

LP WATERWORKS, INC.

December 28, 2016

Office of Commission Clerk
Public Service Commission
2540 Shumard Oak Blvd.
Tallahassee, FL 32399

RECEIVED - FPSC
2017 JAN - 3 11 9: 21
COMMISSION
CLERK

Re: Docket No. 160222-WS - Application for Staff Assisted Rate Case (SARC) in Highlands County by LP Waterworks, Inc. - Response to Staff's First Data Request

Dear Commission Clerk,

Please find attached LP Waterworks, Inc.'s (LPWW) response to Staff's First Data Request in the above referenced docket.

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

Response: Not applicable. There was no purchased water or wastewater.

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

Response: Please find attached all copies of the test year purchased power invoices. In addition, this information was also provided to the FPSC auditor.

3. Chemicals: A list of all chemicals used in the treatment of water, amounts purchased, quantity purchased, unit prices paid and dosage rates utilized.

Response: Please find attached all copies of the test year chemical invoices. In addition, this information was also provided to the FPSC auditor.

Water - Sodium Hypochlorite dosage rate is 33 mg/L/Day. Wastewater - CL2 tablets dosage rate is 0.2 lbs/Day.

4. Sludge Removal Expenses: Provide a schedule showing the total cost and quantity of removing the sludge, if persons other than owners, stockholders, and employees of the utility perform such work during the test year.

Response: Please find attached all copies of sludge removal for the test year. In addition, this information was also provided to the FPSC auditor.

COM _____
 AFD _____
 APA _____
 ECO _____
 ENG (USB) _____
 GCL _____
 IDM _____
 TEL _____
 CLK _____

5. Contractual Services – Testing: A list of tests along with costs paid to outside laboratories for testing the water treatment during the test year.

Response: The cost of all testing is included in the monthly operation and maintenance fee charged by U.S. Water Service Corporation. All invoices from U.S. Water Services Corporation, as well as the contract, are attached. In addition, this information was also provided to the FPSC auditor.

Below is a listing of all DEP required testing for Lakeside along with the frequency.

Water:

| | Samples Req'd | Frequency |
|----------------|------------------|-------------|
| Total Coliform | 4 | 3/month |
| DBP - TTHMs | 2 | 2/year |
| Nitrates | 1 | 1/year |
| L & C | 20 | 1/year |
| Tri-Annuals | 1 | 1/3 yrs |
| Radionuclides | 1 | every 6 yrs |

Wastewater:

| | Samples Req'd | Frequency |
|--------------------|------------------|-----------|
| CBOD | 13 | monthly |
| TSS | 13 | monthly |
| F. Coli | 12 | monthly |
| Nitrate | 1 | yearly |
| Sludge Analysis | 1 | yearly |
| TN | 4 | quarterly |
| TP | 4 | quarterly |

6. Contractual Services – Other: The costs of operation and maintenance work not performed by utility employees with an explanation of the type of work performed. These

costs include the operator's fee, mowing and grounds keeping and contracted repair for the water system.

Response: Please refer to the invoices provided in response to Request No. 5 above.

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

Response: Not applicable. There are no vehicles owned or leased by the utility.

8. Copies of your most recent Primary and Secondary Water Quality test results.

Response: See Attached.

9. Copies of monthly operation reports for water and wastewater from September 1, 2015, through August 30, 2016, (test year) which includes:

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

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

Response: See Attached Monthly Operation Reports.

10. Copy of monthly totals of metered water sold for each month of the test year.

Response: See Schedule F-1 - Document No. **08270-16** in the PSC docket file.

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

Response: See also the attached permits.

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

Response: See Order No. PSC-14-0413-PAA-WS issued August 14, 2014.

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

Response: LPWW requests additional time to respond to this request. The utility is pulling all of the customer complaints and will need additional time to research each one to provide the resolution.

14. A listing of all assets owned by the utility.

Example: 200' – 8" PVC (Sewer)

250' – 6" PVC Pipe (Water)

50' – 6" PVC Fire Hydrants (Water)

Response: See the 2015 Annual Report on file with the Commission. On Pages W-4 through W-6, the data is contained for the water system. On Pages S-4 through S-6, the data is contained for the wastewater system.

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

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

Response: The utility was purchased in December 27, 2012. For the calendar years 2012 through 2015, see the Annual Reports for those years on file with the Commission. For the test year, please find the billing information on Schedule E-1w for water and also the Billing Determinants Schedule in Document No. 08270-16 in the PSC docket file.

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

Response: Service maps are enclosed on the USB drive provided.

17. Please reference the pro forma plant additions for wastewater to recover the cost of manhole rehabilitation and repair which occurred in October 2016. Please fill out the spreadsheet attached concerning this item. Please include any and all bid proposals related to this pro forma.

Response: This was previously addressed in the SARC cover letter and in No. 19 below. This was required due to the manhole leaking and causing a customer's yard to sink around the manhole and also causing damage to the customer's flower bed/planter. The utility obtained an estimate for chemical grouting to repair the cracks in the manhole. In addition a Vac truck had to be rented to pump out the manhole in order to make the repair. After the repair, there was restoration necessary to the area including filling the holes caused by the leak, repairing the customer's planter and installing sod. Invoice 840035 dated November 30, 2016 is for the manhole repair and restoration work. This was for

both reliability and wastewater quality. The NARUC account number is found on the invoice provided.

18. Please fill out the spreadsheet attached concerning any other pro forma items. Please include any bid proposals or estimates for the pro forma items.

Response: The pro forma provided in Documents **08270-16** and **09289-16** were wastewater pro forma repairs and replacements for both reliability and wastewater quality. The manhole was previously addressed in the SARC cover letter and in No. 19 below. The NARUC numbers are located on the invoices previously provided.

19. Please explain in detail, the difference, in dollar amount, of the estimate invoice attached to the initial SARC application of \$4,650.00 from the invoices received on December 13, 2016, totaling \$12,058.24 for pro forma plant additions.

Response: The document attached to the initial SARC application was an Quotation/Proposal for the required chemical grouting of the manhole with a estimate of \$4,650 from Altair. This was just for the actual grouting inside the manhole. This was included in Invoice No. 840035 dated November 30, 2016. However, there was additional work and costs. A vacuum truck had to be rented from Meeks Plumbing at an additional cost of \$1,520. In addition, there was remedial work that had to be done to the residence such as filling in the area that had previous sunk due to the sinkhole around the manhole and sodding. Also, there was damage caused by the manhole leak to the customers' flower bed and planter that had to be repaired. The leak in the manhole caused the residence yard and flower bed to sink in and caused damage to the planter. The total cost for the entire rehabilitation job was \$8,235.57 including the 18% markup and tradesman labor pursuant to the U.S. Water Services contract. Also, it was necessary to have oversight of the job by U.S. Water Services to ensure the utility's property was protected and not damaged further, as well as the customers property.

There were two additional invoices provided on December 13, 2016 that were unrelated to the manhole rehabilitation. The first was for a replacement of the contactor and surge pump control panel at the wastewater treatment plant at a cost of \$519.34. The third was for installation of a new pump in the wastewater treatment plant surge tank at a cost of \$3,303.33.

Respectfully Submitted,



Troy Rendell
Manager of Regulated Utilities
// for LP Waterworks, Inc.



STATEMENT OF ELECTRIC SERVICE



ACCOUNT NUMBER
23309 63287

APRIL 2016

FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:
1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:
1-800-228-8485

LP WATERWORKS INC
ATTN: AMY WILLIAMS
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652

SERVICE ADDRESS
234 SHORELINE DR,
CAMP FL WTR PLANT

DUE DATE TOTAL AMOUNT DUE
APR 22 2016 93.64

NEXT READ DEPOSIT AMOUNT
DATE ON OR ON ACCOUNT
ABOUT
MAY 03 2016 Blanket Cash

PIN: 928218506

METER READINGS

| | |
|---------------------|-----------|
| METER NO. | 002642964 |
| PRESENT (ACTUAL) | 026668 |
| PREVIOUS (ACTUAL) | 025938 |
| DIFFERENCE | 000730 |
| TOTAL KWH | 730 |
| PRESENT KW (ACTUAL) | 0007.14 |
| BASE KW | 7 |
| LOAD FACTOR | 14.5% |

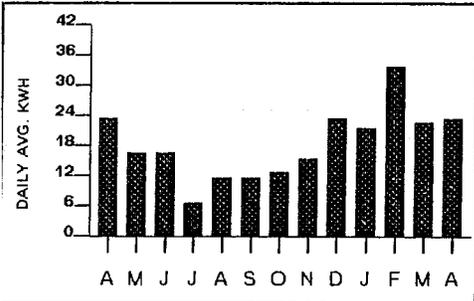
YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED
FOR \$93.64 ON 04/22/16
PAYMENTS RECEIVED AS OF MAR 22 2016 91.81 THANK YOU

| | | |
|-----------------|--------------------------------------|---------|
| GS-1 | 060 GENERAL SERVICE - NON DEMAND SEC | |
| BILLING PERIOD | 03-01-16 TO 03-31-16 | 30 DAYS |
| CUSTOMER CHARGE | | 11.59 |
| ENERGY CHARGE | 730 KWH @ 7.02300¢ | 51.27 |
| FUEL CHARGE | 730 KWH @ 2.97300¢ | 21.70 |

| | |
|-----------------------------------|--------------|
| *TOTAL ELECTRIC COST | 84.56 |
| GROSS RECEIPTS TAX | 2.17 |
| STATE AND OTHER TAXES ON ELECTRIC | 6.91 |
| TOTAL CURRENT BILL | 93.64 |

TOTAL DUE THIS STATEMENT **Entered: \$93.64**

COA Code: 6015
 Approved: @ 04-7-16
 Paid: EFT 042216
 Date: 4/22/16



Duke Energy offers a free on-site energy efficiency assessment to help your business save money and energy. This no cost Business Energy Check includes information on how to easily obtain rebate incentives for the installation of preapproved recommended measures. For more information, visit us at duke-energy.com/FLbusiness, or call 877.372.8477.

ENERGY USE

| | |
|-----------------------------|------------|
| DAILY AVG. USE - | 24 KWH/DAY |
| USE ONE YEAR AGO - | 24 KWH/DAY |
| *DAILY AVG. ELECTRIC COST - | \$2.82 |

Duke Energy

ACCOUNT NUMBER - 23309 63287

000746 000001190



LP WATERWORKS INC
 ATTN: AMY WILLIAMS
 4939 CROSS BAYOU BLVD
 NEW PORT RICHEY FL 34652-3434



STATEMENT OF ELECTRIC SERVICE



ACCOUNT NUMBER
88511 84193

APRIL 2016

FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:
1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:
1-800-228-8485

LP WATERWORKS INC
ATTN: AMY WILLIAMS
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652

SERVICE ADDRESS
1535 US HIGHWAY 27 S PUMP,
CAMPER CORRAL

DUE DATE APR 21 2016 TOTAL AMOUNT DUE 199.00

NEXT READ DATE ON OR ABOUT MAY 03 2016 DEPOSIT AMOUNT ON ACCOUNT Blanket Cash

PIN: 928218506

METER READINGS

METER NO. 008626994

| | |
|---------------------|---------|
| PRESENT (ACTUAL) | 049526 |
| PREVIOUS (ACTUAL) | 047844 |
| DIFFERENCE | 001682 |
| PRESENT ONPEAK | 012299 |
| PREVIOUS ONPEAK | 011831 |
| DIFFERENCE ONPEAK | 000468 |
| TOTAL KWH | 1682 |
| ON PEAK KWH | 468 |
| PRESENT KW (ACTUAL) | 0011.10 |
| PRESENT PEAK KW | 0007.23 |
| BASE KW | 11 |
| ON-PEAK KW | 7 |
| LOAD FACTOR | 21.2% |

YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED FOR \$199.00 ON 04/21/16

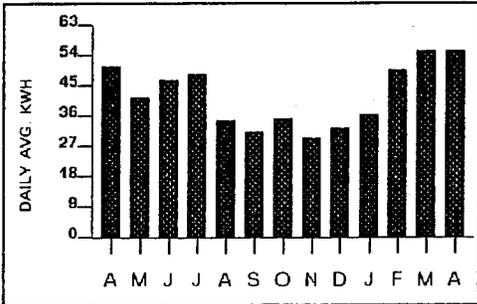
PAYMENTS RECEIVED AS OF MAR 21 2016 217.13 THANK YOU

GS-1 060 GENERAL SERVICE - NON DEMAND SEC
BILLING PERIOD..02-29-16 TO 03-30-16 30 DAYS

| | | |
|-----------------------------------|---------------------|--------|
| CUSTOMER CHARGE | | 11.59 |
| ENERGY CHARGE | 1682 KWH @ 7.02300¢ | 118.13 |
| FUEL CHARGE | 1682 KWH @ 2.97300¢ | 50.01 |
| *TOTAL ELECTRIC COST | | 179.73 |
| GROSS RECEIPTS TAX | | 4.61 |
| STATE AND OTHER TAXES ON ELECTRIC | | 14.66 |
| TOTAL CURRENT BILL | | 199.00 |

TOTAL DUE THIS STATEMENT Entered: [Signature] \$199.00

COA Code: 615
Approved: [Signature]
Paid: EFT 042116
Date: 4/21/16



ENERGY USE

| | |
|-----------------------------|------------|
| DAILY AVG. USE - | 56 KWH/DAY |
| USE ONE YEAR AGO - | 51 KWH/DAY |
| *DAILY AVG. ELECTRIC COST - | \$5.99 |

Duke Energy offers a free on-site energy efficiency assessment to help your business save money and energy. This no cost Business Energy Check includes information on how to easily obtain rebate incentives for the installation of preapproved recommended measures. For more information, visit us at duke-energy.com/FLbusiness, or call 877.372.8477.

Duke Energy

ACCOUNT NUMBER - 88511 84193

044185 000005301

LP WATERWORKS INC
ATTN: AMY WILLIAMS
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652-3434



STATEMENT OF ELECTRIC SERVICE



ACCOUNT NUMBER

23309 63287

MARCH 2016

FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:
1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:
1-800-228-8485

LP WATERWORKS INC
ATTN: AMY WILLIAMS
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652

SERVICE ADDRESS
234 SHORELINE DR,
CAMP FL WTR PLANT

DUE DATE TOTAL AMOUNT DUE
MAR 23 2016 91.81

NEXT READ DEPOSIT AMOUNT
DATE ON OR ON ACCOUNT
ABOUT
APR 01 2016 Blanket Cash

PIN: 928218506

METER READINGS

| | |
|---------------------|-----------|
| METER NO. | 002642964 |
| PRESENT (ACTUAL) | 025938 |
| PREVIOUS (ACTUAL) | 025265 |
| DIFFERENCE | 000673 |
| TOTAL KWH | 673 |
| PRESENT KW (ACTUAL) | 0017.17 |
| BASE KW | 17 |
| LOAD FACTOR | 5.7% |

YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED
FOR \$91.81 ON 03/23/16
PAYMENTS RECEIVED AS OF FEB 22 2016 125.25 THANK YOU

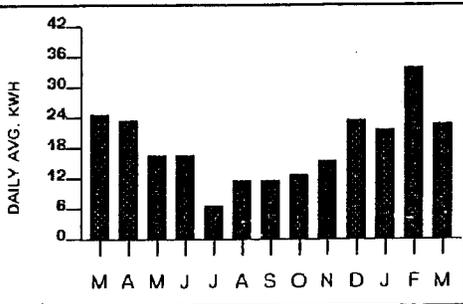
GS-1 060 GENERAL SERVICE - NON DEMAND SEC
BILLING PERIOD..02-01-16 TO 03-01-16 29 DAYS

| | | |
|-----------------|--------------------|-------|
| CUSTOMER CHARGE | | 11.59 |
| ENERGY CHARGE | 673 KWH @ 6.95200¢ | 46.79 |
| FUEL CHARGE | 673 KWH @ 3.64700¢ | 24.54 |

| | |
|-----------------------------------|-------|
| *TOTAL ELECTRIC COST | 82.92 |
| GROSS RECEIPTS TAX | 2.13 |
| STATE AND OTHER TAXES ON ELECTRIC | 6.76 |

TOTAL CURRENT BILL 91.81

TOTAL DUE THIS STATEMENT \$91.81



Duke Energy Florida filed a proposed rate reduction with the Florida Public Service Commission, to start with April 2016 billing. The reduction is due to lower projected natural gas prices. While the capacity, or purchased power, cost will increase slightly, the total rate will be lower. For additional information please visit: www.duke-energy.com/RateCut. If you have any questions, please call Customer Service at (800) 700-8744.

ENERGY USE

| | |
|-----------------------------|------------|
| DAILY AVG. USE - | 23 KWH/DAY |
| USE ONE YEAR AGO - | 25 KWH/DAY |
| *DAILY AVG. ELECTRIC COST - | \$2.86 |

BF_BL_DEF_20160301_233958_2.CSV-1558-000000997

MM 0001328 BILL # 2 OF 2 GRP 922

Duke Energy

ACCOUNT NUMBER - 23309 63287

001568 000000897

LP WATERWORKS INC
ATTN: AMY WILLIAMS
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652-3434

Entered:

COA Code: 615

Approved: 3-7-16

Paid: EFT 032316

Date: 3/23/16



STATEMENT OF ELECTRIC SERVICE



ACCOUNT NUMBER
88511 84193

MARCH 2016

FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:
1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:
1-800-228-8485

LP WATERWORKS INC
ATTN: AMY WILLIAMS
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652

SERVICE ADDRESS
1535 US HIGHWAY 27 S PUMP,
CAMPER CORRAL

DUE DATE TOTAL AMOUNT DUE
MAR 22 2016 217.13

NEXT READ DEPOSIT AMOUNT
DATE ON OR ON ACCOUNT
ABOUT APR 01 2016 Blanket Cash

PIN: 928218506

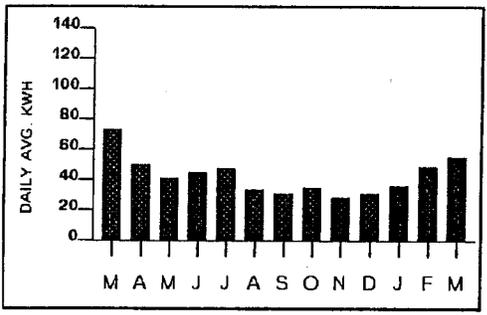
METER READINGS

| | |
|---------------------|-----------|
| METER NO. | 008626994 |
| PRESENT (ACTUAL) | 047844 |
| PREVIOUS (ACTUAL) | 046103 |
| DIFFERENCE | 001741 |
| PRESENT ONPEAK | 011831 |
| PREVIOUS ONPEAK | 011392 |
| DIFFERENCE ONPEAK | 000439 |
| TOTAL KWH | 1741 |
| ON PEAK KWH | 439 |
| PRESENT KW (ACTUAL) | 0036.55 |
| PRESENT PEAK KW | 0015.57 |
| BASE KW | 37 |
| ON-PEAK KW | 16 |
| LOAD FACTOR | 6.3% |

YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED
FOR \$217.13 ON 03/22/16
PAYMENTS RECEIVED AS OF FEB 19 2016 190.14 THANK YOU

| | |
|---|----------------------------|
| GS-1 060 GENERAL SERVICE - NON DEMAND SEC | |
| BILLING PERIOD..01-29-16 TO 02-29-16 | 31 DAYS |
| CUSTOMER CHARGE | 11.59 |
| ENERGY CHARGE | 1741 KWH @ 6.95200¢ 121.03 |
| FUEL CHARGE | 1741 KWH @ 3.64700¢ 63.49 |
| *TOTAL ELECTRIC COST | 196.11 |
| GROSS RECEIPTS TAX | 5.03 |
| STATE AND OTHER TAXES ON ELECTRIC | 15.99 |
| TOTAL CURRENT BILL | 217.13 |
| TOTAL DUE THIS STATEMENT | 217.13 |

Entered: [Signature] \$217.13
COA Code: 615
Approved: [Signature] 3-7-16
Paid: EFT 032216
Date: 3/22/16



Duke Energy Florida filed a proposed rate reduction with the Florida Public Service Commission, to start with April 2016 billing. The reduction is due to lower projected natural gas prices. While the capacity, or purchased power, cost will increase slightly, the total rate will be lower. For additional information please visit: www.duke-energy.com/RateCut. If you have any questions, please call Customer Service at (800) 700-8744.

| | |
|-----------------------------|------------|
| ENERGY USE | |
| DAILY AVG. USE - | 56 KWH/DAY |
| USE ONE YEAR AGO - | 74 KWH/DAY |
| *DAILY AVG. ELECTRIC COST - | \$6.33 |

3F_BL_DEF_20160229_221429_2.CSV-18323-000001015

ZP03 0006311

Duke Energy

ACCOUNT NUMBER - 88511 84193

018323 000001015

||||| LP WATERWORKS INC
ATTN: AMY WILLIAMS
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652-3434



STATEMENT OF ELECTRIC SERVICE



ACCOUNT NUMBER

88511 84193

FEBRUARY 2016

FOR CUSTOMER SERVICE OR PAYMENT LOCATIONS CALL: 1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE: 1-800-228-8485

LP WATERWORKS INC
ATTN: AMY WILLIAMS
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652

SERVICE ADDRESS
1535 US HIGHWAY 27 S PUMP,
CAMPER CORRAL

DUE DATE FEB 22 2016 TOTAL AMOUNT DUE 190.14

NEXT READ DATE ON OR ABOUT MAR 02 2016 DEPOSIT AMOUNT ON ACCOUNT Blanket Cash

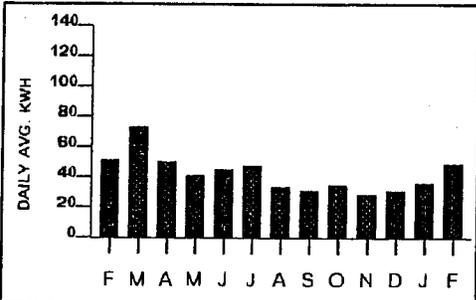
PIN: 928218506

METER READINGS

METER NO. 008626994
PRESENT (ACTUAL) 046103
PREVIOUS (ACTUAL) 044592
DIFFERENCE 001511
PRESENT ONPEAK 011392
PREVIOUS ONPEAK 011001
DIFFERENCE ONPEAK 000391
TOTAL KWH 1511
ON PEAK KWH 391
PRESENT KW (ACTUAL) 0017.55
PRESENT PEAK KW 0006.41
BASE KW 18
ON-PEAK KW 6
LOAD FACTOR 11.7%

YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED FOR \$190.14 ON 02/22/16
PAYMENTS RECEIVED AS OF JAN 20 2016 141.67 THANK YOU

Table with 2 columns: Description and Amount. Includes rows for GS-1 060 GENERAL SERVICE, BILLING PERIOD, CUSTOMER CHARGE, ENERGY CHARGE, FUEL CHARGE, TAXES, and TOTAL DUE THIS STATEMENT \$190.14.



Duke Energy Florida utilized fuel in the following proportions to generate your power: Coal 23%, Purchased Power 17%, Gas 60%, Oil 0%, Nuclear 0% (For Prior 12 months ending December 31, 2015).

Entered: [Signature]
COA Code: 615
Approved: @ 2-3-16
Paid: EFT 022216
Date: 2/22/16

ENERGY USE table: DAILY AVG. USE - 50 KWH/DAY, USE ONE YEAR AGO - 53 KWH/DAY, *DAILY AVG. ELECTRIC COST - \$5.72

BF_BL_DEF_20160129_220513_1.CSV-44540-000002572

ZP03 0004026

Duke Energy

ACCOUNT NUMBER - 88511 84193

044540 000002572

LP WATERWORKS INC
ATTN: AMY WILLIAMS
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652-3434



STATEMENT OF ELECTRIC SERVICE



ACCOUNT NUMBER
23309 63287

FEBRUARY 2016

FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:
1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:
1-800-228-8485

LP WATERWORKS INC
ATTN: AMY WILLIAMS
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652

SERVICE ADDRESS
234 SHORELINE DR,
CAMP FL WTR PLANT

DUE DATE TOTAL AMOUNT DUE
FEB 23 2016 125.25

NEXT READ DEPOSIT AMOUNT
DATE ON OR ON ACCOUNT
ABOUT
MAR 02 2016 Blanket Cash

PIN: 928218506

METER READINGS

METER NO. 002642964

PRESENT (ACTUAL) 025265

PREVIOUS (ESTIMATE) 024307

DIFFERENCE 000958

TOTAL KWH 958

PRESENT KW (ACTUAL) 0009.70

BASE KW 10

LOAD FACTOR 14.3%

YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED
FOR \$125.25 ON 02/23/16
PAYMENTS RECEIVED AS OF JAN 22 2016 101.67 THANK YOU

GS-1 060 GENERAL SERVICE - NON DEMAND SEC
BILLING PERIOD .01-04-16 TO 02-01-16 28 DAYS

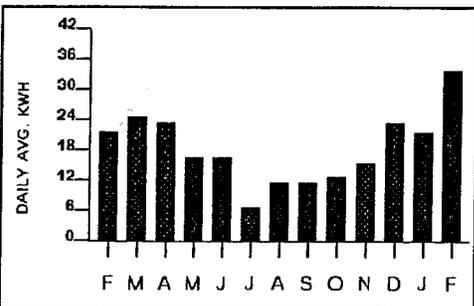
| | | |
|-----------------|--------------------|-------|
| CUSTOMER CHARGE | | 11.59 |
| ENERGY CHARGE | 958 KWH @ 6.95200¢ | 66.60 |
| FUEL CHARGE | 958 KWH @ 3.64700¢ | 34.94 |

| | |
|-----------------------------------|--------|
| *TOTAL ELECTRIC COST | 113.13 |
| GROSS RECEIPTS TAX | 2.90 |
| STATE AND OTHER TAXES ON ELECTRIC | 9.22 |

TOTAL CURRENT BILL 125.25

TOTAL DUE THIS STATEMENT \$125.25

Entered: 
COA Code: 615
Approved: e e 2-9-16
Paid: EFT 022316
Date: 2/23/16



ENERGY USE

DAILY AVG. USE - 34 KWH/DAY

USE ONE YEAR AGO - 22 KWH/DAY

*DAILY AVG. ELECTRIC COST - \$4.04

Duke Energy Florida utilized fuel in the following proportions to generate your power: Coal 23%, Purchased Power 17%, Gas 60%, Oil 0%, Nuclear 0% (For Prior 12 months ending December 31, 2015).

BF_BL_DEF_20160201_213807_2.CSV-562-000001189

MM 0001018 BILL # 2 OF 2 GRP 807

Duke Energy

ACCOUNT NUMBER - 23309 63287

000562 000001189



LP WATERWORKS INC
ATTN: AMY WILLIAMS
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652-3434



STATEMENT OF ELECTRIC SERVICE



ACCOUNT NUMBER
88511 84193

JANUARY 2016

FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:
1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:
1-800-228-8485

LP WATERWORKS INC
ATTN: AMY WILLIAMS
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652

SERVICE ADDRESS
1535 US HIGHWAY 27 S PUMP,
CAMPER CORRAL

DUE DATE TOTAL AMOUNT DUE
JAN 21 2016 141.67

NEXT READ DEPOSIT AMOUNT
DATE ON OR ON ACCOUNT
ABOUT
FEB 02 2016 Blanket Cash

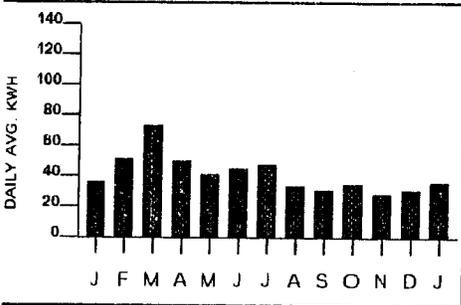
PH: 928218506

METER READINGS

| | |
|---------------------|-----------|
| METER NO. | 008626994 |
| PRESENT (ACTUAL) | 044592 |
| PREVIOUS (ACTUAL) | 043494 |
| DIFFERENCE | 001098 |
| PRESENT ONPEAK | 011001 |
| PREVIOUS ONPEAK | 010720 |
| DIFFERENCE ONPEAK | 000281 |
| TOTAL KWH | 1098 |
| ON PEAK KWH | 281 |
| PRESENT KW (ACTUAL) | 0010.24 |
| PRESENT PEAK KW | 0005.57 |
| BASE KW | 10 |
| ON-PEAK KW | 6 |
| LOAD FACTOR | 15.3% |

YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED
FOR \$141.67 ON 01/21/16
PAYMENTS RECEIVED AS OF DEC 21 2015 150.31 THANK YOU

| | |
|--|----------|
| GS-1 060 GENERAL SERVICE - NON DEMAND SEC | |
| BILLING PERIOD..11-30-15 TO 12-30-15 30 DAYS | |
| CUSTOMER CHARGE | 11.59 |
| ENERGY CHARGE 1098 KWH @ 6.95200¢ | 76.33 |
| FUEL CHARGE 1098 KWH @ 3.64700¢ | 40.04 |
| <hr/> | |
| *TOTAL ELECTRIC COST | 127.96 |
| GROSS RECEIPTS TAX | 3.28 |
| STATE AND OTHER TAXES ON ELECTRIC | 10.43 |
| <hr/> | |
| TOTAL CURRENT BILL | 141.67 |
| <hr/> | |
| TOTAL DUE THIS STATEMENT | \$141.67 |



ENERGY USE

DAILY AVG. USE - 37 KWH/DAY
 USE ONE YEAR AGO - 38 KWH/DAY
 *DAILY AVG. ELECTRIC COST - \$4.27

Entered: [Signature]
 COA Code: 615
 Approved: [Signature]
 Paid: EFT 012116
 Date: 1/21/16

Duke Energy

ACCOUNT NUMBER - 88511 84193

043878 000005038

LP WATERWORKS INC
 ATTN: AMY WILLIAMS
 4939 CROSS BAYOU BLVD
 NEW PORT RICHEY FL 34652-3434



STATEMENT OF ELECTRIC SERVICE



ACCOUNT NUMBER
23309 63287

JANUARY 2016

FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:
1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:
1-800-228-8485

LP WATERWORKS INC
ATTN: AMY WILLIAMS
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652

SERVICE ADDRESS
234 SHORELINE DR,
CAMP FL WTR PLANT

DUE DATE TOTAL AMOUNT DUE
JAN 25 2016 101.67

NEXT READ DEPOSIT AMOUNT
DATE ON OR ON ACCOUNT
ABOUT
FEB 02 2016 Blanket Cash

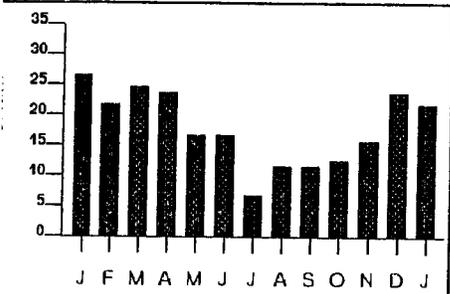
IN: 928218506

METER READINGS

| | |
|-----------------------|-----------|
| METER NO. | 002642964 |
| PRESENT (ESTIMATE) | 024307 |
| PREVIOUS (ACTUAL) | 023550 |
| DIFFERENCE | 000757 |
| TOTAL KWH | 757 |
| PRESENT KW (ESTIMATE) | 0008.18 |
| PREVIOUS KW | 8 |
| LOAD FACTOR | 11.6% |

YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED
FOR \$101.67 ON 01/25/16
PAYMENTS RECEIVED AS OF DEC 22 2015 100.44 THANK YOU

| | |
|---|--------------------------|
| GS-1 060 GENERAL SERVICE - NON DEMAND SEC | |
| BILLING PERIOD..12-01-15 TO 01-04-16 | 34 DAYS |
| CUSTOMER CHARGE | 11.59 |
| ENERGY CHARGE | 757 KWH @ 6.95200¢ 52.63 |
| FUEL CHARGE | 757 KWH @ 3.64700¢ 27.61 |
| *TOTAL ELECTRIC COST | 91.83 |
| GROSS RECEIPTS TAX | 2.35 |
| STATE AND OTHER TAXES ON ELECTRIC | 7.49 |
| TOTAL CURRENT BILL | 101.67 |
| TOTAL DUE THIS STATEMENT | \$101.67 |



ENERGY USE

DAILY AVG. USE - 22 KWH/DAY
 SAME ONE YEAR AGO - 27 KWH/DAY
 DAILY AVG. ELECTRIC COST - \$2.70

This bill for electric service covers an extended period of time.

Entered: [Signature]
 COA Code: 615
 Approved: @ @ 1-12-16
 Paid: EFT 012516
 Date: 1/25/16

BL_DEF_20151231_210455_2.CSV-568-000001155

Duke Energy

ACCOUNT NUMBER - 23309 63287

000568 000001155

LP WATERWORKS INC
 ATTN: AMY WILLIAMS
 4939 CROSS BAYOU BLVD
 NEW PORT RICHEY FL 34652-3434



STATEMENT OF ELECTRIC SERVICE



ACCOUNT NUMBER

23309 63287

DECEMBER 2015

FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:
1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:
1-800-228-8485

LP WATERWORKS INC
ATTN: AMY WILLIAMS
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652

SERVICE ADDRESS
234 SHORELINE DR,
CAMP FL WTR PLANT

DUE DATE TOTAL AMOUNT DUE
DEC 23 2015 100.44

NEXT READ DEPOSIT AMOUNT
DATE ON OR ON ACCOUNT
ABOUT
JAN 04 2016 Blanket Cash

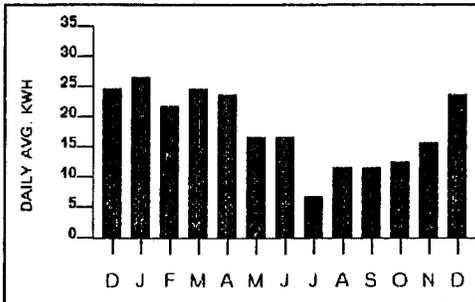
PIN: 928218506

METER READINGS

| | |
|---------------------|-----------|
| METER NO. | 002642964 |
| PRESENT (ACTUAL) | 023550 |
| PREVIOUS (ACTUAL) | 022856 |
| DIFFERENCE | 000694 |
| TOTAL KWH | 694 |
| PRESENT KW (ACTUAL) | 0008.18 |
| BASE KW | 8 |
| LOAD FACTOR | 12.5% |

YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED
FOR \$100.44 ON 12/23/15
PAYMENTS RECEIVED AS OF NOV 23 2015 78.73 THANK YOU

| | |
|---|--------------------------|
| GS-1 060 GENERAL SERVICE - NON DEMAND SEC | |
| BILLING PERIOD..11-02-15 TO 12-01-15 | 29 DAYS |
| CUSTOMER CHARGE | 11.59 |
| ENERGY CHARGE | 694 KWH @ 6.79700¢ 47.17 |
| FUEL CHARGE | 694 KWH @ 4.60500¢ 31.96 |
| *TOTAL ELECTRIC COST | 90.72 |
| GROSS RECEIPTS TAX | 2.33 |
| STATE AND OTHER TAXES ON ELECTRIC | 7.39 |
| TOTAL CURRENT BILL | 100.44 |
| TOTAL DUE THIS STATEMENT | \$100.44 |



ENERGY USE

DAILY AVG. USE - 24 KWH/DAY
 USE ONE YEAR AGO - 25 KWH/DAY
 *DAILY AVG. ELECTRIC COST - \$3.13

*OKO
COA #615
E 12-8-15*

Duke Energy will be closed on December 24 and 25, 2015 and January 1, 2016. You may visit duke-energy.com for self-service options. To report an outage, please call our outage line at 800.228.8485.

Entered: _____
 COA Code: _____
 Approved: _____
 Paid: EFT 122315
 Date: 12/23/15

Duke Energy

ACCOUNT NUMBER - 23309 63287

001642 000000923



LP WATERWORKS INC
ATTN: AMY WILLIAMS
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652-3434



STATEMENT OF ELECTRIC SERVICE

DECEMBER 2015



ACCOUNT NUMBER

88511 84193

FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:
1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:
1-800-228-8485

LP WATERWORKS INC
ATTN: AMY WILLIAMS
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652

SERVICE ADDRESS #2
1535 US HIGHWAY 27 S PUMP,
CAMPER CORRAL

DUE DATE TOTAL AMOUNT DUE
DEC 22 2015 150.31

NEXT READ DEPOSIT AMOUNT
DATE ON OR ON ACCOUNT
ABOUT
JAN 04 2016 Blanket Cash

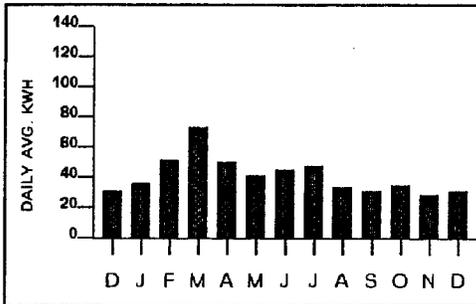
PIN: 928218506

METER READINGS

| | |
|---------------------|-----------|
| METER NO. | 008626994 |
| PRESENT (ACTUAL) | 043494 |
| PREVIOUS (ACTUAL) | 042405 |
| DIFFERENCE | 001089 |
| PRESENT ONPEAK | 010720 |
| PREVIOUS ONPEAK | 010460 |
| DIFFERENCE ONPEAK | 000260 |
| TOTAL KWH | 1089 |
| ON PEAK KWH | 260 |
| PRESENT KW (ACTUAL) | 0015.57 |
| PRESENT PEAK KW | 0007.39 |
| BASE KW | 16 |
| ON-PEAK KW | 7 |
| LOAD FACTOR | 8.6% |

YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED
FOR \$150.31 ON 12/22/15
PAYMENTS RECEIVED AS OF NOV 18 2015 123.17 THANK YOU

| | |
|--|----------|
| GS-1 060 GENERAL SERVICE - NON DEMAND SEC | |
| BILLING PERIOD..10-28-15 TO 11-30-15 33 DAYS | |
| CUSTOMER CHARGE | 11.59 |
| ENERGY CHARGE 1089 KWH @ 6.79700¢ | 74.02 |
| FUEL CHARGE 1089 KWH @ 4.60500¢ | 50.15 |
| <hr/> | |
| *TOTAL ELECTRIC COST | 135.76 |
| GROSS RECEIPTS TAX | 3.48 |
| STATE AND OTHER TAXES ON ELECTRIC | 11.07 |
| <hr/> | |
| TOTAL CURRENT BILL | 150.31 |
| <hr/> | |
| TOTAL DUE THIS STATEMENT | \$150.31 |



Duke Energy will be closed on December 24 and 25, 2015 and January 1, 2016. You may visit duke-energy.com for self-service options. To report an outage, please call our outage line at 800.228.8485.

Entered: [Signature]
 COA Code: 015
 Approved: @ e 12-8-15
 Paid: EFT 122215
 Date: 12/22/15

ENERGY USE
 DAILY AVG. USE - 33 KWH/DAY
 USE ONE YEAR AGO - 32 KWH/DAY
 *DAILY AVG. ELECTRIC COST - \$4.11

BF_BL_DEF_20151130_022134066_2.CSV-23090-000025459

ZP03 0007840

Duke Energy

ACCOUNT NUMBER - 88511 84193

023090 000025459



LP WATERWORKS INC
ATTN: AMY WILLIAMS
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652-3434



STATEMENT OF ELECTRIC SERVICE



ACCOUNT NUMBER

23309 63287

NOVEMBER 2015

FOR CUSTOMER SERVICE OR PAYMENT LOCATIONS CALL: 1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE: 1-800-228-8485

LP WATERWORKS INC
ATTN: AMY WILLIAMS
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652

SERVICE ADDRESS
234 SHORELINE DR,
CAMP FL WTR PLANT

DUE DATE NOV 24 2015 TOTAL AMOUNT DUE 78.73

NEXT READ DATE ON OR ABOUT DEC 02 2015 DEPOSIT AMOUNT ON ACCOUNT Blanket Cash

PIN: 928218506

METER READINGS

METER NO. 002642964
PRESENT (ACTUAL) 022856
PREVIOUS (ACTUAL) 022334
DIFFERENCE 000522
TOTAL KWH 522
PRESENT KW (ACTUAL) 0007.62
BASE KW 8
LOAD FACTOR 8.2%

YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED FOR \$78.73 ON 11/24/15
PAYMENTS RECEIVED AS OF OCT 21 2015 62.21 THANK YOU

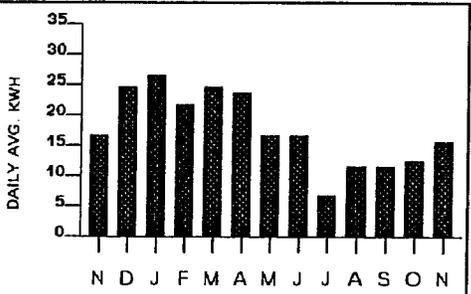
GS-1 060 GENERAL SERVICE - NON DEMAND SEC
BILLING PERIOD..09-30-15 TO 11-02-15 33 DAYS
CUSTOMER CHARGE 11.59
ENERGY CHARGE 522 KWH @ 6.79700¢ 35.48
FUEL CHARGE 522 KWH @ 4.60500¢ 24.04

*TOTAL ELECTRIC COST 71.11
GROSS RECEIPTS TAX 1.82
STATE AND OTHER TAXES ON ELECTRIC 5.80

TOTAL CURRENT BILL 78.73

TOTAL DUE THIS STATEMENT \$78.73

Entered: [Signature]
COA Code: 0615
Approved: OKO 11-10-15
Paid: EFT 112415
Date: 11/24/15



Duke Energy Florida utilized fuel in the following proportions to generate your power: Coal 26%, Purchased Power 17%, Gas 57%, Oil 0%, Nuclear 0% (For Prior 12 months ending September 30, 2015). Duke Energy will be closed on November 26 and 27, 2015. You may visit duke-energy.com for self-service options. To report an outage, please call our outage line at 800.228.8485.

ENERGY USE

DAILY AVG. USE - 16 KWH/DAY
USE ONE YEAR AGO - 17 KWH/DAY
*DAILY AVG. ELECTRIC COST - \$2.15

Duke Energy

ACCOUNT NUMBER - 23309 63287

001900 000000753

LP WATERWORKS INC
ATTN: AMY WILLIAMS
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652-3434



STATEMENT OF ELECTRIC SERVICE



ACCOUNT NUMBER

88511 84193

NOVEMBER 2015

FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:
1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:
1-800-228-8485

LP WATERWORKS INC
ATTN: AMY WILLIAMS
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652

SERVICE ADDRESS
1535 US HIGHWAY 27 S PUMP, ^{WTP}
CAMPER CORRAL #2

DUE DATE NOV 19 2015 TOTAL AMOUNT DUE 123.17

NEXT READ DATE ON OR ABOUT DEC 02 2015 DEPOSIT AMOUNT ON ACCOUNT Blanket Cash

PIN: 928218506

METER READINGS

| | |
|---------------------|-----------|
| METER NO. | 008626994 |
| PRESENT (ACTUAL) | 042405 |
| PREVIOUS (ACTUAL) | 041531 |
| DIFFERENCE | 000874 |
| PRESENT ONPEAK | 010460 |
| PREVIOUS ONPEAK | 010209 |
| DIFFERENCE ONPEAK | 000251 |
| TOTAL KWH | 874 |
| ON PEAK KWH | 251 |
| PRESENT KW (ACTUAL) | 0006.44 |
| PRESENT PEAK KW | 0003.35 |
| BASE KW | 6 |
| ON-PEAK KW | 3 |
| LOAD FACTOR | 20.9% |

YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED FOR \$123.17 ON 11/19/15
PAYMENTS RECEIVED AS OF OCT 20 2015 157.26 THANK YOU

| | |
|--|-------|
| GS-1 060 GENERAL SERVICE - NON DEMAND SEC | |
| BILLING PERIOD..09-29-15 TO 10-28-15 29 DAYS | |
| CUSTOMER CHARGE | 11.59 |
| ENERGY CHARGE 874 KWH @ 6.79700¢ | 59.41 |
| FUEL CHARGE 874 KWH @ 4.60500¢ | 40.25 |

| | |
|-----------------------------------|--------|
| *TOTAL ELECTRIC COST | 111.25 |
| GROSS RECEIPTS TAX | 2.85 |
| STATE AND OTHER TAXES ON ELECTRIC | 9.07 |

TOTAL CURRENT BILL 123.17

TOTAL DUE THIS STATEMENT \$123.17

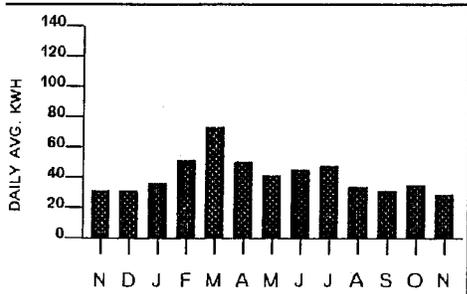
Entered: [Signature]

COA Code: 615

Approved: [Signature] @ 11-19-15

Paid: EFT 11/19/15

Date: 11/19/15



Duke Energy Florida utilized fuel in the following proportions to generate your power: Coal 26%, Purchased Power 17%, Gas 57%, Oil 0%, Nuclear 0% (For Prior 12 months ending September 30, 2015). Duke Energy will be closed on November 26 and 27, 2015. You may visit duke-energy.com for self-service options. To report an outage, please call our outage line at 800.228.8485.

ENERGY USE

| | |
|-----------------------------|------------|
| DAILY AVG. USE - | 30 KWH/DAY |
| USE ONE YEAR AGO - | 32 KWH/DAY |
| *DAILY AVG. ELECTRIC COST - | \$3.84 |

_BL_DEF_20151028_2127291db_1.CSV-41801-000002021

ZP03 0004093

Duke Energy

ACCOUNT NUMBER - 88511 84193

041801 000002021

LP WATERWORKS INC
ATTN: AMY WILLIAMS
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652-3434



STATEMENT OF ELECTRIC SERVICE



ACCOUNT NUMBER

88511 84193

OCTOBER 2015

FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:
1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:
1-800-228-8485

LP WATERWORKS INC
ATTN: AMY WILLIAMS
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652

SERVICE ADDRESS
1535 US HIGHWAY 27 S PUMP
CAMPER CORRAL

DUE DATE
OCT 21 2015

TOTAL AMOUNT DUE
157.26

NEXT READ
DATE ON OR
ABOUT
OCT 30 2015

DEPOSIT AMOUNT
ON ACCOUNT

Blanket Cash

PIN: 928218506

METER READINGS

| | |
|---------------------|-----------|
| METER NO. | 008626994 |
| PRESENT (ACTUAL) | 041531 |
| PREVIOUS (ACTUAL) | 040387 |
| DIFFERENCE | 001144 |
| PRESENT ONPEAK | 010209 |
| PREVIOUS ONPEAK | 009910 |
| DIFFERENCE ONPEAK | 000299 |
| TOTAL KWH | 1144 |
| ON PEAK KWH | 299 |
| PRESENT KW (ACTUAL) | 0006.46 |
| PRESENT PEAK KW | 0004.74 |
| BASE KW | 6 |
| ON-PEAK KW | 5 |
| LOAD FACTOR | 24.8% |

YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED
FOR \$157.26 ON 10/21/15

PAYMENTS RECEIVED AS OF SEP 18 2015

131.26 THANK YOU

GS-1 060 GENERAL SERVICE - NON DEMAND SEC

BILLING PERIOD .08-28-15 TO 09-29-15 32 DAYS

| | |
|-----------------|---------------------------|
| CUSTOMER CHARGE | 11.59 |
| ENERGY CHARGE | 1144 KWH @ 6.79700¢ 77.76 |
| FUEL CHARGE | 1144 KWH @ 4.60500¢ 52.68 |

*TOTAL ELECTRIC COST

142.03

GROSS RECEIPTS TAX

3.64

STATE AND OTHER TAXES ON ELECTRIC

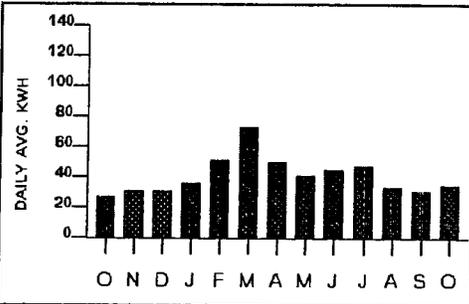
11.59

TOTAL CURRENT BILL

157.26

TOTAL DUE THIS STATEMENT

\$157.26



Duke Energy Florida, Inc. has converted to Duke Energy Florida, LLC d/b/a Duke Energy. The conversion will not impact Duke Energy Florida customers, rates or operations.

Duke Energy offers a free on-site energy efficiency assessment to help your business save money and energy. This no cost Business Energy Check includes information on how to easily obtain rebate incentives for the installation of preapproved recommended measures. For more information, visit us at duke-energy.com/FLbusiness, or call 877.372.8477.

Stay in the know. Get power outage notifications by text or voice message. Enroll now at duke-energy.com/OutageAlerts. For residential and small business customers only.

ENERGY USE

DAILY AVG. USE - 36 KWH/DAY
 USE ONE YEAR AGO - 28 KWH/DAY
 *DAILY AVG. ELECTRIC COST - \$4.44

BF_BL_DEF_20150929_220122133_1.CSV-44034-000005423

ZP03 0005329

Duke Energy

ACCOUNT NUMBER - 88511 84193

044034 000005423

|||||
 LP WATERWORKS INC
 ATTN: AMY WILLIAMS
 4939 CROSS BAYOU BLVD
 NEW PORT RICHEY FL 34652-3434

Entered: [Signature]
 COA Code: J615
 Approved: @ 10-12-15
 Paid: EFT 102115
 Date: 10/21/15



STATEMENT OF ELECTRIC SERVICE



ACCOUNT NUMBER 23309 63287

OCTOBER 2015

FOR CUSTOMER SERVICE OR PAYMENT LOCATIONS CALL: 1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE: 1-800-228-8485

LP WATERWORKS INC ATTN: AMY WILLIAMS 4939 CROSS BAYOU BLVD NEW PORT RICHEY FL 34652

SERVICE ADDRESS 234 SHORELINE DR, CAMP FL WTR PLANT

DUE DATE OCT 22 2015 TOTAL AMOUNT DUE 62.21

NEXT READ DATE ON OR ABOUT OCT 30 2015 DEPOSIT AMOUNT ON ACCOUNT Blanket Cash

PIN: 928218506

METER READINGS

METER NO. 002642964 PRESENT (ACTUAL) 022334 PREVIOUS (ACTUAL) 021943 DIFFERENCE 000391 TOTAL KWH 391 PRESENT KW (ACTUAL) 0007.90 BASE KW 8 LOAD FACTOR 6.8%

YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED FOR \$62.21 ON 10/22/15 PAYMENTS RECEIVED AS OF SEP 21 2015 62.08 THANK YOU

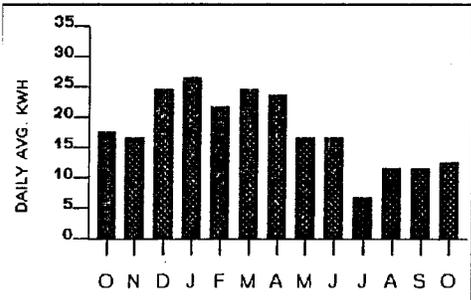
GS-1 060 GENERAL SERVICE - NON DEMAND SEC BILLING PERIOD..08-31-15 TO 09-30-15 30 DAYS CUSTOMER CHARGE 11.59 ENERGY CHARGE 391 KWH @ 6.79700¢ 26.58 FUEL CHARGE 391 KWH @ 4.60500¢ 18.01

*TOTAL ELECTRIC COST 56.18 GROSS RECEIPTS TAX 1.44 STATE AND OTHER TAXES ON ELECTRIC 4.59

TOTAL CURRENT BILL 62.21

TOTAL DUE THIS STATEMENT

Entered: [Signature] \$62.21 COA Code: 615 Approved: [Signature] Paid: EFT 10/22/15 Date: 10/22/15



ENERGY USE

DAILY AVG. USE - 13 KWH/DAY USE ONE YEAR AGO - 18 KWH/DAY *DAILY AVG. ELECTRIC COST - \$1.87

Duke Energy Florida, Inc. has converted to Duke Energy Florida, LLC d/b/a Duke Energy. The conversion will not impact Duke Energy Florida customers, rates or operations.

Duke Energy offers a free on-site energy efficiency assessment to help your business save money and energy. This no cost Business Energy Check includes information on how to easily obtain rebate incentives for the installation of preapproved recommended measures. For more information, visit us at duke-energy.com/FLbusiness, or call 877.372.8477.

Stay in the know. Get power outage notifications by text or voice message. Enroll now at duke-energy.com/OutageAlerts. For residential and small business customers only.

Duke Energy

ACCOUNT NUMBER - 23309 63287

001504 000000879



LP WATERWORKS INC ATTN: AMY WILLIAMS 4939 CROSS BAYOU BLVD NEW PORT RICHEY FL 34652-3434



STATEMENT OF ELECTRIC SERVICE



ACCOUNT NUMBER
23309 63287

SEPTEMBER 2015

FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:
1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:
1-800-228-8485

LP WATERWORKS INC
ATTN: AMY WILLIAMS
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652

SERVICE ADDRESS
234 SHORELINE DR,
CAMP FL WTR PLANT

DUE DATE TOTAL AMOUNT DUE
SEP 22 2015 62.08

NEXT READ DEPOSIT AMOUNT
DATE ON OR ON ACCOUNT
ABOUT
OCT 01 2015 Blanket Cash

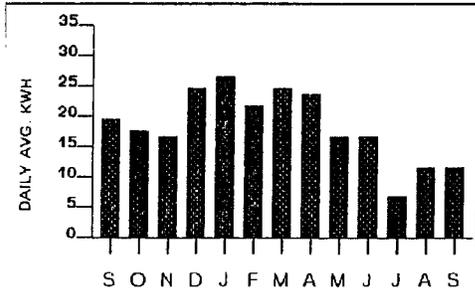
PIN: 928218506

METER READINGS

| | |
|---------------------|-----------|
| METER NO. | 002642964 |
| PRESENT (ACTUAL) | 021943 |
| PREVIOUS (ACTUAL) | 021553 |
| DIFFERENCE | 000390 |
| TOTAL KWH | 390 |
| PRESENT KW (ACTUAL) | 0005.73 |
| BASE KW | 6 |
| LOAD FACTOR | 8.5% |

YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED
FOR \$62.08 ON 09/22/15
PAYMENTS RECEIVED AS OF AUG 20 2015 58.16 THANK YOU

| | |
|---|--------------------------|
| GS-1 060 GENERAL SERVICE - NON DEMAND SEC | |
| BILLING PERIOD..07-30-15 TO 08-31-15 | 32 DAYS |
| CUSTOMER CHARGE | 11.59 |
| ENERGY CHARGE | 390 KWH @ 6.79700¢ 26.51 |
| FUEL CHARGE | 390 KWH @ 4.60500¢ 17.96 |
| *TOTAL ELECTRIC COST | 56.06 |
| GROSS RECEIPTS TAX | 1.44 |
| STATE AND OTHER TAXES ON ELECTRIC | 4.58 |
| TOTAL CURRENT BILL | 62.08 |
| TOTAL DUE THIS STATEMENT | \$62.08 |



To help us repair malfunctioning streetlights, quickly: 1. Call us at 1.800.228.8485 or visit duke-energy.com/lightrepair 2. Provide us with the light 's location and your contact information. 3. Specific addresses, landmarks and directions work best.

Entered: _____
 COA Code: 615
 Approved: @ @ 9-9-15
 Paid: EFT 092215
 Date: 9/22/15

ENERGY USE

| | |
|-----------------------------|------------|
| DAILY AVG. USE - | 12 KWH/DAY |
| USE ONE YEAR AGO - | 20 KWH/DAY |
| *DAILY AVG. ELECTRIC COST - | \$1.75 |

IF_BL_DEF_20150831_220032096_2.CSV-1631-000000971

MM 0001354 BILL # 2 OF 2 GRP 965

Duke Energy

ACCOUNT NUMBER - 23309 63287

001631 000000971



LP WATERWORKS INC
ATTN: AMY WILLIAMS
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652-3434

LP WATERWORKS
ACCOUNT 618
WATER CHEMICALS

U.S. Water[®]

Services Corporation

4939 Cross Bayou Blvd.
New Port Richey, FL 34652

Invoice

| | |
|-----------|-----------|
| Invoice # | 832732 |
| Date | 7/12/2016 |
| Due Date | 8/11/2016 |
| Account # | 2554 |
| P.O. No. | |

| |
|---|
| Bill To |
| LP Waterworks Attn: Joe Gabay 4939 Cross Bayou Boulevard New Port Richey, FL 34652 |

All service pricing anticipates payment by Check or ACH. Due to additional costs incurred, services paid by credit card will require an additional "pass through" 3% processing fee in order to be accepted.

| |
|--------------------------------|
| Project |
| 2554-46 Chlorine Tabs for WWTP |

| Date | Description | Qty or Hrs | Unit | Rate | Amount |
|----------|--|------------|------|--------|--------|
| 7/5/2016 | Chlorine Tablets for WWTP. Chlorine Tablets | 1 | LS | 149.96 | 149.96 |

OK
COA # 618
7-12-16

Entered: _____
COA Code: _____
Approved: _____
Paid: _____
Date: _____

ck # 1261
8/18/16

| | |
|--------------|----------|
| Total | \$149.96 |
|--------------|----------|

| | |
|-------------------------|--------|
| Payments/Credits | \$0.00 |
|-------------------------|--------|

| | |
|--------------------|----------|
| Balance Due | \$149.96 |
|--------------------|----------|

| | |
|---------------|--------------------------|
| Phone # | Email Contact |
| 7278488292285 | mvinyard@uswatercorp.net |



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

INVOICE

| | | |
|-------------------------|-----------------|----|
| Total Invoice | \$360.00 | |
| Invoice Number/Type | 3910593 | RI |
| Invoice Date | 6/30/16 | |
| Sales Order Number/Type | 2121343 | SO |
| Branch Plant | 75 | |
| Shipment Number | 1983044 | |

Sold To: 292087
US Water Services - Attn: Joe Gabay
4939 Cross Bayou Blvd
New Port Richey FL 34652

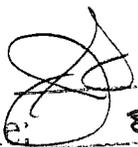
Ship To: 310255
US Water Services - Attn: Joe Gabay
Camp Florida Resort
100 Shoreline Drive
Lake Placid FL 33852

| Net Due Date | Terms | FOB Description | Ship Via | Customer P.O.# | P.O. Release | Sales Agent # |
|--------------|--------|-----------------|----------|----------------|--------------|---------------|
| 7/30/16 | Net 30 | PPD Origin | Hawkins | | | B75 |

| Line # | Item Number Cust Item # | Item Name/ Description | Tax | Qty Shipped | Trans UOM | Unit Price | Price UOM | Weight Net/Gross | Extended Price |
|--------|----------------------------|---------------------------|-----|----------------|--------------|---------------|--------------|---------------------|-------------------|
| 1.000 | 44000 | Chlorine (EPA-Regulated) | N | 3.0000 | CY | \$120.0000 | CY | 450.0 LB | \$360.00 |
| | | 150 LB CYL | | 3.0000 | CY | | | 816.0 GW | |

Lot/SN: 6785-1

Lot Expiration Date 9/21/25

Entered: COA Code:  618Approved:  7-11-16

Paid: _____

Date: _____

Page 1 of 1

Tax Rate
0 %Sales Tax
\$0.00

Invoice Total

\$360.00

No Discounts on Freight or Containers

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

Please
Remit To:

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

This contractor and subcontractor shall abide by the requirements of 41 CFR §560-1.4(a), 60-300.5(a) and 60-741.5(a). These regulations prohibit discrimination against qualified individuals based on their status as protected veterans or individuals with disabilities, and prohibit discrimination against all individuals based on their race, color, religion, sex, or national origin. Moreover, these regulations require that covered prime contractors and subcontractors take affirmative action to employ and advance in employment individuals without regard to race, color, religion, sex, national origin, protected veteran status or disability.



Invoice
361142

Hawkins, Inc. d/b/a Dumont Co
2263 Clark Street
Apopka, FL 32703

Invoice Date:
Nov 12, 2015

(800) 330-1369 - 24 HOUR CUSTOMER SERVICE
FAX: (800) 524-9315

Page: 1

Sold To:
Covered Bridge/DBA
HC Waterworks Inc
4939 Cross Bayou Blvd
New Port Richey, FL 34652

Ship to:
175560-1
Covered Bridge/DBA
118 Hillcrest St
Lake Placid, FL 33852
Sunbelt

| Customer ID | | Customer PO | | Payment Terms | |
|--------------|-----------|---|----------------------|---------------------|----------|
| 175560-1 | | | | Net 30 Days | |
| Sales Rep ID | | Shipping Method | | Ship Date | Due Date |
| | | Our Truck | | 11/12/15 | 12/12/15 |
| Quantity | Item | Description | Unit Price | Extension | |
| 268.00 | IND813939 | UNI1791, Hypochlorite Solutions, 8, PG III Sodium Hypochlorite 12.5% - BULK GL DOT SP-12412 | 1.050 | 281.40 | |
| | | | <i>HCWW # 704-01</i> | | |
| 2.00 | SPC813937 | 3 In Pool Stabilizer Tabs 50PL | 140.000 | 280.00 | |
| | | <i>LPWW # 2554-02 \$1,400</i> | | | |
| | | <i>HCWW # 704-02 \$140</i> | | | |
| | | EMERGENCY | | | |
| | | Entered: <i>[Signature]</i> | | | |
| | | COA Code: <i>618</i> | <i>\$281.40</i> | <i>715 \$280.00</i> | |
| | | Approved: <i>[Signature]</i> | <i>11-23-15</i> | | |
| | | Paid: _____ | | | |
| | | Date: _____ | | | |

NOTICE

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction.

| | |
|--------------|------------------|
| Subtotal | 561.40 |
| Sales Tax | 39.30 |
| Freight | |
| TOTAL | 600.70 |

EMERGENCY RESPONSE: (800) 330-1369

A & D Water Systems Inc. - Bulk Location

1530 Nw 25th Dr
Okeechobee, FL 34972-2045

Sales Invoice

Invoice ID: 35744-1
Customer ID: 777
Employee ID: Emcnitt
Ordered: 11/11/2015
Invoiced: 11/11/2015
Due: 12/11/2015

LP Water Works, Inc./ Camp FL
Attn: Joseph Gabay
4939 Cross Bayou Blvd.
New Port Richey, FL 34652

Ship To

LP Water Works, Inc./ Camp FL
Attn: Joseph Gabay
4939 Cross Bayou Blvd.
New Port Richey, FL 34652

| Qty | Item | Unit Price | Total |
|-----|-------------------------------------|------------|----------|
| 4 | 701A - Chlorine Gas Cylinders 150lb | \$116.75 | \$467.00 |
| 1 | 999 - Delivery Charge | \$25.00 | \$25.00 |

Payments

Terms: Net 30 Days

11/11/2015 No Activity to Date. \$0.00

| | |
|-------------|----------|
| Sub Total | \$492.00 |
| Taxes | \$32.69 |
| Total | \$524.69 |
| Payments | \$0.00 |
| Balance Due | \$524.69 |

Comments

cyl. delivered- 18880, 150052, 28937, 490449
cyl. p/u- 5344, 24075, 34480, 14501

Terms And Conditions

In the event of delinquency the above client will be responsible for any collection cost, court cost, filing cost, filing fees, interest cost, and any applicable attorney fees per the state of Florida.

CHECK US OUT ON THE WEB WWW.ADWATERSYSTEMS.COM

Please make sure to call ahead 1-2 days for normal deliveries. Your delivery date is _____. For special orders, we ask you to give us at least a week. Thank you for your business and understanding!

Entered: _____

COA Code: 615

Approved: Q e 11-17-15

! _____

" _____

1530 Nw 25th Dr, Okeechobee, FL 349722045, (863) 467-7700, Fax: (863) 467-7074, admin@adwatersystems.com

Thursday, November 12, 2015, 8:48:36 AM By emcnitt

Accepted _____ Date _____

Received By _____ Date _____



LP WATERWORKS

ACCOUNT 636

OUTSIDE SERVICES – CONTRACTUAL SERVICES

U.S. WATER SERVICES

U.S. Water[®] Services Corporation

4939 Cross Bayou Blvd.
New Port Richey, FL 34652

Invoice

| | |
|-----------|-----------|
| Invoice # | 833260 |
| Date | 8/1/2016 |
| Due Date | 8/31/2016 |
| Account # | 2554 |
| P.O. No. | |

| |
|---|
| Bill To |
| LP Waterworks Attn: Joe Gabay 4939 Cross Bayou Boulevard New Port Richey, FL 34652 |

All service pricing anticipates payment by Check or ACH. Due to additional costs incurred, services paid by credit card will require an additional "pass through" 3% processing fee in order to be accepted.

| |
|---|
| Project |
| 2554-01 Monthly Wtr Contract Operations |

| Date | Description | Qty or Hrs | Unit | Rate | Amount |
|----------|---|------------|------|----------|----------|
| 8/1/2016 | Water System - Utility Operating Services: Monthly Contract Operations Annual Contract Value Reset 06/01/13 - \$78,344.82 Monthly Value - \$6,633.18 | 1 | Mo | 6,633.18 | 6,633.18 |

Entered: 
 COA Code: 636
 Approved:  8-11-16
 Paid: ck# 1261
 Date: 8/18/16

Thank you for the opportunity to provide our services. Please remit payment to the above address.

Total \$6,633.18

Payments/Credits \$0.00

Balance Due \$6,633.18

| | |
|---------------|--------------------------|
| Phone # | Email Contact |
| 7278488292285 | mvinyard@uswatercorp.net |

U.S. Water[®] Services Corporation

4939 Cross Bayou Blvd.
New Port Richey, FL 34652

Invoice

| | |
|-----------|-----------|
| Invoice # | 831693 |
| Date | 7/1/2016 |
| Due Date | 7/31/2016 |
| Account # | 2554 |
| P.O. No. | |

| |
|---|
| Bill To |
| LP Waterworks Attn: Joe Gabay 4939 Cross Bayou Boulevard New Port Richey, FL 34652 |

All service pricing anticipates payment by Check or ACH. Due to additional costs incurred, services paid by credit card will require an additional "pass through" 3% processing fee in order to be accepted.

| |
|---|
| Project |
| 2554-01 Monthly Wtr Contract Operations |

| Date | Description | Qty or Hrs | Unit | Rate | Amount |
|----------|---|------------|------|----------|----------|
| 7/1/2016 | Water System - Utility Operating Services: Monthly Contract Operations Annual Contract Value Reset 06/01/13 - \$78,344.82 Monthly Value - \$6,633.18 | 1 | Mo | 6,633.18 | 6,633.18 |

Entered: [Signature]
COA Code: 636
Approved: [Signature] 7-1-2016
Paid: _____
Date: _____

| | | |
|---|-------------------------|------------|
| Thank you for the opportunity to provide our services. Please remit payment to the above address. | Total | \$6,633.18 |
| | Payments/Credits | \$0.00 |
| | Balance Due | \$6,633.18 |

| | |
|---------------|--------------------------|
| Phone # | Email Contact |
| 7278488292285 | mvinyard@uswatercorp.net |

Est. Amt.

Balance 1,096.75

6,633.18

U.S. Water Services Corporation

4939 Cross Bayou Blvd.
New Port Richey, FL 34652

Invoice

| | |
|-----------|----------|
| Invoice # | 830074 |
| Date | 6/1/2016 |
| Due Date | 7/1/2016 |
| Account # | 2554 |
| P.O. No. | |

| |
|---|
| Bill To |
| LP Waterworks Attn: Joe Gabay 4939 Cross Bayou Boulevard New Port Richey, FL 34652 |

All service pricing anticipates payment by Check or ACH. Due to additional costs incurred, services paid by credit card will require an additional "pass through" 3% processing fee in order to be accepted.

| |
|---|
| Project |
| 2554-01 Monthly Wtr Contract Operations |

| Date | Description | Qty or Hrs | Unit | Rate | Amount |
|----------|---|------------|------|-------------------------|------------|
| 6/1/2016 | Water System - Utility Operating Services: Monthly Contract Operations Annual Contract Value Reset 06/01/13 - \$78,344.82 Monthly Value - \$6,633.18 | 1 | Mo | 6,633.18 | 6,633.18 |
| | | | | Total | \$6,633.18 |
| | | | | Payments/Credits | \$0.00 |
| | | | | Balance Due | \$6,633.18 |

Entered: _____
 COA Code: 636
 Approved: _____ @ 6-6-16
 Paid: _____
 Date: _____

Thank you for the opportunity to provide our services. Please remit payment to the above address.

| | |
|---------------|--------------------------|
| Phone # | Email Contact |
| 7278488292285 | mvinyard@uswatercorp.net |

U.S. Water[®] Services Corporation

4939 Cross Bayou Blvd.
New Port Richey, FL 34652

Invoice

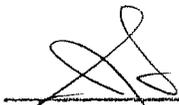
| | |
|-----------|-----------|
| Invoice # | 828590 |
| Date | 5/1/2016 |
| Due Date | 5/31/2016 |
| Account # | 2554 |
| P.O. No. | |

| |
|---|
| Bill To |
| LP Waterworks Attn: Joe Gabay 4939 Cross Bayou Boulevard New Port Richey, FL 34652 |

All service pricing anticipates payment by Check or ACH. Due to additional costs incurred, services paid by credit card will require an additional "pass through" 3% processing fee in order to be accepted.

| |
|---|
| Project |
| 2554-01 Monthly Wtr Contract Operations |

| Date | Description | Qty or Hrs | Unit | Rate | Amount |
|----------|---|------------|------|----------|----------|
| 5/1/2016 | Water System - Utility Operating Services: Monthly Contract Operations Annual Contract Value Reset 06/01/13 - \$78,344.82 Monthly Value - \$6,633.18 | 1 | Mo | 6,633.18 | 6,633.18 |

Entered: 
 COA Code: 636
 Approved: @ 05-5-16
 Paid: _____
 Date: _____

| | | |
|---|-------------------------|------------|
| Thank you for the opportunity to provide our services. Please remit payment to the above address. | Total | \$6,633.18 |
| | Payments/Credits | \$0.00 |
| | Balance Due | \$6,633.18 |

| | |
|---------------|--------------------------|
| Phone # | Email Contact |
| 7278488292285 | mvinyard@uswatercorp.net |

U.S. Water[®] Services Corporation

4939 Cross Bayou Blvd.
New Port Richey, FL 34652

Invoice

| | |
|-----------|-----------|
| Invoice # | 825696 |
| Date | 4/1/2016 |
| Due Date | 4/30/2016 |
| Account # | 2554 |
| P.O. No. | |

| |
|---|
| Bill To |
| LP Waterworks Attn: Joe Gabay 4939 Cross Bayou Boulevard New Port Richey, FL 34652 |

All service pricing anticipates payment by Check or ACH. Due to additional costs incurred, services paid by credit card will require an additional "pass through" 3% processing fee in order to be accepted.

| |
|---|
| Project |
| 2554-01 Monthly Wtr Contract Operations |

| Date | Description | Qty or Hrs | Unit | Rate | Amount |
|----------|---|------------|------|----------|----------|
| 4/1/2016 | Water System - Utility Operating Services: Monthly Contract Operations Annual Contract Value Reset 06/01/13 - \$78,344.82 Monthly Value - \$6,633.18 | 1 | Mo | 6,633.18 | 6,633.18 |

Entered: 
COA Code: 634
Approved: @ 04-7-16
Paid: _____
Date: _____

Thank you for the opportunity to provide our services. Please remit payment to the above address.

Total \$6,633.18

Payments/Credits \$0.00

Balance Due \$6,633.18

| | |
|---------------|--------------------------|
| Phone # | Email Contact |
| 7278488292285 | mvinyard@uswatercorp.net |

U.S. Water[®] Services Corporation

4939 Cross Bayou Blvd.
New Port Richey, FL 34652

Invoice

| | |
|-----------|-----------|
| Invoice # | 825211 |
| Date | 3/1/2016 |
| Due Date | 3/31/2016 |
| Account # | 2554 |
| P.O. No. | |

| |
|---|
| Bill To |
| LP Waterworks Attn: Joe Gabay 4939 Cross Bayou Boulevard New Port Richey, FL 34652 |

All service pricing anticipates payment by Check or ACH. Due to additional costs incurred, services paid by credit card will require an additional "pass through" 3% processing fee in order to be accepted.

| |
|---|
| Project |
| 2554-01 Monthly Wtr Contract Operations |

| Date | Description | Qty or Hrs | Unit | Rate | Amount |
|----------|---|------------|------|----------|----------|
| 3/1/2016 | Water System - Utility Operating Services: Monthly Contract Operations Annual Contract Value Reset 06/01/13 - \$78,344.82 Monthly Value - \$6,633.18 | 1 | Mo | 6,633.18 | 6,633.18 |

Entered: [Signature]
COA Code: 636
Approved: @ 3-3-16
Paid: _____
Date: _____

Thank you for the opportunity to provide our services. Please remit payment to the above address.

Total \$6,633.18

Payments/Credits \$0.00

Balance Due \$6,633.18

| | |
|---------------|--------------------------|
| Phone # | Email Contact |
| 7278488292285 | mvinyard@uswatercorp.net |

S. Water[®]

Services Corporation

4939 Cross Bayou Blvd.
New Port Richey, FL 34652

Invoice

| | |
|-----------|----------|
| Invoice # | 823777 |
| Date | 2/1/2016 |
| Due Date | 3/2/2016 |
| Account # | 2554 |
| P.O. No. | |

| |
|---|
| Bill To |
| LP Waterworks Attn: Joe Gabay 4939 Cross Bayou Boulevard New Port Richey, FL 34652 |

All service pricing anticipates payment by Check or ACH. Due to additional costs incurred, services paid by credit card will require an additional "pass through" 3% processing fee in order to be accepted.

| |
|---|
| Project |
| 2554-01 Monthly Wtr Contract Operations |

| Date | Description | Qty or Hrs | Unit | Rate | Amount |
|----------|---|------------|------|----------|----------|
| 2/1/2016 | Water System - Utility Operating Services: Monthly Contract Operations Annual Contract Value Reset 06/01/13 - \$78,344.82 Monthly Value - \$6,633.18 | 1 | Mo | 6,633.18 | 6,633.18 |

Entered: [Signature]
COA Code: 636
Approved: [Signature]
Paid: _____
Date: _____

| | | | |
|---|--------------|-------------------------|------------|
| Thank you for the opportunity to provide our services. Please remit payment to the above address. | | Total | \$6,633.18 |
| Phone # | Fax # | Payments/Credits | \$0.00 |
| 727-848-8292 | 727-848-7701 | Balance Due | \$6,633.18 |

U.S. Water[®] Services Corporation

4939 Cross Bayou Blvd.
New Port Richey, FL 34652

Invoice

| | |
|-----------|-----------|
| Invoice # | 822433 |
| Date | 1/1/2016 |
| Due Date | 1/31/2016 |
| Account # | 2554 |
| P.O. No. | |

| |
|---|
| Bill To |
| LP Waterworks Attn: Joe Gabay 4939 Cross Bayou Boulevard New Port Richey, FL 34652 |

All service pricing anticipates payment by Check or ACH. Due to additional costs incurred, services paid by credit card will require an additional "pass through" 3% processing fee in order to be accepted.

| |
|---|
| Project |
| 2554-01 Monthly Wtr Contract Operations |

| Date | Description | Qty or Hrs | Unit | Rate | Amount |
|----------|---|------------|------|----------|----------|
| 1/1/2016 | Water System - Utility Operating Services: Monthly Contract Operations Annual Contract Value Reset 06/01/13 - \$78,344.82 Monthly Value - \$6,633.18 | 1 | Mo | 6,633.18 | 6,633.18 |

Entered: [Signature]
COA Code: 0636
Approved: [Signature] 1-11-16
Paid: _____
Date: _____

Thank you for the opportunity to provide our services. Please remit payment to the above address.

Total \$6,633.18

| | |
|--------------|--------------|
| Phone # | Fax # |
| 727-848-8292 | 727-848-7701 |

Payments/Credits \$0.00

Balance Due \$6,633.18

U.S. Water[®] Services Corporation

4939 Cross Bayou Blvd.
New Port Richey, FL 34652

Invoice

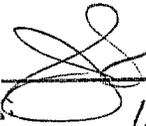
| | |
|-----------|------------|
| Invoice # | 820905 |
| Date | 12/1/2015 |
| Due Date | 12/31/2015 |
| Account # | 2554 |
| P.O. No. | |

| |
|---|
| Bill To |
| LP Waterworks Attn: Joe Gabay 4939 Cross Bayou Boulevard New Port Richey, FL 34652 |

All service pricing anticipates payment by Check or ACH. Due to additional costs incurred, services paid by credit card will require an additional "pass through" 3% processing fee in order to be accepted.

| |
|---|
| Project |
| 2554-01 Monthly Wtr Contract Operations |

| Date | Description | Qty or Hrs | Unit | Rate | Amount |
|-----------|---|------------|------|----------|----------|
| 12/1/2015 | Water System - Utility Operating Services: Monthly Contract Operations Annual Contract Value Reset 06/01/13 - \$78,344.82 Monthly Value - \$6,633.18 | 1 | Mo | 6,633.18 | 6,633.18 |

Entered: 
COA Code: 1636
Approved:  12-14-15
Paid: _____
Date: _____

| | | | |
|---|--------------|-------------------------|------------|
| Thank you for the opportunity to provide our services. Please remit payment to the above address. | | Total | \$6,633.18 |
| Phone # | Fax # | Payments/Credits | \$0.00 |
| 727-848-8292 | 727-848-7701 | Balance Due | \$6,633.18 |

U.S. Water[®] Services Corporation

4939 Cross Bayou Blvd.
New Port Richey, FL 34652

Invoice

| | |
|-----------|-----------|
| Invoice # | 819864 |
| Date | 11/1/2015 |
| Due Date | 12/1/2015 |
| Account # | 2554 |
| P.O. No. | |

| |
|---|
| Bill To |
| LP Waterworks Attn: Joe Gabay 4939 Cross Bayou Boulevard New Port Richey, FL 34652 |

All service pricing anticipates payment by Check or ACH. Due to additional costs incurred, services paid by credit card will require an additional "pass through" 3% processing fee in order to be accepted.

| |
|---|
| Project |
| 2554-01 Monthly Wtr Contract Operations |

| Date | Description | Qty or Hrs | Unit | Rate | Amount |
|-----------|---|------------|------|----------|----------|
| 11/1/2015 | Water System - Utility Operating Services: Monthly Contract Operations Annual Contract Value Reset 06/01/13 - \$78,344.82 ✓ Monthly Value - \$6,633.18 | 1 | Mo | 6,633.18 | 6,633.18 |

Entered: [Signature]
COA Code: 636
Approved: [Signature] @ 11-10-15
Paid: _____
Date: _____

Thank you for the opportunity to provide our services. Please remit payment to the above address.

Total \$6,633.18

| | |
|--------------|--------------|
| Phone # | Fax # |
| 727-848-8292 | 727-848-7701 |

Payments/Credits \$0.00

Balance Due \$6,633.18

U.S. Water[®]

Services Corporation

4939 Cross Bayou Blvd.
New Port Richey, FL 34652

Invoice

| | |
|-----------|------------|
| Invoice # | 817874 |
| Date | 10/1/2015 |
| Due Date | 10/31/2015 |
| Account # | 2554 |
| P.O. No. | |

| |
|---|
| Bill To |
| LP Waterworks Attn: Joe Gabay 4939 Cross Bayou Boulevard New Port Richey, FL 34652 |

All service pricing anticipates payment by Check or ACH. Due to additional costs incurred, services paid by credit card will require an additional "pass through" 3% processing fee in order to be accepted.

| |
|---|
| Project |
| 2554-01 Monthly Wtr Contract Operations |

| Date | Description | Qty or Hrs | Unit | Rate | Amount |
|-----------|---|------------|------|----------|----------|
| 10/1/2015 | Water System - Utility Operating Services: Monthly Contract Operations Annual Contract Value Reset 06/01/13 - \$78,344.82 Monthly Value - \$6,633.18 Entered: _____ COA Code: 636 Approved: _____ Paid: _____ Date: _____ | 1 | Mo | 6,633.18 | 6,633.18 |

Thank you for the opportunity to provide our services. Please remit payment to the above address.

Total \$6,633.18

| | |
|--------------|--------------|
| Phone # | Fax # |
| 727-848-8292 | 727-848-7701 |

Payments/Credits \$0.00

Balance Due \$6,633.18

U.S. Water[®]

Services Corporation

4939 Cross Bayou Blvd.
New Port Richey, FL 34652

Invoice

| | |
|-----------|-----------|
| Invoice # | 816247 |
| Date | 9/1/2015 |
| Due Date | 10/1/2015 |
| Account # | 2554 |
| P.O. No. | |

| |
|---|
| Bill To |
| LP Waterworks Attn: Joe Gabay 4939 Cross Bayou Boulevard New Port Richey, FL 34652 |

All service pricing anticipates payment by Check or ACH. Due to additional costs incurred, services paid by credit card will require an additional "pass through" 3% processing fee in order to be accepted.

| |
|---|
| Project |
| 2554-01 Monthly Wtr Contract Operations |

| Date | Description | Qty or Hrs | Unit | Rate | Amount |
|----------|---|------------|------|----------|----------|
| 9/1/2015 | Water System - Utility Operating Services: Monthly Contract Operations Annual Contract Value Reset 06/01/13 - \$78,344.82 Monthly Value - \$6,633.18 | 1 | Mo | 6,633.18 | 6,633.18 |

Entered: [Signature]
 COA Code: 636
 Approved: [Signature] @ 9-2-15
 Paid: ck# 1228
 Date: 10/26/15

Thank you for the opportunity to provide our services. Please remit payment to the above address.

| | |
|--------------|--------------|
| Phone # | Fax # |
| 727-848-8292 | 727-848-7701 |

| | |
|-------------------------|------------|
| Total | \$6,633.18 |
| Payments/Credits | \$0.00 |
| Balance Due | \$6,633.18 |

LP WATERWORKS
ACCOUNT 711
SLUDGE REMOVAL

U.S. Water[®] Services Corporation

4939 Cross Bayou Blvd.
New Port Richey, FL 34652

Invoice

| | |
|-----------|-----------|
| Invoice # | 829373 |
| Date | 4/30/2016 |
| Due Date | 6/10/2016 |
| Account # | 2554 |
| P.O. No. | 2554-40.1 |

| |
|---|
| Bill To |
| LP Waterworks Attn: Joe Gabay 4939 Cross Bayou Boulevard New Port Richey, FL 34652 |

All service pricing anticipates payment by Check or ACH. Due to additional costs incurred, services paid by credit card will require an additional "pass through" 3% processing fee in order to be accepted.

| |
|-------------------------------|
| Project |
| 2554-40.1 Dewatering Services |

| Date | Description | Qty or Hrs | Unit | Rate | Amount |
|---|--|------------|------|------|----------|
| 4/15/2016 | Residuals Management Services Lake Placid Camp Florida Resort - Dewatering Services 5,000 Gallons Hauled to C&C Peat | 5,000 | | 0.16 | 800.00 |
| <p>Entered: <u>[Signature]</u> COA Code: <u>211</u> Approved: <u>[Signature]</u> @ 5-9-16 Paid: <u>ck # 1255</u> Date: <u>6/20/16</u></p> | | | | | |
| Total | | | | | \$800.00 |

| | |
|---------------|--------------------------|
| Phone # | Email Contact |
| 7278488292285 | mvinyard@uswatercorp.net |

| | |
|--------------------|----------|
| Payments/Credits | \$0.00 |
| Balance Due | \$800.00 |

PUGH UTILITIES SERVICE, INC.

760 HENSCRATCH ROAD
LAKE PLACID, FL 33852
USA

INVOICE

Invoice Number: 2796
Invoice Date: Mar 23, 2016
Page: 1

Voice: 863-465-6911
Fax: 863-465-5159

| |
|---|
| Bill To: |
| LP WATERWORKS ATTN: JOE GABAY 4939 CROSS BAYOU BLVD NEW PORT RICHEY, FL 34652 USA |

| |
|-----------------|
| Ship to: |
| |

| | | | |
|---------------------|------------------------|------------------------|-----------------|
| Customer ID | Customer PO | Payment Terms | |
| 102CAMPFLORIDA | | Net 10th of Next Month | |
| Sales Rep ID | Shipping Method | Ship Date | Due Date |
| | | | 4/10/16 |

| Quantity | Item | Description | Unit Price | Amount |
|---|------|---|------------|-----------------|
| 8,400.00 | 1101 | GALLONS OF SLUDGE HAULED ON 3/9/2016 | 0.18 | 1,512.00 |
| <p>Entered: _____ COA Code: <u>211</u> Approved: <u>C</u> <u>03-27-16</u> Paid: _____ Date: _____</p> | | | | |
| Subtotal | | | | 1,512.00 |
| Sales Tax | | | | |
| Total Invoice Amount | | | | 1,512.00 |
| Payment/Credit Applied | | | | |
| TOTAL | | | | 1,512.00 |

Check/Credit Memo No:

Pugh Utilities Service, Inc. would like to Thank You for your Business!
Please pay this invoice promptly to avoid late charges.

LP WATERWORKS

ACCOUNT 718

WASTEWATER CHEMICALS

A & D Water Systems Inc. - Bulk Location

1530 Nw 25th Dr
Okeechobee, FL 34972-2045

Sales Invoice

Invoice ID: 23343-1
Customer ID: 777
Employee ID: Emcnitt
Ordered: 2/25/2015
Invoiced: 2/25/2015
Due: 3/27/2015

LP Water Works, Inc./ Camp FL
Attn: Joseph Gabay
4939 Cross Bayou Blvd.
New Port Richey, FL 34652

Ship To

LP Water Works, Inc./ Camp FL
Attn: Joseph Gabay
4939 Cross Bayou Blvd.
New Port Richey, FL 34652

| Qty | Item | Unit Price | Total |
|-----|--|------------|----------|
| 1 | 42118 - POOLIFE 3" Cleaning Tablets 50 lb pail | \$150.00 | \$150.00 |
| 1 | 999 - Delivery Charge | \$25.00 | \$25.00 |

Payments

Terms: Net 30 Days

02/25/2015 No Activity to Date. \$0.00

| | |
|--------------------|-----------------|
| Sub Total | \$175.00 |
| Taxes | \$10.50 |
| Total | \$185.50 |
| Payments | \$0.00 |
| Balance Due | \$185.50 |

Terms And Conditions

In the event of delinquency the above client will be responsible for any collection cost, court cost, filing cost, filing fees, interest cost, and any applicable attorney fees per the state of Florida.

CHECK US OUT ON THE WEB WWW.ADWATERSYSTEMS.COM

Please make sure to call ahead 1-2 days for normal deliveries. Your delivery date is _____. For special orders, we ask you to give us at least a week. Thank you for your business and understanding!

Entered: [Signature]

COA Code: [Signature]

Approved: _____

Paid: CK # 1204

Date: 3/20/15

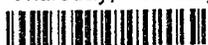
OK'd
718
COA

1530 Nw 25th Dr, Okeechobee, FL 349722045, (863) 467-7700, Fax: (863) 467-7074, admin@adwatersystems.com

Thursday, February 26, 2015, 10:35:23 AM By emcnitt

Accepted _____ Date _____

Received By _____ Date _____



A, & D Water Systems Inc. - Bulk Location

1530 Nw 25th Dr
Okeechobee, FL 34972-2045

Sales Invoice

Invoice ID: 22138-1
Customer ID: 777
Employee ID: Emcnitt
Ordered: 1/28/2015
Invoiced: 1/28/2015
Due: 2/27/2015

LP Water Works, Inc./ Camp FL
Attn: Joseph Gabay
4939 Cross Bayou Blvd.
New Port Richey, FL 34652

Ship To

LP Water Works, Inc./ Camp FL
Attn: Joseph Gabay
4939 Cross Bayou Blvd.
New Port Richey, FL 34652

| Qty | Item | Unit Price | Total |
|-----|--|------------|----------|
| 1 | 42118 - POOLIFE 3" Cleaning Tablets 50 lb pail | \$150.00 | \$150.00 |
| 1 | 999 - Delivery Charge | \$25.00 | \$25.00 |

Payments

01/28/2015 No Activity to Date.

Terms: Net 30 Days

\$0.00

| | |
|--------------------|-----------------|
| Sub Total | \$175.00 |
| Taxes | \$10.50 |
| Total | \$185.50 |
| Payments | \$0.00 |
| Balance Due | \$185.50 |

Terms And Conditions

In the event of delinquency the above client will be responsible for any collection cost, court cost, filing cost, filing fees, interest cost, and any applicable attorney fees per the state of Florida.

CHECK US OUT ON THE WEB WWW.ADWATERSYSTEMS.COM

Please make sure to call ahead 1-2 days for normal deliveries. Your delivery date is _____. For special orders, we ask you to give us at least a week. Thank you for your business and understanding!

Entered: _____

COA Code: _____

Approved: _____

Paid: CK# 1202

Date: 2/20/15

OKP
COA 718
2-4-15



A & D Water Systems Inc. - Bulk Location

1530 Nw 25th Dr
Okeechobee, FL 34972-2045

Sales Invoice

Invoice ID: 21967-1
Customer ID: 777
Employee ID: Emcnitt
Ordered: 1/8/2015
Invoiced: 1/8/2015
Due: 2/7/2015

LP Water Works, Inc./ Camp FL
Attn: Joseph Gabay
4939 Cross Bayou Blvd.
New Port Richey, FL 34652

Ship To

LP Water Works, Inc./ Camp FL
Attn: Joseph Gabay
4939 Cross Bayou Blvd.
New Port Richey, FL 34652

| Qty | Item | Unit Price | Total |
|-----|--|------------|----------|
| 1 | 42118 - POOLIFE 3" Cleaning Tablets 50 lb pail | \$140.00 | \$140.00 |
| 1 | 999 - Delivery Charge | \$25.00 | \$25.00 |

Payments

Terms: Net 30 Days

01/28/2015 Payment - Check - 1200 -\$174.80

| | |
|--------------------|-----------------|
| Sub Total | \$165.00 |
| Taxes | \$9.80 |
| Total | \$174.80 |
| Payments | \$174.80 |
| Balance Due | \$0.00 |

Terms And Conditions

In the event of delinquency the above client will be responsible for any collection cost, court cost, filing cost, filling fees, interest cost, and any applicable attorney fees per the state of Florida.

CHECK US OUT ON THE WEB WWW.ADWATERSYSTEMS.COM

Please make sure to call ahead 1-2 days for normal deliveries. Your delivery date is _____ For special orders, we ask you to give us at least a week. Thank you for your business and understanding!

Entered: [Signature]
COA Code: 718
Approved: OK
Paid: ck # 1208
Date: 3/26/15

1530 Nw 25th Dr, Okeechobee, FL 349722045, (863) 467-7700, Fax: (863) 467-7074, admin@adwatersystems.com

Thursday, March 26, 2015, 2:27:04 PM By kschrber

Accepted _____

Date _____

Received By _____

Date _____

LP WATERWORKS

ACCOUNT 715

WASTEWATER PURCHASED POWER



STATEMENT OF ELECTRIC SERVICE



ACCOUNT NUMBER
63307 92488

JULY 2016

FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:
1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:
1-800-228-8485

LP WATERWORKS INC
ATTN: AMY WILLIAMS
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652

SERVICE ADDRESS
160 COUNTY ROAD 29 PUMP
LAKE PLACID FL 33852

DUE DATE TOTAL AMOUNT DUE
AUG 15 2016 12.84

NEXT READ DEPOSIT AMOUNT
DATE ON OR ON ACCOUNT
ABOUT
AUG 24 2016 Blanket Cash

PIN: 928218506

METER READINGS

METER NO. 006361943
PRESENT (ACTUAL) 000677
PREVIOUS (ACTUAL) 000677
DIFFERENCE 000000
TOTAL KWH 0

YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED
FOR \$12.84 ON 08/15/16
PAYMENTS RECEIVED AS OF JUL 13 2016 19.03 THANK YOU

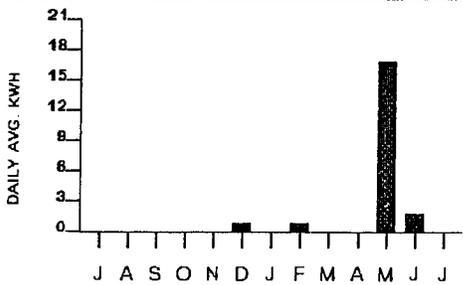
GS-1 060 GENERAL SERVICE - NON DEMAND SEC
BILLING PERIOD .06-22-16 TO 07-22-16 30 DAYS
CUSTOMER CHARGE 11.59

*TOTAL ELECTRIC COST 11.59
GROSS RECEIPTS TAX .30
STATE AND OTHER TAXES ON ELECTRIC .95

TOTAL CURRENT BILL 12.84

TOTAL DUE THIS STATEMENT \$12.84

Entered: [Signature]
COA Code: 715
Approved: @ 08-1-16
Paid: EFT 081516
Date: 8/15/16



Always Prepared. Always On. Don't wait for severe weather. Prepare your business now with Duke Energy's Commercial Backup Power Systems. Visit duke-energy.com/BackupPower or call 800.288.6807.

ENERGY USE

DAILY AVG. USE - 0 KWH/DAY
USE ONE YEAR AGO - 0 KWH/DAY
*DAILY AVG. ELECTRIC COST - \$.39

F_BL_DEF_20160722_213611_2.CSV-1960-000001156

MM 0001543 BILL # 1 OF 2 GRP 1176

Duke Energy

ACCOUNT NUMBER - 63307 92488

001960 000001156

LP WATERWORKS INC
ATTN: AMY WILLIAMS
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652-3434



STATEMENT OF ELECTRIC SERVICE

**ACCOUNT NUMBER****68733 75301**

JULY 2016

FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:
1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:
1-800-228-8485

LP WATERWORKS INC
ATTN: AMY WILLIAMS
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652

SERVICE ADDRESS
178 SHORELINE DR LIFT,
CAMP FL

DUE DATE TOTAL AMOUNT DUE
AUG 15 2016 45.99

NEXT READ DEPOSIT AMOUNT
DATE ON OR ON ACCOUNT
ABOUT
AUG 24 2016 Blanket Cash

PIN: 928218506

METER READINGS

METER NO. 006650576
PRESENT (ACTUAL) 064422
PREVIOUS (ACTUAL) 064129
DIFFERENCE 000293
TOTAL KWH 293

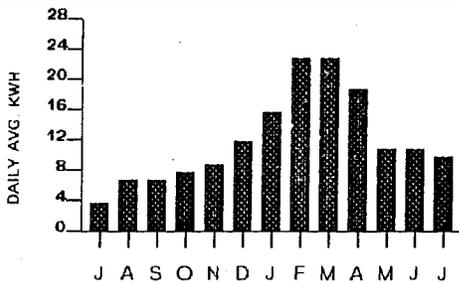
YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED
FOR \$45.99 ON 08/15/16
PAYMENTS RECEIVED AS OF JUL 13 2016 49.03 THANK YOU

GS-1 060 GENERAL SERVICE - NON DEMAND SEC
BILLING PERIOD .06-22-16 TO 07-22-16 30 DAYS
CUSTOMER CHARGE 11.59
ENERGY CHARGE 293 KWH @ 7.02300¢ 20.58
FUEL CHARGE 293 KWH @ 2.97300¢ 8.71
ASSET SECURITIZATION CHARGE 293 KWH @ 0.22200¢ 0.65

*TOTAL ELECTRIC COST 41.53
GROSS RECEIPTS TAX 1.06
STATE AND OTHER TAXES ON ELECTRIC 3.40

TOTAL CURRENT BILL 45.99

TOTAL DUE THIS STATEMENT \$45.99



ENERGY USE

DAILY AVG. USE - 10 KWH/DAY
USE ONE YEAR AGO - 4 KWH/DAY
*DAILY AVG. ELECTRIC COST - \$1.38

Always Prepared. Always On. Don't wait for severe weather. Prepare your business now with Duke Energy's Commercial-Backup Power Systems. Visit duke-energy.com/BackupPower or call 800.288.6807.

Entered: [Signature]
CCA Code: 715
Approved: [Signature]
Paid: EFT 081516
Date: 8/15/16

F_BL_DEF_20160722_213611_2.CSV-1961-000001156

MM 0001544 BILL # 2 OF 2 GRP 1176

Duke Energy

ACCOUNT NUMBER - 68733 75301

001961 000001156



LP WATERWORKS INC
ATTN: AMY WILLIAMS
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652-3434



STATEMENT OF ELECTRIC SERVICE

JULY 2016



ACCOUNT NUMBER

07053 84425

FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:
1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:
1-800-228-8485

LP WATERWORKS INC
ATTN: AMY WILLIAMS
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652

SERVICE ADDRESS
160 COUNTY ROAD 29,
CAMP FL SEWAGE

DUE DATE TOTAL AMOUNT DUE
JUL 22 2016 154.50

NEXT READ DEPOSIT AMOUNT
DATE ON OR ON ACCOUNT
ABOUT
AUG 03 2016 Blanket Cash

PIN: 928218506

METER READINGS

| | |
|---------------------|-----------|
| METER NO. | 004536884 |
| PRESENT (ACTUAL) | 009671 |
| PREVIOUS (ACTUAL) | 007945 |
| DIFFERENCE | 001726 |
| TOTAL KWH | 1726 |
| PRESENT KW (ACTUAL) | 0008.35 |
| BASE KW | 8 |
| LOAD FACTOR | 31.0% |

YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED
FOR \$154.50 ON 07/22/16
PAYMENTS RECEIVED AS OF JUN 22 2016 243.12 THANK YOU

GSD-1 070 GENERAL SERVICE - DEMAND SEC

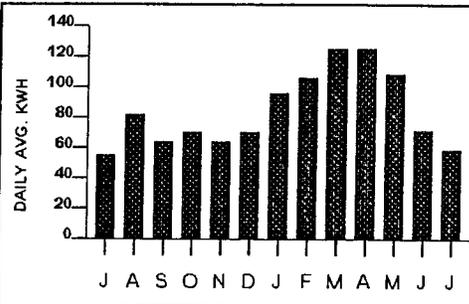
BILLING PERIOD..06-01-16 TO 06-30-16 29 DAYS

| | | |
|-----------------------------|---------------------|-------|
| CUSTOMER CHARGE | | 11.59 |
| ENERGY CHARGE | 1726 KWH @ 2.43600¢ | 42.05 |
| FUEL CHARGE | 1726 KWH @ 3.00800¢ | 51.92 |
| DEMAND CHARGE | 8 KW @ \$10.28000 | 82.24 |
| ASSET SECURITIZATION CHARGE | 1726 KWH @ 0.20300¢ | 3.50 |

| | |
|-----------------------------------|--------|
| *TOTAL ELECTRIC COST | 191.30 |
| GROSS RECEIPTS TAX | 4.91 |
| STATE AND OTHER TAXES ON ELECTRIC | 15.60 |

| | |
|--|---------|
| TOTAL CURRENT BILL | 211.81 |
| CREDIT AMOUNT TRANSFERRED FROM ACCOUNT 51631-46393 | 57.31CR |

TOTAL DUE THIS STATEMENT **\$154.50**



Always Prepared. Always On. Don't wait for severe weather. Prepare your business now with Duke Energy's Commercial Backup Power Systems. Visit duke-energy.com/BackupPower or call 800-288-6807.

Entered: [Signature]
 COA Code: 715
 Approved: [Signature]
 Paid: EFT 072216
 Date: 7/22/16

ENERGY USE
 DAILY AVG. USE - 60 KWH/DAY
 USE ONE YEAR AGO - 56 KWH/DAY
 *DAILY AVG. ELECTRIC COST - \$6.60

BF_BL_DEF_20160630_213443_2.CSV-1333-00000856

MM 0001203 BILL # 1 OF 2 GRP 846

Duke Energy

ACCOUNT NUMBER - 07053 84425

001333 000000856



LP WATERWORKS INC
ATTN: AMY WILLIAMS
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652-3434



STATEMENT OF ELECTRIC SERVICE



ACCOUNT NUMBER

68733 75301

JUNE 2016

FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:
1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:
1-800-228-8485

LP WATERWORKS INC
ATTN: AMY WILLIAMS
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652

SERVICE ADDRESS
178 SHORELINE DR LIFT,
CAMP FL

DUE DATE TOTAL AMOUNT DUE
JUL 14 2016 49.03

NEXT READ DEPOSIT AMOUNT
DATE ON OR ON ACCOUNT
ABOUT
JUL 25 2016 Blanket Cash

PIN: 928218506

METER READINGS

| | |
|-------------------|-----------|
| METER NO. | 006650576 |
| PRESENT (ACTUAL) | 064129 |
| PREVIOUS (ACTUAL) | 063802 |
| DIFFERENCE | 000327 |
| TOTAL KWH | 327 |

YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED
FOR \$49.03 ON 07/14/16
PAYMENTS RECEIVED AS OF JUN 13 2016 50.58 THANK YOU

GS-1 060 GENERAL SERVICE - NON DEMAND SEC

BILLING PERIOD..05-23-16 TO 06-22-16 30 DAYS

| | | |
|-----------------|--------------------|-------|
| CUSTOMER CHARGE | | 11.59 |
| ENERGY CHARGE | 327 KWH @ 7.02300¢ | 22.97 |
| FUEL CHARGE | 327 KWH @ 2.97300¢ | 9.72 |

| | |
|-----------------------------------|-------|
| *TOTAL ELECTRIC COST | 44.28 |
| GROSS RECEIPTS TAX | 1.14 |
| STATE AND OTHER TAXES ON ELECTRIC | 3.61 |

TOTAL CURRENT BILL

49.03

TOTAL DUE THIS STATEMENT

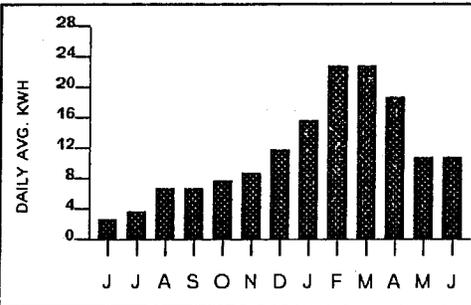
Entered: 8 \$49.03

COA Code: 715

Approved: @ e 628-16

Paid: EFT 07.14.16

Date: 7.14/16



ENERGY USE

| | |
|-----------------------------|------------|
| DAILY AVG. USE - | 11 KWH/DAY |
| USE ONE YEAR AGO - | 3 KWH/DAY |
| *DAILY AVG. ELECTRIC COST - | \$1.48 |

Always Prepared. Always On. Don't wait for severe weather. Prepare your business now with Duke Energy's Commercial Backup Power Systems. Visit duke-energy.com/BackupPower or call 800.288.6807.

3F_BI_DEF_20160622_212842_2.CSV-2253-000000958

MM 0001516

BILL # 2 OF 2 GRP 1128

Duke Energy

ACCOUNT NUMBER - 68733 75301

002253 000000958



LP WATERWORKS INC
ATTN: AMY WILLIAMS
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652-3434



STATEMENT OF ELECTRIC SERVICE



ACCOUNT NUMBER
07053 84425

JUNE 2016

FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:
1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:
1-800-228-8485

LP WATERWORKS INC
ATTN: AMY WILLIAMS
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652

SERVICE ADDRESS
160 COUNTY ROAD 29,
CAMP FL SEWAGE

DUE DATE TOTAL AMOUNT DUE
JUN 23 2016 243.12

NEXT READ DEPOSIT AMOUNT
DATE ON OR ON ACCOUNT
ABOUT
JUL 01 2016 Blanket Cash

PIN: 928218506

METER READINGS

| | |
|---------------------|-----------|
| METER NO. | 004536884 |
| PRESENT (ACTUAL) | 007945 |
| PREVIOUS (ACTUAL) | 005824 |
| DIFFERENCE | 002121 |
| TOTAL KWH | 2121 |
| PRESENT KW (ACTUAL) | 0009.21 |
| BASE KW | 9 |
| LOAD FACTOR | 33.9% |

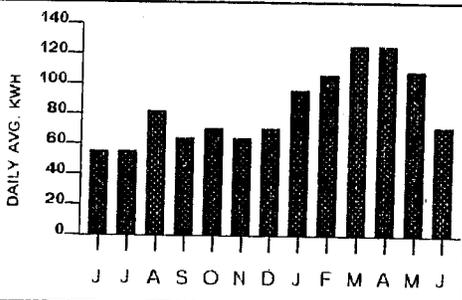
YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED
FOR \$243.12 ON 06/23/16
PAYMENTS RECEIVED AS OF MAY 24 2016 322.57 THANK YOU

| | |
|--|---------------------------|
| GSD-1 070 GENERAL SERVICE - DEMAND SEC | |
| BILLING PERIOD .05-03-16 TO 06-01-16 | 29 DAYS |
| CUSTOMER CHARGE | 11.59 |
| ENERGY CHARGE | 2121 KWH @ 2.43600¢ 51.67 |
| FUEL CHARGE | 2121 KWH @ 3.00800¢ 63.80 |
| DEMAND CHARGE | 9 KW @ \$10.28000 92.52 |

| | |
|-----------------------------------|--------|
| *TOTAL ELECTRIC COST | |
| GROSS RECEIPTS TAX | 219.58 |
| STATE AND OTHER TAXES ON ELECTRIC | 5.63 |
| | 17.91 |

TOTAL CURRENT BILL 243.12

TOTAL DUE THIS STATEMENT \$243.12



Always Prepared. Always On. Don't wait for severe weather. Prepare your business now with Duke Energy's Commercial Backup Power Systems. Visit duke-energy.com/BackupPower or call 800.288.6807.

Entered: [Signature]
 COA Code: 715
 Approved: [Signature]
 Paid: EFT 062316
 Date: 6/23/16

ENERGY USE

| | |
|-----------------------------|------------|
| DAILY AVG. USE - | 73 KWH/DAY |
| USE ONE YEAR AGO - | 56 KWH/DAY |
| *DAILY AVG. ELECTRIC COST - | \$7.57 |

F_BL_DEF_20160601_214911_2.CSV-1485-000001113

MM 0001469 BILL # 1 OF 2 GRP 1026

Duke Energy

ACCOUNT NUMBER - 07053 84425

001485 000001113



LP WATERWORKS INC
 ATTN: AMY WILLIAMS
 4939 CROSS BAYOU BLVD
 NEW PORT RICHEY FL 34652-3434



STATEMENT OF ELECTRIC SERVICE

MAY 2016



ACCOUNT NUMBER

63307 92488

FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:
1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:
1-800-228-8485

LP WATERWORKS INC
ATTN: AMY WILLIAMS
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652

SERVICE ADDRESS
160 COUNTY ROAD 29 PUMP
LAKE PLACID FL 33852

DUE DATE TOTAL AMOUNT DUE
JUN 14 2016 72.48

NEXT READ DEPOSIT AMOUNT
DATE ON OR ON ACCOUNT
ABOUT
JUN 23 2016 Blanket Cash

PIN: 928218506

METER READINGS

| | |
|-------------------|-----------|
| METER NO. | 006361943 |
| PRESENT (ACTUAL) | 000621 |
| PREVIOUS (ACTUAL) | 000082 |
| DIFFERENCE | 000539 |
| TOTAL KWH | 539 |

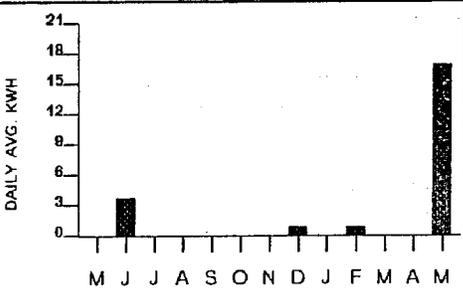
YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED
FOR \$72.48 ON 06/14/16
PAYMENTS RECEIVED AS OF MAY 12 2016 14.27 THANK YOU

| | |
|--|-------|
| GS-1 060 GENERAL SERVICE - NON DEMAND SEC | |
| BILLING PERIOD..04-21-16 TO 05-23-16 32 DAYS | |
| CUSTOMER CHARGE | 11.59 |
| ENERGY CHARGE 539 KWH @ 7.02300¢ | 37.85 |
| FUEL CHARGE 539 KWH @ 2.97300¢ | 16.02 |

| | |
|-----------------------------------|-------|
| *TOTAL ELECTRIC COST | 65.46 |
| GROSS RECEIPTS TAX | 1.68 |
| STATE AND OTHER TAXES ON ELECTRIC | 5.34 |
| TOTAL CURRENT BILL | 72.48 |

TOTAL DUE THIS STATEMENT Entered: 715 \$72.48

COA Code: 715
 Approved: @ 6-6-16
 Paid: EFT 06/14/16
 Date: 6/14/16



Duke Energy Florida utilized fuel in the following proportions to generate your power: Coal 22%, Purchased Power 17%, Gas 61%, Oil 0%, Nuclear 0% (For Prior 12 months ending March 31, 2016). Always Prepared. Always On. Don't wait for severe weather. Prepare your business now with Duke Energy's Commercial Backup Power Systems. Visit duke-energy.com/BackupPower or call 800.288.6807.

ENERGY USE

| | |
|-----------------------------|------------|
| DAILY AVG. USE - | 17 KWH/DAY |
| USE ONE YEAR AGO - | 0 KWH/DAY |
| *DAILY AVG. ELECTRIC COST - | \$2.05 |

3F_BL_DEF_20160523_212911_2.CSV-1949-000001112

MM 0001517 BILL # 1 OF 2 GRP 1147

Duke Energy

ACCOUNT NUMBER - 63307 92488

001949 000001112



LP WATERWORKS INC
 ATTN: AMY WILLIAMS
 4939 CROSS BAYOU BLVD
 NEW PORT RICHEY FL 34652-3434





STATEMENT OF ELECTRIC SERVICE



ACCOUNT NUMBER
07053 84425

MAY 2016

FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:
1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:
1-800-228-8485

LP WATERWORKS INC
ATTN: AMY WILLIAMS
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652

SERVICE ADDRESS
160 COUNTY ROAD 29,
CAMP FL SEWAGE

DUE DATE
MAY 25 2016

TOTAL AMOUNT DUE
322.57

NEXT READ
DATE ON OR
ABOUT

DEPOSIT AMOUNT
ON ACCOUNT

JUN 02 2016

Blanket Cash

PIN: 928218506

METER READINGS

| | |
|---------------------|-----------|
| METER NO. | 004536884 |
| PRESENT (ACTUAL) | 005824 |
| PREVIOUS (ACTUAL) | 002196 |
| DIFFERENCE | 003628 |
| TOTAL KWH | 3628 |
| PRESENT KW (ACTUAL) | 0008.42 |
| BASE KW | 8 |
| LOAD FACTOR | 57.3% |

YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED
FOR \$322.57 ON 05/25/16
PAYMENTS RECEIVED AS OF APR 21 2016 376.71 THANK YOU

GSD-1 070 GENERAL SERVICE - DEMAND SEC

BILLING PERIOD .03-31-16 TO 05-03-16 33 DAYS

| | | |
|-----------------|---------------------|--------|
| CUSTOMER CHARGE | | 11.59 |
| ENERGY CHARGE | 3628 KWH @ 2.43600¢ | 88.38 |
| FUEL CHARGE | 3628 KWH @ 3.00800¢ | 109.13 |
| DEMAND CHARGE | 8 KW @ \$10.28000 | 82.24 |

| | |
|-----------------------------------|--------|
| *TOTAL ELECTRIC COST | 291.34 |
| GROSS RECEIPTS TAX | 7.47 |
| STATE AND OTHER TAXES ON ELECTRIC | 23.76 |

TOTAL CURRENT BILL

Entered: [Signature] 322.57

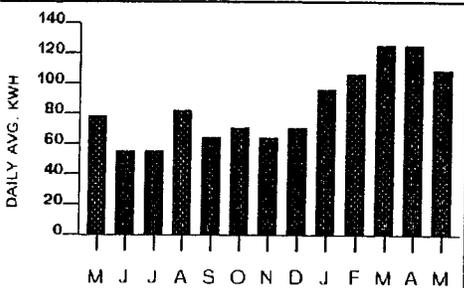
TOTAL DUE THIS STATEMENT

COA Code: 715 \$322.57

Approved: @ C S 12-16

Paid: EFT 052516

Date: 5/25/16



Duke Energy Florida utilized fuel in the following proportions to generate your power: Coal 22%, Purchased Power 17%, Gas 61%, Oil 0%, Nuclear 0% (For Prior 12 months ending March 31, 2016). Always Prepared. Always On. Don't wait for severe weather. Prepare your business now with Duke Energy's Commercial Backup Power Systems. Visit duke-energy.com/BackupPower or call 800.288.6807.

ENERGY USE

| | |
|-----------------------------|-------------|
| DAILY AVG. USE - | 110 KWH/DAY |
| USE ONE YEAR AGO - | 80 KWH/DAY |
| *DAILY AVG. ELECTRIC COST - | \$8.83 |

_BL_DEF_20160503_213117_2 CSV-479-000001143

MM 0000979 BILL # 1 OF 2 GRP 767

Duke Energy

ACCOUNT NUMBER - 07053 84425

000479 000001143



LP WATERWORKS INC
ATTN: AMY WILLIAMS
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652-3434



STATEMENT OF ELECTRIC SERVICE

APRIL 2016



ACCOUNT NUMBER

63307 92488

FOR CUSTOMER SERVICE OR PAYMENT LOCATIONS CALL: 1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE: 1-800-228-8485

LP WATERWORKS INC
ATTN: AMY WILLIAMS
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652

SERVICE ADDRESS
160 COUNTY ROAD 29 PUMP
LAKE PLACID FL 33852

DUE DATE
MAY 13 2016

TOTAL AMOUNT DUE
14.27

NEXT READ
DATE ON OR
ABOUT
MAY 24 2016

DEPOSIT AMOUNT
ON ACCOUNT
Blanket Cash

PIN: 928218506

METER READINGS

METER NO. 006361943
PRESENT (ACTUAL) 000082
PREVIOUS (ACTUAL) 000069
DIFFERENCE 000013
TOTAL KWH 13

YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED
FOR \$14.27 ON 05/13/16
PAYMENTS RECEIVED AS OF APR 12 2016 14.24 THANK YOU

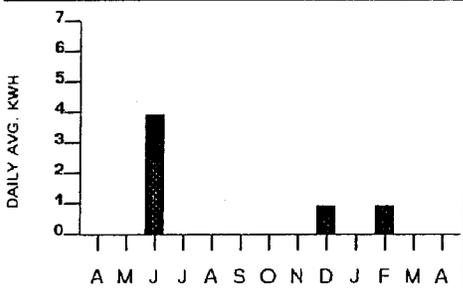
GS-1 060 GENERAL SERVICE - NON DEMAND SEC
BILLING PERIOD..03-22-16 TO 04-21-16 30 DAYS
CUSTOMER CHARGE 11.59
ENERGY CHARGE 13 KWH @ 7.02300¢ .91
FUEL CHARGE 13 KWH @ 2.97300¢ .39

*TOTAL ELECTRIC COST 12.89
GROSS RECEIPTS TAX .33
STATE AND OTHER TAXES ON ELECTRIC 1.05

TOTAL CURRENT BILL 14.27

TOTAL DUE THIS STATEMENT

Entered: [Signature] \$14.27
COA Code: 205
Approved: C 05-2-16
Paid: EFT 051316
Date: 5/13/16



ENERGY USE
DAILY AVG. USE - 0 KWH/DAY
USE ONE YEAR AGO - 0 KWH/DAY
*DAILY AVG. ELECTRIC COST - \$.43

Duke Energy offers a free on-site energy efficiency assessment to help your business save money and energy. This no cost Business Energy Check includes information on how to easily obtain rebate incentives for the installation of preapproved recommended measures. For more information, visit us at duke-energy.com/FLbusiness, or call 877.372.8477.

Duke Energy

ACCOUNT NUMBER - 63307 92488

001426 000000911

LP WATERWORKS INC
ATTN: AMY WILLIAMS
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652-3434



STATEMENT OF ELECTRIC SERVICE

APRIL 2016



ACCOUNT NUMBER 68733 75301

FOR CUSTOMER SERVICE OR PAYMENT LOCATIONS CALL: 1-877-372-8477
WEB SITE: www.duke-energy.com
TO REPORT A POWER OUTAGE: 1-800-228-8485

LP WATERWORKS INC
ATTN: AMY WILLIAMS
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652
SERVICE ADDRESS
178 SHORELINE DR LIFT,
CAMP FL

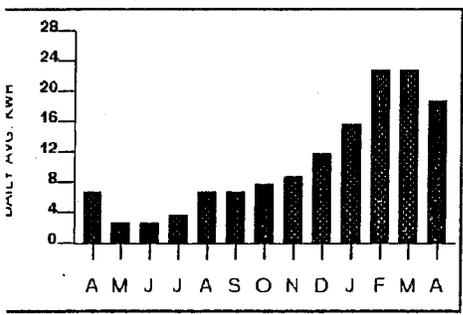
DUE DATE TOTAL AMOUNT DUE
MAY 13 2016 76.03
NEXT READ DEPOSIT AMOUNT
DATE ON OR ON ACCOUNT
ABOUT
MAY 24 2016 Blanket Cash

ACCOUNT NUMBER: 928218506

METER READINGS table with columns for Meter No., Present (Actual), Previous (Actual), Difference, and Total kWh.

YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED FOR \$76.03 ON 05/13/16
PAYMENTS RECEIVED AS OF APR 12 2016 99.21 THANK YOU
GS-1 060 GENERAL SERVICE - NON DEMAND SEC
BILLING PERIOD..03-22-16 TO 04-21-16 30 DAYS
CUSTOMER CHARGE 11.59
ENERGY CHARGE 571 KWH @ 7.02300¢ 40.10
FUEL CHARGE 571 KWH @ 2.97300¢ 16.98
*TOTAL ELECTRIC COST 68.67
GROSS RECEIPTS TAX 1.76
STATE AND OTHER TAXES ON ELECTRIC 5.60
TOTAL CURRENT BILL 76.03

TOTAL DUE THIS STATEMENT Entered: \$76.03
COA Code: 715
Approved: @ 05-2-16
Paid: EFT 051316
Date: 5/13/16



ENERGY USE table with rows for Daily Avg. Use, Use One Year Ago, and Daily Avg. Electric Cost.

Duke Energy offers a free on-site energy efficiency assessment to help your business save money and energy. This no cost Business Energy Check includes information on how to easily obtain rebate incentives for the installation of preapproved recommended measures. For more information, visit us at duke-energy.com/FLbusiness, or call 877.372.8477.

Duke Energy

ACCOUNT NUMBER - 68733 75301

001427 00000911

LP WATERWORKS INC
ATTN: AMY WILLIAMS
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652-3434



STATEMENT OF ELECTRIC SERVICE

APRIL 2016



ACCOUNT NUMBER

07053 84425

FOR CUSTOMER SERVICE OR PAYMENT LOCATIONS CALL: 1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE: 1-800-228-8485

LP WATERWORKS INC
ATTN: AMY WILLIAMS
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652

SERVICE ADDRESS
160 COUNTY ROAD 29,
CAMP FL SEWAGE

DUE DATE
APR 22 2016

TOTAL AMOUNT DUE
376.71

NEXT READ DATE ON OR ABOUT
MAY 03 2016

DEPOSIT AMOUNT ON ACCOUNT
Blanket Cash

PIN: 928218506

METER READINGS

METER NO. 004536884
PRESENT (ACTUAL) 002196
PREVIOUS (ACTUAL) 098425
DIFFERENCE 003771
TOTAL KWH 3771
PRESENT KW (ACTUAL) 0011.92
BASE KW 12
LOAD FACTOR 43.6%

YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED FOR \$376.71 ON 04/22/16
PAYMENTS RECEIVED AS OF MAR 22 2016 492.31 THANK YOU

GSD-1 070 GENERAL SERVICE - DEMAND SEC
BILLING PERIOD..03-01-16 TO 03-31-16 30 DAYS
CUSTOMER CHARGE 11.59
ENERGY CHARGE 3771 KWH @ 2.43600¢ 91.86
FUEL CHARGE 3771 KWH @ 3.00800¢ 113.43
DEMAND CHARGE 12 KW @ \$10.28000 123.36

*TOTAL ELECTRIC COST 340.24
GROSS RECEIPTS TAX 8.72
STATE AND OTHER TAXES ON ELECTRIC 27.75
TOTAL CURRENT BILL 376.71

TOTAL DUE THIS STATEMENT

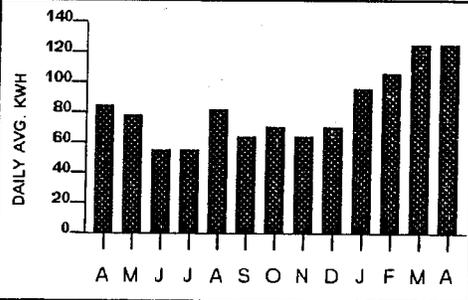
Entered: [Signature] \$376.71

COA Code: 715

Approved: [Signature]

Paid: EFT 042216

Date: 4/22/16



Duke Energy offers a free on-site energy efficiency assessment to help your business save money and energy. This no cost Business Energy Check includes information on how to easily obtain rebate incentives for the installation of preapproved recommended measures. For more information, visit us at duke-energy.com/FLbusiness, or call 877.372.8477.

ENERGY USE

DAILY AVG. USE - 126 KWH/DAY
USE ONE YEAR AGO - 86 KWH/DAY
*DAILY AVG. ELECTRIC COST - \$11.34

Duke Energy

ACCOUNT NUMBER - 07053 84425

000745 000001190



LP WATERWORKS INC
ATTN: AMY WILLIAMS
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652-3434





STATEMENT OF ELECTRIC SERVICE



ACCOUNT NUMBER
63307 92488

MARCH 2016

FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:
1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:
1-800-228-8485

LP WATERWORKS INC
ATTN: AMY WILLIAMS
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652

SERVICE ADDRESS
160 COUNTY ROAD 29 PUMP
LAKE PLACID FL 33852

DUE DATE TOTAL AMOUNT DUE
APR 13 2016 14.24

NEXT READ DEPOSIT AMOUNT
DATE ON OR ON ACCOUNT
ABOUT Blanket Cash
APR 22 2016

PIN: 928218506

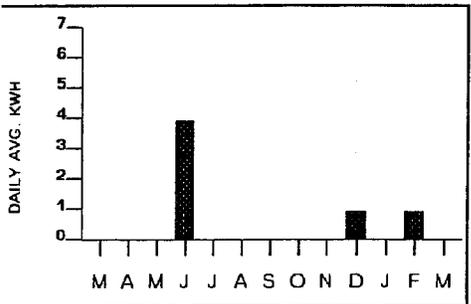
METER READINGS

METER NO. 006361943
PRESENT (ACTUAL) 000069
PREVIOUS (ACTUAL) 000057
DIFFERENCE 000012
TOTAL KWH 12

YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED
FOR \$14.24 ON 04/13/16
PAYMENTS RECEIVED AS OF MAR 11 2016 16.24 THANK YOU

GS-1 060 GENERAL SERVICE - NON DEMAND SEC
BILLING PERIOD .02-19-16 TO 03-22-16 32 DAYS
CUSTOMER CHARGE 11.59
ENERGY CHARGE 12 KWH @ 6.95200¢ .83
FUEL CHARGE 12 KWH @ 3.64700¢ .44
*TOTAL ELECTRIC COST 12.86
GROSS RECEIPTS TAX .33
STATE AND OTHER TAXES ON ELECTRIC 1.05
TOTAL CURRENT BILL 14.24

TOTAL DUE THIS STATEMENT Entered: \$14.24
COA Code 715
Approved: @ 03-21-16
Paid: EFT 041316
Date: 4/13/16



ENERGY USE
DAILY AVG. USE - 0 KWH/DAY
USE ONE YEAR AGO - 0 KWH/DAY
*DAILY AVG. ELECTRIC COST - \$.40

Duke Energy Florida filed a proposed rate reduction with the Florida Public Service Commission, to start with April 2016 billing. The reduction is due to lower projected natural gas prices. While the capacity, or purchased power, cost will increase slightly, the total rate will be lower. For additional information please visit: www.duke-energy.com/RateCut. If you have any questions, please call Customer Service at (800) 700-8744.

_BL_DEF_20160322_213909_2.CSV-1917-000001162

MM 0001571 BILL # 1 OF 2 GRP 1166

Duke Energy

ACCOUNT NUMBER - 63307 92488

001917 000001162

LP WATERWORKS INC
ATTN: AMY WILLIAMS
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652-3434



STATEMENT OF ELECTRIC SERVICE



ACCOUNT NUMBER
68733 75301

MARCH 2016

FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:
1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:
1-800-228-8485

LP WATERWORKS INC
ATTN: AMY WILLIAMS
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652

SERVICE ADDRESS
178 SHORELINE DR LIFT,
CAMP FL

| | |
|----------------------------|---------------------------|
| DUE DATE | TOTAL AMOUNT DUE |
| APR 13 2016 | 99.21 |
| NEXT READ DATE ON OR ABOUT | DEPOSIT AMOUNT ON ACCOUNT |
| APR 22 2016 | Blanket Cash |

PIN: 928218506

METER READINGS

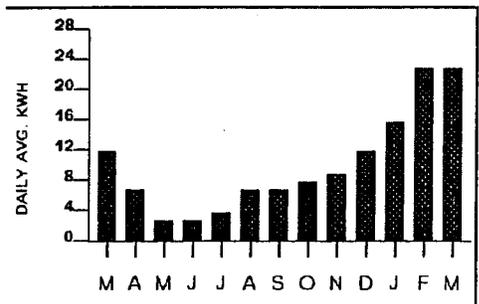
| | |
|-------------------|-----------|
| METER NO. | 006650576 |
| PRESENT (ACTUAL) | 062890 |
| PREVIOUS (ACTUAL) | 062154 |
| DIFFERENCE | 000736 |
| TOTAL KWH | 736 |

YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED FOR \$99.21 ON 04/13/16
PAYMENTS RECEIVED AS OF MAR 11 2016 92.64 THANK YOU

GS-1 060 GENERAL SERVICE - NON DEMAND SEC
BILLING PERIOD .02-19-16 TO 03-22-16 32 DAYS

| | | |
|-----------------------------------|--------------------|---------|
| CUSTOMER CHARGE | | 11.59 |
| ENERGY CHARGE | 736 KWH @ 6.95200¢ | 51.17 |
| FUEL CHARGE | 736 KWH @ 3.64700¢ | 26.84 |
| *TOTAL ELECTRIC COST | | 89.60 |
| GROSS RECEIPTS TAX | | 2.30 |
| STATE AND OTHER TAXES ON ELECTRIC | | 7.31 |
| TOTAL CURRENT BILL | | 99.21 |
| TOTAL DUE THIS STATEMENT | | \$99.21 |

Entered: [Signature]
COA Code: 715
Approved: @ 03-29-16
Paid: EFT 041316
Date: 4/13/16



ENERGY USE

DAILY AVG. USE - 23 KWH/DAY
USE ONE YEAR AGO - 12 KWH/DAY
*DAILY AVG. ELECTRIC COST - \$2.80

Duke Energy Florida filed a proposed rate reduction with the Florida Public Service Commission, to start with April 2016 billing. The reduction is due to lower projected natural gas prices. While the capacity, or purchased power, cost will increase slightly, the total rate will be lower. For additional information please visit: www.duke-energy.com/RateCut. If you have any questions, please call Customer Service at (800) 700-8744.

F_BL_DEF_20160322_213909_2.CSV-1918-000001162

MM 0001572 BILL # 2 OF 2 GRP 1166

Duke Energy

ACCOUNT NUMBER - 68733 75301

001918 000001162

LP WATERWORKS INC
ATTN: AMY WILLIAMS
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652-3434



STATEMENT OF ELECTRIC SERVICE



ACCOUNT NUMBER
07053 84425

MARCH 2016

FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:
1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:
1-800-228-8485

LP WATERWORKS INC
ATTN: AMY WILLIAMS
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652

SERVICE ADDRESS
160 COUNTY ROAD 29,
CAMP FL SEWAGE

DUE DATE
MAR 23 2016

TOTAL AMOUNT DUE
492.31

NEXT READ
DATE ON OR
ABOUT
APR 01 2016

DEPOSIT AMOUNT
ON ACCOUNT
Blanket Cash

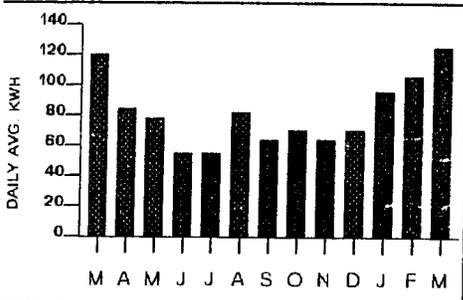
PIN: 928218506

METER READINGS

| | |
|---------------------|-----------|
| METER NO. | 004536884 |
| PRESENT (ACTUAL) | 098425 |
| PREVIOUS (ACTUAL) | 094772 |
| DIFFERENCE | 003653 |
| TOTAL KWH | 3653 |
| PRESENT KW (ACTUAL) | 0020.52 |
| BASE KW | 21 |
| LOAD FACTOR | 25.0% |

YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED
FOR \$492.31 ON 03/23/16
PAYMENTS RECEIVED AS OF FEB 22 2016 445.96 THANK YOU

| | |
|--|----------------------------|
| GSD-1 070 GENERAL SERVICE - DEMAND SEC | |
| BILLING PERIOD..02-01-16 TO 03-01-16 29 DAYS | |
| CUSTOMER CHARGE | 11.59 |
| ENERGY CHARGE | 3653 KWH @ 2.43600¢ 88.99 |
| FUEL CHARGE | 3653 KWH @ 3.68200¢ 134.50 |
| DEMAND CHARGE | 21 KW @ \$9.98000 209.58 |
| *TOTAL ELECTRIC COST 444.66 | |
| GROSS RECEIPTS TAX | 11.40 |
| STATE AND OTHER TAXES ON ELECTRIC | 36.25 |
| TOTAL CURRENT BILL | 492.31 |
| TOTAL DUE THIS STATEMENT | \$492.31 |



ENERGY USE

DAILY AVG. USE - 126 KWH/DAY
 USE ONE YEAR AGO - 122 KWH/DAY
 *DAILY AVG. ELECTRIC COST - \$15.33

Duke Energy Florida filed a proposed rate reduction with the Florida Public Service Commission, to start with April 2016 billing. The reduction is due to lower projected natural gas prices. While the capacity, or purchased power, cost will increase slightly, the total rate will be lower. For additional information please visit: www.duke-energy.com/RateCut. If you have any questions, please call Customer Service at (800) 700-8744.

_BL_DEF_20160301_22395A_2 CSV-1567-000000807

MM 0001327 BILL # 1 OF 2 GRP 922

Duke Energy

ACCOUNT NUMBER - 07053 84425

001567 000000897

|||||

LP WATERWORKS INC
ATTN: AMY WILLIAMS
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652-3434

Entered:

COA Code: 715

Approved: @ @ 3-7-16

Paid: EFT 032316

Date: 3/23/16



STATEMENT OF ELECTRIC SERVICE



ACCOUNT NUMBER

68733 75301

FEBRUARY 2016

FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:
1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:
1-800-228-8485

LP WATERWORKS INC
ATTN: AMY WILLIAMS
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652

SERVICE ADDRESS
178 SHORELINE DR LIFT,
CAMP FL

DUE DATE TOTAL AMOUNT DUE
MAR 14 2016 92.64

NEXT READ DEPOSIT AMOUNT
DATE ON OR ON ACCOUNT
ABOUT
MAR 23 2016 Blanket Cash

PIN: 928218506

METER READINGS

| | |
|-------------------|-----------|
| METER NO. | 006650576 |
| PRESENT (ACTUAL) | 062154 |
| PREVIOUS (ACTUAL) | 061474 |
| DIFFERENCE | 000680 |
| TOTAL KWH | 680 |

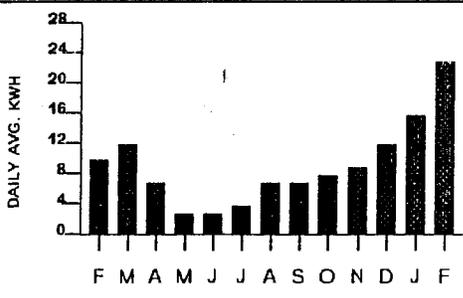
YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED
FOR \$92.64 ON 03/14/16
PAYMENTS RECEIVED AS OF FEB 11 2016 70.22 THANK YOU

| | |
|--|-------|
| GS-1 060 GENERAL SERVICE - NON DEMAND SEC | |
| BILLING PERIOD .01-21-16 TO 02-19-16 29 DAYS | |
| CUSTOMER CHARGE | 11.59 |
| ENERGY CHARGE 680 KWH @ 6.95200¢ | 47.27 |
| FUEL CHARGE 680 KWH @ 3.64700¢ | 24.80 |

| | |
|-----------------------------------|-------|
| *TOTAL ELECTRIC COST | 83.66 |
| GROSS RECEIPTS TAX | 2.15 |
| STATE AND OTHER TAXES ON ELECTRIC | 6.83 |

TOTAL CURRENT BILL 92.64

TOTAL DUE THIS STATEMENT \$92.64



ENERGY USE

| | |
|-----------------------------|------------|
| DAILY AVG. USE - | 23 KWH/DAY |
| USE ONE YEAR AGO - | 10 KWH/DAY |
| *DAILY AVG. ELECTRIC COST - | \$2.88 |

Duke Energy Florida utilized fuel in the following proportions to generate your power: Coal 23%, Purchased Power 17%, Gas 60%, Oil 0%, Nuclear 0% (For Prior 12 months ending December 31, 2015).

Entered: [Signature]
 COA Code: 715
 Approved: [Signature]
 Paid: EFT 031416
 Date: 3/14/16

F_BL_DEF_20160219_213127_2.GSV-1932-000001198

MM 0001512 BILL # 2 OF 2 GRP 1138

Duke Energy

ACCOUNT NUMBER - 68733 75301

001932 000001198



LP WATERWORKS INC
ATTN: AMY WILLIAMS
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652-3434



STATEMENT OF ELECTRIC SERVICE



ACCOUNT NUMBER

63307 92488

JANUARY 2016

FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:
1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:
1-800-228-8485

LP WATERWORKS INC
ATTN: AMY WILLIAMS
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652

SERVICE ADDRESS
160 COUNTY ROAD 29 PUMP
LAKE PLACID FL 33852

DUE DATE TOTAL AMOUNT DUE
FEB 12 2016 13.67

NEXT READ DEPOSIT AMOUNT
DATE ON OR ON ACCOUNT
ABOUT
FEB 23 2016 Blanket Cash

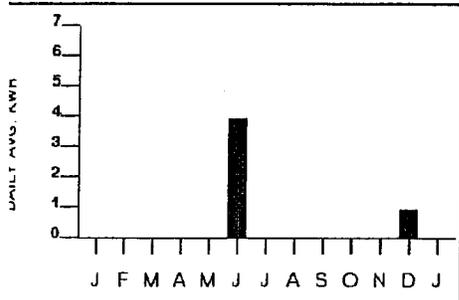
PH: 928218506

METER READINGS

| | |
|-------------------|-----------|
| METER NO. | 006361943 |
| PRESENT (ACTUAL) | 000028 |
| PREVIOUS (ACTUAL) | 000021 |
| DIFFERENCE | 000007 |
| TOTAL KWH | 7 |

YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED
FOR \$13.67 ON 02/12/16
PAYMENTS RECEIVED AS OF JAN 12 2016 15.22 THANK YOU

| | | |
|-----------------------------------|--------------------------------------|---------|
| GS-1 | 060 GENERAL SERVICE - NON DEMAND SEC | |
| BILLING PERIOD | 12-22-15 TO 01-21-16 | 30 DAYS |
| CUSTOMER CHARGE | | 11.59 |
| ENERGY CHARGE | 7 KWH @ 6.95200¢ | .49 |
| FUEL CHARGE | 7 KWH @ 3.64700¢ | .26 |
| *TOTAL ELECTRIC COST | | 12.34 |
| GROSS RECEIPTS TAX | | .32 |
| STATE AND OTHER TAXES ON ELECTRIC | | 1.01 |
| TOTAL CURRENT BILL | | 13.67 |
| TOTAL DUE THIS STATEMENT | | \$13.67 |



| | |
|----------------------------|-----------|
| ENERGY USE | |
| DAILY AVG. USE - | 0 KWH/DAY |
| USE ONE YEAR AGO - | 0 KWH/DAY |
| DAILY AVG. ELECTRIC COST - | \$.41 |

Entered: [Signature]
 COA Code: 210
 Approved: [Signature]
 Paid: EFT 02/12/16
 Date: 2/12/16

BL_DEF_20160121_211912_2.CSV-1851-000001145

MM 0001459 BILL # 1 OF 2 GRP 1099

Duke Energy

ACCOUNT NUMBER - 63307 92488

001851 000001145

LP WATERWORKS INC
 ATTN: AMY WILLIAMS
 4939 CROSS BAYOU BLVD
 NEW PORT RICHEY FL 34652-3434



STATEMENT OF ELECTRIC SERVICE



ACCOUNT NUMBER

68733 75301

JANUARY 2016

FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:
1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:
1-800-228-8485

LP WATERWORKS INC
ATTN: AMY WILLIAMS
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652

SERVICE ADDRESS
178 SHORELINE DR LIFT,
CAMP FL

DUE DATE
FEB 12 2016

TOTAL AMOUNT DUE
70.22

NEXT READ
DATE ON OR
ABOUT
FEB 23 2016

DEPOSIT AMOUNT
ON ACCOUNT
Blanket Cash

PIN: 928218506

METER READINGS

| | |
|--------------------|-----------|
| METER NO. | 006650576 |
| *PRESENT (ACTUAL) | 061474 |
| *PREVIOUS (ACTUAL) | 060985 |
| *DIFFERENCE | 000489 |
| TOTAL KWH | 489 |

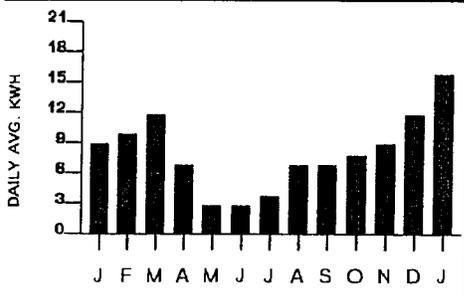
YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED
FOR \$70.22 ON 02/12/16
PAYMENTS RECEIVED AS OF JAN 12 2016 57.65 THANK YOU

| | |
|--|-------|
| GS-1 060 GENERAL SERVICE - NON DEMAND SEC | |
| BILLING PERIOD..12-22-15 TO 01-21-16 30 DAYS | |
| CUSTOMER CHARGE | 11.59 |
| ENERGY CHARGE 489 KWH @ 6.95200¢ | 34.00 |
| FUEL CHARGE 489 KWH @ 3.64700¢ | 17.83 |

| | |
|-----------------------------------|-------|
| *TOTAL ELECTRIC COST | 63.42 |
| GROSS RECEIPTS TAX | 1.63 |
| STATE AND OTHER TAXES ON ELECTRIC | 5.17 |

TOTAL CURRENT BILL 70.22

TOTAL DUE THIS STATEMENT \$70.22



ENERGY USE

| | |
|-----------------------------|------------|
| DAILY AVG. USE - | 16 KWH/DAY |
| USE ONE YEAR AGO - | 9 KWH/DAY |
| *DAILY AVG. ELECTRIC COST - | \$2.11 |

Entered: [Signature]
 COA Code: 725
 Approved: [Signature] @ 01-28-16
 Paid: EFT 02/12/16
 Date: 2/12/16

_BL_DEF_20160121_211912_2.CSV-1852-000001145

MM 0001460 BILL # 2 OF 2 GRP 1099

Duke Energy

ACCOUNT NUMBER - 68733 75301

001852 000001145



LP WATERWORKS INC
ATTN: AMY WILLIAMS
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652-3434



STATEMENT OF ELECTRIC SERVICE



ACCOUNT NUMBER 63307 92488

DECEMBER 2015

FOR CUSTOMER SERVICE OR PAYMENT LOCATIONS CALL: 1-877-372-8477
WEB SITE: www.duke-energy.com
TO REPORT A POWER OUTAGE: 1-800-228-8485

LP WATERWORKS INC
ATTN: AMY WILLIAMS
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652
SERVICE ADDRESS
160 COUNTY ROAD 29 PUMP
LAKE PLACID FL 33852

DUE DATE JAN 13 2016 TOTAL AMOUNT DUE 15.22
NEXT READ DATE ON OR ABOUT JAN 25 2016 DEPOSIT AMOUNT ON ACCOUNT Blanket Cash

PIN: 928218506

METER READINGS

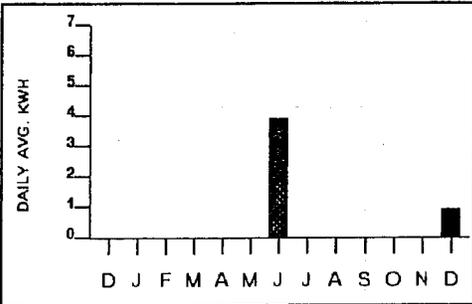
METER NO. 006361943
PRESENT (ACTUAL) 000021
PREVIOUS (ACTUAL) 000002
DIFFERENCE 000019
TOTAL KWH 19

YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED FOR \$15.22 ON 01/13/16
PAYMENTS RECEIVED AS OF DEC 14 2015 12.84 THANK YOU

GS-1 060 GENERAL SERVICE - NON DEMAND SEC
BILLING PERIOD .11-23-15 TO 12-22-15 29 DAYS
CUSTOMER CHARGE 11.59
ENERGY CHARGE 19 KWH @ 6.79700¢ 1.29
FUEL CHARGE 19 KWH @ 4.60500¢ .87
TOTAL ELECTRIC COST 13.75
GROSS RECEIPTS TAX .35
STATE AND OTHER TAXES ON ELECTRIC 1.12
TOTAL CURRENT BILL 15.22

TOTAL DUE THIS STATEMENT \$15.22

Entered: [Signature]
COA Code: 715
Approved: [Signature] @ 1-4-16
Paid: EFT 011316
Date: 1/13/16



ENERGY USE
DAILY AVG. USE - 1 KWH/DAY
USE ONE YEAR AGO - 0 KWH/DAY
DAILY AVG. ELECTRIC COST - \$.47

Duke Energy will be closed on December 24 and 25, 2015 and January 1, 2016. You may visit duke-energy.com for self-service options. To report an outage, please call our outage line at 800.228.8485.

Duke Energy

ACCOUNT NUMBER - 63307 92488

001724 000000952

LP WATERWORKS INC
ATTN: AMY WILLIAMS
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652-3434



STATEMENT OF ELECTRIC SERVICE



ACCOUNT NUMBER
07053 84425

JANUARY 2016

FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:
1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:
1-800-228-8485

LP WATERWORKS INC
ATTN: AMY WILLIAMS
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652

SERVICE ADDRESS
160 COUNTY ROAD 29,
CAMP FL SEWAGE

DUE DATE
JAN 25 2016

TOTAL AMOUNT DUE
464.03

NEXT READ
DATE ON OR
ABOUT
FEB 02 2016

DEPOSIT AMOUNT
ON ACCOUNT
Blanket Cash

IN: 928218506

ETER READINGS

| | |
|-------------------|-----------|
| TER NO. | 004536884 |
| ESENT (ACTUAL) | 091314 |
| EVIOUS (ACTUAL) | 088405 |
| FFERENCE | 002909 |
| TAL KWH | 2909 |
| ESENT KW (ACTUAL) | 0023.24 |
| SE KW | 23 |
| AD FACTOR | 17.6% |

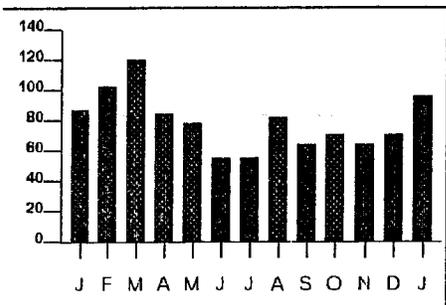
YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED
FOR \$464.03 ON 01/25/16
PAYMENTS RECEIVED AS OF DEC 22 2015 277.11 THANK YOU

| | |
|-----------------|----------------------------------|
| GSD-1 | 070 GENERAL SERVICE - DEMAND SEC |
| BILLING PERIOD | 12-01-15 TO 12-31-15 30 DAYS |
| CUSTOMER CHARGE | 11.59 |
| ENERGY CHARGE | 2909 KWH @ 2.43600¢ 70.86 |
| FUEL CHARGE | 2909 KWH @ 3.68200¢ 107.11 |
| DEMAND CHARGE | 23 KW @ \$9.98000 229.54 |

| | |
|-----------------------------------|--------|
| *TOTAL ELECTRIC COST | 419.10 |
| GROSS RECEIPTS TAX | 10.75 |
| STATE AND OTHER TAXES ON ELECTRIC | 34.18 |
| TOTAL CURRENT BILL | 464.03 |

TOTAL DUE THIS STATEMENT

\$464.03



| | |
|---------------------------|------------|
| ENERGY USE | |
| AILY AVG. USE - | 97 KWH/DAY |
| SE ONE YEAR AGO - | 89 KWH/DAY |
| AILY AVG. ELECTRIC CDST - | \$13.97 |

Entered: [Signature]
COA Code: 715
Approved: [Signature]
Paid: EFT 012516
Date: 1/25/16

IL_DEF_20151231_210455_2.CSV-567-000001155

MM 0000991 BILL # 1 OF 2 GRP 779

Duke Energy

ACCOUNT NUMBER - 07053 84425

000567 000001155

LP WATERWORKS INC
ATTN: AMY WILLIAMS
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652-3434



STATEMENT OF ELECTRIC SERVICE



ACCOUNT NUMBER
07053 84425

DECEMBER 2015

FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:
1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:
1-800-228-8485

LP WATERWORKS INC
ATTN: AMY WILLIAMS
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652

SERVICE ADDRESS
160 COUNTY ROAD 29,
CAMP FL SEHAGE

DUE DATE
DEC 23 2015

TOTAL AMOUNT DUE
277.11

**NEXT READ
DATE ON OR
ABOUT**
JAN 04 2016

**DEPOSIT AMOUNT
ON ACCOUNT**
Blanket Cash

PIN: 928218506

METER READINGS

| | |
|---------------------|-----------|
| METER NO. | 004536884 |
| PRESENT (ACTUAL) | 088405 |
| PREVIOUS (ACTUAL) | 086319 |
| DIFFERENCE | 002086 |
| TOTAL KWH | 2086 |
| PRESENT KW (ACTUAL) | 0010.38 |
| BASE KW | 10 |
| LOAD FACTOR | 30.0% |

YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED
FOR \$277.11 ON 12/23/15
PAYMENTS RECEIVED AS OF NOV 23 2015 282.09 THANK YOU

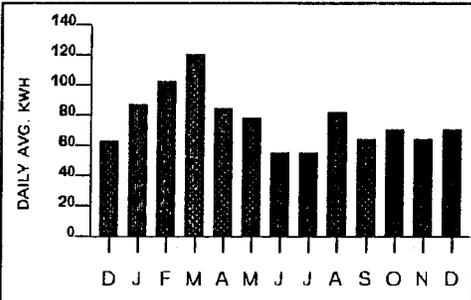
GSD-1 070 GENERAL SERVICE - DEMAND SEC
BILLING PERIOD..11-02-15 TO 12-01-15 29 DAYS

| | | |
|-----------------|---------------------|-------|
| CUSTOMER CHARGE | | 11.59 |
| ENERGY CHARGE | 2086 KWH @ 2.38500¢ | 49.75 |
| FUEL CHARGE | 2086 KWH @ 4.64700¢ | 96.94 |
| DEMAND CHARGE | 10 KW @ \$9.20000 | 92.00 |

| | |
|-----------------------------------|--------|
| *TOTAL ELECTRIC COST | 250.28 |
| GROSS RECEIPTS TAX | 6.42 |
| STATE AND OTHER TAXES ON ELECTRIC | 20.41 |

TOTAL CURRENT BILL 277.11

TOTAL DUE THIS STATEMENT \$277.11



Duke Energy will be closed on December 24 and 25, 2015 and January 1, 2016. You may visit duke-energy.com for self-service options. To report an outage, please call our outage line at 800.228.8485.

Entered: [Signature]

COA Code 715

Approved: 12-8-15

Paid: EFT 122315

Date: 12/23/15

| | |
|-----------------------------|------------|
| ENERGY USE | |
| DAILY AVG. USE - | 72 KWH/DAY |
| USE ONE YEAR AGO - | 64 KWH/DAY |
| *DAILY AVG. ELECTRIC COST - | \$8.63 |

BF_BL_DEF_20151201_21482906a_2.CSV-1641-00000923

MM 0001337 BILL # 1 OF 2 GRP 928

Duke Energy

ACCOUNT NUMBER - 07053 84425

001641 000000923

LP WATERWORKS INC
 ATTN: AMY WILLIAMS
 4939 CROSS BAYOU BLVD
 NEW PORT RICHEY FL 34652-3434



STATEMENT OF ELECTRIC SERVICE



ACCOUNT NUMBER
63307 92488

NOVEMBER 2015

FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:
1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:
1-800-228-8485

LP WATERWORKS INC
ATTN: AMY WILLIAMS
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652

SERVICE ADDRESS
160 COUNTY ROAD 29 PUMP
LAKE PLACID FL 33852

DUE DATE TOTAL AMOUNT DUE
DEC 15 2015 12.84

NEXT READ DEPOSIT AMOUNT
DATE ON OR ON ACCOUNT
ABOUT
DEC 23 2015 Blanket Cash

PIN: 928218506

METER READINGS

| | |
|-------------------|-----------|
| METER NO. | 006361943 |
| PRESENT (ACTUAL) | 000002 |
| PREVIOUS (ACTUAL) | 000002 |
| DIFFERENCE | 000000 |
| TOTAL KWH | 0 |

YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED
FOR \$12.84 ON 12/15/15
PAYMENTS RECEIVED AS OF NOV 12 2015 13.08 THANK YOU

GS-1 060 GENERAL SERVICE - NON DEMAND SEC
BILLING PERIOD..10-22-15 TO 11-23-15 32 DAYS
CUSTOMER CHARGE 11.59

*TOTAL ELECTRIC COST 11.59
GROSS RECEIPTS TAX .30
STATE AND OTHER TAXES ON ELECTRIC .95

TOTAL CURRENT BILL 12.84

TOTAL DUE THIS STATEMENT \$12.84

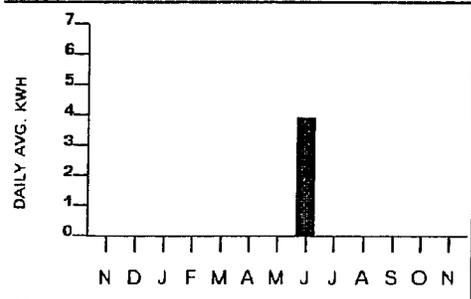
Entered: [Signature]

COA Code: 715

Approved: [Signature] @ 12-8-15

Paid: EFT 12/15/15

Date: 12/15/15



Duke Energy Florida utilized fuel in the following proportions to generate your power: Coal 26%, Purchased Power 17%, Gas 57%, Oil 0%, Nuclear 0% (For Prior 12 months ending September 30, 2015). Duke Energy will be closed on November 26 and 27, 2015. You may visit duke-energy.com for self-service options. To report an outage, please call our outage line at 800.228.8485.

ENERGY USE

DAILY AVG. USE - 0 KWH/DAY
USE ONE YEAR AGO - 0 KWH/DAY
*DAILY AVG. ELECTRIC COST - \$.36

F_BL_DEF_20151123_21325604a_2.CSV-1687-000001043

MM 0001353 BILL # 1 OF 2 GRP 1024

Duke Energy

ACCOUNT NUMBER - 63307 92488

001687 000001043



LP WATERWORKS INC
ATTN: AMY WILLIAMS
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652-3434





STATEMENT OF ELECTRIC SERVICE



ACCOUNT NUMBER 68733 75301

NOVEMBER 2015

FOR CUSTOMER SERVICE OR PAYMENT LOCATIONS CALL: 1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE: 1-800-228-8485

LP WATERWORKS INC ATTN: AMY WILLIAMS 4939 CROSS BAYOU BLVD NEW PORT RICHEY FL 34652

SERVICE ADDRESS 178 SHORELINE DR LIFT, CAMP FL

DUE DATE DEC 15 2015 TOTAL AMOUNT DUE 49.08

NEXT READ DATE ON OR ABOUT DEC 23 2015 DEPOSIT AMOUNT ON ACCOUNT Blanket Cash

PIN: 928218506

METER READINGS

METER NO. 006650576 PRESENT (ACTUAL) 060630 PREVIOUS (ACTUAL) 060343 DIFFERENCE 000287 TOTAL KWH 287

YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED FOR \$49.08 ON 12/15/15 PAYMENTS RECEIVED AS OF NOV 12 2015 43.90 THANK YOU

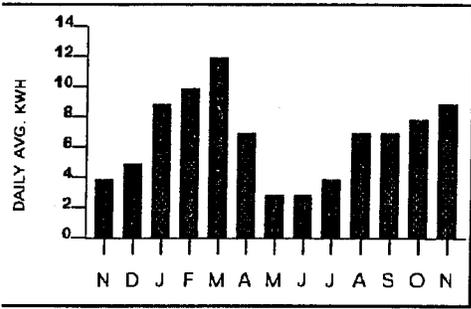
GS-1 060 GENERAL SERVICE - NON DEMAND SEC BILLING PERIOD..10-22-15 TO 11-23-15 32 DAYS CUSTOMER CHARGE 11.59 ENERGY CHARGE 287 KWH @ 6.79700¢ 19.51 FUEL CHARGE 287 KWH @ 4.60500¢ 13.22

*TOTAL ELECTRIC COST 44.32 GROSS RECEIPTS TAX 1.14 STATE AND OTHER TAXES ON ELECTRIC 3.62

TOTAL CURRENT BILL 49.08

TOTAL DUE THIS STATEMENT

Entered: [Signature] COA Code: 715 Approved: @ 12-8-15 Paid: EFT 12/15/15 Date: 12/15/15 \$49.08



ENERGY USE DAILY AVG. USE - 9 KWH/DAY USE ONE YEAR AGO - 4 KWH/DAY *DAILY AVG. ELECTRIC COST - \$1.39

Duke Energy Florida utilized fuel in the following proportions to generate your power: Coal 26%, Purchased Power 17%, Gas 57%, Oil 0%, Nuclear 0% (For Prior 12 months ending September 30, 2015). Duke Energy will be closed on November 26 and 27, 2015. You may visit duke-energy.com for self-service options. To report an outage, please call our outage line at 800.228.8485.

F_BL_DEF_20151123_21325604a_2.CSV-1688-000001043

MM 0001354 BILL # 2 OF 2 GRP 1024

Duke Energy

ACCOUNT NUMBER - 68733 75301

001688 000001043

LP WATERWORKS INC ATTN: AMY WILLIAMS 4939 CROSS BAYOU BLVD NEW PORT RICHEY FL 34652-3434



STATEMENT OF ELECTRIC SERVICE



ACCOUNT NUMBER 63307 92488

OCTOBER 2015

FOR CUSTOMER SERVICE OR PAYMENT LOCATIONS CALL: 1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE: 1-800-228-8485

LP WATERWORKS INC ATTN: AMY WILLIAMS 4939 CROSS BAYOU BLVD NEW PORT RICHEY FL 34652

SERVICE ADDRESS 160 COUNTY ROAD 29 PUMP LAKE PLACID FL 33852

DUE DATE NOV 13 2015 TOTAL AMOUNT DUE 13.08

NEXT READ DATE ON OR ABOUT NOV 23 2015 DEPOSIT AMOUNT ON ACCOUNT Blanket Cash

PIN: 928218506

METER READINGS

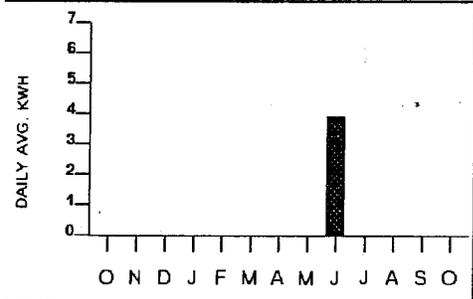
METER NO. 006361943 PRESENT (ACTUAL) 000002 PREVIOUS (ACTUAL) 000000 DIFFERENCE 000002 TOTAL KWH 2

YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED FOR \$13.08 ON 11/13/15 PAYMENTS RECEIVED AS OF OCT 13 2015 12.84 THANK YOU

GS-1 060 GENERAL SERVICE - NON DEMAND SEC BILLING PERIOD .09-22-15 TO 10-22-15 30 DAYS CUSTOMER CHARGE 11.59 ENERGY CHARGE 2 KWH @ 6.79700¢ .14 FUEL CHARGE 2 KWH @ 4.60500¢ .09 *TOTAL ELECTRIC COST 11.82 GROSS RECEIPTS TAX .30 STATE AND OTHER TAXES ON ELECTRIC .96 TOTAL CURRENT BILL 13.08

TOTAL DUE THIS STATEMENT \$13.08

Entered: [Signature] COA Code: 715 Approved: @ 10-27-15 Paid: EFT 11/13/15 Date: 11/13/15



ENERGY USE DAILY AVG. USE - 0 KWH/DAY USE ONE YEAR AGO - 0 KWH/DAY *DAILY AVG. ELECTRIC COST - \$.39

Duke Energy Florida, Inc. has converted to Duke Energy Florida, LLC d/b/a Duke Energy. The conversion will not impact Duke Energy Florida customers, rates or operations. Duke Energy offers a free on-site energy efficiency assessment to help your business save money and energy. This no cost Business Energy Check includes information on how to easily obtain rebate incentives for the installation of preapproved recommended measures. For more information, visit us at duke-energy.com/FLbusiness, or call 877.372.8477. Stay in the know. Get power outage notifications by text or voice message. Enroll now at duke-energy.com/OutageAlerts. For residential and small business customers only.

F_BL_DEF_20151022_2130251bb_2.CSV-2174-000001007

MM 0001505 BILL # 1 OF 2 GRP 1122

Duke Energy

ACCOUNT NUMBER - 63307 92488

002174 000001007

LP WATERWORKS INC ATTN: AMY WILLIAMS 4939 CROSS BAYOU BLVD NEW PORT RICHEY FL 34652-3434



STATEMENT OF ELECTRIC SERVICE



ACCOUNT NUMBER
68733 75301

OCTOBER 2015

FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:
1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:
1-800-228-8485

LP WATERWORKS INC
ATTN: AMY WILLIAMS
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652

SERVICE ADDRESS
178 SHORELINE DR LIFT,
CAMP FL

DUE DATE TOTAL AMOUNT DUE
NOV 13 2015 43.90

NEXT READ DEPOSIT AMOUNT
DATE ON OR ON ACCOUNT
ABOUT
NOV 23 2015 Blanket Cash

PIN: 928218506

METER READINGS

| | |
|-------------------|-----------|
| METER NO. | 006650576 |
| PRESENT (ACTUAL) | 060343 |
| PREVIOUS (ACTUAL) | 060097 |
| DIFFERENCE | 000246 |
| TOTAL KWH | 246 |

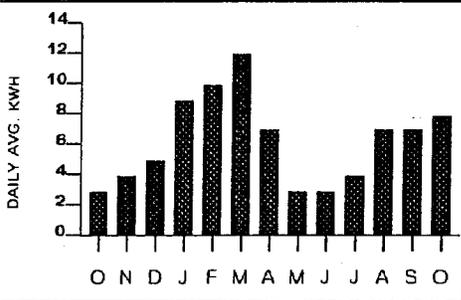
YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED
FOR \$43.90 ON 11/13/15
PAYMENTS RECEIVED AS OF OCT 13 2015 40.11 THANK YOU

| | |
|--|-------|
| GS-1 060 GENERAL SERVICE - NON DEMAND SEC | |
| BILLING PERIOD .09-22-15 TO 10-22-15 30 DAYS | |
| CUSTOMER CHARGE | 11.59 |
| ENERGY CHARGE 246 KWH @ 6.79700¢ | 16.72 |
| FUEL CHARGE 246 KWH @ 4.60500¢ | 11.33 |

| | |
|-----------------------------------|-------|
| *TOTAL ELECTRIC COST | 39.64 |
| GROSS RECEIPTS TAX | 1.02 |
| STATE AND OTHER TAXES ON ELECTRIC | 3.24 |
| TOTAL CURRENT BILL | 43.90 |

TOTAL DUE THIS STATEMENT Entered: 715 \$43.90

COA Code: 715
 Approved: P 10-27-15
 Paid: EFT 111315
 Date: 11/13/15



ENERGY USE

| | |
|-----------------------------|-----------|
| DAILY AVG. USE - | 8 KWH/DAY |
| USE ONE YEAR AGO - | 3 KWH/DAY |
| *DAILY AVG. ELECTRIC COST - | \$1.32 |

Duke Energy Florida, Inc. has converted to Duke Energy Florida, LLC d/b/a Duke Energy. The conversion will not impact Duke Energy Florida customers, rates or operations.

Duke Energy offers a free on-site energy efficiency assessment to help your business save money and energy. This no cost Business Energy Check includes information on how to easily obtain rebate incentives for the installation of preapproved recommended measures. For more information, visit us at duke-energy.com/FLbusiness, or call 877.372.8477.

Stay in the know. Get power outage notifications by text or voice message. Enroll now at duke-energy.com/OutageAlerts. For residential and small business customers only.

_BL_DEF_20151022_2130251bb_2.CSV-2175-000001007

MM 0001506 BILL # 2 OF 2 GRP 1122

Duke Energy

ACCOUNT NUMBER - 68733 75301

002175 000001007



LP WATERWORKS INC
 ATTN: AMY WILLIAMS
 4939 CROSS BAYOU BLVD
 NEW PORT RICHEY FL 34652-3434



STATEMENT OF ELECTRIC SERVICE



ACCOUNT NUMBER
68733 75301

SEPTEMBER 2015

FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:
1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:
1-800-228-8485

LP WATERWORKS INC
ATTN: AMY WILLIAMS
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652

SERVICE ADDRESS
178 SHORELINE DR LIFT,
CAMP FL

| | |
|----------------------------|---------------------------|
| DUE DATE | TOTAL AMOUNT DUE |
| OCT 14 2015 | 40.11 |
| NEXT READ DATE ON OR ABOUT | DEPOSIT AMOUNT ON ACCOUNT |
| OCT 22 2015 | Blanket Cash |

PIN: 928218506

METER READINGS

| | |
|-------------------|-----------|
| METER NO. | 006650576 |
| PRESENT (ACTUAL) | 060097 |
| PREVIOUS (ACTUAL) | 059881 |
| DIFFERENCE | 000216 |
| TOTAL KWH | 216 |

YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED FOR \$40.11 ON 10/14/15
PAYMENTS RECEIVED AS OF SEP 11 2015 37.70 THANK YOU

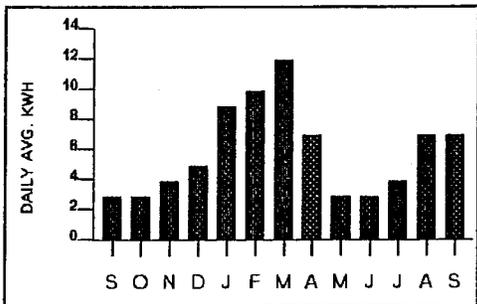
GS-1 060 GENERAL SERVICE - NON DEMAND SEC
BILLING PERIOD..08-21-15 TO 09-22-15 32 DAYS

| | |
|----------------------------------|-------|
| CUSTOMER CHARGE | 11.59 |
| ENERGY CHARGE 216 KWH @ 6.79700¢ | 14.68 |
| FUEL CHARGE 216 KWH @ 4.60500¢ | 9.95 |

| | |
|-----------------------------------|-------|
| *TOTAL ELECTRIC COST | 36.22 |
| GROSS RECEIPTS TAX | .93 |
| STATE AND OTHER TAXES ON ELECTRIC | 2.96 |
| TOTAL CURRENT BILL | 40.11 |

TOTAL DUE THIS STATEMENT Entered: [Signature] \$40.11

COA Code: 715
Approved: @ @ 10-1-15
Paid: EFT 10/4/15
Date: 10/14/15



ENERGY USE

| | |
|-----------------------------|-----------|
| DAILY AVG. USE - | 7 KWH/DAY |
| USE ONE YEAR AGO - | 3 KWH/DAY |
| *DAILY AVG. ELECTRIC COST - | \$1.13 |

To help us repair malfunctioning streetlights, quickly: 1. Call us at 1.800.228.8485 or visit duke-energy.com/lightrepair 2. Provide us with the light 's location and your contact information. 3. Specific addresses, landmarks and directions work best.

BF_BL_DEF_20150922_21315210b_2.CSV-1744-000000971

MM 0001336 BILL # 2 OF 2 GRP 1015

Duke Energy

ACCOUNT NUMBER - 68733 75301

001744 000000971



LP WATERWORKS INC
ATTN: AMY WILLIAMS
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652-3434



STATEMENT OF ELECTRIC SERVICE



ACCOUNT NUMBER

63307 92488

SEPTEMBER 2015

FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:
1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:
1-800-228-8485

LP WATERWORKS INC
ATTN: AMY WILLIAMS
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652

SERVICE ADDRESS
160 COUNTY ROAD 29 PUMP
LAKE PLACID FL 33852

DUE DATE TOTAL AMOUNT DUE
OCT 14 2015 12.84

NEXT READ DEPOSIT AMOUNT
DATE ON OR ON ACCOUNT
ABOUT
OCT 22 2015 Blanket Cash

PIN: 928218506

METER READINGS

| | |
|-------------------|-----------|
| METER NO. | 006361943 |
| PRESENT (ACTUAL) | 000000 |
| PREVIOUS (ACTUAL) | 000000 |
| DIFFERENCE | 000000 |
| TOTAL KWH | 0 |

YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED
FOR \$12.84 ON 10/14/15
PAYMENTS RECEIVED AS OF SEP 11 2015 12.96 THANK YOU

GS-1 060 GENERAL SERVICE - NON DEMAND SEC
BILLING PERIOD..08-21-15 TO 09-22-15 32 DAYS
CUSTOMER CHARGE 11.59

| | |
|-----------------------------------|-------|
| *TOTAL ELECTRIC COST | 11.59 |
| GROSS RECEIPTS TAX | .30 |
| STATE AND OTHER TAXES ON ELECTRIC | .95 |

TOTAL CURRENT BILL 12.84

TOTAL DUE THIS STATEMENT \$12.84

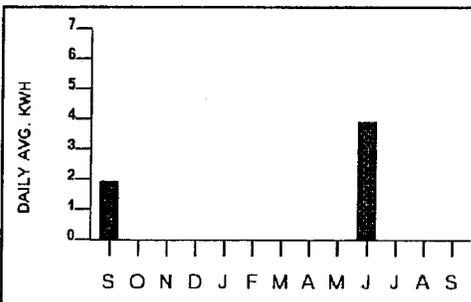
Entered: [Signature]

COA Code: 715

Approved: [Signature] @ 10-1-15

Paid: EFT 10/14/15

Date: 10/14/15



To help us repair malfunctioning streetlights, quickly: 1. Call us at 1.800.228.8485 or visit duke-energy.com/lightrepair 2. Provide us with the light's location and your contact information. 3. Specific addresses, landmarks and directions work best.

ENERGY USE

| | |
|-----------------------------|-----------|
| DAILY AVG. USE - | 0 KWH/DAY |
| USE ONE YEAR AGO - | 2 KWH/DAY |
| *DAILY AVG. ELECTRIC COST - | \$.36 |

BF_BL_DEF_20150922_21315210b_2.CSV-1743-000000971

MM 0001335 BILL # 1 OF 2 GRP 1015

Duke Energy

ACCOUNT NUMBER - 63307 92488

001743 000000971



LP WATERWORKS INC
ATTN: AMY WILLIAMS
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652-3434



STATEMENT OF ELECTRIC SERVICE



ACCOUNT NUMBER
07053 84425

OCTOBER 2015

FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:
1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:
1-800-228-8485

LP WATERWORKS INC
ATTN: AMY WILLIAMS
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652

SERVICE ADDRESS
160 COUNTY ROAD 29,
CAMP FL SEWAGE

DUE DATE TOTAL AMOUNT DUE
OCT 22 2015 322.52

NEXT READ DEPOSIT AMOUNT
DATE ON OR ON ACCOUNT
ABOUT
OCT 30 2015 Blanket Cash

PIN: 928218506

METER READINGS

| | |
|---------------------|-----------|
| METER NO. | 004536884 |
| PRESENT (ACTUAL) | 084169 |
| PREVIOUS (ACTUAL) | 082023 |
| DIFFERENCE | 002146 |
| TOTAL KWH | 2146 |
| PRESENT KW (ACTUAL) | 0013.72 |
| BASE KW | 14 |
| LOAD FACTOR | 21.3% |

YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED
FOR \$322.52 ON 10/22/15
PAYMENTS RECEIVED AS OF SEP 21 2015 320.34 THANK YOU

| | |
|-----------------|----------------------------------|
| GSD-1 | 070 GENERAL SERVICE - DEMAND SEC |
| BILLING PERIOD | 08-31-15 TO 09-30-15 30 DAYS |
| CUSTOMER CHARGE | 11.59 |
| ENERGY CHARGE | 2146 KWH @ 2.38500¢ 51.18 |
| FUEL CHARGE | 2146 KWH @ 4.64700¢ 99.72 |
| DEMAND CHARGE | 14 KW @ \$9.20000 128.80 |

| | |
|-----------------------------------|--------|
| *TOTAL ELECTRIC COST | 291.29 |
| GROSS RECEIPTS TAX | 7.47 |
| STATE AND OTHER TAXES ON ELECTRIC | 23.76 |

TOTAL CURRENT BILL

322.52

TOTAL DUE THIS STATEMENT

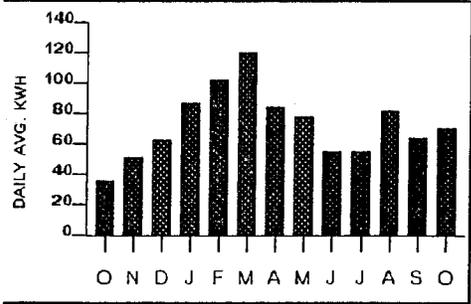
Entered: [Signature] \$322.52

COA Code: 715

Approved: @ @ 10-6-15

Paid: EFT 10/22/15

Date: 10/22/15



ENERGY USE

| | |
|-----------------------------|------------|
| DAILY AVG. USE - | 72 KWH/DAY |
| USE ONE YEAR AGO - | 37 KWH/DAY |
| *DAILY AVG. ELECTRIC COST - | \$9.71 |

Duke Energy Florida, Inc. has converted to Duke Energy Florida, LLC d/b/a Duke Energy. The conversion will not impact Duke Energy Florida customers, rates or operations.

Duke Energy offers a free on-site energy efficiency assessment to help your business save money and energy. This no cost Business Energy Check includes information on how to easily obtain rebate incentives for the installation of preapproved recommended measures. For more information, visit us at duke-energy.com/FLbusiness, or call 877.372.8477.

Stay in the know. Get power outage notifications by text or voice message. Enroll now at duke-energy.com/OutageAlerts. For residential and small business customers only.

F_BL_DEF_20150930_214348136_2_CSV-1503-00000879

MM 0001281 BILL # 1 OF 2 GRP 887

Duke Energy

ACCOUNT NUMBER - 07053 84425

001503 000000879



LP WATERWORKS INC
ATTN: AMY WILLIAMS
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652-3434



STATEMENT OF ELECTRIC SERVICE



ACCOUNT NUMBER
07053 84425

SEPTEMBER 2015

FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:
1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:
1-800-228-8485

LP WATERWORKS INC
ATTN: AMY WILLIAMS
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652

SERVICE ADDRESS
160 COUNTY ROAD 29,
CAMP FL SEWAGE

DUE DATE TOTAL AMOUNT DUE
SEP 22 2015 320.34

NEXT READ DEPOSIT AMOUNT
DATE ON OR ON ACCOUNT
ABOUT
OCT 01 2015 Blanket Cash

PIN: 928218506

METER READINGS

| | |
|---------------------|-----------|
| METER NO. | 004536884 |
| PRESENT (ACTUAL) | 082023 |
| PREVIOUS (ACTUAL) | 079905 |
| DIFFERENCE | 002118 |
| TOTAL KWH | 2118 |
| PRESENT KW (ACTUAL) | 0013.75 |
| BASE KW | 14 |
| LOAD FACTOR | 19.7% |

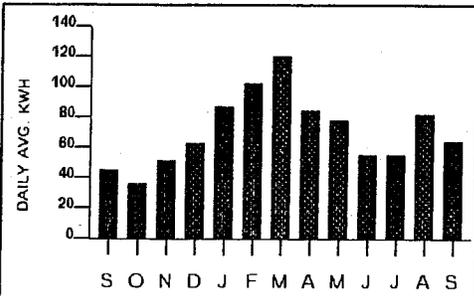
YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED
FOR \$320.34 ON 09/22/15
PAYMENTS RECEIVED AS OF AUG 20 2015 318.36 THANK YOU

| | |
|--|---------------------------|
| GSD-1 070 GENERAL SERVICE - DEMAND SEC | |
| BILLING PERIOD..07-30-15 TO 08-31-15 | 32 DAYS |
| CUSTOMER CHARGE | 11.59 |
| ENERGY CHARGE | 2118 KWH @ 2.38500¢ 50.51 |
| FUEL CHARGE | 2118 KWH @ 4.64700¢ 98.42 |
| DEMAND CHARGE | 14 KW @ \$9.20000 128.80 |

| | |
|-----------------------------------|--------|
| *TOTAL ELECTRIC COST | 289.32 |
| GROSS RECEIPTS TAX | 7.42 |
| STATE AND OTHER TAXES ON ELECTRIC | 23.60 |

TOTAL CURRENT BILL 320.34

TOTAL DUE THIS STATEMENT **\$320.34**



ENERGY USE

| | |
|-----------------------------|------------|
| DAILY AVG. USE - | 66 KWH/DAY |
| USE ONE YEAR AGO - | 47 KWH/DAY |
| *DAILY AVG. ELECTRIC COST - | \$9.04 |

To help us repair malfunctioning streetlights, quickly: 1. Call us at 1.800.228.8485 or visit duke-energy.com/lightrepair 2. Provide us with the light's location and your contact information. 3. Specific addresses, landmarks and directions work best.

Entered: [Signature]
 COA Code: 915
 Approved: [Signature]
 Paid: EFT 092215
 Date: 9/22/15

Duke Energy

ACCOUNT NUMBER - 07053 84425

001630 000000971

LP WATERWORKS INC
ATTN: AMY WILLIAMS
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652-3434



STATEMENT OF ELECTRIC SERVICE

AUGUST 2015

ACCOUNT NUMBER

63307 92488

FOR CUSTOMER SERVICE OR
PAYMENT LOCATIONS CALL:
1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE:
1-800-228-8485

LP WATERWORKS INC
ATTN: AMY WILLIAMS
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652

SERVICE ADDRESS
160 COUNTY ROAD 29 PUMP
LAKE PLACID FL 33852

DUE DATE TOTAL AMOUNT DUE
SEP 14 2015 12.96

NEXT READ DEPOSIT AMOUNT
DATE ON OR ON ACCOUNT
ABOUT
SEP 23 2015 Blanket Cash

PIN: 928218506

METER READINGS

| | | |
|-------------------|--------|--|
| OLD METER | | |
| PRESENT (ACTUAL) | 003302 | |
| PREVIOUS (ACTUAL) | 003301 | |
| DIFFERENCE | 000001 | |
| TOTAL KWH | 1 | |

| | | |
|-------------------|-----------|--|
| METER NO. | 006361943 | |
| PRESENT (ACTUAL) | 000000 | |
| PREVIOUS (ACTUAL) | 000000 | |
| DIFFERENCE | 000000 | |
| TOTAL KWH | 0 | |

YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED
FOR \$12.96 ON 09/14/15
PAYMENTS RECEIVED AS OF AUG 12 2015 13.33 THANK YOU

| | | |
|-----------------|--------------------------------------|---------|
| GS-1 | 060 GENERAL SERVICE - NON DEMAND SEC | |
| BILLING PERIOD. | 07-22-15 TO 08-21-15 | 30 DAYS |
| CUSTOMER CHARGE | | 11.59 |
| ENERGY CHARGE | 1 KWH @ 6.79700¢ | .07 |
| FUEL CHARGE | 1 KWH @ 4.60500¢ | .05 |

| | | |
|-----------------------------------|--|-------|
| *TOTAL ELECTRIC COST | | |
| GROSS RECEIPTS TAX | | 11.71 |
| STATE AND OTHER TAXES ON ELECTRIC | | .30 |
| | | .95 |

TOTAL CURRENT BILL

TOTAL DUE THIS STATEMENT

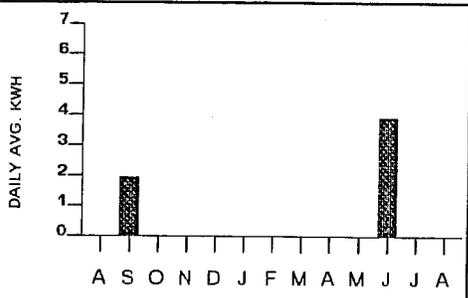
Entered: [Signature] \$12.96

COA Code: 715

Approved: [Signature] @ 8-27-15

Paid: EFT 091415

Date: 9/14/15



Duke Energy Florida utilized fuel in the following proportions to generate your power: Coal 26%, Purchased Power 17%, Gas 57%, Oil 0%, Nuclear 0% (For Prior 12 months ending June 30, 2015).

ENERGY USE

| | |
|-----------------------------|-----------|
| DAILY AVG. USE - | 0 KWH/DAY |
| USE ONE YEAR AGO - | 0 KWH/DAY |
| *DAILY AVG. ELECTRIC COST - | \$.39 |

MM 0001549 BILL # 1 OF 2 GRP 1188

Duke Energy

ACCOUNT NUMBER - 63307 92488

LP WATERWORKS INC
ATTN: AMY WILLIAMS
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652 - 3434



STATEMENT OF ELECTRIC SERVICE

ACCOUNT NUMBER

68733 75301

AUGUST 2015

FOR CUSTOMER SERVICE OR PAYMENT LOCATIONS CALL: 1-877-372-8477

WEB SITE: www.duke-energy.com

TO REPORT A POWER OUTAGE: 1-800-228-8485

LP WATERWORKS INC
ATTN: AMY WILLIAMS
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652

SERVICE ADDRESS
178 SHORELINE DR LIFT,
CAMP FL

DUE DATE SEP 14 2015 TOTAL AMOUNT DUE 37.70

NEXT READ DATE ON OR ABOUT SEP 23 2015 DEPOSIT AMOUNT ON ACCOUNT Blanket Cash

PIN: 928218506

METER READINGS

METER NO. 006650576
PRESENT (ACTUAL) 059881
PREVIOUS (ACTUAL) 059684
DIFFERENCE 000197
TOTAL KWH 197

YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED FOR \$37.70 ON 09/14/15
PAYMENTS RECEIVED AS OF AUG 12 2015 29.12 THANK YOU

GS-1 060 GENERAL SERVICE - NON DEMAND SEC
BILLING PERIOD .07-22-15 TO 08-21-15 30 DAYS
CUSTOMER CHARGE 11.59
ENERGY CHARGE 197 KWH @ 6.79700¢ 13.39
FUEL CHARGE 197 KWH @ 4.60500¢ 9.07

*TOTAL ELECTRIC COST 34.05
GROSS RECEIPTS TAX .87
STATE AND OTHER TAXES ON ELECTRIC 2.78

TOTAL CURRENT BILL 37.70

TOTAL DUE THIS STATEMENT

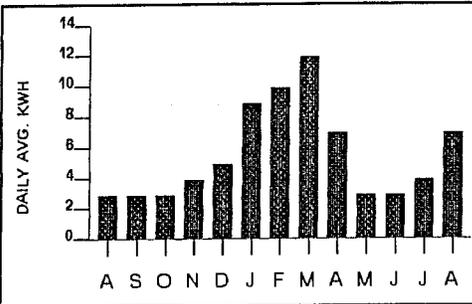
Entered: [Signature] \$37.70

COA Code: 710

Approved: @ 08-21-15

Paid: EFT 091415

Date: 9/14/15



Duke Energy Florida utilized fuel in the following proportions to generate your power: Coal 26%, Purchased Power 17%, Gas 57%, Oil 0%, Nuclear 0% (For Prior 12 months ending June 30, 2015).

ENERGY USE

DAILY AVG. USE - 7 KWH/DAY
USE ONE YEAR AGO - 3 KWH/DAY
*DAILY AVG. ELECTRIC COST - \$1.14

MM 0001550 BILL # 2 OF 2 GRP 1186

Duke Energy

ACCOUNT NUMBER - 68733 75301

LP WATERWORKS INC
ATTN: AMY WILLIAMS
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652 - 3434

LP WATERWORKS

ACCOUNT 736

OUTSIDE SERVICES – CONTRACTUAL SERVICES

U.S. WATER SERVICES

U.S. Water Services Corporation

4939 Cross Bayou Blvd.
New Port Richey, FL 34652

Invoice

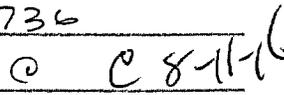
| | |
|-----------|-----------|
| Invoice # | 833261 |
| Date | 8/1/2016 |
| Due Date | 8/31/2016 |
| Account # | 2554 |
| P.O. No. | |

| |
|---|
| Bill To |
| LP Waterworks Attn: Joe Gabay 4939 Cross Bayou Boulevard New Port Richey, FL 34652 |

All service pricing anticipates payment by Check or ACH. Due to additional costs incurred, services paid by credit card will require an additional "pass through" 3% processing fee in order to be accepted.

| |
|-------------------------------------|
| Project |
| 2554-02 Mnthly Wastewater Contr Ops |

| Date | Description | Qty or Hrs | Unit | Rate | Amount |
|----------|--|------------|------|----------|----------|
| 8/1/2016 | Wastewater System - Utility Operating Services Monthly Contract Operations Reset Annual Contract Value 06/01/13 - \$59,576.85 Monthly Value - \$5044.16 | 1 | Mo | 5,044.16 | 5,044.16 |

Entered: 
 COA Code: 736
 Approved: 
 Paid: _____
 Date: _____

Thank you for the opportunity to provide our services. Please remit payment to the above address.

| | |
|-------------------------|------------|
| Total | \$5,044.16 |
| Payments/Credits | \$0.00 |
| Balance Due | \$5,044.16 |

| | |
|---------------|--------------------------|
| Phone # | Email Contact |
| 7278488292285 | mvinyard@uswatercorp.net |



4939 Cross Bayou Blvd.
New Port Richey, FL 34652

Invoice

| | |
|-----------|-----------|
| Invoice # | 831694 |
| Date | 7/1/2016 |
| Due Date | 7/31/2016 |
| Account # | 2554 |
| P.O. No. | |

| |
|---|
| Bill To |
| LP Waterworks Attn: Joe Gabay 4939 Cross Bayou Boulevard New Port Richey, FL 34652 |

All service pricing anticipates payment by Check or ACH. Due to additional costs incurred, services paid by credit card will require an additional "pass through" 3% processing fee in order to be accepted.

| |
|-------------------------------------|
| Project |
| 2554-02 Mnthly Wastewater Contr Ops |

| Date | Description | Qty or Hrs | Unit | Rate | Amount |
|----------|--|------------|------|----------|----------|
| 7/1/2016 | Wastewater System - Utility Operating Services Monthly Contract Operations Reset Annual Contract Value 06/01/13 - \$59,576.85 Monthly Value - \$5044.16 | 1 | Mo | 5,044.16 | 5,044.16 |

Entered: [Signature]
COA Code: 736
Approved: [Signature]
Paid: ck # 1261
Date: 8/18/16

Thank you for the opportunity to provide our services. Please remit payment to the above address.

| | |
|--------------|------------|
| Total | \$5,044.16 |
|--------------|------------|

| | |
|---------------|--------------------------|
| Phone # | Email Contact |
| 7278488292285 | mvinyard@uswatercorp.net |

| | |
|-------------------------|------------|
| Payments/Credits | \$0.00 |
| Balance Due | \$5,044.16 |



4939 Cross Bayou Blvd.
New Port Richey, FL 34652

Invoice

| | |
|-----------|----------|
| Invoice # | 830075 |
| Date | 6/1/2016 |
| Due Date | 7/1/2016 |
| Account # | 2554 |
| P.O. No. | |

| |
|---|
| Bill To |
| LP Waterworks Attn: Joe Gabay 4939 Cross Bayou Boulevard New Port Richey, FL 34652 |

All service pricing anticipates payment by Check or ACH. Due to additional costs incurred, services paid by credit card will require an additional "pass through" 3% processing fee in order to be accepted.

| |
|-------------------------------------|
| Project |
| 2554-02 Mnthly Wastewater Contr Ops |

| Date | Description | Qty or Hrs | Unit | Rate | Amount |
|----------|--|------------|------|----------|----------|
| 6/1/2016 | Wastewater System - Utility Operating Services Monthly Contract Operations Reset Annual Contract Value 06/01/13 - \$59,576.85 Monthly Value - \$5044.16 | 1 | Mo | 5,044.16 | 5,044.16 |

Entered: [Signature]
 COA Code: 736
 Approved: [Signature] 6-6-16
 Paid: ck # 1259
 Date: 7/20/16

Thank you for the opportunity to provide our services. Please remit payment to the above address.

| | |
|-------------------------|------------|
| Total | \$5,044.16 |
| Payments/Credits | \$0.00 |
| Balance Due | \$5,044.16 |

| | |
|---------------|--------------------------|
| Phone # | Email Contact |
| 7278488292285 | mvinyard@uswatercorp.net |

U.S. Water[®]

Services Corporation

4939 Cross Bayou Blvd.
New Port Richey, FL 34652

Invoice

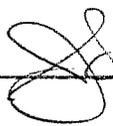
| | |
|-----------|-----------|
| Invoice # | 828591 |
| Date | 5/1/2016 |
| Due Date | 5/31/2016 |
| Account # | 2554 |
| P.O. No. | |

| |
|---|
| Bill To |
| LP Waterworks Attn: Joe Gabay 4939 Cross Bayou Boulevard New Port Richey, FL 34652 |

All service pricing anticipates payment by Check or ACH. Due to additional costs incurred, services paid by credit card will require an additional "pass through" 3% processing fee in order to be accepted.

| |
|-------------------------------------|
| Project |
| 2554-02 Mnthly Wastewater Contr Ops |

| Date | Description | Qty or Hrs | Unit | Rate | Amount |
|----------|--|------------|------|----------|----------|
| 5/1/2016 | Wastewater System - Utility Operating Services Monthly Contract Operations Reset Annual Contract Value 06/01/13 - \$59,576.85 Monthly Value - \$5044.16 | 1 | Mo | 5,044.16 | 5,044.16 |

Entered: 
 COA Code: 736
 Approved:  5-5-16
 Paid: ck # 1255
 Date: 6/20/16

Thank you for the opportunity to provide our services. Please remit payment to the above address.

Total \$5,044.16

Payments/Credits \$0.00

Balance Due \$5,044.16

| | |
|---------------|--------------------------|
| Phone # | Email Contact |
| 7278488292285 | mvinyard@uswatercorp.net |

U.S. Water Services Corporation

4939 Cross Bayou Blvd.
New Port Richey, FL 34652

Invoice

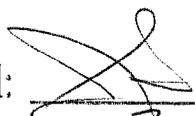
| | |
|-----------|-----------|
| Invoice # | 828317 |
| Date | 4/30/2016 |
| Due Date | 5/30/2016 |
| Account # | 2554 |
| P.O. No. | |

| |
|---|
| Bill To |
| LP Waterworks Attn: Joe Gabay 4939 Cross Bayou Boulevard New Port Richey, FL 34652 |

All service pricing anticipates payment by Check or ACH. Due to additional costs incurred, services paid by credit card will require an additional "pass through" 3% processing fee in order to be accepted.

| |
|-------------------------------------|
| Project |
| 2554-01.00 Meters Misc Replacements |

| Date | Description | Qty or Hrs | Unit | Rate | Amount |
|----------|--|------------|------|-------|----------|
| 4/1/2016 | HC-WWTS Lake Placid Section - Meter Replacements through 12/31/2015. Lake Placid 5/8" Meter | 25 | ea | 43.87 | 1,096.75 |

Entered: 
 COA Code: 334
 Approved: 2 5-18-16
 Paid: CF # 1259
 Date: 7/20/16

All labor charges included, other reimbursable expense may be forthcoming.

| | |
|-------------------------|------------|
| Total | \$1,096.75 |
| Payments/Credits | \$0.00 |
| Balance Due | \$1,096.75 |

| | |
|---------------|--------------------------|
| Phone # | Email Contact |
| 7278488292285 | mvinyard@uswatercorp.net |

U.S. Water[®] Services Corporation

4939 Cross Bayou Blvd.
New Port Richey, FL 34652

Invoice

| | |
|-----------|-----------|
| Invoice # | 825697 |
| Date | 4/1/2016 |
| Due Date | 4/30/2016 |
| Account # | 2554 |
| P.O. No. | |

| |
|---|
| Bill To |
| LP Waterworks Attn: Joe Gabay 4939 Cross Bayou Boulevard New Port Richey, FL 34652 |

All service pricing anticipates payment by Check or ACH. Due to additional costs incurred, services paid by credit card will require an additional "pass through" 3% processing fee in order to be accepted.

| |
|-------------------------------------|
| Project |
| 2554-02 Mnthly Wastewater Contr Ops |

| Date | Description | Qty or Hrs | Unit | Rate | Amount |
|----------|--|------------|------|----------|----------|
| 4/1/2016 | Wastewater System - Utility Operating Services Monthly Contract Operations Reset Annual Contract Value 06/01/13 - \$59,576.85 Monthly Value - \$5044.16 | 1 | Mo | 5,044.16 | 5,044.16 |

Entered: [Signature]
 COA Code: 734
 Approved: @ 4-7-16
 Paid: _____
 Date: _____

Thank you for the opportunity to provide our services. Please remit payment to the above address.

| | |
|-------------------------|------------|
| Total | \$5,044.16 |
| Payments/Credits | \$0.00 |
| Balance Due | \$5,044.16 |

| | |
|---------------|--------------------------|
| Phone # | Email Contact |
| 7278488292285 | mvinyard@uswatercorp.net |

U.S. Water[®]

Services Corporation

4939 Cross Bayou Blvd.
New Port Richey, FL 34652

Invoice

| | |
|-----------|-----------|
| Invoice # | 825212 |
| Date | 3/1/2016 |
| Due Date | 3/31/2016 |
| Account # | 2554 |
| P.O. No. | |

| |
|---|
| Bill To |
| LP Waterworks Attn: Joe Gabay 4939 Cross Bayou Boulevard New Port Richey, FL 34652 |

All service pricing anticipates payment by Check or ACH. Due to additional costs incurred, services paid by credit card will require an additional "pass through" 3% processing fee in order to be accepted.

| |
|-------------------------------------|
| Project |
| 2554-02 Mnthly Wastewater Contr Ops |

| Date | Description | Qty or Hrs | Unit | Rate | Amount |
|----------|--|------------|------|----------|----------|
| 3/1/2016 | Wastewater System - Utility Operating Services Monthly Contract Operations Reset Annual Contract Value 06/01/13 - \$59,576.85 Monthly Value - \$5044.16 | 1 | Mo | 5,044.16 | 5,044.16 |

Entered: [Signature]
 COA Code: 736
 Approved: @ 3-3-16
 Paid: ck# 1246
 Date: 4/19/16

Thank you for the opportunity to provide our services. Please remit payment to the above address.

Total \$5,044.16

Payments/Credits \$0.00

Balance Due \$5,044.16

| | |
|---------------|--------------------------|
| Phone # | Email Contact |
| 7278488292285 | mvinyard@uswatercorp.net |

U.S. Water[®]

Services Corporation

4939 Cross Bayou Blvd.
New Port Richey, FL 34652

Invoice

| | |
|-----------|-----------|
| Invoice # | 822434 |
| Date | 1/1/2016 |
| Due Date | 1/31/2016 |
| Account # | 2554 |
| P.O. No. | |

| |
|---|
| Bill To |
| LP Waterworks Attn: Joe Gabay 4939 Cross Bayou Boulevard New Port Richey, FL 34652 |

All service pricing anticipates payment by Check or ACH. Due to additional costs incurred, services paid by credit card will require an additional "pass through" 3% processing fee in order to be accepted.

| |
|-------------------------------------|
| Project |
| 2554-02 Mnthly Wastewater Contr Ops |

| Date | Description | Qty or Hrs | Unit | Rate | Amount |
|----------|--|------------|------|----------|----------|
| 1/1/2016 | Wastewater System - Utility Operating Services Monthly Contract Operations Reset Annual Contract Value 06/01/13 - \$59,576.85 Monthly Value - \$5044.16 | 1 | Mo | 5,044.16 | 5,044.16 |

Entered: [Signature]
COA Code: 736
Approved: @ 1-11-16
Paid: ck # 1241
Date: 2/19/16

Thank you for the opportunity to provide our services. Please remit payment to the above address.

| | |
|--------------|--------------|
| Phone # | Fax # |
| 727-848-8292 | 727-848-7701 |

| | |
|-------------------------|------------|
| Total | \$5,044.16 |
| Payments/Credits | \$0.00 |
| Balance Due | \$5,044.16 |

U.S. Water[®]

Services Corporation

4939 Cross Bayou Blvd.
New Port Richey, FL 34652

Invoice

| | |
|-----------|------------|
| Invoice # | 820906 |
| Date | 12/1/2015 |
| Due Date | 12/31/2015 |
| Account # | 2554 |
| P.O. No. | |

| |
|---|
| Bill To |
| LP Waterworks Attn: Joe Gabay 4939 Cross Bayou Boulevard New Port Richey, FL 34652 |

All service pricing anticipates payment by Check or ACH. Due to additional costs incurred, services paid by credit card will require an additional "pass through" 3% processing fee in order to be accepted.

| |
|-------------------------------------|
| Project |
| 2554-02 Mnthly Wastewater Contr Ops |

| Date | Description | Qty or Hrs | Unit | Rate | Amount |
|-----------|--|------------|------|----------|----------|
| 12/1/2015 | Wastewater System - Utility Operating Services Monthly Contract Operations Reset Annual Contract Value 06/01/13 - \$59,576.85 Monthly Value - \$5044.16 | 1 | Mo | 5,044.16 | 5,044.16 |

Entered: [Signature]
 COA Code: 736
 Approved: [Signature] 12-14-15
 Paid: ck# 1238
 Date: 1/22/16

| | | | |
|---|--------------|-------------------------|------------|
| Thank you for the opportunity to provide our services. Please remit payment to the above address. | | Total | \$5,044.16 |
| Phone # | Fax # | Payments/Credits | \$0.00 |
| 727-848-8292 | 727-848-7701 | Balance Due | \$5,044.16 |

U.S. Water[®]

Services Corporation

4939 Cross Bayou Blvd.
New Port Richey, FL 34652

Invoice

| | |
|-----------|------------|
| Invoice # | 817875 |
| Date | 10/1/2015 |
| Due Date | 10/31/2015 |
| Account # | 2554 |
| P.O. No. | |

| |
|---|
| Bill To |
| LP Waterworks Attn: Joe Gabay 4939 Cross Bayou Boulevard New Port Richey, FL 34652 |

All service pricing anticipates payment by Check or ACH. Due to additional costs incurred, services paid by credit card will require an additional "pass through" 3% processing fee in order to be accepted.

| |
|-------------------------------------|
| Project |
| 2554-02 Mnthly Wastewater Contr Ops |

| Date | Description | Qty or Hrs | Unit | Rate | Amount |
|-----------|--|------------|------|----------|----------|
| 10/1/2015 | Wastewater System - Utility Operating Services Monthly Contract Operations Reset Annual Contract Value 06/01/13 - \$59,576.85 ✓ Monthly Value - \$5044.16 | 1 | Mo | 5,044.16 | 5,044.16 |

Entered: [Signature]
 COA Code: 736
 Approved: [Signature] 10-9-15
 Paid: ck # 1230
 Date: 11/20/15

Thank you for the opportunity to provide our services. Please remit payment to the above address.

| | |
|--------------|--------------|
| Phone # | Fax # |
| 727-848-8292 | 727-848-7701 |

| | |
|-------------------------|------------|
| Total | \$5,044.16 |
| Payments/Credits | \$0.00 |
| Balance Due | \$5,044.16 |

U.S. Water[®]

Services Corporation

4939 Cross Bayou Blvd.
New Port Richey, FL 34652

Invoice

| | |
|-----------|-----------|
| Invoice # | 819865 |
| Date | 11/1/2015 |
| Due Date | 12/1/2015 |
| Account # | 2554 |
| P.O. No. | |

| |
|---|
| Bill To |
| LP Waterworks Attn: Joe Gabay 4939 Cross Bayou Boulevard New Port Richey, FL 34652 |

All service pricing anticipates payment by Check or ACH. Due to additional costs incurred, services paid by credit card will require an additional "pass through" 3% processing fee in order to be accepted.

| |
|-------------------------------------|
| Project |
| 2554-02 Mnthly Wastewater Contr Ops |

| Date | Description | Qty or Hrs | Unit | Rate | Amount |
|-----------|--|------------|------|----------|----------|
| 11/1/2015 | Wastewater System - Utility Operating Services Monthly Contract Operations Reset Annual Contract Value 06/01/13 - \$59,576.85 ✓ Monthly Value - \$5044.16 | 1 | Mo | 5,044.16 | 5,044.16 |

Entered: [Signature]
 COA Code: 736
 Approved: [Signature]
 Paid: ct# 1230
 Date: 11/20/15

| | | | |
|---|--------------|-------------------------|------------|
| Thank you for the opportunity to provide our services. Please remit payment to the above address. | | Total | \$5,044.16 |
| Phone # | Fax # | Payments/Credits | \$0.00 |
| 727-848-8292 | 727-848-7701 | Balance Due | \$5,044.16 |

U.S. Water[®] Services Corporation

4939 Cross Bayou Blvd.
New Port Richey, FL 34652

Invoice

| | |
|-----------|-----------|
| Invoice # | 816248 |
| Date | 9/1/2015 |
| Due Date | 10/1/2015 |
| Account # | 2554 |
| P.O. No. | |

| |
|---|
| Bill To |
| LP Waterworks Attn: Joe Gabay 4939 Cross Bayou Boulevard New Port Richey, FL 34652 |

All service pricing anticipates payment by Check or ACH. Due to additional costs incurred, services paid by credit card will require an additional "pass through" 3% processing fee in order to be accepted.

| |
|-------------------------------------|
| Project |
| 2554-02 Mnthly Wastewater Contr Ops |

| Date | Description | Qty or Hrs | Unit | Rate | Amount |
|----------|--|------------|------|----------|----------|
| 9/1/2015 | Wastewater System - Utility Operating Services Monthly Contract Operations Reset Annual Contract Value 06/01/13 - \$59,576.85 Monthly Value - \$5044.16 | 1 | Mo | 5,044.16 | 5,044.16 |

Entered: _____
 COA Code: 736
 Approved: @ 9-2-15
 Paid: _____
 Date: _____

Thank you for the opportunity to provide our services. Please remit payment to the above address.

| | |
|--------------|--------------|
| Phone # | Fax # |
| 727-848-8292 | 727-848-7701 |

Total \$5,044.16

Payments/Credits \$0.00

Balance Due \$5,044.16



HIGHLANDS COUNTY
BOARD OF COUNTY COMMISSIONERS
EMERGENCY OPERATIONS DEPARTMENT



11/14/2016

Dear community partner:

This letter serves to inform you that our office has completed the Hazard Analysis inspections of the facilities listed below.

2016 Facilities:

Chem Nut Inc
Genpak, LLC
Howard Chemical & Fertilizer Co Inc.
The Home Depot
Woodlands of Lake Placid WTP 1
Woodlands of Lake Placid WTP 2

Our office will make any new data available at your request.

If you have any questions, please contact me at 863-385-1112.

Sincerely,

Scott Canaday
Community Safety Director

**PUBLIC WATER SYSTEM CONTAMINANT
MONITORING GUIDANCE FOR CALENDAR YEAR 2016**

SYSTEM NAME: The Woodlands of Lake Placid-Plant #1

PWS ID #: 6280304

| CONTAMINANTS FAC Rule No./Rule Reference | Not Required In 2016 | Monthly In 2016 | Quarterly In 2016 | SemiAnnual (2 in 2016) | One Time in 2016 |
|--|-------------------------|-----------------------------------|----------------------|--|---------------------|
| NITRATE AND NITRITE (62-550.512) | | | | | X |
| INORGANIC CONTAMINANTS (62-550.513) | X | | | | |
| TOTAL TRIHALOMETHANES & HALOACETIC ACIDS 40 CFR 141 Subpart V, <u>Stage 2</u> Disinfectants and Disinfection Byproducts Rule | | | | | *X |
| VOLATILE ORGANIC CONTAMINANTS (62-550.515) | X | | | | |
| SYNTHETIC ORGANIC CONTAMINANTS (PEST & PCBS) (62-550.516) | X | | | | |
| MICROBIOLOGICAL <u>Total Coliform Rule</u> (62-550.518) 1/1/16-3/31/16 | | X 1/1/16- ending 3/31/16 | | | |
| MICROBIOLOGICAL <u>Revised Total Coliform Rule</u> 40 CFR 141 Subpart Y starting 4/1/16 going forward | | ***X Starting 4/1/16 | | | |
| RADIONUCLIDES Gross Alpha, Uranium, Radium-226, Radium-228 (62-550.519) | X | | | | |
| SECONDARY CONTAMINANTS (62-550.520) | X | | | | |
| LEAD AND COPPER 40 CFR 141 Subpart I | | | | ****X Standard Number of Monitoring Sites | |

* During the third calendar quarter (July/August/September) of 2016, perform Annual reduced monitoring for TTHMs and HAA5s under Stage 2 of the Disinfectants and Disinfection Byproducts Rule by collecting 1 dual sample set at the Mens Restroom at the Pool location. 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. This dual set of samples must be collected at the above-referenced location (and during the specific month) identified in your DEP approved Stage 2 revised monitoring plan.

■ From 1/1/16-3/31/16 collect microbiological samples under the Total Coliform Rule at the rate of one raw water sample from each well and TWO distribution samples/month.

*** Starting 4/1/16 routine monitoring under the Revised Total Coliform Rule requires this water system to collect microbiological samples at the rate of 1 raw water sample from each well and ONE distribution sample/month.

**** Collect two sets of samples for Lead and Copper (in accordance with your approved sampling plan) in 2016. Collect the first set of samples sometime between January 1 and June 30, 2016. Collect your second set of samples sometime between July 1 and December 31, 2016. Submit the first set of results to DEP by 7/10/16, and the second set by 1/10/17. Please note, the number of sites that are sampled must be in accordance with the number of sites required for Standard monitoring NOT reduced monitoring.

PUBLIC WATER SYSTEM CONTAMINANT MONITORING GUIDANCE FOR CALENDAR YEAR 2016

SYSTEM NAME: The Woodlands of Lake Placid-Plant #2

PWS ID #: 6280304

| CONTAMINANTS FAC Rule No./Rule Reference | Not Required In 2016 | Monthly In 2016 | Quarterly In 2016 | SemiAnnual (2 in 2016) | One Time in 2016 |
|--|-------------------------|--|----------------------|---|---------------------|
| NITRATE AND NITRITE (62-550.512) | | | | | X |
| INORGANIC CONTAMINANTS (62-550.513) | X | | | | |
| TOTAL TRIHALOMETHANES & HALOACETIC ACIDS 40 CFR 141 Subpart V, <u>Stage 2</u> Disinfectants and Disinfection Byproducts Rule | | | | | *X |
| VOLATILE ORGANIC CONTAMINANTS (62-550.515) | X | | | | |
| SYNTHETIC ORGANIC CONTAMINANTS (PEST & PCBS) (62-550.516) | X | | | | |
| MICROBIOLOGICAL <u>Total Coliform Rule</u> (62-550.518) 1/1/16-3/31/16 | | X 1/1/16- ending 3/31/16 | | | |
| MICROBIOLOGICAL <u>Revised Total Coliform Rule</u> 40 CFR 141 Subpart Y starting 4/1/16 going forward | | ***X Starting 4/1/16 | | | |
| RADIONUCLIDES Gross Alpha, Uranium, Radium-226, Radium-228 (62-550.519) | X | | | | |
| SECONDARY CONTAMINANTS (62-550.520) | X | | | | |
| LEAD AND COPPER 40 CFR 141 Subpart I | | | | ****X Standard Number of Monitoring Sites | |

This chart is the DEP's good faith assessment, as of the date of the attached letter for the contaminant monitoring requirements for the above referenced public water system for the calendar year 2016(only). If you disagree, then please contact the DEP as soon as possible. Please be aware that monitoring schedules are subject to change at any time based upon analyses results or other factors. This chart shall not relieve any person from any requirement of Florida law.

* During the third calendar quarter (July/August/September) of 2016, perform Annual reduced monitoring for TTHMs and HAA5s under Stage 2 of the Disinfectants and Disinfection Byproducts Rule by collecting 1 dual sample set at the Mens Restroom at the Pool location. 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. This dual set of samples must be collected at the above-referenced location (and during the specific month) identified in your DEP approved Stage 2 revised monitoring plan.

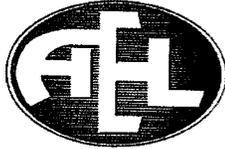
■ From 1/1/16-3/31/16 collect microbiological samples under the Total Coliform Rule at the rate of one raw water sample from each well and TWO distribution samples/month.

*** Starting 4/1/16 routine monitoring under the Revised Total Coliform Rule requires this water system to collect microbiological samples at the rate of 1 raw water sample from each well and ONE distribution sample/month.

**** Collect two sets of samples for Lead and Copper (in accordance with your approved sampling plan) in 2016. Collect the first set of samples sometime between January 1 and June 30, 2016. Collect your second set of samples sometime between July 1 and December 31, 2016. Submit the first set of results to DEP by 7/10/16, and the second set by 1/10/17. Please note, the number of sites that are sampled must be in accordance with the number of sites required for Standard monitoring NOT reduced monitoring.

**DRINKING WATER MICROBIAL SAMPLE COLLECTION
& LABORATORY REPORTING FORMAT**

- 6601 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • E82574
- 6815 SW Archer Road • Gainesville, FL 32608 • 352.377.2349 • Fax 352.395.6639 • E82001
- 10200 USA Today Way • Miramar, FL 33025 • 954.889.2288 • Fax 954.889.2281 • E82535
- 9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 • E84589
- 528 S. North Lake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • 407.937.1594 • E53076



**Advanced
Environmental Laboratories, Inc.**

Write Project # or Place Project Label Here

Lab Receipt Date & Time: 12/8/16 1324
 Analysis Date & Time: 12/8/16 1600
 Sample Acceptance Criteria:
 Sample Preservation: On Ice Not On Ice 1.1 °C
 Disinfectant Check: Not Detected _____
 This Sample does not meet the following NELAC requirements:

Report Number: T1619653 Sub-Contract Lab ID: _____

Analysis Requested: (check all that apply)
 Total Coliform/E. coli Total Coliform/Fecal Enterococci Coliphage HPC Other: _____

Public Water System (PWS) Name: TWO WOODLANDS

PWS I.D. 6200304

PWS Address: SHORELINE DR

City: LAKE PLACID

PWS or PWS Owner's Phone #: 727 249 8292

Fax #: 727 249 4219

Collector: DUSTIN WILSON

Collector's Phone #: 772 212 1610

Type of Supply: (check only one)
 Community Water System Non-Transient Non-community Water System Transient Non-community Water System
 Limited Use System Bottled Water Private Well Swimming Pool Other: _____

Reason for Sampling: (check all that apply)
 Distribution Routine Distribution Repeat Raw (triggered or assessment) Raw (triggered or assessment) additional Well Survey
 Clearance Replacement (also check type of sample being replaced) Boil Water Notice Other: _____

Sample Collection Date: 12-7-16

DCN#: AD-0045 Effective 01/95, Revised 06/02/10

| To be completed by collector of sample | | | | | | To be completed by lab | | | | |
|--|---|------------------------|--------------------------|------------------------------|-----|--|----------------|--|-----------------------------|--------------|
| Sample # | Sample Point (Location or Specific Address) | Sample Collection Time | Sample Type ¹ | Disinfectant Residual (mg/L) | pH | Analysis Method(s) ² <u>SM0223B</u> | | | | |
| | | | | | | Non-Coliform | Total Coliform | Fecal, E. coli, Enterococci, or Coliphage ³ | Data Qualifier ⁴ | Lab Sample # |
| TW1 | PLANT 1 WELL | 1900 | R | 2 | 7.9 | | A | | | W01 |
| TW2 | PLANT 2 WELL | 1930 | R | - | 8.0 | | A | | | W02 |
| TW3 | 210 SHORELINE DR. | 2000 | FD | .82 | 7.6 | | A | | | W03 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

Average of disinfectant residuals for distribution routine & repeat samples. ⁵ Free chlorine or Total chlorine (circle one). .82

Disinfectant Residual Analysis Method:
 DPD Colorimetric Other: _____
 Person performing disinfectant analysis is (Check one of below):
 A certified operator (# CA2520)
 Supervised by certified operator (# _____)
 Employed by a certified lab Employed by DEP or DOH
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: _____

Date and time DEP/DOH notified by lab of positive results: _____

Date Report Issued: _____

Lab Signature: [Signature]
 Title: _____

INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT
US WATER SERVICES CORP
4939 CROSS BAYOU
NEW PORT RICHEY FL 34652

DEP/DOH USE ONLY
 Satisfactory
 Incomplete Collection Information
 Repeat Samples Required
 Replacement Samples Required
 Date Reviewed by DEP/DOH: _____
 DEP/DOH Reviewing Official: _____

Indicate the sample type for each sample collected. Sample type codes are: D = Distribution (routine compliance); R = Repeat/Check, P = Plant, N = Entry Point to Distribution, S = Special (clearance, etc.).

Relinquish By: [Signature] Date: 12/8/16 Time: _____
 Received By: [Signature] Date: 12/7/16 Time: 9:30

MF-SM02228 & D; MTF-92210 & ECOMUG; M/MORUG-SM02228; HPC-SM92158
 Please circle appropriate selection
 Defined in Florida Administrative Code Rule 62-160, Table 1
 Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

Pace Analytical

110 SOUTH BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 fax 813-855-2218



DW Bacteriological Sample Collection & Laboratory Reporting Format

Report Number: 35282966 Sub-Contract Lab ID: E84129

Analysis Requested: (check all that apply)

- Total Coliform/E. coli - Collert or mCollBlue
- Total Coliform/Fecal - MF
- Enterococci
- HPC
- Other: _____

Lab Receipt Date & Time: 12/16/16 1530
 Analysis Date & Time: 12/16/16 1646
 Sample Acceptance Criteria:
 Sample Preservation: On Ice Not On Ice 7-7°C
 Disinfectant Check: Not Detected _____ mg/L
 This sample does not meet the following NELAC requirements:

PWS System Name: THE WOODLANDS

PWS I.D.

| | | | | | | |
|---|---|---|---|---|---|---|
| 6 | 2 | 8 | 0 | 3 | 0 | 4 |
|---|---|---|---|---|---|---|

PWS Address: SHORELINE DR

City: LAKE HAVILAND

PWS or PWS Owner's Phone #: 772 242 2292

Fax #: 772 249 4219

Collector: D. Williams

Collector's Phone #: 772 212 1410

Type of Supply: (check only one)

- Community Water System
- Non-Transient Non-community Water System
- Transient Non-community Water System
- Limited Use System
- Bottled Water
- Private Well
- Swimming Pool
- Other: _____

Reason for Sampling: (check all that apply)

- Distribution Routine
- Distribution Repeat
- Raw (triggered or assessment)
- Raw (triggered or assessment) additional
- Well Survey
- Clearance
- Replacement (also check type of sample being replaced)
- Boil Water Notice
- Other: PAE

Sample Collection Date: 12-13-16

| Sample # | Sample Point (Location or Specific Address) | Sample Collection Time | Sample Type | Disinfectant Residual (mg/L) | pH | Analysis Method(s): SM9223B | | | | |
|----------|---|------------------------|-------------|------------------------------|-----|-----------------------------|----------------|---------|----------------|--------------|
| | | | | | | Non-Coliform | Total Coliform | E. coli | Data Qualifier | Lab Sample # |
| 1 | WTP #1 PAE | 0850 | FD | 1.2L | 7.7 | | A | A | | 35282966-1 |
| 2 | WTP #2 PAE | 910 | FD | 2.3 | 7.7 | | A | A | | 35282966-2 |
| | | | | | | | | | | |
| | | | | | | | | | | |

Average of disinfectant residuals for distribution routine & repeat samples. Free chlorine or Total chlorine (circle one).

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Disinfectant Residual Analysis Method:

- DPD Colorimetric
- Other: _____

Date and time PWS notified by lab of positive results: _____

Person performing disinfectant analysis is (see instructions on reverse):

- A certified operator (# C27520)
- Supervised by certified operator (# _____)
- Employed by a certified lab
- Employed by DEP or DOH
- Authorized representative of supplier of water

Date and time DEP/DOH notified by lab of positive results: _____

Date Report issued: _____

Lab Signature: Kathy Audman

Title: PM

Containers Prepared/Relinquished: [Signature]

Date/Time: 12-13-16

Received: [Signature]

Date/Time: 12-13-16

Relinquished: [Signature]

Date/Time: 12-13-16

Received: [Signature]

Date/Time: 12/16/16

Relinquished: _____

Date/Time: _____

Received: _____

Date/Time: _____

Bottle Types & Preservative: 125ml P, Na2S2O3

Client: Short Environmental Labs

PROJECT NAME: 578 Woodlands P1 r2
Rout Bact

SEND TO HEALTH DEPARTMENT?

| | |
|----------|----------|
| INITIALS | INITIALS |
| YES | NO |

Short Environmental Lab Information Only PAID: YES NO

CLIENT NAME: US Water

CLIENT # 578

AMT: _____
ck#: _____
cash: _____

SHORT Environmental Laboratories, Inc.
10405 U.S. 27 S. Sebring, FL 33876 email: Shortlab@strato.net
Phone: (863) 655-4022 (800) 833-4022 Fax: (863) 655-5820



Report Cover Page

Client: U.S. Water Services, Corp. Report #: 2016080229
Address: 4939 Cross Bayou Blvd. Report Date: 8/31/2016
City, State, Zip: New Port Richey, FL 34652
Attention: Melisa Rotteveel
Project: Woodlands
Disinfection By-Products
Sample Date: 8/18/2016
Sample Numbers: 1611418

This report package includes the following contents and attachments:

Commonly used Qualifiers with explanations:

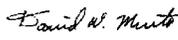
| Contents | Item | Pages | Qualifier | Explanation |
|---------------------|----------|-------|-----------|---|
| Cover Page: | | 1 | U | Compound was analyzed for but not detected. |
| Report of Analysis: | Original | 4 | I | Result is between the MDL and the PQL. |
| Attachments: | | | Q | Sample was analyzed out of holding time. |
| | | | J | Estimated value; may not be accurate. |

Total Pages: 5

The results contained in the report meet all requirements of the NELAC standards. All results are representative of the sample as collected. Direct all questions to the signatory below at the phone number above.

Respectfully Submitted,

David Murto
Lab Director
Aug 31 2016 10:57 AM


CS/ST/

This report is for the exclusive and private use of the client listed above and recipients designated by the client. If reproduced in whole or in part by authorized recipients, this cover sheet should accompany any such copies.

Unless noted otherwise, all analyses performed by Southern Analytical Laboratories, Inc.





All laboratory analyses conducted by:
SOUTHERN ANALYTICAL LABORATORIES, INC.
 12100 WOODLANDS DRIVE, SUITE 100, WOODLANDS, FLORIDA 32080-1000



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

Short Environmental Laboratories (800) 833-4022
 878 Woodlands DBP

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

System Name: The Woodlands of Lake Placid PWS LD. #:

| | | | | | | |
|---|---|---|---|---|---|---|
| 6 | 2 | 6 | 0 | 3 | 0 | 4 |
|---|---|---|---|---|---|---|

System Type (check one): Community Nontransient Noncommunity Transient Noncommunity

Address: 100 Shoreline Dr

City: Lake Placid Zip Code: 33852

Phone: (863) 898-1991 Fax: _____ E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1811418-01 Sample Date: 8/18/16 Sample Time: 11:48 am AM PM (Circle One)

Sample Location (be specific): Pool House Location Code: _____

Disinfection Residual (Required when reporting results for trihalomethanes and haloacetic acids): 3.9 mg/L Field pH: 7.8

Sample Type (Check Only One)

- Distribution
- Entry Point (to Distribution)
- Plant Tap (not for compliance with 82-550)
- Raw (at well or intake)
- Max. Residence Time
- Ave. Residence Time
- Near First Customer

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

- Routine Compliance with 82-550
- Confirmation of MCL Exceedance*
- Composite of Multiple Sites**
- Other: TTHMAAs
- Replacement (of invalidated Sample)
- Special (not for compliance with 82-550)
- Clearance (permitting)

Sampling Procedure Used or Other Comments: _____

* See 82-550.500(9) for requirements and restrictions. And 82-550.5.12(p) for nitrate or nitrite exceedances.

** See 82-550.500(4) for requirements and attach a results page for each site

SAMPLER CERTIFICATION

I, Dustin Williams (Print Name) Operator (Print Title) do HEREBY CERTIFY

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

Signature: [Signature] Date: 8-31-16

Certified Operator #: 022520 Phone #: 772.217.1610 Sampler's Fax #: _____

Sampler's E-Mail: DWilliams@USWATERCORP.NET

Reporting Format 82-550-730
 Effective January 1995, Revised February 2010



All laboratory analyses conducted by:
SOUTHERN ANALYTICAL LABORATORIES, INC.
 3110 DAKYME WOODS LANE, OLD SMAR, FL 34677 (813) 855-1844 FAX: (813) 855-2218



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

Short Environmental Laboratories (800) 833-4022
 578 Woodlands DBP

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

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2017

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar, FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? Yes No If yes, please provide DOH certification number(s): _____

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received: 08/18/2016

PWS ID (From Page 1): 6280304 Sample Number (From Page 1): 1611418-01 Lab Assigned Report # or Job ID: 1611418-01

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 type="checkbox"/> All Except for Asbestos | <input type="checkbox"/> All 30 | <input type="checkbox"/> All 21 | <input checked="" type="checkbox"/> Trihalomethanes | <input type="checkbox"/> Single Sample | <input type="checkbox"/> All 14 |
| <input type="checkbox"/> Partial | <input type="checkbox"/> All Except Dioxin | <input type="checkbox"/> Partial | <input checked="" type="checkbox"/> Haloacetic Acids | <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 | | |
| <input type="checkbox"/> Asbestos | | | | | |

LAB CERTIFICATION

I, Francis I. Daniels, Laboratory Director 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: *Francis I. Daniels* Date: 08/30/2016

- * 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 AND 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 - attach notes as necessary)

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: _____

Reporting Format 62-550-730
 Effective January 1995. Revised February 2010



All laboratory analyses conducted by:

SOUTHERN ANALYTICAL LABORATORIES, INC.

1110 DAYVIEW BOULEVARD, GULFSTREAM, FL 34032 TEL: 904-655-1610 FAX: 904-655-2519



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

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 1611418-01

Disinfectant Residual (mg/L) (From Page 1): 3.9

PWS ID (From Page 1): 6280304

| Contam ID | Contam Name | MCL | Units | Analysis Result | Qualifier* | Analytical Method | Lab MDL | Reg MRL** | Analysis Date | Analysis Time | DOH Lab Certification # |
|-----------|-------------------------------|-----|-------|-----------------|------------|-------------------|---------|-----------|---------------|---------------|-------------------------|
| 2450 | Monochloroacetic Acid | N/A | ug/L | 0.75 | U | EPA 552.2 | 0.75 | 2.0 | 8/26/16 | 7:38 | E84129 |
| 2451 | Dichloroacetic Acid | N/A | ug/L | 5.9 | | EPA 552.2 | 0.67 | 1.0 | 8/26/16 | 7:38 | E84129 |
| 2452 | Trichloroacetic Acid | N/A | ug/L | 6.6 | | EPA 552.2 | 0.34 | 1.0 | 8/26/16 | 7:38 | E84129 |
| 2453 | Monobromoacetic Acid | N/A | ug/L | 0.33 | U | EPA 552.2 | 0.33 | 1.0 | 8/26/16 | 7:38 | E84129 |
| 2454 | Dibromoacetic Acid | N/A | ug/L | 0.46 | I | EPA 552.2 | 0.26 | 1.0 | 8/26/16 | 7:38 | E84129 |
| 2456 | Total Haloacetic Acids (HAA5) | 60 | ug/L | 12.96 | | EPA 552.2 | 0.26 | --- | 8/26/16 | 7:38 | E84129 |
| Contam ID | Contam Name | MCL | Units | Analysis Result | Qualifier* | Analytical Method | Lab MDL | Reg MRL** | Analysis Date | Analysis Time | DOH Lab Certification # |
| 2941 | Chloroform | N/A | ug/L | 11 | | EPA 524.2 | 0.2 | 1.0 | 8/19/16 | 21:18 | E84129 |
| 2942 | Bromoform | N/A | ug/L | 0.2 | U | EPA 524.2 | 0.2 | 1.0 | 8/19/16 | 21:18 | E84129 |
| 2943 | Bromodichloromethane | N/A | ug/L | 7.2 | | EPA 524.2 | 0.2 | 1.0 | 8/19/16 | 21:18 | E84129 |
| 2944 | Dibromochloromethane | N/A | ug/L | 2.4 | | EPA 524.2 | 0.1 | 1.0 | 8/19/16 | 21:18 | E84129 |
| 2950 | Total Trihalomethanes (TTHM) | 80 | ug/L | 20.6 | | EPA 524.2 | 0.1 | --- | 8/19/16 | 21:18 | E84129 |

** Laboratories are required to adhere to minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv). Chlorite regulatory MRL is applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii). Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.

I=The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

Bag 9

SHORT ENVIRONMENTAL LABORATORIES
 10405 US 27 S
 SEBRING, FL 33876
 (863) 655-4022 (800) 833-4022
 FAX: (863) 655-5820

1611418

| LABORATORY ANALYSES | | | |
|---------------------|-------|--------------------|--|
| Cont Type | Vial | Vial | |
| Cont Size | 40 mL | 40 mL | |
| Material | G | G | |
| Preservative | HCl | NH ₄ Cl | |

| SAMPLER'S NAME: (PLEASE PRINT) <u>Dustin Williams</u> | | CLIENT NAME: <u>US Water</u> | | #578 | | | | | | | | |
|--|-------------------|-----------------------------------|-------------|---|----------|------|----------------|-----------|----------|----------|------------|------------|
| SAMPLER'S SIGNATURE: <u>[Signature]</u> | | PROJECT: <u>578 Woodlands DBP</u> | | LOCATION: <u>MENS Extension of Pool</u> | | | | | | | | |
| FIELD ID# | SAMPLE ID | DATE | TIME | SAMP TYPE | GRAB | WELL | LABORATORY ID# | # OF CONT | THM | HAA | CL2 | pH |
| | <u>Pool House</u> | <u>8-18-16</u> | <u>1145</u> | <u>DW</u> | <u>X</u> | | | <u>6</u> | <u>3</u> | <u>3</u> | <u>3.9</u> | <u>7.5</u> |

COMMENTS: *Sampler's certification must be submitted with this form.*
 SOME CONTAINERS MAY BE PRESERVED.
 PLEASE READ ALL CONTAINER LABELS FOR CAUTION NOTICES.

SAMPLES ICED TO _____ C
 NUTRIENT CONTAINERS PRESERVED H2SO4
 METALS CONTAINERS PRESERVED HNO3
 OTHER

| YES | NO |
|-----|----|
| | |
| | |
| | |

| SAMPLE QTY: | RELINQUISHED BY: | ACCEPTED BY: | DATE: | TIME: |
|-------------|--------------------|--------------------|----------------|--------------|
| <u>6</u> | <u>[Signature]</u> | <u>[Signature]</u> | <u>8-18-16</u> | <u>12:22</u> |
| | <u>[Signature]</u> | <u>[Signature]</u> | <u>8-18-16</u> | <u>1530</u> |

| | |
|---------------|--|
| DEPARTED LAB | |
| ARRIVED SITE | |
| DEPARTED SITE | |
| ARRIVED LAB | |

CHAIN OF CUSTODY AND TRANSMITTAL FORM

SHORT Environmental Laboratories, Inc.
10405 U.S. 27 S. Sebring, FL 33876 email: Shortlab@strato.net
Phone: (863) 655-4022 (800) 833-4022 Fax: (863) 655-5820



Report Cover Page

Client: **U.S. Water Services, Corp.** Report #: **2016080228**
Address: **4939 Cross Bayou Blvd.** Report Date: **8/31/2016**

City, State, Zip: **New Port Richey, FL 34652**
Attention: **Melisa Rotteveel**
Project: **The Woodlands Plant 1 POE**

Nitrates Analyses

Sample Date: **8/17/2016**
Sample Numbers: **1611326**

This report package includes the following contents and attachments:

Commonly used Qualifiers with explanations:

| Contents | Item | Pages | Qualifier | Explanation |
|---------------------|----------|-------|-----------|---|
| Cover Page: | | 1 | U | Compound was analyzed for but not detected. |
| Report of Analysis: | Original | 5 | I | Result is between the MDL and the PQL. |
| Attachments: | | | Q | Sample was analyzed out of holding time. |
| | | | J | Estimated value; may not be accurate. |
| Total Pages: | | 6 | | |

The results contained in the report meet all requirements of the NELAC standards. All results are representative of the sample as collected. Direct all questions to the signatory below at the phone number above.

Respectfully Submitted,

David Murto
Lab Director
Aug 31 2016 10:56 AM

CSign

This report is for the exclusive and private use of the client listed above and recipients designated by the client. If reproduced in whole or in part by authorized recipients, this cover sheet should accompany any such copies.

Unless noted otherwise, all analyses performed by Southern Analytical Laboratories, Inc.



FL CERT #84129

**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: THE WOODLANDS PWS I.D. #: 628-0304
 System Type (check one): () Community () Non-Transient Noncommunity () Transient Noncommunity
 Address: 100 SWOOLINE DR
 City: LAKELAND State: Florida ZIP Code: _____
 Phone#: 727 848 8292 Fax #: 727 849 4192 E-Mail Address: DWilliams@USWATERCORP.NA

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1611226-01 Sample Date: 8-17-16 Sample Time: 1045
 Sample Location (be specific): PUMP 1 100 SWOOLINE DR (POE)
 Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 3.2 mg/L Field pt: 7.9

- | | |
|---|---|
| Sample Type (Check Only One) | Reason(s) for Sample (Check all that apply) |
| <input type="checkbox"/> Distribution | <input type="checkbox"/> Routine Compliance (with 62-550) |
| <input checked="" type="checkbox"/> Entry Point (to Distribution) | <input type="checkbox"/> Confirmation of MCL Exceedance* |
| <input type="checkbox"/> Plant Tap (not for compliance with 62.550) | <input type="checkbox"/> Composite Multiple Sites** |
| <input type="checkbox"/> Raw (at well intake) | <input type="checkbox"/> Clearance (permitting) |
| <input type="checkbox"/> Max. Residence Time | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Ave. Residence Time | Sampling Procedure Used or other Comments: <u>No 2 No 3</u> |
| <input type="checkbox"/> Near First Customer | |

*See 62-550.300(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, Dustin Williams, OPERATOR, do HEREBY CERTIFY
 (Print Name) (Print Title)
 that the above public water system and sample collection information is complete and correct.
 Signature: [Signature] Date: 8-17-16
 Certified Operator #: 022520 Phone #: 954 684 9535 Sampler's FAX #: _____
 Sampler's E-mail: DWilliams@USWATERCORP.NA



All laboratory analyses conducted by:
SOUTHERN ANALYTICAL LABORATORIES, INC.
 110 BAYVIEW BLVD. OLD SMAR, FL 34677 (813) 855-1844 FAX (813) 855-1818



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

Short Environmental Laboratories (800) 833-4022
 578 The Woodlands P11 NO3

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

Lab Name: Southern Analytical Laboratories, Inc. Florida DOH Certification #: E84129 Certification Expiration Date: 06/30/2017

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 110 Bayview Blvd Oldsmar, FL 34677 Phone: (813) 855-1844

Were any analyses subcontracted? Yes No If yes, please provide DOH certification number(s): _____

ATTACH CURRENT DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received: 08/17/2016

PWS ID (From Page 1): 6280304 Sample Number (From Page 1): 1611326-01 Lab Assigned Report # or Job ID: 1611326-01

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

| Inorganics | Synthetic Organics | Volatile Organics | Disinfection Byproducts | Radionuclides | Secondaries |
|--|--|----------------------------------|---|--|----------------------------------|
| <input type="checkbox"/> All Except for Asbestos | <input type="checkbox"/> All 30 | <input type="checkbox"/> All 21 | <input type="checkbox"/> Trihalomethanes | <input type="checkbox"/> Single Sample | <input type="checkbox"/> All 14 |
| <input type="checkbox"/> Partial | <input type="checkbox"/> All Except Dioxin | <input type="checkbox"/> Partial | <input type="checkbox"/> Haloacetic Acids | <input type="checkbox"/> Qtrly Composite | <input type="checkbox"/> Partial |
| <input checked="" type="checkbox"/> Nitrate | <input type="checkbox"/> Partial | | <input type="checkbox"/> Chlorite | | |
| <input checked="" type="checkbox"/> Nitrite | <input type="checkbox"/> Dioxin Only | | <input type="checkbox"/> Bromate | | |
| <input type="checkbox"/> Asbestos | | | | | |

LAB CERTIFICATION

I, Francis I. Daniels (Print Name), Laboratory Director (Print Title) do HEREBY CERTIFY

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: *Francis I. Daniels* Date: 08/29/2016

- * 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 AND NITRITE MCL EXCEEDANCES
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER (Non-detects reported as "BDL" or with a "c" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH - attach notes as necessary)

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: _____

Reporting Format 62-550-730
 Effective January 1995. Revised February 2010



All laboratory analyses conducted by:
SOUTHERN ANALYTICAL LABORATORIES, INC.
 1151 DAYME W BOULEVARD, GLENDALE, FL 33027 TEL: 655-1634 FAX: 655-2218



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

INORGANIC CONTAMINANTS
 62-550.310(1)

Report Number / Job ID: 1611326-01
 PWS ID (From Page 1): 6280304

| Contam ID | Contam Name | MCL | Units | Analysis Result | Qualifier* | Analytical Method | Lab MDL | Analysis Date | Analysis Time | DOH Lab Certification # |
|-----------|----------------|-----|-------|-----------------|------------|-------------------|---------|---------------|---------------|-------------------------|
| 1040 | Nitrate (as N) | 10 | mg/L | 0.01 | U | EPA 353.2 | 0.01 | 8/24/16 | 10:56 | E84129 |
| 1041 | Nitrite (as N) | 1 | mg/L | 0.01 | U | SM 4500NO2-E | 0.01 | 8/17/16 | 19:26 | E84129 |

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.



All laboratory analyses conducted by:
SOUTHERN ANALYTICAL LABORATORIES, INC.
1101 BAYVIEW BOULEVARD, SUITE 100, DEERBELL, FL 34422-4400, PHONE: 813-891-0300 FAX: 813-891-0303



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

OTHER CONTAMINANTS

Report Number / Job ID: 1611326-01
 PWS ID (From Page 1): 6280304

| Contam ID | Contam Name | MCL | Units | Analysis Result | Qualifier* | Analytical Method | Lab MDL | Analysis Date | Analysis Time | DOH Lab Certification # |
|-----------|---------------------|-----|-------|-----------------|------------|-------------------|---------|---------------|---------------|-------------------------|
| N/A | Nitrate+Nitrite (N) | N/A | mg/L | 0.01 | U | EPA 353.2 | 0.01 | 8/24/16 | 10:56 | E84129 |

*Qualifiers:

U=Analyte was undetected. Indicated concentration is method detection limit.

Bag 9

SHORT ENVIRONMENTAL LABORATORIES
 10405 US 27 S
 SEBRING, FL 33876
 (863) 655-4022 (800) 833-4022
 FAX: (863) 655-5820

1611326

| LABORATORY ANALYSES | | | | | | | | | |
|---------------------|--------------------------------|-----------------|--|--|--|--|--|--|--|
| Cost type | Nut | S & M | | | | | | | |
| Cost size | 250 mL | 250 mL | | | | | | | |
| Material | P | P | | | | | | | |
| Preservative | H ₂ SO ₄ | Cool - 6° | | | | | | | |
| | NO ₃ | NO ₂ | | | | | | | |
| | 1 | 1 | | | | | | | |

| SAMPLER'S NAME: (PLEASE PRINT) DUSTIN WILLIAMS | | | | CLIENT NAME: US WATER SERVICES CORP | | | | | |
|--|-----------|---------|------|---|------|----------------|------------------------------------|-----------------|-----------------|
| SAMPLER'S SIGNATURE: <i>Dustin Williams</i> | | | | PROJECT: 578 THE WOODLANDS P11 NO3 | | | LOCATION: THE WOODLANDS POE | | |
| FIELD ID# | SAMPLE ID | DATE | TIME | SAMP TYPE | GRAB | LABORATORY ID# | # OF CONT | NO ₃ | NO ₂ |
| | POE | 8/17/16 | 1645 | DW | X | | 2 | 1 | 1 |

Comments: _____

NON-PWS Format Please

Init: _____ Date: _____

Login: _____

Confirm: _____

Login: _____

Batch ID: _____

pH 7.9

CE 3.2

pH paper lot # _____

pH paper lot # _____

pH paper lot # _____

Nutrient Containers Preserved, H2SO4 _____

Metals Container Preserved, HNO3 _____

Container Preserved, _____

Samples iced to _____ °C

Thermometer ID _____

YES NO Init

| SAMPLE QTY: | RELINQUISHED BY: | ACCEPTED BY: | DATE: | TIME: |
|-------------|------------------------|--------------------|---------|-------|
| | <i>Dustin Williams</i> | <i>[Signature]</i> | 8-17-16 | 1156 |
| | <i>Roy Stearns</i> | <i>[Signature]</i> | 8-17-16 | 1532 |

| | |
|---------------|--|
| DEPARTED LAB | |
| ARRIVED SITE | |
| DEPARTED SITE | |
| ARRIVED LAB | |

CHAIN OF CUSTODY AND TRANSMITTAL FORM
USE BACK FOR CHAIN OF CUSTODY (BLANK FORM) FOR USE BY ALL PERSONNEL

SHORT Environmental Laboratories, Inc.
 10405 U.S. 27 S. Sebring, FL 33876 email: Shortlab@strato.net
 Phone: (863) 655-4022 (800) 833-4022 Fax: (863) 655-5820



Report Cover Page

Client: U.S. Water Services, Corp. Report #: 2016090128
 Address: 4939 Cross Bayou Blvd. Report Date: 9/18/2016
 City, State, Zip: New Port Richey, FL 34652
 Attention: Melisa Rotteveel
 Project: The Woodlands DWTP
 Lead & Copper Analyses
 Sample Date: 8/25/2016 - 9/1/2016
 Sample Numbers: 1612043

| This report package includes the following contents and attachments: | | | Commonly used Qualifiers with explanations: | |
|--|----------|-------|---|---|
| Contents | Item | Pages | Qualifier | Explanation |
| Cover Page: | | 1 | U | Compound was analyzed for but not detected. |
| Report of Analysis: | Original | 5 | I | Result is between the MDL and the PQL. |
| Attachments: | | | Q | Sample was analyzed out of holding time. |
| | | | J | Estimated value; may not be accurate. |
| Total Pages: | | 6 | | |

The results contained in the report meet all requirements of the NELAC standards. All results are representative of the sample as collected. Direct all questions to the signatory below at the phone number above.

Respectfully Submitted,

Larry Vezina

Larry Vezina
 Sep 18 2016 9:44 AM



This report is for the exclusive and private use of the client listed above and recipients designated by the client. If reproduced in whole or in part by authorized recipients, this cover sheet should accompany any such copies.

Unless noted otherwise, all analyses performed by Southern Analytical Laboratories, Inc.





Short Environmental Laboratories (800) 833-40
 10405 US 27 S.
 Sebring, FL 33876-9502

**Lead and Copper Tap Sample Analysis
 And Result Ranking Report Form**
 Reporting Format 62-550.730(4)(a)

Work Order: 1612043
 September 09, 2016

System Name: The Woodlands of Lake Placid Date Submitted to Lab: 09/02/2016
 PWSID: 6280304 Analysis Date: 09/08/2016
 Laboratory Name: Southern Analytical Laboratories, Inc. Lab Analysis Method: EPA 200.8
 Lab ID: E84129 Lead or Copper (list one): Lead
 Contact Person: Francis I. Daniels, Laboratory Director Method Detection Limit: 0.00025
 Phone: (813) 855-1844 90th Percentile Value: 0.0078

| A | RANK | LOCATION CODE | | CLIENT ID | LAB ID | DATE SITE SAMPLED | LEAD (mg/L) |
|---|------|---------------|------|------------------|------------|-------------------|-------------|
| | | NO | TIER | | | | |
| | 1 | | | Bathhouse E | 1612043-15 | 08/31/2016 | 0.00025 U |
| | 2 | | | Mens RR at Pool | 1612043-18 | 08/31/2016 | 0.00025 U |
| | 3 | | | 280 Shoreline | 1612043-10 | 08/28/2016 | 0.00045 I |
| | 4 | | | Bathhouse G | 1612043-17 | 08/31/2016 | 0.00046 I |
| | 5 | | | Bathhouse C | 1612043-13 | 08/31/2016 | 0.00053 |
| | 6 | | | 18 Hidden Cove | 1612043-06 | 08/26/2016 | 0.0010 |
| | 7 | | | 10 Sand Pine Cir | 1612043-01 | 08/25/2016 | 0.0012 |
| | 8 | | | 2 Hidden Cove | 1612043-07 | 08/27/2016 | 0.0012 |
| | 9 | | | 28 Beach Front | 1612043-09 | 08/26/2016 | 0.0017 |
| | 10 | | | 2 Windward | 1612043-03 | 08/26/2016 | 0.0018 |
| | 11 | | | 253 Shoreline Dr | 1612043-20 | 09/01/2016 | 0.0023 |
| | 12 | | | Bathhouse F | 1612043-16 | 08/31/2016 | 0.0024 |
| | 13 | | | 33 Grassy Lake | 1612043-02 | 08/26/2016 | 0.0026 |
| | 14 | | | 22 Freedom Way | 1612043-05 | 08/25/2016 | 0.0028 |
| | 15 | | | Bathhouse D | 1612043-14 | 08/31/2016 | 0.0030 |
| | 16 | | | Bathhouse A | 1612043-11 | 08/31/2016 | 0.0036 |
| | 17 | | | 34 Oak Ridge Cir | 1612043-04 | 08/26/2016 | 0.0039 |
| | 18 | | | Bathhouse B | 1612043-12 | 08/31/2016 | 0.0078 |
| | 19 | | | 236 Shoreline Dr | 1612043-19 | 09/01/2016 | 0.012 |
| | 20 | | | 7 Hidden Cove | 1612043-06 | 08/26/2016 | 0.029 |

I - The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.
 U - Analyte was undetected. Indicated concentration is method detection limit.

CERTIFICATION. The tap samples used for lead and copper analyses were submitted by the above PWS. Each sample container had one liter of solution ($\pm 100\text{mL}$). All samples were taken properly by the above system and analyzed in accordance with the requirements in Chapter 10D-41, F.A.C. The sampling dates were reported for each sample received. I hereby certify that all data submitted are correct.

SIGNATURE OF AUTHORIZED LABORATORY REPRESENTATIVE:

NAME: Francis I. Daniels

TITLE: Laboratory Director
 Page 2 of 5

DATE: 09/09/2016



Short Environmental Laboratories (800) 833-40
 10405 US 27 S.
 Sebring, FL 33876-9502

**Lead and Copper Tap Sample Analysis
 And Result Ranking Report Form**
 Reporting Format 62-550.730(4)(a)

Work Order: 1612043
 September 09, 2016

System Name: The Woodlands of Lake Placid Date Submitted to Lab: 09/02/2016
 PWSID: 6280304 Analysis Date: 09/08/2016
 Laboratory Name: Southern Analytical Laboratories, Inc. Lab Analysis Method: EPA 200.8
 Lab ID: E84129 Lead or Copper (list one): Copper
 Contact Person: Francis I. Daniels, Laboratory Director Method Detection Limit: 0.0001
 Phone: (813) 855-1844 90th Percentile Value: 0.18

| A | RANK | LOCATION CODE | | CLIENT ID | LAB ID | DATE SITE SAMPLED | COPPER (mg/L) |
|---|------|---------------|------|------------------|------------|-------------------|---------------|
| | | NO | TIER | | | | |
| | 1 | | | Bathroom E | 1612043-15 | 08/31/2016 | 0.024 |
| | 2 | | | Bathroom G | 1612043-17 | 08/31/2016 | 0.027 |
| | 3 | | | Mens RR at Pool | 1612043-16 | 08/31/2016 | 0.027 |
| | 4 | | | 34 Oak Ridge Cir | 1612043-04 | 08/26/2016 | 0.036 |
| | 5 | | | 2 Hidden Cove | 1612043-07 | 08/27/2016 | 0.044 |
| | 6 | | | Bathroom C | 1612043-13 | 08/31/2016 | 0.050 |
| | 7 | | | 18 Hidden Cove | 1612043-08 | 08/26/2016 | 0.064 |
| | 8 | | | 22 Freedom Way | 1612043-05 | 08/25/2016 | 0.087 |
| | 9 | | | 280 Shoreline | 1612043-10 | 08/28/2016 | 0.091 |
| | 10 | | | Bathroom D | 1612043-14 | 08/31/2016 | 0.094 |
| | 11 | | | 2 Windward | 1612043-03 | 08/26/2016 | 0.11 |
| | 12 | | | 10 Sand Pine Cir | 1612043-01 | 08/25/2016 | 0.12 |
| | 13 | | | 33 Grassy Lake | 1612043-02 | 08/26/2016 | 0.12 |
| | 14 | | | 236 Shoreling Dr | 1612043-19 | 09/01/2016 | 0.15 |
| | 15 | | | 253 Shoreling Dr | 1612043-20 | 09/01/2016 | 0.15 |
| | 16 | | | 7 Hidden Cove | 1612043-06 | 08/26/2016 | 0.16 |
| | 17 | | | Bathroom F | 1612043-18 | 08/31/2016 | 0.17 |
| | 18 | | | 28 Beach Front | 1612043-09 | 08/26/2016 | 0.18 |
| | 19 | | | Bathroom B | 1612043-12 | 08/31/2016 | 0.20 |
| | 20 | | | Bathroom A | 1612043-11 | 08/31/2016 | 0.21 |

I - The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.
 U - Analyte was undetected. Indicated concentration is method detection limit.

CERTIFICATION. The tap samples used for lead and copper analyses were submitted by the above PWS. Each sample container had one liter of solution (±100mL). All samples were taken properly by the above system and analyzed in accordance with the requirements in Chapter 10D-41, F.A.C. The sampling dates were reported for each sample received. I hereby certify that all data submitted are correct.

SIGNATURE OF AUTHORIZED LABORATORY REPRESENTATIVE:

NAME: Francis I. Daniels

TITLE: Laboratory Director
 Page 1 of 5

DATE: 09/09/2016

Crate

SHORT ENVIRONMENTAL LABORATORIES

10405 US 27 S

SEBRING, FL 33876

(863) 655-4022 (800) 833-4022

FAX: (863) 655-5820

PWS I.D. 628-0304

1612043

| LABORATORY ANALYSES | | | | | |
|---------------------|---------|--|--|--|--|
| Coat Type | Met | | | | |
| Coat Size | 1 L cyl | | | | |
| Material | Plastic | | | | |
| Preservative | Nitric | | | | |

SAMPLER'S NAME: (PLEASE PRINT) DUSTIN WILLIAMS CLIENT NAME: US WATER SERVICES CORP
THE Woodlands 578

SAMPLERS SIGNATURE: *[Signature]* PROJECT: 578 Pb Cu LOCATION: THE WOODLANDS

| | SAMPLE ID | DATE | TIME | SAMP TYPE | GRAB | WELL | LABORATORY ID# | # OF CONT | Cu Pb |
|--|-----------|---------|------|-----------|------|------|----------------|-----------|-------|
| | 11 | 8-31-16 | 0700 | DW | X | | | 1 | 1 |
| | 12 | 8-31-16 | 0715 | DW | X | | | 1 | 1 |
| | 13 | 8-31-16 | 0725 | DW | X | | | 1 | 1 |
| | 14 | 8-31-16 | 0730 | DW | X | | | 1 | 1 |
| | 15 | 8-31-16 | 0740 | DW | X | | | 1 | 1 |
| | 16 | 8-31-16 | 0755 | DW | X | | | 1 | 1 |
| | 17 | 8-31-16 | 0805 | DW | X | | | 1 | 1 |
| | 18 | 8-31-16 | 0815 | DW | X | | | 1 | 1 |
| | | | | DW | X | | | 1 | 1 |
| | | | | DW | X | | | 1 | 1 |

COMMENTS:

SOME CONTAINERS MAY BE PRESERVED.
 PLEASE READ ALL CONTAINER LABELS FOR CAUTION NOTICES.

SAMPLES ICED TO _____ C
 NUTRIENT CONTAINERS PRESERVED H2SO4
 METALS CONTAINERS PRESERVED HNO3

| YES | NO |
|-----|----|
| | |
| | |
| | |
| | |

| SAMPLE QTY: | RELINQUISHED BY: | ACCEPTED BY: | DATE: | TIME: |
|-------------|--------------------|--------------------|-----------|-------|
| 0 | <i>[Signature]</i> | <i>[Signature]</i> | 8-31-2016 | 12:16 |
| | <i>[Signature]</i> | <i>[Signature]</i> | 8-31-16 | 1540 |

| TIME | |
|---------------|--|
| DEPARTED LAB | |
| ARRIVED SITE | |
| DEPARTED SITE | |
| ARRIVED LAB | |

CHAIN OF CUSTODY AND TRANSMITTAL FORM

Page 4 of 5

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: September, 2015

A. Public Water System (PWS) Information

| | | | | | |
|--|---|--|--|--|--------------------|
| PWS Name: | Woodlands of Lake Placid / LP Waterworks, Inc | | | PWS Identification Number: | 6280304 |
| 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: | 440 | | | Total Population Served at End of Month: | 800 |
| PWS Owner: | LP Waterworks, Inc | | | | |
| 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: | Woodlands of Lake Placid / LP Waterworks, Inc | | | Plant Telephone Number: | 866.753.8292 |
| Plant Address: | 1525 US Highway 27 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: | 200,000 | | | | |
| Plant Category (per subsection 62-699.310(4), F.A.C.): | V | | | Plant Class (per subsection 62-699.310(4), F.A.C.): | |
| | | | | D | |
| Licensed Operators | Name | License Class | License Number | Day(s) / Shift(s) Worked | |
| Lead/Chief Operator: | Ron Derosssett | A | 3531 | Utility Manager | |
| Other Operators: | Jackie Williams | C | 20588 | 6 days per week | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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 Derosssett
Printed or Typed Name

A - 3531
License Number

MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 6280304 Plant Name: Woodlands of Lake Placid - Well 1
 III. Daily Data for the Month, Year of: September, 2015

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 | 32,605 | | 1.6 | | | | | | | | | 1.0 | |
| 2 | X | 24.0 | 20,513 | | 1.5 | | | | | | | | | 0.9 | |
| 3 | X | 24.0 | 47,879 | | 1.3 | | | | | | | | | 0.9 | |
| 4 | X | 24.0 | 49,687 | | 1.5 | | | | | | | | | 0.9 | |
| 5 | X | 24.0 | 43,823 | | 1.2 | | | | | | | | | 1.0 | |
| 6 | | 24.0 | 43,823 | | | | | | | | | | | | |
| 7 | X | 24.0 | 30,515 | | 1.5 | | | | | | | | | 1.2 | |
| 8 | X | 24.0 | 39,078 | | 1.5 | | | | | | | | | 1.0 | |
| 9 | X | 24.0 | 48,390 | | 1.5 | | | | | | | | | 1.0 | |
| 10 | X | 24.0 | 33,109 | | 1.5 | | | | | | | | | 0.9 | |
| 11 | X | 24.0 | 46,883 | | 1.5 | | | | | | | | | 0.9 | |
| 12 | X | 24.0 | 38,967 | | 1.2 | | | | | | | | | 0.9 | |
| 13 | | 24.0 | 39,968 | | | | | | | | | | | | |
| 14 | X | 24.0 | 29,062 | | 1.4 | | | | | | | | | 1.0 | |
| 15 | X | 24.0 | 39,325 | | 1.4 | | | | | | | | | 0.9 | |
| 16 | X | 24.0 | 35,142 | | 1.5 | | | | | | | | | 0.9 | |
| 17 | X | 24.0 | 40,011 | | 1.6 | | | | | | | | | 0.9 | |
| 18 | X | 24.0 | 33,455 | | 1.9 | | | | | | | | | 1.2 | |
| 19 | X | 24.0 | 38,667 | | 1.5 | | | | | | | | | 1.1 | |
| 20 | | 24.0 | 39,667 | | | | | | | | | | | | |
| 21 | X | 24.0 | 43,837 | | 1.7 | | | | | | | | | 1.2 | |
| 22 | X | 24.0 | 31,259 | | 1.7 | | | | | | | | | 1.2 | |
| 23 | X | 24.0 | 37,060 | | 1.6 | | | | | | | | | 1.1 | |
| 24 | X | 24.0 | 45,773 | | 1.4 | | | | | | | | | 0.9 | |
| 25 | X | 24.0 | 42,577 | | 1.6 | | | | | | | | | 1.2 | |
| 26 | X | 24.0 | 37,871 | | 1.5 | | | | | | | | | 1.0 | |
| 27 | | 24.0 | 38,871 | | | | | | | | | | | | |
| 28 | X | 24.0 | 43,256 | | 1.3 | | | | | | | | | 0.9 | |
| 29 | X | 24.0 | 36,346 | | 1.9 | | | | | | | | | 1.0 | |
| 30 | X | 24.0 | 38,078 | | 1.6 | | | | | | | | | 1.0 | |
| 31 | | 24.0 | | | | | | | | | | | | | |
| Total | | | 1,165,497 | | | | | | | | | | | | |
| Average | | | 37,597 | | | | | | | | | | | | |
| Maximum | | | 49,687 | | | | | | | | | | | | |

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

SHORT Environmental Laboratories, Inc.
 10405 U.S. 27 S. Sebring, FL 33876 email: Shortlab@strato.net
 Phone: (863) 655-4022 (800) 833-4022 Fax: (863) 655-5820



Report Cover Page

Client: U.S. Water Services, Corp. Report #: 2015070262
 Address: 4939 Cross Bayou Blvd. Report Date: 7/29/2015
 City, State, Zip: New Port Richey, FL 34652
 Attention: Melisa Rotteveel
 Project: LPWW The Woodlands
 Primary Inorganics & Secondaries
 Sample Date: 5/12/2015
 Sample Numbers: 449033-449034

This report package includes the following contents and attachments:

Commonly used Qualifiers with explanations:

| Contents | Item | Pages | Qualifier | Explanation |
|---------------------|-----------------------|-------|-----------|---|
| Cover Page: | | 1 | U | Compound was analyzed for but not detected. |
| Report of Analysis: | DW Original | 8 | I | Result is between the MDL and the PQL. |
| Attachments: | Sampler Certification | 2 | Q | Sample was analyzed out of holding time. |
| | Chain of Custody | 1 | J | Estimated value; may not be accurate. |
| Total Pages: | | 12 | | |

The results contained in the report meet all requirements of the NELAC standards. All results are representative of the sample as collected. Direct all questions to the signatory below at the phone number above.

REVIEWED

Respectfully Submitted,

Douglas E. Morton

Douglas Morton
 Project Manager
 Jul 30 2015 10:48 AM



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**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: L.P.W.W. - The Woodlands - Plant 1 PWS I.D. #: 628-0304

System Type (check one): Community NonTransient Noncommunity Transient NonCommunity

Address: 100 Shoreline Dr.

City: Lake Placid State: Florida ZIP Code: _____

Phone#: 727-848-8292 Fax #: 727-849-4219 E-Mail Address: cdavosr@uswatercorp.net

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: L.P. 5 Sample Date: 5-12-15 Sample Time: 13:55

Sample Location (be specific) P.O.E. - Hydro Tank

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.27 mg/L Field pH: 7.3

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: <u>Inorganic Contaminants -</u> | |
| <input type="checkbox"/> Near First Customer | <u>62-550.513, Secondary Contaminants - 62-550.520</u> | |

*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, Jack Williams, Plant operator, do HEREBY CERTIFY .
(Print Name) (Print Title)

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

Signature: Jack Williams Date: 5-12-15

Certified Operator #: C21440 Phone #: 352-312-4974 Sampler's FAX #: 727-849-4219

Sampler's E-mail: jwilliams@uswatercorp.net

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: 06/30/2016
 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 : 5/12/2015
 PWS ID (From Page 1): 6280304 Sample Number (From Page 1): 449033 Lab Assigned Report Number or Job ID: 449033

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 type="checkbox"/> All 21 | <input type="checkbox"/> Trihalomethanes | <input type="checkbox"/> Single Sample | <input checked="" type="checkbox"/> All 14 |
| <input type="checkbox"/> Partial | <input 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 (NELAC).
 Signature: *Douglas E. Morton* Douglas Morton Date: 7/29/2015
Project Manager
Jul 30 2015 10:48 AM

* 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: _____

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

Inorganic Contaminants

62-550.310(1)

Report Number/Job ID: 449033

PWS ID (from page 1): 6280304

| 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 | 0.06 | I | EPA 353.2 | 0.02 | 05/12/2015 | 1938 | E85458 |
| 1041 | Nitrite (as N) | 1 | mg/L | 0.01 | U | EPA 353.2 | 0.01 | 05/12/2015 | 1740 | E85458 |
| 1005 | Arsenic | 0.01 | mg/L | 0.0014 | I | EPA 200.8 | 0.0009 | 05/27/2015 | 1529 | E84129 |
| 1010 | Barium | 2 | mg/L | 0.031 | | EPA 200.7 | 0.002 | 07/12/2015 | 1600 | E85458 |
| 1015 | Cadmium | 0.005 | mg/L | 0.001 | U | EPA 200.7 | 0.001 | 07/12/2015 | 1600 | E85458 |
| 1020 | Chromium | 0.10 | mg/L | 0.001 | U | EPA 200.7 | 0.001 | 07/12/2015 | 1600 | E85458 |
| 1024 | Cyanide | 0.20 | mg/L | 0.005 | U | EPA 335.4 | 0.005 | 05/26/2015 | 1615 | E84129 |
| 1025 | Fluoride | 4.0 | mg/L | 0.20 | | SM 4500F C | 0.05 | 05/22/2015 | 0752 | E85458 |
| 1030 | Lead | 0.015 | mg/L | 0.001 | U | SM 3113 B | 0.001 | 06/14/2015 | 1306 | E85458 |
| 1035 | Mercury | 0.002 | mg/L | 0.0001 | U | EPA 245.1 | 0.0001 | 05/22/2015 | 1635 | E84129 |
| 1036 | Nickel | 0.10 | mg/L | 0.002 | U | EPA 200.7 | 0.002 | 07/12/2015 | 1600 | E85458 |
| 1045 | Selenium | 0.05 | mg/L | 0.0011 | I | EPA 200.8 | 0.0009 | 05/28/2015 | 1318 | E84129 |
| 1052 | Sodium | 160 | mg/L | 5.1 | | SM 3111 B | 1.0 | 07/19/2015 | 1315 | E85458 |
| 1074 | Antimony | 0.006 | mg/L | 0.0010 | U | EPA 200.8 | 0.0010 | 05/28/2015 | 1318 | E84129 |
| 1075 | Beryllium | 0.004 | mg/L | 0.0005 | U | EPA 200.7 | 0.0005 | 07/12/2015 | 1600 | E85458 |
| 1085 | Thallium | 0.002 | mg/L | 0.0002 | U | EPA 200.8 | 0.0002 | 05/27/2015 | 1529 | E84129 |
| 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: 449033

62-550.320

PWS ID (From Page 1): 6280304

| 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 | 07/12/2015 | 1600 | E85458 |
| 1017 | Chloride | 250 | mg/L | 33. | | SM 4500CIC | 0.5 | 05/26/2015 | 0848 | E85458 |
| 1022 | Copper | 1 | mg/L | 0.005 | I | EPA 200.7 | 0.002 | 07/12/2015 | 1600 | E85458 |
| 1025 | Fluoride | 2.0 | mg/L | 0.20 | | SM 4500F C | 0.05 | 05/22/2015 | 0752 | E85458 |
| 1028 | Iron | 0.30 | mg/L | 0.055 | | EPA 200.7 | 0.005 | 07/12/2015 | 1600 | E85458 |
| 1032 | Manganese | 0.05 | mg/L | 0.0038 | | EPA 200.7 | 0.0005 | 07/12/2015 | 1600 | E85458 |
| 1050 | Silver | 0.10 | mg/L | 0.001 | I | EPA 200.7 | 0.001 | 07/12/2015 | 1600 | E85458 |
| 1055 | Sulfate | 250 | mg/L | 2.90 | | ASTMD51690 | 1. | 05/28/2015 | 1002 | E85458 |
| 1095 | Zinc | 5 | mg/L | 0.008 | I | EPA 200.7 | 0.004 | 07/12/2015 | 1600 | E85458 |
| 1905 | Color | 15 | CU | 1. | | SM 2120 B | 1. | 05/14/2015 | 1100 | E85458 |
| 1920 | Odor | 3 | TON | 0. | U | SM 2150 | N/A | 05/13/2015 | 1158 | E85458 |
| 1925 | pH | 6.5 - 8.5 | SU | 6.74 | | SM4500H+ B | | 05/14/2015 | 1046 | E85458 |
| 1930 | Total Dissolved Solids | 500 | mg/L | 62. | | SM 2540C | 10. | 05/16/2015 | 0730 | E85458 |
| 2905 | Foaming Agents | 0.50 | mg/L | 0.048 | U | SM 5540 C | 0.048 | 05/13/2015 | 1509 | E84129 |

*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**

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

System Name: L.P.W.W. - The Woodlands - Plant - 2 PWS I.D. #: 628-0304
 System Type (check one): Community () NonTransient Noncommunity () Transient NonCommunity
 Address: 100 Shoreline Dr
 City: Lake Placid State: Florida ZIP Code: _____
 Phone#: 727-848-8292 Fax #: 727-849-4219 E-Mail Address: rdjossett@uswatercorp.net

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: L.P. 6 Sample Date: 5-12-15 Sample Time: 13:15
 Sample Location (be specific) P.O.E. - Hydro Tank
 Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.36 mg/L Field pH: 7.2

Sample Type (Check Only One)

- Distribution
- Entry Point (to Distribution)
- Plant Tap (not for compliance with 62.550)
- Raw (at well intake)
- Max. Residence Time
- Ave. Residence Time
- Near First Customer

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

- Routine Compliance (with 62-550)
- Confirmation of MCL Exceedance*
- Composite Multiple Sites**
- Clearance (permitting)
- Other: _____
- Quarterly (Which One?)
- Special (not for compliance with 62-550.)
- Violation Resolution
- Replacement (of invalidated Sample)

Sampling Procedure Used or other Comments: Inorganic Contaminants - 62-550.513, Secondary Contaminants - 62-550.520

*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, Jack Williams, Plant operator, do HEREBY CERTIFY -
 (Print Name) (Print Title)

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

Signature: Jack Williams Date: 5-12-15
 Certified Operator #: C21440 Phone #: 352-342-4974 Sampler's FAX #: 727-849-4219
 Sampler's E-mail: jwilliams@uswatercorp.net

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: 06/30/2016
 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 : 5/12/2015
 PWS ID (From Page 1): 6280304 Sample Number (From Page 1): 449034 Lab Assigned Report Number or Job ID: 449034

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 type="checkbox"/> All 21 | <input type="checkbox"/> Trihalomethanes | <input type="checkbox"/> Single Sample | <input checked="" type="checkbox"/> All 14 |
| <input type="checkbox"/> Partial | <input 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 (NELAC).
 Signature: *Douglas E. Morton* Douglas Morton Date: 7/29/2015
Project Manager Jul 30 2015 10:48 AM

* 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: _____

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

Inorganic Contaminants
62-550.310(1)

Report Number/Job ID: 449034
PWS ID (from page 1): 6280304

| 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 | 0.04 | I | EPA 353.2 | 0.02 | 05/12/2015 | 1938 | E85458 |
| 1041 | Nitrite (as N) | 1 | mg/L | 0.01 | U | EPA 353.2 | 0.01 | 05/12/2015 | 1740 | E85458 |
| 1005 | Arsenic | 0.01 | mg/L | 0.0011 | I | EPA 200.8 | 0.0009 | 05/27/2015 | 1544 | E84129 |
| 1010 | Barium | 2 | mg/L | 0.009 | | EPA 200.7 | 0.002 | 07/12/2015 | 1600 | E85458 |
| 1015 | Cadmium | 0.005 | mg/L | 0.001 | U | EPA 200.7 | 0.001 | 07/12/2015 | 1600 | E85458 |
| 1020 | Chromium | 0.10 | mg/L | 0.001 | U | EPA 200.7 | 0.001 | 07/12/2015 | 1600 | E85458 |
| 1024 | Cyanide | 0.20 | mg/L | 0.005 | U | EPA 335.4 | 0.005 | 05/26/2015 | 1615 | E84129 |
| 1025 | Fluoride | 4.0 | mg/L | 0.30 | | SM 4500F C | 0.05 | 05/22/2015 | 0752 | E85458 |
| 1030 | Lead | 0.015 | mg/L | 0.001 | U | SM 3113 B | 0.001 | 06/14/2015 | 1306 | E85458 |
| 1035 | Mercury | 0.002 | mg/L | 0.0001 | U | EPA 245.1 | 0.0001 | 05/22/2015 | 1637 | E84129 |
| 1036 | Nickel | 0.10 | mg/L | 0.002 | U | EPA 200.7 | 0.002 | 07/12/2015 | 1600 | E85458 |
| 1045 | Selenium | 0.05 | mg/L | 0.0009 | U | EPA 200.8 | 0.0009 | 05/20/2015 | 1333 | E84129 |
| 1052 | Sodium | 160 | mg/L | 4.9 | | SM 3111 B | 1.0 | 07/19/2015 | 1315 | E85458 |
| 1074 | Antimony | 0.006 | mg/L | 0.0010 | U | EPA 200.8 | 0.0010 | 05/20/2015 | 1333 | E84129 |
| 1075 | Beryllium | 0.004 | mg/L | 0.0005 | U | EPA 200.7 | 0.0005 | 07/12/2015 | 1600 | E85458 |
| 1085 | Thallium | 0.002 | mg/L | 0.002 | U | EPA 200.8 | 0.0002 | 05/27/2015 | 1544 | E84129 |
| 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: 449034

62-550.320

PWS ID (From Page 1): 6280304

| 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 | 07/12/2015 | 1600 | E85458 |
| 1017 | Chloride | 250 | mg/L | 25. | | SM 4500CIC | 0.5 | 05/26/2015 | 0848 | E85458 |
| 1022 | Copper | 1 | mg/L | 0.005 | I | EPA 200.7 | 0.002 | 07/12/2015 | 1600 | E85458 |
| 1025 | Fluoride | 2.0 | mg/L | 0.30 | | SM 4500F C | 0.05 | 05/22/2015 | 0752 | E85458 |
| 1028 | Iron | 0.30 | mg/L | 0.043 | | EPA 200.7 | 0.005 | 07/12/2015 | 1600 | E85458 |
| 1032 | Manganese | 0.05 | mg/L | 0.0016 | I | EPA 200.7 | 0.0005 | 07/12/2015 | 1600 | E85458 |
| 1050 | Silver | 0.10 | mg/L | 0.001 | U | EPA 200.7 | 0.001 | 07/12/2015 | 1600 | E85458 |
| 1055 | Sulfate | 250 | mg/L | 1.34 | | ASTMD51690 | 1. | 05/28/2015 | 1002 | E85458 |
| 1095 | Zinc | 5 | mg/L | 0.011 | I | EPA 200.7 | 0.004 | 07/12/2015 | 1600 | E85458 |
| 1905 | Color | 15 | CU | 3. | | SM 2120 B | 1. | 05/14/2015 | 1100 | E85458 |
| 1920 | Odor | 3 | TON | 0. | U | SM 2150 | N/A | 05/13/2015 | 1158 | E85458 |
| 1925 | pH | 6.5 - 8.5 | SU | 7.02 | | SM4500H+ B | | 05/14/2015 | 1046 | E85458 |
| 1930 | Total Dissolved Solids | 500 | mg/L | 68. | | SM 2540C | 10. | 05/16/2015 | 0730 | E85458 |
| 2905 | Foaming Agents | 0.50 | mg/L | 0.048 | U | SM 5540 C | 0.048 | 05/13/2015 | 1509 | E84129 |

*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

Short Environmental Laboratories, Inc.

10405 US 27 S

Sebring, FL 33876

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

| Cont Type | LABORATORY ANALYSES | | | | | | | | | | | | |
|------------------|---------------------|--------|--------|---------|------|---------|--------|--|--|--|--|--|--|
| | CN | Sp SAL | Nut | S&M | Met | S&M | Otor | | | | | | |
| Size | 1L | 250 ml | 250 ml | 1/2 gal | 1L | 1/2 gal | 250 ml | | | | | | |
| Plat Glass Amber | P | P | P | P | P | P | G | | | | | | |
| Pres | NaOH Zn Ac | HNO3 | H2SO4 | Cool | HNO3 | Cool | Cool | | | | | | |

| Sampler's Name: Jack Williams (Please Print) | | Client Name: U.S. Water Services Corp. | | #578 | | | |
|--|----------------|---|-------|------------------------------------|------|----------------|-----------|
| Sampler's Signature: <i>Jack Williams</i> | | Project: L PWN The Woodlands | | Location: 100 Shoreline Dr. | | | |
| Field ID# | Sample ID | Date | Time | Samp Type | Grab | Laboratory ID# | # of Cont |
| LP-5 | Plant-1-P.O.E. | 5-12-15 | 13:55 | DW | X | 449033 | 7 |
| LP-6 | Plant-2-P.O.E. | 5-12-15 | 13:15 | DW | X | 449034 | 7 |

Comments:
 **Run U if g-Alpha > 15
 This kit contains samples for certain analyses which require scheduling with the lab prior to collection and delivery.

Samples Iced to **SPC 785** Yes No
 Nutrient Containers Preserved:
 Metals Containers preserved:
 Vials preserved: **107 # 1049604**

Please read all container labels for caution notices.

| | | | | |
|-------------|----------------------|------------------|----------------|--------------|
| Sample Qty: | Relinquished By: | Accepted By: | Date: | Time: |
| | Jack Williams | <i>W. Wright</i> | 5-12-15 | 14:25 |

| | |
|---------------|--|
| Departed Lab | |
| Arrived Site | |
| Departed Site | |
| Arrived Lab | |

Chain of Custody and Transmittal Form

SHORT Environmental Laboratories, Inc.
 10405 U.S. 27 S. Sebring, FL 33876 email: Shortlab@strato.net
 Phone: (863) 655-4022 (800) 833-4022 Fax: (863) 655-5820



Report Cover Page

Client: **U.S. Water Services, Corp.** Report #: **2015070267**
 Address: **4939 Cross Bayou Blvd.** Report Date: **7/31/2015**
 City, State, Zip: **New Port Richey, FL 34652**
 Attention: **Melisa Rotteveel**
 Project: **LPWW The Woodlands**
VOC Analysis
 Sample Date: **6/9/2015**
 Sample Numbers: **450447-450448**

This report package includes the following contents and attachments:

Commonly used Qualifiers with explanations:

| <u>Contents</u> | <u>Item</u> | <u>Pages</u> | <u>Qualifier</u> | <u>Explanation</u> |
|---------------------|-----------------------|--------------|------------------|---|
| Cover Page: | | 1 | U | Compound was analyzed for but not detected. |
| Report of Analysis: | DW Original | 6 | I | Result is between the MDL and the PQL. |
| Attachments: | Sampler Certification | 2 | Q | Sample was analyzed out of holding time. |
| | Chain of Custody | 1 | J | Estimated value; may not be accurate. |
| Total Pages: | | 10 | | |

The results contained in the report meet all requirements of the NELAC standards. All results are representative of the sample as collected. Direct all questions to the signatory below at the phone number above.

Respectfully Submitted,

Douglas E. Morton

Douglas Morton
Project Manager
Jul 31 2015 11:59 AM



This report is for the exclusive and private use of the client listed above and recipients designated by the client. If reproduced in whole or in part by authorized recipients, this cover sheet should accompany any such copies.



**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: The Woodlands - Plant - 1 PWS I.D. #: 628-0304
 System Type (check one): Community () NonTransient Noncommunity () Transient NonCommunity
 Address: 100 Shoreline Dr.
 City: Lake Placid State: Florida ZIP Code: _____
 Phone#: 727-848-8292 Fax #: 727-849-4219 E-Mail Address: rdawson@uswatercorp.net

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: LP-1 Sample Date: 6-9-15 Sample Time: 15:47
 Sample Location (be specific) P.O.E. to Distribution
 Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.33 mg/L. Field pH: 7.5

Sample Type (Check Only One)

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

- Distribution
- Entry Point (to Distribution)
- Plant Tap (not for compliance with 62.550)
- Raw (at well intake)
- Max. Residence Time
- Ave. Residence Time
- Near First Customer

- Routine Compliance (with 62-550)
- Confirmation of MCL Exceedance*
- Composite Multiple Sites**
- Clearance (permitting)
- Other: _____
- Quarterly (Which One?)
- Special (not for compliance with 62-550.)
- Violation Resolution
- Replacement (of invalidated Sample)

Sampling Procedure Used or other Comments: V.D.C. - 62-550.515

*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, Jack Williams, Plant operator, do HEREBY CERTIFY -
 (Print Name) (Print Title)

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

Signature: Jack Williams Date: 6-9-15
 Certified Operator #: C21440 Phone #: 352-342-4974 Sampler's FAX #: 727-849-4219
 Sampler's E-mail: jwilliams@uswatercorp.net

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: 06/30/2016
 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*

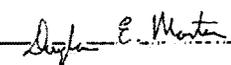
ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received : 6/9/2015
 PWS ID (From Page 1): 6280304 Sample Number (From Page 1): 450447 Lab Assigned Report Number or Job ID: 450447

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 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 type="checkbox"/> All 14 |
| <input type="checkbox"/> Partial | <input 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 (NELAC).
 Signature:  Douglas Morton Date: 7/31/2015
Project Manager Jul 31 2015 11:39 AM

* 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: _____

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

Volatile Organics

62-550.310(4)(a)

Report Number/Job ID: 450447

PWS ID (from page 1): 6280304

| 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 | 06/10/2015 | 2124 | E84129 |
| 2380 | cis-1,2-Dichloroethylene | 70 | µg/L | 0.09 | U | EPA 524.2 | 0.09 | 0.5 | 06/10/2015 | 2124 | E84129 |
| 2955 | Xylenes (total) | 10,000 | µg/L | 0.1 | U | EPA 524.2 | 0.1 | 0.5 | 06/10/2015 | 2124 | E84129 |
| 2964 | Dichloromethane | 5 | µg/L | 0.2 | U | EPA 524.2 | 0.2 | 0.5 | 06/10/2015 | 2124 | E84129 |
| 2968 | o-Dichlorobenzene | 600 | µg/L | 0.1 | U | EPA 524.2 | 0.1 | 0.5 | 06/10/2015 | 2124 | E84129 |
| 2969 | para-Dichlorobenzene | 75 | µg/L | 0.2 | U | EPA 524.2 | 0.2 | 0.5 | 06/10/2015 | 2124 | E84129 |
| 2976 | Vinyl Chloride | 1 | µg/L | 0.3 | U | EPA 524.2 | 0.3 | 0.5 | 06/10/2015 | 2124 | E84129 |
| 2977 | 1,1-Dichloroethylene | 7 | µg/L | 0.2 | U | EPA 524.2 | 0.2 | 0.5 | 06/10/2015 | 2124 | E84129 |
| 2979 | trans-1,2-Dichloroethylene | 100 | µg/L | 0.2 | U | EPA 524.2 | 0.2 | 0.5 | 06/10/2015 | 2124 | E84129 |
| 2980 | 1,2-Dichloroethane | 3 | µg/L | 0.1 | U | EPA 524.2 | 0.1 | 0.5 | 06/10/2015 | 2124 | E84129 |
| 2981 | 1,1,1-Trichloroethane | 200 | µg/L | 0.2 | U | EPA 524.2 | 0.2 | 0.5 | 06/10/2015 | 2124 | E84129 |
| 2982 | Carbon tetrachloride | 3 | µg/L | 0.2 | U | EPA 524.2 | 0.2 | 0.5 | 06/10/2015 | 2124 | E84129 |
| 2983 | 1,2-Dichloropropane | 5 | µg/L | 0.2 | U | EPA 524.2 | 0.2 | 0.5 | 06/10/2015 | 2124 | E84129 |
| 2984 | Trichloroethylene | 3 | µg/L | 0.2 | U | EPA 524.2 | 0.2 | 0.5 | 06/10/2015 | 2124 | E84129 |
| 2985 | 1,1,2-Trichloroethane | 5 | µg/L | 0.2 | U | EPA 524.2 | 0.2 | 0.5 | 06/10/2015 | 2124 | E84129 |
| 2987 | Tetrachloroethylene | 3 | µg/L | 0.1 | U | EPA 524.2 | 0.1 | 0.5 | 06/10/2015 | 2124 | E84129 |
| 2989 | Monochlorobenzene | 100 | µg/L | 0.1 | U | EPA 524.2 | 0.1 | 0.5 | 06/10/2015 | 2124 | E84129 |
| 2990 | Benzene | 1 | µg/L | 0.1 | U | EPA 524.2 | 0.1 | 0.5 | 06/10/2015 | 2124 | E84129 |
| 2991 | Toluene | 1,000 | µg/L | 0.09 | U | EPA 524.2 | 0.09 | 0.5 | 06/10/2015 | 2124 | E84129 |
| 2992 | Ethylbenzene | 700 | µg/L | 0.08 | U | EPA 524.2 | 0.08 | 0.5 | 06/10/2015 | 2124 | E84129 |
| 2996 | Styrene | 100 | µg/L | 0.05 | U | EPA 524.2 | 0.05 | 0.5 | 06/10/2015 | 2124 | 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 65.550. 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**

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

System Name: The Woodlands - Plant - 2 PWS I.D. #: _____

System Type (check one): Community NonTransient Noncommunity Transient NonCommunity

Address: 100 Shoreline Dr.

City: Lake Placid State: Florida ZIP Code: _____

Phone#: 727-848-8292 Fax #: 727-849-4219 E-Mail Address: rdossett@uswatercorp.net

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: LP-2 Sample Date: 6-9-15 Sample Time: 16:10

Sample Location (be specific) P.O.E. to Distribution

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: <u>V.D.C. - 62-550.515</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, Jack Williams, Plant operator, do HEREBY CERTIFY -
(Print Name) (Print Title)

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

Signature: Jack Williams Date: 6-9-15

Certified Operator #: C21440 Phone #: 352-342-4974 Sampler's FAX #: 727-849-4219

Sampler's E-mail: jwilliams@uswatercorp.net

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: 06/30/2016
 ATTACH CURRENT DOH ANALYTE SHEET*

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 FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received : 6/9/2015
 PWS ID (From Page 1): 6280304 Sample Number (From Page 1): 450448 Lab Assigned Report Number or Job ID: 450448

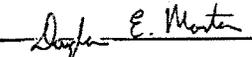
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

- | | | | | | |
|--|--|--|--|--|----------------------------------|
| <u>Inorganics</u> | <u>Synthetic Organics</u> | <u>Volatile Organics</u> | <u>Disinfection Byproducts</u> | <u>Radionuclides</u> | <u>Secondaries</u> |
| <input 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 type="checkbox"/> All 14 |
| <input type="checkbox"/> Partial | <input 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 (NELAC).

Signature:  Date: 7/31/2015
Douglas Morton
Project Manager
Jul 31 2015 11:59 AM

* 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: _____

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

Volatile Organics

Report Number/Job ID: 450448

62-550.310(4)(a)

PWS ID (from page 1): 6280304

| 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 | 06/10/2015 | 2155 | E84129 |
| 2380 | cis-1,2-Dichloroethylene | 70 | µg/L | 0.09 | U | EPA 524.2 | 0.09 | 0.5 | 06/10/2015 | 2155 | E84129 |
| 2955 | Xylenes (total) | 10,000 | µg/L | 0.1 | U | EPA 524.2 | 0.1 | 0.5 | 06/10/2015 | 2155 | E84129 |
| 2964 | Dichloromethane | 5 | µg/L | 0.2 | U | EPA 524.2 | 0.2 | 0.5 | 06/10/2015 | 2155 | E84129 |
| 2968 | o-Dichlorobenzene | 600 | µg/L | 0.1 | U | EPA 524.2 | 0.1 | 0.5 | 06/10/2015 | 2155 | E84129 |
| 2969 | para-Dichlorobenzene | 75 | µg/L | 0.2 | U | EPA 524.2 | 0.2 | 0.5 | 06/10/2015 | 2155 | E84129 |
| 2976 | Vinyl Chloride | 1 | µg/L | 0.3 | U | EPA 524.2 | 0.3 | 0.5 | 06/10/2015 | 2155 | E84129 |
| 2977 | 1,1-Dichloroethylene | 7 | µg/L | 0.2 | U | EPA 524.2 | 0.2 | 0.5 | 06/10/2015 | 2155 | E84129 |
| 2979 | trans-1,2-Dichloroethylene | 100 | µg/L | 0.2 | U | EPA 524.2 | 0.2 | 0.5 | 06/10/2015 | 2155 | E84129 |
| 2980 | 1,2-Dichloroethane | 3 | µg/L | 0.1 | U | EPA 524.2 | 0.1 | 0.5 | 06/10/2015 | 2155 | E84129 |
| 2981 | 1,1,1-Trichloroethane | 200 | µg/L | 0.2 | U | EPA 524.2 | 0.2 | 0.5 | 06/10/2015 | 2155 | E84129 |
| 2982 | Carbon tetrachloride | 3 | µg/L | 0.2 | U | EPA 524.2 | 0.2 | 0.5 | 06/10/2015 | 2155 | E84129 |
| 2983 | 1,2-Dichloropropane | 5 | µg/L | 0.2 | U | EPA 524.2 | 0.2 | 0.5 | 06/10/2015 | 2155 | E84129 |
| 2984 | Trichloroethylene | 3 | µg/L | 0.2 | U | EPA 524.2 | 0.2 | 0.5 | 06/10/2015 | 2155 | E84129 |
| 2985 | 1,1,2-Trichloroethane | 5 | µg/L | 0.2 | U | EPA 524.2 | 0.2 | 0.5 | 06/10/2015 | 2155 | E84129 |
| 2987 | Tetrachloroethylene | 3 | µg/L | 0.1 | U | EPA 524.2 | 0.1 | 0.5 | 06/10/2015 | 2155 | E84129 |
| 2989 | Monochlorobenzene | 100 | µg/L | 0.1 | U | EPA 524.2 | 0.1 | 0.5 | 06/10/2015 | 2155 | E84129 |
| 2990 | Benzene | 1 | µg/L | 0.1 | U | EPA 524.2 | 0.1 | 0.5 | 06/10/2015 | 2155 | E84129 |
| 2991 | Toluene | 1,000 | µg/L | 0.09 | U | EPA 524.2 | 0.09 | 0.5 | 06/10/2015 | 2155 | E84129 |
| 2992 | Ethylbenzene | 700 | µg/L | 0.08 | U | EPA 524.2 | 0.08 | 0.5 | 06/10/2015 | 2155 | E84129 |
| 2996 | Styrene | 100 | µg/L | 0.05 | U | EPA 524.2 | 0.05 | 0.5 | 06/10/2015 | 2155 | 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 I. 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

SHORT ENVIRONMENTAL LABORATORIES

10405 US 27 S

SEBRING, FL 33876

(863) 655-4022 (800) 833-4022

FAX: (863) 655-5820

| LABORATORY ANALYSES | | | | |
|---------------------|--|--|--|--|
| 3 Vial | | | | |
| HCl | | | | |
| VOC | | | | |

SAMPLER'S NAME: Jack Williams CLIENT NAME: U.S. Water Services Corp.
 (PLEASE PRINT)
 SAMPLERS SIGNATURE: [Signature] PROJECT: The Woodlands Plant 1 + 2 LOCATION: WTP 578

| FIELD ID# | SAMPLE ID | DATE | TIME | SAMP TYPE | GRAB | WELL | LABORATORY ID# | # OF CONT |
|-----------|----------------|--------|-------|-----------|------|------|----------------|-----------|
| LP-1 | P.O.E.-Plant-1 | 6-9-15 | 15:47 | DW | X | | 450 447 | 3 |
| LP-2 | P.O.E.-Plant-2 | 6-9-15 | 16:10 | DW | X | | 450 448 | 3 |
| | | | | | | | | |
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COMMENTS: SOME CONTAINERS MAY BE PRE-RESERVED. PLEASE READ ALL CONTAINER LABELS FOR CAUTION NOTICES.

119519

SAMPLES ICED TO 5°C
 NUTRIENT CONTAINERS PRESERVED H2904
 METALS CONTAINERS PRESERVED H103
 OTHER _____

| | |
|-----|----|
| YES | NO |
| | |
| | |
| | |
| | |

| | | | | |
|-------------|----------------------|--------------------|---------------|--------------|
| SAMPLE QTY: | RELINQUISHED BY: | ACCEPTED BY: | DATE: | TIME: |
| | <u>Jack Williams</u> | <u>[Signature]</u> | <u>6-9-15</u> | <u>16:30</u> |

| | |
|---------------|------|
| DEPARTED LAB | TIME |
| ARRIVED SITE | |
| DEPARTED SITE | |
| ARRIVED LAB | |

MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identificaiton Number: 6280304 Plant Name: Woodlands of Lake Placid - Well 2

III. Daily Data for the Month/Year of: September, 2015

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 | 3,605 | | 1.4 | | | | | | | | 0.6 | | |
| 2 | X | 24.0 | 3,513 | | 1.3 | | | | | | | | 0.6 | | |
| 3 | X | 24.0 | 10,879 | | 1.4 | | | | | | | | 0.7 | | |
| 4 | X | 24.0 | 6,687 | | 1.5 | | | | | | | | 0.7 | | |
| 5 | X | 24.0 | 7,823 | | 1.3 | | | | | | | | 0.8 | | |
| 6 | | 24.0 | 7,823 | | | | | | | | | | | | |
| 7 | X | 24.0 | 10,515 | | 1.4 | | | | | | | | 0.8 | | |
| 8 | X | 24.0 | 8,078 | | 1.5 | | | | | | | | 0.7 | | |
| 9 | X | 24.0 | 7,390 | | 1.4 | | | | | | | | 0.5 | | |
| 10 | X | 24.0 | 8,109 | | 1.5 | | | | | | | | 0.6 | | |
| 11 | X | 24.0 | 5,883 | | 1.6 | | | | | | | | 0.8 | | |
| 12 | X | 24.0 | 3,967 | | 1.4 | | | | | | | | 1.0 | | |
| 13 | | 24.0 | 3,968 | | | | | | | | | | | | |
| 14 | X | 24.0 | 8,062 | | 1.4 | | | | | | | | 1.0 | | |
| 15 | X | 24.0 | 4,325 | | 1.4 | | | | | | | | 0.8 | | |
| 16 | X | 24.0 | 5,142 | | 1.6 | | | | | | | | 0.7 | | |
| 17 | X | 24.0 | 6,011 | | 1.4 | | | | | | | | 0.5 | | |
| 18 | X | 24.0 | 4,455 | | 1.5 | | | | | | | | 0.8 | | |
| 19 | X | 24.0 | 4,667 | | 1.5 | | | | | | | | 1.0 | | |
| 20 | | 24.0 | 4,667 | | | | | | | | | | | | |
| 21 | X | 24.0 | 11,837 | | 1.1 | | | | | | | | 0.5 | | |
| 22 | X | 24.0 | 4,259 | | 1.5 | | | | | | | | 0.6 | | |
| 23 | X | 24.0 | 5,060 | | 1.3 | | | | | | | | 0.9 | | |
| 24 | X | 24.0 | 10,773 | | 1.4 | | | | | | | | 0.9 | | |
| 25 | X | 24.0 | 6,577 | | 1.7 | | | | | | | | 0.9 | | |
| 26 | X | 24.0 | 5,871 | | 1.5 | | | | | | | | 1.0 | | |
| 27 | | 24.0 | 5,871 | | | | | | | | | | | | |
| 28 | X | 24.0 | 9,256 | | 1.4 | | | | | | | | 0.6 | | |
| 29 | X | 24.0 | 5,346 | | 1.4 | | | | | | | | 0.6 | | |
| 30 | X | 24.0 | 6,078 | | 1.6 | | | | | | | | 0.7 | | |
| 31 | | 24.0 | | | | | | | | | | | | | |
| Total | | | 196,497 | | | | | | | | | | | | |
| Average | | | 6,550 | | | | | | | | | | | | |
| Maximum | | | 11,837 | | | | | | | | | | | | |

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

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, 2015

A. Public Water System (PWS) Information

| | | | |
|---|--|--|--|
| PWS Name: Woodlands of Lake Placid / LP Waterworks, Inc | | PWS Identification Number: 6280304 | |
| 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: | 440 | Total Population Served at End of Month: | 800 |
| PWS Owner: LP Waterworks, Inc | | Contact Person's Title: Compliance Manager | |
| Contact Person: | Melisa Rotteveel | 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: Woodlands of Lake Placid / LP Waterworks, Inc | | Plant Telephone Number: 866.753.8292 | |
| Plant Address: 1525 US Highway 27 S | | City: Lake Placid | State: Florida Zip Code: 33862 |
| 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: | 200,000 | | |
| Plant Category (per subsection 62-699.310(4), F.A.C.): | V | Plant Class (per subsection 62-699.310(4), F.A.C.): D | |
| Licensed Operators | Name | License Class | License Number Day(s) / Shift(s) Worked |
| Lead/Chief Operator: | Ron Derossett | A | 3531 Utility Manager |
| Other Operators: | Jackie Williams | C | 20588 6 days per week |
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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.

11/4/15
 Ron Derossett
 Printed or Typed Name

 A - 3531
 License Number

MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 6280304 Plant Name: Woodlands of Lake Placid - Well 1

III. Daily Data for the Month/Year of: October, 2015

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 | 24,000 | | 1.7 | | | | | | | | 1.0 | |
| 2 | X | 24.0 | 22,000 | | 1.4 | | | | | | | | 0.9 | |
| 3 | X | 24.0 | 28,000 | | 1.5 | | | | | | | | 1.1 | |
| 4 | | 24.0 | 28,000 | | | | | | | | | | | |
| 5 | X | 24.0 | 24,000 | | 1.7 | | | | | | | | 1.0 | |
| 6 | X | 24.0 | 29,000 | | 1.6 | | | | | | | | 1.0 | |
| 7 | X | 24.0 | 22,000 | | 1.7 | | | | | | | | 1.2 | |
| 8 | X | 24.0 | 21,000 | | 1.6 | | | | | | | | 1.0 | |
| 9 | X | 24.0 | 28,000 | | 1.7 | | | | | | | | 1.0 | |
| 10 | X | 24.0 | 27,000 | | 1.5 | | | | | | | | 1.0 | |
| 11 | | 24.0 | 27,000 | | | | | | | | | | | |
| 12 | X | 24.0 | 12,000 | | 1.5 | | | | | | | | 1.1 | |
| 13 | X | 24.0 | 34,000 | | 1.5 | | | | | | | | 1.0 | |
| 14 | X | 24.0 | 25,000 | | 1.4 | | | | | | | | 0.9 | |
| 15 | X | 24.0 | 22,000 | | 1.5 | | | | | | | | 1.1 | |
| 16 | X | 24.0 | 30,000 | | 1.5 | | | | | | | | 1.0 | |
| 17 | X | 24.0 | 27,000 | | 1.4 | | | | | | | | 1.0 | |
| 18 | | 24.0 | 27,000 | | | | | | | | | | | |
| 19 | X | 24.0 | 22,000 | | 1.6 | | | | | | | | 1.2 | |
| 20 | X | 24.0 | 26,000 | | 1.7 | | | | | | | | 1.1 | |
| 21 | X | 24.0 | 26,000 | | 1.6 | | | | | | | | 1.1 | |
| 22 | X | 24.0 | 23,000 | | 1.6 | | | | | | | | 1.1 | |
| 23 | X | 24.0 | 32,000 | | 1.6 | | | | | | | | 1.1 | |
| 24 | X | 24.0 | 27,000 | | 1.5 | | | | | | | | 1.0 | |
| 25 | | 24.0 | 27,000 | | | | | | | | | | | |
| 26 | X | 24.0 | 24,000 | | 1.5 | | | | | | | | 1.0 | |
| 27 | X | 24.0 | 25,000 | | 1.5 | | | | | | | | 1.1 | |
| 28 | X | 24.0 | 28,000 | | 1.5 | | | | | | | | 1.0 | |
| 29 | X | 24.0 | 23,000 | | 1.3 | | | | | | | | 1.2 | |
| 30 | X | 24.0 | 26,000 | | 1.5 | | | | | | | | 1.1 | |
| 31 | X | 24.0 | 31,000 | | 1.3 | | | | | | | | 1.0 | |
| Total | | | 797,000 | | | | | | | | | | | |
| Average | | | 25,710 | | | | | | | | | | | |
| Maximum | | | 34,000 | | | | | | | | | | | |

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

MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identificaiton Number: 6280304 Plant Name: Woodlands of Lake Placid - Well 2

III. Daily Data for the Month/Year of: October, 2015

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 | 9,016 | | 1.6 | | | | | | | | 1.0 | | |
| 2 | X | 24.0 | 8,797 | | 1.6 | | | | | | | | 1.0 | | |
| 3 | X | 24.0 | 5,818 | | 1.4 | | | | | | | | 1.0 | | |
| 4 | | 24.0 | 5,819 | | | | | | | | | | | | |
| 5 | X | 24.0 | 9,457 | | 1.5 | | | | | | | | 0.7 | | |
| 6 | X | 24.0 | 4,653 | | 1.7 | | | | | | | | 0.9 | | |
| 7 | X | 24.0 | 5,500 | | 1.6 | | | | | | | | 0.7 | | |
| 8 | X | 24.0 | 10,006 | | 1.7 | | | | | | | | 1.1 | | |
| 9 | X | 24.0 | 9,500 | | 1.6 | | | | | | | | 1.0 | | |
| 10 | X | 24.0 | 7,937 | | 1.4 | | | | | | | | 1.0 | | |
| 11 | | 24.0 | 7,938 | | | | | | | | | | | | |
| 12 | X | 24.0 | 10,133 | | 1.8 | | | | | | | | 1.3 | | |
| 13 | X | 24.0 | 10,408 | | 1.6 | | | | | | | | 1.1 | | |
| 14 | X | 24.0 | 6,552 | | 1.4 | | | | | | | | 1.0 | | |
| 15 | X | 24.0 | 9,475 | | 1.4 | | | | | | | | 1.1 | | |
| 16 | X | 24.0 | 9,589 | | 1.4 | | | | | | | | 1.1 | | |
| 17 | X | 24.0 | 8,896 | | 1.3 | | | | | | | | 1.0 | | |
| 18 | | 24.0 | 8,896 | | | | | | | | | | | | |
| 19 | X | 24.0 | 9,430 | | 1.4 | | | | | | | | 1.2 | | |
| 20 | X | 24.0 | 6,141 | | 1.4 | | | | | | | | 1.1 | | |
| 21 | X | 24.0 | 8,915 | | 1.3 | | | | | | | | 1.0 | | |
| 22 | X | 24.0 | 10,281 | | 1.6 | | | | | | | | 1.1 | | |
| 23 | X | 24.0 | 11,321 | | 1.6 | | | | | | | | 1.1 | | |
| 24 | X | 24.0 | 7,965 | | 1.4 | | | | | | | | 1.0 | | |
| 25 | | 24.0 | 7,966 | | | | | | | | | | | | |
| 26 | X | 24.0 | 10,535 | | 1.5 | | | | | | | | 1.0 | | |
| 27 | X | 24.0 | 8,766 | | 1.7 | | | | | | | | 1.2 | | |
| 28 | X | 24.0 | 6,848 | | 1.7 | | | | | | | | 1.1 | | |
| 29 | X | 24.0 | 9,968 | | 1.6 | | | | | | | | 1.2 | | |
| 30 | X | 24.0 | 7,532 | | 1.6 | | | | | | | | 1.2 | | |
| 31 | X | 24.0 | 9,982 | | 1.5 | | | | | | | | 1.1 | | |
| Total | | | 264,040 | | | | | | | | | | | | |
| Average | | | 8,517 | | | | | | | | | | | | |
| Maximum | | | 11,321 | | | | | | | | | | | | |

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

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: November, 2015

A. Public Water System (PWS) Information

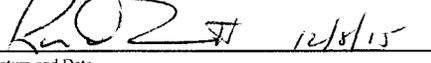
| | | | | | |
|--|---|--|--|--|--------------------------------|
| PWS Name: | Woodlands of Lake Placid / LP Waterworks, Inc | | | PWS Identification Number: | 6280304 |
| PWS Type: | <input checked="" type="checkbox"/> Community | <input type="checkbox"/> Non-Transient Non-Community | <input type="checkbox"/> Transient Non-Community | <input type="checkbox"/> Consecutive | |
| Number of Service Connections at End of Month: | 440 | | | Total Population Served at End of Month: | 800 |
| PWS Owner: | LP Waterworks, Inc | | | | |
| 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: | Woodlands of Lake Placid / LP Waterworks, Inc | | | Plant Telephone Number: | 866.753.8292 |
| Plant Address: | 1525 US Highway 27 S | | City: | Lake Placid | State: Florida Zip Code: 33862 |
| 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: | 200,000 | | | | |
| Plant Category (per subsection 62-699.310(4), F.A.C.): | V | | | Plant Class (per subsection 62-699.310(4), F.A.C.): D | |
| Licensed Operators | Name | License Class | License Number | Day(s) / Shift(s) Worked | |
| Lead/Chief Operator: | Ron Derossett | A | 3531 | Utility Manager | |
| Other Operators: | Jackie Williams | C | 20588 | 6 days per week | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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| | | | | | |
| | | | | | |

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
A - 3531
 Signature and Date Printed or Typed Name License Number

MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

| PWS Identification Number: 6280304 | | Plant Name: Woodlands of Lake Placid - Well 1 | | | | | | | | | | | | | | |
|---|---|---|---|---|---|--|---|-------------------|----------------------------|-------------------------------|--|--|---|--|-----|--|
| III. Daily Data for the Month/Year of: November, 2015 | | | | | | | | | | | | | | | | |
| Means of Achieving Four-Log Virus Inactivation/Removal: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Chlorine Dioxide <input type="checkbox"/> Ozone <input type="checkbox"/> Combined Chlorine (Chloramines) | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Ultraviolet Radiation <input type="checkbox"/> Other (Describe): | | | | | | | | | | | | | | | | |
| Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> 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 | 32,000 | | | | | | | | | | | | | |
| 2 | X | 24.0 | 28,000 | | 1.4 | | | | | | | | | | 0.9 | |
| 3 | X | 24.0 | 27,000 | | 1.4 | | | | | | | | | | 1.0 | |
| 4 | X | 24.0 | 14,000 | | 1.6 | | | | | | | | | | 0.9 | |
| 5 | X | 24.0 | 36,000 | | 1.9 | | | | | | | | | | 1.1 | |
| 6 | X | 24.0 | 32,000 | | 1.8 | | | | | | | | | | 1.1 | |
| 7 | X | 24.0 | 27,000 | | 1.6 | | | | | | | | | | 1.0 | |
| 8 | | 24.0 | 30,000 | | | | | | | | | | | | | |
| 9 | X | 24.0 | 25,000 | | 1.5 | | | | | | | | | | 1.1 | |
| 10 | X | 24.0 | 27,000 | | 1.9 | | | | | | | | | | 1.4 | |
| 11 | X | 24.0 | 32,000 | | 1.7 | | | | | | | | | | 1.3 | |
| 12 | X | 24.0 | 24,000 | | 1.7 | | | | | | | | | | 1.1 | |
| 13 | X | 24.0 | 33,000 | | 1.5 | | | | | | | | | | 1.2 | |
| 14 | X | 24.0 | 29,000 | | 1.4 | | | | | | | | | | 1.1 | |
| 15 | | 24.0 | 29,000 | | | | | | | | | | | | | |
| 16 | X | 24.0 | 26,000 | | 1.7 | | | | | | | | | | 1.3 | |
| 17 | X | 24.0 | 20,000 | | 1.9 | | | | | | | | | | 1.2 | |
| 18 | X | 24.0 | 30,000 | | 1.6 | | | | | | | | | | 1.1 | |
| 19 | X | 24.0 | 30,000 | | 1.7 | | | | | | | | | | 1.3 | |
| 20 | X | 24.0 | 21,000 | | 2.0 | | | | | | | | | | 1.5 | |
| 21 | X | 24.0 | 25,000 | | 1.5 | | | | | | | | | | 1.2 | |
| 22 | | 24.0 | 25,000 | | | | | | | | | | | | | |
| 23 | X | 24.0 | 30,000 | | 1.7 | | | | | | | | | | 1.2 | |
| 24 | X | 24.0 | 40,000 | | 1.6 | | | | | | | | | | 1.1 | |
| 25 | X | 24.0 | 27,000 | | 1.6 | | | | | | | | | | 1.0 | |
| 26 | X | 24.0 | 25,000 | | 1.7 | | | | | | | | | | 0.8 | |
| 27 | X | 24.0 | 34,000 | | 1.6 | | | | | | | | | | 1.1 | |
| 28 | X | 24.0 | 27,000 | | 1.4 | | | | | | | | | | 1.0 | |
| 29 | | 24.0 | 27,000 | | | | | | | | | | | | | |
| 30 | X | 24.0 | 23,000 | | 1.7 | | | | | | | | | | 1.2 | |
| 31 | | 24.0 | | | | | | | | | | | | | | |
| Total | | | 835,000 | | | | | | | | | | | | | |
| Average | | | 26,935 | | | | | | | | | | | | | |
| Maximum | | | 40,000 | | | | | | | | | | | | | |

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

MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 6280304 Plant Name: Woodlands of Lake Placid - Well 2

III. Daily Data for the Month/Year of: November, 2015

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 | 9,983 | | | | | | | | | | | | |
| 2 | X | 24.0 | 13,505 | | 1.5 | | | | | | | | | 1.1 | |
| 3 | X | 24.0 | 7,909 | | 1.5 | | | | | | | | | 1.0 | |
| 4 | X | 24.0 | 4,289 | | 1.3 | | | | | | | | | 1.0 | |
| 5 | X | 24.0 | 16,789 | | 1.7 | | | | | | | | | 1.2 | |
| 6 | X | 24.0 | 11,503 | | 1.7 | | | | | | | | | 1.2 | |
| 7 | X | 24.0 | 16,003 | | 1.5 | | | | | | | | | 1.2 | |
| 8 | | 24.0 | 16,004 | | | | | | | | | | | | |
| 9 | X | 24.0 | 32,590 | | 1.6 | | | | | | | | | 1.2 | |
| 10 | X | 24.0 | 31,871 | | 1.9 | | | | | | | | | 1.5 | |
| 11 | X | 24.0 | 11,755 | | 1.7 | | | | | | | | | 1.1 | |
| 12 | X | 24.0 | 15,809 | | 1.8 | | | | | | | | | 1.1 | |
| 13 | X | 24.0 | 10,258 | | 1.6 | | | | | | | | | 1.0 | |
| 14 | X | 24.0 | 13,784 | | 1.4 | | | | | | | | | 0.9 | |
| 15 | | 24.0 | 13,784 | | | | | | | | | | | | |
| 16 | X | 24.0 | 13,608 | | 1.7 | | | | | | | | | 0.9 | |
| 17 | X | 24.0 | 9,569 | | 1.3 | | | | | | | | | 1.0 | |
| 18 | X | 24.0 | 9,869 | | 1.5 | | | | | | | | | 1.1 | |
| 19 | X | 24.0 | 11,667 | | 1.2 | | | | | | | | | 1.0 | |
| 20 | X | 24.0 | 8,739 | | 1.4 | | | | | | | | | 0.9 | |
| 21 | X | 24.0 | 8,788 | | 1.2 | | | | | | | | | 1.0 | |
| 22 | | 24.0 | 8,788 | | | | | | | | | | | | |
| 23 | X | 24.0 | 13,518 | | 1.3 | | | | | | | | | 1.1 | |
| 24 | X | 24.0 | 7,769 | | 1.5 | | | | | | | | | 1.2 | |
| 25 | X | 24.0 | 7,859 | | 1.5 | | | | | | | | | 1.1 | |
| 26 | X | 24.0 | 16,401 | | 1.2 | | | | | | | | | 0.8 | |
| 27 | X | 24.0 | 6,000 | | 1.5 | | | | | | | | | 1.0 | |
| 28 | X | 24.0 | 20,500 | | 1.3 | | | | | | | | | 1.0 | |
| 29 | | 24.0 | 10,500 | | | | | | | | | | | | |
| 30 | X | 24.0 | 10,811 | | 2.4 | | | | | | | | | 1.3 | |
| 31 | | 24.0 | | | | | | | | | | | | | |
| Total | | | 390,222 | | | | | | | | | | | | |
| Average | | | 13,007 | | | | | | | | | | | | |
| Maximum | | | 32,590 | | | | | | | | | | | | |

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

MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 6280304 Plant Name: Woodlands of Lake Placid - Well 1

III. Daily Data for the Month/Year of: December, 2015

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 | 30,000 | | 1.6 | | | | | | | | | 1.0 | |
| 2 | X | 24.0 | 28,000 | | 1.4 | | | | | | | | | 1.1 | |
| 3 | X | 24.0 | 28,000 | | 1.8 | | | | | | | | | 1.2 | |
| 4 | X | 24.0 | 19,000 | | 1.4 | | | | | | | | | 1.3 | |
| 5 | X | 24.0 | 36,000 | | 1.4 | | | | | | | | | 1.0 | |
| 6 | | 24.0 | 37,000 | | | | | | | | | | | | |
| 7 | X | 24.0 | 33,000 | | 1.4 | | | | | | | | | 1.2 | |
| 8 | X | 24.0 | 19,000 | | 1.4 | | | | | | | | | 1.0 | |
| 9 | X | 24.0 | 23,000 | | 1.5 | | | | | | | | | 1.0 | |
| 10 | X | 24.0 | 39,000 | | 1.8 | | | | | | | | | 1.3 | |
| 11 | X | 24.0 | 23,000 | | 1.7 | | | | | | | | | 1.0 | |
| 12 | X | 24.0 | 41,000 | | 1.4 | | | | | | | | | 1.1 | |
| 13 | | 24.0 | 42,000 | | | | | | | | | | | | |
| 14 | X | 24.0 | 38,000 | | 1.4 | | | | | | | | | 1.1 | |
| 15 | X | 24.0 | 35,000 | | 1.3 | | | | | | | | | 1.2 | |
| 16 | X | 24.0 | 33,000 | | 1.6 | | | | | | | | | 1.1 | |
| 17 | X | 24.0 | 33,000 | | 1.4 | | | | | | | | | 0.9 | |
| 18 | X | 24.0 | 35,000 | | 1.5 | | | | | | | | | 1.0 | |
| 19 | X | 24.0 | 30,000 | | 1.5 | | | | | | | | | 1.1 | |
| 20 | X | 24.0 | 34,000 | | 1.6 | | | | | | | | | 1.1 | |
| 21 | X | 24.0 | 32,000 | | 1.4 | | | | | | | | | 1.1 | |
| 22 | X | 24.0 | 32,000 | | 1.4 | | | | | | | | | 1.1 | |
| 23 | X | 24.0 | 27,000 | | 1.3 | | | | | | | | | 1.0 | |
| 24 | X | 24.0 | 37,500 | | 1.3 | | | | | | | | | 1.0 | |
| 25 | | 24.0 | 37,500 | | | | | | | | | | | | |
| 26 | X | 24.0 | 36,000 | | 1.3 | | | | | | | | | 1.0 | |
| 27 | X | 24.0 | 33,000 | | 1.4 | | | | | | | | | 0.9 | |
| 28 | X | 24.0 | 55,000 | | 1.5 | | | | | | | | | 1.1 | |
| 29 | X | 24.0 | 35,000 | | 1.4 | | | | | | | | | 1.2 | |
| 30 | X | 24.0 | 35,000 | | 1.3 | | | | | | | | | 0.7 | |
| 31 | X | 24.0 | 36,000 | | 1.4 | | | | | | | | | 1.2 | |
| Total | | | 1,032,000 | | | | | | | | | | | | |
| Average | | | 33,290 | | | | | | | | | | | | |
| Maximum | | | 55,000 | | | | | | | | | | | | |

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

MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 6280304 Plant Name: Woodlands of Lake Placid - Well 2

III. Daily Data for the Month/Year of: December, 2015

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 | 10,565 | | 4.4 | | | | | | | | | 0.9 | |
| 2 | X | 24.0 | 8,571 | | 1.5 | | | | | | | | | 1.1 | |
| 3 | X | 24.0 | 11,986 | | 1.7 | | | | | | | | | 1.4 | |
| 4 | X | 24.0 | 10,808 | | 2.0 | | | | | | | | | 1.1 | |
| 5 | X | 24.0 | 10,593 | | 1.5 | | | | | | | | | 1.1 | |
| 6 | | 24.0 | 10,594 | | | | | | | | | | | | |
| 7 | X | 24.0 | 14,720 | | 1.6 | | | | | | | | | 1.0 | |
| 8 | X | 24.0 | 9,446 | | 1.5 | | | | | | | | | 1.4 | |
| 9 | X | 24.0 | 6,383 | | 1.3 | | | | | | | | | 1.0 | |
| 10 | X | 24.0 | 16,167 | | 1.4 | | | | | | | | | 0.9 | |
| 11 | X | 24.0 | 7,817 | | 1.5 | | | | | | | | | 1.0 | |
| 12 | X | 24.0 | 13,826 | | 1.3 | | | | | | | | | 1.0 | |
| 13 | | 24.0 | 13,826 | | | | | | | | | | | | |
| 14 | X | 24.0 | 8,864 | | 1.4 | | | | | | | | | 1.1 | |
| 15 | X | 24.0 | 9,554 | | 1.6 | | | | | | | | | 1.3 | |
| 16 | X | 24.0 | 12,223 | | 1.4 | | | | | | | | | 1.2 | |
| 17 | X | 24.0 | 13,000 | | 1.6 | | | | | | | | | 1.2 | |
| 18 | X | 24.0 | 9,647 | | 1.5 | | | | | | | | | 1.8 | |
| 19 | X | 24.0 | 9,583 | | 1.4 | | | | | | | | | 1.0 | |
| 20 | X | 24.0 | 13,283 | | 1.4 | | | | | | | | | 1.3 | |
| 21 | X | 24.0 | 12,434 | | 1.5 | | | | | | | | | 1.3 | |
| 22 | X | 24.0 | 8,897 | | 1.5 | | | | | | | | | 1.3 | |
| 23 | X | 24.0 | 8,941 | | 1.6 | | | | | | | | | 1.3 | |
| 24 | X | 24.0 | 12,826 | | 1.4 | | | | | | | | | 1.3 | |
| 25 | | 24.0 | 12,826 | | | | | | | | | | | | |
| 26 | X | 24.0 | 10,378 | | 1.3 | | | | | | | | | 1.1 | |
| 27 | X | 24.0 | 11,856 | | 1.5 | | | | | | | | | 1.4 | |
| 28 | X | 24.0 | 13,847 | | 1.4 | | | | | | | | | 1.2 | |
| 29 | X | 24.0 | 13,146 | | 1.6 | | | | | | | | | 1.2 | |
| 30 | X | 24.0 | 12,000 | | 1.4 | | | | | | | | | 0.9 | |
| 31 | X | 24.0 | 17,266 | | 1.6 | | | | | | | | | 0.9 | |
| Total | | | 355,873 | | | | | | | | | | | | |
| Average | | | 11,480 | | | | | | | | | | | | |
| Maximum | | | 17,266 | | | | | | | | | | | | |

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

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

| | | | |
|---------|---------|-------------|---|
| PWS ID: | 3354945 | Plant Name: | Woodlands of Lake Placid / LP Waterworks, Inc |
|---------|---------|-------------|---|

| | |
|---|-------------|
| IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * | 2014 |
|---|-------------|

A. Is any polymer containing the monomer acrylamide used at the water treatment plant? No Yes, and the polymer dose and the acrylamide level in the polymer are as follows:

| | |
|--------------------|------------------------------------|
| Polymer Dose ppm = | Acrylamide Level, % ¹ = |
|--------------------|------------------------------------|

B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? No Yes, and the polymer dose and the epichlorohydrin level in the polymer are as follows:

| | |
|--------------------|---|
| Polymer Dose ppm = | Epichlorohydrin Level, % ¹ = |
|--------------------|---|

C. Is any iron or manganese sequestrant used at the water treatment plant? No Yes, and the type of sequestrant, sequestrant dose, ect., are as follows:

| | |
|--|--|
| Type of Sequestrant (polyphosphate or sodium silicate): | |
| Sequestrant Dose, mg/L of phosphate as PO ₄ or mg/L of silicate as SiO ₂ = | |
| If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO ₂ = | |

* Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

¹ Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.

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: January, 2016

A. Public Water System (PWS) Information

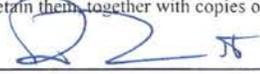
| | | | | | |
|--|---|--|--|--|--------------------|
| PWS Name: | Woodlands of Lake Placid / LP Waterworks, Inc | | | PWS Identification Number: | 6280304 |
| PWS Type: | <input checked="" type="checkbox"/> Community | <input type="checkbox"/> Non-Transient Non-Community | <input type="checkbox"/> Transient Non-Community | <input type="checkbox"/> Consecutive | |
| Number of Service Connections at End of Month: | 440 | | | Total Population Served at End of Month: | 800 |
| PWS Owner: | LP Waterworks, Inc | | | | |
| 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 | | | Contact Person's Fax Number: | 727.849.4219 |
| Contact Person's E-Mail Address: | mrotteveel@uswatercorp.net | | | | |

B. Water Treatment Plant Information

| | | | | | |
|---|--|----------------------|---|---|--------------|
| Plant Name: | Woodlands of Lake Placid / LP Waterworks, Inc | | | Plant Telephone Number: | 866.753.8292 |
| Plant Address: | 1525 US Highway 27 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: | 200,000 | | | | |
| Plant Category (per subsection 62-699.310(4), F.A.C.): | V | | | Plant Class (per subsection 62-699.310(4), F.A.C.): | |
| | | | | D | |
| Licensed Operators | Name | License Class | License Number | Day(s) / Shift(s) Worked | |
| Lead/Chief Operator: | Ron Derossett | A | 3531 | Utility Manager | |
| Other Operators: | Dustin Williams | C | 22520 | 6 days per week | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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.

 2/3/16
 Signature and Date

Ron Derossett
 Printed or Typed Name

A - 3531
 License Number

MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 6280304 Plant Name: Woodlands of Lake Placid - Well 1

III. Daily Data for the Month/year of: January, 2016

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 | 36,000 | | | | | | | | | | | |
| 2 | | 24.0 | 36,000 | | | | | | | | | | | |
| 3 | X | 24.0 | 78,000 | | 1.2 | | | | | | | | 0.9 | |
| 4 | X | 24.0 | 53,000 | | 1.2 | | | | | | | | 0.8 | |
| 5 | X | 24.0 | 37,000 | | 1.4 | | | | | | | | 1.0 | |
| 6 | X | 24.0 | 53,000 | | 1.3 | | | | | | | | 0.7 | |
| 7 | X | 24.0 | 67,000 | | 1.4 | | | | | | | | 0.8 | |
| 8 | X | 24.0 | 52,000 | | 1.4 | | | | | | | | 0.7 | |
| 9 | X | 24.0 | 46,000 | | 1.3 | | | | | | | | 0.9 | |
| 10 | | 24.0 | 46,000 | | | | | | | | | | | |
| 11 | X | 24.0 | 44,000 | | 1.4 | | | | | | | | 1.0 | |
| 12 | X | 24.0 | 59,000 | | 1.3 | | | | | | | | 0.7 | |
| 13 | X | 24.0 | 59,000 | | 1.3 | | | | | | | | 0.9 | |
| 14 | X | 24.0 | 45,000 | | 1.4 | | | | | | | | 0.8 | |
| 15 | X | 24.0 | 31,000 | | 1.4 | | | | | | | | 0.9 | |
| 16 | X | 24.0 | 55,000 | | 1.4 | | | | | | | | 0.9 | |
| 17 | | 24.0 | 55,000 | | | | | | | | | | | |
| 18 | X | 24.0 | 54,000 | | 1.3 | | | | | | | | 0.8 | |
| 19 | X | 24.0 | 44,000 | | 1.3 | | | | | | | | 0.9 | |
| 20 | X | 24.0 | 55,000 | | 1.3 | | | | | | | | 0.9 | |
| 21 | X | 24.0 | 40,000 | | 1.4 | | | | | | | | 0.9 | |
| 22 | X | 24.0 | 37,000 | | 1.3 | | | | | | | | 0.9 | |
| 23 | X | 24.0 | 49,000 | | 1.4 | | | | | | | | 1.0 | |
| 24 | | 24.0 | 49,000 | | | | | | | | | | | |
| 25 | X | 24.0 | 43,000 | | 1.1 | | | | | | | | 0.8 | |
| 26 | X | 24.0 | 50,000 | | 1.5 | | | | | | | | 1.2 | |
| 27 | X | 24.0 | 27,000 | | 1.5 | | | | | | | | 1.2 | |
| 28 | X | 24.0 | 34,000 | | 1.4 | | | | | | | | 0.9 | |
| 29 | X | 24.0 | 38,000 | | 1.3 | | | | | | | | 0.8 | |
| 30 | X | 24.0 | 47,500 | | 1.4 | | | | | | | | 1.0 | |
| 31 | | 24.0 | 47,500 | | | | | | | | | | | |
| Total | | | 1,467,000 | | | | | | | | | | | |
| Average | | | 47,323 | | | | | | | | | | | |
| Maximum | | | 78,000 | | | | | | | | | | | |

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

MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 6280304 Plant Name: Woodlands of Lake Placid - Well 2

III. Daily Data for the Month/Year of: January, 2016

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 | 12,266 | | | | | | | | | | | | |
| 2 | | 24.0 | 12,266 | | | | | | | | | | | | |
| 3 | X | 24.0 | 4,921 | | 1.5 | | | | | | | | | 1.0 | |
| 4 | X | 24.0 | 17,519 | | 1.7 | | | | | | | | | 1.1 | |
| 5 | X | 24.0 | 9,720 | | 1.2 | | | | | | | | | 1.1 | |
| 6 | X | 24.0 | 7,413 | | 1.5 | | | | | | | | | 1.3 | |
| 7 | X | 24.0 | 19,600 | | 1.4 | | | | | | | | | 1.1 | |
| 8 | X | 24.0 | 14,931 | | 1.3 | | | | | | | | | 1.0 | |
| 9 | X | 24.0 | 12,297 | | 1.2 | | | | | | | | | 1.0 | |
| 10 | | 24.0 | 12,297 | | | | | | | | | | | | |
| 11 | X | 24.0 | 12,013 | | 1.5 | | | | | | | | | 1.2 | |
| 12 | X | 24.0 | 14,920 | | 1.5 | | | | | | | | | 1.3 | |
| 13 | X | 24.0 | 13,759 | | 1.5 | | | | | | | | | 1.4 | |
| 14 | X | 24.0 | 13,048 | | 1.5 | | | | | | | | | 1.3 | |
| 15 | X | 24.0 | 10,355 | | 1.4 | | | | | | | | | 1.3 | |
| 16 | X | 24.0 | 15,160 | | 1.3 | | | | | | | | | 1.0 | |
| 17 | | 24.0 | 15,160 | | | | | | | | | | | | |
| 18 | X | 24.0 | 16,655 | | 1.3 | | | | | | | | | 1.0 | |
| 19 | X | 24.0 | 11,397 | | 1.4 | | | | | | | | | 1.3 | |
| 20 | X | 24.0 | 15,057 | | 1.3 | | | | | | | | | 1.2 | |
| 21 | X | 24.0 | 16,936 | | 1.4 | | | | | | | | | 1.2 | |
| 22 | X | 24.0 | 18,445 | | 1.4 | | | | | | | | | 1.3 | |
| 23 | X | 24.0 | 36,116 | | 1.2 | | | | | | | | | 1.0 | |
| 24 | | 24.0 | 36,116 | | | | | | | | | | | | |
| 25 | X | 24.0 | 37,562 | | 1.5 | | | | | | | | | 1.3 | |
| 26 | X | 24.0 | 27,121 | | 1.7 | | | | | | | | | 1.5 | |
| 27 | X | 24.0 | 31,907 | | 1.7 | | | | | | | | | 1.4 | |
| 28 | X | 24.0 | 26,300 | | 1.4 | | | | | | | | | 1.3 | |
| 29 | X | 24.0 | 39,105 | | 1.5 | | | | | | | | | 1.2 | |
| 30 | X | 24.0 | 32,267 | | 1.3 | | | | | | | | | 1.0 | |
| 31 | | 24.0 | 32,267 | | | | | | | | | | | | |
| Total | | | 594,896 | | | | | | | | | | | | |
| Average | | | 19,190 | | | | | | | | | | | | |
| Maximum | | | 39,105 | | | | | | | | | | | | |

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

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: February, 2016

A. Public Water System (PWS) Information

| | | | | | |
|--|---|--|--|--|--------------------|
| PWS Name: | Woodlands of Lake Placid / LP Waterworks, Inc | | | PWS Identification Number: | 6280304 |
| 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: | 440 | | | Total Population Served at End of Month: | 800 |
| PWS Owner: | LP Waterworks, Inc | | | | |
| Contact Person: | Melisa Rotteveel | | | Contact Person's Title: | Compliance Manager |
| Contact Person's Mailing Address: | 4939 Cross Bayou Blvd | | | City: | New Port Rich |
| Contact Person's Telephone Number: | 866-753-8292 | | | State: | Florida |
| Contact Person's E-Mail Address: | mrotteveel@uswatercorp.net | | | Zip Code: | 34652 |
| | | | | Contact Person's Fax Number: | 727.849.4219 |

B. Water Treatment Plant Information

| | | | | | |
|---|--|----------------------|-----------------------|---|--------------|
| Plant Name: | Woodlands of Lake Placid / LP Waterworks, Inc | | | Plant Telephone Number: | 866.753.8292 |
| Plant Address: | 1525 US Highway 27 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: | 200,000 | | | | |
| Plant Category (per subsection 62-699.310(4), F.A.C.): | V | | | Plant Class (per subsection 62-699.310(4), F.A.C.): D | |
| Licensed Operators | Name | License Class | License Number | Day(s) / Shift(s) Worked | |
| Lead/Chief Operator: | Ron Derossett | A | 3531 | Utility Manager | |
| Other Operators: | Dustin Williams | C | 22520 | 6 days per week | |
| | | | | | |
| | | | | | |
| | | | | | |
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| | | | | | |
| | | | | | |
| | | | | | |

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.

 3/2/16
 Signature and Date

Ron Derossett
 Printed or Typed Name

A - 3531
 License Number

MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 6280304 Plant Name: Woodlands of Lake Placid - Well 1

III. Daily Data for the Month/Year of: February, 2016

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 | 57,000 | | 1.3 | | | | | | | | | 1.0 | |
| 2 | X | 24.0 | 48,000 | | 1.4 | | | | | | | | | 1.1 | |
| 3 | X | 24.0 | 37,000 | | 2.2 | | | | | | | | | 1.4 | |
| 4 | X | 24.0 | 64,000 | | 0.8 | | | | | | | | | 0.6 | |
| 5 | X | 24.0 | 45,000 | | 1.5 | | | | | | | | | 1.2 | |
| 6 | X | 24.0 | 40,000 | | 1.3 | | | | | | | | | 1.1 | |
| 7 | | 24.0 | 40,000 | | | | | | | | | | | | |
| 8 | X | 24.0 | 49,000 | | 1.1 | | | | | | | | | 0.9 | |
| 9 | X | 24.0 | 45,000 | | 1.2 | | | | | | | | | 0.9 | |
| 10 | X | 24.0 | 112,000 | | 1.1 | | | | | | | | | 0.9 | |
| 11 | X | 24.0 | 73,000 | | 1.1 | | | | | | | | | 0.6 | |
| 12 | X | 24.0 | 40,000 | | 1.2 | | | | | | | | | 0.9 | |
| 13 | X | 24.0 | 49,000 | | 1.2 | | | | | | | | | 0.8 | |
| 14 | | 24.0 | 4,900 | | | | | | | | | | | | |
| 15 | X | 24.0 | 42,000 | | 1.2 | | | | | | | | | 0.8 | |
| 16 | X | 24.0 | 45,000 | | 1.1 | | | | | | | | | 0.8 | |
| 17 | X | 24.0 | 41,000 | | 1.2 | | | | | | | | | 1.0 | |
| 18 | X | 24.0 | 39,000 | | 1.4 | | | | | | | | | 1.1 | |
| 19 | X | 24.0 | 20,000 | | 1.4 | | | | | | | | | 1.1 | |
| 20 | X | 24.0 | 62,500 | | 1.3 | | | | | | | | | 1.1 | |
| 21 | | 24.0 | 62,500 | | | | | | | | | | | | |
| 22 | X | 24.0 | 53,000 | | 1.4 | | | | | | | | | 1.2 | |
| 23 | X | 24.0 | 35,000 | | 1.5 | | | | | | | | | 1.2 | |
| 24 | X | 24.0 | 58,000 | | 1.4 | | | | | | | | | 1.2 | |
| 25 | X | 24.0 | 40,000 | | 1.3 | | | | | | | | | 1.0 | |
| 26 | X | 24.0 | 39,000 | | 1.3 | | | | | | | | | 1.0 | |
| 27 | X | 24.0 | 48,500 | | 1.4 | | | | | | | | | 1.0 | |
| 28 | | 24.0 | 48,500 | | | | | | | | | | | | |
| 29 | X | 24.0 | 55,000 | | 1.2 | | | | | | | | | 0.8 | |
| 30 | | 24.0 | | | | | | | | | | | | | |
| 31 | | 24.0 | | | | | | | | | | | | | |
| Total | | | 1,392,900 | | | | | | | | | | | | |
| Average | | | 44,932 | | | | | | | | | | | | |
| Maximum | | | 112,000 | | | | | | | | | | | | |

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

MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 6280304 Plant Name: Woodlands of Lake Placid - Well 2

III. Daily Data for the Month/Year of: February, 2016

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 | 15,603 | | 1.4 | | | | | | | | 1.2 | |
| 2 | X | 24.0 | 12,783 | | 1.5 | | | | | | | | 1.3 | |
| 3 | X | 24.0 | 10,402 | | 1.7 | | | | | | | | 1.4 | |
| 4 | X | 24.0 | 18,307 | | 1.5 | | | | | | | | 1.3 | |
| 5 | X | 24.0 | 12,391 | | 1.5 | | | | | | | | 1.3 | |
| 6 | X | 24.0 | 10,807 | | 1.3 | | | | | | | | 1.1 | |
| 7 | | 24.0 | 10,807 | | | | | | | | | | | |
| 8 | X | 24.0 | 14,995 | | 1.3 | | | | | | | | 1.2 | |
| 9 | X | 24.0 | 11,563 | | 1.4 | | | | | | | | 1.2 | |
| 10 | X | 24.0 | 13,569 | | 1.4 | | | | | | | | 1.2 | |
| 11 | X | 24.0 | 16,604 | | 1.4 | | | | | | | | 1.2 | |
| 12 | X | 24.0 | 10,066 | | 1.6 | | | | | | | | 1.4 | |
| 13 | X | 24.0 | 14,012 | | 1.3 | | | | | | | | 1.0 | |
| 14 | | 24.0 | 14,012 | | | | | | | | | | | |
| 15 | X | 24.0 | 11,182 | | 1.4 | | | | | | | | 1.3 | |
| 16 | X | 24.0 | 11,436 | | 1.4 | | | | | | | | 1.2 | |
| 17 | X | 24.0 | 10,621 | | 1.4 | | | | | | | | 1.2 | |
| 18 | X | 24.0 | 13,348 | | 1.5 | | | | | | | | 1.2 | |
| 19 | X | 24.0 | 12,789 | | 1.5 | | | | | | | | 1.2 | |
| 20 | X | 24.0 | 14,471 | | 1.3 | | | | | | | | 1.1 | |
| 21 | | 24.0 | 14,471 | | | | | | | | | | | |
| 22 | X | 24.0 | 15,129 | | 1.4 | | | | | | | | 1.2 | |
| 23 | X | 24.0 | 10,738 | | 1.4 | | | | | | | | 1.2 | |
| 24 | X | 24.0 | 12,551 | | 1.5 | | | | | | | | 1.3 | |
| 25 | X | 24.0 | 15,782 | | 1.5 | | | | | | | | 1.2 | |
| 26 | X | 24.0 | 10,748 | | 1.4 | | | | | | | | 1.3 | |
| 27 | X | 24.0 | 11,201 | | 1.3 | | | | | | | | 1.0 | |
| 28 | | 24.0 | 11,201 | | | | | | | | | | | |
| 29 | X | 24.0 | 16,850 | | 1.8 | | | | | | | | 1.5 | |
| 30 | | 24.0 | | | | | | | | | | | | |
| 31 | | 24.0 | | | | | | | | | | | | |
| Total | | | 378,439 | | | | | | | | | | | |
| Average | | | 13,050 | | | | | | | | | | | |
| Maximum | | | 18,307 | | | | | | | | | | | |

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

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: March, 2016

A. Public Water System (PWS) Information

| | | | | | |
|--|---|--|--|--|--------------------------------|
| PWS Name: | Woodlands of Lake Placid / LP Waterworks, Inc | | | PWS Identification Number: | 6280304 |
| 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: | 440 | | | Total Population Served at End of Month: | 800 |
| PWS Owner: | LP Waterworks, Inc | | | | |
| 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: | Woodlands of Lake Placid / LP Waterworks, Inc | | | Plant Telephone Number: | 866.753.8292 |
| Plant Address: | 1525 US Highway 27 S | | | City: | Lake Placid State: Florida Zip Code: 33862 |
| 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: | 200,000 | | | | |
| Plant Category (per subsection 62-699.310(4), F.A.C.): | V | | | Plant Class (per subsection 62-699.310(4), F.A.C.): D | |
| Licensed Operators | Name | License Class | License Number | Day(s) / Shift(s) Worked | |
| Lead/Chief Operator: | Ron Derossett | A | 3531 | Utility Manager | |
| Other Operators: | Dustin Williams | C | 22520 | 6 days per week | |
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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.

3/7/16
Signature and Date

Ron Derossett
Printed or Typed Name

A - 3531
License Number

MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 6280304 Plant Name: Woodlands of Lake Placid - Well 1

III. Daily Data for the Month/Year of: March, 2016

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 | 55,000 | | 1.4 | | | | | | | | 1.1 | |
| 2 | X | 24.0 | 46,000 | | 1.4 | | | | | | | | 0.8 | |
| 3 | X | 24.0 | 42,000 | | 1.3 | | | | | | | | 0.8 | |
| 4 | X | 24.0 | 55,000 | | 1.2 | | | | | | | | 0.8 | |
| 5 | X | 24.0 | 58,000 | | 1.4 | | | | | | | | 1.0 | |
| 6 | | 24.0 | 50,000 | | | | | | | | | | | |
| 7 | X | 24.0 | 52,000 | | 1.3 | | | | | | | | 1.0 | |
| 8 | X | 24.0 | 45,000 | | 1.3 | | | | | | | | 1.0 | |
| 9 | X | 24.0 | 52,000 | | 1.4 | | | | | | | | 1.1 | |
| 10 | X | 24.0 | 32,000 | | 1.3 | | | | | | | | 1.1 | |
| 11 | X | 24.0 | 68,000 | | 1.3 | | | | | | | | 1.0 | |
| 12 | X | 24.0 | 57,000 | | 1.4 | | | | | | | | 1.0 | |
| 13 | | 24.0 | 58,000 | | | | | | | | | | | |
| 14 | X | 24.0 | 52,000 | | 1.3 | | | | | | | | 0.9 | |
| 15 | X | 24.0 | 28,000 | | 1.2 | | | | | | | | 0.8 | |
| 16 | X | 24.0 | 25,000 | | 1.2 | | | | | | | | 0.7 | |
| 17 | X | 24.0 | 37,000 | | 1.3 | | | | | | | | 0.9 | |
| 18 | X | 24.0 | 60,000 | | 1.1 | | | | | | | | 0.8 | |
| 19 | X | 24.0 | 46,000 | | 1.4 | | | | | | | | 0.9 | |
| 20 | | 24.0 | 47,000 | | | | | | | | | | | |
| 21 | X | 24.0 | 35,000 | | 1.2 | | | | | | | | 0.7 | |
| 22 | X | 24.0 | 41,000 | | 1.7 | | | | | | | | 1.2 | |
| 23 | X | 24.0 | 53,000 | | 1.5 | | | | | | | | 1.2 | |
| 24 | X | 24.0 | 36,000 | | 1.5 | | | | | | | | 1.2 | |
| 25 | X | 24.0 | 54,000 | | 1.6 | | | | | | | | 1.2 | |
| 26 | X | 24.0 | 43,000 | | 1.4 | | | | | | | | 1.0 | |
| 27 | | 24.0 | 43,000 | | | | | | | | | | | |
| 28 | X | 24.0 | 35,000 | | 1.2 | | | | | | | | 0.9 | |
| 29 | X | 24.0 | 47,000 | | 1.3 | | | | | | | | 0.9 | |
| 30 | X | 24.0 | 40,000 | | 1.2 | | | | | | | | 1.0 | |
| 31 | X | 24.0 | 33,000 | | 1.3 | | | | | | | | 1.1 | |
| Total | | | 1,425,000 | | | | | | | | | | | |
| Average | | | 45,968 | | | | | | | | | | | |
| Maximum | | | 68,000 | | | | | | | | | | | |

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

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

PWS Identification Number: 6280304 Plant Name: Woodlands of Lake Placid - Well 2

III. Daily Data for the Month/Year of: March, 2016

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 | 13,494 | | 2.0 | | | | | | | | | 1.7 | |
| 2 | X | 24.0 | 11,163 | | 2.1 | | | | | | | | | 1.8 | |
| 3 | X | 24.0 | 13,843 | | 2.1 | | | | | | | | | 1.9 | |
| 4 | X | 24.0 | 16,048 | | 1.3 | | | | | | | | | 1.0 | |
| 5 | X | 24.0 | 15,016 | | 1.3 | | | | | | | | | 1.0 | |
| 6 | | 24.0 | 15,016 | | | | | | | | | | | | |
| 7 | X | 24.0 | 15,000 | | 1.4 | | | | | | | | | 0.9 | |
| 8 | X | 24.0 | 13,079 | | 1.5 | | | | | | | | | 0.9 | |
| 9 | X | 24.0 | 13,252 | | 1.5 | | | | | | | | | 1.0 | |
| 10 | X | 24.0 | 10,861 | | 2.1 | | | | | | | | | 1.5 | |
| 11 | X | 24.0 | 20,110 | | 2.1 | | | | | | | | | 1.4 | |
| 12 | X | 24.0 | 14,000 | | 1.6 | | | | | | | | | 1.1 | |
| 13 | | 24.0 | 14,000 | | | | | | | | | | | | |
| 14 | X | 24.0 | 18,086 | | 1.4 | | | | | | | | | 1.1 | |
| 15 | X | 24.0 | 6,809 | | 1.3 | | | | | | | | | 1.0 | |
| 16 | X | 24.0 | 20,261 | | 1.5 | | | | | | | | | 1.0 | |
| 17 | X | 24.0 | 11,211 | | 1.4 | | | | | | | | | 1.1 | |
| 18 | X | 24.0 | 19,773 | | 1.3 | | | | | | | | | 1.0 | |
| 19 | X | 24.0 | 10,818 | | 1.3 | | | | | | | | | 1.0 | |
| 20 | | 24.0 | 10,818 | | | | | | | | | | | | |
| 21 | X | 24.0 | 14,553 | | 1.2 | | | | | | | | | 1.0 | |
| 22 | X | 24.0 | 10,415 | | 1.3 | | | | | | | | | 1.2 | |
| 23 | X | 24.0 | 15,714 | | 1.2 | | | | | | | | | 0.9 | |
| 24 | X | 24.0 | 12,498 | | 1.4 | | | | | | | | | 1.1 | |
| 25 | X | 24.0 | 13,203 | | 1.6 | | | | | | | | | 1.2 | |
| 26 | X | 24.0 | 10,595 | | 1.4 | | | | | | | | | 1.1 | |
| 27 | | 24.0 | 10,595 | | | | | | | | | | | | |
| 28 | X | 24.0 | 12,310 | | 1.3 | | | | | | | | | 1.0 | |
| 29 | X | 24.0 | 10,700 | | 1.2 | | | | | | | | | 1.1 | |
| 30 | X | 24.0 | 10,426 | | 2.4 | | | | | | | | | 2.0 | |
| 31 | X | 24.0 | 10,190 | | 2.0 | | | | | | | | | 1.5 | |
| Total | | | 413,857 | | | | | | | | | | | | |
| Average | | | 13,350 | | | | | | | | | | | | |
| Maximum | | | 20,261 | | | | | | | | | | | | |

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

MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identificaiton Number: 6280304 Plant Name: Woodlands of Lake Placid - Well 1

III. Daily Data for the Month Year of: April, 2016

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 | | | 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 | Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L | | |
| | | | | | | | | | | | | | | | |
| 1 | X | 24.0 | 33,000 | | 1.3 | | | | | | | | 1.0 | | |
| 2 | X | 24.0 | 47,000 | | 1.2 | | | | | | | | 0.9 | | |
| 3 | | 24.0 | 47,000 | | | | | | | | | | | | |
| 4 | X | 24.0 | 48,000 | | 1.3 | | | | | | | | 0.8 | | |
| 5 | X | 24.0 | 46,000 | | 1.3 | | | | | | | | 0.9 | | |
| 6 | X | 24.0 | 34,000 | | 1.2 | | | | | | | | 0.7 | | |
| 7 | X | 24.0 | 39,000 | | 2.2 | | | | | | | | 1.6 | | |
| 8 | X | 24.0 | 36,000 | | 1.8 | | | | | | | | 1.2 | | |
| 9 | X | 24.0 | 43,000 | | 1.5 | | | | | | | | 1.0 | | |
| 10 | | 24.0 | 43,000 | | | | | | | | | | | | |
| 11 | X | 24.0 | 35,000 | | 1.6 | | | | | | | | 1.1 | | |
| 12 | X | 24.0 | 26,000 | | 1.7 | | | | | | | | 1.2 | | |
| 13 | X | 24.0 | 39,000 | | 1.6 | | | | | | | | 1.1 | | |
| 14 | X | 24.0 | 27,000 | | 1.4 | | | | | | | | 1.1 | | |
| 15 | X | 24.0 | 37,000 | | 1.5 | | | | | | | | 1.0 | | |
| 16 | X | 24.0 | 41,500 | | 1.2 | | | | | | | | 0.9 | | |
| 17 | | 24.0 | 41,500 | | | | | | | | | | | | |
| 18 | X | 24.0 | 32,000 | | 2.0 | | | | | | | | 1.3 | | |
| 19 | X | 24.0 | 39,000 | | 1.7 | | | | | | | | 1.3 | | |
| 20 | X | 24.0 | 34,000 | | 1.7 | | | | | | | | 1.2 | | |
| 21 | X | 24.0 | 30,000 | | 1.7 | | | | | | | | 1.4 | | |
| 22 | X | 24.0 | 27,000 | | 1.7 | | | | | | | | 1.3 | | |
| 23 | X | 24.0 | 42,000 | | 1.4 | | | | | | | | 1.1 | | |
| 24 | | 24.0 | 42,000 | | | | | | | | | | | | |
| 25 | X | 24.0 | 34,000 | | 1.5 | | | | | | | | 1.1 | | |
| 26 | X | 24.0 | 34,000 | | 1.6 | | | | | | | | 1.2 | | |
| 27 | X | 24.0 | 41,000 | | 1.5 | | | | | | | | 1.0 | | |
| 28 | X | 24.0 | 29,000 | | 2.0 | | | | | | | | 1.3 | | |
| 29 | X | 24.0 | 53,000 | | 2.4 | | | | | | | | 1.5 | | |
| 30 | X | 24.0 | 38,000 | | 1.5 | | | | | | | | 1.1 | | |
| 31 | | 24.0 | | | | | | | | | | | | | |
| Total | | | 1,138,000 | | | | | | | | | | | | |
| Average | | | 36,710 | | | | | | | | | | | | |
| Maximum | | | 53,000 | | | | | | | | | | | | |

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

MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identificaiton Number: 6280304 Plant Name: Woodlands of Lake Placid - Well 2

III. Daily Data for the Month/Year of: April, 2016

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 | 10,194 | | 2.0 | | | | | | | 1.4 | |
| 2 | X | 24.0 | 8,750 | | 1.6 | | | | | | | 1.1 | |
| 3 | | 24.0 | 8,750 | | | | | | | | | | |
| 4 | X | 24.0 | 10,084 | | 1.8 | | | | | | | 1.2 | |
| 5 | X | 24.0 | 11,143 | | 1.6 | | | | | | | 1.2 | |
| 6 | X | 24.0 | 7,053 | | 2.6 | | | | | | | 1.5 | |
| 7 | X | 24.0 | 10,620 | | 2.5 | | | | | | | 1.6 | |
| 8 | X | 24.0 | 13,998 | | 2.3 | | | | | | | 1.8 | |
| 9 | X | 24.0 | 8,420 | | 1.8 | | | | | | | 1.4 | |
| 10 | | 24.0 | 8,420 | | | | | | | | | | |
| 11 | X | 24.0 | 11,326 | | 1.9 | | | | | | | 1.3 | |
| 12 | X | 24.0 | 7,721 | | 1.7 | | | | | | | 1.2 | |
| 13 | X | 24.0 | 7,802 | | 1.6 | | | | | | | 1.2 | |
| 14 | X | 24.0 | 5,101 | | 1.5 | | | | | | | 1.2 | |
| 15 | X | 24.0 | 10,956 | | 1.5 | | | | | | | 1.1 | |
| 16 | X | 24.0 | 9,028 | | 1.3 | | | | | | | 1.0 | |
| 17 | | 24.0 | 9,029 | | | | | | | | | | |
| 18 | X | 24.0 | 9,654 | | 2.6 | | | | | | | 1.7 | |
| 19 | X | 24.0 | 7,939 | | 2.1 | | | | | | | 1.7 | |
| 20 | X | 24.0 | 5,974 | | 2.4 | | | | | | | 1.8 | |
| 21 | X | 24.0 | 8,632 | | 2.2 | | | | | | | 1.7 | |
| 22 | X | 24.0 | 12,074 | | 2.3 | | | | | | | 1.7 | |
| 23 | X | 24.0 | 5,649 | | 1.6 | | | | | | | 1.3 | |
| 24 | | 24.0 | 5,649 | | | | | | | | | | |
| 25 | X | 24.0 | 11,561 | | 2.2 | | | | | | | 1.4 | |
| 26 | X | 24.0 | 4,887 | | 2.3 | | | | | | | 1.5 | |
| 27 | X | 24.0 | 8,134 | | 2.2 | | | | | | | 1.5 | |
| 28 | X | 24.0 | 3,903 | | 2.5 | | | | | | | 1.7 | |
| 29 | X | 24.0 | 13,986 | | 2.6 | | | | | | | 1.9 | |
| 30 | X | 24.0 | 7,108 | | 1.8 | | | | | | | 1.4 | |
| 31 | | 24.0 | | | | | | | | | | | |
| Total | | | 263,545 | | | | | | | | | | |
| Average | | | 8,785 | | | | | | | | | | |
| Maximum | | | 13,998 | | | | | | | | | | |

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

MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identificaiton Number: 6280304 Plant Name: Woodlands of Lake Placid - Well 1

III. Daily Data for the Month/Year of: May, 2016

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 | 38,000 | | | | | | | | | | | | | |
| 2 | X | 24.0 | 23,000 | | 1.5 | | | | | | | | | | | 1.1 |
| 3 | X | 24.0 | 38,000 | | 1.5 | | | | | | | | | | | 1.2 |
| 4 | X | 24.0 | 46,000 | | 1.4 | | | | | | | | | | | 1.1 |
| 5 | X | 24.0 | 50,000 | | 1.4 | | | | | | | | | | | 1.0 |
| 6 | X | 24.0 | 42,000 | | 1.5 | | | | | | | | | | | 1.1 |
| 7 | X | 24.0 | 39,000 | | 1.2 | | | | | | | | | | | 0.9 |
| 8 | | 24.0 | 39,000 | | | | | | | | | | | | | |
| 9 | X | 24.0 | 40,000 | | 1.4 | | | | | | | | | | | 1.0 |
| 10 | X | 24.0 | 45,000 | | 1.4 | | | | | | | | | | | 0.9 |
| 11 | X | 24.0 | 36,000 | | 0.5 | | | | | | | | | | | 1.1 |
| 12 | X | 24.0 | 23,000 | | 1.3 | | | | | | | | | | | 0.8 |
| 13 | X | 24.0 | 51,000 | | 1.4 | | | | | | | | | | | 0.9 |
| 14 | X | 24.0 | 30,000 | | 1.2 | | | | | | | | | | | 1.0 |
| 15 | | 24.0 | 37,000 | | | | | | | | | | | | | |
| 16 | X | 24.0 | 38,000 | | 1.5 | | | | | | | | | | | 1.1 |
| 17 | X | 24.0 | 34,000 | | 1.5 | | | | | | | | | | | 1.2 |
| 18 | X | 24.0 | 36,000 | | 1.6 | | | | | | | | | | | 1.2 |
| 19 | X | 24.0 | 31,000 | | 1.7 | | | | | | | | | | | 1.2 |
| 20 | X | 24.0 | 48,000 | | 1.5 | | | | | | | | | | | 1.1 |
| 21 | X | 24.0 | 37,500 | | 1.3 | | | | | | | | | | | 0.9 |
| 22 | | 24.0 | 37,500 | | | | | | | | | | | | | |
| 23 | X | 24.0 | 25,000 | | 1.6 | | | | | | | | | | | 1.2 |
| 24 | X | 24.0 | 37,000 | | 1.7 | | | | | | | | | | | 1.2 |
| 25 | X | 24.0 | 36,000 | | 1.5 | | | | | | | | | | | 1.1 |
| 26 | X | 24.0 | 28,000 | | 1.6 | | | | | | | | | | | 0.6 |
| 27 | X | 24.0 | 41,000 | | 1.3 | | | | | | | | | | | 0.8 |
| 28 | X | 24.0 | 42,000 | | 1.4 | | | | | | | | | | | 1.0 |
| 29 | | 24.0 | 42,000 | | | | | | | | | | | | | |
| 30 | X | 24.0 | 34,000 | | 1.6 | | | | | | | | | | | 1.1 |
| 31 | X | 24.0 | 42,000 | | 1.6 | | | | | | | | | | | 1.2 |
| Total | | | 1,166,000 | | | | | | | | | | | | | |
| Average | | | 37,613 | | | | | | | | | | | | | |
| Maximum | | | 51,000 | | | | | | | | | | | | | |

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

MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identificaiton Number: 6280304 Plant Name: Woodlands of Lake Placid - Well 2

III. Daily Data for the Month/Year of: May, 2016

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 ("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 | | 24.0 | 7,108 | | | | | | | | | | |
| 2 | X | 24.0 | 8,377 | | 2.0 | | | | | | | 1.5 | |
| 3 | X | 24.0 | 5,785 | | 1.7 | | | | | | | 1.3 | |
| 4 | X | 24.0 | 3,459 | | 1.8 | | | | | | | 1.2 | |
| 5 | X | 24.0 | 9,842 | | 2.0 | | | | | | | 1.3 | |
| 6 | X | 24.0 | 10,061 | | 2.1 | | | | | | | 1.5 | |
| 7 | X | 24.0 | 9,400 | | 1.5 | | | | | | | 1.0 | |
| 8 | | 24.0 | 9,400 | | | | | | | | | | |
| 9 | X | 24.0 | 9,540 | | 1.7 | | | | | | | 1.2 | |
| 10 | X | 24.0 | 6,865 | | 1.7 | | | | | | | 1.1 | |
| 11 | X | 24.0 | 8,328 | | 1.4 | | | | | | | 1.1 | |
| 12 | X | 24.0 | 4,747 | | 1.6 | | | | | | | 1.2 | |
| 13 | X | 24.0 | 14,120 | | 1.8 | | | | | | | 1.4 | |
| 14 | X | 24.0 | 6,439 | | 1.5 | | | | | | | 1.1 | |
| 15 | | 24.0 | 6,440 | | | | | | | | | | |
| 16 | X | 24.0 | 10,378 | | 1.9 | | | | | | | 1.3 | |
| 17 | X | 24.0 | 6,446 | | 1.8 | | | | | | | 1.3 | |
| 18 | X | 24.0 | 4,687 | | 1.9 | | | | | | | 1.4 | |
| 19 | X | 24.0 | 6,060 | | 1.7 | | | | | | | 1.2 | |
| 20 | X | 24.0 | 10,700 | | 1.9 | | | | | | | 1.4 | |
| 21 | X | 24.0 | 8,163 | | 1.4 | | | | | | | 1.1 | |
| 22 | | 24.0 | 8,163 | | | | | | | | | | |
| 23 | X | 24.0 | 9,024 | | 1.5 | | | | | | | 1.1 | |
| 24 | X | 24.0 | 5,259 | | 1.7 | | | | | | | 1.1 | |
| 25 | X | 24.0 | 5,997 | | 1.8 | | | | | | | 1.2 | |
| 26 | X | 24.0 | 7,781 | | 2.0 | | | | | | | 1.3 | |
| 27 | X | 24.0 | 12,583 | | 2.1 | | | | | | | 1.4 | |
| 28 | X | 24.0 | 7,655 | | 1.5 | | | | | | | 1.2 | |
| 29 | | 24.0 | 7,655 | | | | | | | | | | |
| 30 | X | 24.0 | 7,789 | | 1.8 | | | | | | | 1.2 | |
| 31 | X | 24.0 | 6,087 | | 1.7 | | | | | | | 1.3 | |
| Total | | | 244,338 | | | | | | | | | | |
| Average | | | 7,882 | | | | | | | | | | |
| Maximum | | | 14,120 | | | | | | | | | | |

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

MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 6280304 Plant Name: Woodlands of Lake Placid - Well 1

III. Daily Data for the Month/Year of: June, 2016

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* | | | | | | | | | | 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 | 31,000 | | 1.4 | | | | | | | | | | 1.0 | |
| 2 | X | 24.0 | 32,000 | | 1.6 | | | | | | | | | | 1.1 | |
| 3 | X | 24.0 | 47,000 | | 1.6 | | | | | | | | | | 1.0 | |
| 4 | X | 24.0 | 36,000 | | 1.5 | | | | | | | | | | 1.1 | |
| 5 | | 24.0 | 37,000 | | | | | | | | | | | | | |
| 6 | X | 24.0 | 34,000 | | 1.6 | | | | | | | | | | 1.2 | |
| 7 | X | 24.0 | 34,000 | | 1.4 | | | | | | | | | | 1.1 | |
| 8 | X | 24.0 | 36,000 | | 1.6 | | | | | | | | | | 1.3 | |
| 9 | X | 24.0 | 39,000 | | 1.5 | | | | | | | | | | 1.2 | |
| 10 | X | 24.0 | 54,000 | | 1.6 | | | | | | | | | | 1.1 | |
| 11 | X | 24.0 | 34,000 | | 1.4 | | | | | | | | | | 0.9 | |
| 12 | | 24.0 | 35,000 | | | | | | | | | | | | | |
| 13 | X | 24.0 | 38,000 | | 1.5 | | | | | | | | | | 1.1 | |
| 14 | X | 24.0 | 33,000 | | 1.4 | | | | | | | | | | 1.2 | |
| 15 | X | 24.0 | 46,000 | | 1.3 | | | | | | | | | | 1.2 | |
| 16 | X | 24.0 | 40,000 | | 1.4 | | | | | | | | | | 1.2 | |
| 17 | X | 24.0 | 70,000 | | 1.6 | | | | | | | | | | 1.2 | |
| 18 | X | 24.0 | 32,000 | | 1.4 | | | | | | | | | | 1.1 | |
| 19 | | 24.0 | 32,000 | | | | | | | | | | | | | |
| 20 | X | 24.0 | 36,000 | | 1.6 | | | | | | | | | | 1.1 | |
| 21 | X | 24.0 | 37,000 | | 1.4 | | | | | | | | | | 0.9 | |
| 22 | X | 24.0 | 26,000 | | 1.6 | | | | | | | | | | 1.1 | |
| 23 | X | 24.0 | 23,000 | | 1.6 | | | | | | | | | | 1.2 | |
| 24 | X | 24.0 | 22,000 | | 1.2 | | | | | | | | | | 1.2 | |
| 25 | X | 24.0 | 17,000 | | 1.4 | | | | | | | | | | 1.0 | |
| 26 | | 24.0 | 17,000 | | | | | | | | | | | | | |
| 27 | X | 24.0 | 17,000 | | 1.5 | | | | | | | | | | 1.0 | |
| 28 | X | 24.0 | 14,000 | | 1.5 | | | | | | | | | | 1.1 | |
| 29 | X | 24.0 | 13,000 | | 1.6 | | | | | | | | | | 1.2 | |
| 30 | X | 24.0 | 16,000 | | 1.4 | | | | | | | | | | 1.1 | |
| 31 | | 24.0 | | | | | | | | | | | | | | |
| Total | | | 978,000 | | | | | | | | | | | | | |
| Average | | | 31.548 | | | | | | | | | | | | | |
| Maximum | | | 70,000 | | | | | | | | | | | | | |

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

MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identificaiton Number: 6280304 Plant Name: Woodlands of Lake Placid - Well 2

III. Daily Data for the Month/Year of: June, 2016

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 | 6,205 | | 1.8 | | | | | | | | 1.2 | |
| 2 | X | 24.0 | 10,068 | | 1.7 | | | | | | | | 1.2 | |
| 3 | X | 24.0 | 7,621 | | 1.6 | | | | | | | | 1.2 | |
| 4 | X | 24.0 | 5,887 | | 1.3 | | | | | | | | 1.0 | |
| 5 | | 24.0 | 5,888 | | | | | | | | | | | |
| 6 | X | 24.0 | 6,378 | | 1.7 | | | | | | | | 1.1 | |
| 7 | X | 24.0 | 4,307 | | 1.8 | | | | | | | | 1.2 | |
| 8 | X | 24.0 | 4,467 | | 1.6 | | | | | | | | 1.1 | |
| 9 | X | 24.0 | 8,972 | | 1.3 | | | | | | | | 0.9 | |
| 10 | X | 24.0 | 6,601 | | 1.5 | | | | | | | | 1.1 | |
| 11 | X | 24.0 | 5,581 | | 1.3 | | | | | | | | 1.0 | |
| 12 | | 24.0 | 5,581 | | | | | | | | | | | |
| 13 | X | 24.0 | 8,625 | | 1.7 | | | | | | | | 1.2 | |
| 14 | X | 24.0 | 6,543 | | 1.7 | | | | | | | | 1.0 | |
| 15 | X | 24.0 | 7,856 | | 1.5 | | | | | | | | 1.2 | |
| 16 | X | 24.0 | 9,585 | | 1.4 | | | | | | | | 1.1 | |
| 17 | X | 24.0 | 7,689 | | 1.7 | | | | | | | | 1.1 | |
| 18 | X | 24.0 | 6,214 | | 1.5 | | | | | | | | 1.2 | |
| 19 | | 24.0 | 6,214 | | | | | | | | | | | |
| 20 | X | 24.0 | 8,831 | | 1.7 | | | | | | | | 1.2 | |
| 21 | X | 24.0 | 5,243 | | 2.4 | | | | | | | | 1.2 | |
| 22 | X | 24.0 | 5,694 | | 2.4 | | | | | | | | 1.4 | |
| 23 | X | 24.0 | 10,705 | | 2.2 | | | | | | | | 1.2 | |
| 24 | X | 24.0 | 6,217 | | 2.6 | | | | | | | | 1.0 | |
| 25 | X | 24.0 | 5,910 | | 1.7 | | | | | | | | 0.9 | |
| 26 | | 24.0 | 5,910 | | | | | | | | | | | |
| 27 | X | 24.0 | 7,311 | | 2.0 | | | | | | | | 1.4 | |
| 28 | X | 24.0 | 3,892 | | 2.1 | | | | | | | | 1.6 | |
| 29 | X | 24.0 | 6,345 | | 2.1 | | | | | | | | 1.4 | |
| 30 | X | 24.0 | 5,611 | | 2.2 | | | | | | | | 1.5 | |
| 31 | | 24.0 | | | | | | | | | | | | |
| Total | | | 201,951 | | | | | | | | | | | |
| Average | | | 6,732 | | | | | | | | | | | |
| Maximum | | | 10,705 | | | | | | | | | | | |

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

MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 6280304 Plant Name: Woodlands of Lake Placid - Well 1

III. Daily Data for the Month/Year of: July, 2016

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 | 27,000 | | | | | | | | | | |
| 2 | X | 24.0 | 20,000 | | 1.3 | | | | | | | 1.0 | |
| 3 | | 24.0 | 21,000 | | | | | | | | | | |
| 4 | X | 24.0 | 19,000 | | 1.5 | | | | | | | 1.0 | |
| 5 | X | 24.0 | 19,000 | | 1.6 | | | | | | | 1.1 | |
| 6 | X | 24.0 | 6,000 | | 1.2 | | | | | | | 0.8 | |
| 7 | X | 24.0 | 18,000 | | 1.3 | | | | | | | 0.9 | |
| 8 | X | 24.0 | 24,000 | | 1.5 | | | | | | | 0.9 | |
| 9 | X | 24.0 | 14,000 | | 1.3 | | | | | | | 0.9 | |
| 10 | | 24.0 | 15,000 | | | | | | | | | | |
| 11 | X | 24.0 | 12,000 | | 1.2 | | | | | | | 0.8 | |
| 12 | X | 24.0 | 1,500 | | 1.3 | | | | | | | 0.9 | |
| 13 | X | 24.0 | 12,000 | | 1.4 | | | | | | | 1.0 | |
| 14 | X | 24.0 | 13,000 | | 1.5 | | | | | | | 1.0 | |
| 15 | X | 24.0 | 24,000 | | 1.5 | | | | | | | 1.0 | |
| 16 | X | 24.0 | 12,000 | | 1.6 | | | | | | | 1.1 | |
| 17 | X | 24.0 | 15,000 | | 1.5 | | | | | | | 1.1 | |
| 18 | X | 24.0 | 17,000 | | 1.4 | | | | | | | 1.0 | |
| 19 | X | 24.0 | 16,000 | | 1.6 | | | | | | | 1.1 | |
| 20 | X | 24.0 | 12,000 | | 1.6 | | | | | | | 1.1 | |
| 21 | X | 24.0 | 21,000 | | 1.6 | | | | | | | 1.1 | |
| 22 | X | 24.0 | 20,666 | | 1.6 | | | | | | | 1.1 | |
| 23 | | 24.0 | 20,666 | | | | | | | | | | |
| 24 | | 24.0 | 20,667 | | | | | | | | | | |
| 25 | X | 24.0 | 16,000 | | 1.7 | | | | | | | 1.1 | |
| 26 | X | 24.0 | 18,000 | | 1.6 | | | | | | | 1.1 | |
| 27 | X | 24.0 | 15,000 | | 1.5 | | | | | | | 1.1 | |
| 28 | X | 24.0 | 15,000 | | 1.4 | | | | | | | 1.0 | |
| 29 | X | 24.0 | 17,000 | | 1.4 | | | | | | | 0.9 | |
| 30 | X | 24.0 | 16,500 | | 1.4 | | | | | | | 1.0 | |
| 31 | | 24.0 | 16,500 | | | | | | | | | | |
| Total | | | 514,499 | | | | | | | | | | |
| Average | | | 16,597 | | | | | | | | | | |
| Maximum | | | 27,000 | | | | | | | | | | |

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

MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 6280304 Plant Name: Woodlands of Lake Placid - Well 2

III. Daily Data for the Month/Year of: July, 2016

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 | 7,796 | | 2.3 | | | | | | | 1.4 | |
| 2 | X | 24.0 | 7,528 | | 1.7 | | | | | | | 1.7 | |
| 3 | | 24.0 | 7,528 | | | | | | | | | | |
| 4 | X | 24.0 | 9,727 | | 1.9 | | | | | | | 1.2 | |
| 5 | X | 24.0 | 5,733 | | 1.7 | | | | | | | 1.1 | |
| 6 | X | 24.0 | 5,826 | | 1.9 | | | | | | | 1.2 | |
| 7 | X | 24.0 | 4,398 | | 1.9 | | | | | | | 1.1 | |
| 8 | X | 24.0 | 17,774 | | 1.8 | | | | | | | 1.2 | |
| 9 | X | 24.0 | 7,134 | | 1.6 | | | | | | | 1.1 | |
| 10 | | 24.0 | 7,134 | | | | | | | | | | |
| 11 | X | 24.0 | 7,916 | | 2.7 | | | | | | | 1.4 | |
| 12 | X | 24.0 | 5,844 | | 2.5 | | | | | | | 1.4 | |
| 13 | X | 24.0 | 6,015 | | 2.2 | | | | | | | 1.3 | |
| 14 | X | 24.0 | 6,175 | | 2.2 | | | | | | | 1.4 | |
| 15 | X | 24.0 | 9,122 | | 2.2 | | | | | | | 1.3 | |
| 16 | X | 24.0 | 6,700 | | 2.3 | | | | | | | 1.3 | |
| 17 | X | 24.0 | 6,740 | | 2.2 | | | | | | | 1.1 | |
| 18 | X | 24.0 | 6,744 | | 2.3 | | | | | | | 1.2 | |
| 19 | X | 24.0 | 5,910 | | 2.4 | | | | | | | 1.3 | |
| 20 | X | 24.0 | 5,909 | | 2.4 | | | | | | | 1.3 | |
| 21 | X | 24.0 | 6,968 | | 2.3 | | | | | | | 1.1 | |
| 22 | X | 24.0 | 6,183 | | 2.2 | | | | | | | 1.3 | |
| 23 | | 24.0 | 6,183 | | | | | | | | | 1.2 | |
| 24 | | 24.0 | 6,183 | | | | | | | | | | |
| 25 | X | 24.0 | 5,464 | | 2.3 | | | | | | | 1.2 | |
| 26 | X | 24.0 | 4,434 | | 2.2 | | | | | | | 1.1 | |
| 27 | X | 24.0 | 7,050 | | 2.3 | | | | | | | 1.3 | |
| 28 | X | 24.0 | 7,043 | | 2.3 | | | | | | | 1.2 | |
| 29 | X | 24.0 | 8,056 | | 2.3 | | | | | | | 1.0 | |
| 30 | X | 24.0 | 7,240 | | 2.2 | | | | | | | 1.1 | |
| 31 | | 24.0 | 7,241 | | | | | | | | | | |
| Total | | | 219,698 | | | | | | | | | | |
| Average | | | 7,087 | | | | | | | | | | |
| Maximum | | | 17,774 | | | | | | | | | | |

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

MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 6280304 Plant Name: Woodlands of Lake Placid - Well 1

III. Daily Data for the Month/Year of: August, 2016

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 | 10,000 | | 1.6 | | | | | | | | | | 1.1 | | |
| 2 | X | 24.0 | 16,000 | | 1.7 | | | | | | | | | | 1.1 | | |
| 3 | X | 24.0 | 17,000 | | 1.8 | | | | | | | | | | 1.2 | | |
| 4 | X | 24.0 | 14,000 | | 1.5 | | | | | | | | | | 1.0 | | |
| 5 | X | 24.0 | 17,000 | | 1.3 | | | | | | | | | | 0.9 | | |
| 6 | X | 24.0 | 18,000 | | 1.6 | | | | | | | | | | 1.0 | | |
| 7 | | 24.0 | 18,000 | | | | | | | | | | | | | | |
| 8 | X | 24.0 | 20,000 | | 2.2 | | | | | | | | | | 1.2 | | |
| 9 | X | 24.0 | 20,000 | | 2.3 | | | | | | | | | | 1.2 | | |
| 10 | X | 24.0 | 14,000 | | 2.2 | | | | | | | | | | 1.2 | | |
| 11 | X | 24.0 | 23,000 | | 2.2 | | | | | | | | | | 1.3 | | |
| 12 | X | 24.0 | 19,000 | | 2.4 | | | | | | | | | | 1.4 | | |
| 13 | X | 24.0 | 15,000 | | 2.3 | | | | | | | | | | 1.2 | | |
| 14 | | 24.0 | 15,000 | | | | | | | | | | | | | | |
| 15 | X | 24.0 | 16,000 | | 2.4 | | | | | | | | | | 1.4 | | |
| 16 | X | 24.0 | 12,000 | | 2.6 | | | | | | | | | | 1.4 | | |
| 17 | X | 24.0 | 17,000 | | 3.2 | | | | | | | | | | 2.2 | | |
| 18 | X | 24.0 | 19,000 | | 3.1 | | | | | | | | | | 2.2 | | |
| 19 | X | 24.0 | 8,000 | | 3.0 | | | | | | | | | | 1.1 | | |
| 20 | X | 24.0 | 23,000 | | 2.8 | | | | | | | | | | 2.0 | | |
| 21 | | 24.0 | 23,000 | | | | | | | | | | | | | | |
| 22 | X | 24.0 | 22,000 | | 2.9 | | | | | | | | | | 2.1 | | |
| 23 | X | 24.0 | 25,000 | | 1.1 | | | | | | | | | | 0.7 | | |
| 24 | X | 24.0 | 19,000 | | 1.6 | | | | | | | | | | 1.1 | | |
| 25 | X | 24.0 | 20,000 | | 1.5 | | | | | | | | | | 1.2 | | |
| 26 | X | 24.0 | 12,000 | | 1.6 | | | | | | | | | | 1.0 | | |
| 27 | X | 24.0 | 19,000 | | 1.6 | | | | | | | | | | 1.1 | | |
| 28 | | 24.0 | 20,000 | | | | | | | | | | | | | | |
| 29 | X | 24.0 | 17,000 | | 1.8 | | | | | | | | | | 1.2 | | |
| 30 | X | 24.0 | 14,000 | | 1.8 | | | | | | | | | | 1.3 | | |
| 31 | X | 24.0 | 18,000 | | 1.7 | | | | | | | | | | 1.1 | | |
| Total | | | 540,000 | | | | | | | | | | | | | | |
| Average | | | 17,419 | | | | | | | | | | | | | | |
| Maximum | | | 25,000 | | | | | | | | | | | | | | |

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

| | |
|---|--|
| PERMITTEE NAME: LP WATERWORKS, INC. ADDRESS: 4939 Cross Bayou Boulevard New Port Richey, FL 34652 FACILITY: Lake Placid Camp Florida Resort WWTP AKA Woodlands LOCATION: 1525 US Highway 27 S Lake Placid, FL 33852 COUNTY: HIGHLANDS | PA FILE NUMBER: FLA01434009DW3P PERMIT NUMBER: FLA014340 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: R-001 DESCRIPTION: Land application system consisting of two rapid infiltration basins. MONITORING PERIOD: From: 09/01/2015 To: 09/30/2015 |
|---|--|

| Parameter | Quantity or Loading | Units | Quality or Concentration | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|---------------------|-------|---|---------|---------|-----------------------|-------------|
| BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon. Site: EFA-01 | Sample Measurement | | 10.8 | | 0 | | |
| | Permit Requirement | | 20.0 (Annl Avg) | mg/L | | 1 Monthly | Grab |
| BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Mon. Site: EFA-01 | Sample Measurement | | <2.0 1.0 1.0 | | 0 | | |
| | Permit Requirement | | 60.0 (Maximum) 45.0 (Wkly Avg) 30.0 (Mo Avg) | mg/L | | 1 Monthly | Grab |
| Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-01 | Sample Measurement | | 11.9 | | 0 | | |
| | Permit Requirement | | 20.0 (Annl Avg) | mg/L | | 1 Monthly | Grab |
| Solids, Total Suspended PARM Code 00530 A Mon. Site: EFA-01 | Sample Measurement | | <1.0 0.5 0.5 | | 0 | | |
| | Permit Requirement | | 60.0 (Maximum) 45.0 (Wkly Avg) 30.0 (Mo Avg) | mg/L | | 1 Monthly | Grab |
| Coliform, Fecal PARM Code 74055 Y Mon. Site: EFA-01 | Sample Measurement | | 1.0 | | 0 | | |
| | Permit Requirement | | 200.0 (Annl Avg) | #/100mL | | 1 Monthly | Grab |

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|---|--------------------|---------------------|------------------|-------|--------------------------|---------------------|---------|---------|-----------------------|---|
| | | | | | | | | | | |
| Coliform, Fecal | Sample Measurement | | | | 0.5 | <1.0 | | 0 | | |
| PARM Code 74055 A Mon. Site: EFA-01 | Permit Requirement | | | | 200.0 (Mo Geom) | 800.0 (Maximum) | #/100mL | | 1 Monthly | Grab |
| pH | Sample Measurement | | | | 6.7 | 7.3 | | 0 | | |
| PARM Code 00400 A Mon. Site: EFA-01 | Permit Requirement | | | | 6.0 (Minimum) | 8.5 (Maximum) | s.u. | | 5 Days/Week | Grab |
| Chlorine, Total Residual | Sample Measurement | | | | 0.53 | | | 0 | | |
| PARM Code 50060 A Mon. Site: EFA-01 | Permit Requirement | | | | 0.5 (Minimum) | | mg/L | | 5 Days/Week | Grab |
| Nitrogen, Nitrate, Total (as N) | Sample Measurement | | | | | 3.4 | | 0 | | |
| PARM Code 00620 A Mon. Site: EFA-01 | Permit Requirement | | | | | 12.0 (Maximum) | mg/L | | 1 Monthly | Grab |
| Flow | Sample Measurement | | 0.013 | | | | | 0 | | |
| PARM Code 50050 1 Mon. Site: FLW-01 | Permit Requirement | | 0.05 (Mo Avg) | MGD | | | | | 5 Days/Week | Elapsed Time Measurement on Pump (Pump Log) |
| Percent Capacity, (TMADF/Permitted Capacity) x 100 | Sample Measurement | | | | | 23 | | 0 | | |
| PARM Code 00180 P Mon. Site: CAL-01 | Permit Requirement | | | | | Report (Mo Avg) | percent | | 1 Monthly | Calculated |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | | | 12.0 | | 0 | | |
| PARM Code 80082 G Mon. Site: INF-01 | Permit Requirement | | | | | Report (Maximum) | mg/L | | 1 Monthly | Grab |

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|---|---|---------------------|--|-------|--------------------------|---|-------|---------|-----------------------------|----------------------------|
| Solids, Total Suspended PARM Code 00530 G Mon. Site: INF-01 | Sample Measurement | | | | | 30.0 | | 0 | | |
| | Permit Requirement | | | | | Report (Maximum) | mg/L | | 1 Monthly | Grab |
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Elizabeth Anne Kraemer | I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. | | | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed | | | TELEPHONE (727) 848-8292 | SUBMITTED ON 10/17/2015 |

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

| | |
|---|--|
| PERMITTEE NAME: LP WATERWORKS, INC. ADDRESS: 4939 Cross Bayou Boulevard New Port Richey, FL 34652 FACILITY: Lake Placid Camp Florida Resort WWTP AKA Woodlands LOCATION: 1525 US Highway 27 S Lake Placid, FL 33852 COUNTY: HIGHLANDS | PA FILE NUMBER: FLA01434009DW3P PERMIT NUMBER: FLA014340 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-Q DESCRIPTION: Biosolids Quantity MONITORING PERIOD: From: 09/01/2015 To: 09/30/2015 |
|---|--|

| Parameter | Sample Measurement | Quantity or Loading | Units | Quality or Concentration | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|---|----------------------|----------|--------------------------|-------|---|---------------------------------|--------------------------------|
| Biosolids Quantity (Transferred) | Sample Measurement | 0.0 | | | | 0 | | |
| PARM Code B0007 + Mon. Site: RMP-1 | Permit Requirement | Report (Mo Total) | dry tons | | | | 1 Monthly | Calculated |
| Biosolids Quantity (Landfilled) | Sample Measurement | 0.0 | | | | 0 | | |
| PARM Code B0008 + Mon. Site: RMP-2 | Permit Requirement | Report (Mo Total) | dry tons | | | | 1 Monthly | Calculated |
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Elizabeth Anne Krulmer | I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. | | | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed | TELEPHONE (727) 848-8292 | SUBMITTED ON 10/17/2015 |

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014340-006-DW3P
 Monitoring Period: From: 09/01/2015 To: 09/30/2015

Facility: Lake Placid Camp Florida Resort WWTP
 (WOODLANDS)

| | 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-1 | INF-1 | INF-1 | | |
| 1 | | 1.47 | | | | 7.00 | 0.010 | | | | |
| 2 | | 0.72 | | | | 6.90 | 0.006 | | | | |
| 3 | <2.0 | 1.25 | <1.0 | 3.4 | <1.0 | 6.90 | 0.014 | 12 | 30 | | |
| 4 | | 0.93 | | | | 6.70 | 0.016 | | | | |
| 5 | | 1.20 | | | | 7.20 | 0.016 | | | | |
| 6 | | | | | | | 0.018 | | | | |
| 7 | | 1.16 | | | | 7.20 | 0.014 | | | | |
| 8 | | 0.96 | | | | 7.10 | 0.015 | | | | |
| 9 | | 1.14 | | | | 7.10 | 0.015 | | | | |
| 10 | | 0.76 | | | | 7.00 | 0.007 | | | | |
| 11 | | 1.73 | | | | 7.00 | 0.014 | | | | |
| 12 | | 1.50 | | | | 7.20 | 0.014 | | | | |
| 13 | | | | | | | 0.014 | | | | |
| 14 | | 0.84 | | | | 7.00 | 0.010 | | | | |
| 15 | | 2.30 | | | | 6.90 | 0.015 | | | | |
| 16 | | 2.13 | | | | 7.00 | 0.012 | | | | |
| 17 | | 1.31 | | | | 6.90 | 0.014 | | | | |
| 18 | | 0.67 | | | | 7.00 | 0.012 | | | | |
| 19 | | 1.00 | | | | 7.20 | 0.014 | | | | |
| 20 | | | | | | | 0.015 | | | | |
| 21 | | 0.57 | | | | 7.10 | 0.014 | | | | |
| 22 | | 1.87 | | | | 7.00 | 0.009 | | | | |
| 23 | | 1.40 | | | | 7.20 | 0.014 | | | | |
| 24 | | 0.60 | | | | 7.30 | 0.015 | | | | |
| 25 | | 1.94 | | | | 7.00 | 0.011 | | | | |
| 26 | | 1.50 | | | | 7.20 | 0.015 | | | | |
| 27 | | | | | | | 0.015 | | | | |
| 28 | | 0.53 | | | | 7.00 | 0.014 | | | | |
| 29 | | 1.96 | | | | 7.10 | 0.015 | | | | |
| 30 | | 0.62 | | | | 7.00 | 0.016 | | | | |
| 31 | | | | | | | | | | | |
| Total | | | | | | | 0.403 | | | | |
| Mo. Avg. | | | | | | | 0.013 | | | | |

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 20588 Name: Jackie Williams

Evening Shift Operator Class: Certificate No: Name:

Night Shift Operator Class: Certificate No: Name:

Lead Operator Class: Certificate No: Name:

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

| | |
|---|--|
| PERMITTEE NAME: LP WATERWORKS, INC. ADDRESS: 4939 Cross Bayou Boulevard New Port Richey, FL 34652 FACILITY: Lake Placid Camp Florida Resort WWTP AKA Woodlands LOCATION: 1525 US Highway 27 S Lake Placid, FL 33852 COUNTY: HIGHLANDS | PA FILE NUMBER: FLA01434009DW3P PERMIT NUMBER: FLA014340 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: R-001 DESCRIPTION: Land application system consisting of two rapid infiltration basins. MONITORING PERIOD: From: 10/01/2015 To: 10/31/2015 |
|---|--|

| Parameter | Quantity or Loading | Units | Quality or Concentration | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|---------------------|-------|--------------------------|--------------------|------------------|-----------------------|-------------------|
| BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon. Site: EFA-01 | Sample Measurement | | 10.7 | | 0 | | |
| | Permit Requirement | | 20.0 (Annl Avg) | mg/L | | 1 Monthly | Grab |
| BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Mon. Site: EFA-01 | Sample Measurement | | <2.0 | <2.0 | <2.0 | 0 | |
| | Permit Requirement | | 60.0 (Maximum) | 45.0 (Wkly Avg) | 30.0 (Mo Avg) | mg/L | 1 Monthly Grab |
| Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-01 | Sample Measurement | | 12.0 | | 0 | | |
| | Permit Requirement | | 20.0 (Annl Avg) | mg/L | | 1 Monthly | Grab |
| Solids, Total Suspended PARM Code 00530 A Mon. Site: EFA-01 | Sample Measurement | | 2.0 | 2.0 | 2.0 | 0 | |
| | Permit Requirement | | 60.0 (Maximum) | 45.0 (Wkly Avg) | 30.0 (Mo Avg) | mg/L | 1 Monthly Grab |
| Coliform, Fecal PARM Code 74055 Y Mon. Site: EFA-01 | Sample Measurement | | 1.0 | | 0 | | |
| | Permit Requirement | | 200.0 (Annl Avg) | #/100mL | | 1 Monthly | Grab |

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|--------------------|---------------------|------------------|-------|--------------------------|---------------------|---------|---------|-----------------------|---|
| | | | | | | | | | | |
| Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-01 | Sample Measurement | | | | <1.0 | <1.0 | | 0 | | |
| | Permit Requirement | | | | 200.0 (Mo Geom) | 800.0 (Maximum) | #/100mL | | 1 Monthly | Grab |
| pH PARM Code 00400 A Mon. Site: EFA-01 | Sample Measurement | | | | 6.9 | 7.2 | | 0 | | |
| | Permit Requirement | | | | 6.0 (Minimum) | 8.5 (Maximum) | s.u. | | 5 Days/Week | Grab |
| Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-01 | Sample Measurement | | | | 0.53 | | | 0 | | |
| | Permit Requirement | | | | 0.5 (Minimum) | | mg/L | | 5 Days/Week | Grab |
| Nitrogen, Nitrate, Total (as N) PARM Code 00620 A Mon. Site: EFA-01 | Sample Measurement | | | | | 3.6 | | 0 | | |
| | Permit Requirement | | | | | 12.0 (Maximum) | mg/L | | 1 Monthly | Grab |
| Flow PARM Code 50050 1 Mon. Site: FLW-01 | Sample Measurement | | 0.016 | | | | | 0 | | |
| | Permit Requirement | | 0.05 (Mo Avg) | MGD | | | | | 5 Days/Week | Elapsed Time Measurement on Pump (Pump Log) |
| Percent Capacity, (TMADF/Permitted Capacity) x 100 PARM Code 00180 P Mon. Site: CAL-01 | Sample Measurement | | | | | 27 | | 0 | | |
| | Permit Requirement | | | | | Report (Mo Avg) | percent | | 1 Monthly | Calculated |
| BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon. Site: INF-01 | Sample Measurement | | | | | 35 | | 0 | | |
| | Permit Requirement | | | | | Report (Maximum) | mg/L | | 1 Monthly | Grab |

| Parameter | | Quantity or Loading | Units | Quality or Concentration | Units | No. Ex. | Frequency of Analysis | Sample Type |
|---|---|---------------------|-------|--------------------------|---|---------|-----------------------------|----------------------------|
| Solids, Total Suspended | Sample Measurement | | | | 35 | 0 | | |
| PARM Code 00530 G Mon. Site: INF-01 | Permit Requirement | | | | Report (Maximum) | mg/L | 1 Monthly | Grab |
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Elizabeth Anne Krahnmer | I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. | | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed | | TELEPHONE (727) 848-8292 | SUBMITTED ON 11/17/2015 |

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

| | |
|--|--|
| PERMITTEE NAME: LP WATERWORKS, INC. ADDRESS: 4939 Cross Bayou Boulevard New Port Richey, FL 34652 FACILITY: Lake Placid Camp Florida Resort WWTP AKA Woodlands LOCATION: 1525 US Highway 27 S Lake Placid, FL 33852 COUNTY: HIGHLANDS | PA FILE NUMBER: FLA014340009DW3P PERMIT NUMBER: FLA014340 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-Q DESCRIPTION: Biosolids Quantity MONITORING PERIOD: From: 10/01/2015 To: 10/31/2015 |
|--|--|

| Parameter | Quantity or Loading | Units | Quality or Concentration | Units | No. Ex. | Frequency of Analysis | Sample Type |
|---|---|----------|--------------------------|-------|---|---------------------------------|--------------------------------|
| Biosolids Quantity (Transferred) | 0.0 | | | | 0 | | |
| PARM Code B0007 + Mon. Site: RMP-1 | Report (Mo Total) | dry tons | | | | 1 Monthly | Calculated |
| Biosolids Quantity (Landfilled) | 0.0 | | | | 0 | | |
| PARM Code B0008 + Mon. Site: RMP-2 | Report (Mo Total) | dry tons | | | | 1 Monthly | Calculated |
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Elizabeth Anne Krahnner | I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. | | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed | TELEPHONE (727) 848-8292 | SUBMITTED ON 11/17/2015 |

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014340-006-DW3P
 Monitoring Period From: 10/01/2015 To: 10/31/2015

Facility: Lake Placid Camp Florida Resort WWTP
 (WOODLANDS)

| | 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-1 | INF-1 | INF-1 | | |
| 1 | | 1.78 | | | | 7.00 | 0.013 | | | | |
| 2 | | 1.63 | | | | 7.00 | 0.018 | | | | |
| 3 | | 1.30 | | | | 7.20 | 0.018 | | | | |
| 4 | | | | | | | 0.016 | | | | |
| 5 | | 0.62 | | | | 7.10 | 0.015 | | | | |
| 6 | | 0.53 | | | | 6.90 | 0.019 | | | | |
| 7 | | 0.68 | | | | 6.90 | 0.009 | | | | |
| 8 | <2.0 | 2.20 | <1.0 | 3.6 | 2.0 | 6.90 | 0.019 | 35 | 35 | | |
| 9 | | 1.29 | | | | 6.90 | 0.019 | | | | |
| 10 | | 1.00 | | | | 7.20 | 0.019 | | | | |
| 11 | | | | | | | 0.022 | | | | |
| 12 | | 0.72 | | | | 6.90 | 0.011 | | | | |
| 13 | | 1.36 | | | | 6.90 | 0.022 | | | | |
| 14 | | 0.67 | | | | 7.00 | 0.015 | | | | |
| 15 | | 1.76 | | | | 7.00 | 0.014 | | | | |
| 16 | | 1.52 | | | | 7.00 | 0.016 | | | | |
| 17 | | 1.20 | | | | 7.20 | 0.016 | | | | |
| 18 | | | | | | | 0.016 | | | | |
| 19 | | 0.66 | | | | 6.90 | 0.014 | | | | |
| 20 | | 1.47 | | | | 7.00 | 0.014 | | | | |
| 21 | | 1.29 | | | | 7.00 | 0.014 | | | | |
| 22 | | 0.76 | | | | 6.90 | 0.014 | | | | |
| 23 | | 0.93 | | | | 6.90 | 0.011 | | | | |
| 24 | | 1.20 | | | | 7.00 | 0.015 | | | | |
| 25 | | | | | | | 0.015 | | | | |
| 26 | | 0.72 | | | | 7.00 | 0.014 | | | | |
| 27 | | 1.34 | | | | 6.90 | 0.015 | | | | |
| 28 | | 0.96 | | | | 6.90 | 0.014 | | | | |
| 29 | | 0.65 | | | | 7.00 | 0.015 | | | | |
| 30 | | 0.78 | | | | 7.00 | 0.011 | | | | |
| 31 | | 1.20 | | | | 7.10 | 0.018 | | | | |
| Total | | | | | | | 0.481 | | | | |
| Mo. Avg. | | | | | | | 0.016 | | | | |

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 20588 Name: Jackie Williams

Evening Shift Operator Class: Certificate No: Name:

Night Shift Operator Class: Certificate No: Name:

Lead Operator Class: Certificate No: Name:

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

| | |
|---|--|
| PERMITTEE NAME: LP WATERWORKS, INC. ADDRESS: 4939 Cross Bayou Boulevard New Port Richey, FL 34652 FACILITY: Lake Placid Camp Florida Resort WWTP AKA Woodlands LOCATION: 1525 US Highway 27 S Lake Placid, FL 33852 COUNTY: HIGHLANDS | PA FILE NUMBER: FLA01434009DW3P PERMIT NUMBER: FLA014340 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: R-001 DESCRIPTION: Land application system consisting of two rapid infiltration basins. MONITORING PERIOD: From: 11/01/2015 To: 11/30/2015 |
|---|--|

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|--------------------|---------------------|--|-------|--------------------------|---------------------|------------------|---------|---------|-----------------------|-------------|
| | | | | | | | | | | | |
| BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon. Site: EFA-01 | Sample Measurement | | | | | 9.3 | | | 0 | | |
| | Permit Requirement | | | | | 20.0 (Annl Avg) | | mg/L | | 1 Monthly | Grab |
| BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Mon. Site: EFA-01 | Sample Measurement | | | | <2.0 | <2.0 | <2.0 | | 0 | | |
| | Permit Requirement | | | | 60.0 (Maximum) | 45.0 (Wkly Avg) | 30.0 (Mo Avg) | mg/L | | 1 Monthly | Grab |
| Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-01 | Sample Measurement | | | | | 11.4 | | | 0 | | |
| | Permit Requirement | | | | | 20.0 (Annl Avg) | | mg/L | | 1 Monthly | Grab |
| Solids, Total Suspended PARM Code 00530 A Mon. Site: EFA-01 | Sample Measurement | | | | 2.4 | 2.4 | 2.4 | | 0 | | |
| | Permit Requirement | | | | 60.0 (Maximum) | 45.0 (Wkly Avg) | 30.0 (Mo Avg) | mg/L | | 1 Monthly | Grab |
| Coliform, Fecal PARM Code 74055 Y Mon. Site: EFA-01 | Sample Measurement | | | | | 1.0 | | | 0 | | |
| | Permit Requirement | | | | | 200.0 (Annl Avg) | | #/100mL | | 1 Monthly | Grab |

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|--------------------|---------------------|-----|------------------|--------------------------|---------------------|---------|---------|-----------------------|---|
| | | | | | | | | | | |
| Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-01 | Sample Measurement | | | | <1.0 | <1.0 | | 0 | | |
| | Permit Requirement | | | | 200.0 (Mo Geom) | 800.0 (Maximum) | #/100mL | | 1 Monthly | Grab |
| pH PARM Code 00400 A Mon. Site: EFA-01 | Sample Measurement | | | 6.9 | | 7.1 | | 0 | | |
| | Permit Requirement | | | 6.0 (Minimum) | | 8.5 (Maximum) | s.u. | | 5 Days/Week | Grab |
| Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-01 | Sample Measurement | | | 0.67 | | | | 0 | | |
| | Permit Requirement | | | 0.5 (Minimum) | | | mg/L | | 5 Days/Week | Grab |
| Nitrogen, Nitrate, Total (as N) PARM Code 00620 A Mon. Site: EFA-01 | Sample Measurement | | | | | 0.71 | | 0 | | |
| | Permit Requirement | | | | | 12.0 (Maximum) | mg/L | | 1 Monthly | Grab |
| Flow PARM Code 50050 1 Mon. Site: FLW-01 | Sample Measurement | 0.021 | | | | | | 0 | | |
| | Permit Requirement | 0.05 (Mo Avg) | MGD | | | | | | 5 Days/Week | Elapsed Time Measurement on Pump (Pump Log) |
| Percent Capacity, (TMADF/Permitted Capacity) x 100 PARM Code 00180 P Mon. Site: CAL-01 | Sample Measurement | | | | | 33 | | 0 | | |
| | Permit Requirement | | | | | Report (Mo Avg) | percent | | 1 Monthly | Calculated |
| BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon. Site: INF-01 | Sample Measurement | | | | | 360 | | 0 | | |
| | Permit Requirement | | | | | Report (Maximum) | mg/L | | 1 Monthly | Grab |

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|---|---------------------|--|-------|--------------------------|---|-------|---------|---------------------------------|--------------------------------|
| Solids, Total Suspended | Sample Measurement | | | | | 390 | | 0 | | |
| PARM Code 00530 G Mon. Site: INF-01 | Permit Requirement | | | | | Report (Maximum) | mg/L | | 1 Monthly | Grab |
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Elizabeth Anne Kraemer | I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. | | | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed | | | TELEPHONE (727) 848-8292 | SUBMITTED ON 12/17/2015 |

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

| | |
|--|---|
| PERMITTEE NAME: LP WATERWORKS, INC. ADDRESS: 4939 Cross Bayou Boulevard New Port Richey, FL 34652 FACILITY: Lake Placid Camp Florida Resort WWTP AKA Woodlands LOCATION: 1525 US Highway 27 S Lake Placid, FL 33852 COUNTY: HIGHLANDS | PA FILE NUMBER: FLA01434009DW3P PERMIT NUMBER: FLA014340 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-Q DESCRIPTION: Biosolids Quantity MONITORING PERIOD: From: 11/01/2015 To: 11/30/2015 |
|--|---|

| Parameter | | Quantity or Loading | Units | Quality or Concentration | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|---|--------------------------|----------|--------------------------|---|---------------------------------|--------------------------------|-------------|
| Biosolids Quantity (Transferred) | Sample Measurement | 0.0 | | | | 0 | | |
| PARM Code B0007 + Mon. Site: RMP-1 | Permit Requirement | Report (Mo Total) | dry tons | | | | 1 Monthly | Calculated |
| Biosolids Quantity (Landfilled) | Sample Measurement | 0.0 | | | | 0 | | |
| PARM Code B0008 + Mon. Site: RMP-2 | Permit Requirement | Report (Mo Total) | dry tons | | | | 1 Monthly | Calculated |
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Elizabeth Anne Kraemer | I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. | | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed | TELEPHONE (727) 848-8292 | SUBMITTED ON 12/17/2015 | |

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014340-006-DW3P
 Monitoring Period: From: 11/01/2015 To: 11/30/2015

Facility: Lake Placid Camp Florida Resort WWTP
 (WOODLANDS)

| | 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-1 | INF-1 | INF-1 | | |
| 1 | | | | | | | 0.018 | | | | |
| 2 | | 0.67 | | | | 7.00 | 0.015 | | | | |
| 3 | | 1.90 | | | | 7.00 | 0.016 | | | | |
| 4 | | 1.21 | | | | 7.00 | 0.080 | | | | |
| 5 | <2.0 | 1.24 | <1.0 | 0.71 | 2.4 | 6.90 | 0.023 | 360 | 390 | | |
| 6 | | 1.14 | | | | 7.00 | 0.016 | | | | |
| 7 | | 1.20 | | | | 7.00 | 0.018 | | | | |
| 8 | | | | | | | 0.020 | | | | |
| 9 | | 0.87 | | | | 7.00 | 0.016 | | | | |
| 10 | | 0.94 | | | | 7.00 | 0.016 | | | | |
| 11 | | 0.71 | | | | 7.00 | 0.019 | | | | |
| 12 | | 2.70 | | | | 7.00 | 0.015 | | | | |
| 13 | | 2.16 | | | | 7.00 | 0.022 | | | | |
| 14 | | 1.90 | | | | 7.10 | 0.018 | | | | |
| 15 | | | | | | | 0.016 | | | | |
| 16 | | 0.68 | | | | 7.00 | 0.018 | | | | |
| 17 | | 2.30 | | | | 7.00 | 0.018 | | | | |
| 18 | | 1.70 | | | | 7.00 | 0.018 | | | | |
| 19 | | 2.30 | | | | 7.00 | 0.020 | | | | |
| 20 | | 2.40 | | | | 7.00 | 0.021 | | | | |
| 21 | | 2.10 | | | | 7.10 | 0.021 | | | | |
| 22 | | | | | | | 0.021 | | | | |
| 23 | | 2.40 | | | | 7.00 | 0.021 | | | | |
| 24 | | 2.30 | | | | 7.00 | 0.022 | | | | |
| 25 | | 1.46 | | | | 7.00 | 0.019 | | | | |
| 26 | | 1.00 | | | | 7.10 | 0.022 | | | | |
| 27 | | 1.30 | | | | 7.00 | 0.020 | | | | |
| 28 | | 1.60 | | | | 7.10 | 0.022 | | | | |
| 29 | | | | | | | 0.021 | | | | |
| 30 | | 1.80 | | | | 7.00 | 0.020 | | | | |
| 31 | | | | | | | | | | | |
| Total | | | | | | | 0.632 | | | | |
| Mo. Avg. | | | | | | | 0.021 | | | | |

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 20588 Name: Jackie Williams

Evening Shift Operator Class: Certificate No: Name:

Night Shift Operator Class: Certificate No: Name:

Lead Operator Class: Certificate No: Name:

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

| | |
|---|--|
| PERMITTEE NAME: LP WATERWORKS, INC. ADDRESS: 4939 Cross Bayou Boulevard New Port Richey, FL 34652 | PA FILE NUMBER: FLA01434009DW3P PERMIT NUMBER: FLA014340 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: R-001 DESCRIPTION: Land application system consisting of two rapid infiltration basins. |
| FACILITY: Lake Placid Camp Florida Resort WWTP AKA Woodlands LOCATION: 1525 US Highway 27 S Lake Placid, FL 33852 | |
| COUNTY: HIGHLANDS | |

MONITORING PERIOD: From: 12/01/2015 To: 12/31/2015

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|--------------------|---------------------|--|-------|--------------------------|---------------------|------------------|---------|---------|-----------------------|-------------|
| | | | | | | | | | | | |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | | | 9.3 | | | 0 | | |
| PARM Code 80082 Y Mon. Site: EFA-01 | Permit Requirement | | | | | 20.0 (Annl Avg) | | mg/L | | 1 Monthly | Grab |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | | <2.0 | <2.0 | <2.0 | | 0 | | |
| PARM Code 80082 A Mon. Site: EFA-01 | Permit Requirement | | | | 60.0 (Maximum) | 45.0 (Wkly Avg) | 30.0 (Mo Avg) | mg/L | | 1 Monthly | Grab |
| Solids, Total Suspended | Sample Measurement | | | | | 11.4 | | | 0 | | |
| PARM Code 00530 Y Mon. Site: EFA-01 | Permit Requirement | | | | | 20.0 (Annl Avg) | | mg/L | | 1 Monthly | Grab |
| Solids, Total Suspended | Sample Measurement | | | | 1.0 | 1.0 | 1.0 | | 0 | | |
| PARM Code 00530 A Mon. Site: EFA-01 | Permit Requirement | | | | 60.0 (Maximum) | 45.0 (Wkly Avg) | 30.0 (Mo Avg) | mg/L | | 1 Monthly | Grab |
| Coliform, Fecal | Sample Measurement | | | | | 1.0 | | | 0 | | |
| PARM Code 74055 Y Mon. Site: EFA-01 | Permit Requirement | | | | | 200.0 (Annl Avg) | | #/100mL | | 1 Monthly | Grab |

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|--------------------|---------------------|------------------|------------------|--------------------------|---------------------|---------|---------|-----------------------|---|
| | | | | | | | | | | |
| Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-01 | Sample Measurement | | | | <1.0 | <1.0 | | 0 | | |
| | Permit Requirement | | | | 200.0 (Mo Geom) | 800.0 (Maximum) | #/100mL | | 1 Monthly | Grab |
| pH PARM Code 00400 A Mon. Site: EFA-01 | Sample Measurement | | | 7.0 | | 7.2 | | 0 | | |
| | Permit Requirement | | | 6.0 (Minimum) | | 8.5 (Maximum) | s.u. | | 5 Days/Week | Grab |
| Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-01 | Sample Measurement | | | 0.96 | | | | 0 | | |
| | Permit Requirement | | | 0.5 (Minimum) | | | mg/L | | 5 Days/Week | Grab |
| Nitrogen, Nitrate, Total (as N) PARM Code 00620 A Mon. Site: EFA-01 | Sample Measurement | | | | | <0.18 | | 0 | | |
| | Permit Requirement | | | | | 12.0 (Maximum) | mg/L | | 1 Monthly | Grab |
| Flow PARM Code 50050 1 Mon. Site: FLW-01 | Sample Measurement | | 0.023 | | | | | 0 | | |
| | Permit Requirement | | 0.05 (Mo Avg) | MGD | | | | | 5 Days/Week | Elapsed Time Measurement on Pump (Pump Log) |
| Percent Capacity, (TMADF/Permitted Capacity) x 100 PARM Code 00180 P Mon. Site: CAL-01 | Sample Measurement | | | | | 40 | | 0 | | |
| | Permit Requirement | | | | | Report (Mo Avg) | percent | | 1 Monthly | Calculated |
| BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon. Site: INF-01 | Sample Measurement | | | | | 130 | | 0 | | |
| | Permit Requirement | | | | | Report (Maximum) | mg/L | | 1 Monthly | Grab |

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|---|--|---------------------|--|-------|--------------------------|---|-------|---------|-----------------------------|----------------------------|
| Solids, Total Suspended PARM Code 00530 G Mon. Site: INF-01 | Sample Measurement | | | | | 140 | | 0 | | |
| | Permit Requirement | | | | | Report (Maximum) | mg/L | | 1 Monthly | Grab |
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Elizabeth Anne Kraemer | I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. | | | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed | | | TELEPHONE (727) 848-8292 | SUBMITTED ON 01/15/2016 |

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

| | |
|---|---|
| PERMITTEE NAME: LP WATERWORKS, INC. ADDRESS: 4939 Cross Bayou Boulevard New Port Richey, FL 34652 FACILITY: Lake Placid Camp Florida Resort WWTP AKA Woodlands LOCATION: 1525 US Highway 27 S Lake Placid, FL 33852 COUNTY: HIGHLANDS | PA FILE NUMBER: FLA014340009DW3P PERMIT NUMBER: FLA014340 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-Q DESCRIPTION: Biosolids Quantity MONITORING PERIOD: From: 12/01/2015 To: 12/31/2015 |
|---|---|

| Parameter | Quantity or Loading | Units | Quality or Concentration | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|---|----------|--------------------------|---|---------|---------------------------------|--------------------------------|
| Biosolids Quantity (Transferred) | 0.0 | | | | 0 | | |
| PARM Code B0007 + Mon. Site: RMP-1 | Report (Mo Total) | dry tons | | | | 1 Monthly | Calculated |
| Biosolids Quantity (Landfilled) | 0.0 | | | | 0 | | |
| PARM Code B0008 + Mon. Site: RMP-2 | Report (Mo Total) | dry tons | | | | 1 Monthly | Calculated |
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Elizabeth Anne Krutmer | I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed | | TELEPHONE (727) 848-8292 | SUBMITTED ON 01/15/2016 |

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014340-006-DW3P
 Monitoring Period: From: 12/01/2015 To: 12/31/2015

Facility: Lake Placid Camp Florida Resort WWTP
 (WOODLANDS)

| | 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-1 | INF-1 | INF-1 | | |
| 1 | | 1.43 | | | | 7.00 | 0.023 | | | | |
| 2 | | 1.24 | | | | 7.00 | 0.020 | | | | |
| 3 | | 1.30 | | | | 7.00 | 0.024 | | | | |
| 4 | | 1.44 | | | | 7.00 | 0.024 | | | | |
| 5 | | 1.50 | | | | 7.10 | 0.025 | | | | |
| 6 | | | | | | | 0.025 | | | | |
| 7 | | 1.22 | | | | 7.00 | 0.028 | | | | |
| 8 | | 1.02 | | | | 7.00 | 0.023 | | | | |
| 9 | | 1.99 | | | | 7.00 | 0.014 | | | | |
| 10 | <2.0 | 2.36 | <1.0 | <0.18 | 1.0 | 7.00 | 0.030 | 130 | 140 | | |
| 11 | | 2.13 | | | | 7.00 | 0.019 | | | | |
| 12 | | 1.90 | | | | 7.20 | 0.020 | | | | |
| 13 | | | | | | | 0.020 | | | | |
| 14 | | 2.20 | | | | 7.00 | 0.031 | | | | |
| 15 | | 2.00 | | | | 7.10 | 0.027 | | | | |
| 16 | | 2.10 | | | | 7.10 | 0.025 | | | | |
| 17 | | 2.30 | | | | 7.00 | 0.023 | | | | |
| 18 | | 2.13 | | | | 7.00 | 0.022 | | | | |
| 19 | | 1.90 | | | | 7.20 | 0.024 | | | | |
| 20 | | 2.01 | | | | 7.10 | 0.024 | | | | |
| 21 | | 1.71 | | | | 7.10 | 0.023 | | | | |
| 22 | | 2.30 | | | | 7.00 | 0.018 | | | | |
| 23 | | 1.91 | | | | 7.10 | 0.019 | | | | |
| 24 | | 1.43 | | | | 7.10 | 0.022 | | | | |
| 25 | | | | | | | 0.022 | | | | |
| 26 | | 1.60 | | | | 7.00 | 0.024 | | | | |
| 27 | | 1.50 | | | | 7.00 | 0.022 | | | | |
| 28 | | 1.30 | | | | 7.00 | 0.023 | | | | |
| 29 | | 1.10 | | | | 7.00 | 0.024 | | | | |
| 30 | | 1.50 | | | | 7.00 | 0.027 | | | | |
| 31 | | 0.96 | | | | 7.00 | 0.027 | | | | |
| Total | | | | | | | 0.722 | | | | |
| Mo. Avg. | | | | | | | 0.023 | | | | |

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 20588 Name: Jackie Williams

Evening Shift Operator Class: Certificate No: Name:

Night Shift Operator Class: Certificate No: Name:

Lead Operator Class: Certificate No: Name:

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

| | |
|---|--|
| PERMITTEE NAME: LP WATERWORKS, INC. ADDRESS: 4939 Cross Bayou Boulevard New Port Richey, FL 34652 FACILITY: Lake Placid Camp Florida Resort WWTP AKA Woodlands LOCATION: 1525 US Highway 27 S Lake Placid, FL 33852 COUNTY: HIGHLANDS | PA FILE NUMBER: FLA01434009DW3P PERMIT NUMBER: FLA014340 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: R-001 DESCRIPTION: Land application system consisting of two rapid infiltration basins. |
|---|--|

MONITORING PERIOD: From: 01/01/2016 To: 01/31/2016

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|--------------------|---------------------|--|-------|--------------------------|---------------------|------------------|---------|---------|-----------------------|-------------|
| | | | | | | | | | | | |
| BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon. Site: EFA-01 | Sample Measurement | | | | | 6.0 | | | 0 | | |
| | Permit Requirement | | | | | 20.0 (Annl Avg) | | mg/L | | 1 Monthly | Grab |
| BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Mon. Site: EFA-01 | Sample Measurement | | | | 3.0 | 3.0 | 3.0 | | 0 | | |
| | Permit Requirement | | | | 60.0 (Maximum) | 45.0 (Wkly Avg) | 30.0 (Mo Avg) | mg/L | | 1 Monthly | Grab |
| Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-01 | Sample Measurement | | | | | 8.6 | | | 0 | | |
| | Permit Requirement | | | | | 20.0 (Annl Avg) | | mg/L | | 1 Monthly | Grab |
| Solids, Total Suspended PARM Code 00530 A Mon. Site: EFA-01 | Sample Measurement | | | | 2.4 | 2.4 | 2.4 | | 0 | | |
| | Permit Requirement | | | | 60.0 (Maximum) | 45.0 (Wkly Avg) | 30.0 (Mo Avg) | mg/L | | 1 Monthly | Grab |
| Coliform, Fecal PARM Code 74055 Y Mon. Site: EFA-01 | Sample Measurement | | | | | 1.0 | | | 0 | | |
| | Permit Requirement | | | | | 200.0 (Annl Avg) | | #/100mL | | 1 Monthly | Grab |

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|---|--------------------|---------------------|-----|------------------|--------------------------|---------------------|---------|---------|-----------------------|---|
| | | | | | | | | | | |
| Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-01 | Sample Measurement | | | | <1.0 | <1.0 | | 0 | | |
| | Permit Requirement | | | | 200.0 (Mo Geom) | 800.0 (Maximum) | #/100mL | | 1 Monthly | Grab |
| pH PARM Code 00400 A Mon. Site: EFA-01 | Sample Measurement | | | 7.0 | | 7.2 | | 0 | | |
| | Permit Requirement | | | 6.0 (Minimum) | | 8.5 (Maximum) | s.u. | | 5 Days/Week | Grab |
| Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-01 | Sample Measurement | | | 1.2 | | | | 0 | | |
| | Permit Requirement | | | 0.5 (Minimum) | | | mg/L | | 5 Days/Week | Grab |
| Nitrogen, Nitrate, Total (as N) PARM Code 00620 A Mon. Site: EFA-01 | Sample Measurement | | | | | 0.36 | | 0 | | |
| | Permit Requirement | | | | | 12.0 (Maximum) | mg/L | | 1 Monthly | Grab |
| Flow PARM Code 50050 1 Mon. Site: FLW-01 | Sample Measurement | 0.048 | | | | | | 0 | | |
| | Permit Requirement | 0.05 (Mo Avg) | MGD | | | | | | 5 Days/Week | Elapsed Time Measurement on Pump (Pump Log) |
| Percent Capacity, (TMADF/Permitted Capacity) x 100 PARM Code 00180 P Mon. Site: CAL-01 | Sample Measurement | | | | | 61 | | 0 | | |
| | Permit Requirement | | | | | Report (Mo Avg) | percent | | 1 Monthly | Calculated |
| BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon. Site: INF-01 | Sample Measurement | | | | | 250 | | 0 | | |
| | Permit Requirement | | | | | Report (Maximum) | mg/L | | 1 Monthly | Grab |

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|---|---|---------------------|--|-------|--------------------------|------------------|---|---------|-----------------------------|----------------------------|
| Solids, Total Suspended PARM Code 00530 G Mon. Site: INF-01 | Sample Measurement | | | | | 18 | | 0 | | |
| | Permit Requirement | | | | | Report (Maximum) | mg/L | | 1 Monthly | Grab |
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Elizabeth Anne Kraemer | I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. | | | | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed | | TELEPHONE (727) 848-8292 | SUBMITTED ON 02/15/2016 |

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

| | |
|---|--|
| PERMITTEE NAME: LP WATERWORKS, INC. ADDRESS: 4939 Cross Bayou Boulevard New Port Richey, FL 34652 FACILITY: Lake Placid Camp Florida Resort WWTP AKA Woodlands LOCATION: 1525 US Highway 27 S Lake Placid, FL 33852 COUNTY: HIGHLANDS | PA FILE NUMBER: FLA01434009DW3P PERMIT NUMBER: FLA014340 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-Q DESCRIPTION: Biosolids Quantity MONITORING PERIOD: From: 01/01/2016 To: 01/31/2016 |
|---|--|

| Parameter | Quantity or Loading | Units | Quality or Concentration | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|---|----------|--------------------------|---|---------------------------------|--------------------------------|-------------|
| Biosolids Quantity (Transferred) | 0.0 | | | | 0 | | |
| PARM Code B0007 + Mon. Site: RMP-1 | Report (Mo Total) | dry tons | | | | 1 Monthly | Calculated |
| Biosolids Quantity (Landfilled) | 0.0 | | | | 0 | | |
| PARM Code B0008 + Mon. Site: RMP-2 | Report (Mo Total) | dry tons | | | | 1 Monthly | Calculated |
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Elizabeth Anne Kraemer | I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed | TELEPHONE (727) 848-8292 | SUBMITTED ON 02/15/2016 | |

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014340-006-DW3P
 Monitoring Period: From: 01/01/2016 To: 01/31/2016

Facility: Lake Placid Camp Florida Resort WWTP
 (WOODLANDS)

| | 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-1 | INF-1 | INF-1 | | |
| 1 | | | | | | | 0.0270 | | | | |
| 2 | | | | | | | 0.0270 | | | | |
| 3 | | 1.20 | 1.20 | | | 7.10 | 0.0150 | | | | |
| 4 | | 1.40 | 1.40 | | | 7.20 | 0.0400 | | | | |
| 5 | | 1.30 | 1.30 | | | 7.10 | 0.0280 | | | | |
| 6 | | 2.20 | 2.20 | | | 7.10 | 0.0150 | | | | |
| 7 | 3.0 | 3.50 | 3.50 | 0.36 | 2.4 | 7.20 | 0.0410 | 250 | 18 | | |
| 8 | | 3.20 | 3.20 | | | 7.10 | 0.0290 | | | | |
| 9 | | 2.60 | 2.60 | | | 7.20 | 0.0290 | | | | |
| 10 | | | | | | | 0.0290 | | | | |
| 11 | | 2.10 | 2.10 | | | 7.10 | 0.0290 | | | | |
| 12 | | 2.20 | 2.20 | | | 7.20 | 0.0390 | | | | |
| 13 | | 2.30 | 2.30 | | | 7.10 | 0.0350 | | | | |
| 14 | | 2.60 | 2.60 | | | 7.10 | 0.0380 | | | | |
| 15 | | 2.12 | 2.12 | | | 7.10 | 0.0280 | | | | |
| 16 | | 2.20 | 2.20 | | | 7.20 | 0.0410 | | | | |
| 17 | | | | | | | 0.0410 | | | | |
| 18 | | 2.10 | 2.10 | | | 7.10 | 0.0410 | | | | |
| 19 | | 1.81 | 1.81 | | | 7.10 | 0.0340 | | | | |
| 20 | | 1.99 | 1.99 | | | 7.10 | 0.0220 | | | | |
| 21 | | 2.40 | 2.40 | | | 7.10 | 0.0370 | | | | |
| 22 | | 2.12 | 2.12 | | | 7.20 | 0.0410 | | | | |
| 23 | | 1.80 | 1.80 | | | 7.20 | 0.4300 | | | | |
| 24 | | | | | | | 0.0460 | | | | |
| 25 | | 2.00 | 2.00 | | | 7.10 | 0.0410 | | | | |
| 26 | | 2.30 | 2.30 | | | 7.10 | 0.0350 | | | | |
| 27 | | 1.77 | 1.77 | | | 7.00 | 0.0440 | | | | |
| 28 | | 1.88 | 1.88 | | | 7.00 | 0.0350 | | | | |
| 29 | | 1.94 | 1.94 | | | 7.10 | 0.0510 | | | | |
| 30 | | 1.60 | 1.60 | | | 7.20 | 0.0530 | | | | |
| 31 | | | | | | | 0.0480 | | | | |
| Total | | | | | | | 1.4890 | | | | |
| Mo. Avg. | | | | | | | 0.0480 | | | | |

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 22164 Name: Dustin Williams

Evening Shift Operator Class: Certificate No: Name:

Night Shift Operator Class: Certificate No: Name:

Lead Operator Class: Certificate No: Name:

ISSUANCE/REISSUANCE DATE:

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

| | |
|---|--|
| PERMITTEE NAME: LP WATERWORKS, INC. ADDRESS: 4939 Cross Bayou Boulevard New Port Richey, FL 34652 FACILITY: Lake Placid Camp Florida Resort WWTP AKA Woodlands LOCATION: 1525 US Highway 27 S Lake Placid, FL 33852 COUNTY: HIGHLANDS | PA FILE NUMBER: FLA01434009DW3P PERMIT NUMBER: FLA014340 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: R-001 DESCRIPTION: Land application system consisting of two rapid infiltration basins. |
|---|--|

MONITORING PERIOD: From 02/01/2016 To: 02/29/2016

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|--------------------|---------------------|--|-------|--------------------------|--------------------|------------------|---------|---------|-----------------------|-------------|
| | | | | | | | | | | | |
| BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon. Site: EFA-01 | Sample Measurement | | | | 5.5 | | | | 0 | | |
| | Permit Requirement | | | | 20.0 (Annl Avg) | | | mg/L | | 1 Monthly | Grab |
| BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Mon. Site: EFA-01 | Sample Measurement | | | | 5.1 | 5.1 | 5.1 | | 0 | | |
| | Permit Requirement | | | | 60.0 (Maximum) | 45.0 (Wkly Avg) | 30.0 (Mo Avg) | mg/L | | 1 Monthly | Grab |
| Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-01 | Sample Measurement | | | | 7.3 | | | | 0 | | |
| | Permit Requirement | | | | 20.0 (Annl Avg) | | | mg/L | | 1 Monthly | Grab |
| Solids, Total Suspended PARM Code 00530 A Mon. Site: EFA-01 | Sample Measurement | | | | 5.2 | 5.2 | 5.2 | | 0 | | |
| | Permit Requirement | | | | 60.0 (Maximum) | 45.0 (Wkly Avg) | 30.0 (Mo Avg) | mg/L | | 1 Monthly | Grab |
| Coliform, Fecal PARM Code 74055 Y Mon. Site: EFA-01 | Sample Measurement | | | | 1.0 | | | | 0 | | |
| | Permit Requirement | | | | 200.0 (Annl Avg) | | | #/100mL | | 1 Monthly | Grab |

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|--------------------|---------------------|------------------|-------|--------------------------|---------------------|---------|---------|-----------------------|---|
| | | | | | | | | | | |
| Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-01 | Sample Measurement | | | | <1.0 | <1.0 | | 0 | | |
| | Permit Requirement | | | | 200.0 (Mo Geom) | 800.0 (Maximum) | #/100mL | | 1 Monthly | Grab |
| pH PARM Code 00400 A Mon. Site: EFA-01 | Sample Measurement | | | | 7.1 | 7.4 | | 0 | | |
| | Permit Requirement | | | | 6.0 (Minimum) | 8.5 (Maximum) | s.u. | | 5 Days/Week | Grab |
| Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-01 | Sample Measurement | | | | 1.1 | | | 0 | | |
| | Permit Requirement | | | | 0.5 (Minimum) | | mg/L | | 5 Days/Week | Grab |
| Nitrogen, Nitrate, Total (as N) PARM Code 00620 A Mon. Site: EFA-01 | Sample Measurement | | | | | <0.18 | | 0 | | |
| | Permit Requirement | | | | | 12.0 (Maximum) | mg/L | | 1 Monthly | Grab |
| Flow PARM Code 50050 1 Mon. Site: FLW-01 | Sample Measurement | | 0.046 | | | | | 0 | | |
| | Permit Requirement | | 0.05 (Mo Avg) | MGD | | | | | 5 Days/Week | Elapsed Time Measurement on Pump (Pump Log) |
| Percent Capacity, (TMADF/Permitted Capacity) x 100 PARM Code 00180 P Mon. Site: CAL-01 | Sample Measurement | | | | | 78 | | 0 | | |
| | Permit Requirement | | | | | Report (Mo Avg) | percent | | 1 Monthly | Calculated |
| BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon. Site: INF-01 | Sample Measurement | | | | | 210 | | 0 | | |
| | Permit Requirement | | | | | Report (Maximum) | mg/L | | 1 Monthly | Grab |

| Parameter | | Quantity or Loading | Units | Quality or Concentration | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|---|---------------------|-------|--------------------------|---|---------|---------------------------------|--------------------------------|
| Solids, Total Suspended | Sample Measurement | | | | 310 | 0 | | |
| PARM Code 00530 G Mon. Site: INF-01 | Permit Requirement | | | | Report (Maximum) mg/L | | 1 Monthly | Grab |
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Elizabeth Anne Kraemer | I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. | | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed | | TELEPHONE (727) 848-8292 | SUBMITTED ON 03/17/2016 |

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

| | |
|--|--|
| PERMITTEE NAME: LP WATERWORKS, INC. ADDRESS: 4939 Cross Bayou Boulevard New Port Richey, FL 34652 FACILITY: Lake Placid Camp Florida Resort WWTP AKA Woodlands LOCATION: 1525 US Highway 27 S Lake Placid, FL 33852 COUNTY: HIGHLANDS | PA FILE NUMBER: FLA014340009DW3P PERMIT NUMBER: FLA014340 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-Q DESCRIPTION: Biosolids Quantity MONITORING PERIOD: From: 02/01/2016 To: 02/29/2016 |
|--|--|

| Parameter | Quantity or Loading | Units | Quality or Concentration | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|---|----------|--------------------------|--|----------------|-----------------------|-------------|
| Biosolids Quantity (Transferred) | 0.0 | | | | 0 | | |
| PARM Code B0007 + Mon. Site: RMP-1 | Report (Mo Total) | dry tons | | | | 1 Monthly | Calculated |
| Biosolids Quantity (Landfilled) | 0.0 | | | | 0 | | |
| PARM Code B0008 + Mon. Site: RMP-2 | Report (Mo Total) | dry tons | | | | 1 Monthly | Calculated |
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE | SUBMITTED ON | |
| Elizabeth Anne Kraemer | | | | Electronically Signed | (727) 848-8292 | 03/17/2016 | |

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA014340-006-DW3P
From: 02/01/2016 To: 02/29/2016

Facility: Lake Placid Camp Florida Resort WWTP
(WOODLANDS)

| | 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-1 | INF-1 | INF-1 | | |
| 1 | | 1.30 | | | | 7.20 | 0.0480 | | | | |
| 2 | | 1.45 | | | | 7.10 | 0.0480 | | | | |
| 3 | | 2.30 | | | | 7.20 | 0.0380 | | | | |
| 4 | 5.1 | 2.20 | <1.0 | <0.18 | 5.2 | 7.20 | 0.0500 | 210 | 310 | | |
| 5 | | 2.40 | | | | 7.10 | 0.0370 | | | | |
| 6 | | 2.00 | | | | 7.30 | 0.0420 | | | | |
| 7 | | | | | | | 0.0440 | | | | |
| 8 | | 1.76 | | | | 7.10 | 0.0480 | | | | |
| 9 | | 2.00 | | | | 7.20 | 0.0470 | | | | |
| 10 | | 2.30 | | | | 7.20 | 0.0470 | | | | |
| 11 | | 2.40 | | | | 7.20 | 0.0460 | | | | |
| 12 | | 2.90 | | | | 7.10 | 0.0380 | | | | |
| 13 | | 1.80 | | | | 7.30 | 0.0510 | | | | |
| 14 | | | | | | | 0.0510 | | | | |
| 15 | | 1.95 | | | | 7.20 | 0.0440 | | | | |
| 16 | | 2.15 | | | | 7.20 | 0.0560 | | | | |
| 17 | | 2.00 | | | | 7.20 | 0.0430 | | | | |
| 18 | | 1.75 | | | | 7.20 | 0.0350 | | | | |
| 19 | | | | | | | 0.0520 | | | | |
| 20 | | 1.50 | | | | 7.40 | 0.0470 | | | | |
| 21 | | | | | | | 0.0470 | | | | |
| 22 | | 1.30 | | | | 7.30 | 0.0490 | | | | |
| 23 | | 1.31 | | | | 7.40 | 0.0380 | | | | |
| 24 | | 1.42 | | | | 7.30 | 0.0610 | | | | |
| 25 | | 1.22 | | | | 7.30 | 0.0430 | | | | |
| 26 | | 1.34 | | | | 7.30 | 0.0460 | | | | |
| 27 | | 1.10 | | | | 7.40 | 0.0430 | | | | |
| 28 | | | | | | | 0.0460 | | | | |
| 29 | | 1.40 | | | | 7.40 | 0.0510 | | | | |
| 30 | | | | | | | | | | | |
| 31 | | | | | | | | | | | |
| Total | | | | | | | 1.3360 | | | | |
| Mo. Avg. | | | | | | | 0.0461 | | | | |

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 22164 Name: Dustin Williams

Evening Shift Operator Class: Certificate No: Name:

Night Shift Operator Class: Certificate No: Name:

Lead Operator Class: Certificate No: Name:

ISSUANCE/REISSUANCE DATE:

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

| | |
|---|--|
| PERMITTEE NAME: LP WATERWORKS, INC. ADDRESS: 4939 Cross Bayou Boulevard New Port Richey, FL 34652 | PA FILE NUMBER: FLA01434009DW3P PERMIT NUMBER: FLA014340 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: R-001 DESCRIPTION: Land application system consisting of two rapid infiltration basins. |
| FACILITY: Lake Placid Camp Florida Resort WWTP AKA Woodlands LOCATION: 1525 US Highway 27 S Lake Placid, FL 33852 | |
| COUNTY: HIGHLANDS | |

MONITORING PERIOD: From: 03/01/2016 To: 03/31/2016

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|--------------------|---------------------|--|-------|--------------------------|---------------------|------------------|---------|---------|-----------------------|-------------|
| | | | | | | | | | | | |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | | | 2.6 | | | 0 | | |
| PARM Code 80082 Y Mon. Site: EFA-01 | Permit Requirement | | | | | 20.0 (Annl Avg) | | mg/L | | 1 Monthly | Grab |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | | 5.4 | 5.4 | 5.4 | | 0 | | |
| PARM Code 80082 A Mon. Site: EFA-01 | Permit Requirement | | | | 60.0 (Maximum) | 45.0 (Wkly Avg) | 30.0 (Mo Avg) | mg/L | | 1 Monthly | Grab |
| Solids, Total Suspended | Sample Measurement | | | | | 4.3 | | | 0 | | |
| PARM Code 00530 Y Mon. Site: EFA-01 | Permit Requirement | | | | | 20.0 (Annl Avg) | | mg/L | | 1 Monthly | Grab |
| Solids, Total Suspended | Sample Measurement | | | | 15.0 | 15.0 | 15.0 | | 0 | | |
| PARM Code 00530 A Mon. Site: EFA-01 | Permit Requirement | | | | 60.0 (Maximum) | 45.0 (Wkly Avg) | 30.0 (Mo Avg) | mg/L | | 1 Monthly | Grab |
| Coliform, Fecal | Sample Measurement | | | | | 9.0 | | | 0 | | |
| PARM Code 74055 Y Mon. Site: EFA-01 | Permit Requirement | | | | | 200.0 (Annl Avg) | | #/100mL | | 1 Monthly | Grab |

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|--------------------|---------------------|-----|------------------|--------------------------|---------------------|---------|---------|-----------------------|---|
| | | | | | | | | | | |
| Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-01 | Sample Measurement | | | | 100 | 20000 | | 1 | | |
| | Permit Requirement | | | | 200.0 (Mo Geom) | 800.0 (Maximum) | #/100mL | | 1 Monthly | Grab |
| pH PARM Code 00400 A Mon. Site: EFA-01 | Sample Measurement | | | 7.4 | | 7.5 | | 0 | | |
| | Permit Requirement | | | 6.0 (Minimum) | | 8.5 (Maximum) | s.u. | | 5 Days/Week | Grab |
| Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-01 | Sample Measurement | | | 1.8 | | | | 0 | | |
| | Permit Requirement | | | 0.5 (Minimum) | | | mg/L | | 5 Days/Week | Grab |
| Nitrogen, Nitrate, Total (as N) PARM Code 00620 A Mon. Site: EFA-01 | Sample Measurement | | | | | <0.18 | | 0 | | |
| | Permit Requirement | | | | | 12.0 (Maximum) | mg/L | | 1 Monthly | Grab |
| Flow PARM Code 50050 1 Mon. Site: FLW-01 | Sample Measurement | 0.042 | | | | | | 0 | | |
| | Permit Requirement | 0.05 (Mo Avg) | MGD | | | | | | 5 Days/Week | Elapsed Time Measurement on Pump (Pump Log) |
| Percent Capacity, (TMADF/Permitted Capacity) x 100 PARM Code 00180 P Mon. Site: CAL-01 | Sample Measurement | | | | | 91 | | 0 | | |
| | Permit Requirement | | | | | Report (Mo Avg) | percent | | 1 Monthly | Calculated |
| BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon. Site: INF-01 | Sample Measurement | | | | | 520 | | 0 | | |
| | Permit Requirement | | | | | Report (Maximum) | mg/L | | 1 Monthly | Grab |

| Parameter | | Quantity or Loading | Units | Quality or Concentration | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|---|---------------------|-------|--------------------------|---|--------------------------|---------------------------------|--------------------------------|
| Solids, Total Suspended PARM Code 00530 G Mon. Site: INF-01 | Sample Measurement | | | | | 350 | | |
| | Permit Requirement | | | | | Report (Maximum) mg/L | 1 Monthly | Grab |
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Elizabeth Anne Kraemer | I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. | | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed | | TELEPHONE (727) 848-8292 | SUBMITTED ON 04/15/2016 |

| Parameter | Monitoring Site | Comments for Monitoring Group - R-001 |
|-----------|-----------------|---|
| 74055 A | EFA-01 | Cause of fecal exceedence is unknown. Operator checked the disinfection system and resampled on 3/16. The results of the re-sample returned a result of non-detectable. |

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

| | |
|---|---|
| PERMITTEE NAME: LP WATERWORKS, INC. ADDRESS: 4939 Cross Bayou Boulevard New Port Richey, FL 34652 FACILITY: Lake Placid Camp Florida Resort WWTP AKA Woodlands LOCATION: 1525 US Highway 27 S Lake Placid, FL 33852 COUNTY: HIGHLANDS | PA FILE NUMBER: FLA014340009DW3P PERMIT NUMBER: FLA014340 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-Q DESCRIPTION: Biosolids Quantity MONITORING PERIOD: From: 03/01/2016 To: 03/31/2016 |
|---|---|

| Parameter | Quantity or Loading | Units | Quality or Concentration | Units | No. Ex. | Frequency of Analysis | Sample Type |
|---|---|----------|--------------------------|-------|---|---------------------------------|--------------------------------|
| Biosolids Quantity (Transferred) | 0.26 | | | | 0 | | |
| PARM Code B0007 + Mon. Site: RMP-1 | Report (Mo Total) | dry tons | | | | 1 Monthly | Calculated |
| Biosolids Quantity (Landfilled) | 0.0 | | | | 0 | | |
| PARM Code B0008 + Mon. Site: RMP-2 | Report (Mo Total) | dry tons | | | | 1 Monthly | Calculated |
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Elizabeth Anne Krahnert | I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. | | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed | TELEPHONE (727) 848-8292 | SUBMITTED ON 04/15/2016 |

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA014340-006-DW3P
From: 03/01/2016 To: 03/31/2016

Facility: Lake Placid Camp Florida Resort WWTP
(WOODLANDS)

| | 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-1 | INF-1 | INF-1 | | |
| 1 | | 2.10 | | | | 7.40 | 0.0460 | | | | |
| 2 | | 3.30 | | | | 7.40 | 0.0440 | | | | |
| 3 | 5.4 | 2.10 | 20000 | <0.18 | 15.0 | 7.40 | 0.0490 | 520 | 350 | | |
| 4 | | 2.30 | | | | 7.40 | 0.0370 | | | | |
| 5 | | 1.90 | | | | 7.40 | 0.0440 | | | | |
| 6 | | | | | | | 0.0440 | | | | |
| 7 | | 2.20 | | | | 7.40 | 0.0440 | | | | |
| 8 | | 2.12 | | | | 7.40 | 0.0370 | | | | |
| 9 | | 2.30 | | | | 7.40 | 0.0410 | | | | |
| 10 | | 2.40 | | | | 7.50 | 0.0280 | | | | |
| 11 | | 2.60 | | | | 7.50 | 0.0570 | | | | |
| 12 | | 2.10 | | | | 7.40 | 0.0410 | | | | |
| 13 | | | | | | | 0.0430 | | | | |
| 14 | | 2.20 | | | | 7.40 | 0.0290 | | | | |
| 15 | | 2.30 | | | | 7.40 | 0.0320 | | | | |
| 16 | | 2.30 | <1.0 | | | 7.40 | 0.0560 | | | | |
| 17 | | 2.50 | | | | 7.40 | 0.0190 | | | | |
| 18 | | 2.50 | | | | 7.40 | 0.0530 | | | | |
| 19 | | 2.20 | | | | 7.40 | 0.0410 | | | | |
| 20 | | | | | | | 0.0420 | | | | |
| 21 | | 2.40 | | | | 7.50 | 0.0370 | | | | |
| 22 | | 2.70 | | | | 7.50 | 0.0370 | | | | |
| 23 | | 2.40 | | | | 7.40 | 0.0480 | | | | |
| 24 | | 2.70 | | | | 7.40 | 0.0420 | | | | |
| 25 | | 2.30 | | | | 7.40 | 0.0520 | | | | |
| 26 | | 2.10 | | | | 7.50 | 0.0420 | | | | |
| 27 | | | | | | | 0.0420 | | | | |
| 28 | | 1.80 | | | | 7.50 | 0.0350 | | | | |
| 29 | | 3.20 | | | | 7.40 | 0.0520 | | | | |
| 30 | | 3.70 | | | | 7.40 | 0.0370 | | | | |
| 31 | | 3.40 | | | | 7.40 | 0.0410 | | | | |
| Total | | | 20000.5 | | | | 1.2920 | | | | |
| Mo. Avg. | | | 100GEO | | | | 0.0417 | | | | |

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 22164 Name: Dustin Williams

Evening Shift Operator Class: Certificate No: Name:

Night Shift Operator Class: Certificate No: Name:

Lead Operator Class: Certificate No: Name:

ISSUANCE/REISSUANCE DATE:

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

| | |
|---|--|
| PERMITTEE NAME: LP WATERWORKS, INC. ADDRESS: 4939 Cross Bayou Boulevard New Port Richey, FL 34652 | PA FILE NUMBER: FLA01434009DW3P PERMIT NUMBER: FLA014340 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: R-001 DESCRIPTION: Land application system consisting of two rapid infiltration basins. |
| FACILITY: Lake Placid Camp Florida Resort WWTP AKA Woodlands LOCATION: 1525 US Highway 27 S Lake Placid, FL 33852 | |
| COUNTY: HIGHLANDS | |

MONITORING PERIOD: From: 04/01/2016 To: 04/30/2016

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|--------------------|---------------------|--|-------|--------------------------|---------------------|------------------|---------|---------|-----------------------|-------------|
| | | | | | | | | | | | |
| BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon. Site: EFA-01 | Sample Measurement | | | | | 2.2 | | | 0 | | |
| | Permit Requirement | | | | | 20.0 (Annl Avg) | | mg/L | | 1 Monthly | Grab |
| BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Mon. Site: EFA-01 | Sample Measurement | | | | <2.0 | <2.0 | <2.0 | | 0 | | |
| | Permit Requirement | | | | 60.0 (Maximum) | 45.0 (Wkly Avg) | 30.0 (Mo Avg) | mg/L | | 1 Monthly | Grab |
| Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-01 | Sample Measurement | | | | | 3.5 | | | 0 | | |
| | Permit Requirement | | | | | 20.0 (Annl Avg) | | mg/L | | 1 Monthly | Grab |
| Solids, Total Suspended PARM Code 00530 A Mon. Site: EFA-01 | Sample Measurement | | | | 3.6 | 3.6 | 3.6 | | 0 | | |
| | Permit Requirement | | | | 60.0 (Maximum) | 45.0 (Wkly Avg) | 30.0 (Mo Avg) | mg/L | | 1 Monthly | Grab |
| Coliform, Fecal PARM Code 74055 Y Mon. Site: EFA-01 | Sample Measurement | | | | | 9.0 | | | 0 | | |
| | Permit Requirement | | | | | 200.0 (Annl Avg) | | #/100mL | | 1 Monthly | Grab |

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|--------------------|---------------------|------------------|------------------|--------------------------|---------------------|---------|---------|-----------------------|---|
| | | | | | | | | | | |
| Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-01 | Sample Measurement | | | | <1.0 | <1.0 | | 0 | | |
| | Permit Requirement | | | | 200.0 (Mo Geom) | 800.0 (Maximum) | #/100mL | | 1 Monthly | Grab |
| pH PARM Code 00400 A Mon. Site: EFA-01 | Sample Measurement | | | 7.2 | | 7.6 | | 0 | | |
| | Permit Requirement | | | 6.0 (Minimum) | | 8.5 (Maximum) | s.u. | | 5 Days/Week | Grab |
| Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-01 | Sample Measurement | | | 1.73 | | | | 0 | | |
| | Permit Requirement | | | 0.5 (Minimum) | | | mg/L | | 5 Days/Week | Grab |
| Nitrogen, Nitrate, Total (as N) PARM Code 00620 A Mon. Site: EFA-01 | Sample Measurement | | | | | 1.5 | | 0 | | |
| | Permit Requirement | | | | | 12.0 (Maximum) | mg/L | | 1 Monthly | Grab |
| Flow PARM Code 50050 1 Mon. Site: FLW-01 | Sample Measurement | | 0.03 | | | | | 0 | | |
| | Permit Requirement | | 0.05 (Mo Avg) | MGD | | | | | 5 Days/Week | Elapsed Time Measurement on Pump (Pump Log) |
| Percent Capacity, (TMADF/Permitted Capacity) x 100 PARM Code 00180 P Mon. Site: CAL-01 | Sample Measurement | | | | | 79 | | 0 | | |
| | Permit Requirement | | | | | Report (Mo Avg) | percent | | 1 Monthly | Calculated |
| BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon. Site: INF-01 | Sample Measurement | | | | | 15.0 | | 0 | | |
| | Permit Requirement | | | | | Report (Maximum) | mg/L | | 1 Monthly | Grab |

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|---|---------------------|--|-------|--------------------------|---|-------|---------|---------------------------------|--------------------------------|
| Solids, Total Suspended PARM Code 00530 G Mon. Site: INF-01 | Sample Measurement | | | | | 23.0 | | 0 | | |
| | Permit Requirement | | | | | Report (Maximum) | mg/L | | 1 Monthly | Grab |
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Elizabeth Anne Kraemer | I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. | | | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed | | | TELEPHONE (727) 848-8292 | SUBMITTED ON 05/16/2016 |

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

| | |
|--|---|
| PERMITTEE NAME: LP WATERWORKS, INC. ADDRESS: 4939 Cross Bayou Boulevard New Port Richey, FL 34652 FACILITY: Lake Placid Camp Florida Resort WWTP AKA Woodlands LOCATION: 1525 US Highway 27 S Lake Placid, FL 33852 COUNTY: HIGHLANDS | PA FILE NUMBER: FLA01434009DW3P PERMIT NUMBER: FLA014340 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-Q DESCRIPTION: Biosolids Quantity MONITORING PERIOD: From: 04/01/2016 To: 04/30/2016 |
|--|---|

| Parameter | | Quantity or Loading | Units | Quality or Concentration | Units | No. Ex. | Frequency of Analysis | Sample Type |
|---|---|--------------------------|----------|--------------------------|---|---------|---------------------------------|--------------------------------|
| Biosolids Quantity (Transferred) PARM Code B0007 + Mon. Site: RMP-1 | Sample Measurement | 0.31 | | | | 0 | | |
| | Permit Requirement | Report (Mo Total) | dry tons | | | | 1 Monthly | Calculated |
| Biosolids Quantity (Landfilled) PARM Code B0008 + Mon. Site: RMP-2 | Sample Measurement | 0.0 | | | | 0 | | |
| | Permit Requirement | Report (Mo Total) | dry tons | | | | 1 Monthly | Calculated |
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Elizabeth Anne Kraimer | I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. | | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed | | TELEPHONE (727) 848-8292 | SUBMITTED ON 05/16/2016 |

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA014340-006-DW3P
From: 04/01/2016 To: 04/30/2016

Facility: Lake Placid Camp Florida Resort WWTP
(WOODLANDS)

| | 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-1 | INF-1 | INF-1 | | |
| 1 | | 3.20 | | | | 7.40 | 0.0460 | | | | |
| 2 | | 2.90 | | | | 7.40 | 0.0390 | | | | |
| 3 | | | | | | | 0.0390 | | | | |
| 4 | | 3.10 | | | | 7.40 | 0.0410 | | | | |
| 5 | | 3.40 | | | | 7.40 | 0.0410 | | | | |
| 6 | | 3.00 | | | | 7.40 | 0.0250 | | | | |
| 7 | <2.0 | 3.20 | <1.0 | 1.5 | 3.6 | 7.40 | 0.0620 | 15.0 | 23.0 | | |
| 8 | | 2.15 | | | | 7.40 | 0.0350 | | | | |
| 9 | | 1.80 | | | | 7.40 | 0.0320 | | | | |
| 10 | | | | | | | 0.0330 | | | | |
| 11 | | 2.30 | | | | 7.40 | 0.0320 | | | | |
| 12 | | 3.60 | | | | 7.40 | 0.0300 | | | | |
| 13 | | 3.20 | | | | 7.50 | 0.0300 | | | | |
| 14 | | 2.20 | | | | 7.50 | 0.0300 | | | | |
| 15 | | 2.40 | | | | 7.40 | 0.0150 | | | | |
| 16 | | 2.00 | | | | 7.60 | 0.0330 | | | | |
| 17 | | | | | | | 0.0350 | | | | |
| 18 | | 3.20 | | | | 7.40 | 0.0290 | | | | |
| 19 | | 2.70 | | | | 7.30 | 0.0220 | | | | |
| 20 | | 2.20 | | | | 7.30 | 0.0250 | | | | |
| 21 | | 2.40 | | | | 7.30 | 0.0180 | | | | |
| 22 | | 1.73 | | | | 7.20 | 0.0330 | | | | |
| 23 | | 1.80 | | | | 7.30 | 0.0260 | | | | |
| 24 | | | | | | | 0.0230 | | | | |
| 25 | | 2.10 | | | | 7.30 | 0.0200 | | | | |
| 26 | | 2.40 | | | | 7.20 | 0.0240 | | | | |
| 27 | | 3.20 | | | | 7.20 | 0.0230 | | | | |
| 28 | | 3.40 | | | | 7.20 | 0.0150 | | | | |
| 29 | | 3.20 | | | | 7.30 | 0.0290 | | | | |
| 30 | | 2.60 | | | | 7.30 | 0.0240 | | | | |
| 31 | | | | | | | | | | | |
| Total | | | | | | | 0.909 | | | | |
| Mo. Avg. | | | | | | | 0.030 | | | | |

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 22164 Name: Dustin Williams

Evening Shift Operator Class: Certificate No: Name:

Night Shift Operator Class: Certificate No: Name:

Lead Operator Class: Certificate No: Name:

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

| | |
|---|--|
| PERMITTEE NAME: LP WATERWORKS, INC. ADDRESS: 4939 Cross Bayou Boulevard New Port Richey, FL 34652 FACILITY: Lake Placid Camp Florida Resort WWTP AKA Woodlands LOCATION: 1525 US Highway 27 S Lake Placid, FL 33852 COUNTY: HIGHLANDS | PA FILE NUMBER: FLA01434009DW3P PERMIT NUMBER: FLA014340 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: R-001 DESCRIPTION: Land application system consisting of two rapid infiltration basins. |
|---|--|

MONITORING PERIOD: From: 05/01/2016 To: 05/31/2016

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|--------------------|---------------------|--|-------|--------------------------|---------------------|------------------|---------|---------|-----------------------|-------------|
| | | | | | | | | | | | |
| BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon. Site: EFA-01 | Sample Measurement | | | | | 2.0 | | | 0 | | |
| | Permit Requirement | | | | | 20.0 (Annl Avg) | | mg/L | | 1 Monthly | Grab |
| BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Mon. Site: EFA-01 | Sample Measurement | | | | <2.0 | <2.0 | <2.0 | | 0 | | |
| | Permit Requirement | | | | 60.0 (Maximum) | 45.0 (Wkly Avg) | 30.0 (Mo Avg) | mg/L | | 1 Monthly | Grab |
| Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-01 | Sample Measurement | | | | | 3.6 | | | 0 | | |
| | Permit Requirement | | | | | 20.0 (Annl Avg) | | mg/L | | 1 Monthly | Grab |
| Solids, Total Suspended PARM Code 00530 A Mon. Site: EFA-01 | Sample Measurement | | | | 3.6 | 3.6 | 3.6 | | 0 | | |
| | Permit Requirement | | | | 60.0 (Maximum) | 45.0 (Wkly Avg) | 30.0 (Mo Avg) | mg/L | | 1 Monthly | Grab |
| Coliform, Fecal PARM Code 74055 Y Mon. Site: EFA-01 | Sample Measurement | | | | | 9.0 | | | 0 | | |
| | Permit Requirement | | | | | 200.0 (Annl Avg) | | #/100mL | | 1 Monthly | Grab |

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|--------------------|---------------------|------------------|------------------|--------------------------|---------------------|---------|---------|-----------------------|---|
| | | | | | | | | | | |
| Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-01 | Sample Measurement | | | | <1.0 | <1.0 | | 0 | | |
| | Permit Requirement | | | | 200.0 (Mo Geom) | 800.0 (Maximum) | #/100mL | | 1 Monthly | Grab |
| pH PARM Code 00400 A Mon. Site: EFA-01 | Sample Measurement | | | 7.2 | | 7.7 | | 0 | | |
| | Permit Requirement | | | 6.0 (Minimum) | | 8.5 (Maximum) | s.u. | | 5 Days/Week | Grab |
| Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-01 | Sample Measurement | | | 1.5 | | | | 0 | | |
| | Permit Requirement | | | 0.5 (Minimum) | | | mg/L | | 5 Days/Week | Grab |
| Nitrogen, Nitrate, Total (as N) PARM Code 00620 A Mon. Site: EFA-01 | Sample Measurement | | | | | 9.9 | | 0 | | |
| | Permit Requirement | | | | | 12.0 (Maximum) | mg/L | | 1 Monthly | Grab |
| Flow PARM Code 50050 1 Mon. Site: FLW-01 | Sample Measurement | | 0.019 | | | | | 0 | | |
| | Permit Requirement | | 0.05 (Mo Avg) | MGD | | | | | 5 Days/Week | Elapsed Time Measurement on Pump (Pump Log) |
| Percent Capacity, (TMADF/Permitted Capacity) x 100 PARM Code 00180 P Mon. Site: CAL-01 | Sample Measurement | | | | | 60 | | 0 | | |
| | Permit Requirement | | | | | Report (Mo Avg) | percent | | 1 Monthly | Calculated |
| BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon. Site: INF-01 | Sample Measurement | | | | | 370 | | 0 | | |
| | Permit Requirement | | | | | Report (Maximum) | mg/L | | 1 Monthly | Grab |

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|---|---|---------------------|--|-------|--------------------------|---|-------|---------|-----------------------------|----------------------------|
| Solids, Total Suspended PARM Code 00530 G Mon. Site: INF-01 | Sample Measurement | | | | | 360 | | 0 | | |
| | Permit Requirement | | | | | Report (Maximum) | mg/L | | 1 Monthly | Grab |
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Elizabeth Anne Kralmer | I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. | | | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed | | | TELEPHONE (727) 848-8292 | SUBMITTED ON 06/15/2016 |

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

| | |
|---|---|
| PERMITTEE NAME: LP WATERWORKS, INC. ADDRESS: 4939 Cross Bayou Boulevard New Port Richey, FL 34652 FACILITY: Lake Placid Camp Florida Resort WWTP AKA Woodlands LOCATION: 1525 US Highway 27 S Lake Placid, FL 33852 COUNTY: HIGHLANDS | PA FILE NUMBER: FLA014340009DW3P PERMIT NUMBER: FLA014340 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-Q DESCRIPTION: Biosolids Quantity MONITORING PERIOD: From: 05/01/2016 To: 05/31/2016 |
|---|---|

| Parameter | | Quantity or Loading | Units | Quality or Concentration | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|---|--------------------------|----------|--------------------------|--|----------------|-----------------------|-------------|
| Biosolids Quantity (Transferred) | Sample Measurement | 0.0 | | | | 0 | | |
| PARM Code B0007 + Mon. Site: RMP-1 | Permit Requirement | Report (Mo Total) | dry tons | | | | 1 Monthly | Calculated |
| Biosolids Quantity (Landfilled) | Sample Measurement | 0.0 | | | | 0 | | |
| PARM Code B0008 + Mon. Site: RMP-2 | Permit Requirement | Report (Mo Total) | dry tons | | | | 1 Monthly | Calculated |
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. | | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE | SUBMITTED ON | |
| Elizabeth Anne Kraemer | | | | | Electronically Signed | (727) 848-8292 | 06/15/2016 | |

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014340-006-DW3P
 Monitoring Period: From: 05/01/2016 To: 05/31/2016

Facility: Lake Placid Camp Florida Resort WWTP
 (WOODLANDS)

| | 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-1 | INF-1 | INF-1 | | |
| 1 | | | | | | | 0.0160 | | | | |
| 2 | | 3.20 | | | | 7.7 | 0.0150 | | | | |
| 3 | | 2.10 | | | | 7.3 | 0.0150 | | | | |
| 4 | | 3.10 | | | | 7.3 | 0.0230 | | | | |
| 5 | | 3.40 | | | | 7.3 | 0.0200 | | | | |
| 6 | | 2.20 | | | | 7.4 | 0.0200 | | | | |
| 7 | | 1.50 | | | | 7.4 | 0.0180 | | | | |
| 8 | | | | | | | 0.0180 | | | | |
| 9 | | 1.50 | | | | 7.4 | 0.0200 | | | | |
| 10 | | 1.70 | | | | 7.4 | 0.0200 | | | | |
| 11 | | 1.90 | | | | 7.4 | 0.0200 | | | | |
| 12 | <2.0 | 2.40 | <1.0 | 9.9 | 3.6 | 7.4 | 0.0100 | 370 | 360 | | |
| 13 | | 2.70 | | | | 7.4 | 0.0230 | | | | |
| 14 | | 1.60 | | | | 7.4 | 0.0150 | | | | |
| 15 | | | | | | | 0.0150 | | | | |
| 16 | | 1.52 | | | | 7.4 | 0.0150 | | | | |
| 17 | | 2.50 | | | | 7.4 | 0.0190 | | | | |
| 18 | | 2.60 | | | | 7.4 | 0.0150 | | | | |
| 19 | | 2.40 | | | | 7.4 | 0.0270 | | | | |
| 20 | | 3.10 | | | | 7.4 | 0.0250 | | | | |
| 21 | | 2.30 | | | | 7.4 | 0.0250 | | | | |
| 22 | | | | | | | 0.0220 | | | | |
| 23 | | 3.40 | | | | 7.4 | 0.0190 | | | | |
| 24 | | 3.40 | | | | 7.4 | 0.0190 | | | | |
| 25 | | 2.70 | | | | 7.4 | 0.0150 | | | | |
| 26 | | 2.40 | | | | 7.4 | 0.0160 | | | | |
| 27 | | 3.10 | | | | 7.5 | 0.0180 | | | | |
| 28 | | 2.00 | | | | 7.4 | 0.0190 | | | | |
| 29 | | | | | | | 0.0230 | | | | |
| 30 | | 2.40 | | | | 7.2 | 0.0140 | | | | |
| 31 | | 2.50 | | | | 7.4 | 0.0200 | | | | |
| Total | | | | | | | 0.579 | | | | |
| Mo. Avg. | | | | | | | 0.019 | | | | |

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 22164 Name: Dustin Williams

Evening Shift Operator Class: Certificate No: Name:

Night Shift Operator Class: Certificate No: Name:

Lead Operator Class: Certificate No: Name:

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

| | |
|---|--|
| PERMITTEE NAME: LP WATERWORKS, INC. ADDRESS: 4939 Cross Bayou Boulevard New Port Richey, FL 34652 | PA FILE NUMBER: FLA01434009DW3P PERMIT NUMBER: FLA014340 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: R-001 DESCRIPTION: Land application system consisting of two rapid infiltration basins. |
| FACILITY: Lake Placid Camp Florida Resort WWTP AKA Woodlands LOCATION: 1525 US Highway 27 S Lake Placid, FL 33852 | |
| COUNTY: HIGHLANDS | |

MONITORING PERIOD: From: 06/01/2016 To: 06/30/2016

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|--------------------|---------------------|--|-------|--------------------------|---------------------|------------------|---------|---------|-----------------------|-------------|
| | | | | | | | | | | | |
| BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon. Site: EFA-01 | Sample Measurement | | | | | 2.0 | | | 0 | | |
| | Permit Requirement | | | | | 20.0 (Annl Avg) | | mg/L | | 1 Monthly | Grab |
| BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Mon. Site: EFA-01 | Sample Measurement | | | | <2.0 | <2.0 | <2.0 | | 0 | | |
| | Permit Requirement | | | | 60.0 (Maximum) | 45.0 (Wkly Avg) | 30.0 (Mo Avg) | mg/L | | 1 Monthly | Grab |
| Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-01 | Sample Measurement | | | | | 3.6 | | | 0 | | |
| | Permit Requirement | | | | | 20.0 (Annl Avg) | | mg/L | | 1 Monthly | Grab |
| Solids, Total Suspended PARM Code 00530 A Mon. Site: EFA-01 | Sample Measurement | | | | <1.0 | <1.0 | <1.0 | | 0 | | |
| | Permit Requirement | | | | 60.0 (Maximum) | 45.0 (Wkly Avg) | 30.0 (Mo Avg) | mg/L | | 1 Monthly | Grab |
| Coliform, Fecal PARM Code 74055 Y Mon. Site: EFA-01 | Sample Measurement | | | | | 9.0 | | | 0 | | |
| | Permit Requirement | | | | | 200.0 (Annl Avg) | | #/100mL | | 1 Monthly | Grab |

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|--------------------|---------------------|------------------|------------------|--------------------------|---------------------|---------|---------|-----------------------|---|
| | | | | | | | | | | |
| Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-01 | Sample Measurement | | | | <1.0 | <1.0 | | 0 | | |
| | Permit Requirement | | | | 200.0 (Mo Geom) | 800.0 (Maximum) | #/100mL | | 1 Monthly | Grab |
| pH PARM Code 00400 A Mon. Site: EFA-01 | Sample Measurement | | | 7.2 | | 7.5 | | 0 | | |
| | Permit Requirement | | | 6.0 (Minimum) | | 8.5 (Maximum) | s.u. | | 5 Days/Week | Grab |
| Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-01 | Sample Measurement | | | 1.2 | | | | 0 | | |
| | Permit Requirement | | | 0.5 (Minimum) | | | mg/L | | 5 Days/Week | Grab |
| Nitrogen, Nitrate, Total (as N) PARM Code 00620 A Mon. Site: EFA-01 | Sample Measurement | | | | | 3.4 | | 0 | | |
| | Permit Requirement | | | | | 12.0 (Maximum) | mg/L | | 1 Monthly | Grab |
| Flow PARM Code 50050 1 Mon. Site: FLW-01 | Sample Measurement | | 0.02 | | | | | 0 | | |
| | Permit Requirement | | 0.05 (Mo Avg) | MGD | | | | | 5 Days/Week | Elapsed Time Measurement on Pump (Pump Log) |
| Percent Capacity, (TMADF/Permitted Capacity) x 100 PARM Code 00180 P Mon. Site: CAL-01 | Sample Measurement | | | | | 46 | | 0 | | |
| | Permit Requirement | | | | | Report (Mo Avg) | percent | | 1 Monthly | Calculated |
| BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon. Site: INF-01 | Sample Measurement | | | | | 120 | | 0 | | |
| | Permit Requirement | | | | | Report (Maximum) | mg/L | | 1 Monthly | Grab |

| Parameter | | Quantity or Loading | Units | Quality or Concentration | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|---|---------------------|-------|--------------------------|---|--------------------------|---------------------------------|--------------------------------|
| Solids, Total Suspended PARM Code 00530 G Mon. Site: INF-01 | Sample Measurement | | | | | 34 | | |
| | Permit Requirement | | | | | Report (Maximum) mg/L | 1 Monthly | Grab |
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Elizabeth Anne Kraemer | I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. | | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed | | TELEPHONE (727) 848-8292 | SUBMITTED ON 07/14/2016 |

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

| | |
|--|---|
| PERMITTEE NAME: LP WATERWORKS, INC. ADDRESS: 4939 Cross Bayou Boulevard New Port Richey, FL 34652 FACILITY: Lake Placid Camp Florida Resort WWTP AKA Woodlands LOCATION: 1525 US Highway 27 S Lake Placid, FL 33852 COUNTY: HIGHLANDS | PA FILE NUMBER: FLA014340009DW3P PERMIT NUMBER: FLA014340 LIMIT: FINAL REPORT: Monthly DW GROUP: Domestic FACILITY TYPE: RMP-Q MONITORING GROUP: RMP-Q DESCRIPTION: Biosolids Quantity MONITORING PERIOD: From: 06/01/2016 To: 06/30/2016 |
|--|---|

| Parameter | Quantity or Loading | Units | Quality or Concentration | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|---|----------|--------------------------|---|---------------------------------|--------------------------------|-------------|
| Biosolids Quantity (Transferred) | 0.0 | | | | 0 | | |
| PARM Code B0007 + Mon. Site: RMP-1 | Report (Mo Total) | dry tons | | | | 1 Monthly | Calculated |
| Biosolids Quantity (Landfilled) | 0.0 | | | | 0 | | |
| PARM Code B0008 + Mon. Site: RMP-2 | Report (Mo Total) | dry tons | | | | 1 Monthly | Calculated |
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Elizabeth Anne Kraemer | I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed | TELEPHONE (727) 848-8292 | SUBMITTED ON 07/14/2016 | |

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA014340-006-DW3P
From: 06/01/2016 To: 06/30/2016

Facility: Lake Placid Camp Florida Resort WWTP
(WOODLANDS)

| | 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-1 | INF-1 | INF-1 | | |
| 1 | | 3.10 | | | | 7.40 | 0.013 | | | | |
| 2 | <2.0 | 1.20 | <1.0 | 3.4 | <1.0 | 7.40 | 0.013 | 120 | 34 | | |
| 3 | | 4.10 | | | | 7.40 | 0.017 | | | | |
| 4 | | 2.50 | | | | 7.40 | 0.015 | | | | |
| 5 | | | | | | | 0.015 | | | | |
| 6 | | 2.20 | | | | 7.50 | 0.015 | | | | |
| 7 | | 2.30 | | | | 7.50 | 0.016 | | | | |
| 8 | | 2.70 | | | | 7.40 | 0.016 | | | | |
| 9 | | 2.40 | | | | 7.40 | 0.015 | | | | |
| 10 | | 2.90 | | | | 7.40 | 0.048 | | | | |
| 11 | | 2.20 | | | | 7.50 | 0.024 | | | | |
| 12 | | | | | | | 0.023 | | | | |
| 13 | | 2.80 | | | | 7.40 | 0.028 | | | | |
| 14 | | 3.10 | | | | 7.40 | 0.024 | | | | |
| 15 | | 2.50 | | | | 7.50 | 0.025 | | | | |
| 16 | | 3.00 | | | | 7.40 | 0.023 | | | | |
| 17 | | 3.10 | | | | 7.50 | 0.029 | | | | |
| 18 | | 2.60 | | | | 7.40 | 0.024 | | | | |
| 19 | | | | | | | 0.025 | | | | |
| 20 | | 2.90 | | | | 7.30 | 0.025 | | | | |
| 21 | | 3.10 | | | | 7.40 | 0.016 | | | | |
| 22 | | 2.80 | | | | 7.20 | 0.022 | | | | |
| 23 | | 2.40 | | | | 7.20 | 0.019 | | | | |
| 24 | | 2.80 | | | | 7.40 | 0.020 | | | | |
| 25 | | 1.90 | | | | 7.50 | 0.015 | | | | |
| 26 | | | | | | | 0.017 | | | | |
| 27 | | 2.20 | | | | 7.40 | 0.015 | | | | |
| 28 | | 3.10 | | | | 7.40 | 0.015 | | | | |
| 29 | | 2.69 | | | | 7.40 | 0.024 | | | | |
| 30 | | 2.90 | | | | 7.20 | 0.013 | | | | |
| 31 | | | | | | | | | | | |
| Total | | | | | | | 0.609 | | | | |
| Mo. Avg. | | | | | | | 0.020 | | | | |

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 22164 Name: Dustin Williams

Evening Shift Operator Class: Certificate No: Name:

Night Shift Operator Class: Certificate No: Name:

Lead Operator Class: Certificate No: Name:

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

| | |
|---|---|
| PERMITTEE NAME: LP WATERWORKS, INC. ADDRESS: 4939 Cross Bayou Boulevard New Port Richey, FL 34652 FACILITY: Lake Placid Camp Florida Resort WWTP AKA Woodlands LOCATION: 1525 US Highway 27 S Lake Placid, FL 33852 COUNTY: HIGHLANDS | PERMIT NUMBER: FLA014340 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: R-001 DESCRIPTION: Land application system consisting of two rapid infiltration basins. |
|---|---|

MONITORING PERIOD: From: 07/01/2016 To: 07/31/2016

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|--------------------|---------------------|--|-------|--------------------------|--------------------|------------------|---------|---------|-----------------------|-------------|
| | | | | | | | | | | | |
| BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon. Site: EFA-01 | Sample Measurement | | | | 1.9 | | | | 0 | | |
| | Permit Requirement | | | | 20.0 (Annl Avg) | | | mg/L | | 1 Monthly | Grab |
| BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Mon. Site: EFA-01 | Sample Measurement | | | | <2.0 | <2.0 | <2.0 | | 0 | | |
| | Permit Requirement | | | | 60.0 (Maximum) | 45.0 (Wkly Avg) | 30.0 (Mo Avg) | mg/L | | 1 Monthly | Grab |
| Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-01 | Sample Measurement | | | | 3.2 | | | | 0 | | |
| | Permit Requirement | | | | 20.0 (Annl Avg) | | | mg/L | | 1 Monthly | Grab |
| Solids, Total Suspended PARM Code 00530 A Mon. Site: EFA-01 | Sample Measurement | | | | 1.4 | 1.4 | 1.4 | | 0 | | |
| | Permit Requirement | | | | 60.0 (Maximum) | 45.0 (Wkly Avg) | 30.0 (Mo Avg) | mg/L | | 1 Monthly | Grab |
| Coliform, Fecal PARM Code 74055 Y Mon. Site: EFA-01 | Sample Measurement | | | | 9.0 | | | | 0 | | |
| | Permit Requirement | | | | 200.0 (Annl Avg) | | | #/100mL | | 1 Monthly | Grab |

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|--------------------|---------------------|------------------|-------|--------------------------|---------------------|---------|---------|-----------------------|---|
| | | | | | | | | | | |
| Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-01 | Sample Measurement | | | | <1.0 | <1.0 | | 0 | | |
| | Permit Requirement | | | | 200.0 (Mo Geomn) | 800.0 (Maximum) | #/100mL | | 1 Monthly | Grab |
| pH PARM Code 00400 A Mon. Site: EFA-01 | Sample Measurement | | | | 7.2 | 7.5 | | 0 | | |
| | Permit Requirement | | | | 6.0 (Minimum) | 8.5 (Maximum) | s.u. | | 5 Days/Week | Grab |
| Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-01 | Sample Measurement | | | | 2.0 | | | 0 | | |
| | Permit Requirement | | | | 0.5 (Minimum) | | mg/L | | 5 Days/Week | Grab |
| Nitrogen, Nitrate, Total (as N) PARM Code 00620 A Mon. Site: EFA-01 | Sample Measurement | | | | | 6.7 | | 0 | | |
| | Permit Requirement | | | | | 12.0 (Maximum) | mg/L | | 1 Monthly | Grab |
| Flow PARM Code 50050 1 Mon. Site: FLW-01 | Sample Measurement | | 0.017 | | | | | 0 | | |
| | Permit Requirement | | 0.05 (Mo Avg) | MGD | | | | | 5 Days/Week | Elapsed Time Measurement on Pump (Pump Log) |
| Percent Capacity, (TMADF/Permitted Capacity) x 100 PARM Code 00180 P Mon. Site: CAL-01 | Sample Measurement | | | | | 37 | | 0 | | |
| | Permit Requirement | | | | | Report (Mo Avg) | percent | | 1 Monthly | Calculated |
| BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon. Site: INF-01 | Sample Measurement | | | | | 62 | | 0 | | |
| | Permit Requirement | | | | | Report (Maximum) | mg/L | | 1 Monthly | Grab |

| Parameter | | Quantity or Loading | Units | Quality or Concentration | Units | No. Ex. | Frequency of Analysis | Sample Type |
|---|---|---------------------|-------|--------------------------|---|---------|-----------------------------|----------------------------|
| Solids, Total Suspended PARM Code 00530 G Mon. Site: INF-01 | Sample Measurement | | | | 15 | 0 | | |
| | Permit Requirement | | | | Report (Maximum) | mg/L | 1 Monthly | Grab |
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Elizabeth Anne Kraemer | I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. | | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed | | TELEPHONE (727) 848-8292 | SUBMITTED ON 08/12/2016 |

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

| | |
|---|--|
| PERMITTEE NAME: LP WATERWORKS, INC. ADDRESS: 4939 Cross Bayou Boulevard New Port Richey, FL 34652 | PERMIT NUMBER: FLA014340 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-Q |
| FACILITY: Lake Placid Camp Florida Resort WWTP AKA Woodlands LOCATION: 1525 US Highway 27 S Lake Placid, FL 33852 | DESCRIPTION: Biosolids Quantity |
| COUNTY: HIGHLANDS | MONITORING PERIOD: From: 07/01/2016 To: 07/31/2016 |

| Parameter | | Quantity or Loading | Units | Quality or Concentration | Units | No. Ex. | Frequency of Analysis | Sample Type |
|---------------------------------------|---------------------------|--------------------------|----------|--------------------------|-------|---------|-----------------------|-------------|
| Biosolids Quantity (Transferred) | Sample Measurement | 0.0 | | | | 0 | | |
| PARM Code B0007 + Mon. Site: RMP-1 | Permit Requirement | Report (Mo Total) | dry tons | | | | 1 Monthly | Calculated |
| Biosolids Quantity (Landfilled) | Sample Measurement | 0.0 | | | | 0 | | |
| PARM Code B0008 + Mon. Site: RMP-2 | Permit Requirement | Report (Mo Total) | dry tons | | | | 1 Monthly | Calculated |

| | | | | |
|---|---|---|---------------------------------|--------------------------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Elizabeth Anne Krahnmer | I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed | TELEPHONE (727) 848-8292 | SUBMITTED ON 08/12/2016 |
|---|---|---|---------------------------------|--------------------------------|

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014340-006-DW3P
 Monitoring Period From: 07/01/2016 To: 07/31/2016

Facility: Lake Placid Camp Florida Resort WWTP
 (WOODLANDS)

| | 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-1 | INF-1 | INF-1 | | |
| 1 | | 2.30 | | | | 7.20 | 0.025 | | | | |
| 2 | | 2.10 | | | | 7.40 | 0.020 | | | | |
| 3 | | | | | | | 0.019 | | | | |
| 4 | | 2.40 | | | | 7.40 | 0.020 | | | | |
| 5 | | 3.20 | | | | 7.40 | 0.015 | | | | |
| 6 | | 4.50 | | | | 7.40 | 0.023 | | | | |
| 7 | <2.0 | 2.70 | <1.0 | 6.7 | 1.4 | 7.40 | 0.018 | 62 | 15 | | |
| 8 | | 2.20 | | | | 7.40 | 0.023 | | | | |
| 9 | | 2.00 | | | | 7.40 | 0.016 | | | | |
| 10 | | | | | | | 0.018 | | | | |
| 11 | | 3.50 | | | | 7.40 | 0.019 | | | | |
| 12 | | 3.10 | | | | 7.30 | 0.018 | | | | |
| 13 | | 3.40 | | | | 7.20 | 0.018 | | | | |
| 14 | | 3.10 | | | | 7.20 | 0.018 | | | | |
| 15 | | 3.80 | | | | 7.20 | 0.020 | | | | |
| 16 | | 2.20 | | | | 7.40 | 0.016 | | | | |
| 17 | | 2.30 | | | | 7.40 | 0.016 | | | | |
| 18 | | 2.40 | | | | 7.40 | 0.015 | | | | |
| 19 | | 2.60 | | | | 7.40 | 0.015 | | | | |
| 20 | | 3.40 | | | | 7.40 | 0.018 | | | | |
| 21 | | 3.20 | | | | 7.40 | 0.020 | | | | |
| 22 | | 3.80 | | | | 7.40 | 0.011 | | | | |
| 23 | | | | | | | 0.011 | | | | |
| 24 | | | | | | | 0.014 | | | | |
| 25 | | 2.10 | | | | 7.50 | 0.014 | | | | |
| 26 | | 2.80 | | | | 7.40 | 0.015 | | | | |
| 27 | | 2.90 | | | | 7.40 | 0.010 | | | | |
| 28 | | 3.20 | | | | 7.20 | 0.013 | | | | |
| 29 | | 2.80 | | | | 7.40 | 0.013 | | | | |
| 30 | | 3.20 | | | | 7.20 | 0.015 | | | | |
| 31 | | | | | | | 0.013 | | | | |
| Total | | | | | | | 0.519 | | | | |
| Mo. Avg. | | | | | | | 0.017 | | | | |

PLANT STAFFING:
 Day Shift Operator Class: C Certificate No: 22164 Name: Dustin Williams
 Evening Shift Operator Class: Certificate No: Name:
 Night Shift Operator Class: Certificate No: Name:
 Lead Operator Class: Certificate No: Name:

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

| | |
|--|---|
| PERMITTEE NAME: LP WATERWORKS, INC. ADDRESS: 4939 Cross Bayou Boulevard New Port Richey, FL 34652 FACILITY: Lake Placid Camp Florida Resort WWTP AKA Woodlands LOCATION: 1525 US Highway 27 S Lake Placid, FL 33852 COUNTY: HIGHLANDS | PERMIT NUMBER: FLA014340 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: R-001 DESCRIPTION: Land application system consisting of two rapid infiltration basins. MONITORING PERIOD: From: 08/01/2016 To: 08/31/2016 |
|--|---|

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|--------------------|---------------------|--|-------|--------------------------|---------------------|------------------|---------|---------|-----------------------|-------------|
| | | | | | | | | | | | |
| BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon. Site: EFA-01 | Sample Measurement | | | | | 1.9 | | | 0 | | |
| | Permit Requirement | | | | | 20.0 (Annl Avg) | | mg/L | | 1 Monthly | Grab |
| BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Mon. Site: EFA-01 | Sample Measurement | | | | <2.0 | <2.0 | <2.0 | | 0 | | |
| | Permit Requirement | | | | 60.0 (Maximum) | 45.0 (Wkly Avg) | 30.0 (Mo Avg) | mg/L | | 1 Monthly | Grab |
| Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-01 | Sample Measurement | | | | | 3.2 | | | 0 | | |
| | Permit Requirement | | | | | 20.0 (Annl Avg) | | mg/L | | 1 Monthly | Grab |
| Solids, Total Suspended PARM Code 00530 A Mon. Site: EFA-01 | Sample Measurement | | | | <1.0 | <1.0 | <1.0 | | 0 | | |
| | Permit Requirement | | | | 60.0 (Maximum) | 45.0 (Wkly Avg) | 30.0 (Mo Avg) | mg/L | | 1 Monthly | Grab |
| Coliform, Fecal PARM Code 74055 Y Mon. Site: EFA-01 | Sample Measurement | | | | | 9.0 | | | 0 | | |
| | Permit Requirement | | | | | 200.0 (Annl Avg) | | #/100mL | | 1 Monthly | Grab |

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|--------------------|---------------------|-----|------------------|--------------------------|---------------------|---------|---------|-----------------------|---|
| | | | | | | | | | | |
| Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-01 | Sample Measurement | | | | <1.0 | <1.0 | | 0 | | |
| | Permit Requirement | | | | 200.0 (Mo Geoma) | 800.0 (Maximum) | #/100mL | | 1 Monthly | Grab |
| pH PARM Code 00400 A Mon. Site: EFA-01 | Sample Measurement | | | 7.2 | | 7.5 | | 0 | | |
| | Permit Requirement | | | 6.0 (Minimum) | | 8.5 (Maximum) | s.u. | | 5 Days/Week | Grab |
| Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-01 | Sample Measurement | | | 1.21 | | | | 0 | | |
| | Permit Requirement | | | 0.5 (Minimum) | | | mg/L | | 5 Days/Week | Grab |
| Nitrogen, Nitrate, Total (as N) PARM Code 00620 A Mon. Site: EFA-01 | Sample Measurement | | | | | 5.7 | | 0 | | |
| | Permit Requirement | | | | | 12.0 (Maximum) | mg/L | | 1 Monthly | Grab |
| Flow PARM Code 50050 1 Mon. Site: FLW-01 | Sample Measurement | 0.01 | | | | | | 0 | | |
| | Permit Requirement | 0.05 (Mo Avg) | MGD | | | | | | 5 Days/Week | Elapsed Time Measurement on Pump (Pump Leg) |
| Percent Capacity, (TMADF/Permitted Capacity) x 100 PARM Code 00180 P Mon. Site: CAL-01 | Sample Measurement | | | | | 31 | | 0 | | |
| | Permit Requirement | | | | | Report (Mo Avg) | percent | | 1 Monthly | Calculated |
| BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon. Site: INF-01 | Sample Measurement | | | | | 74 | | 0 | | |
| | Permit Requirement | | | | | Report (Maximum) | mg/L | | 1 Monthly | Grab |

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|---|---|---------------------|--|-------|--------------------------|---|-------|-----------------------------|----------------------------|-------------|
| Solids, Total Suspended PARM Code 00530 G Mon. Site: INF-01 | Sample Measurement | | | | | 120 | | 0 | | |
| | Permit Requirement | | | | | Report (Maximum) | mg/L | | 1 Monthly | Grab |
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Elizabeth Anne Krahnert | I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. | | | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed | | TELEPHONE (727) 848-8292 | SUBMITTED ON 09/16/2016 | |

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

| | |
|---|---|
| PERMITTEE NAME: LP WATERWORKS, INC. ADDRESS: 4939 Cross Bayou Boulevard New Port Richey, FL 34652 FACILITY: Lake Placid Camp Florida Resort WWTP AKA Woodlands LOCATION: 1525 US Highway 27 S Lake Placid, FL 33852 COUNTY: HIGHLANDS | PERMIT NUMBER: FLA014340 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-Q DESCRIPTION: Biosolids Quantity MONITORING PERIOD: From: 08/01/2016 To: 08/31/2016 |
|---|---|

| Parameter | | Quantity or Loading | Units | Quality or Concentration | Units | No. Ex. | Frequency of Analysis | Sample Type |
|---|---|---|---------------------------------|--------------------------------|-------|---------|-----------------------|-------------|
| Biosolids Quantity (Transferred) PARM Code B0007 + Mon. Site: RMP-1 | Sample Measurement | 0.0 | | | | 0 | | |
| | Permit Requirement | Report (Mo Total) | dry tons | | | | 1 Monthly | Calculated |
| Biosolids Quantity (Landfilled) PARM Code B0008 + Mon. Site: RMP-2 | Sample Measurement | 0.0 | | | | 0 | | |
| | Permit Requirement | Report (Mo Total) | dry tons | | | | 1 Monthly | Calculated |
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Elizabeth Anne Kralner | I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed | TELEPHONE (727) 848-8292 | SUBMITTED ON 09/16/2016 | | | | |

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014340-006-DW3P
 Monitoring Period: From: 08/01/2016 To: 08/31/2016

Facility: Lake Placid Camp Florida Resort WWTP
 (WOODLANDS)

| | 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-1 | INF-1 | INF-1 | | |
| 1 | | 3.90 | | | | 7.40 | 0.009 | | | | |
| 2 | | 2.90 | | | | 7.20 | 0.014 | | | | |
| 3 | | 3.10 | | | | 7.30 | 0.009 | | | | |
| 4 | | 3.80 | | | | 7.30 | 0.011 | | | | |
| 5 | | 2.90 | | | | 7.40 | 0.011 | | | | |
| 6 | | 3.20 | | | | 7.40 | 0.011 | | | | |
| 7 | | | | | | | 0.014 | | | | |
| 8 | | 3.40 | | | | 7.50 | 0.018 | | | | |
| 9 | | 2.12 | | | | 7.40 | 0.008 | | | | |
| 10 | | 2.01 | | | | 7.40 | 0.010 | | | | |
| 11 | <2.0 | 1.30 | <1.0 Q | 5.7 | <1.0 | 7.40 | 0.011 | 74 | 120 | | |
| 12 | | 1.90 | | | | 7.40 | 0.015 | | | | |
| 13 | | 2.20 | | | | 7.40 | 0.008 | | | | |
| 14 | | | | | | | 0.009 | | | | |
| 15 | | 2.40 | | | | 7.40 | 0.011 | | | | |
| 16 | | 2.70 | | | | 7.40 | 0.009 | | | | |
| 17 | | 2.80 | <1.0 | | | 7.40 | 0.008 | | | | |
| 18 | | 2.30 | | | | 7.40 | 0.008 | | | | |
| 19 | | 2.20 | | | | 7.40 | 0.008 | | | | |
| 20 | | 1.82 | | | | 7.40 | 0.014 | | | | |
| 21 | | | | | | | 0.013 | | | | |
| 22 | | 1.50 | | | | 7.40 | 0.008 | | | | |
| 23 | | 1.21 | | | | 7.40 | 0.009 | | | | |
| 24 | | 1.39 | | | | 7.40 | 0.010 | | | | |
| 25 | | 1.77 | | | | 7.40 | 0.011 | | | | |
| 26 | | 1.92 | | | | 7.40 | 0.009 | | | | |
| 27 | | 2.20 | | | | 7.40 | 0.005 | | | | |
| 28 | | | | | | | 0.005 | | | | |
| 29 | | 2.40 | | | | 7.40 | 0.010 | | | | |
| 30 | | 2.20 | | | | 7.40 | 0.008 | | | | |
| 31 | | 2.50 | | | | 7.40 | 0.013 | | | | |
| Total | | | | | | | 0.317 | | | | |
| Mo. Avg. | | | | | | | 0.010 | | | | |

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 22164 Name: Dustin Williams

Evening Shift Operator Class: Certificate No: Name:

Night Shift Operator Class: Certificate No: Name:

Lead Operator Class: Certificate No: Name:



An Equal
Opportunity
Employer

Southwest Florida Water Management District

2379 Broad Street, Brooksville, Florida 34604-6899

(352) 796-7211 or 1-800-423-1476 (FL only)

TDD only: 1-800-231-6103 (FL only)

On the Internet at WaterMatters.org

Bartow Service Office
170 Century Boulevard
Bartow, Florida 33830-7700
(863) 534-1448 or
1-800-492-7862 (FL only)

Sarasota Service Office
6750 Fruitville Road
Sarasota, Florida 34240-9711
(941) 377-3722 or
1-800-320-3503 (FL only)

Tampa Service Office
7601 Highway 301 North
Tampa, Florida 33637-6759
(813) 985-7481 or
1-800-836-0797 (FL only)

May 14, 2012

LP Waterworks, Inc
Attn: Gary Deremer
5320 Captains Court
New Port Richey, FL 34652

Subject: Transfer of Water Use Permit No. 20009490.006

Dear Mr. Deremer:

Your Water Use Permit Transfer has been approved. As the new Permittee, please note that this Transfer only allows continuance of the existing permitted activities, and a modification application must be submitted and approved prior to any desired changes in water use or withdrawals. Please be advised that you as the Permittee are responsible for compliance with all terms of the permit including the attached permit conditions and the Standard Conditions listed in Exhibit A. All existing permit conditions remain in effect, and you are responsible for reviewing the permit for any reporting requirements such as pumpage reporting, etc., and continued compliance with such requirements. Conditions of your permit require water conservation to be practiced at all times, among other items. In the event a water shortage is declared the District may modify your permit. Additionally, if the District adopts new rules, this permit may become subject to them.

If you have any questions or concerns regarding your permit or any other information, please contact Lynn Biddlecomb, at extension 2024, in the Tampa Service Office, Water Use Permit Bureau.

Sincerely,

Lynn Biddlecomb

Lynn Biddlecomb
Hydrologist
Tampa Service Office

Enclosures: Copy of Transferred Permit



An Equal
Opportunity
Employer

Southwest Florida Water Management District

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)

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

Tampa Service Office
7601 Highway 301 North
Tampa, Florida 33637-6759
(813) 985-7481 or
1-800-836-0797 (FL only)

December 21, 2011

LP UTILITIES CORPORATION
Po Box 478
Lake Placid, FL 33852

Transferred On: May 14, 2013
To: LP Waterworks, Inc
Attn: Gary Deremer
5320 Captains Court
New Port Richey, FL 34652
Expiration Date: December 6, 2029
New Permit No: 20009490.006

Subject: **Final Agency Action Transmittal Letter**
General Water Use Permit
Permit No.: 20 009490.005
Project Name: LP UTILITIES INC
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

**SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT
WATER USE PERMIT
GENERAL
PERMIT NO. 20 009490.005**

Transferred On: May 14, 2013
To: LP Waterworks, Inc
Attn: Gary Deremer
5320 Captains Court
New Port Richey, FL 34652
Expiration Date: December 6, 2029
New Permit No: 20009490.006

PERMIT ISSUE DATE: December 21, 2011

EXPIRATION DATE: December 06, 2029

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: LP UTILITIES CORPORATION
Po Box 478
Lake Placid, FL 33852

PROJECT NAME: LP UTILITIES INC
WATER USE CAUTION AREA: SOUTHERN WATER USE CAUTION AREA
COUNTY: Highlands

| TOTAL QUANTITIES AUTHORIZED UNDER THIS PERMIT (in gallons per day) | |
|---|-------------|
| ANNUAL AVERAGE | 150,100 gpd |
| PEAK MONTH ¹ | 182,600 gpd |

1. Peak Month: Average daily use during the highest water use month.

ABSTRACT:

This is a District-initiated modification of a public supply water use permit. This modification is to update the special condition for maintaining a water conserving rate structure. The permitted quantities remain unchanged. The Standard Average Annual quantity continues to be 150,100 gallons per day (gpd), and the Peak Month quantity continues to be 182,600 gpd. Quantities are based on historic pumpage data, information submitted by the applicant, the District's population model, and a gross per capita water use of 107 gallons per capita daily. The existing and proposed water use is for single family residential, residential mobile home, industrial/commercial, treatment losses, unaccounted uses, utility use, and fire-fighting testing.

Changes from prior permit: This modification replaces special condition code 205 with updated code 659.

WATER USE TABLE (in gpd)

| <u>USE</u> | <u>ANNUAL AVERAGE</u> | <u>PEAK MONTH</u> |
|----------------------|---------------------------|-----------------------|
| Public Supply | 150,100 | 182,600 |
| Recreation/Aesthetic | 0 | N/A |

USE TYPE

- Commercial/Industrial
- Fire Fighting/Testing
- Residential Single Family
- Treatment Losses (Backflushing)
- Unaccounted Use
- Water Utility Use (Cleaning, Maintenance)

PUBLIC SUPPLY:

Population Served: 1,400
 Per Capita Rate: 107 gpd/person

WITHDRAWAL POINT QUANTITY TABLE

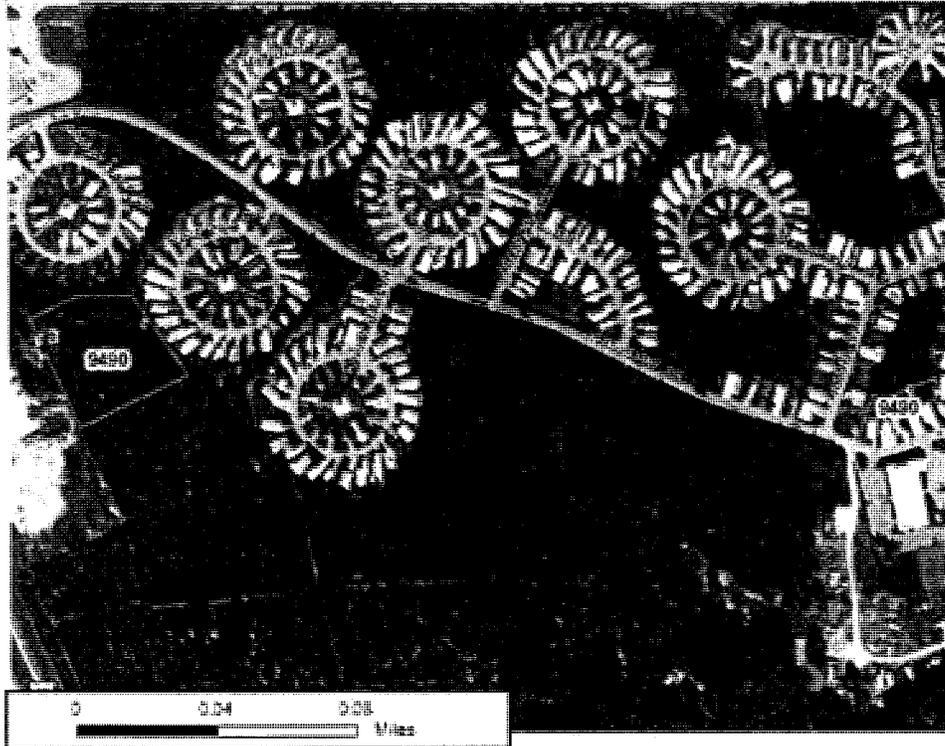
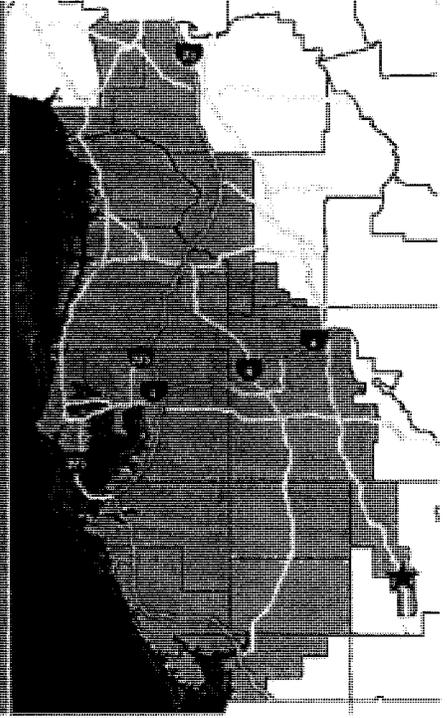
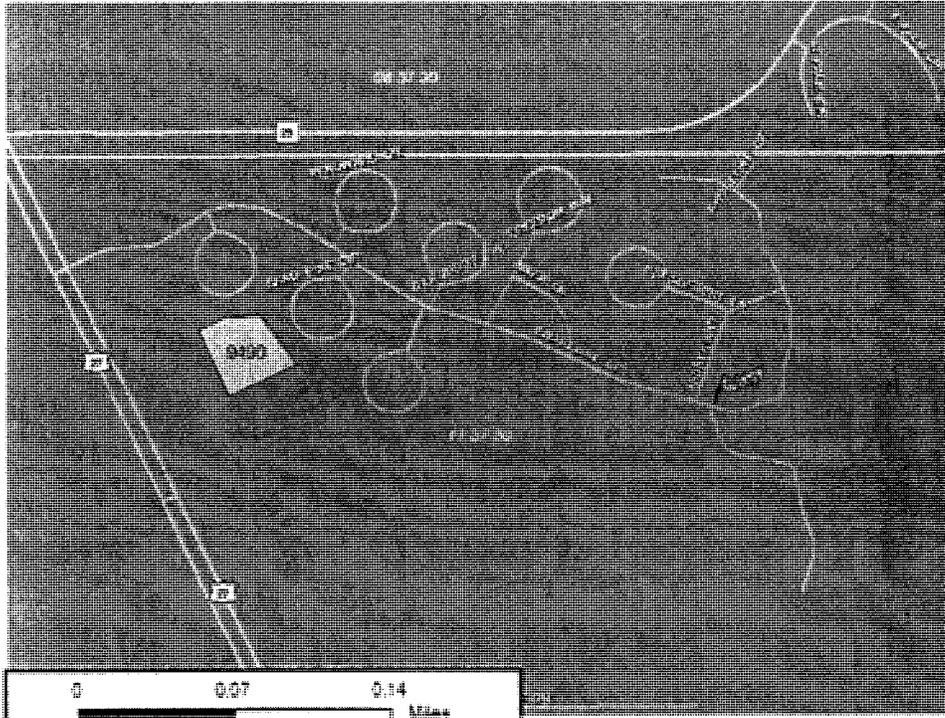
Water use from these withdrawal points are restricted to the quantities given below:

| <u>I.D. NO.</u> <u>PERMITTEE/ DISTRICT</u> | <u>DIAM</u> <u>(IN.)</u> | <u>DEPTH</u> <u>TTL./CSD.FT.</u> <u>(feet bls)</u> | <u>USE DESCRIPTION</u> | <u>AVERAGE</u> <u>(gpd)</u> | <u>PEAK</u> <u>MONTH</u> <u>(gpd)</u> |
|---|-----------------------------|--|------------------------|--------------------------------|---|
| 2 / 1 | 10 | 1,780 / 726 | Public Supply | 150,100 | 182,600 |
| 1 / 2 | 6 | 646 / 358 | Public Supply | 150,100 | 182,600 |

WITHDRAWAL POINT LOCATION TABLE

| <u>DISTRICT I.D. NO.</u> | <u>LATITUDE/LONGITUDE</u> |
|--------------------------|-------------------------------|
| 1 | 27° 15' 50.21"/81° 20' 17.42" |
| 2 | 27° 15' 51.84"/81° 20' 42.38" |

Location Map
LP UTILITIES CORPORATION
WUP No. 20 009490.005



Legend

- DIDs
- WUP Boundary
- 2010 Natural Color Imagery

HIGHLANDS COUNTY

N
W E
S

Southwest Florida
Water Management District

STANDARD CONDITIONS:

The Permittee shall comply with the Standard Conditions attached hereto, incorporated herein by reference as Exhibit A and made a part hereof.

SPECIAL CONDITIONS:

1. The Permittee shall evaluate the feasibility of improving the efficiency of the current irrigation system or converting to a more efficient system. This condition includes implementation of the improvement(s) or conversion when determined to be operationally and economically feasible.(296)
2. The Permittee shall implement a leak detection and repair program as an element of an ongoing system maintenance program. This program shall include a system-wide inspection at least once per year.(309)
3. The Permittee shall incorporate best water management practices, specifically including but not limited to irrigation practices, as recommended for the permitted activities in reports and publications by the IFAS.(312)
4. The Permittee shall limit daytime irrigation to the greatest extent practicable to reduce losses from evaporation. Daytime irrigation for purposes of system maintenance, control of heat stress, crop protection, plant establishment, or for other reasons which require daytime irrigation are permissible; but should be limited to the minimum amount necessary as indicated by best management practices. (331)
5. 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)

6. The average day, peak monthly, and maximum daily, if applicable, quantities for District ID No(s)1 and 2, Permittee ID No(s).1 and 2 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 150,100 gallons per day on an average basis, up to 182,600 gallons per day 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)
7. 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)

8. 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)
9. 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).
10. The Permittee shall comply with allocated irrigation quantities, which are determined by multiplying the total irrigated acres by the total allocated inches per acre per season per actual crop grown. If the allocated quantities are exceeded, upon request by the District, the Permittee shall submit a report that includes reasons why the allocated quantities were exceeded, measures taken to attempt to meet the allocated quantities, and a plan to bring the permit into compliance. The District will evaluate information submitted by Permittees who exceed their allocated quantities to determine whether the lack of achievement is justifiable and a variance is warranted. The report is subject to approval by the District; however, justification for exceeding the allowed withdrawal quantity does not constitute a waiver of the District's authority to enforce the terms and conditions of the permit.(651)
11. 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)

12. 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)
13. 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.023.00 (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)

14. 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). 1 and 2 , Permittee ID No(s). 2 and 1. 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)
15. 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)
16. The compliance per capita daily water use rate shall be no greater than 109 gallons per day (gpd). The Permittee shall calculate the compliance per capita rate as described in the Annual Report Condition on this permit and shall submit the calculations with the Annual Report by April 1 of each year.
If the compliance per capita rate is greater than 109 gpd, the Permittee shall submit a report that documents why this rate was exceeded, measures previously or currently taken to reduce their compliance per capita rate, and a plan that describes additional measures and implementation dates for those measures to bring their compliance per capita rate to or below 109 gpd. This report shall be submitted with the Annual Report by April 1 for each year the compliance per capita rate exceeds 109 gpd. This report is subject to District approval. Justification for exceeding the adjusted gross per capita rate does not constitute a waiver of the District's authority to enforce the terms and conditions of the permit. (767)
17. The Permittee shall submit the analyses and summaries listed below on the dates required or upon request as described:
Population Growth: By December 4, 2019, the permittee shall submit analyses and summaries of the long-term trends over the portion of the permit term that has elapsed through the remaining term of the permit that addresses population growth based on the District's BEBR medium based GIS model or equivalent methodology approved by the District, non-population based factors such as large industrial or other uses, other water demand, and per capita use.
If the demands through December 4, 2019 are less than 90% of the projected demands reflected in the permit for that period or for the remainder of the term of the permit, the permittee shall demonstrate a legal, technical or other type of hardship as to why the permitted demand should not be reduced to an allocation based on actual demands experienced through the reporting period and demands projected through the remaining term of the permit. Within 90 days of a District notification to the permittee that the demonstration was not made, the permittee shall submit a request to modify the permit allocation consistent with actual and projected demands.
Adverse Impacts Indicated: At any time during the permit term, if data indicate adverse impacts to environmental or other water resource, offsite land use or a legal existing use, non-compliance with a minimum flow or level or associated recovery or prevention strategy, or interference with a reservation, or where data indicate the impacts predicted at the time of permit issuance were underestimated to the degree that the previous analysis is inadequate, the District shall notify the Permittee that an updated ground-water modeling analysis and data analysis is required. The updated groundwater modeling analysis and data analysis shall address compliance with all conditions of issuance pursuant to Rule 40D-2.301, F.A.C. The Permittee shall submit the updated impact analysis and data analysis within 60 days of notification.
Time-Specified Conditions Met: If the 10-year criteria that qualified the permittee for a 20-year permit are not achieved, the permit duration shall revert to the applicable duration provided in section 40D-2.321, unless this reversion would put the permit in an expired status or with less than a year of remaining duration. In such cases, the permit will expire one year following the final determination of

non-achievement and will be limited to a permitted quantity that equals an additional two years future demand beyond current demand, as determined pursuant to section 3.0 of Part B, Basis of Review, of the Water Use Permit Information Manual from the point of final determination of non-achievement.
(765)

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.
19. This permit is located within the Dover/Plant City WUCA or potentially impacts the Minimum Aquifer Level or Minimum Aquifer Level Protection Zone for the Dover/Plant City WUCA. Pursuant to Section 373.0421, F.S., the Dover/Plant City WUCA is subject to a minimum levels recovery strategy that became effective on June 16, 2011. As set forth in rule 40D-80.075, F.A.C., the recovery strategy, including water use permitting rules, is subject to change based on, among other criteria, the Governing Boards periodic assessment of water resource criteria and cumulative water withdrawal impacts as described in Chapter 40D-80, F.A.C. This permit is subject to modification to comply with new rules.

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.
4. 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.

LP UTILITIES CORPORATION
Po Box 478
Lake Placid, FL 33852



CERTIFICATION OF CONSTRUCTION COMPLETION AND REQUEST FOR CLEARANCE TO PLACE PERMITTED PWS COMPONENTS INTO OPERATION

See page 5 for instructions.

I. General Project Information

A. Name of Project: The Woodlands of Lake Placid Corrosion Control for Lead

B. Department of Environmental Protection (DEP) Construction Permit
Permit Number: 344373-001-WCGP/01 Date Permit Was Issued: 6-19-16

C. Portion of Project for Which Construction Is Substantially Complete and for Which Clearance Is Requested
 Entire Project
 Following Portion of Project: _____

D. Permittee
PWS/Company Name: The Woodlands of Lake Placid PWS Identification Number: * 6280304
PWS Type: * Community Non-Transient Non-Community Transient Non-Community Consecutive
Contact Person: Gary Deremer Contact Person's Title: OPERATOR / OWNER
Contact Person's Mailing Address: 4939 Cross Bayou Blvd.
City: New Port Richey State: FL Zip Code: 34652
Contact Person's Telephone Number: 886-753-8292 Contact Person's Fax Number: _____
Contact Person's E-Mail Address: rderossett@uswatercorp.net; Gary Deremer (GDeremer@uswatercorp.com)

* This information is required only if the permittee is a public water system (PWS).

E. Public Water System (PWS) Supplying Water to Project
PWS Name: The Woodlands of Lake Placid PWS Identification Number: 6280304
PWS Type: Community Non-Transient Non-Community Transient Non-Community Consecutive
PWS Owner: LP Waterworks, Inc.
Contact Person: Gary Deremer Contact Person's Title: OPERATOR / OWNER
Contact Person's Mailing Address: 4939 Cross Bayou Blvd.
City: New Port Richey State: FL Zip Code: 34652
Contact Person's Telephone Number: 886-753-8292 Contact Person's Fax Number: _____
Contact Person's E-Mail Address: rderossett@uswatercorp.net; Gary Deremer (GDeremer@uswatercorp.com)

F. Public Water System (PWS) that Will Own Project After It Is Placed into Permanent Operation
PWS Name: The Woodlands of Lake Placid PWS Identification Number: * 6280304
PWS Type: * Community Non-Transient Non-Community Transient Non-Community Consecutive
PWS Owner: LP Waterworks, Inc.
Contact Person: Gary Deremer Contact Person's Title: OPERATOR / OWNER
Contact Person's Mailing Address: 4939 Cross Bayou Blvd.
City: New Port Richey State: FL Zip Code: 34652
Contact Person's Telephone Number: 886-753-8292 Contact Person's Fax Number: _____
Contact Person's E-Mail Address: rderossett@uswatercorp.net; Gary Deremer (GDeremer@uswatercorp.com)

* This information is required only if the owner/operator is an existing PWS.

G. Professional Engineer in Responsible Charge of Inspecting Construction of Project*
Company Name: Florida Rural Water Association
Engineer: Sterling L. Carroll, P.E. Engineer's Florida License Number: 46151
Engineer's Title: FRWA State Engineer
Engineer's Mailing Address: 2970 Wellington Cir
City: Tallahassee State: FL Zip Code: 32309
Engineer's Telephone Number: 850-668-2746 Engineer's Fax Number: 850-893-4581
Engineer's E-Mail Address: sterling.carroll@frwa.net; Jeffrdey.Lawson@frwa.net

* This information is required if construction of this project is inspected under the responsible charge of a professional engineer licensed in Florida. Whenever a project is designed under the responsible charge of a professional engineer licensed in Florida and is permitted by the Department, construction of the project shall be inspected under the responsible charge of a professional engineer licensed in Florida.

CERTIFICATION OF CONSTRUCTION COMPLETION AND REQUEST FOR CLEARANCE TO PLACE PERMITTED PWS COMPONENTS INTO OPERATION

DEP Construction Permit Number: 344373-001-WCGP/01

Substantially Complete Portion of Project if Other than Entire Project:

ALL

II. Deviations from Department of Environmental Protection (DEP) Construction Permit for Project*

Description and explanation of all deviations from the DEP construction permit, including the approved preliminary design report or drawings and specifications, for the substantially complete portion of this project:

None

I completed Part II of this form, and the information provided in Part II is true and accurate to the best of my knowledge and belief.

| | | |
|---|---------------------------|---|
| Signature, Seal, and Date of Professional Engineer or Signature and Date of Authorized Representative of Permittee* | Sterling L. Carroll, P.E. | 46151 |
| | Printed or Typed Name | License Number of Professional Engineer or Title of Authorized Representative of Permittee* |

** Whenever a project is designed under the responsible charge of a professional engineer licensed in Florida and is permitted by the Department, construction of the project shall be inspected under the responsible charge of a professional engineer licensed in Florida. If construction of this project is inspected under the responsible charge of a professional engineer licensed in Florida, Part II of this form shall be completed, signed, sealed, and dated by the professional engineer in responsible charge. If this project is not inspected under the responsible charge of a professional engineer licensed in Florida, Part II shall be completed, signed, and dated by an authorized representative of the permittee.*

III. Certifications

A. Certification by Permittee

I am duly authorized to sign this form on behalf of the permittee identified in Part I.D of this form. I certify the following:

- to the best of my knowledge and belief, the substantially complete portion of this project is sufficiently complete to be utilized for the purposes for which it is intended;
- to the best of my knowledge and belief, the substantially complete portion of this project has been completed in accordance with the Department of Environmental Protection construction permit, including the approved preliminary design report or drawings and specifications, for this project; or to the best of my knowledge and belief, the deviations described and explained in Part II of this form will not prevent the substantially complete portion of this project from functioning in compliance with Chapters 62-550 and 62-555, F.A.C.;

CERTIFICATION OF CONSTRUCTION COMPLETION AND REQUEST FOR CLEARANCE TO PLACE PERMITTED PWS COMPONENTS INTO OPERATION

| |
|---|
| DEP Construction Permit Number: P0345069-001-WCGP |
| Substantially Complete Portion of Project if Other than Entire Project: |

- to the best of my knowledge and belief, all new or altered public water system components that are included in the substantially complete portion of this project and that must be disinfected and bacteriologically surveyed or evaluated per subsection 62-555.315(6), F.A.C., or Rule 62-555.340, F.A.C., have been disinfected and bacteriologically surveyed or evaluated in accordance with said subsection or said rule;
- the permittee has had complete record drawings produced for the substantially complete portion of this project; to the best of my knowledge and belief, said record drawings adequately depict the substantially complete portion of this project as constructed and identify the deviations described and explained in Part II of this form; and said record drawings are available for review at the following location: WTP Office

- if the substantially complete portion of this project includes any new or altered drinking water treatment facilities, an operation and maintenance manual for said treatment facilities is available for reference at the site of said treatment facilities or at a convenient location near the site of said treatment facilities.

I also certify that, if the permittee will not own this project after it is placed into permanent operation, the permittee has provided a copy of the above mentioned record drawings and a copy of the above mentioned operation and maintenance manual, if applicable, to the PWS that will own this project after it is placed into permanent operation.

| | | |
|--|-----------------------|------------------|
| Gary Deremer <small>Digitally signed by Gary Deremer DN: cn=Gary Deremer, o=DEP Water Services, ou=Permitted operations, email=gary.d@dep.state.fl.us</small> | Gary Deremer | OPERATOR / OWNER |
| Signature and Date | Printed or Typed Name | Title |

B. Certification by PWS Supplying Water to Project

I am duly authorized to sign this form on behalf of the PWS identified in Part I.E of this form. I certify that said PWS will supply the water necessary to meet the water demands for the substantially complete portion of this project, and I certify the following:

- to the best of my knowledge and belief, said PWS's connection to the substantially complete portion of 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.;
- said PWS considers the connection(s) between the substantially complete portion of this project and said PWS acceptable as constructed.

| | | |
|--|-----------------------|------------------|
| Gary Deremer <small>Digitally signed by Gary Deremer DN: cn=Gary Deremer, o=DEP Water Services, ou=Permitted operations, email=gary.d@dep.state.fl.us</small> | Gary Deremer | OPERATOR / OWNER |
| Signature and Date | Printed or Typed Name | Title |

C. Certification by PWS that Will Own Project After It Is Placed into Permanent Operation

I am duly authorized to sign this form on behalf of the PWS identified in Part I.F of this form. I certify that said PWS will own the substantially complete portion of this project after it is placed into permanent operation, and I certify the following:

- said PWS considers the substantially complete portion of this project acceptable as constructed;
- said PWS has received complete record drawings for the substantially complete portion of this project and the record drawings are available for review at the following location: WTP Office

- if the substantially complete portion of this project includes any new or altered drinking water treatment facilities, said PWS has received an operation and maintenance manual for the new or altered treatment facilities, and the operation and maintenance manual is available for reference at the site of the new or altered treatment facilities or at a convenient location near the site of the new or altered treatment facilities.

I understand that said PWS must operate and maintain this project in a such a manner as to comply with Chapters 62-550, 62-555, 62-560, and 62-699, F.A.C.

| | | |
|--|-----------------------|------------------|
| Gary Deremer <small>Digitally signed by Gary Deremer DN: cn=Gary Deremer, o=DEP Water Services, ou=Permitted operations, email=gary.d@dep.state.fl.us</small> | Gary Deremer | OPERATOR / OWNER |
| Signature and Date | Printed or Typed Name | Title |

CERTIFICATION OF CONSTRUCTION COMPLETION AND REQUEST FOR CLEARANCE TO PLACE PERMITTED PWS COMPONENTS INTO OPERATION

| |
|---|
| DEP Construction Permit Number: 344373-001-WCGP/01 |
| Substantially Complete Portion of Project if Other than Entire Project: |

D. Certification by Professional Engineer in Responsible Charge of Inspecting Construction of Project*

I, the undersigned professional engineer licensed in Florida, am in responsible charge of inspecting construction of this project for the purpose of determining in general if the construction proceeds in compliance with the Department of Environmental Protection (DEP) construction permit, including the approved preliminary design report or drawings and specifications, for this project. I, or a person acting under my responsible charge, observed construction of the substantially complete portion of this project and reviewed shop drawings, test results, and record drawings for the substantially complete portion of this project, and based upon said observation and reviews, I certify the following:

- the substantially complete portion of this project is sufficiently complete to be utilized for the purposes for which it is intended;
- the substantially complete portion of this project has been completed in accordance with the DEP construction permit, including the approved preliminary design report or drawings and specifications, for this project; or to the best of my knowledge and belief, the deviations described and explained in Part II of this form will not prevent the substantially complete portion of this project from functioning in compliance with Chapters 62-550 and 62-555, F.A.C.;
- all new or altered public water system components that are included in the substantially complete portion of this project and that must be disinfected and bacteriologically surveyed or evaluated per subsection 62-555.315(6), F.A.C., or Rule 62-555.340, F.A.C., have been disinfected and bacteriologically surveyed or evaluated in accordance with said subsection or said rule; and
- the record drawings for the substantially complete portion of this project adequately depict the substantially complete portion of this project as constructed and identify the deviations described and explained in Part II of this form.

| | | |
|---------------------------|---------------------------|----------------|
| Signature, Seal, and Date | Sterling L. Carroll, P.E. | 46151 |
| | Printed or Typed Name | License Number |

** Whenever a project is designed under the responsible charge of a professional engineer licensed in Florida and is permitted by the Department, construction of the project shall be inspected under the responsible charge of a professional engineer licensed in Florida. If construction of this project is inspected under the responsible charge of a professional engineer licensed in Florida, Part III.D of this form shall be completed, signed, sealed, and dated by the professional engineer in responsible charge. If this project is not inspected under the responsible charge of a professional engineer licensed in Florida, Part III.D does not have to be completed.*

CERTIFICATION OF CONSTRUCTION COMPLETION AND REQUEST FOR CLEARANCE TO PLACE PERMITTED PWS COMPONENTS INTO OPERATION

INSTRUCTIONS: This form shall be completed and submitted for projects permitted and constructed under specific Department of Environmental Protection (DEP) construction permits for public water system components, under the DEP's "General Permit for Construction of Water Main Extensions for Public Water Systems," 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." AFTER COMPLETING, OR SUBSTANTIALLY COMPLETING, CONSTRUCTION OF A PROJECT, OR A PORTION THEREOF, AND BEFORE PLACING THE SUBSTANTIALLY COMPLETE PROJECT, OR PORTION THEREOF, INTO OPERATION FOR ANY PURPOSE OTHER THAN DISINFECTION, TESTING FOR LEAKS, OR TESTING EQUIPMENT OPERATION, complete and submit one copy of this form to the appropriate DEP District Office or Approved County Health Department along with one copy of the following information:

- the portion of record drawings showing deviations from the DEP construction permit, including the approved preliminary design report or drawings and specifications, if there are any deviations from said permit (note that it is necessary to submit a copy of only the portion of record drawings showing deviations and not a complete set of record drawings);
- bacteriological test results, including a sketch or description of all bacteriological sampling locations, demonstrating compliance with subsection 62-555.315(6), F.A.C., or Rule 62-555.340, F.A.C., if the substantially complete portion of the project includes any new or altered public water system (PWS) components that must be disinfected and bacteriologically surveyed or evaluated per said subsection or said rule;
- analytical test results demonstrating compliance with Part III of Chapter 62-550, F.A.C., or subsection 62-524.650(2), F.A.C., if the substantially complete portion of the project includes any new or altered PWS components that are necessary to achieve, or affect, compliance with said part or said subsection;
- a completed Form 62-555.900(20), New Water System Capacity Development Financial and Managerial Operations Plan, if the DEP construction permit was issued before the effective date of Rule 62-555.525, F.A.C., (9-22-99) and the substantially complete portion of the project creates a "new system" as described under subsection 62-555.525(1), F.A.C.; and
- any other information required by conditions in the DEP construction permit.

All information provided on this form shall be typed or printed in ink. NOTE THAT A SEPARATE CERTIFICATION OF CONSTRUCTION COMPLETION AND REQUEST FOR CLEARANCE IS REQUIRED FOR EACH PERMITTED PROJECT. **DO NOT PLACE ANY NEW OR ALTERED PWS COMPONENTS INTO PERMANENT OPERATION UNTIL THE DEPARTMENT ISSUES WRITTEN APPROVAL, OR CLEARANCE, TO PLACE THE COMPONENTS INTO PERMANENT OPERATION.**



**FLORIDA DEPARTMENT OF
ENVIRONMENTAL PROTECTION**
SOUTH DISTRICT
P.O. BOX 2459
FORT MYERS, FL 33902-2549
SouthDistrict@dep.state.fl.us

RICK SCOTT
GOVERNOR

CARLOS LOPEZ-CANTERA
LT. GOVERNOR

JONATHAN P. STEVERSON
SECRETARY

In the Matter of an
Application for Permit by:

LP Waterworks, Inc.
Gary Deremer, President
4939 Cross Bayou Boulevard
New Port Richey, Florida 34652

Highlands County -- DW
Lake Placid Camp Florida Resort
L.P. Waterworks WWTP
P.A. File Number: FLA014340-009-DW3P
Kissimmee Basin

NOTICE OF PERMIT ISSUANCE

Enclosed is Permit Number FLA014340-009 to operate the LP Waterworks WWTP. The permit includes a schedule for improvements. This permit is issued under Chapter 403, Florida Statutes.

Monitoring requirements under this permit are effective on July 1, 2015. Until such time, the permittee shall continue to monitor and report in accordance with previously effective permit requirements, if any.

The Department's proposed agency action shall become final unless a timely petition for an administrative hearing is filed under Sections 120.569 and 120.57, Florida Statutes, within fourteen days of receipt of notice. The procedures for petitioning for a hearing are set forth below.

A person whose substantial interests are affected by the Department's proposed permitting decision may petition for an administrative proceeding (hearing) under Sections 120.569 and 120.57, Florida Statutes. The petition must contain the information set forth below and must be filed (received by the Clerk) in the Office of General Counsel of the Department at 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida 32399-3000.

Under Rule 62-110.106(4), Florida Administrative Code, a person may request an extension of the time for filing a petition for an administrative hearing. The request must be filed (received by the Clerk) in the Office of General Counsel before the end of the time period for filing a petition for an administrative hearing.

Petitions by the applicant or any of the persons listed below must be filed within fourteen days of receipt of this written notice. Petitions filed by any persons other than those entitled to written notice under Section 120.60(3), Florida Statutes, must be filed within fourteen days of publication of the notice or within fourteen days of receipt of the written notice, whichever occurs first. Section 120.60(3), Florida Statutes, however, also allows that any person who has asked the Department in writing for notice of agency action may file a petition within fourteen days of receipt of such notice, regardless of the date of publication.

The petitioner shall mail a copy of the petition to the applicant at the address indicated above at the time of filing. The failure of any person to file a petition or request for an extension of time within fourteen days of receipt of notice shall constitute a waiver of that person's right to request an administrative determination (hearing) under Sections 120.569 and 120.57, Florida Statutes. Any subsequent intervention (in a proceeding initiated by another party) will be only at the discretion of the presiding officer upon the filing of a motion in compliance with Rule 28-106.205, Florida Administrative Code.

A petition that disputes the material facts on which the Department's action is based must contain the following information, as indicated in Rule 28-106.201, Florida Administrative Code:

- (a) The name and address of each agency affected and each agency's file or identification number, if known;
- (b) The name, address, any e-mail address, any facsimile number, and telephone number of the petitioner, if the petitioner is not represented by an attorney or a qualified representative; the name, address, and telephone number of the petitioner's representative, if any, which shall be the address for service purposes during the course of the proceeding; and an explanation of how the petitioner's substantial interests will be affected by the determination;
- (c) A statement of when and how the petitioner received notice of the Department's decision;
- (d) A statement of all disputed issues of material fact. If there are none, the petition must so indicate;
- (e) A concise statement of the ultimate facts alleged, including the specific facts the petitioner contends warrant reversal or modification of the Department's proposed action;
- (f) A statement of the specific rules or statutes the petitioner contends require reversal or modification of the Department's proposed action, including an explanation of how the alleged facts relate to the specific rules or statutes; and
- (g) A statement of the relief sought by the petitioner, stating precisely the action petitioner wishes the Department to take with respect to the Department's proposed action.

Because the administrative hearing process is designed to formulate final agency action, the filing of a petition means that the Department's final action may be different from the position taken by it in this notice. Persons whose substantial interests will be affected by any such final decision of the Department have the right to petition to become a party to the proceeding, in accordance with the requirements set forth above.

Mediation under Section 120.573, Florida Statutes, is not available for this proceeding.

This permit action is final and effective on the date filed with the Clerk of the Department unless a petition (or request for an extension of time) is filed in accordance with the above. Upon the timely filing of a petition (or request for an extension of time), this permit will not be effective until further order of the Department.

Any party to the permit has the right to seek judicial review of the permit action under Section 120.68, Florida Statutes, by the filing of a notice of appeal under Rules 9.110 and 9.190, Florida Rules of Appellate Procedure, with the Clerk of the Department in the Office of General Counsel, 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida, 32399-3000, and by filing a copy of the notice of appeal accompanied by the applicable filing fees with the appropriate district court of appeal. The notice of appeal must be filed within 30 days from the date when this permit action is filed with the Clerk of the Department.

Executed in Ft. Myers, Florida.

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL PROTECTION



Jon M. Iglehart
Director of
District Management

PERMITTEE: LP Waterworks, Inc.
FACILITY: LP Waterworks WWTP
NOTICE OF PERMIT ISSUANCE

P.A. FILE NO.: FLA014340-009-DW3P

CERTIFICATE OF SERVICE

The undersigned hereby certifies that this NOTICE OF PERMIT ISSUANCE and all copies were mailed before the close of business on May 13, 2015 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.



May 13, 2015

[Clerk]

[Date]



May 13, 2015

Name

Date

JMI/RW

Enclosures

Copies furnished to:

Mo Kader P.E.; via email (mkader@uswatercorp.net)
Diane Loughlin, DEP--Ft. Myers
Deanna Newburg, DEP--Ft. Myers
Charles LeGros, DEP--Orlando
Ron Walters, DEP--Ft. Myers



**FLORIDA DEPARTMENT OF
ENVIRONMENTAL PROTECTION**
SOUTH DISTRICT
P.O. BOX 2459
FORT MYERS, FL 33902-2549
SouthDistrict@dep.state.fl.us

RICK SCOTT
GOVERNOR

CARLOS LOPEZ-CANERA
LT. GOVERNOR

JONATHAN P. STEVERSON
SECRETARY

**STATE OF FLORIDA
DOMESTIC WASTEWATER FACILITY PERMIT**

PERMITTEE:
LP Waterworks, Inc.

PERMIT NUMBER: FLA014340
FILE NUMBER: FLA014340-009-DW3P
EFFECTIVE DATE: May 12, 2015
EXPIRATION DATE: May 11, 2020

RESPONSIBLE OFFICIAL:
Gary Deremer, President
4939 Cross Bayou Boulevard
New Port Richey, Florida 34652
(727) 848-8292

FACILITY:

LP Waterworks WWTP
1525 US Highway 27 S
Lake Placid, FL 33852
Highlands County
Latitude: 27°16' 06" N Longitude: 81°20' 36" 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 and construct improvements to an existing 0.050 million gallons per day (MGD), maximum Monthly Average Daily Flow (MADF) permitted capacity extended aeration domestic wastewater treatment facility consisting of: a bar screen, two 5,000-gallon surge tanks, ten 5,000-gallon aeration tanks, two 4,400-gallon clarifiers, one 4,300-gallon digester, and two 918-gallon chlorine contact tanks.

REUSE OR DISPOSAL:

Land Application R-001: An existing 0.050 MGD MADF permitted capacity rapid infiltration basin system. R-001 is a reuse system which consists of two percolation ponds having a capacity of 0.050 MGD located approximately at latitude 27°16' 04" N, longitude 81°20' 36" 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.

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I. RECLAIMED WATER AND EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

A. Reuse and Land Application Systems

1. During the period beginning on the effective date and lasting through the expiration date of this permit, the permittee is authorized to direct reclaimed water to Reuse System R-001. Such reclaimed water shall be limited and monitored by the permittee as specified below and reported in accordance with Permit Condition I.B.7.:

| Parameter | Units | Max/Min | Reclaimed Water Limitations | | Monitoring Requirements | | | Notes |
|---|---------|---------|-----------------------------|------------------------|-------------------------|-------------|------------------------|--------------|
| | | | Limit | Statistical Basis | Frequency of Monitoring | Sample Type | Monitoring Site Number | |
| BOD, Carbonaceous 5 day, 20C | mg/L | Max | 20.0 | Annual Average | Monthly | Grab | EFA-01 | See I.A.5 |
| | | 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 | Monthly | Grab | EFA-01 | See I.A.5 |
| | | Max | 30.0 | Monthly Average | | | | |
| | | Max | 45.0 | Weekly Average | | | | |
| | | Max | 60.0 | Single Sample | | | | |
| Coliform, Fecal | #/100mL | Max | 200 | Monthly Geometric Mean | Monthly | Grab | EFA-01 | See I.A.3, 5 |
| | | Max | 200 | Annual Average | | | | |
| | | Max | 800 | Single Sample | | | | |
| pH | s.u. | Min | 6.0 | Single Sample | 5 Days/Week | Grab | EFA-01 | See I.A.5 |
| | | 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, 5 |
| Nitrogen, Nitrate, Total (as N) | mg/L | Max | 12.0 | Single Sample | Monthly | Grab | EFA-01 | See I.A.5 |

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- 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 | Discharge end of the final chlorine contact chamber. |

- 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 to be used to calculate the annual average. [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)]
- 5. Grab samples shall be collected during periods of minimal treatment plant pollutant removal efficiencies or maximum hydraulic and/or organic loading. [62-600.740(1)(a)2]

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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 | Limitations | | | Monitoring Requirements | | | Notes |
|--|---------|-------------|--------|-------------------|-------------------------|-----------------------------------|------------------------|-----------|
| | | Max/Min | Limit | Statistical Basis | Frequency of Analysis | Sample Type | Monitoring Site Number | |
| Flow | MGD | Max | 0.050 | Monthly Average | 5 Days/Week | Elapsed Time Measurement on Pumps | 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 | Monthly | Grab | INF-01 | See I.B.3 |
| Solids, Total Suspended (Influent) | mg/L | Max | Report | Single Sample | Monthly | Grab | INF-01 | See I.B.3 |

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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 | Elapsed time meters on influent lift station pumps. |
| CAL-01 | Calculated from the FLW-01 flow measurements. |
| INF-01 | Raw wastewater discharge to the bar screen at the equalization basin surge tank. |

3. Influent samples shall be collected so that they do not contain digester supernatant or return activated sludge, or any other plant process recycled waters. [62-601.500(4)]
4. A elapsed time measurement on pumps 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. The list of Department established analytical methods, and corresponding MDLs (method detection limits) and PQLs (practical quantitation limits), which is titled "FAC 62-4 MDL/PQL Table (April 26, 2006)" is available at <http://www.dep.state.fl.us/labs/library/index.htm>. The MDLs and PQLs as described in this list shall constitute the minimum acceptable MDL/PQL values and the Department shall not accept results for which the laboratory's MDLs or PQLs are greater than those described above unless alternate MDLs and/or PQLs have been specifically approved by the Department for this permit. Any method included in the list may be used for reporting as long as it meets the following requirements:
- The laboratory's reported MDL and PQL values for the particular method must be equal or less than the corresponding method values specified in the Department's approved MDL and PQL list;
 - The laboratory reported MDL for the specific parameter is less than or equal to the permit limit or the applicable water quality criteria, if any, stated in Chapter 62-302, F.A.C. Parameters that are listed as "report only" in the permit shall use methods that provide an MDL, which is equal to or less than the applicable water quality criteria stated in 62-302, F.A.C.; and
 - If the MDLs for all methods available in the approved list are above the stated permit limit or applicable water quality criteria for that parameter, then the method with the lowest stated MDL shall be used.

When the analytical results are below method detection or practical quantitation limits, the permittee shall report the actual laboratory MDL and/or PQL values for the analyses that were performed following the instructions on the applicable discharge monitoring report.

Where necessary, the permittee may request approval of alternate methods or for alternative MDLs or PQLs for any approved analytical method. Approval of alternate laboratory MDLs or PQLs are not necessary if the laboratory reported MDLs and PQLs are less than or equal to the permit limit or the applicable water quality criteria, if any, stated in Chapter 62-302, F.A.C. Approval of an analytical method not included in the above-referenced list is not necessary if the analytical method is approved in accordance with 40 CFR 136 or deemed acceptable by the Department. [62-4.246, 62-160]

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

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results for each monitoring period shall be submitted in accordance with the associated DMR due dates below. DMRs shall be submitted for each required monitoring period including periods of no discharge.

| REPORT Type on DMR | Monitoring Period | Mail or Electronically Submit by |
|--------------------|---|---|
| Monthly | First day of month - last day of month | 28 th day of following month |
| Quarterly | January 1 - March 31 April 1 - June 30 July 1 - September 30 October 1 - December 31 | April 28 July 28 October 28 January 28 |
| Semiannual | January 1 - June 30 July 1 - December 31 | July 28 January 28 |
| Annual | January 1 - December 31 | January 28 |

The permittee may submit either paper or electronic DMR forms. If submitting paper DMR forms, the permittee shall make copies of the attached DMR forms, without altering the original format or content unless approved by the Department, and shall mail the completed DMR forms to the Department's South District Office at the address specified in Permit Condition I.B.0. by the twenty-eighth (28th) of the month following the month of operation.

If submitting electronic DMR forms, the permittee shall use the electronic DMR system(s) approved in writing by the Department and shall electronically submit the completed DMR forms to the Department by the twenty-eighth (28th) of the month following the month of operation. Data submitted in electronic format is equivalent to data submitted on signed and certified paper DMR forms.

The Department electronic DMR system at the time of permit issuance is available through the DEP Business Portal at: <http://www.fldepportal.com/go/submit-report/>.

[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 Ave., Suite 364
Ft. Myers, Florida 33901

Phone Number - (239) 344-5600

[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 C&C Peat Co., Inc., 1650 C.R. 470, Okahumpka, FL 34762, 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)]*

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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-1 |
| Biosolids Quantity (Landfilled) | dry tons | Max | Report | Monthly Total | Monthly | Calculated | RMP-2 |

[62-640.650(5)(a)1]

4. Biosolids quantities shall be calculated as listed in Permit Condition II.3 and as described below:

| Monitoring Site Number | Description of Monitoring Site Calculations |
|------------------------|---|
| RMP-1 | Monthly Total of Biosolids Transferred. |
| RMP-2 | Monthly Total of Biosolids Landfilled. |

5. The treatment, management, transportation, use, land application, or disposal of biosolids shall not cause a violation of the odor prohibition in subsection 62-296.320(2), F.A.C. [62-640.400(6)]
6. Storage of biosolids or other solids at this facility shall be in accordance with the Facility Biosolids Storage Plan. [62-640.300(4)]
7. Biosolids shall not be spilled from or tracked off the treatment facility site by the hauling vehicle. [62-640.400(9)]
8. Disposal of biosolids, septage, and "other solids" in a solid waste disposal facility, or disposal by placement on land for purposes other than soil conditioning or fertilization, such as at a monofill, surface impoundment, waste pile, or dedicated site, shall be in accordance with Chapter 62-701, F.A.C. [62-640.100(6)(b) & (c)]
9. The permittee shall not be held responsible for treatment and management violations that occur after its biosolids have been accepted by a permitted biosolids treatment facility with which the source facility has an agreement in accordance with subsection 62-640.880(1)(c), F.A.C., for further treatment, management, or disposal. [62-640.880(1)(b)]
10. The permittee shall keep hauling records to track the transport of biosolids between the facilities. The hauling records shall contain the following information:

Source Facility

1. Date and time shipped
2. Amount of biosolids shipped
3. Degree of treatment (if applicable)
4. Name and ID Number of treatment facility
5. Signature of responsible party at source facility
6. Signature of hauler and name of hauling firm

Biosolids Treatment Facility or Treatment Facility

1. Date and time received
2. Amount of biosolids received
3. Name and ID number of source facility
4. Signature of hauler
5. Signature of responsible party at treatment facility

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

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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

Section III is not applicable to this facility.

IV. ADDITIONAL REUSE AND LAND APPLICATION REQUIREMENTS

A. Part IV Rapid Infiltration Basins

1. Advisory signs shall be posted around the site boundaries to designate the nature of the project area. *[62-610.518]*
2. The maximum annual average loading rate to the two percolation ponds shall be limited to 7 inches per day (as applied to the entire bottom area). *[62-610.523(3)]*
3. The two percolation ponds normally shall be loaded for 7 days and shall be rested for 7 days. Infiltration ponds, basins, or trenches shall be allowed to dry during the resting portion of the cycle. *[62-610.523(4)]*
4. Rapid infiltration basins shall be routinely maintained to control vegetation growth and to maintain percolation capability by scarification or removal of deposited solids. Basin bottoms shall be maintained to be level. *[62-610.523(6) and (7)]*
5. Routine aquatic weed control and regular maintenance of storage pond embankments and access areas are required. *[62-610.514 and 62-610.414]*
6. Overflows from emergency discharge facilities on storage ponds or on infiltration ponds, basins, or trenches shall be reported as abnormal events in accordance with Permit Condition IX.20. *[62-610.800(9)]*

V. OPERATION AND MAINTENANCE REQUIREMENTS

A. Staffing Requirements

1. During the period of operation authorized by this permit, the wastewater facilities shall be operated under the supervision of a(n) operator(s) certified in accordance with Chapter 62-602, F.A.C. In accordance with Chapter 62-699, F.A.C., this facility is a Category III, Class C facility and, at a minimum, operators with appropriate certification must be on the site as follows:

A Class C or higher operator ½ hour/day for 5 days/week and one 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)]*

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2. The application to renew this permit shall include a detailed operation and maintenance performance report prepared in accordance with Rule 62-600.735, F.A.C. [62-600.735(1)]

C. Recordkeeping Requirements

1. The permittee shall maintain the following records and make them available for inspection on the site of the permitted facility.
 - a. Records of all compliance monitoring information, including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation, including, if applicable, a copy of the laboratory certification showing the certification number of the laboratory, for at least three years from the date the sample or measurement was taken;
 - b. Copies of all reports required by the permit for at least three years from the date the report was prepared;
 - c. Records of all data, including reports and documents, used to complete the application for the permit for at least three years from the date the application was filed;
 - d. Monitoring information, including a copy of the laboratory certification showing the laboratory certification number, related to the residuals use and disposal activities for the time period set forth in Chapter 62-640, F.A.C., for at least three years from the date of sampling or measurement;
 - e. A copy of the current permit;
 - f. A copy of the current operation and maintenance manual as required by Chapter 62-600, F.A.C.;
 - g. A copy of any required record drawings;
 - h. Copies of the licenses of the current certified operators;
 - i. Copies of the logs and schedules showing plant operations and equipment maintenance for three years from the date of the logs or schedules. The logs shall, at a minimum, include identification of the plant; the signature and license number of the operator(s) and the signature of the person(s) making any entries; date and time in and out; specific operation and maintenance activities, including any preventive maintenance or repairs made or requested; results of tests performed and samples taken, unless documented on a laboratory sheet; and notation of any notification or reporting completed in accordance with Rule 62-602.650(3), F.A.C. The logs shall be maintained on-site in a location accessible to 24-hour inspection, protected from weather damage, and current to the last operation and maintenance performed; and
 - j. Records of biosolids quantities, treatment, monitoring, and hauling for at least five years.

[62-620.350, 62-602.650, 62-640.650(4)]

VI. SCHEDULES

1. In accordance with the page 9 of the Operation & Maintenance Performance Report received on April 17, 2015, the following improvement actions shall be completed according to the following schedule. **For the Improvement Actions listed below, the permittee shall submit to the Department a written notice of completion within ten (10) days of completing the improvement action.**

| Improvement Action | Completion Date |
|---|-------------------------------------|
| 1. The permittee shall clean the solids from the chlorine contact tanks. | Within 120 days of permit issuance. |
| 2. The permittee shall clean and level the bottoms of the percolation ponds. | Within 120 days of permit issuance. |
| 3. The permittee shall replace the non-functioning blower(s). | Within 180 days of permit issuance. |
| 4. The permittee shall repair or replace the air diffusers so the air diffusers can function as intended. | Within 180 days of permit issuance. |

[62-620.320(6)]

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2. Prior to placing the modifications to existing facilities into operation or any individual unit processes into operation, for any purpose other than testing for leaks and equipment operation, the permittee shall complete and submit to the Department DEP Form 62-620.910(12), Notification of Completion of Construction for Wastewater Facilities or Activities. *[62-620.410(7) and 62-620.630(2)]*
3. Within six months after a facility is placed in operation, the permittee shall provide written certification to the Department on Form 62-620.910(13) that record drawings pursuant to Chapter 62-600, F.A.C., and that an operation and maintenance manual pursuant to Chapters 62-600 and 62-610, F.A.C., as applicable, are available at the location specified on the form. *[62-620.410(6) and 62-620.630(7)]*
4. The permittee is not authorized to discharge to waters of the state after the expiration date of this permit, unless:
 - a. The permittee has applied for renewal of this permit at least 180 days before the expiration date of this permit using the appropriate forms listed in Rule 62-620.910, F.A.C., and in the manner established in the Department of Environmental Protection Guide to Permitting Wastewater Facilities or Activities Under Chapter 62-620, F.A.C., including submittal of the appropriate processing fee set forth in Rule 62-4.050, F.A.C.; or
 - b. The permittee has made complete the application for renewal of this permit before the permit expiration date.
[62-620.335(1) - (4)]

VII. INDUSTRIAL PRETREATMENT PROGRAM REQUIREMENTS

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

VIII. OTHER SPECIFIC CONDITIONS

1. In the event that the treatment facilities or equipment no longer function as intended, are no longer safe in terms of public health and safety, or odor, noise, aerosol drift, or lighting adversely affects neighboring developed areas at the levels prohibited by Rule 62-600.400(2)(a), F.A.C., corrective action (which may include additional maintenance or modifications of the permitted facilities) shall be taken by the permittee. Other corrective action may be required to ensure compliance with rules of the Department. Additionally, the treatment, management, use or land application of residuals shall not cause a violation of the odor prohibition in Rule 62-296.320(2), F.A.C. *[62-600.410(8) and 62-640.400(6)]*
2. The deliberate introduction of stormwater in any amount into collection/transmission systems designed solely for the introduction (and conveyance) of domestic/industrial wastewater; or the deliberate introduction of stormwater into collection/transmission systems designed for the introduction or conveyance of combinations of storm and domestic/industrial wastewater in amounts which may reduce the efficiency of pollutant removal by the treatment plant is prohibited, except as provided by Rule 62-610.472, F.A.C. *[62-604.130(3)]*
3. Collection/transmission system overflows shall be reported to the Department in accordance with Permit Condition IX. 20. *[62-604.550] [62-620.610(20)]*
4. The operating authority of a collection/transmission system and the permittee of a treatment plant are prohibited from accepting connections of wastewater discharges which have not received necessary pretreatment or which contain materials or pollutants (other than normal domestic wastewater constituents):
 - a. Which may cause fire or explosion hazards; or
 - b. Which may cause excessive corrosion or other deterioration of wastewater facilities due to chemical action or pH levels; or
 - c. Which are solid or viscous and obstruct flow or otherwise interfere with wastewater facility operations or treatment; or

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- d. Which result in the wastewater temperature at the introduction of the treatment plant exceeding 40°C or otherwise inhibiting treatment; or
- e. Which result in the presence of toxic gases, vapors, or fumes that may cause worker health and safety problems.

[62-604.130(5)]

- 5. The treatment facility and rapid infiltration basins shall be enclosed with a fence or otherwise provided with features to discourage the entry of animals and unauthorized persons. *[62-610.518(1) and 62-600.400(2)(b)]*
- 6. Screenings and grit removed from the wastewater facilities shall be collected in suitable containers and hauled to a Department approved Class I landfill or to a landfill approved by the Department for receipt/disposal of screenings and grit. *[62-701.300(1)(a)]*
- 7. Where required by Chapter 471 or Chapter 492, F.S., applicable portions of reports that must be submitted under this permit shall be signed and sealed by a professional engineer or a professional geologist, as appropriate. *[62-620.310(4)]*
- 8. 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)]*
- 9. The permittee shall provide notice to the Department of the following:
 - a. Any new introduction of pollutants into the facility from an industrial discharger which would be subject to Chapter 403, F.S., and the requirements of Chapter 62-620, F.A.C., if it were directly discharging those pollutants; and
 - b. Any substantial change in the volume or character of pollutants being introduced into that facility by a source which was identified in the permit application and known to be discharging at the time the permit was issued.Notice shall include information on the quality and quantity of effluent introduced into the facility and any anticipated impact of the change on the quantity or quality of effluent or reclaimed water to be discharged from the facility.

[62-620.625(2)]

IX. GENERAL CONDITIONS

- 1. The terms, conditions, requirements, limitations, and restrictions set forth in this permit are binding and enforceable pursuant to Chapter 403, Florida Statutes. Any permit noncompliance constitutes a violation of Chapter 403, Florida Statutes, and is grounds for enforcement action, permit termination, permit revocation and reissuance, or permit revision. *[62-620.610(1)]*
- 2. This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviations from the approved drawings, exhibits, specifications, or conditions of this permit constitutes grounds for revocation and enforcement action by the Department. *[62-620.610(2)]*
- 3. As provided in subsection 403.087(7), F.S., the issuance of this permit does not convey any vested rights or any exclusive privileges. Neither does it authorize any injury to public or private property or any invasion of personal rights, nor authorize any infringement of federal, state, or local laws or regulations. This permit is not a waiver of or approval of any other Department permit or authorization that may be required for other aspects of the total project which are not addressed in this permit. *[62-620.610(3)]*

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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)]*
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)]*

PERMITTEE: LP Waterworks, Inc.
FACILITY: LP Waterworks WWTP

PERMIT NUMBER: FLA014340
P.A. FILE NUMBER: FLA014340-009-DW3P

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.
 - 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.

PERMITTEE: LP Waterworks, Inc.
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- 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;
 - (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)]

PERMITTEE: LP Waterworks, Inc.
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PERMIT NUMBER: FLA014340
P.A. FILE NUMBER: FLA014340-009-DW3P

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.
 - (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)]

PERMITTEE: LP Waterworks, Inc.
FACILITY: LP Waterworks WWTP

PERMIT NUMBER: FLA014340
P.A. FILE NUMBER: FLA014340-009-DW3P

Executed in Ft. Myers, Florida.

STATE OF FLORIDA DEPARTMENT OF
ENVIRONMENTAL PROTECTION



Jon M. Iglehart
Director of
District Management

PERMIT ISSUANCE DATE: May 13, 2015

Attachment(s):
Discharge Monitoring Report
Statement of Basis

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Compliance Assistance Program, 2295 Victoria Ave., Suite 364, Ft. Myers, FL 33901

PERMITTEE NAME: LP Waterworks, Inc.
 MAILING ADDRESS: 4939 Cross Bayou Boulevard
 New Port Richey, Florida 34652

PERMIT NUMBER: FLA014340-009

FACILITY: LP Waterworks WWTP
 LOCATION: 1525 US Highway 27 S
 Lake Placid, FL 33852

LIMIT: Final
 CLASS SIZE: N/A
 MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESCRIPTION: Land application system consisting of two

REPORT
 PROGRA

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. |
|---|--------------------|---------------------|-------|--------------------------|-----------------------|-------------------|---------|---------|
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | | | | | |
| PARM Code 80082 Y Mon. Site No. EFA-01 | Permit Requirement | | | | 20.0 (An.Avg.) | | mg/L | |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | | | | | |
| PARM Code 80082 A Mon. Site No. EFA-01 | Permit Requirement | | | 60.0 (Max.) | 45.0 (Max.Wk.Avg.) | 30.0 (Mo.Avg.) | mg/L | |
| Solids, Total Suspended | Sample Measurement | | | | | | | |
| PARM Code 00530 Y Mon. Site No. EFA-01 | Permit Requirement | | | | 20.0 (An.Avg.) | | mg/L | |
| Solids, Total Suspended | Sample Measurement | | | | | | | |
| PARM Code 00530 A Mon. Site No. EFA-01 | Permit Requirement | | | 60.0 (Max.) | 45.0 (Max.Wk.Avg.) | 30.0 (Mo.Avg.) | mg/L | |
| Coliform, Fecal | Sample Measurement | | | | | | | |
| PARM Code 74055 Y Mon. Site No. EFA-01 | Permit Requirement | | | | 200 (An.Avg.) | | #/100mL | |
| Coliform, Fecal | Sample Measurement | | | | | | | |
| PARM Code 74055 A Mon. Site No. EFA-01 | Permit Requirement | | | | 200 (Mo.Geo.Mn.) | 800 (Max.) | #/100mL | |

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 persons provided 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 is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for such offenses.

| | | |
|---|--|---|
| NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | T |
| | | |

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

ISSUANCE/REISSUANCE DATE:
 DMR EFFECTIVE DATE:

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: LP Waterworks WWTP

MONITORING GROUP
NUMBER:
MONITORING PERIOD

R-001

PERMIT NUM

From: _____ To: _____

| Parameter | | Quantity or Loading | Units | Quality or Concentration | Units | No. Ex. |
|---|--------------------|---------------------|-------|--------------------------|---------------------|---------|
| pH | Sample Measurement | | | | | |
| PARM Code 00400 A Mon. Site No. EFA-01 | Permit Requirement | | | 6.0 (Min.) | 8.5 (Max.) | s.u. |
| Chlorine, Total Residual (For Disinfection) | Sample Measurement | | | | | |
| PARM Code 50060 A Mon. Site No. EFA-01 | Permit Requirement | | | 0.5 (Min.) | | mg/L |
| Nitrogen, Nitrate, Total (as N) | Sample Measurement | | | | | |
| PARM Code 00620 A Mon. Site No. EFA-01 | Permit Requirement | | | | 12.0 (Max.) | mg/L |
| Flow | Sample Measurement | | | | | |
| PARM Code 50050 1 Mon. Site No. FLW-01 | Permit Requirement | 0.050 (Mo.Avg.) | MGD | | | |
| Percent Capacity, (TMADF/Permitted Capacity) x 100 | Sample Measurement | | | | | |
| PARM Code 00180 P Mon. Site No. CAL-01 | Permit Requirement | | | | Report (Mo.Avg.) | percent |
| BOD, Carbonaceous 5 day, 20C (Influent) | Sample Measurement | | | | | |
| PARM Code 80082 G Mon. Site No. INF-01 | Permit Requirement | | | | Report (Max.) | mg/L |
| Solids, Total Suspended (Influent) | Sample Measurement | | | | | |
| PARM Code 00530 G Mon. Site No. INF-01 | Permit Requirement | | | | Report (Max.) | mg/L |
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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Compliance Assistance Program, 2295 Victoria Ave., Suite 364, Ft. Myers, FL 33901

| | | | | |
|------------------|--|-------------------------------|--------------------------|--------|
| PERMITTEE NAME: | LP Waterworks, Inc. | PERMIT NUMBER: | FLA014340-009 | |
| MAILING ADDRESS: | 4939 Cross Bayou Boulevard New Port Richey, Florida 34652 | LIMIT: | Final | REPORT |
| FACILITY: | LP Waterworks WWTP | CLASS SIZE: | N/A | PROGRA |
| LOCATION: | 1525 US Highway 27 S Lake Placid, FL 33852 | MONITORING GROUP NUMBER: | RMP-Q | |
| | | MONITORING GROUP DESCRIPTION: | Biosolids Quantity | |
| COUNTY: | Highlands | RE-SUBMITTED DMR: | <input type="checkbox"/> | |
| OFFICE: | South District | NO DISCHARGE FROM SITE: | <input type="checkbox"/> | |
| | | MONITORING PERIOD | From: _____ To: _____ | |

| Parameter | | Quantity or Loading | Units | Quality or Concentration | Units | No. Ex. |
|--|--------------------|---------------------|----------|--------------------------|-------|---------|
| Biosolids Quantity (Transferred) PARM Code B0007 + Mon. Site No. RMP-1 | Sample Measurement | | | | | |
| | Permit Requirement | Report (Mo.Total) | dry tons | | | |
| Biosolids Quantity (Landfilled) PARM Code B0008 + Mon. Site No. RMP-2 | Sample Measurement | | | | | |
| | Permit Requirement | Report (Mo.Total) | dry tons | | | |
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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 persons provided 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 true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for such offenses.

| | | |
|---|--|---|
| NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | T |
| | | |

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

ISSUANCE/REISSUANCE DATE:
DMR EFFECTIVE DATE:

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014340-009
 Monitoring Period From: _____ To: _____

Facility: LP Waterworks WWTP

| | 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 | | |
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| 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 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 shall 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. 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.

| 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:

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 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 PQL 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, whether 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. 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. This 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 period. 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.

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 the 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 sampling frequency (e.g. 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 measurements made 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 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 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, use the back of the report.

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.
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 Part B of the 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 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 samples.
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.
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 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 day).
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 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.
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. Enter the number of days (*) 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 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 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 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.

**STATEMENT OF BASIS
FOR
STATE OF FLORIDA DOMESTIC WASTEWATER FACILITY PERMIT**

PERMIT NUMBER: FLA014340-009

FACILITY NAME: LP Waterworks WWTP

FACILITY LOCATION: 1525 U.S. Highway 27 S, Lake Placid, FL 33852
Highlands County

NAME OF PERMITTEE: LP WATERWORKS, INC.

PERMIT WRITER: R. Walters

1. SUMMARY OF APPLICATION

a. Chronology of Application

Application Number: FLA014340-009-DW3P

Application Submittal Date: 24 February 2015

b. Type of Facility

Domestic Wastewater Treatment Plant

Ownership Type: Private

SIC Code: 4952

c. Facility Capacity

| | | |
|--|-----------|----------------------------|
| Existing Permitted Capacity: | 0.050 MGD | Monthly Average Daily Flow |
| Proposed Increase in Permitted Capacity: | 0.000 MGD | Monthly Average Daily Flow |
| Proposed Total Permitted Capacity: | 0.050 MGD | Monthly Average Daily Flow |

d. Description of Wastewater Treatment

Operate an existing 0.050 million gallons per day (MGD), maximum Monthly Average Daily Flow (MADF) permitted capacity extended aeration domestic wastewater treatment facility consisting of: a bar screen, two 5,000-gallon surge tanks, ten 5,000-gallon aeration tanks, two 4,400-gallon clarifiers, one 4,300-gallon digester, and two 918-gallon chlorine contact tanks.

e. Description of Effluent Disposal and Land Application Sites (as reported by applicant)

Secondary treated effluent water discharged to rapid infiltration basins percolation ponds.

2. SUMMARY OF SURFACE WATER DISCHARGE

This facility does not discharge to surface waters.

3. BASIS FOR PERMIT LIMITATIONS AND MONITORING REQUIREMENTS

This facility is authorized to direct reclaimed water to Reuse System R-001, a rapid infiltration basin system, based on the following:

| Parameter | Units | Max/Min | Limit | Statistical Basis | Rationale |
|---|---------|---------|-------|------------------------|---------------------------------------|
| 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 | Monthly Geometric Mean | 62-600.440(4)(c)2. FAC |
| | | Max | 200 | Annual Average | 62-610.510 & 62-600.440(4)(c)1. FAC |
| | | Max | 800 | Single Sample | 62-600.440(4)(c)4. FAC |
| 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 | 0.050 | Monthly Average | 62-600.400(4)(b) & 62-601, F.A.C. |
| Percent Capacity, (TMADF/Permitted Capacity) x 100 | percent | Max | Report | Monthly Average | 62-600.405(4) FAC |
| BOD, Carbonaceous 5 day, 20C (Influent) | mg/L | Max | Report | Single Sample | 62-601.300(1) FAC |
| Solids, Total Suspended (Influent) | mg/L | Max | Report | Single Sample | 62-601.300(1) FAC |
| Monitoring Frequencies and Sample Types | - | - | - | All Parameters | 62-601 FAC & 62-699 FAC and/or BPJ of permit writer |
| Sampling Locations | - | - | - | All Parameters | 62-601, 62-610.412, 62-610.463(1), 62-610.568, 62-610.613 FAC and/or BPJ of permit writer |

4. DISCUSSION OF CHANGES TO PERMIT LIMITATIONS

No changes to permit limitations.

5. BIOSOLIDS MANAGEMENT REQUIREMENTS

Biosolids generated by this facility may be transferred to C&C Peat Co., Inc., 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 |

6. GROUND WATER MONITORING REQUIREMENTS

This section is not applicable to this facility.

7. PERMIT SCHEDULES

This permit contains a schedule of Improvement Actions.

8. INDUSTRIAL PRETREATMENT REQUIREMENTS

At this time, the facility is not required to develop an approved industrial pretreatment program. However, the Department reserves the right to require an approved program if future conditions warrant.

9. ADMINISTRATIVE ORDERS (AO) AND CONSENT ORDERS (CO)

This permit is not accompanied by an AO and has not entered into a CO with the Department.

10. REQUESTED VARIANCES OR ALTERNATIVES TO REQUIRED STANDARDS

No variances were requested for this facility.

11. THE ADMINISTRATIVE RECORD

The administrative record including application, request for information, comments received and additional information is available for public inspection during normal business hours at the location specified in item 12. Copies will be provided at a charge per page.

12. DEP CONTACT

Additional information concerning the permit and proposed schedule for permit issuance may be obtained during normal business hours from:

R. Walters
Engineering Specialist

South District Office
2295 Victoria Ave., Suite 364
Ft. Myers, FL 33901

Telephone No.: (239) 344-5600