually as described in Section D, below. The information shall be provided by postal mailings, bill inserts, online notices, on the bill or by other means. If billing units are not in gallons, a means to convert the units to gallons must be provided.
 1. To each utility-metered customer in each customer class - Information describing the rate structure and shall include any applicable:
 - a. Fixed and variable charges,
 - b. Minimum charges and the quantity of water covered by such charges,
 - c. Price block quantity thresholds and prices,
 - d. Seasonal rate information and the months to which they apply, and
 - e. Usage surcharges
 2. To each utility-metered single-family residential customer - Information that the customer can use to compare its water use relative to other single-family customers or to estimate an efficient use and that shall include one or more of the following:
 - a. The average or median single-family residential customer billing period water use calculated over the most recent three year period, or the most recent two year period if a three year period is not available to the utility. Data by billing period is preferred but not required.
 - b. A means to calculate an efficient billing period use based on the customer's characteristics, or
 - c. A means to calculate an efficient billing period use based on the service area's characteristics.
 - D. Annual Report: The following information shall be submitted to the District annually by October 1 of each year of the permit term to demonstrate compliance with the requirements above. The information shall be current as of the October 1 submittal date.
 1. Description of the current water rate structure (rate ordinance or tariff sheet) for potable and non-potable water.
 2. Description of the current customer billing and meter reading practices and any proposed changes to these practices (including a copy of a bill per A above).
 3. Description of the means the permittee uses to make their metered customers aware of rate structures, and how the permittee provides information their metered single-family residential customers can use to compare their water use relative to other single-family customers or estimate an efficient use (see C 1 & 2 above). (592)
8. This Permit is located within the Southern Water Use Caution Area (SWUCA). Pursuant to Section 373.0421, Florida Statutes, the SWUCA is subject to a minimum flows and levels recovery strategy, which became effective on January 1, 2007. The Governing Board may amend the recovery strategy, including amending applicable water use permitting rules based on an annual assessment of water resource criteria, cumulative water withdrawal impacts, and on a recurring five-year evaluation of the

status of the recovery strategy up to the year 2025 as described in Chapter 40D-80, Florida Administrative Code. This Permit is subject to modification to comply with new rules.(652)

9. The Permittee shall maintain a water conserving rate structure for the duration of the permit term. Any changes to the water conserving rate structure described in the application shall be described in detail as a component of the next Annual Report on Water Rate, Billing and Meter Reading Practices of the year following the change.(659)
10. The Permittee shall submit a "Water Use Annual Report" to the District by April 1 of each year on their water use during the preceding calendar year using the form, "Public Supply Water Use Annual Report Form" (Form No. LEG-R.047.00 (09/09)), referred to in this condition as "the Form," and all required attachments and documentation. The Permittee shall adhere to the "Instructions for Completion of the Water Use Annual Report" attached to and made part of this condition in Exhibit B. The Form addresses the following components in separate sections.

Per Capita Use Rate

A per capita rate for the previous calendar year will be calculated as provided in Part A of the Form using Part C of the Form to determine Significant Use deduction that may apply. Permittees that cannot achieve a per capita rate of 150 gpd according to the time frames included in the "Instructions for Completion of the Water Use Annual Report," shall include a report on why this rate was not achieved, measures taken to comply with this requirement, and a plan to bring the permit into compliance.

Residential Use

Residential use shall be reported in the categories specified in Part B of the Form, and the methodology used to determine the number of dwelling units by type and their quantities used shall be documented in an attachment.

Non-Residential Use

Non-residential use quantities provided for use in a community but that are not directly associated with places of residence, as well as the total water losses that occur between the point of output of the treatment plant and accountable end users, shall be reported in Part B of the Form.

Water Conservation

In an attachment to the Form, the Permittee shall describe the following:

1. Description of any ongoing audit program of the water treatment plant and distribution systems to address reductions in water losses.
2. An update of the water conservation plan that describes and quantifies the effectiveness of measures currently in practice, any additional measures proposed to be implemented, the scheduled implementation dates, and an estimate of anticipated water savings for each additional measure.
3. A description of the Permittees implementation of water-efficient landscape and irrigation codes or ordinances, public information and education programs, water conservation incentive programs, identification of which measures and programs, if any, were derived from the Conserve Florida Water Conservation Guide, and provide the projected costs of the measures and programs and the projected water savings.

Water Audit

If the current water loss rate is greater than 10% of the total distribution quantities, a water audit as described in the "Instructions for Completion of the Water Use Annual Report" shall be conducted and completed by the following July 1, with the results submitted by the following October 1. Indicate on Part A of the Form whether the water audit was done, will be done, or is not applicable.

Alternative Water Supplied Other Than Reclaimed Water

If the Permittee provides Alternative Water Supplies other than reclaimed water (e.g., stormwater not treated for potable use) to customers, the information required on Part D of the Form shall be submitted along with an attached map depicting the areas of current Alternative Water Use service and areas that are projected to be added within the next year.

Suppliers of Reclaimed Water

1. Permittees having a wastewater treatment facility with an annual average design capacity equal to or greater than 100,000 gpd:

The Permittee shall submit the "SWFWMD Annual Reclaimed Water Supplier Report" on quantities of reclaimed water that was provided to customers during the previous fiscal year (October 1 to September 30). The report shall be submitted in Excel format on the Compact Disk, Form No. LEG-R.026.00 (05/09), that will be provided annually to them by the District. A map depicting the area of reclaimed water service that includes any areas projected to be added within the next year, shall be submitted with this report.

2. Permittees that have a wastewater treatment facility with an annual average design capacity less than 100,000 gpd:

a. The Permittee has the option to submit the "SWFWMD Annual Reclaimed Water Supplier Report," Form No. LEG-R.026.00, as described in sub-part (1) above, or

b. Provide information on reclaimed water supplied to customers on Part E of the Form as described in the "Instructions for Completion of the Water Use Annual Report".

Updated Service Area Map

If there have been changes to the service area since the previous reporting period, the Permittee shall update the service area using the map that is maintained in the District's Mapping and GIS system. (660)

11. Permittees having their own wastewater treatment plant that generate at least advanced-secondary treated effluent (high-level disinfection, as described in Rule 62-600.440(5), F.A.C.) to the minimum FDEP requirements for public access reuse shall respond in a timely manner to inquiries about availability from water use permit applicants for water uses where such reclaimed water is appropriate. If reclaimed water is or will be available to that permit applicant within the next six years, the Permittees shall provide a cost estimate for connection to the applicant.(674)
12. The quantities included in the permit are based on an average per capita rate of 147 gpd. By rule, the per capita rate in any given year shall not exceed 150 gpd. However, failure to maintain, on average, the per capita rate on which the permitted quantity is based could result in noncompliance with the terms of the permit. The per capita rate will be monitored via the Annual Report and the Reclaimed Water Supplier Report that are required to be submitted by April 1 of each year for the term of the permit.(67)
13. The following withdrawal facilities shall continue to be maintained and operated with existing, non-resettable, totalizing flow meter(s) or other measuring device(s) as approved by the Regulation Department Director: District ID No(s). 3, 4, 5, and 6, Permittee ID No(s). LJ-1, LJ-2, SL-1, and SL-2. Meter reading and reporting, as well as meter accuracy checks every five years shall be in accordance with instructions in Exhibit B, Metering Instructions, attached to and made part of this permit.(719)

40D-2
Exhibit A

WATER USE PERMIT STANDARD CONDITIONS

1. The Permittee shall provide access to an authorized District representative to enter the property at any reasonable time to inspect the facility and make environmental or hydrologic assessments. The Permittee shall either accompany District staff onto the property or make provision for access onto the property.
2. When necessary to analyze impacts to the water resource or existing users, the District shall require the Permittee to install flow metering or other measuring devices to record withdrawal quantities and submit the data to the District.
3. The District shall collect water samples from any withdrawal point listed in the permit or shall require the permittee to submit water samples when the District determines there is a potential for adverse impacts to water quality.
4. A District identification tag shall be prominently displayed at each withdrawal point that is required by the District to be metered or for which withdrawal quantities are required to be reported to the District, by permanently affixing the tag to the withdrawal facility.
5. The Permittee shall mitigate to the satisfaction of the District any adverse impact to environmental features or off-site land uses as a result of withdrawals. When adverse impacts occur or are imminent, the District shall require the Permittee to mitigate the impacts. Adverse impacts include the following:
 - A. Significant reduction in levels or flows in water bodies such as lakes, impoundments, wetlands, springs, streams or other watercourses; or
 - B. Damage to crops and other vegetation causing financial harm to the owner;
and
 - C. Damage to the habitat of endangered or threatened species.
6. The Permittee shall mitigate, to the satisfaction of the District, any adverse impact to existing legal uses caused by withdrawals. When adverse impacts occur or are imminent, the District shall require the Permittee to mitigate the impacts. Adverse impacts include the following:
 - A. A reduction in water levels which impairs the ability of a well to produce water;
 - B. Significant reduction in levels or flows in water bodies such as lakes, impoundments, wetlands, springs, streams or other watercourses; or
 - C. Significant inducement of natural or manmade contaminants into a water supply or into a usable portion of an aquifer or water body.
7. Notwithstanding the provisions of Rule 40D-1.6105, F.A.C., persons who wish to continue the water use permitted herein and who have acquired ownership or legal control of permitted water withdrawal facilities or the land on which the facilities are located must apply to transfer the permit to themselves within 45 days of acquiring ownership or legal control of the water withdrawal facilities or the land.
8. If any of the statements in the application and in the supporting data are found to be untrue and inaccurate, or if the Permittee fails to comply with all of the provisions of Chapter 373, Florida Statutes (F.S.), Chapter 40D, Florida Administrative Code (F.A.C.), or the conditions set forth herein, the Governing Board shall revoke this permit in accordance with Rule 40D-2.341, F.A.C., following notice and hearing.
9. Issuance of this permit does not exempt the Permittee from any other District permitting requirements.
10. The Permittee shall cease or reduce surface water withdrawal as directed by the District if water levels in lakes fall below the applicable minimum water level established in Chapter 40D-8, F.A.C., or rates of flow in streams fall below the minimum levels established in Chapter 40D-8, F.A.C.
11. The Permittee shall cease or reduce withdrawal as directed by the District if water levels in aquifers fall below the minimum levels established by the Governing Board.
12. The Permittee shall not deviate from any of the terms or conditions of this permit without written approval by the District.

13. The Permittee shall practice water conservation to increase the efficiency of transport, application, and use, as well as to decrease waste and to minimize runoff from the property. At such time as the Governing Board adopts specific conservation requirements for the Permittee's water use classification, this permit shall be subject to those requirements upon notice and after a reasonable period for compliance.
14. The District may establish special regulations for Water-Use Caution Areas. At such time as the Governing Board adopts such provisions, this permit shall be subject to them upon notice and after a reasonable period for compliance.
15. In the event the District declares that a Water Shortage exists pursuant to Chapter 40D-21, F.A.C., the District shall alter, modify, or declare inactive all or parts of this permit as necessary to address the water shortage.
16. This permit is issued based on information provided by the Permittee demonstrating that the use of water is reasonable and beneficial, consistent with the public interest, and will not interfere with any existing legal use of water. If, during the term of the permit, it is determined by the District that the use is not reasonable and beneficial, in the public interest, or does impact an existing legal use of water, the Governing Board shall modify this permit or shall revoke this permit following notice and hearing.
17. Within the SWUCA, if the District determines that significant water quantity or quality changes, impacts to existing legal uses, or adverse environmental impacts are occurring, the permittee shall be provided with a statement of facts upon which the District based its determination and an opportunity to address the change or impact prior to a reconsideration by the Board of the quantities permitted or other conditions of the permit.
18. All permits issued pursuant to these Rules are contingent upon continued ownership or legal control of all property on which pumps, wells, diversions or other water withdrawal facilities are located.

Exhibit B
Instructions

METERING INSTRUCTIONS

The Permittee shall meter withdrawals from surface waters and/or the ground water resources, and meter readings from each withdrawal facility shall be recorded on a monthly basis within the last week of the month. The meter reading(s) shall be reported to the Permit Data Section, Performance Management Office on or before the tenth day of the following month. The Permittee shall submit meter readings online using the Permit Information Center at www.swfwmd.state.fl.us/permits/epermitting/ or on District supplied scanning forms unless another arrangement for submission of this data has been approved by the District. Submission of such data by any other unauthorized form or mechanism may result in loss of data and subsequent delinquency notifications. Call the Performance Management Office in Brooksville (352-796-7211) if difficulty is encountered.

The meters shall adhere to the following descriptions and shall be installed or maintained as follows:

1. The meter(s) shall be non-resettable, totalizing flow meter(s) that have a totalizer of sufficient magnitude to retain total gallon data for a minimum of the three highest consecutive months permitted quantities. If other measuring device(s) are proposed, prior to installation, approval shall be obtained in writing from the Regulation Department Director.
2. The Permittee shall report non-use on all metered standby withdrawal facilities on the scanning form or approved alternative reporting method.
3. If a metered withdrawal facility is not used during any given month, the meter report shall be submitted to the District indicating the same meter reading as was submitted the previous month.
4. The flow meter(s) or other approved device(s) shall have and maintain an accuracy within five percent of the actual flow as installed.
5. Meter accuracy testing requirements:
 - A. For newly metered withdrawal points, the flow meter installation shall be designed for inline field access for meter accuracy testing.
 - B. The meter shall be tested for accuracy on-site, as installed according to the Flow Meter Accuracy Test Instructions in this Exhibit B, every five years in the assigned month for the county, beginning from the date of its installation for new meters or from the date of initial issuance of this permit containing the metering condition with an accuracy test requirement for existing meters.
 - C. The testing frequency will be decreased if the Permittee demonstrates to the satisfaction of the District that a longer period of time for testing is warranted.
 - D. The test will be accepted by the District only if performed by a person knowledgeable in the testing equipment used.
 - E. If the actual flow is found to be greater than 5% different from the measured flow, within 30 days, the Permittee shall have the meter re-calibrated, repaired, or replaced, whichever is necessary. Documentation of the test and a certificate of re-calibration, if applicable, shall be submitted within 30 days of each test or re-calibration.
6. The meter shall be installed according to the manufacturer's instructions for achieving accurate flow to the specifications above, or it shall be installed in a straight length of pipe where there is at least an upstream length equal to ten (10) times the outside pipe diameter and a downstream length equal to two (2) times the outside pipe diameter. Where there is not at least a length of ten diameters upstream available, flow straightening vanes shall be used in the upstream line.
7. Broken or malfunctioning meter:
 - A. If the meter or other flow measuring device malfunctions or breaks, the Permittee shall notify the District within 15 days of discovering the malfunction or breakage.
 - B. The meter must be replaced with a repaired or new meter, subject to the same specifications given above, within 30 days of the discovery.
 - C. If the meter is removed from the withdrawal point for any other reason, it shall be replaced with another meter having the same specifications given above, or the meter shall be reinstalled within 30 days of its removal from the withdrawal. In either event, a fully functioning meter shall not be off the withdrawal point for more than 60 consecutive days.

8. While the meter is not functioning correctly, the Permittee shall keep track of the total amount of time the withdrawal point was used for each month and multiply those minutes times the pump capacity (in gallons per minute) for total gallons. The estimate of the number of gallons used each month during that period shall be submitted on District scanning forms and noted as estimated per instructions on the form. If the data is submitted by another approved method, the fact that it is estimated must be indicated. The reason for the necessity to estimate pumpage shall be reported with the estimate.
9. In the event a new meter is installed to replace a broken meter, it and its installation shall meet the specifications of this condition. The permittee shall notify the District of the replacement with the first submittal of meter readings from the new meter.

FLOW METER ACCURACY TEST INSTRUCTIONS

1. **Accuracy Test Due Date** - The Permittee is to schedule their accuracy test according to the following schedule:
 - A. For existing metered withdrawal points, add five years to the previous test year, and make the test in the month assigned to your county.
 - B. For withdrawal points for which metering is added for the first time, the test is to be scheduled five years from the issue year in the month assigned to your county.
 - C. For proposed withdrawal points, the test date is five years from the completion date of the withdrawal point in the month assigned to your county.
 - D. For the Permittee's convenience, if there are multiple due-years for meter accuracy testing because of the timing of the installation and/or previous accuracy tests of meters, the Permittee can submit a request in writing to the Permitting Department Director for one specific year to be assigned as the due date year for meter testing. Permittees with many meters to test may also request the tests to be grouped into one year or spread out evenly over two to three years.
 - E. The months for accuracy testing of meters are assigned by county. The Permittee is requested but not required to have their testing done in the month assigned to their county. This is to have sufficient District staff available for assistance.

January	Hillsborough
February	Manatee, Pasco
March	Polk (for odd numbered permits)*
April	Polk (for even numbered permits)*
May	Highlands
June	Hardee, Charlotte
July	None or Special Request
August	None or Special Request
September	Desoto, Sarasota
October	Citrus, Levy, Lake
November	Hernando, Sumter, Marion
December	Pinellas

* The permittee may request their multiple permits be tested in the same month.

2. **Accuracy Test Requirements:** The Permittee shall test the accuracy of flow meters on permitted withdrawal points as follows:
 - A. The equipment water temperature shall be set to 72 degrees Fahrenheit for ground water, and to the measured water temperature for other water sources.
 - B. A minimum of two separate timed tests shall be performed for each meter. Each timed test shall consist of measuring flow using the test meter and the installed meter for a minimum of four minutes duration. If the two tests do not yield consistent results, additional tests shall be performed for a minimum of eight minutes or longer per test until consistent results are obtained.
 - C. If the installed meter has a rate of flow, or large multiplier that does not allow for consistent results to be obtained with four- or eight-minute tests, the duration of the test shall be increased as necessary to obtain accurate and consistent results with respect to the type of flow meter installed.
 - D. The results of two consistent tests shall be averaged, and the result will be considered the test result for the meter being tested. This result shall be expressed as a plus or minus percent (rounded to the nearest one-tenth percent) accuracy of the installed meter relative to the test meter. The percent accuracy indicates the deviation (if any), of the meter being tested from the test meter.

3. **Accuracy Test Report:** The Permittees shall demonstrate that the results of the meter test(s) are accurate by submitting the following information within 30 days of the test:
- A. A completed Flow Meter Accuracy Verification Form, Form LEG-R.014.00 (07/08) for each flow meter tested. This form can be obtained from the District's website (www.watermatters.org) under "ePermitting and Rules" for Water Use Permits.
 - B. A printout of data that was input into the test equipment, if the test equipment is capable of creating such a printout;
 - C. A statement attesting that the manufacturer of the test equipment, or an entity approved or authorized by the manufacturer, has trained the operator to use the specific model test equipment used for testing;
 - D. The date of the test equipment's most recent calibration that demonstrates that it was calibrated within the previous twelve months, and the test lab's National Institute of Standards and Testing (N.I.S.T.) traceability reference number.
 - E. A diagram showing the precise location on the pipe where the testing equipment was mounted shall be supplied with the form. This diagram shall also show the pump, installed meter, the configuration (with all valves, tees, elbows, and any other possible flow disturbing devices) that exists between the pump and the test location clearly noted with measurements. If flow straightening vanes are utilized, their location(s) shall also be included in the diagram.
 - F. A picture of the test location, including the pump, installed flow meter, and the measuring device, or for sites where the picture does not include all of the items listed above, a picture of the test site with a notation of distances to these items. with a notation of distances to these items.

ANNUAL REPORT SUBMITTAL INSTRUCTIONS

The "Public Supply Water Use Annual Report Form" (Form No. LEG-R.023.00 (01/09)), is designed to assist the Permittee with the annual report requirements, but the final authority for what must be included in the Water Use Annual Report is in this condition and in these instructions. Two identical copies of the "Public Supply Water Use Annual Report Form" and two identical copies of all required supporting documentation shall be included if submitted in hard copy. "Identical copy" in this instance means that if the original is in color, then all copies shall also be printed in color. If submitted electronically, only one submittal is required; however, any part of the document that is in color shall be scanned in color.

1. **Per Capita Use Rate** - A per capita rate for the previous calendar year will be progressively calculated until a rate of 150 gpd per person or less is determined whether it is the unadjusted per capita, adjusted per capita, or compliance per capita. The calculations shall be performed as shown in Part A of the Form. The Permittee shall refer to and use the definitions and instructions for all components as provided on the Form and in Part B, Chapter 3, Section 3.6 of the "Water Use Permit Information Manual." Permittees that have interconnected service areas and receive an annual average quantity of 100,000 gpd or more from another permittee are to include these quantities as imported quantities. Permittees in the Southern Water Use Caution Area (SWUCA) or the Northern Tampa Bay Water Use Caution Area (NTBWUCA), as it existed prior to October 1, 2007, shall achieve a per capita of 150 gpd or less, and those in these areas that cannot achieve a compliance per capita rate of 150 gpd or less shall include a report on why this rate was not achieved, measures taken to comply with this requirement, and a plan to bring the permit into compliance. Permittees not in a Water Use Caution Area that cannot achieve a compliance per capita rate of 150 gpd or less by December 31, 2019 shall submit this same report in the Annual Report due April 1, 2020.
2. **Residential Use** - Residential water use consists of the indoor and outdoor water uses associated with each category of residential customer (single family units, multi-family units, and mobile homes), including irrigation uses, whether separately metered or not. The Permittee shall document the methodology used to determine the number of dwelling units by type and the quantities used. Estimates of water use based upon meter size will not be accepted. If mobile homes are included in the Permittees multi-family unit category, the information for them does not have to be separated. The information for each category shall include:
 - A. Number of dwelling units per category,
 - B. Number of domestic metered connections per category,
 - C. Number of metered irrigation connections,
 - D. Annual average quantities in gallons per day provided to each category, and
 - E. Percentage of the total residential water use provided apportioned to each category.
3. **Non-Residential Use** - Non-residential use consists of all quantities provided for use in a community not directly associated with places of residence. For each category below, the Permittee shall include annual average gpd provided and percent of total non-residential use quantities provided. For each category 1 through 6 below, the number of metered connections shall be provided. These non-residential use categories are:

- A. Industrial/commercial uses, including associated lawn and landscape irrigation use ,
 - B. Agricultural uses (e.g., irrigation of a nursery),
 - C. Recreation/Aesthetic, for example irrigation (excluding golf courses) of Common Areas, stadiums and school yards,
 - D. Golf course irrigation,
 - E. Fire fighting, system testing and other accounted uses,-
 - F. K-through-12 schools that do not serve any of the service area population, and
 - G. Water Loss as defined as the difference between the output from the treatment plant and accounted residential water use (B above) and the listed non-residential uses in this section.
4. **Water Audit** - The water audit report that is done because water losses are greater than 10% of the total distribution quantities shall include the following items:
- A. Evaluation of:
 - 1) leakage associated with transmission and distribution mains,
 - 2) overflow and leakage from storage tanks,
 - 3) leakage near service connections,
 - 4) illegal connections,
 - 5) description and explanations for excessive distribution line flushing (greater than 1% of the treated water volume delivered to the distribution system) for potability,
 - 6) fire suppression,
 - 7) un-metered system testing,
 - 8) under-registration of meters, and
 - 9) other discrepancies between the metered amount of finished water output from the treatment plant less the metered amounts used for residential and non-residential uses specified in Parts B and C above, and
 - B. A schedule for a remedial action-plan to reduce the water losses to below 10%.
5. **Alternative Water Supplied other than Reclaimed Water** - Permittees that provide Alternative Water Supplies other than reclaimed water (e.g., stormwater not treated for potable use) shall include the following on Part D of the Form:
- A. Description of the type of Alternative Water Supply provided,
 - B. County where service is provided,
 - C. Customer name and contact information,
 - D. Customer's Water Use Permit number (if any),
 - E. Customer's meter location latitude and longitude,
 - F. Meter ownership information,
 - G. General customer use category,
 - H. Proposed and actual flows in annual average gallons per day (gpd) per customer,
 - I. Customer cost per 1,000 gallons or flat rate information,
 - J. Delivery mode (e.g., pressurized or non-pressurized),
 - K. Interruptible Service Agreement (Y/N),
 - L. Month/year service began, and
 - M. Totals of monthly quantities supplied.
6. **Suppliers of Reclaimed Water** - Depending upon the treatment capacity of the Permittees wastewater treatment plant, the Permittee shall submit information on reclaimed water supplied as follows:
- A. Permittees having a wastewater treatment facility with an annual average design capacity equal to or greater than 100,000 gpd shall utilize the "SWFWMD Annual Reclaimed Water Supplier Report" in Excel format on the Compact Disk, Form No. LEG-R.026.00 (05/09). The "SWFWMD Annual Reclaimed Water Supplier Report" is described in Section 3.1 of Chapter 3, under the subheading "Reclaimed Water Supplier Report" and is described in detail in Appendix A to Part B, Basis of Review of the "Water Use Permit Information Manual."
 - B. Permittees that have a wastewater treatment facility with an annual average design capacity less than 100,000 gpd can either utilize the "SWFWMD Annual Reclaimed Water Supplier Report," Form No. LEG-R.026.00, as described in sub-part (1) above or provide the following information on Part E of the Form:

- 1) Bulk customer information:
 - a) Name, address, telephone number,
 - b) WUP number (if any),
 - c) General use category (residential, commercial, recreational, agricultural irrigation, mining),
 - d) Month/year first served,
 - e) Line size,
 - f) Meter information, including the ownership and latitude and longitude location,
 - g) Delivery mode (pressurized, non-pressurized).
- 2) Monthly flow in gallons per bulk customer.
- 3) Total gallons per day (gpd) provided for metered residential irrigation.
- 4) Disposal information:
 - a) Site name and location (latitude and longitude or as a reference to the service area map),
 - b) Contact name and telephone,
 - c) Disposal method, and
 - d) Annual average gpd disposed.

Michael K. Balsler, M.P.A., P.G.

Authorized Signature

SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT

This permit, issued under the provision of Chapter 373, Florida Statutes and Florida Administrative Code 40D-2, authorizes the Permittee to withdraw the quantities outlined above, and may require various activities to be performed by the Permittee as described in the permit, including the Special Conditions. The permit does not convey to the Permittee any property rights or privileges other than those specified herein, nor relieve the Permittee from complying with any applicable local government, state, or federal law, rule, or ordinance.

Notice of Rights

ADMINISTRATIVE HEARING

1. You or any person whose substantial interests are or may be affected by the District's action may request an administrative hearing on that action by filing a written petition in accordance with Sections 120.569 and 120.57, Florida Statutes (F.S.), Uniform Rules of Procedure Chapter 28-106, Florida Administrative Code (F.A.C.) and District Rule 40D-1.1010, F.A.C. Unless otherwise provided by law, a petition for administrative hearing must be filed with (received by) the District within 21 days of receipt of written notice of agency action. "Written notice" means either actual written notice, or newspaper publication of notice, that the District has taken or intends to take agency action. "Receipt of written notice" is deemed to be the fifth day after the date on which actual notice is deposited in the United States mail, if notice is mailed to you, or the date that actual notice is issued, if sent to you by electronic mail or delivered to you, or the date that notice is published in a newspaper, for those persons to whom the District does not provide actual notice.
 2. Pursuant to Subsection 373.427(2)(c), F.S., for notices of agency action on a consolidated application for an environmental resource permit and use of sovereignty submerged lands concurrently reviewed by the District, a petition for administrative hearing must be filed with (received by) the District within 14 days of receipt of written notice.
 3. Pursuant to Rule 62-532.430, F.A.C., for notices of intent to deny a well construction permit, a petition for administrative hearing must be filed with (received by) the District within 30 days of receipt of written notice of intent to deny.
- Any person who receives written notice of an agency decision and who fails to file a written request for a hearing within 21 days of receipt or other period as required by law waives the right to request a hearing on such matters.
5. Mediation pursuant to Section 120.573, F.S., to settle an administrative dispute regarding District action is not available prior to the filing of a petition for hearing.
 6. A request or petition for administrative hearing must comply with the requirements set forth in Chapter 28.106, F.A.C. A request or petition for a hearing must: (1) explain how the substantial interests of each person requesting the hearing will be affected by the District's action or proposed action, (2) state all material facts disputed by the person requesting the hearing or state that there are no material facts in dispute, and (3) otherwise comply with Rules 28-106.201 and 28-106.301, F.A.C. Chapter 28-106, F.A.C. can be viewed at www.flrules.org or at the District's website at www.WaterMatters.org/permits/rules.
 7. A petition for administrative hearing is deemed filed upon receipt of the complete petition by the District Agency Clerk at the District's Brooksville headquarters during normal business hours, which are 8:00 a.m. to 5:00 p.m., Monday through Friday, excluding District holidays. Filings with the District Agency Clerk may be made by mail, hand-delivery or facsimile transfer (fax). The District does not accept petitions for administrative hearing by electronic mail. Mailed filings must be addressed to, and hand-delivered filings must be delivered to, the Agency Clerk, Southwest Florida Water Management District, 2379 Broad Street, Brooksville, FL 34604-6899. Faxed filings must be transmitted to the District Agency Clerk at (352) 754-6874. Any petition not received during normal business hours shall be filed as of 8:00 a.m. on the next business day. The District's acceptance of faxed petitions for filing is subject to certain conditions set forth in the District's Statement of Agency Organization and Operation, available for viewing at www.WaterMatters.org/about.

JUDICIAL REVIEW

1. Pursuant to Sections 120.60(3) and 120.68, F.S., a party who is adversely affected by final District action may seek judicial review of the District's final action. Judicial review shall be sought in the Fifth District Court of Appeal or in the appellate district where a party resides or as otherwise provided by law .
2. All proceedings shall be instituted by filing an original notice of appeal with the District Agency Clerk within 30 days after the rendition of the order being appealed, and a copy of the notice of appeal, accompanied by any filing fees prescribed by law, with the clerk of the court, in accordance with Rules 9.110 and 9.190 of the Florida Rules of Appellate Procedure (Fla. R. App. P.). Pursuant to Fla. R. App. P. 9.020(h), an order is rendered when a signed written order is filed with the clerk of the lower tribunal.

Diane Kibitlewski, Compliance Coordinator
Aqua Utilities Florida Inc
P.O. Box 2480
Lady Lake, FL 32158

Aqua Utilities Florida Incorporated
Judy E. Wallingford, President
P.O. Box 2480
Lady Lake, FL 32158



An Equal Opportunity Employer

Southwest Florida Water Management District

Tampa Service Office
7601 Highway 301 North
Tampa, Florida 33637-6759
(813) 865-7481 or
1-800-836-0797 (FL only)
SUNCOM 578-2070

Bartow Service Office
170 Century Boulevard
Bartow, Florida 33830-7700
(863) 534-1448 or
1-800-492-7862 (FL only)
SUNCOM 572-6200

2379 Broad Street, Brooksville, Florida 34604-6899
(352) 796-1111 or 1-800-423-1476 (FL only)
SUNCOM 628-4150 TDD only 1-800-231-6103 (FL only)
On the Internet at: WaterMatters.org

Sarasota Service Office
6750 Fruitville Road
Sarasota, Florida 34240-9711
(941) 377-3722 or
1-800-320-3503 (FL only)
SUNCOM 531-6900

Lecanto Service Office
3600 West Sovereign Path
Suite 226
Lecanto, Florida 34461-8070
(352) 527-8131
SUNCOM 667-3271

December 20, 2002

TRANSFERRED ON: September 17, 2004
TO: Aqua Utilities Florida, Inc.
6960 Professional Parkway East
Suite 400
Sarasota, FL 34240
NEW EXPIRATION DATE: AUGUST 5, 2018

Protecting Your Water Resources

- Ronald E. Duncan
Chair, Pinellas
- Thomas G. Rabney, II
Vice Chair, Sarasota
- Heidi E. McCree
Secretary, Hillsborough
- Watson L. Raynes, II
Treasurer, Pinellas
- Edward W. Chance
Manatee
- Monroe "Al" Coogler
Citrus
- Maggie N. Dominguez
Hillsborough
- Pamela L. Ferreras
Highlands
- Ronald C. Johnson
Polk
- Janet D. Kovach
Hillsborough
- John K. Reucke, III
Pasco
- E. D. "Sonny" Vergara
Executive Director
- Gene A. Heath
Assistant Executive Director
- William S. Bberky
General Counsel

FLORIDA WATER SERVICES INC
ATTN: GARY MISHOE
PO BOX 490310
LEESBURG, FL 34749-0310

Subject: Modification of Permit by Rule
Project Name: LEISURE LAKES
Water Use Permit No.: 20 006456.004
Southern Water Use Caution Area

OCT 05 2004
RDDBS UPDATE

Reference: Chapter 40D-2, Florida Administrative Code
Section 40D-2.801(3)(d)(4), Florida Administrative Code

SEP 24 2004

Dear Permittee:

On November 4, 1994, the District Governing Board approved new rules for the Southern Water Use Caution Area (SWUCA), an area of stressed water resources. Your permit is located within this area. Under these new rules, all water use permits existing at the time or issued afterwards in the SWUCA were to be modified. However, due to an Administrative Hearing and subsequent appeals, the modifications did not become effective until January 1, 2003. Your specific modifications are listed in Attachment A and are considered additions or revisions to your water use permit.

If there have been changes to irrigation quantities on this permit, a brochure is included with this mailing that explains the changes. Please take a few minutes to review it so that you will better understand the changes in permitted quantities on your permit. If you have any questions regarding this permit modification, please contact the appropriate Service Office, Water Use Regulation Section. For your convenience, a map that shows the Service Offices area of responsibility is enclosed. Addresses and phone numbers are included.

Sincerely,

BJ Jarvis, Director, Records and Data Department
Resource Regulation Division

Attachment: Attachment A
Enclosure: District Map

File of Record
Permit No _____

cc: File of Record

ATTACHMENT A

MODIFICATIONS

The following are modifications to the terms and conditions of your Water Use permit effective January 1, 2003:

The following Special Condition(s) are new or replace a similar condition on your permit:

1. Within the Southern Water Use Caution Area, if the District determines that significant water quantity or quality changes, impacts to existing legal uses, or adverse environmental impacts are occurring, the Board, upon reasonable notice to the permittee, including a statement of facts upon which the District based its determination, may reconsider the quantities permitted or other conditions of the permit as appropriate to address the change or impact but only after an opportunity for the permittee to resolve or mitigate the change or impact or to request a hearing.
2. Within 90 days of the replacement of any or all withdrawal quantities from ground water or surface water bodies with an alternative source of water, the Permittee shall apply for a Standby Alternative Source Permit. An application to modify this permit to a Standby Alternative Source Permit may be obtained upon request or may be obtained from the District's website: www.swfwmd.state.fl.us.
3. The permittee shall read each customer's meter and bill the customer no less frequently than bi-monthly (every other month), and the customer's billing period usage shall be indicated on each bill. In addition, the Permittee shall provide the following information to all water customers at least once each calendar year:
 - a. Rate structure information describing applicable fixed and variable charges rates, minimum quantity charges, block size and pricing, seasonal rates, and applicable months. If billing units are not in gallons, a means to convert the billing units to gallons must be described to the customer with this information.
 - b. Historical billing period usage averaged over the three previous years for the applicable customer class.

All other terms and conditions of your previous water use permit, including the expiration date, shall remain in effect as stated, unless changed above.



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Southwest Florida Water Management District

Tampa Service Office
7601 Highway 301 North
Tampa, Florida 33637-6759
(813) 985-7481 or
1-800-836-0797 (FL only)
SUNCOM 578-2070

Bartow Service Office
170 Century Boulevard
Bartow, Florida 33830-7700
(941) 534-1448 or
1-800-482-7862 (FL only)
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2379 Broad Street, Brooksville, Florida 34609-6899
(352) 796-7211 or 1-800-423-1476 (FL only)
SUNCOM 628-4150 TDD only 1-800-231-6103 (FL only)
World Wide Web: <http://www.swfwmd.state.fl.us>

Venice Service Office
115 Corporation Way
Venice, Florida 34292-3524
(941) 486-1212 or
1-800-320-3503 (FL only)
SUNCOM 526-6900

Lecanto Service Office
3600 West Sovereign Path
Suite 226
Lecanto, Florida 34461-8070
(352) 527-8131
SUNCOM 667-3271

November 17, 1999

Ronald C. Johnson
Chair, Lake Wales

Brenda Mendez
Vice Chair, Tampa

Sally Thompson
Secretary, Tampa

Ronnie E. Duncan
Treasurer, Safety Harbor

Monroe "Al" Coogler
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John P. Harlow, IV
Bradenton

Watsan L. Haynes, II
St. Petersburg

John K. Reske, III
New Port Richey

Pamela Stinnetto-Taylor
Tampa

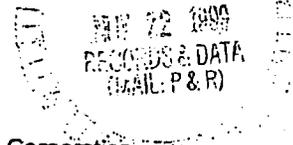
E. D. "Sonny" Vergara
Executive Director

Gene A. Heath
Assistant Executive Director

Edward B. Helveston
General Counsel

Ms. Christine Arcand
Environmental Permitting Specialist II
Florida Water Services Corporation - Leisure Lakes
P.O. Box 609520
Orlando, FL 32860-9520

TRANSFERRED ON: September 17, 2004
TO: Aqua Utilities Florida, Inc.
6960 Professional Parkway East
Suite 400
Sarasota, FL 34240
NEW EXPIRATION DATE: AUGUST 5, 2018



Subject: Final Agency Action Transmittal Letter - Approval
Modification of Permit by Letter
Project Name: Florida Water Services Corporation
Leisure Lakes
Water Use Permit No.: 206456.003
County: Highlands
Section/Township/Range: 15/36S/29E

Reference: Chapter 40D-2, Florida Administrative Code (F.A.C.)
Section 40D-2.331(2)(b), F.A.C.

File of Record
Permit No. _____

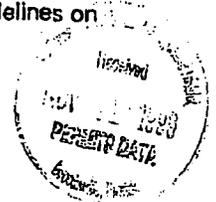
Dear Ms. Arcand:

This letter constitutes Final Agency Action (FAA) on the request received by the District on September 10, 1999, to modify Water Use Permit (WUP) No. 206456.02 by letter. The specific modifications are listed in Attachment A and are considered a part of your water use permit.

You or any person whose substantial interests are affected by the District's action regarding a permit may request an administrative hearing in accordance with Sections 120.569 and 120.57, Florida Statutes (F.S.), and Chapter 28-106, F.A.C., of the Uniform Rules of Procedure. A request for hearing must: (1) explain how the substantial interests of each person requesting the hearing will be affected by the District's action, or proposed action, (2) state all material facts disputed by the person requesting the hearing or state that there are no disputed facts, and (3) otherwise comply with Chapter 28-106, F.A.C. Copies of Sections 28-106.201 and 28-106.301, F.A.C., are enclosed for your reference. A request for hearing must be filed with (received by) the Agency Clerk of the District at the District's Brooksville address within 21 days of receipt of this notice. Receipt is deemed to be the fifth day after the date on which this notice is deposited in the United States mail. Failure to file a request for hearing within this time period shall constitute a waiver of any right you or such person may have to request a hearing under Sections 120.569 and 120.57, F.S. Mediation pursuant to Section 120.573, F.S., to settle an administrative dispute regarding the District's action in this matter is not available prior to the filing of a request for hearing.

Enclosed is a "Noticing Packet" that provides information regarding District Rule 40D-1.1010, F.A.C., which addresses the notification of persons whose substantial interests may be affected by the District's action in this matter. The packet contains guidelines on how to provide notice of the District's action, and a notice that you may use.

Protecting Your Water Resources



Ms. Christine Arcand, Environmental Specialist II
WUP No. 206496.003
Page 2
November 17, 1999

If you have questions regarding this permit modification, please contact Said M. Abusada, P.G., at the Bartow Service Office. If you have any question regarding the Noticing Packet, please contact either Myra Ford or Adeline Wood in the Records and Data Department at the Brooksville office.

Sincerely,



Brian S. Starford, P.G., Director
Bartow Regulation Department

WMM/SMA/po925

Enclosure: Attachment A
Noticing Packet
Sections 28-106.201 and 28-106.301, F.A.C.
cc: File of Record
Data Room, Records & Data

MODIFICATIONS

The following constitutes modifications to the terms and conditions of this Water Use Permit No. 206456.002, effective November 18, 1999. The modification is to convert a capped well into a standby well (DID No. 2), plug a well (DID No. 3), and use DID No. 1 as the primary well.

1. TOTAL QUANTITIES AUTHORIZED UNDER THIS PERMIT (IN GPD) ARE UNCHANGED.

AVERAGE: 56,800 PEAK MONTHLY: 113,600 CROP PROTECTION: N/A

2. WATER USE: PUBLIC SUPPLY

3. THE FOLLOWING WITHDRAWAL POINT IS DELETED :

I.D. NO. PERMITTEE/ DISTRICT	DIAM. (IN.)	DEPTH TOTAL/CASED (FT.)	USE	GALLONS PER DAY	
				AVERAGE	PEAK MONTHLY COLD PROTECTION
3/3	4	590/492	N/A	TO BE PLUGGED	

4. THE STATUS/PERMITTED QUANTITIES FOR THE FOLLOWING WITHDRAWAL POINTS ARE CHANGED:

I.D. NO. PERMITTEE/ DISTRICT	DIAM. (IN.)	DEPTH TOTAL/CASED (FT.)	USE/ STATUS	GALLONS PER DAY		COLD PROTECTION
				AVERAGE	PEAK MONTHLY	
1/1	8	1520/485	PS	56,800	113,600	NA
2/2	4	550/448	S/B	9,600	113,600	N/A

5. SPECIAL CONDITION NO. 2 IS MODIFIED:

Special Condition No. 2 requiring metering of two wells is modified to read as follows:

The Permittee shall continue to maintain and operate the existing non-resettable, totalizing flow meter, or other flow measuring device(s) as approved by the Resource Regulation Department Director, for District ID No. 1, Permittee ID No. 1 Such device(s) shall maintain an accuracy within five percent of the actual flow as installed. Total withdrawal and meter readings from each metered withdrawal shall be recorded on a semi-annual (January and July) basis and reported to the Permits Data Section (using District forms) on or before the tenth day of the following month. If a metered withdrawal is not utilized during a given month, a report shall be submitted to the Permits Data Section indicating zero gallons.

WUP - LETTER MODIFICATION ATTACHMENT A

WUP No. 206456.003

Page 2

November 18, 1999

6. SPECIAL CONDITION NO. 3 IS ADDED:

By January 15, 2000, District ID No. 3, Permittee ID No. 3, shall be properly abandoned (plugged bottom to top) by a licensed water well contractor in accordance with Chapter 62-532.500(4), F.A.C., under a Well Abandonment Permit issued by the District unless an extension of time is granted by the Bartow Regulation Department Director.

All other terms and conditions of this permit shall remain the same as stated on WUP No. 206456.002, and this permit will still expire on August 2, 2018.

HC Waterworks, Inc.

Docket No. 140158-WS

Violations

HC Waterworks, Inc.
Docket No. 140158-WS

HC Waterworks, Inc. has no Notices of Violations, Consent Orders, Letters of Notice, or Warning Letters from the Health Department of the FDEP.

HC Waterworks, Inc.

Docket No. 140158-WS

Field Employees



HC Waterworks, Inc.
Docket No. 140158-WS

HC Waterworks, Inc. has no field employees.

HC Waterworks, Inc.
Docket No. 140158-WS
Vehicles



HC Waterworks, Inc.
Docket No. 140158-WS

HC Waterworks, Inc. has no vehicles.



HC Waterworks, Inc.

Docket No. 140158-WS

Complaints



Service Order Select

Service Order Select

Account | Activity Logs | Billing History Details | Billing History Report | Customer | Meter Reads | Meters | Service Location | Service Order History | Service Orders | Service

Starts With Filter Clear Comments Contains 'BROWN WATER'

showing 1 - 16 of 26 | Next

Return Add Refresh

Service Order	Name, First, Middle	Acct Name First, Account Middle	Disconnected Account	Property	Route #	Address	Address 2	City	Mail Address	Mail Address 2	Mail City	Mail State	Mail Zip	Description	Comments	Status	Priority	Create	Schedule	Di
8631	CLARK, STEPHEN, M	1191245			261	2014 SHENANDOAH BLVD		SUNNY HILLS	2014 SHENANDOAH BLVD		SUNNY HILLS	FL	32428-3199	General	JUDY CALLED ABOUT HAVING BROWN WATER FOR THE PAST 2 DAYS. PLEASE FLUSH HER LINES. SHUC. PH: 850-773-3544.	Dispatched	1	07/23/2014	07/24/2014	07/2
7957	PATTEN, CLARK	1189928			211	107 EDGEWATER DR S		LAKE PLACID	107 EDGEWATER DR S		LAKE PLACID	FL	33852-5232	General	HCWW-CUSTOMER IS COMPLAINING OF BROWN WATER. PLEASE FLUSH LINES FOR HER. ****CANCELLED REQUEST PER KAREN CLARK'S REQ. WATER HAS CLEARED UP.****	Cancelled	1	04/10/2014	04/11/2014	04/1
7954	TOPHAM, DEREK	1189721			211	134 PARKVIEW CIR		LAKE PLACID	134 PARKVIEW CIR		LAKE PLACID	FL	33852-9359	General	HCWW-CUSTOMER IS COMPLAINING OF BROWN WATER--PLEASE FLUSH LINES SHE IS PHYSICALLY NOT ABLE TO. **flushed at hydrant 4/10/14***	Closed	1	04/09/2014	04/10/2014	04/1
7948	SHEEHAN, MARIA	1190409			211	72 VENETIAN PKWY		LAKE PLACID	72 VENETIAN PKWY		LAKE PLACID	FL	33852-6024	General	MARIA CALLED AND STATED THAT SHE HAS BROWN WATER AND FLUSHING HER LINES DID NOT HELP. PLEASE CALL HER BACK AT 863-465-2327. ****MARIA CALLED THAT HER WATER HAD CLEARED UP AND ASKED TO CANCEL THIS REQ.****	Cancelled	1	04/09/2014	04/10/2014	04/1
7947	GARIETY, ROGER, L	1189301			211	31 VENETIAN PKWY		LAKE PLACID	5265 MIAMI SHELBY RD		HOUSTON OH		45333	HCWW - Meter Inspect	CUSTOMER SAYS THERE IS STILL BROWN WATER AFTER FLUSHING FOR 1 HOUR AND SEEMS TO BE GETTING WORSE. WOULD LIKE TECH TO COME OUT. ROGER GARRITY 937-470-5935	Dispatched	1	04/09/2014	04/09/2014	04/C
															HCWW--CUSTOMER IS COMPLAINING ABOUT BROWN					

Service Order Select

Order ID	Customer Name	Service Order ID	Address	City	State	Zip	Category	Status	Count	Start Date	End Date	Notes
7946	BICKLING, SHEILA	1190065	1874646 211 11 VENETIAN PKWY	LAKE PLACID	FL	33852-6025	General	Dispatched	1	04/09/2014	04/10/2014	04/1 WATER AND THE INCREASED USAGE FOR FLUSHING HER LINES. SHE WANTS A TECH TO READ THE METER, FLUSH THE LINES UNTIL THEY ARE CLEAR AND READ THE METER AGAIN. HCWW-- CUSTOMER IS COMPLAINING OF BROWN WATER. PLEASE FLUSH LINES **flushed at hydrant 4/10/14**
7943	BOOR, MARTIN/DONNA, J	1190082	1874663 211 112 EDGEWATER DR S	LAKE PLACID	IL	60124	General	Closed	1	04/09/2014	04/10/2014	04/1 DON CALLED, HE'S HAVING BROWN WATER AGAIN. PLEASE FLUSH THE CUSTOMER'S LINES. HCWW. PH: 863-465-4255.*flushed at hydrant**
7940	HEVERKAMP, DON / NANCY	54795413	121096 211 162 WOODSIDE DR	LOT 41 LAKE PLACID BL 1	FL	33852	General	Closed	1	04/09/2014	04/10/2014	04/1 PER DORIS, SHE'S BEEN HAVING BROWN WATER OFF AND ON FOR MONTHS AND THE WATER IS CURRENTLY BROWN. PLEASE FLUSH LINES. HCWW. PH: 863-465-2157.
7809	TARR, DORIS, E	1189926	1874507 211 107 OAK GROVE ST	LAKE PLACID	FL	33852-9338	General	Closed	1	03/26/2014	03/27/2014	03/2 PER SERVICE ORDER; HCWW; MARY CALLED AND SAID SHE HAS DARK BROWN WATER; PLEASE FLUSH LINES.*flushed until water cleared**
7738	GARZA, MYRA	1190487	1875068 216 5225 MAJESTY AVE	SEBRING	FL	33875	General	Closed	1	03/14/2014	03/17/2014	03/1 PER SERVICE ORDER REQ. CUSTOMER HAS HAD BROWN WATER SINCE LAST THURSDAY. PLEASE FLUSH LINES. HCWW. PH: 863-202-5007.*lines flushed until good chlorine level**
7653	MELO, LAURA, STARR	1189474	1874055 216 13497 TEMPLE ST	SEBRING	FL	33875	General	Closed	1	03/05/2014	03/06/2014	03/C HCWW-KAYLA CALLED AND STATED THAT SHE HAS BROWN WATER. SHE HAS TRIED FLUSHING THE LINES AND IT IS NOT WORKING. SHE WOULD LIKE SOMEONE TO COME OUT TO THE PROPERTY AND TAKE A LOOK AT THIS. COULD NOT GET A PHONE NUMBER-CALL DROPPED.*lines flushed until good chlorine level**
7639	MEASNER, JARED/KAYLA, R	1190354	1874935 216 13500 TEMPLE ST	SEBRING	FL	33875	General	Closed	1	03/04/2014	03/05/2014	03/C HCWW-- CUSTOMER IS

Service Order Select

<input type="checkbox"/> 7630 GALVAN, CANDELARIA	<u>1190035</u>	<u>1874616</u>	216	13511 HULL ST	SEBRING 13511 HULL ST	SEBRING FL	33872	General	COMPLAINING OF BROWN WATER-PLEASE FLUSH THE LINES.**lines flushed until good chlorine level** HCWW-- CUSTOMER IS COMPLAINING OF BROWN WATER PLEASE FLUSH LINES.**lines flushed until good chlorine level**	Closed	1	03/03/2014	03/04/2014	03/C
<input type="checkbox"/> 7626 FONTAINE, JEAN	<u>1190280</u>	<u>1874861</u>	216	13610 TEMPLE ST	SEBRING 13610 TEMPLE ST	SEBRING FL	33875	General	COMPLAINING OF BROWN WATER PLEASE FLUSH LINES.**lines flushed until good chlorine level** PER SERVICE ORDER REQ. CUSTOMER HAS BROWN WATER. SHE'S BEEN HAVING BROWN WATER ON AND OFF ALL WEEKEND. PLEASE FLUSH LINES. HCWW. PH:863-655-2671.**lines flushed until good chlorine level** HCWW-- CUSTOMER IS COMPLAINING OF BROWN WATER PLEASE FLUSH THE LINES THAT COME FROM THAT PLANT ACROSS THE STREET AND AT HIS HOUSE	Closed	1	03/03/2014	03/04/2014	03/C
<input type="checkbox"/> 7625 DEASE, PATRICIA	<u>1190496</u>	<u>1875077</u>	216	5211 FELICITY AVE	SEBRING 5211 FELICITY AVE	SEBRING FL	33875-9625	General	COMPLAINING OF BROWN WATER PLEASE FLUSH THE LINES THAT COME FROM THAT PLANT ACROSS THE STREET AND AT HIS HOUSE	Closed	1	03/03/2014	03/04/2014	03/C
<input type="checkbox"/> 7623 DENARDIS, MARK	<u>1190474</u>	<u>1875055</u>	216	5402 SEBRING LAKES BLVD	SEBRING SEBRING LAKES BLVD	SEBRING FL	33875	General	COMPLAINING OF BROWN WATER PLEASE FLUSH THE LINES THAT COME FROM THAT PLANT ACROSS THE STREET AND AT HIS HOUSE	Closed	1	03/03/2014	03/03/2014	03/C

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User: Ron Derosssett

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<input type="checkbox"/> 5979 FONTAINE, JEAN	1190280	1874861 216	13610 TEMPLE ST	SEBRING TEMPLE ST	SEBRING FL	33875	General	<p>TAKE A LOOK AT THIS ISSUE. PHONE NUMBER IS 863-411-2577. Address given to AI to check after system flushing.</p> <p>PER SERVICE ORDER REQ. TECHNICIAN NEEDED TO CHECK ON THE BROWN WATER FOR HC WATERWORKS. PH: 863-243-2585. Address given to AI to check after system flushing.</p>	Closed	1	07/30/2013	07/31/2013	07/31/2013	07/31/2013
<input type="checkbox"/> 5977 DENARDIS, MARK	1190474	1875055 216	5402 SEBRING LAKES BLVD	SEBRING SEBRING LAKES BLVD	SEBRING FL	33875	General	<p>Tracy called and stated that she has had brown water for a few days. She has been running her cold water and no change. HC Waterworks. Address given to AI to check after system flushing.</p> <p>HCWW -- Customer is complaining of brown water. Ph#352-538-2931 Per AI, tech, brown water had cleared up by the time he had gotten there.</p>	Closed	1	07/29/2013	07/30/2013	07/30/2013	07/31/2013
<input type="checkbox"/> 5966 JOHNSON, MADELINE, K	1191262	1875843 216	5514 KNIGHT AVE	SEBRING KNIGHT AVE	SEBRING FL	33875-9704	General	<p>HCWW -- Customer is complaining of brown water. Ph#352-538-2931 Per AI, tech, brown water had cleared up by the time he had gotten there.</p>	Closed	1	07/29/2013	07/29/2013	07/29/2013	07/29/2013

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Service Order Select

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Starts With Filter Clear Comments Contains 'BROWN WATER' And Create Less Than or Equa

showing 1 - 6 of 6

Return Add Refresh

Service Order	Name, First, Middle	Acct Name	Account	Disconnected Account	Property	Route #	Address	Address 2	City	Mail Address	Mail Address 2	Mail City	Mail State	Mail Zip	Description	Comments	Status	Priority	Create	Schedule	Dispatch Date	Completion Date
6204	SCHURKAMP, DAVIO		1191775			213	2036 OAK BEACH BLVD		SEBRING	2036 OAK BEACH BLVD		SEBRING FL		33875	General	HCWW -- Brown water complaint. Customer cannot get water to run clear by flushing his own lines. Please leave a note that you were there.	Closed	1	08/28/2013	08/28/2013	08/28/2013	09/05/2013
5983	LAROSA, JOSEPH		1189256			216	13505 HULL ST		SEBRING	13505 HULL ST		SEBRING FL		33872	General	ANGIE LAROSA CALLED AND STATED THAT SHE HAS BROWN WATER AND THAT IT HAS RUINED A LOAD OF LAUNDRY ALL OF THE TOILETS ARE STAINED BROWN AND SHE WOULD LIKE TO KNOW WHAT IS CAUSING THIS. SHE STATED THAT A NEIGHBOR OF HERS HAD THIS EXACT SAME PROBLEM TOO. HER PHONE NUMBER IS 954-261-5769. Address given to AI to check after system flushing.	Closed	1	07/30/2013	07/30/2013	07/30/2013	07/31/2013
5980	MEASNER, JARED / KAYLA, R		1190354			216	13500 TEMPLE ST		SEBRING	13500 TEMPLE ST		SEBRING FL		33875	General	HCWW- CUSTOMER CALLED STATING THAT SHE HAS HAD BROWN WATER FOR ABOUT A WEEK NOW AND IS AFRAID TO BATHE HER CHILDREN IN IT OR USE IT TO COOK OR DRINK IT. SHE WOULD LIKE A TECH TO COME OUT TO THE PROPERTY TO	Closed	1	07/30/2013	07/30/2013	07/30/2013	07/31/2013

US Water Services Corporation Waterworks
Compensation Requests 9/23/13

FILE

Account	Name	Address	Comment	8/6/13 Billed Usage	9/3/13 Billed Usage	Increased Use	Suggested usage to be credited
1189725	PANOZZO, ITALO	13305 BYRD ST	OPrewariboko 08/01/2013: ITALO CALLED ABOUT THE DISCOLORED WATER. SHE WAS QUITE UPSET AS THE WATER DISCOLORED HER WHITE TOWELS AND SHE WAS LOOKING FOR SOME KIND OF COMPENSATION. ADVISED THAT AT THIS TIME THERE ARE NO COMPENSATIONS FOR THIS ISSUE BUT ASSURED HER WE HAVE TECHNICIANS WORKING TO RESOLVE THE PROBLEM.	1	3	2	3
			USWdpagenhardt 08/07/2013: Customer sent package to lock box address with a couple of dirty towels and a letter asking for compensation for towels. Opus forwarded towels and leeter to me. Scanned letter and attached to account. Also sent email to Ron D. regarding this issue.				
			OPrewariboko 08/21/2013: ELAINE CALLED BACK FOR STATUS ON HER COMPENSATION REQUEST. SHE STATED IF SHE DOESN'T HEAR BACK FROM US WITHIN A WEEK SHE WILL BE CONTACTING THE EPA. PH: 863-655-9110.				
1189901	LUTY, EDWARD & BARBAR	177 WOODSIDE DR	OPdrbrooks 09/06/2013: BARBARA CALLED AND STATED THAT SHE HAS BEEN HAVING AN ISSUE WITH BROWN WATER FOR WEEKS NOW. SHE STATED THAT SHE HAS A WHOLE LOAD OF LAUNDRY THAT WAS RUINED BY THE BROWN WATER AN	3	3		2
			OPjiscott 09/10/2013: Barbara called back to apologize for being nasty when she first called. She stopped a tech that was in her area, he gave her a bottle of Rust-Out and advised her to use it to clean any stains and to rewash her laundry. She did not use until yesterday and her laundry came out beautiful. She wants to say "sorry" for being so mean to the reps on the phone and for us to disregard any prior requests of hers for compensation, she does not need a credit on her account.				
1189928	PATTEN, CLARK	107 EDGEWATER DR S	OPrccowdery 07/18/2013: Mrs Patten called, water has a "musty smell". Advised I will contact a technician and report the issue.	7	13	6	13
			OPIburrell 07/30/2013: KAREN;BAD SMELL; TECH HAS BEEN OUT AND TOLD THEM TO RUN WATER EVERY MORNING FOR ABOUT 10 MINUTES AND THE SMELL WILL GO AWAY. WILL CALL BACK IF SMELL DOES NOT GO AWAY				
			OPjiscott 07/23/2013: Karen called and left vm, returned her call 863-465-7334. She is stating that the water still has a foul smell. Called Howard (tech) and left him a voicemail message w/ address of the property. Advised her that a tech should be out some time today. She stated that this issue has been going on for over a week and a half now.				

		<p>OPrccowdery 08/02/2013: Karen called again re: water is smelly again. Spoke to Al, the only way for the smell to go away is if there is more usage, system wide. When the water in the lines sits, it will get smelly. He stated to advise the customer to flush her lines. I relayed this information. Karen accepted this but is frustrated because usage goes down every summer but this is the first time she has had such a problem.</p>					
		<p>OPrccowdery 08/05/2013: CLARK CALLED TO COMPLAIN THAT THE TECH FLUSHED THE LINES OF THE HOUSE OUT ONTO THE DRIVEWAY AND WASHED THE SAND ONTO THE DRIVEWAY. HE ONLY WANTS THE BACK FAUCET USED WHEN LINES ARE TO BE FLUSHED. HE WAS VERY UPSET THAT IT WAS WASHED ONTO THE DRIVEWAY.</p>					
		<p>OPrccowdery 08/12/2013: KAREN CALLED, SHE CALLED TO LET US KNOW THAT SHE IS STILL HAVING SMELL ISSUES WITH HER PROPERTY. SHE DID NOT WANT THE TECH TO COME OUT, SHE JUST WANTED THE ACCT NOTED.</p>					
		<p>OPmcyangkeu 08/19/2013: Karen called wanting to speak with Renee in regards to an ongoing water issue. Please call her back at 863-465-7334. Forwarded message to Renee.; OPrccowdery 08/19/2013: Spoke to Karen, she is complaining of foul smelling, gray water. Customer states that water tested for chlorine and it was at 0.0 on 8/15/13. Set up for a S/O for tech to go out ant check water. Pefer after 1:00pm if possible.</p>					
		<p>OPmcyangkeu 09/16/2013: Karen called wanting to speak with Renee. She wanted to know if she's going to get credits for flushing because of the smelly water. Please call her back at 863-465-7334.; OPrccowdery 09/16/2013: Spoke to Karen, advised that no decision has come from USW Corp re: what will or will not be credited. She will send her flush log along with her pmt.</p>					
1189939	SLOTTEN, DONALD	104 EDGEWATER DR S	<p>OPdrbrooks 07/16/2013: DONALD CALLED AND STATED THAT HIS WATER SMELLS VERY FOUL. ADVISED HIM OF THE CHLORINE PUMP ISSUE AND THAT WAS CAUSING A STRONG SMELL AND DISCOLORATION. ADVISED HIM TO RUN THE COLD WATER TO RID THE LINES OF THE SMELL AND DISCOLORATION. HE STATED "DO YOU KNOW HOW MUCH MY WATER COSTS A MONTH? I CAN'T AFFORD TO RUN THE COLD WATER." PLEASE CALL HIM BACK AT 863-699-9787.; OPrccowdery 07/16/2013: I called Howard re: this complaint, he will check it out. I advised Dave to contact the customer back as he is not in the area that had the issue with the chlorine pump last week.; OPdrbrooks 07/16/2013: CALLED DONALD BACK TO ADVISE HIM THAT HE DID NOT HAVE THE SAME PUMP ISSUE AS LAST WEEK. ADVISED HIM THAT THE TECH IS ON HIS WAY TO THE AREA TO FIND OUT WHAT IS GOING ON; OPdrbrooks 07/16/2013: CALLED DONALD BACK TO ADVISE HIM OF WHAT THE TECH (HOWARD) FOUND. ADVISED HIM THAT THE LINES HAD 0.5 CHLORINE IN THE LINES SO THE WATER WAS STILL SAFE TO DRINK. HOWEVER HOWARD DID END UP FLUSHING THE LINES USING 180 GALLONS WORTH OF WATER TO ATTEMPT TO RID THE LINES OF THE SMELL</p>	5	8	3	4

			OPrccowdery 07/29/2013: Don called, he would like to be credited for the 320 gal used to flush the system (start read 0235360, end read 0235680) for 2.06. Emailed request to Ron Derosssett for ok. He also would like to be compensated for usage he has in the future for flushing the property, emailed Ron re: that as well.; OPrccowdery 07/29/2013: Per Ron -- OK to credit 2.06 for the usage today. He will contact tech re: future flushing. Returned call to Don re: this info.			
			OPrccowdery 08/13/2013: Don called with usage for flushing from 7/30/13 - 8/12/13: 434 minutes from an outdoor spigot.			
			OPIburrell 09/10/2013: DON CALLED; FROM 8/13/13 - 9/3/13 MIN. WERE 279. WATER QUALITY BETTER. 863-699-9787			
			OPleshuba 09/11/2013: Per Sup Review - Customer caled in and flushed for 279 Minutes. Water quality much better.			
			OPdrbrooks 09/17/2013: DONALD CALLED AND ASKED TO SPEAK WITH RENEE. ADVISED THAT SHE WAS UNAVAILABLE AT THE TIME AND ASKED IF THERE WAS SOMETHING I COULD HELP HIM WITH AND HE STATED THAT HE WOULD RATHER TALK TO RENEE. HIS CALL IS REGARDING THE BAD WATER AND FLUSHING HIS LINES FOR 279 OR SO MINUTES TO CLEAR THE WATER. HE WOULD LIKE A CREDIT FOR THE WATER USED TO FLUSH THE LINES. GAVE MESSAGE TO RENEE.; OPrccowdery 09/17/2013: Spoke to Donald, advised that I have no information regarding what if would be compensated for flushing as I have not had any answer back from USW Corp. Advised that once I know, I will contact him.			
1190024	FRIESEM, RICHARD	1605 RICHMOND ST	OPIburrell 08/07/2013: SHELLY GREER CALLED TO SEE IF THE CITY WOULD BE COMPENSATING THEM FOR THE STAINS ON DISHES AND CLOTHES.	3	2	1
1190065	BICKLING, SHEILA	11 VENETIAN PKWY	OPajjakes 09/04/2013: SHEILA CALLED AND HAS HAD VERY POOR WATER QUALITY FOR THE LAST 2 WEEKS. IT HAS BEEN DIRTY COLORED AND SMELLS BAD. SHE WOULD LIKE COMEPESATION FOR THE FILTERS IN HER HOME AS WELL	5	2	2
1190089	NOBLE, MARK	115 QUIVER LEAF ST	OPdrbrooks 09/12/2013: MARK CALLED AND LM. RETURNED VM AND SPOKE WITH MARK. HE STATED THAT HIS WATER IS STILL BAD AND THAT IT HAS A VERY PUTRID SMELL OF ROTTEN EGGS. HE STATED THAT HIM AND HIS WIFE CAN NOT SHOWER, COOK WITH, OR DO LAUNDRY WITH THIS WATER. HE STATED THAT HE WOULD LIKE US TO CONTACT A TECH TO FIND OUT WHAT IS GOING ON IN THE AREA AND CALL HIM BACK ASAP WITH AN ANSWER. HIS PHONE NUMBER IS 616-477-7753.; OPdrbrooks 09/12/2013: CALLED AL TO ADVISE THAT CUSTOMER IS UNHAPPY WITH THE WATER QUALITY-THE SMELL, THE INABILITY TO USE THE WATER ETC. HE STATED THAT HE WAS AT THE PROPERTY A FEW DAYS AGO AND TOLD THE CUSTOMER TO FLUSH THE LINES. MARK STATED THAT HE WAS NOT GOING TO PAY ANY MORE MONEY FOR THE WATER THAN WHAT HE IS ALREADY PAYING. ADVISED AL THAT MARK STATED THAT THE WATER STILL SMELLS HORRENDOUS AND THAT HE WANTS AN ANSWER RIGHT AWAY. HE STATED THAT HE WILL SEND HOWARD OUT TO THE PROPERTY TO CHECK OUT THIS ISSUE.	2	2	2
1190118	BRIGANTE, MICHAEL	2 HILLCREST ST	OPrccowdery 09/04/2013: Mike called with reads from flushing: Start:0077620, End: 0078960. Customer would like sewer charges included in compensation.	3	5	2

			OPrewariboko 08/29/2013: MICHAEL CALLED, HE'S STILL HAVING BROWN WATER. HE SAID HE CALLED EARLIER AND WAS TOLD TO RUN THE WATER TO CLEAR THE LINES AND THEY'VE BEEN RUNNING IT ALL DAY BUT IT'S STILL NO				
1190218	KELECSENY, BONNIE	13641 TEMPLE ST	OPdrbrooks 08/29/2013: WILLIAM (BONNIE'S HUSBAND) CALLED AND STATED THAT THEY HAVE HAD VERY POOR WATER QUALITY FOR ABOUT THE PAST THREE TO FOUR MONTHS. HE STATED THAT THEY JUST GOT BACK FROM VACATION AND NOTICED THAT THEIR WATER HAS NOT GOTTEN ANY BETTER. ADVISED HIM TO RUN THE LINES TO CLEAR THEM AND HE STATED THAT HE WOULD LIKE COMPENSATION FOR THE WATER THAT HAS ALREADY BEEN USED AS WELL AS ANY WATER THAT IS USED FROM TODAY ON WHILE THE ISSUE STILL PERSISTS. PLEASE CALL HIM BACK AT 863-253-0102	1	3	2	2
1190272	MCDONNELL, CHERYL	8811 TWITTY RD	OPrewariboko 07/09/2013: CHERYL WANTS A REBATE DUE TO THE STENCH IN HER WATER THAT HAS BEEN GOING ON FOR DAYS. PLEASE CALL AT: 863-259-8154.	2	3	1	3
1190354	MEASNER, JARED / KAYLA R	13500 TEMPLE ST	OPdrbrooks 07/30/2013: KAYLA CALLED AND STATED THAT HER WATER HAS BEEN BROWN/BLACK FOR ABOUT A WEEK. SHE WOULD LIKE TO KNOW WHAT IS GOING ON WITH THIS MATTER. HER PHONE NUMBER IS 863-214-0776.; OPdrbrooks 07/30/2013: KAYLA IS WONDERING IF THERE IS ANY COMPENSATION FOR THE BAD WATER THAT HAS BEEN USED AND AS A RESULT THE HIGHER CONSUMPTION. PLEASE CALL HER BACK AT 863-214-0776.; OPrcowardery 07/31/2013: Spoke to Kyla, advised of the system wide issue and that it should be resolved in 24-48 hrs. She asked about compensation for damaged fixtures and laundry. Advised that I will contact USW to see what I can do for her.; OPrcowardery 07/31/2013: Emailed to Ron.	6	9	3	5
			OPdrbrooks 08/05/2013: KAYLA CALLED AND STATED THAT HER WATER IS STILL BROWNISH AND STILL SMELLS AND TASTES HORRIBLE. ADVISED HER THAT THIS MATTER HAS BEEN BROUGHT TO CORPORATE'S ATTENTION IN REGARDS TO COMPENSATION. SHE WOULD LIKE A CALL BACK AS SOON AS POSSIBLE TO FIND OUT IF THEY CAN BE CREDITED FOR ALL OF THE WATER USED TO TRY FLUSHING THE LINES IN THE PROPERTY. PLEASE CALL HER BACK AT 863-441-2577 OR 863-214-0776.; OPrcowardery 08/06/2013: Returned call, spoke to Jared. Advised to flush the property using the end of the line faucet - usually the one in the back yard, run water until it is clear, as the water in the system is now clear.				

			<p>OPslarson 09/11/2013: KAYLA (863-214-0776) CLLD IN VERY UPSET THAT SHE IS BEING CHARGED FOR WATER THAT SHE USED TO FLUSH LINES DURING THE 2 WEEK PERIOD THAT THEY HAVE HAD BLACK WATER. KAYLA STATED THAT SHE HAS TRIED TO CONTACT US TO GET COMPENSATION, AND FEELS THAT NOTHING HAS BEEN DONE. SHE SAID SHE HAS RECENTLY CONTACTED THE NEWS TO EXPRESS HER FRUSTRATION. I ADV. THAT I WILL HAVE A SUPERVISOR CONTACT HER IN REGARDS TO HER CONCERN.; OPleshuba 09/12/2013: Kayla is concerned she will owe her full balance, even though the water ruined all of her appliances - she had to go to friends/relatives in order to bathe her children, and her hair (done at home) was turned orange due to the waters reaction to the chemicals - prior to the water turning black. She is asking for a refund back to her normal consumption.</p>				
1190367	BROWN, AMY	5312 RIVERWAY DR	<p>OPrccowdery 08/16/2013: Amy called, she would like compensation of 13.00 for the Iron Out that she purchased to deal with the water quality issue. Ph#863-253-7674.</p>	6	9	3	9
1190368	BROWN, CAROLYN	5339 RIVERWAY DR	<p>OPrewariboko 08/12/2013: DOUGLAS BROWN WANTS SOMETHING DONE ABOUT HIS STAINED SHEETS FROM THE COLORED WATER THEY'D BEEN HAVING FOR THE PAST TWO WEEKS. HE HAS TWO SETS OF SHEETS THAT HAVE BEEN COMPLETELY STAINED, HE TRIED WASHING THEM TODAY WITH BLEECH BUT THEY AREN'T COMING OFF. HE'S LOOKING FOR SOME KIND OF REIMBURSEMENT. HE WANTS TO KNOW IF HE SHOULD GO BUY NEW SHEETS AND SEND US THE BILL. PLEASE CALL AT 863-253-9945.</p>	3	5	2	5
1190376	BELL, DOUGLAS H	949 ARBOR ST	<p>OPIburrell 07/30/2013: PROBLEM WITH WATER QUALITY; TECH CAME OUT AND FLUSHED UP OVER 100 GALS OF WATER. WORRIED ABOUT USAGE. TECH TOLD HIM TO KEEP THE WATER RUNNING, BUT CUSTOMER CANT AFFORD BILL.</p>	4	6	2	4
			<p>OPsmbannie 08/06/2013: Douglas called back and said the water issue is not better. His water is brown and cloudy. His # is 863-214-0650; OPrccowdery 08/07/2013: Spoke to Douglas, advised to flush house. He will take a read to advise the water used for the flush as he would like compensation for the usage.</p>				
			<p>OPrccowdery 08/12/2013: Douglas called with reads for flushing: start read 0174840 end read: 0175900</p>				

1190379	REED, FREDERICK	936 LAKE JOSEPHINE DR	<p>OPdrbrooks 07/29/2013: BARBARA CALLED AND STATED THAT HER WATER HAS NO CHLORINE IN IT. SHE STATED THAT HER WATER SMELLS VERY FOUL AND IT IS DIRTY AND IT HAS THE EQUIVALENT OF SEWER WATER. SHE IS REQUESTING TO HAVE SOMEONE COME OUT AND CHECK THE WATER. PHONE NUMBER IS 863-655-4528.; OPdrbrooks 07/29/2013: BARBARA STATED THAT WHEN THE TECH WAS OUT AT THE PROPERTY THE LAST TIME (LAST WEEK) THE START READ THAT THE TECH GAVE HER WAS 25497 AND THE STOP READ THE TECH GAVE HER WAS 25548. THAT IS A USAGE OF 51 GALLONS. SHE STATED THAT IF SHE DOESN'T GET A TECH OUT THERE IMMEDIATELY SHE IS GOING TO CALL THE EPA.; OPrcowdery 07/29/2013: Emailed to Ron : Barbara Reed had a water quality complaint this morning. I sent Al out to check on the issue. Al reported that 850 gallons were used to flush the system (start read: 0255630, end read 0256480). She would like credit for this usage, \$5.49, adjusted off his acct.;</p> <p>OPrcowdery 07/30/2013: LMOM with credit amt for usage for flushing.</p>	3	4	1	2
			<p>OPrcowdery 08/02/2013: Barbara called re: water quality - she stated the chlorine was tested and found to be .1, set up SO for test by tech. Per Howard, property tested .3 at 11:20am on 8/1/13. Returned call to Barbara and LMOM with this information.</p>				
			<p>OPrcowdery 08/19/2013: Returned VM from Barbara re: bad water, 863-655-4528. LMOM that tech Howard will stop by today.; OPrcowdery 08/19/2013: Called request to Howard.; OPrcowdery 08/19/2013: Per Howard: Ran 100 gallons thru meter. Customer said water was okay.</p>				
			<p>OPdrbrooks 09/16/2013: BARBARA REED CALLED AND STATED THAT HER WATER IS STARTING TO SMELL AND IS CLOUDY AGAIN. SHE WOULD LIKE A TECH TO COME OUT TO THE PROPERTY AND LOOK AT HER WATER. PHONE NUMBE</p>				
1190398	RITTENHOUSE, EVELYN	82 JASMINE ST	<p>OPrewariboko 08/14/2013: EVELYN CALLED TO CONFIRM THAT SHE WILL GET A REFUND FOR THE WATER THAT WILL BE USED WHEN SHE RUNS HER FAUCET. PER RENEE, I ADVISED THAT SHE'LL HAVE TO GET US A BEGINNING AND AN END READ OFF HER METER IN ORDER TO GET THAT ADJUSTMENT. SHE WASN'T HAPPY AND SAID SHE'LL FORGET IT.</p>	1	1		1
1190414	BATES, SUZAN L	68 VENETIAN PKWY	<p>OPrewariboko 09/04/2013: SUZAN CALLED ABOUT THE DISCOLORED WATER SHE'S BEEN HAVING. SHE SAID THE WATER CLEARED UP FOR A WHILE BUT IT IS GETTING DISCOLORED AGAIN AND SHE HAS SOME SHEETS THAT WERE STAINED WHICH SHE'D LIKE SOMETHING DONE ABOUT. PLEASE CALL BACK CUSTOMER AT: 863-840-1910.; OPrcowdery 09/05/2013: Returned call to Suzan, she is looking for compensation for ruined laundry and extra water usage.</p>	3	3		2

1190466 ALVIANO, KATHLEEN	5440 KNIGHT AVE	<p>OPrewariboko 08/05/2013: KATHLEEN CALLED ABOUT HER WATER STILL BEING DISCOLORED. SHE WAS VERY UPSET THAT THIS HAS BEEN GOING ON FOR OVER A WEEK AND DEMANDED A SUPERVISOR. ADVISED MY SUPERVISOR WAS NOT AVAILABLE BUT I COULD HAVE HER CALL HER BACK. SHE DEMANDED THAT SHE BE CALLED BACK TODAY. ADVISED I COULDN'T PROMISE A CALL BACK TODAY BUT THE EARLIEST TOMORROW. SHE STATED IF SHE DOESN'T GET A CALL BACK TODAY SHE WILL FILE A CLASS ACTION LAW SUIT. FORWARDED INFO. TO RENEE. OPrccowdery 08/05/2013: Kathleen called re: water quality - issued S/O for tech to come out to the house. She also wanted to know what compensation there would be for the laundry, dishes, fixtures and appliances ruined by the discolored water. Advised I will forward her request to Corp. Ph# 863-273-0415</p>	6	6	6
		<p>being ruined, appliances. She was told they would be compensated. Water is brown again. 863-658-1106 or 863-273-0415. She is threatening a lawsuit against HC Waterworks.; OPsmbannie 08/22/2013: She told me I have 20 minutes to have a supervisor call her. I hung up with her, took a Andover cbp prmt. Then I called the Tech Jennifer had talked to. Chris Saliba. He said he would send someone out again. I did not call the customer back.; OPrccowdery 08/23/2013: RETURNED CALL TO JOE. ADVISED OF THE UPDATE FROM RON: We still have issues in the Sebring Lakes Area. Due to the filter being off line for inspections we were experiencing dirty water complaints. We have the filters back on line and we are flushing the system. Should be clear complete by this afternoon. JOE STATED THAT HE HAS A LONG LIST OF ITEMS THAT HE WOULD LIKE TO BE COMPENSATED FOR THAT HAVE BEEN RUINED BY THE WATER QUALITY ISSUES. HE WILL FAX A LIST, HE ALSO WOULD LIKE TO BE COMPENATED FOR THE USAGE FOR THE PAST 2 MONTHS. HE STATED THAT THROUGH OUT THE PROBLEMS WITH THE WATER QUALITY, HE FEELS HE HAS BEEN "GIVEN THE RUN AROUND ABOUT WHAT IS CAUSING THE PROBLEM." I APOLOGIZED THAT HE FELT THAT WAY BUT I CAN ONLY PROVIDE THE</p>			
1190469 COOK, CHARLES	5420 KNIGHT AVE	<p>OPajjakes 08/21/2013: CHARLES CALLED-CONTESTING BILL FROM THE 2 WEEKS WHEN THE WATER WAS BROWN AND STAINED HIS TOILETS/CLOTHES/DISHES. WANTS COMPENSATION ON THE BILL FOR THE EXTRA WATER USED TO FLUSH THE HOT WATER HEATER AND PIPES. PLEASE CALL HIM AT HOME IN THE MORNING OF 8/22 AT 863-655-0514 OR TRY HIS CELL AT 863-253-9854.; OPrccowdery 08/22/2013: Returned call to 863-655-0514, no answer, no VM. Called 863-253-9854, (VM did not say it was for Charles) LMOM to call back with questions but that we are wiating for reply from corp re: compensation for water quality issues.</p>	4	3	0
		<p>OPdrbrooks 09/11/2013: CHARLES CALLED AND STATED THAT HE FEELS THAT HE SHOULD NOT HAVE TO PAY 86.00 FOR USAGE WHEN HE HAS BEEN HAVING WATER PROBLEMS. HE IS REQUESTING COMPENSATION FOR THE WATER USED. PLEASE CALL HIM BACK AT 863-655-0514.; OPleshuba 09/12/2013: Tried to call customer back. Got a "voicemail service has been disconnected" message then the call was disconnected.</p>			
		<p>OPrewariboko 09/13/2013: CHARLES CALLED AGAIN. WOULD LIKE A SUPERVISOR TO CALL HIM BACK REGARDING HIS BILL HE IS REFUSING TO PAY DUR TO THE PROBLEMS THEY'VE HAVING WITH THEIR WATER. PLEASE CALL AGAIN AT: 863-655-0514.</p>			

1190472	MOORE, ARLENE	5410 PRINCE AVE	OPrccowdery 08/02/2013: Arlene Moore called, she is looking for compensation for laundry ruined by the water quality issue.; OPrccowdery 08/02/2013: Emailed req to Ron Derossett. Will call back at 863-655-0471	4	6	2	3
1190474	DENARDIS, MARK	5402 SEBRING LAKES BLVD	OPahahn 07/30/2013: TRACY WAS CONCERNED THAT THE FLUSHING OF WATER DUE TO THE DISCOLORATION WAS GOING TO MAKE HER NEXT BILL HIGHER AND WANTED IT NOTED THAT SHE CALLED ABOUT THIS.; OPrccowdery 07/31/2013: Returned call to Tracy, 863-655-0220, LMOM that system wide issue is being address, her address will be checked once the techs are done with the system wide flushing.	4	7	3	7
			OPdrbrooks 09/11/2013: MARK CALLED AND STATED THAT HE IS NOT GOING TO PAY HIS BILL UNTIL THE BILL IS CORRECTED AND HE IS CREDITED FOR THE 11 DAYS IN WHICH HE COULD NOT USE HIS WATER. HE STATED THAT HE TALKED TO RON DEROSSET AND RON TOLD HIM TO MAKE A LIST OF EVERY FAUCET ETC THAT WAS USED TO FLUSH THE LINES AND TO CALL US FOR POSSIBE COMPENSATION. PLEASE CALL HIM BACK AT 863-655-0220 ONCE WE HAVE HEARD WHAT IS TO BE DONE ABOUT THIS ISSUE; OPleshuba 09/12/2013: Customer wants a call back once we have an update - there is no update at this time.				
1190480	WALL, TONYA	5328 PRINCE AVE	OPajjakes 08/30/2013: TONYA WOULD LIKE COMPENSATION ON HER NEXT WATER BILL FOR THE INCREASED USAGE SHE WILL ACQUIRE DUE TO THE FLUSHING OF LINES SHE HAS HAD TO DO BECAUSE THE WATER WAS BROWN. SHE WAS UNABLE TO USE THE WATER FOR 2 WEEKS AND FEELS THAT SHE SHOULD NOT HAVE TO PAY FOR THAT USAGE.	6	7	1	3
			OPslarson 09/11/2013: TONYA (863-381-3275) CLLD IN AND STATED THAT SHE JUST RECEIVED HER STATEMENT, AND THE WATER USAGE IS A LOT HIGHER THAN WHAT SHE WOULD NORMALLY USE, DUE TO FLUSHING OF THE LINES BECAUSE OF POOR WATER-QUALITY. TONYA STATED THAT SHE IS UNDER THE IMPRESSION THAT WE WERE GOING TO COMPENSATE FOR SOME OF THE WATER THAT THEY USED TRYING TO GET RID OF THE BROWN WATER. SHE ASKED TO SPEAK W/ A SUPERVISOR.; OPleshuba 09/12/2013: Spoke with Tonya - she voiced her concern on the water and having to pay for extra usage.				
1190496	DEASE, PATRICIA	5211 FELICITY AVE	OPrewariboko 07/29/2013: PATRICIA CALLED VERY UPSET THAT HER WATER IS BROWN. SHE SAID SHE RAN IT FOR OVER AN HOUR ON SATURDAY AND IT CLEARED UP BUT BY SUNDAY IT WAS DISCOLORED AGAIN AND DISCOLORED HER WHITES. SHE DEMANDED A SUPERVISOR BUT I ADVISED PER RENEE THAT WE WILL TRY TO GET A TECHNICIAN OUT TO HER.; OPrccowdery 07/29/2013: per Al, tech, he will blow the lines at the property and contact the customer at the ph#.	5	4		0
1190519	GREENE, ERNEST & BARBARA	4547 SEBRING LAKES BLVD	OPrccowdery 08/06/2013: BARBARA CALLED, TOILETS ARE STAINED FROM DISCOLORED WATER, SHE WOULD LIKE COMPENSATION FOR THE 2 TOILETS RUINED BY THE WATER. PH#863-446-1466	7	5		5

			OPjlscott 08/12/2013: Barbara called and left message, returned her call 863-446-1466. She wanted to know why her bill was the exact same usage and amount due as previous months bill. Explained that her usage for the past 4 months has been 7,000 gallons. The meter is being read, the reads are actual uploads from the tech reading the meter. With the water quality issue last month, her 2 toilets are permanently discolored, she called last week about this and wants to know how she will be refund for the replacment costs of the toilets. Please return her call.				
1190527	PELHAM, WILFRED & BETTY	4467 SEBRING LAKES BLVD	OPdrbrooks 08/08/2013: RETURNED CALL TO WILFRED. HE STATED THAT HIS WATER IS CLEAR NOW.HE STATED THAT A TECH WAS AT HIS PROPERTY AT THE BEGINNING OF THIS WEEK AND WAS ADVISED TO OPEN THE BACK FAUCET OUTSIDE AND RUN THAT TO CLEAR THE LINES. HE STATED THAT WITH DOING THAT AND WITH THE HELP OF THE TECH AND THE USE OF A CHEMICAL CALLED IRON OUT-HIS LINES HAVE CLEARED AND THERE IS NO ISSUE AT THIS TIME. HE STATED THAT HIS START READ WAS 169730 AND HIS END READ IS 174030 WHICH IS A DIFFERENCE OF 4300 GALLONS	2	7	5	5
			OPdrbrooks 09/11/2013: WILLIAM CALLED AND STATED THAT HE WAS CHARGED FOR 7,000 GALLONS OF WATER FOR A MONTH. HE STATED THAT THERE IS ABSOLUTELY NO WAY THAT HE COULD USE THAT MUCH WATER IN ONE MONTH. HE STATED THAT HE DID HAVE ISSUES WITH THE WATER NOT TOO LONG AGO CAUSING HIM TO BE UNABLE TO USE IT. HE IS REQUESTING COMPENSATION FOR THE WATER USED TO FLUSH THE LINES. CALL HIM BACK AT 863-381-4916.; OPleshuba 09/12/2013: Spoke to Wilfred - he voiced his concern of having such a high bill to pay - they are on a retirement salary and cannot afford to have thier bill increase for water they were told to fluch through their lines.				
1190531	CARR, ROY & PAT	4349 SEBRING LAKES BLVD	OPrccowdery 09/05/2013: Pat called to say her water is finally better and she is very pleased. However, 2 loads of white laundry were ruined and she would like to be considered for compensation for those clothes.	4	estimated 4		2
1190538	GUEVARA, NESTER	4303 SEBRING LAKES BLVD	OPiburrell 08/12/2013: NESTER IS UPSET ABOUT SMELLY WATER; ADVISED HIM, AS I WAS TOLD, TO RUN HIS WATER FROM THE LOWEST POINT AND GET THIS OUT OF THE LINES. HE FEELS THAT HE SHOULD NOT HAVE TO PAY FOR THIS EXTRA WATER AND IS DISSATISFIED WITH THE NEW CHANGE OVER IN COMPANIES. HE SAID THAT HE WILL DO AS TOLD BUT EXPECT A REDCUCTION IN HIS BILL. HIS HOME IS LOCATED AT THE END OF THE BLOCK WHERE THE MAIN OUTLET IS LOCATED AND HE HAS NOT SEEN A SERVICEMAN IN OVER 6 WEEKS TO COME AND TEST WATER.; OPrccowdery 08/14/2013: Returned call to 305-586-2214, LMOM to call back.	8	estimated 8		4
1190641	SAUNDERS, WILLIAM	39 JASMINE ST	OPjlscott 09/06/2013: Phyllis called, she stated that they talked to the techs when they were in the area working on the dirty water issue. One tech, she did not get his name, he was in a group of 4-5 working, advised her to take a read off her meter, flush all the lines in the property, take another read. Then call the customer service department w/ the 2 reads so they can receive compensation for the water used to flush the lines. Her start read was 0167450 and end read was 0167550. Please call Phyllis at 863-465-7011.	1	4	3	4

1191189	HEILBRUN, KATHY J	5408 KNIGHT AVE	<p>OPslarson 08/26/2013: KATHY (863-968-4084) CALLED IN AND STATED THAT SHE HAD BEEN INFORMED THAT A TECHNICIAN WOULD COME TO HER HOME TO FLUSH THE WATER LINES; HOWEVER, SHE SAID THAT NO HAS COME. I ADV. THAT A SERVICE ORDER HAS BEEN SET UP AT THE ADDRESS. SHE SAID THAT THEIR WATER HAS BEEN BROWN FOR DAYS, AND THEY ALL HAVE RASHES DUE TO SHOWERING. SHE ASKED TO SPEAK W/ A SUPERVISOR TO GET A REFUND SINCE THE WATER IS NOT USABLE.; OPrcowardery 09/05/2013: Returned call to Kathy to check water quality, LMOM to call back.</p>	0	4	4	4
1191262	JOHNSON, MADELINE K	5514 KNIGHT AVE	<p>OPdrbrooks 09/10/2013: MADELINE CALLED AND STATED THAT SHE HAD A PERIOD OF 11-12 DAYS WHERE SHE COULD NOT USE HER WATER DUE TO IT BEING BLACK AND A LOAD OF HER CLOTHES WERE RUINED AS A RESULT. SHE HAS A WASHER THAT IT STAINED WITH BLACK / BROWN RESIDUE AND SHE IS REQUESTING COMPENSATION FOR THE BAD WATER SHE COULD NOT USE. PLEASE CALL HER BACK WITH ANY COMPENSATION FOR THE BAD WATER. HER PHONE NUMBER IS 352-538-2931.</p>	7	9	2	9
			<p>OPrewariboko 09/13/2013: MADELINE CALLED QUITE UPSET THAT SHE HASN'T HEARD BACK FROM ANYONE WITH THE ISSUE CONCERNING HER ADJUSTMENT. SHE HAD REQUESTED TO HAVE AN ADJUSTMENT ON HER BILL FOR THE DISCOLORED WATER SHE HAD FOR OVER THREE WEEKS. SHE STATED THAT THE WATER RUINED SEVERAL OF HER ITEMS SO SHE WANTS SOME COMPENSATION. SHE WANTED ME TO STRESS THAT SHE'S CALLED MORE THAN ONCE ABOUT THIS ISSUE. PLEASE CALL HER BACK AT: 863-991-3268.</p>				
1191286	HYNES, PATRICIA	64 JASMINE ST	<p>OPrewariboko 08/30/2013: PATRICIA CALLED, SHE'S QUITE UPSET ABOUT THE BROWN WATER THAT BOTH SHE AND HER RESIDENTS ARE EXPERIENCING. SHE WANTED TO KNOW IF THE WATER WAS SAFE FOR DRINKING. ADVISED THAT THERE IS NO BOIL WATER NOTICE FOR THEIR AREA. SHE THEN STATED THAT ONE OF HER RESIDENT CALLED US YESTERDAY AND WAS TOLD A SUPERVISOR WILL CALL HIM BACK TODAY AND SEND A TECHNICIAN OUT BUT THEY HAVEN'T HEARD BACK US. AT THIS POINT SHE SAID SHE WANTED TO SPEAK WITH SOMEONE IN CORPARATE TO MAKE A COMPLAINT. I ADVISED I WOULD NEED TO FORWARD HER INFORMATION TO MY SUPERVISOR AND IF NECESSARY SHE CAN PASS ON A COMPLAINT TO OUR CORPORATE. PLEASE CALL: 863-699-9854.; OPrcowardery 09/03/2013: Spoke to Patti - she stated he was in contact with Chris Saliba this weekend about brown water. He was to be out this morning but has not arrived. I called to Ron, Chris is on his way. I advised that we are forwarding all requests for compensation to USW Corp.</p>	0	1	1	1
1191310	FILBRANDT, KATHLEEN	27 VENETIAN PKWY	<p>OPrcowardery 09/06/2013: Kathleen called, she would like compensation for water used by USW tech from her property. Ph#863-699-2944</p>	1	2		2

1191327	GREER, SHELLY	5314 PRINCE AVE	OPrewariboko 08/23/2013: SHELLY CALLED, SHE FEELS SHE SHOULDN'T HAVE TO PAY THESE CHARGES BECAUSE THEY CONSISTENTLY HAD TO FLUSH OUT THEIR LINES DUE TO THE DISCOLORED AND SMELLY WATER THEY'D BEEN HAVING ALL THROUGH THIS PERIOD. SHE IS VERY UPSET THAT WE EVEN SENT THEM A BILL. SHE STATED SHE WANTS THESE CHARGES TAKEN OFF AND CONTACTED OR ELSE SHE WILL BE GOING TO HER LOCAL NEWS. PH: 863-658-1668.; OPrcowdery 08/26/2013: Returned all, advised that as soon as we have an answer re:compensation from Corporate I will let her know.	9	6		6
1191387	MUTCHLER, BARBARA	5127 GRAND CONCOURSE	OPrewariboko 08/02/2013: BARBARA CALLED, SHE'S DEMANDING SOME COMPENSATION OR CREDIT FOR THE ISSUE WITH THEIR WATER, AND WANTS TO SPEAK WITH SUPERVISOR. PH: 863-655-2105.; OPleshuba 08/05/2013: Left message for Barbara - advised that this is a known issue and has been escalated. We should know in 7-10 business days if/when a credit will be given on accounts or if a customer needs to request one. At this time we do not have any further information.	1	3	2	1
			OPajjakes 09/20/2013: BARBARA CALLED AND IS UPSET THAT SHE HAS TO PAY FOR THE USAGE SHE HAD FROM THE TIME WHEN SHE WAS FLUSHING THE LINES BECAUSE THE WATER WAS BROWN. SHE FEELS THAT SHE SHOULD BE COMPENSATED FOR THAT TIME AND A LOAD OF WHITE LAUNDRY SHE DESTROYED BECAUSE OF THE BROWN WATER. HER CALL BACK NUMBER IS 863-655-2105.				
1191409	SOTTILE, ELIZABETH A	333 RIVERWAY DR	OPrcowdery 08/13/2013: Elizabeth called, she is looking for compensation for items ruined by the water issues.	2	3	1	3
			still discolored and it is getting worse than when he called all the other times earlier this week and earlier today. He wants a tech at his property now. Explained that when he called on 7/29/13, a request was put in to the tech to go to his property. Explained that the techs are in the area flushing all the lines and the water is safe. He is calling us names and using colorful language that we just do not care. He would like a supervisor to call him now. Explained that she will call him back in the morning, he ended the call, Called and is very upset that the water at his property is still discolored and it is getting worse than when he called all the other times earlier this week and earlier today. He wants a tech at his property now. Explained that when he called on 7/29/13, a request was put in to the tech to go to his property. Explained that the techs are in the area flushing all the lines and the water is safe. He is calling us names and using colorful language that we just do not care. He would like a supervisor to call him now. Explained that she will call him back in the morning, he ended the call. Please call him at 863-273-8634.; OPjiscott 07/31/2013: Jacob called back, wanted to know address, state, and zip code he was calling. Advised him that we are in St. Paul MN. He is very upset that we are here				
1191462	MCCLELLAND, JENNIFER	5510 KNIGHT AVE	USWdpagenhardt 08/01/2013: Called and left message for Ron D. to call this customer. Also called customer Mr. McClelland and told him I was contacting to Ron the mamanger to get somewhat out. Ron has since been in contact with me and has sent out tech and will be calling customer.	4	5	1	3

1194037 GROSS, JULIE LYNN 5408 KNIGHT AVE	OPJlscott 08/29/2013: Julie called, she is very upset that since she moved in to the property she has not been able to use the water at all. It is muddy in color and has a horrible smell. She stated that she has ran and wasted so much water both in the drains of the property as well as outside and the quality has never changed. She had the landlord come to the property and check the pipes, there was no issues found. She would like full compensation for all water that she has used from her move in date until the problem is fixed once and for all. Please call Julie at 863-968-4084.; OPrccowdery 09/05/2013: Spoke to Julie - verified that water quaility is better. She would like compensation for water that was unuable.	0	4	4	4
	Consumption in thousands of gallon	133	167	56	134
	Cost (\$6.61/gallon)	\$879.13	#####	\$ 370.16	\$ 885.74
	Customers most vocal				

2-1-13



HC WATER WORKS INC
P.O. BOX 151245
CAPE CORAL, FL 33915

THIS IS JUST AN EXAMPLE FROM
THE LOAD OF WHITE TOWELS
I WASHED. I EXPECT
COMPENSATION FOR THEM
OR A CREDIT ON MY WATER
BILL.

3 LARGE BATH TOWELS

1 REGULAR BATH TOWEL

1 HAND TOWEL

6 WASH CLOTHS

3 KITCHEN TOWELS

ALSO THERE WAS NO PUBLIC
NOTICE OF A WATER PROBLEM.

Elaine Panozzo
13305 BYRD STREET
SEBRING, FL 33875
863-655-9110

*Paid
ch 1721
1/20/13*

8/1/13 spoke to Ruth their working
HC Waterworks Inc

For Service To:
13305 BYRD ST

*on water lines
can't do anything about
ruined towels*

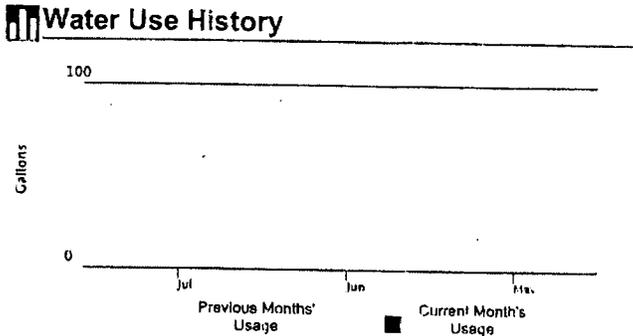
If you have any questions, please call, fax or write.
Customer Service / Moving: 1-888-228-2134
Fax: 1-888-905-0440

Account Number 1189725
Bill Date 07/05/2013
Due Date 07/25/2013
Total Amount Due \$25.38

Usage Data	Billing Period	Days	Meter Readings	Usage	Units
	06/03/2013	28	145	1	TGAL
	07/01/2013		146		
Total Days:		28	Total Usage: 1		TGAL

\$ Billing Detail

Amount Owed From Last Bill	\$30.80
Adjustments	\$0.00
Total Payments Received	\$30.80
Prior Balance	\$0.00
New Charges	
Base Charge	\$18.92
Water 1 @ 6.460000	\$6.46
Total Water 1 TGAL Charges	\$25.38
Total Current Charges	\$25.38
Total Amount Due 07/25/2013	\$25.38



*PO 151245
CAPE CORAL 33915*

Message Center

- Please make checks payable to HC Waterworks, Inc and include your account number on check
- Your statement reflects all payments received and posted through 7/1/13. Any payments posted after that date will be reflected on your next statement. Please make checks payable to HC Waterworks, Inc and include your account number on check

Sebring Lakes

Madeline Johnson 5514 Knight Compensation for laundry, not being able to take showers or cook for ten days, stains on dishwasher. (She was given Iron Out to remove stains)

Nestor Guevara 4303 Sebring Lake Blvd Smelly Water Contacted customer and sent tech to her house to flush area

Melisa 5111 Majestic Talked to customer complaint was for smelly water. Sent tech to flush lines in her area.

Patricia Dease 5211 Felicity Talked to customer she wants compensation for ruined laundry and water unusable for weeks wants credit for water for flushing home.

Elaiine Panozzo 13305 Byrd St. Tech visited the customer and she wants compensation for ruined laundry and credit for water that was unusable.

HC Waterworks Complaints

Requests for Compensation

Account	Customer name	Address	System	Comments/Complaints	Clothing	Towels	Appliances	Water Usage, flushing her house	Not being able to use water for a week	Letter from FPSC	Health Concerns
1189725	Panozzo Italo	13305 Byrd ST	Sebring Lakes	Discolored water		x					
1189939	Slotten Donald	104 Edgewater Dr S	Leisure lakes	Water usage for flushing for this event only				320 gal(\$2.06)	x	x	
1191327	Greer Shelly	5314 Prince Ave	Sebring Lakes	Stains on dishes and clothes	x						
1190272	Mcdonnell Cheryl	8811 Twitty	Sebring Lakes	Stench in her water				x	x		
1190354	Measner Lared	13500 Temple St.	Sebring Lakes	Water Brown, smells and tastes horrible				x	x		
1190368	Brown Carol	5339 Riverway Dr	Sebring Lakes	Stained sheets,				x	x		
1190376	Bell Douglas	949 Arbor	Sebring Lakes	Water Quality, bad smell and iron stains. Yellow water				x			
1190379	Reed Fredrick	936 Lake Josephine Dr	Lake Josephine	Water Quaility				x			
1190466	Alviano kathleen	5440 Knight Ave	Sebring Lakes	Water Quality and iron stains.	x		x	x	x		
1190472	Moore Arlen	5410 Knight Ave	Sebring Lakes	Water Quality	x	x					
1190496	Dease Patricia	5211 Felicity Ave.	Sebring Lakes	Water brown ruined laundry	x(\$132.21)	x	x(\$5.95)	x(\$21)	x		
1190519	Greene Ernest & Barbara	4547 Sebring lakes Blvd	Sebring Lakes	Toilets stained by discolored water Laundry Ruined, musty smell, water made his lips numb, Called HD and contacted EPA			x				
1190531	Carr Roy & Pat	4349 Sebring Lakes Blvd	Sebring Lakes		x	x					
1190538	Guevara Nester	4303 Sebring Lakes Blvd	Sebring Lakes	Smelly water,				x	x		
1191387	Mutchler Barbara	5127 Grand Concourse	Sebring Lakes	Wants compensation or credit for water issues				x	x		
1191409	Sottile elizabeth	333 Riverway Dr	Sebring Lakes	Compesation for ruined items Compensation for inconvienece and damages caused by water quailty issues							
1191462	McClelland Jennifer Patten Karen & Clarke	5510 Knight Ave. 107 Egdewater Dr S	Sebring Lakes Leisure lakes	Water quality issues in the house					x	x	
	Johnson Madeline	5514 Knight Ave	Sebring Lakes	Compensation for laundry and not being able to take a shower or cook for ten days and stains on dishwasher	x	x	x	x	x		
	Melisa	5111 Majesty	Sebring Lakes	Smelly water,							
	Wormer William	50 Venetian Way	Leisure lakes	Water quaility issue, dirty and brown water			x				
	Leitch Joan	110 Jasmine St	Leisure lakes	Water Quality			x				
	Jackson Barbara	37 Jasmine St	Leisure lakes	Water Quality, laundry	x	x					

US Water Services Corporation HC Waterworks
Compensation Requests 9/23/13

Account	Name	Address	Comment	8/6/13 Billed Usage	9/3/13 Billed Usage	Increased Use	Suggested usage to be credited
1189725	PANOZZO, ITALO	13305 BYRD ST	OPrewariboko 08/01/2013: ITALO CALLED ABOUT THE DISCOLORED WATER. SHE WAS QUITE UPSET AS THE WATER DISCOLORED HER WHITE TOWELS AND SHE WAS LOOKING FOR SOME KIND OF COMPENSATION. ADVISED THAT AT THIS TIME THERE ARE NO COMPENSATIONS FOR THIS ISSUE BUT ASSURED HER WE HAVE TECHNICIANS WORKING TO RESOLVE THE PROBLEM.	1	3	2	3
			USWdpagenhardt 08/07/2013: Customer sent package to lock box address with a couple of dirty towels and a letter asking for compensation for towels. Opus forwarded towels and letter to me. Scanned letter and attached to account. Also sent email to Ron D. regarding this issue.				
			OPrewariboko 08/21/2013: ELAINE CALLED BACK FOR STATUS ON HER COMPENSATION REQUEST. SHE STATED IF SHE DOESN'T HEAR BACK FROM US WITHIN A WEEK SHE WILL BE CONTACTING THE EPA. PH: 863-655-9110.				
1189901	LUTY, EDWARD & BARBAR	177 WOODSIDE DR	OPdrbrooks 09/06/2013: BARBARA CALLED AND STATED THAT SHE HAS BEEN HAVING AN ISSUE WITH BROWN WATER FOR WEEKS NOW. SHE STATED THAT SHE HAS A WHOLE LOAD OF LAUNDRY THAT WAS RUINED BY THE BROWN WATER AN	3	3		2
			OPjiscott 09/10/2013: Barbara called back to apologize for being nasty when she first called. She stopped a tech that was in her area, he gave her a bottle of Rust-Out and advised her to use it to clean any stains and to rewash her laundry. She did not use until yesterday and her laundry came out beautiful. She wants to say "sorry" for being so mean to the reps on the phone and for us to disregard any prior requests of hers for compensation, she does not need a credit on her account.				
1189928	PATTEN, CLARK	107 EDGEWATER DR S	OPrccowdery 07/18/2013: Mrs Patten called, water has a "musty smell". Advised I will contact a technician and report the issue.	7	13	6	13
			OPiburrell 07/30/2013: KAREN;BAD SMELL; TECH HAS BEEN OUT AND TOLD THEM TO RUN WATER EVERY MORNING FOR ABOUT 10 MINUTES AND THE SMELL WILL GO AWAY. WILL CALL BACK IF SMELL DOES NOT GO AWAY				
			OPjiscott 07/23/2013: Karen called and left vm, returned her call 863-465-7334. She is stating that the water still has a foul smell. Called Howard (tech) and left him a voicemail message w/ address of the property. Advised her that a tech should be out some time today. She stated that this issue has been going on for over a week and a half now.				

		OPrccowdery 08/02/2013: Karen called again re: [REDACTED] is smelly again. Spoke to Al, the only way for the smell to go away is if [REDACTED] has more usage, system wide. When the water in the lines sits, it will get smelly. He stated to advise the customer to flush her lines. I relayed this information. Karen accepted this but is frustrated because usage goes down every summer but this is the first time she has had such a problem.					
		OPrccowdery 08/05/2013: CLARK CALLED TO COMPLAIN THAT THE TECH FLUSHED THE LINES OF THE HOUSE OUT ONTO THE DRIVEWAY AND WASHED THE SAND ONTO THE DRIVEWAY. HE ONLY WANTS THE BACK FAUCET USED WHEN LINES ARE TO BE FLUSHED. HE WAS VERY UPSET THAT IT WAS WASHED ONTO THE DRIVEWAY.					
		OPrccowdery 08/12/2013: KAREN CALLED, SHE CALLED TO LET US KNOW THAT SHE IS STILL HAVING SMELL ISSUES WITH HER PROPERTY. SHE DID NOT WANT THE TECH TO COME OUT, SHE JUST WANTED THE ACCT NOTED.					
		OPmcyangkeu 08/19/2013: Karen called wanting to speak with Renee in regards to an ongoing water issue. Please call her back at 863-465-7334. Forwarded message to Renee.; OPrccowdery 08/19/2013: Spoke to Karen, she is complaining of foul smelling, gray water. Customer states that water tested for chlorine and it was at 0.0 on 8/15/13. Set up for a S/O for tech to go out and check water. Prefer after 1:00pm if possible.					
		OPmcyangkeu 09/16/2013: Karen called wanting to speak with Renee. She wanted to know if she's going to get credits for flushing because of the smelly water. Please call her back at 863-465-7334.; OPrccowdery 09/16/2013: Spoke to Karen, advised that no decision has come from USW Corp re: what will or will not be credited. She will send her flush log along with her pmt.					
1189939	SLOTTEN, DONALD	104 EDGEWATER DR S	OPdrbrooks 07/16/2013: DONALD CALLED AND STATED THAT HIS WATER SMELLS VERY FOUL. ADVISED HIM OF THE CHLORINE PUMP ISSUE AND THAT WAS CAUSING A STRONG SMELL AND DISCOLORATION. ADVISED HIM TO RUN THE COLD WATER TO RID THE LINES OF THE SMELL AND DISCOLORATION. HE STATED "DO YOU KNOW HOW MUCH MY WATER COSTS A MONTH? I CAN'T AFFORD TO RUN THE COLD WATER." PLEASE CALL HIM BACK AT 863-699-9787.; OPrccowdery 07/16/2013: I called Howard re: this complaint, he will check it out. I advised Dave to contact the customer back as he is not in the area that had the issue with the chlorine pump last week.; OPdrbrooks 07/16/2013: CALLED DONALD BACK TO ADVISE HIM THAT HE DID NOT HAVE THE SAME PUMP ISSUE AS LAST WEEK. ADVISED HIM THAT THE TECH IS ON HIS WAY TO THE AREA TO FIND OUT WHAT IS GOING ON; OPdrbrooks 07/16/2013: CALLED DONALD BACK TO ADVISE HIM OF WHAT THE TECH (HOWARD) FOUND. ADVISED HIM THAT THE LINES HAD 0.5 CHLORINE IN THE LINES SO THE WATER WAS STILL SAFE TO DRINK. HOWEVER HOWARD DID END UP FLUSHING THE LINES USING 180 GALLONS WORTH OF WATER TO ATTEMPT TO RID THE LINES OF THE SMELL	5	8	3	4

			OPrccowdery 07/29/2013: Don called, he would like to be credited for the 320 gal used to flush the system (start read 023536 to read 0235680) for 2.06. Emailed request to Ron Derossset for ok. He also would like to be compensated for usage he has in the future for flushing the property, emailed Ron re: that as well.; OPrccowdery 07/29/2013: Per Ron -- OK to credit 2.06 for the usage today. He will contact tech re: future flushing. Returned call to Don re: this info.				
			OPrccowdery 08/13/2013: Don called with usage for flushing from 7/30/13 - 8/12/13: 434 minutes from an outdoor spigot.				
			OPiburrell 09/10/2013: DON CALLED; FROM 8/13/13 - 9/3/13 MIN. WERE 279. WATER QUALITY BETTER. 863-699-9787				
			OPleshuba 09/11/2013: Per Sup Review - Customer caled in and flushed for 279 Minutes. Water quality much better.				
			OPdrbrooks 09/17/2013: DONALD CALLED AND ASKED TO SPEAK WITH RENEE. ADVISED THAT SHE WAS UNAVAILABLE AT THE TIME AND ASKED IF THERE WAS SOMETHING I COULD HELP HIM WITH AND HE STATED THAT HE WOULD RATHER TALK TO RENEE. HIS CALL IS REGARDING THE BAD WATER AND FLUSHING HIS LINES FOR 279 OR SO MINUTES TO CLEAR THE WATER. HE WOULD LIKE A CREDIT FOR THE WATER USED TO FLUSH THE LINES. GAVE MESSAGE TO RENEE.; OPrccowdery 09/17/2013: Spoke to Donald, advised that I have no information regarding what if would be compensated for flushing as I have not had any answer back from USW Corp. Advised that once I know, I will contact him.				
1190024	FRIESEM, RICHARD	1605 RICHMOND ST	OPiburrell 08/07/2013: SHELLY GREER CALLED TO SEE IF THE CITY WOULD BE COMPENSATING THEM FOR THE STAINS ON DISHES AND CLOTHES.	3	2		1
1190065	BICKLING, SHEILA	11 VENETIAN PKWY	OPajjakes 09/04/2013: SHEILA CALLED AND HAS HAD VERY POOR WATER QUALITY FOR THE LAST 2 WEEKS. IT HAS BEEN DIRTY COLORED AND SMELLS BAD. SHE WOULD LIKE COMPESATION FOR THE FILTERS IN HER HOME AS WELL	5	2		2
1190089	NOBLE, MARK	115 QUIVER LEAF ST	OPdrbrooks 09/12/2013: MARK CALLED AND LM. RETURNED VM AND SPOKE WITH MARK. HE STATED THAT HIS WATER IS STILL BAD AND THAT IT HAS A VERY PUTRID SMELL OF ROTTEN EGGS. HE STATED THAT HIM AND HIS WIFE CAN NOT SHOWER, COOK WITH, OR DO LAUNDRY WITH THIS WATER. HE STATED THAT HE WOULD LIKE US TO CONTACT A TECH TO FIND OUT WHAT IS GOING ON IN THE AREA AND CALL HIM BACK ASAP WITH AN ANSWER. HIS PHONE NUMBER IS 616-477-7753.; OPdrbrooks 09/12/2013: CALLED AL TO ADVISE THAT CUSTOMER IS UNHAPPY WITH THE WATER QUALITY-THE SMELL, THE INABILITY TO USE THE WATER ETC. HE STATED THAT HE WAS AT THE PROPERTY A FEW DAYS AGO AND TOLD THE CUSTOMER TO FLUSH THE LINES. MARK STATED THAT HE WAS NOT GOING TO PAY ANY MORE MONEY FOR THE WATER THAN WHAT HE IS ALREADY PAYING. ADVISED AL THAT MARK STATED THAT THE WATER STILL SMELLS HORRENDOUS AND THAT HE WANTS AN ANSWER RIGHT AWAY. HE STATED THAT HE WILL SEND HOWARD OUT TO THE PROPERTY TO CHECK OUT THIS ISSUE.	2	2		2
1190118	BRIGANTE, MICHAEL	2 HILLCREST ST	OPrccowdery 09/04/2013: Mike called with reads from flushing: Start:0077620, End: 0078960. Customer would like sewer charges included in compensation.	3	5	2	2

			OPrewariboko 08/29/2013: MICHAEL CALLED, HE'S STILL HAVING BROWN WATER. HE SAID HE CALLED EARLIER AND WAS TOLD TO RUN THE WATER TO CLEAR THE LINES AND THEY'VE BEEN RUNNING IT ALL DAY BUT IT'S STILL NO				
1190218	KELECSENY, BONNIE	13641 TEMPLE ST	OPdrbrooks 08/29/2013: WILLIAM (BONNIE'S HUSBAND) CALLED AND STATED THAT THEY HAVE HAD VERY POOR WATER QUALITY FOR ABOUT THE PAST THREE TO FOUR MONTHS. HE STATED THAT THEY JUST GOT BACK FROM VACATION AND NOTICED THAT THEIR WATER HAS NOT GOTTEN ANY BETTER. ADVISED HIM TO RUN THE LINES TO CLEAR THEM AND HE STATED THAT HE WOULD LIKE COMPENSATION FOR THE WATER THAT HAS ALREADY BEEN USED AS WELL AS ANY WATER THAT IS USED FROM TODAY ON WHILE THE ISSUE STILL PERSISTS. PLEASE CALL HIM BACK AT 863-253-0102	1	3	2	2
1190272	MCDONNELL, CHERYL	8811 TWITTY RD	OPrewariboko 07/09/2013: CHERYL WANTS A REBATE DUE TO THE STENCH IN HER WATER THAT HAS BEEN GOING ON FOR DAYS. PLEASE CALL AT: 863-259-8154.	2	3	1	3
1190354	MEASNER, JARED / KAYLA R	13500 TEMPLE ST	OPdrbrooks 07/30/2013: KAYLA CALLED AND STATED THAT HER WATER HAS BEEN BROWN/BLACK FOR ABOUT A WEEK. SHE WOULD LIKE TO KNOW WHAT IS GOING ON WITH THIS MATTER. HER PHONE NUMBER IS 863-214-0776.; OPdrbrooks 07/30/2013: KAYLA IS WONDERING IF THERE IS ANY COMPENSATION FOR THE BAD WATER THAT HAS BEEN USED AND AS A RESULT THE HIGHER CONSUMPTION. PLEASE CALL HER BACK AT 863-214-0776.; OPrcowdery 07/31/2013: Spoke to Kyla, advised of the system wide issue and that is should be resolved in 24-48 hrs. She asked about compensation for damaged fixtures and laundry. Advised that I will contact USW to see what I can do for her.; OPrcowdery 07/31/2013: Emailed to Ron.	6	9	3	5
			OPdrbrooks 08/05/2013: KAYLA CALLED AND STATED THAT HER WATER IS STILL BROWNISH AND STILL SMELLS AND TASTES HORRIBLE. ADVISED HER THAT THIS MATTER HAS BEEN BROUGHT TO CORPORATE'S ATTENTION IN REGARDS TO COMPENSATION. SHE WOULD LIKE A CALL BACK AS SOON AS POSSIBLE TO FIND OUT IF THEY CAN BE CREDITED FOR ALL OF THE WATER USED TO TRY FLUSHING THE LINES IN THE PROPERTY. PLEASE CALL HER BACK AT 863-441-2577 OR 863-214-0776.; OPrcowdery 08/06/2013: Returned call, spoke to Jared. Advised to flush the property using the end of the line faucet - usually the one in the back yard, run water until it is clear, as the water in the system is now clear.				

			<p>OPslarson 09/11/2013: KAYLA (863-214-0776) IN VERY UPSET THAT SHE IS BEING CHARGED FOR WATER THAT SHE USED TO FLUSH LINES DURING THE 2 WEEK PERIOD THAT THEY HAVE HAD BLACK WATER. KAYLA STATED THAT SHE HAS TRIED TO CONTACT US TO GET COMPENSATION, AND FEELS THAT NOTHING HAS BEEN DONE. SHE SAID SHE HAS RECENTLY CONTACTED THE NEWS TO EXPRESS HER FRUSTRATION. I ADV. THAT I WILL HAVE A SUPERVISOR CONTACT HER IN REGARDS TO HER CONCERN.; OPleshuba 09/12/2013: Kayla is concerned she will owe her full balance, even though the water ruined all of her appliances - she had to go to friends/relatives in order to bathe her children, and her hair (done at home) was turned orange due to the waters reaction to the chemicals - prior to the water turning black. She is asking for a refund back to her normal consumption.</p>				
1190367	BROWN, AMY	5312 RIVERWAY DR	<p>OPrccowdery 08/16/2013: Amy called, she would like compensation of 13.00 for the Iron Out that she purchased to deal with the water quality issue. Ph#863-253-7674.</p>	6	9	3	9
1190368	BROWN, CAROLYN	5339 RIVERWAY DR	<p>OPrewariboko 08/12/2013: DOUGLAS BROWN WANTS SOMETHING DONE ABOUT HIS STAINED SHEETS FROM THE COLORED WATER THEY'D BEEN HAVING FOR THE PAST TWO WEEKS. HE HAS TWO SETS OF SHEETS THAT HAVE BEEN COMPLETELY STAINED. HE TRIED WASHING THEM TODAY WITH BLEECH BUT THEY ARENT COMING OFF. HE'S LOOKING FOR SOME KIND OF REIMBURSEMENT. HE WANTS TO KNOW IF HE SHOULD GO BUY NEW SHEETS AND SEND US THE BILL. PLEASE CALL AT 863-253-9945.</p>	3	5	2	5
1190376	BELL, DOUGLAS H	949 ARBOR ST	<p>OPburrell 07/30/2013: PROBLEM WITH WATER QUALITY; TECH CAME OUT AND FLUSHED UP OVER 100 GALS OF WATER. WORRIED ABOUT USAGE. TECH TOLD HIM TO KEEP THE WATER RUNNING, BUT CUSTOMER CANT AFFORD BILL.</p>	4	6	2	4
			<p>OPsmbannie 08/06/2013: Douglas called back and said the water issue is not better. His water is brown and cloudy. His # is 863-214-0650; OPrcowdery 08/07/2013: Spoke to Douglas, advised to flush house. He will take a read to advise the water used for the flush as he would like compensation for the usage.</p>				
			<p>OPrccowdery 08/12/2013: Douglas called with reads for flushing: start read 0174840 end read: 0175900</p>				

1190379	REED, FREDERICK	936 LAKE JOSEPHINE DR	<p>OPdrbrooks 07/29/2013: BARBARA CALLED AND STATED THAT HER WATER HAS NO CHLORINE IN IT. SHE STATED THAT HER WATER SMELLS VERY FOUL AND IT IS DIRTY AND IT HAS THE EQUIVALENT OF SEWER WATER. SHE IS REQUESTING TO HAVE SOMEONE COME OUT AND CHECK THE WATER. PHONE NUMBER IS 863-655-4528.; OPdrbrooks 07/29/2013: BARBARA STATED THAT WHEN THE TECH WAS OUT AT THE PROPERTY THE LAST TIME (LAST WEEK) THE START READ THAT THE TECH GAVE HER WAS 25497 AND THE STOP READ THE TECH GAVE HER WAS 25548. THAT IS A USAGE OF 51 GALLONS. SHE STATED THAT IF SHE DOESN'T GET A TECH OUT THERE IMMEDIATELY SHE IS GOING TO CALL THE EPA.; OPrcowardery 07/29/2013: Emailed to Ron : Barbara Reed had a water quality complaint this morning. I sent Al out to check on the issue. Al reported that 850 gallons were used to flush the system (start read: 0255630, end read 0256480). She would like credit for this usage, \$5.49, adjusted off his acct.; OPrcowardery 07/30/2013: LMOM with credit amt for usage for flushing.</p>	3	4	1	2
			<p>OPrcowardery 08/02/2013: Barbara called re: water quality - she stated the chlorine was tested and found to be .1, set up SO for test by tech. Per Howard, property tested. 3 at 11:20am on 8/1/13. Returned call to Barbara and LMOM with this information.</p>				
			<p>OPrcowardery 08/19/2013: Returned VM from Barbara re: bad water, 863-655-4528. LMOM that tech Howard will stop by today.; OPrcowardery 08/19/2013: Called request to Howard.; OPrcowardery 08/19/2013: Per Howard: Ran 100 gallons thru meter. Customer said water was okay.</p>				
			<p>OPdrbrooks 09/16/2013: BARBARA REED CALLED AND STATED THAT HER WATER IS STARTING TO SMELL AND IS CLOUDY AGAIN. SHE WOULD LIKE A TECH TO COME OUT TO THE PROPERTY AND LOOK AT HER WATER. PHONE NUMBE</p>				
1190398	RITTENHOUSE, EVELYN	82 JASMINE ST	<p>OPrewariboko 08/14/2013: EVELYN CALLED TO CONFIRM THAT SHE WILL GET A REFUND FOR THE WATER THAT WILL BE USED WHEN SHE RUNS HER FAUCET. PER RENEE, I ADVISED THAT SHE'LL HAVE TO GET US A BEGINNING AND AN END READ OFF HER METER IN ORDER TO GET THAT ADJUSTMENT. SHE WASN'T HAPPY AND SAID SHE'LL FORGET IT.</p>	1	1		1
1190414	BATES, SUZAN L	68 VENETIAN PKWY	<p>OPrewariboko 09/04/2013: SUZAN CALLED ABOUT THE DISCOLORED WATER SHE'S BEEN HAVING. SHE SAID THE WATER CLEARED UP FOR A WHILE BUT IT IS GETTING DISCOLORED AGAIN AND SHE HAS SOME SHEETS THAT WERE STAINED WHICH SHE'D LIKE SOMETHING DONE ABOUT. PLEASE CALL BACK CUSTOMER AT: 863-840-1910.; OPrcowardery 09/05/2013: Returned call to Suzan, she is looking for compensation for ruined laundry and extra water usage.</p>	3	3		2

1190466	ALVIANO, KATHLEEN	5440 KNIGHT AVE	<p>OPrewariboko 08/05/2013: KATHLEEN CALLED ABOUT HER WATER STILL BEING DISCOLORED. SHE WAS VERY UPSET THAT THIS HAS BEEN GOING ON FOR OVER A WEEK AND DEMANDED A SUPERVISOR. ADVISED MY SUPERVISOR WAS NOT AVAILABLE BUT I COULD HAVE HER CALL HER BACK. SHE DEMANDED THAT SHE BE CALLED BACK TODAY. ADVISED I COULDN'T PROMISE A CALL BACK TODAY BUT THE EARLIEST TOMORROW. SHE STATED IF SHE DOESN'T GET A CALL BACK TODAY SHE WILL FILE A CLASS ACTION LAW SUIT. FORWARDED INFO. TO RENEE. OPrcowardery 08/05/2013: Kathleen called re: water quality - issued S/O for tech to come out to the house. She also wanted to know what compensation there would be for the laundry, dishes, fixtures and appliances ruined by the discolored water. Advised I will forward her request to Corp. Ph# 863-273-0415</p>	6	6		6
			<p>being ruined, appliances. She was told they would be compensated. Water is brown again. 863-658-1106 or 863-273-0415. She is threatening a lawsuit against HC Waterworks.; OPsmbannie 08/22/2013: She told me I have 20 minutes to have a supervisor call her. I hung up with her, took a Andover cbp pmt. Then I called the Tech Jennifer had talked to. Chris Saliba. He said he would send someone out again. I did not call the customer back.; OPrcowardery 08/23/2013: RETURNED CALL TO JOE. ADVISED OF THE UPDATE FROM RON: We still have issues in the Sebring Lakes Area. Due to the filter being off line for inspections we were experiencing dirty water complaints. We have the filters back on line and we are flushing the system. Should be clear complete by this afternoon. JOE STATED THAT HE HAS A LONG LIST OF ITEMS THAT HE WOULD LIKE TO BE COMPENSATED FOR THAT HAVE BEEN RUINED BY THE WATER QUALITY ISSUES. HE WILL FAX A LIST. HE ALSO WOULD LIKE TO BE COMPENATED FOR THE USAGE FOR THE PAST 2 MONTHS. HE STATED THAT THROUGH OUT THE PROBLEMS WITH THE WATER QUALITY, HE FEELS HE HAS BEEN "GIVEN THE RUN AROUND ABOUT WHAT IS CAUSING THE PROBLEM." I APOLOGIZED THAT HE FELT THAT WAY BUT I CAN ONLY PROVIDE THE</p>				
1190469	COOK, CHARLES	5420 KNIGHT AVE	<p>OPajjakes 08/21/2013: CHARLES CALLED-CONTESTING BILL FROM THE 2 WEEKS WHEN THE WATER WAS BROWN AND STAINED HIS TOILETS/CLOTHES/DISHES. WANTS COMPENSATION ON THE BILL FOR THE EXTRA WATER USED TO FLUSH THE HOT WATER HEATER AND PIPES. PLEASE CALL HIM AT HOME IN THE MORNING OF 8/22 AT 863-655-0514 OR TRY HIS CELL AT 863-253-9854.; OPrcowardery 08/22/2013: Returned call to 863-655-0514, no answer, no VM. Called 863-253-9854, (VM did not say it was for Charles) LMOM to call back with questions but that we are wiating for reply from corp re: compensation for water quality issues.</p>	4	3		0
			<p>OPdrbrooks 09/11/2013: CHARLES CALLED AND STATED THAT HE FEELS THAT HE SHOULD NOT HAVE TO PAY 86.00 FOR USAGE WHEN HE HAS BEEN HAVING WATER PROBLEMS. HE IS REQUESTING COMPENSATION FOR THE WATER USED. PLEASE CALL HIM BACK AT 863-655-0514.; OPleshuba 09/12/2013: Tried to call customer back. Got a "voicemail service has been disconnected" message then the call was disconnected.</p>				
			<p>OPrewariboko 09/13/2013: CHARLES CALLED AGAIN. WOULD LIKE A SUPERVISOR TO CALL HIM BACK REGARDING HIS BILL HE IS REFUSING TO PAY DUR TO THE PROBLEMS THEY'VE HAVING WITH THEIR WATER. PLEASE CALL AGAIN AT: 863-655-0514.</p>				

1190472	MOORE, ARLENE	5410 PRINCE AVE	OPrccowdery 08/02/2013: Brenda Moore called looking for compensation for laundry ruined by the water issue.; OPrccowdery 08/02/2013: Emailed req to Ron Derossett. Will call back at 863-655-0471	4	6	2	3
1190474	DENARDIS, MARK	5402 SEBRING LAKES BLVD	OPahahn 07/30/2013: TRACY WAS CONCERNED THAT THE FLUSHING OF WATER DUE TO THE DISCOLORATION WAS GOING TO MAKE HER NEXT BILL HIGHER AND WANTED IT NOTED THAT SHE CALLED ABOUT THIS.; OPrccowdery 07/31/2013: Returned call to Tracy, 863-655-0220, LMOM that system wide issue is being address, her address will be checked once the techs are done with the system wide flushing.	4	7	3	7
			OPdrbrooks 09/11/2013: MARK CALLED AND STATED THAT HE IS NOT GOING TO PAY HIS BILL UNTIL THE BILL IS CORRECTED AND HE IS CREDITED FOR THE 11 DAYS IN WHICH HE COULD NOT USE HIS WATER. HE STATED THAT HE TALKED TO RON DEROSSET AND RON TOLD HIM TO MAKE A LIST OF EVERY FAUCET ETC THAT WAS USED TO FLUSH THE LINES AND TO CALL US FOR POSSIBE COMPENSATION. PLEASE CALL HIM BACK AT 863-655-0220 ONCE WE HAVE HEARD WHAT IS TO BE DONE ABOUT THIS ISSUE; OPleshuba 09/12/2013: Customer wants a call back once we have an update - there is no update at this time.				
1190480	WALL, TONYA	5328 PRINCE AVE	OPajjakes 08/30/2013: TONYA WOULD LIKE COMPENSATION ON HER NEXT WATER BILL FOR THE INCREASED USAGE SHE WILL ACQUIRE DUE TO THE FLUSHING OF LINES SHE HAS HAD TO DO BECAUSE THE WATER WAS BROWN. SHE WAS UNABLE TO USE THE WATER FOR 2 WEEKS AND FEELS THAT SHE SHOULD NOT HAVE TO PAY FOR THAT USAGE.	6	7	1	3
			OPslarson 09/11/2013: TONYA (863-381-3275) CLLD IN AND STATED THAT SHE JUST RECEIVED HER STATEMENT, AND THE WATER USAGE IS A LOT HIGHER THAN WHAT SHE WOULD NORMALLY USE, DUE TO FLUSHING OF THE LINES BECAUSE OF POOR WATER-QUALITY. TONYA STATED THAT SHE IS UNDER THE IMPRESSION THAT WE WERE GOING TO COMPENSATE FOR SOME OF THE WATER THAT THEY USED TRYING TO GET RID OF THE BROWN WATER. SHE ASKED TO SPEAK W/ A SUPERVISOR.; OPleshuba 09/12/2013: Spoke with Tonya - she voiced her concern on the water and having to pay for extra usage.				
1190496	DEASE, PATRICIA	5211 FELICITY AVE	OPrewariboko 07/29/2013: PATRICIA CALLED VERY UPSET THAT HER WATER IS BROWN. SHE SAID SHE RAN IT FOR OVER AN HOUR ON SATURDAY AND IT CLEARED UP BUT BY SUNDAY IT WAS DISCOLORED AGAIN AND DISCOLORED HER WHITES. SHE DEMANDED A SUPERVISOR BUT I ADVISED PER RENEE THAT WE WILL TRY TO GET A TECHNICIAN OUT TO HER.; OPrccowdery 07/29/2013: per AI, tech, he will blow the lines at the property and contact the customer at the ph#.	5	4		0
1190519	GREENE, ERNEST & BARBARA	4547 SEBRING LAKES BLVD	OPrccowdery 08/06/2013: BARBARA CALLED, TOILETS ARE STAINED FROM DISCOLORED WATER, SHE WOULD LIKE COMPENSATION FOR THE 2 TOILETS RUINED BY THE WATER. PH#863-446-1466	7	5		5

			OPjiscott 08/12/2013: Barbara called and left n... returned her call 863-446-1466. She wanted to know why her bill was exact same usage and amount due as previous months bill. Explained that her usage for the past 4 months has been 7,000 gallons. The meter is being read, the reads are actual uploads from the tech reading the meter. With the water quality issue last month, her 2 toilets are permanently discolored, she called last week about this and wants to know how she will be refunded for the replacment costs of the toilets. Please return her call.				
1190527	PELHAM, WILFRED & BETTY	4467 SEBRING LAKES BLV	OPdrbrooks 08/08/2013: RETURNED CALL TO WILFRED. HE STATED THAT HIS WATER IS CLEAR NOW.HE STATED THAT A TECH WAS AT HIS PROPERTY AT THE BEGINNING OF THIS WEEK AND WAS ADVISED TO OPEN THE BACK FAUCET OUTSIDE AND RUN THAT TO CLEAR THE LINES. HE STATED THAT WITH DOING THAT AND WITH THE HELP OF THE TECH AND THE USE OF A CHEMICAL CALLED IRON OUT-HIS LINES HAVE CLEARED AND THERE IS NO ISSUE AT THIS TIME. HE STATED THAT HIS START READ WAS 169730 AND HIS END READ IS 174030 WHICH IS A DIFFERENCE OF 4300 GALLONS	2	7	5	5
			OPdrbrooks 09/11/2013: WILLIAM CALLED AND STATED THAT HE WAS CHARGED FOR 7,000 GALLONS OF WATER FOR A MONTH. HE STATED THAT THERE IS ABSOLUTELY NO WAY THAT HE COULD USE THAT MUCH WATER IN ONE MONTH. HE STATED THAT HE DID HAVE ISSUES WITH THE WATER NOT TOO LONG AGO CAUSING HIM TO BE UNABLE TO USE IT. HE IS REQUESTING COMPENSATION FOR THE WATER USED TO FLUSH THE LINES. CALL HIM BACK AT 863-381-4916.; OPleshuba 09/12/2013: Spoke to Wilfred - he voiced his concern of having such a high bill to pay - they are on a retirement salary and cannot afford to have thier bill increase for water they were told to fluch through their lines.				
1190531	CARR, ROY & PAT	4349 SEBRING LAKES BLV	OPrccowdery 09/05/2013: Pat called to say her water is finally better and she is very pleased. However, 2 loads of white laundry were ruined and she would like to be considered for compensation for those clothes.	4	estimated 4		2
1190538	GUEVARA, NESTER	4303 SEBRING LAKES BLV	OPlburrell 08/12/2013: NESTER IS UPSET ABOUT SMELLY WATER; ADVISED HIM, AS I WAS TOLD, TO RUN HIS WATER FROM THE LOWEST POINT AND GET THIS OUT OF THE LINES. HE FEELS THAT HE SHOULD NOT HAVE TO PAY FOR THIS EXTRA WATER AND IS DISSATISFIED WITH THE NEW CHANGE OVER IN COMPANIES. HE SAID THAT HE WILL DO AS TOLD BUT EXPECT A REDCUCTION IN HIS BILL. HIS HOME IS LOCATED AT THE END OF THE BLOCK WHERE THE MAIN OUTLET IS LOCATED AND HE HAS NOT SEEN A SERVICEMAN IN OVER 6 WEEKS TO COME AND TEST WATER.; OPrccowdery 08/14/2013: Returned call to 305-586-2214, LMOM to call back.	8	estimated 8		4
1190641	SAUNDERS, WILLIAM	39 JASMINE ST	OPjiscott 09/06/2013: Phyllis called, she stated that they talked to the techs when they were in the area working on the dirty water issue. One tech, she did not get his name, he was in a group of 4-5 working, advised her to take a read off her meter, flush all the lines in the property, take another read. Then call the customer service department w/ the 2 reads so they can receive compensation for the water used to flush the lines. Her start read was 0167450 and end read was 0167550. Please call Phyllis at 863-465-7011.	1	4	3	4

1191189	HEILBRUN, KATHY J	5408 KNIGHT AVE	<p>OPslarson 08/26/2013: KATHY (863-968-4084) CALLED IN AND STATED THAT SHE HAD BEEN INFORMED THAT A TECHNICIAN WOULD COME TO HER HOME TO FLUSH THE WATER LINES; HOWEVER, SHE SAID THAT NO HAS COME. I ADV. THAT A SERVICE ORDER HAS BEEN SET UP AT THE ADDRESS. SHE SAID THAT THEIR WATER HAS BEEN BROWN FOR DAYS, AND THEY ALL HAVE RASHES DUE TO SHOWERING. SHE ASKED TO SPEAK W/ A SUPERVISOR TO GET A REFUND SINCE THE WATER IS NOT USABLE.; OPrcowdery 09/05/2013: Returned call to Kathy to check water quality, LMOM to call back.</p>	0	4	4	4
1191262	JOHNSON, MADELINE K	5514 KNIGHT AVE	<p>OPdrbrooks 09/10/2013: MADELINE CALLED AND STATED THAT SHE HAD A PERIOD OF 11-12 DAYS WHERE SHE COULD NOT USE HER WATER DUE TO IT BEING BLACK AND A LOAD OF HER CLOTHES WERE RUINED AS A RESULT. SHE HAS A WASHER THAT IT STAINED WITH BLACK / BROWN RESIDUE AND SHE IS REQUESTING COMPENSATION FOR THE BAD WATER SHE COULD NOT USE. PLEASE CALL HER BACK WITH ANY COMPENSATION FOR THE BAD WATER. HER PHONE NUMBER IS 352-538-2931.</p>	7	9	2	9
			<p>OPrewariboko 09/13/2013: MADELINE CALLED QUITE UPSET THAT SHE HASN'T HEARD BACK FROM ANYONE WITH THE ISSUE CONCERNING HER ADJUSTMENT. SHE HAD REQUESTED TO HAVE AN ADJUSTMENT ON HER BILL FOR THE DISCOLORED WATER SHE HAD FOR OVER THREE WEEKS. SHE STATED THAT THE WATER RUINED SEVERAL OF HER ITEMS SO SHE WANTS SOME COMPENSATION. SHE WANTED ME TO STRESS THAT SHE'S CALLED MORE THAN ONCE ABOUT THIS ISSUE. PLEASE CALL HER BACK AT: 863-991-3268.</p>				
1191286	HYNES, PATRICIA	64 JASMINE ST	<p>OPrewariboko 08/30/2013: PATRICIA CALLED, SHE'S QUITE UPSET ABOUT THE BROWN WATER THAT BOTH SHE AND HER RESIDENTS ARE EXPERIENCING. SHE WANTED TO KNOW IF THE WATER WAS SAFE FOR DRINKING. ADVISED THAT THERE IS NO BOIL WATER NOTICE FOR THEIR AREA. SHE THEN STATED THAT ONE OF HER RESIDENT CALLED US YESTERDAY AND WAS TOLD A SUPERVISOR WILL CALL HIM BACK TODAY AND SEND A TECHNICIAN OUT BUT THEY HAVEN'T HEARD BACK US. AT THIS POINT SHE SAID SHE WANTED TO SPEAK WITH SOMEONE IN CORPORATE TO MAKE A COMPLAINT. I ADVISED I WOULD NEED TO FORWARD HER INFORMATION TO MY SUPERVISOR AND IF NECESSARY SHE CAN PASS ON A COMPLAINT TO OUR CORPORATE. PLEASE CALL: 863-699-9854.; OPrcowdery 09/03/2013: Spoke to Patti - she stated he was in contact with Chris Saliba this weekend about brown water. He was to be out this morning but has not arrived. I called to Ron, Chris is on his way. I advised that we are forwarding all requests for compensation to USW Corp.</p>	0	1	1	1
1191310	FILBRANDT, KATHLEEN	27 VENETIAN PKWY	<p>OPrcowdery 09/06/2013: Kathleen called, she would like compensation for water used by USW tech from her property. Ph#863-699-2944</p>	1	2		2

1191327	GREER, SHELLY	5314 PRINCE AVE	OPrewariboko 08/23/2013: SHELLY CALLED, SHE FEELS SHE SHOULDN'T HAVE TO PAY THESE CHARGES BECAUSE THEY CONSISTENLY HAD TO FLUSH OUT THEIR LINES DUE TO THE DISCOLORED AND SMELLY WATER THEY'D BEEN HAVING ALL THROUGH THIS PERIOD. SHE IS VERY UPSET THAT WE EVEN SENT THEM A BILL. SHE STATED SHE WANTS THESE CHARGES TAKEN OFF AND CONTACTED OR ELSE SHE WILL BE GOING TO HER LOCAL NEWS. PH: 863-658-1668.; OPrcowdery 08/26/2013: Returned all, advised that as soon as we have an answer re:compensation from Corporate I will let her know.	9	6		6
1191387	MUTCHLER, BARBARA	5127 GRAND CONCOURSE	OPrewariboko 08/02/2013: BARBARA CALLED, SHE'S DEMANDING SOME COMPENSATION OR CREDIT FOR THE ISSUE WITH THEIR WATER, AND WANTS TO SPEAK WITH SUPERVISOR. PH: 863-655-2105.; OPleshuba 08/05/2013: Left message for Barbara - advised that this is a known issue and has been escalated. We should know in 7-10 business days if/when a credit will be given on accounts or if a customer needs to request one. At this time we do not have any further information.	1	3	2	1
			OPajjakes 09/20/2013: BARBARA CALLED AND IS UPSET THAT SHE HAS TO PAY FOR THE USAGE SHE HAD FROM THE TIME WHEN SHE WAS FLUSHING THE LINES BECAUSE THE WATER WAS BROWN. SHE FEELS THAT SHE SHOULD BE COMPENSATED FOR THAT TIME AND A LOAD OF WHITE LAUNDRY SHE DESTROYED BECAUSE OF THE BROWN WATER. HER CALL BACK NUMBER IS 863-655-2105.				
1191409	SOTTILE, ELIZABETH A	333 RIVERWAY DR	OPrcowdery 08/13/2013: Elizabeth called, she is looking for compensation for items ruined by the water issues.	2	3	1	3
1191462	MCCLELLAND, JENNIFER	5510 KNIGHT AVE	still discolored and it is getting worse than when he called all the other times earlier this week and earlier today. He wants a tech at his property now. Explained that when he called on 7/29/13, a request was put in to the tech to go to his property. Explained that the techs are in the area flushing all the lines and the water is safe. He is calling us names and using colorful language that we just do not care. He would like a supervisor to call him now. Explained that she will call him back in the morning, he ended the call. Called and is very upset that the water at his property is still discolored and it is getting worse than when he called all the other times earlier this week and earlier today. He wants a tech at his property now. Explained that when he called on 7/29/13, a request was put in to the tech to go to his property. Explained that the techs are in the area flushing all the lines and the water is safe. He is calling us names and using colorful language that we just do not care. He would like a supervisor to call him now. Explained that she will call him back in the morning, he ended the call. Please call him at 863-273-8634.; OPjscott 07/31/2013: Jacob called back, wanted to know address, state, and zip code he was calling. Advised him that we are in St. Paul MN. He is very upset that we are here	4	5	1	3
			USWdpagenhardt 08/01/2013: Called and left message for Ron D. to call this customer. Also called customer Mr. McClelland and told him I was contacting to Ron the mamanger to get somewhat out. Ron has since been in contact with me and has sent out tech and will be calling customer.				

1194037	GROSS, JULIE LYNN	5408 KNIGHT AVE	<p>OPJscott 08/29/2013: Julie called, she is very [redacted] at since she moved in to the property she has not been able to use the water at all. It is muddy in color and has a horrible smell. She stated that she has ran and wasted so much water both in the drains of the property as well as outside and the quality has never changed. She had the landlord come to the property and check the pipes, there was no issues found. She would like full compensation for all water that she has used from her move in date until the problem is fixed once and for all. Please call Julie at 863-968-4084.; OPrcowdery 09/05/2013: Spoke to Julie - verified that water quality is better. She would like compensation for water that was unuable.</p>	0	4	4	4
			Consumption in thousands of gallon	133	167	56	134
			Cost (\$6.61/gallon)	\$879.13	\$ 1,103.87	\$ 370.16	\$ 885.74
			Customers most vocal				