

ORIGINAL

CLASS B
WATER AND/OR WASTEWATER UTILITIES

**FINANCIAL, RATE
AND ENGINEERING
MINIMUM FILING
REQUIREMENTS**

OF

Gold Coast Utility Corp

Exact Legal Name of Utility

VOLUME III



CMP _____
COM 5 _____
CTR _____
ECR _____
GCL 1 _____
OPC 1 _____
RCA _____
SCR _____
SGA _____
SEC 1 _____
OTH _____

FOR THE

Test Year Ended: 12/31/2005

DOCUMENT NUMBER-DATE

07434 AUG 18 8

FPSC-COMMISSION CLERK

ORIGINAL

**CLASS B
WATER AND/OR WASTEWATER UTILITIES**

**FINANCIAL, RATE
AND ENGINEERING
MINIMUM FILING
REQUIREMENTS**

OF

Gold Coast Utility Corp

Exact Legal Name of Utility

VOLUME III



FOR THE

Test Year Ended: 12/31/2005

**Gold Coast Utility Corp.
Additional Engineering Information
Index**

**Volume III
Schedule**

- A Chemicals used for water and wastewater treatment by type, dollar amounts, quantities purchased, unit prices, and dosage rates
- B Chemical analyses for water system
- C Copies of Water and Wastewater Operating Reports for the test year and the preceding year
- D Copies of the most recent Sanitary Survey for each water plant and Inspection Report for each wastewater plant
- E Copies of DER Construction/Operating Permits for water and wastewater
- F Copies of Violation Notices, Consent Orders, Letters of Notice or Warning Notices for the previous five years, including Utility response
- G List of all field employees, responsibilities and duties, certificates held, and an explanation of each employee's salary allocation method to expense accounts
- H Serial Numbers and description of all vehicles owned by the Utility, original cost, person vehicle is assigned to, and the method of allocation to the Utility
- I List of customer complaints during the test year and Utility response

ADDITIONAL ENGINEERING INFORMATION

GOLD COAST UTILITY CORP.

DOCKET NO. 060246-WS

Polk County

Test Year Ended December 31, 2005

GOLD COAST UTILITY CORP.

DOCKET NO. 060246-WS

Polk County

25.30-440(1)

DETAILED MAP

Test Year Ended December 31, 2005

GOLD COAST UTILITY CORP.

DOCKET NO. 060246-WS

Polk County

25.30-440(2)

CHEMICALS USED

Test Year Ended December 31, 2005

Gold Coast Utility Corp.
Chemicals Used

Water Plant

Chlorine Gas: 2-3 lbs. daily @ \$87.50 per cylinder plus tax

Wastewater Plant

Chlorine Gas: 5-6 lbs. daily @ \$87.50 per cylinder plus tax

Granulated CCH: 100 lbs. every two months

GOLD COAST UTILITY CORP.

DOCKET NO. 060246-WS

Polk County

25.30-440(3)

CHEMICAL ANALYSES

Test Year Ended December 31, 2005



Laboratories, Inc. FORT LAUDERDALE • SAVANNAH • HARRISON PARK

Highway 17, Babson Park, FL 33827
Registration No. EB4404

RECEIVED

JUN 01 2006

ENVIRONMENTAL
ENGINEERING

Lab Receipt Date & Time: 5-25-06 1050

Analysis Date & Time: 05/25/06 @ 1:55

Sample Acceptance Criteria:

Sample Preservation ☒ On Ice ☐ Not On Ice ☐
Disinfectant Check ☒ Not Detected ☐
This sample does not meet the following NELAC requirements:

Lab Number: Sub Contract Lab ID:

Analysis Requested: (please check all that apply)

Standard Coliform Test

HPC

Other:

Client Name: GOLD COAST UTILITY CORP.

Client Address: 10389 W. LEISURE LANE

Client or Owner's Phone #: 863-696-0504

Inspector: DEPLANCE

Type of Supply: (check only one)

Community Water System

Unfiltered Use System ☐ Bottled Water

☐ Private Well

☐ Non-Transient Non-community Water System

☐ Swimming Pool

☐ Transient Non-community Water System

☐ Other

Reason for Sampling: (check only one) ☒ Routine Compliance ☐ Repeat ☐ Replacement

☐ Main Clearance ☐ Well Survey ☐ Other

Sample Collection Date: 5/25/06

PWS I.D.:

3531008

City:

NALCREST

Fax #:

SAME

Collector's Phone #:

863-696-0504

To be completed by collector of sample

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type	Disinfectant Res'd (mg/L)	pH
1	WELL #1	1020			
2	WELL #2	1015			
3	LAKESHORE 4721 CIRCLE DR	1005		0.76	
4	VILLAGE GREEN BLDG C	0950		0.76	
5	LAKES 2320 THOREAU DR.	0930		0.77	
6	GIRARDA BLDG A	0915		0.76	
7	NALCREST 54103 NALCREST RD	0900		0.63	

Range of disinfectant residuals for routine and repeat samples. (Complete for community and non-transient non-community systems serving populations up to and including 10,000. Do not include raw or plant samples in the average.)

Disinfectant Residual Analysis Method: ☒ HPCD Colorimetric ☐ Other

Person performing analysis is (Please see instructions on reverse):

☒ A certified operator (# C-6104)

☒ Supervised by a cert operator (# C-8184)

☐ Employed by a certified lab

☐ Employed by DEP or DOH

Name and Mailing Address of Person to Receive Report

Spectrum Laboratories, Inc.

P.O. Box 798

Babson Park, FL 33827

To be completed by lab

Total Coliform Analysis Method: SM9222B

Fecal or E. coli Analysis Method: SM9221E

Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier ²	Lab Sample Number
	A			007
	A			052506008
	A			052506009
	A			052506010
	A			052506011
	A			052506012
	A			052506013
	A			052506014

² defined in Florida Administrative Code Rule 62-100, Table 1

All tests are performed in accordance with NELAC standards

Date PWS notified by lab of positive results

Date State notified by lab of positive results

Lab Signature:

Title: Lab Manager

☒ Satisfactory

☐ Incomplete Collection Information

☐ Repeat Samples Required

☐ Replacement Samples Required

Date Reviewed by DEP/DOH:

DEP/DOH Reviewing Official:

DEP/DOH USE ONLY

Page 1 of 1

Sample Type Codes: D = Distribution (Routine Compliance), C = Repeat or Check, R = Raw, N = Entry to Distribution, P = Plant Tap, G = Special (clearance, etc.)
Analysis Methods: ME = SM9222B & D, MFE = 9221B & C/MUG, MMOMUG = SM9222B, HPC = SM9215B

GOLD COAST UTILITY CORP.

DOCKET NO. 060246-WS

Polk County

25.30-440(4)

PLANT OPERATING REPORTS

Test Year Ended December 31, 2005



MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

I. General Information for the Month/Year of: JANUARY 2004

A. Public Water System (PWS) Information

PWS Name: <u>LAKE WALKES UTILITY CO., LTD</u>	PWS Identification Number: <u>3531008</u>
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive	
Number of Service Connections at End of Month: <u>249,000 GPD</u>	Total Population Served at End of Month: <u>249,000 GPD</u>
PWS Owner: <u>LAKE HAVEN UTILITY ASSOC., LTD</u>	
Contact Person: <u>DAVID K. PEARCE</u>	Contact Person's Title: <u>GENERAL MANAGER</u>
Contact Person's Mailing Address: <u>P.O. BOX 4076</u>	City: <u>LAKE SHORE</u> State: <u>FL</u> Zip Code: <u>33854</u>
Contact Person's Telephone Number: <u>(863) 696-1128</u>	Contact Person's Fax Number: <u>863-696-3542</u>
Contact Person's E-Mail Address: <u>LDK@MSN.COM</u>	

B. Water Treatment Plant Information

Plant Name: <u>LAKE WALKES UTILITY CO., LTD</u>	Plant Telephone Number: <u>33856</u>
Plant Address: <u>10389 W. LEISURE LN</u>	City: <u>LAUREST</u> State: <u>FL</u> Zip Code: <u>33856</u>
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <u>249,000 GPD</u>	
Plant Category (per subsection 62-699.310(4), F.A.C.): <u>4</u>	Plant Class (per subsection 62-699.310(4), F.A.C.): <u>C</u>
Licensed Operators: <u>DAVID K. PEARCE</u>	Licensed Class: <u>C</u> License Number: <u>8184</u> Day(s)/Shift(s) Worked: <u>5 DAYS PER WEEK</u>
Lead/Chief Operator: <u>DAVID K. PEARCE</u>	
Other Operators:	

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

David K. Pearce 2/2/04 DAVID K. PEARCE C-8184

Signature and Date Printed or Typed Name License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3531008 Plant Name: LAKE WALES UTILITY CO., LTD

III. Daily the Month/Year of: JANUARY 2004
 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:										Chlorine Dioxide									
Free Chlorine										Combined Chlorine (Chloramines)									
Day	Time	Free Chlorine	Free Chlorine	Free Chlorine	Free Chlorine	Free Chlorine	Free Chlorine	Free Chlorine	Free Chlorine	Free Chlorine	Free Chlorine	Free Chlorine	Free Chlorine	Free Chlorine	Free Chlorine	Free Chlorine	Free Chlorine	Free Chlorine	Free Chlorine
1	06:00	115.0000																	
2	06:00	133.0000																	
3	06:00	192.0000																	
4	06:00	174.0000																	
5	06:00	172.0000																	
6	06:00	116.0000																	
7	06:00	174.0000																	
8	06:00	167.0000																	
9	06:00	115.0000																	
10	06:00	171.0000																	
11	06:00	115.0000																	
12	06:00	115.0000																	
13	06:00	116.0000																	
14	06:00	116.0000																	
15	06:00	123.0000																	
16	06:00	158.0000																	
17	06:00	121.0000																	
18	06:00	123.0000																	
19	06:00	112.0000																	
20	06:00	171.0000																	
21	06:00	153.0000																	
22	06:00	115.0000																	
23	06:00	115.0000																	
24	06:00	115.0000																	
25	06:00	110.0000																	
26	06:00	171.0000																	
27	06:00	171.0000																	
28	06:00	124.0000																	
29	06:00	133.0000																	
30	06:00	178.0000																	
31	06:00	113.0000																	
Total		3,635.0000																	
Average		119.0000																	
Maximum		192.0000																	

* 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 page 4 for instructions.

I. General Information for the Month/Year of: February 2004

Public Water System (PWS) Information

PWS Name: LAKE WALES UTILITY CO., LTD. PWS Identification Number: 353100E

PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community Consecutive

Number of Service Connections at End of Month: 155 Total Population Served at End of Month: 2540

PWS Owner: LAKE HAVEN UTILITY ASSOC., LTD.

Contact Person: DAVID K. PEARCE Contact Person's Title: GENERAL MANAGER

Contact Person's Mailing Address: P.O. Box 9076 City: LAKE SHORE State: FL Zip Code: 3385-

Contact Person's Telephone Number: (863) 696-1128 Contact Person's Fax Number: (863) 696-1128

Contact Person's E-Mail Address: H2U@COG.MEN.COM

B. Water Treatment Plant Information

Plant Name: LAKE WALES UTILITY CO., LTD. Plant Telephone Number: (863) 696-1128

Plant Address: 10389 W. LEISURE LANE City: NALCREST State: FL Zip Code: 3385-

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

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 5,382,000

Plant Category (per subsection 62-699.310(4), F.A.C.): 4 Plant Class (per subsection 62-699.310(4), F.A.C.): C

Licensed Operators: Name License Number Day(s)/Shift(s) Worked

Lead/Chief Operator: DAVID K. PEARCE C 8184 5 DAYS

Other Operators:

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 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 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 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 owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date: David K. Pearce 040301 Printed or Typed Name: DAVID K. PEARCE License Number: C-8184

III. Daily Disinfection for the Month/Year of: FEBRUARY 2004

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:										☒ Free Chlorine		☐ Combined Chlorine (Chloramines)		☐ Chlorine Dioxide			
CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										CT Calculations				UV Dose		Emergency or Abnormal Operating Conditions; Repair or Maintenance Work Involves Taking Water System Compromised Out of Operation	
Day of the Month	Operator Staffed or Visited by	Hours in Plant ("X")	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if 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	75,000											0.44			
2	X	24	112,000											0.54			
3	X	24	96,000											0.41			
4	X	24	135,000											0.58			
5	X	24	142,000											0.56			
6	X	24	86,000											0.65			
7	X	24	173,000											0.48			
8	X	24	81,000											0.36			
9	X	24	125,000											0.54			
10	X	24	120,000											0.54			
11	X	24	124,000											0.52			
12	X	24	131,000											0.50		BOILED WATER NOTICE	
13	X	24	166,000											0.52			
14	X	24	82,000											0.54		SEE RELEASE	
15	X	24	119,000											0.53			
16	X	24	155,000											0.61			
17	X	24	126,000											0.64		SEE RELEASE	
18	X	24	85,000											0.49			
19	X	24	123,000											0.59		SEE RELEASE	
20	X	24	121,000											0.58			
21	X	24	123,000											0.62			
22	X	24	117,000											0.56			
23	X	24	101,000											0.52			
24	X	24	111,000											0.63			
25	X	24	107,000											0.62			
26	X	24	101,000											0.60			
27	X	24	128,000											0.65			
28	X	24	121,000											0.39			
29	X	24	82,000											0.42			
30														0.61			
31																	

* 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 page 4 for instructions.

I. General Information for the Month/Year of: MARCH 2004

A. Public Water System (PWS) Information

PWS Name: LAKE WALES UTILITY CO., LTD. PWS Identification Number: 3531008
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community Consecutive
Number of Service Connections at End of Month: 155 Total Population Served at End of Month: 2400
PWS Owner: LAKE WALES UTILITY ASSOC., LTD.
Contact Person: DAVID K. PEARCE Contact Person's Title: GENERAL MANAGER
Contact Person's Mailing Address: P.O. Box 9076 City: LAKE SHORE State: FL Zip Code: 33855
Contact Person's Telephone Number: (863) 696-1128 Contact Person's Fax Number: (863) 696-1128
Contact Person's E-Mail Address: LWKCO@MSN.COM

B. Water Treatment Plant Information

Plant Name: LAKE WALES UTILITY CO., LTD. Plant Telephone Number: (863) 696-1128
Plant Address: 10389 W. LEISURE LN City: NALCRESS State: FL Zip Code: 33856
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 5,382,000
Plant Category (per subsection 62-699.310(4), F.A.C.): 4 Plant Class (per subsection 62-699.310(4), F.A.C.): C
Licensed Operators: DAVID K. PEARCE License Number: 8184 Day(s)/Shift(s) Worked: 5 DAYS
Lead/Chief Operator: DAVID K. PEARCE
Other Operators:

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 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 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 owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date: David K. Pearce 4/6/05 Printed or Typed Name: DAVID K. PEARCE License Number: C-8184

Full Daily Log for the Month/Year of:

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)

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

Day of the Month	Plant Staffed or Visited by	Hours of Operation (Plat "X")	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 Involves Taking Water System Completely Out of Operation
				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	132,000									0.168
2	X	24	88,000									0.167
3	X	24	123,000									0.167
4	X	24	155,000									0.229
5	X	24	121,000									0.233
6	X	24	133,000									0.228
7	X	24	83,000									0.225
8	X	24	126,000									0.322
9	X	24	136,000									0.443
10	X	24	109,000									0.405
11	X	24	128,000									0.440
12	X	24	140,000									0.225
13	X	24	136,000									0.324
14	X	24	82,000									0.225
15	X	24	144,000									0.225
16	X	24	132,000									0.226
17	X	24	81,000									0.388
18	X	24	132,000									0.463
19	X	24	153,000									0.51
20	X	24	107,000									0.41
21	X	24	108,000									0.52
22	X	24	177,000									0.33
23	X	24	125,000									0.33
24	X	24	123,000									0.34
25	X	24	128,000									0.34
26	X	24	151,000									0.38
27	X	24	132,000									0.44
28	X	24	78,000									0.58
29	X	24	120,000									0.59
30	X	24	123,000									0.46
31	X	24	121,000									0.47
Total			3,734,000									0.49
Average			120,300									
Maximum			154,000									

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

ATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINIS- WATER

of: APRIL 2004

Utility Co., LTD. PWS Identification Number: 353100E

Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive

Month: 155 Total Population Served at End of Month: 2000

Utility Assoc., LTD

Contact Person's Title: GENERAL MANAGER

Box 9076 City: LAKE SHORE State: FL Zip Code: 33854

(813) 696-1128 Contact Person's Fax Number: (813) 696-1128

100@MSN.COM

Utility Co., LTD. Plant Telephone Number: (813) 696-1128

RE LN City: NALCREST State: FL Zip Code: 33856

Ground Water ☐ Purchased Finished Water

Volume of Plant, gallons per day: 5,382,000

4) F.A.C.P. 4 Plant Class (per subsection 62-699.310(4), F.A.C.P.): C

Name	License Class	License Number	Day(s)/Shift(s) Worked
<u>PEARCE</u>	<u>C</u>	<u>8184</u>	<u>5 DAYS</u>

I, DAVID K. PEARCE, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that I am licensed in Florida, to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to the standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records were maintained by the plant during the month indicated above: (1) records of amounts of chemicals used and chemical analysis records. Furthermore, I agree to provide these additional operations records to the PWS owner, so that the owner can review this report, at a convenient location for at least ten years.

Printed or Typed Name: DAVID K. PEARCE License Number: C-8184

Permit Number: 3531008

Plant Name: LAKE WALES UTILITY CO., LTD

Report for the Month/Year of: APRIL 2004

Means of Achieving Four-Log Virus Inactivation/Removal: *

☐ Ultraviolet Radiation ☐ Other (Describe):

☐ Free Chlorine

☐ Chlorine Dioxide

☐ Ozone

☐ Combined Chlorine (Chloramines)

Type of Disinfectant Residual Maintained in Distribution System:

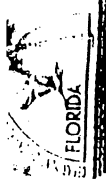
☒ Free Chlorine

☐ Combined Chlorine (Chloramines)

☐ Chlorine Dioxide

Day of the Month	Plant Staffed or Visited by	Hours of Operation	Net Quantity of Finished Water Produced, gal	CT Calculations				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	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work Involves Taking Water System Comp. Out of Operation.
				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						
1	X	24	124,000									0.51	
2	X	24	150,000									0.48	
3	X	24	105,000									0.54	
4	X	24	122,000									0.50	
5	X	24	132,000									0.58	
6	X	24	113,000									0.54	
7	X	24	118,000									0.73	
8	X	24	131,000									0.49	
9	X	24	168,000									0.40	
10	X	24	84,000									0.51	
11	X	24	116,000									0.44	
12	X	24	81,000									0.36	
13	X	24	104,000									0.28	
14	X	24	105,000									0.41	
15	X	24	121,000									0.44	
16	X	24	158,000									0.49	
17	X	24	86,000									0.62	
18	X	24	94,000									0.57	
19	X	24	118,000									0.64	
20	X	24	123,000									0.58	
21	X	24	128,000									0.53	
22	X	24	101,000									0.60	
23	X	24	159,000									0.58	
24	X	24	84,000									0.65	
25	X	24	120,000									0.60	
26	X	24	104,000									0.56	
27	X	24	104,000									0.71	
28	X	24	83,000									0.59	
29	X	24	109,000									0.58	
30	X	24	123,000									0.44	
31	X	24	123,000									0.44	
Total			3,490,000										
Average			116,300										
Maximum			168,000										

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



MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

I. General Information for the Month/Year of:

Public Water System (PWS) Information

PWS Name: LAKE WALES UTILITY CO., LTD. PWS Identification Number: 353100E

PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community

Number of Service Connections at End of Month: 156

PWS Owner: LAKE HAVEN UTILITY ASSOCIATES

Contact Person: DAVID K. PEARCE

Contact Person's Mailing Address: 803 BOYD AVE

Contact Person's Telephone Number: 803 696-1128

Contact Person's E-Mail Address: LWU@MEN.COM

Contact Person's Title: GENERAL MANAGER

Contact Person's City: LAKE SHORE State: FL Zip Code: 33855

Contact Person's Fax Number: SAME

B. Water Treatment Plant Information

Plant Name: LAKE WALES UTILITY CO., LTD.

Plant Address: 10389 W. LEISURE LN

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

Plant Telephone Number: 803 696-1128

Plant State: FL

Plant Zip Code: 33855

Plant Category (per subsection 62-699.310(4), F.A.C.): 4

Plant Class (per subsection 62-699.310(4), F.A.C.): C

Plant License Number: 8184

Plant Day(s)/Shift(s) Worked: 5 DAYS

Licensed Operators: DAVID K. PEARCE

Lead/Chief Operator: DAVID K. PEARCE

Other Operators:

III. 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 comply with 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 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 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 owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date: DAVID K. PEARCE 6/7/04 License Number: C-8184

WORLDWIDE OPERATION REPORT FOR PWSS TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

Identification Number: 3531000 Plant Name: LAKE WALES UTILITY CO., LTD

Days of Operation: ☒ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)

Days of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Days Plant Staffed or Visited by	Hours of Operation (Place Plant in "A")	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*					UV Dose		Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work Involves Taking Water System Completely Out of Operation
			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	
X	24	86,000								0.76	
X	24	104,000								0.80	
X	24	77,000								0.78	
X	24	79,000								0.88	
X	24	91,000								0.86	
X	24	175,000								0.83	
X	24	105,000								0.87	
X	24	115,000								0.78	
X	24	72,000								0.85	
X	24	100,000								0.88	
X	24	116,000								0.89	
X	24	17,000								0.92	
X	24	17,000								0.96	
X	24	18,000								0.93	
X	24	113,000								0.95	
X	24	78,000								0.94	
X	24	101,000								0.96	
X	24	153,000								1.00	
X	24	73,000								0.84	
X	24	72,000								0.80	
X	24	136,000								0.75	
X	24	110,000								0.78	
X	24	75,000								0.62	
X	24	121,000								0.54	
X	24	120,000								0.50	
X	24	134,000								0.61	
X	24	95,000								0.68	
X	24	102,000								0.70	
X	24	134,000								0.84	
X	24	113,000								0.81	
X	24	147,000								0.78	



I. General Information for the Month/Year of: JUNE 2004

A. Public Water System (PWS) Information			
PWS Name: LAKE WALES UTILITY CO., LTD.			
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community		PWS Identification Number: 3531008	
Number of Service Connections at End of Month: 156		☐ Consecutive	
PWS Owner: LAKEHAVEN UTILITY ASSOCIATES, LTD		Total Population Served at End of Month: 2,000	
Contact Person: David K. Pearce			
Contact Person's Mailing Address: P.O. Box 9076			
Contact Person's Telephone Number: (863) 696-1128		City: Lakeshore State: FL Zip Code: 33854	
Contact Person's E-Mail Address: LWUCO@MSN.COM			
B. Water Treatment Plant Information			

[illegible]

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.

David K. Pearce

C-8184

License Number



I. General Information for the Month/Year of: JULY 2004

A. Public Water System (PWS) Information

B. Water Treatment Plant Information

II. Certification by Lead/Chief Operator

Quaker Village 8/4/04

C-8184

License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3531008

Plant Name: LAKE WALES UTILITY CO., LTD

III. Daily Data for the Month/Year of: JULY 2004

Means of Achieving Four-Log Virus Inactivation/Removal: *

☐ Ultraviolet Radiation ☐ Other (Describe):

☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)

Type of Disinfectant Residual Maintained in Distribution System:

☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours of Operation	Net Quantity of Water Produced, gal	Peak Flow Rate, gpd	CFC Calculations of UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable					pH of Water, if Applicable, mg-min/L	Minimum UV Dose Required, mJ sec/cm ²	Lowest Operating UV Dose, mJ sec/cm ²	Minimum UV Dose Required, mJ sec/cm ²	Lowest Residual Disinfectant Concentration (G) Before or During Peak Flow, mg-min/L	Term of Water, °C	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
					Lowest Residual Disinfectant Concentration (G) Before or During Peak Flow, mg-min/L	Point During Peak Flow, minutes	Disinfection Time, minutes	Lowest CT Provided Before or During Peak Flow, mg-min/L	Term of Water, °C							
1		24	153,000													
2	X	24	102,000													
3	X	24	117,000													
4	X	24	108,000													
5	X	24	74,000													
6	X	24	153,000													
7	X	24	74,000													
8	X	24	108,000													
9	X	24	131,000													
10	X	24	92,000													
11	X	24	106,000													
12	X	24	110,000													
13	X	24	93,000													
14	X	24	93,000													
15	X	24	114,000													
16	X	24	129,000													
17	X	24	94,000													
18	X	24	77,000													
19	X	24	74,000													
20	X	24	83,000													
21	X	24	97,000													
22	X	24	106,000													
23	X	24	115,000													
24	X	24	117,000													
25	X	24	95,000													
26	X	24	89,000													
27	X	24	115,000													
28	X	24	72,000													
29	X	24	112,000													
30	X	24	117,000													
31	X	24	110,000													
Total			3,230,000													
Average			104,193													
Maximum			153,000													

* 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

page 4 for instructions.

General Information for the Month/Year of: AUGUST 2004	
Public Water System (PWS) Information	
PWS Name: LAKE WALES UTILITY CO., LTD.	PWS Identification Number: 3531008
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive	
Number of Service Connections at End of Month: 156	Total Population Served at End of Month: 2,000
PWS Owner: LAKEHAVEN UTILITY ASSOCIATES, LTD	
Contact Person: David K. Pearce	
Contact Person's Mailing Address: P.O. Box 9076	Contact Person's Title: GENERAL MANAGER
Contact Person's Telephone Number: (863) 696-1128	City: Lakeshore State: FL Zip Code: 33854
Contact Person's E-Mail Address: LWUCO@MSN.COM	Contact Person's Fax Number: (863) 696-1128
Water Treatment Plant Information	
Plant Name: LAKE WALES UTILITY CO., LTD	Plant Telephone Number: (863) 696-1128
Plant Address: 10389 West Leisure Lane	City: Nalcrest State: FL Zip Code: 33856
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 5,382,000	
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	
Licensed Operators	Plant Class (per subsection 62-699.310(4), F.A.C.): C
Lead/Chief Operator: David K. Pearce	License Number: 8184 Day(s)/Shift(s) Worked: 5
Other Operators:	

Certification by Lead/Chief Operator	
I, 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 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.	
David K. Pearce 9/7/04	David K. Pearce
Signature and Date	C-8184 License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3531008

Plant Name: LAKE WALES UTILITY CO., LTD

Report for the Month/Year of: **AUGUST 2004**

☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)

☐ Ultraviolet Radiation ☐ Other (Describe):

Month	Day of the Month	Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Disinfection Conditions				Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW/cm ²	Lowest UV Dose, mW/cm ²	Lowest Residual Disinfectant Concentration at Remote Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
						Disinfectant Contact Time (T) at C	Disinfectant Measurement Point During Peak Flow, minutes	Temp. of Water, °C	pH of Water, if Applicable					
1	X	X	24	77,000									1.20	
2	X	X	24	72,000									1.20	
3	X	X	24	114,000									0.98	
4	X	X	24	71,000									1.00	
5	X	X	24	112,000									0.79	
6	X	X	24	111,000									0.71	
7	X	X	24	75,000									0.97	
8	X	X	24	38,000									1.20	
9	X	X	24	75,000									0.81	
10	X	X	24	111,000									0.79	
11	X	X	24	62,000									1.30	
12	X	X	24	74,000									1.00	
13	X	X	24	0									0.86	SYSTEM DOWN-HURRICANE CHARLEY
14	X	X	24	0									0.76	"
15	X	X	24	0									0.00	"
16	X	X	24	0									0.00	"
17	X	X	24	0									0.00	"
18	X	X	24	105,000									0.85	
19	X	X	24	104,000									0.88	BOIL WATER NOTICES TO SYSTEM
20	X	X	24	57,000									0.74	
21	X	X	24	75,000									0.79	
22	X	X	24	73,000									0.88	
23	X	X	24	64,000									0.74	
24	X	X	24	75,000									0.88	BOIL WATER RECISSION NOTICES
25	X	X	24	75,000									0.91	
26	X	X	24	75,000									0.97	
27	X	X	24	70,000									1.00	
28	X	X	24	75,000									1.20	
29	X	X	24	78,000									1.10	
30	X	X	24	75,000									1.20	
31	X	X	24	64,000									1.20	
Total				2,057,000										
Average				66,354										
Maximum				114,000										

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



I. General Information for the Month/Year of: SEPTEMBER 2004

B. Water Treatment Plant Information

Plant Name: LAKE WALES UTILITY CO., LTD	
Plant Address: 10389 West Leisure Lane	City: Nalcrest
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water	Plant Telephone Number: (863) 696-1128
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 5,382,000	State: FL Zip Code: 33856
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	
Plant Class (per subsection 62-600.210(4), F.A.C.): C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operators	David K. Pearce	C	8184	5
Other Operators				

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

License Number

Identification Number: 3531008

Plant Name: LAKE WALES UTILITY CO., LTD

Means of Achieving Four-Log Virus Inactivation/Removal: *

Means of Achieving Four-Log Virus Inactivation/Removal: *

☐ Ultraviolet Radiation
☐ Other (Describe):Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Free Chlorine☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine

Dioxide

[illegible]

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 page 4 for instructions.

General Information for the Month/Year of: OCTOBER 2004	
Public Water System (PWS) Information	
PWS Name: LAKE WALES UTILITY CO., LTD.	PWS Identification Number: 3531008
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community	☐ Consecutive
Number of Service Connections at End of Month: 156	Total Population Served at End of Month: 2,000
PWS Owner: LAKEHAVEN UTILITY ASSOCIATES, LTD	
Contact Person: David K. Pearce	Contact Person's Title: GENERAL MANAGER
Contact Person's Mailing Address: P.O. Box 9076	City: Lakeshore State: FL Zip Code: 33854
Contact Person's Telephone Number: (863) 696-1128	Contact Person's Fax Number: (863) 696-1128
Contact Person's E-Mail Address: LWUCO@MSN.COM	

Water Treatment Plant Information	
Plant Name: LAKE WALES UTILITY CO., LTD	Plant Telephone Number: (863) 696-1128
Plant Address: 10389 West Leisure Lane	City: Nalcrest State: FL Zip Code: 33856
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 5,382,000	
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C
Licensed Operators	License Class License Number
Lead/Chief Operator: David K. Pearce	C 8184
Other Operators:	Day(s)/Shift(s) Worked
	5

1. 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: <i>David K. Pearce</i>	David K. Pearce
Date: 11/01/04	
Signature and Date	C-8184 License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3531008

Plant Name: LAKE WALES UTILITY CO., LTD

II. Daily Data for the Month/Year of: OCTOBER 2004

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose					
				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/cm²	Minimum UV Dose Required, mW-sec/cm²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24	142,000										1.00	
2	X	24	98,000										1.10	
3	X	24	79,000										1.00	
4	X	24	101,000										1.20	
5	X	24	41,000										1.10	
6	X	24	115,000										0.80	
7	X	24	106,000										1.10	
8	X	24	133,000										1.00	
9	X	24	86,000										0.72	
10	X	24	130,000										0.79	
11	X	24	86,000										1.00	
12	X	24	116,000										0.73	
13	X	24	133,000										0.89	
14	X	24	86,000										0.75	
15	X	24	125,000										0.73	
16	X	24	133,000										0.78	
17	X	24	86,000										0.96	
18	X	24	115,000										0.79	
19	X	24	118,000										0.74	
20	X	24	114,000										0.80	
21	X	24	124,000										0.72	
22	X	24	134,000										0.79	
23	X	24	126,000										0.85	
24	X	24	85,000										0.98	
25	X	24	127,000										0.81	
26	X	24	145,000										0.85	
27	X	24	128,000										1.10	
28	X	24	138,000										0.83	
29	X	24	145,000										0.91	
30	X	24	125,000										0.97	
31	X	24	89,000										0.93	
Total			3,509,000											
Average			113,193											
Maximum			145,000											

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

See page 4 for instructions.

I. General Information for the Month/Year of: NOVEMBER 2004

A. Public Water System (PWS) Information

PWS Name: LAKE WALES UTILITY CO., LTD.	PWS Identification Number: 3531008
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive	
Number of Service Connections at End of Month: 156	Total Population Served at End of Month: 2,000
PWS Owner: LAKEHAVEN UTILITY ASSOCIATES, LTD	
Contact Person: David K. Pearce	Contact Person's Title: GENERAL MANAGER
Contact Person's Mailing Address: P.O. Box 9076	City: Lakeshore State: FL Zip Code: 33854
Contact Person's Telephone Number: (863) 696-1128	Contact Person's Fax Number: (863) 696-1128
Contact Person's E-Mail Address: LWUCO@MSN.COM	

B. Water Treatment Plant Information

Plant Name: LAKE WALES UTILITY CO., LTD	Plant Telephone Number: (863) 696-1128
Plant Address: 10389 West Leisure Lane	City: Nalcrest State: FL Zip Code: 33856
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 5,382,000	
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C
Licensed Operators	License Class License Number Day(s)/Shift(s) Worked
Lead/Chief Operator: David K. Pearce	C 8184 5
Other Operators:	

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 David K. Pearce 12/2/04 David K. Pearce

C-8184
License Number

MONTHLY OPERATION REPORT FOR PWSSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3531008

Plant Name: LAKE WALES UTILITY CO., LTD

II. Daily Data for the Month/Year of: NOVEMBER 2004

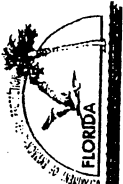
Means of Achieving Four-Log Virus Inactivation/Removal: *

☐ Ultraviolet Radiation ☐ Other (Describe): ☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)

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

Day of the month	Days Plant Staffed or Visited by Operator (Place "X")	Hours 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
				Lowest Residual Disinfectant Concentration (C) Before or During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1		24	178,000									0.91		
2	X	24	112,000									0.88		
3	X	24	123,000									0.87		
4	X	24	170,000									0.84		
5	X	24	124,000									0.95		
6	X	24	132,000									0.92		
7	X	24	118,000									0.89		
8	X	24	145,000									0.78		
9	X	24	123,000									0.83		
10	X	24	132,000									0.90		
11	X	24	124,000									0.93		
12	X	24	133,000									0.88		
13	X	24	149,000									0.92		
14	X	24	102,000									0.96		
15	X	24	139,000									0.91		
16	X	24	126,000									0.87		
17	X	24	129,000									0.84		
18	X	24	139,000									0.78		
19	X	24	127,000									0.84		
20	X	24	162,000									0.88		
21	X	24	119,000									0.90		
22	X	24	170,000									0.78		
23	X	24	158,000									0.84		
24	X	24	200,000									0.79		
25	X	24	119,000									0.81		
26	X	24	169,000									0.74		
27	X	24	166,000									0.83		
28	X	24	129,000									0.90		
29	X	24	171,000									0.79		
30	X	24	158,000									0.89		
31														
total			4,246,000											
average			141,533											
maximum			200,000											

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

See page 4 for instructions.

I. General Information for the Month/Year of: DECEMBER 2004	
Public Water System (PWS) Information	
PWS Name: LAKE WALES UTILITY CO., LTD	PWS Identification Number: 3531008
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive	
Number of Service Connections at End of Month: 165	Total Population Served at End of Month: 2,200
PWS Owner: LAKE HAVEN UTILITY ASSOCIATES LTD.	
Contact Person: David K. Pearce	
Contact Person's Mailing Address: P.O. Box 9076	Contact Person's Title: GENERAL MANAGER
Contact Person's Telephone Number: (863) 696-1128	City: Lakeshore State: FL Zip Code: 33854
Contact Person's E-Mail Address: LWUCO@MSN.COM	Contact Person's Fax Number: SAME
Water Treatment Plant Information	
Plant Name: LAKE WALES UTILITY CO., LTD.	
Plant Address: 10389 West Leisure Lane	Plant Telephone Number: (863) 696-1128
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water	City: Nalcrest State: FL Zip Code: 33856
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 5,382,000	
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	
Licensed Operators	Plant Class (per subsection 62-699.310(4), F.A.C.): C
Lead/Chief Operator: David K Pearce	License Number: 8184 Day(s)/Shift(s) Worked: 5
Other Operators:	

I. Certification by Lead/Chief Operator	
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: <i>David K Pearce</i> 1/03/05	Printed or Typed Name: David K Pearce
	License Number: C-8184

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3531008

Plant Name: LAKE WALES UTILITY CO., LTD.

III. Daily Data for the Month/Year of: DECEMBER 2004

Means of Achieving Four-Log Virus Inactivation/Removal: *

☐ Ultraviolet Radiation ☐ Other (Describe):

☒ Free Chlorine

☐ Chlorine Dioxide

☐ Ozone

☐ Combined Chlorine (Chloramines)

Type of Disinfectant Residual Maintained in Distribution System:

☒ Free Chlorine

☐ Combined Chlorine (Chloramines)

☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited	Hours of Operation (Place "X")	Net Quantity of Finished Water Produced, gal	CT Calculations or UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable*				Temp. of Water, °C	pH of Water, if Applicable	Minimum Required, mg-min/L	Minimum Operating UV Dose, mW-sec/cm ²	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
				Lowest Residual Disinfectant Concentration (C) Before or After Customer Peak Flow, mg-min/L	Disinfectant Contact Time (T) at First Measurement, minutes	Lowest CT Provided Before or After Customer Peak Flow, mg-min/L	UV Dose						
1	X	24	87,000									1.00	
2	X	24	78,000									0.92	
3	X	24	131,000									1.00	
4	X	24	116,000									1.10	
5	X	24	145,000									1.00	
6	X	24	107,000									1.00	
7	X	24	102,000									1.00	
8	X	24	143,000									1.00	
9	X	24	118,000									1.00	
10	X	24	101,000									1.00	
11	X	24	91,000									1.10	
12	X	24	116,000									1.00	
13	X	24	82,000									1.00	
14	X	24	119,000									1.10	
15	X	24	112,000									1.00	
16	X	24	109,000									1.00	
17	X	24	163,000									1.20	
18	X	24	163,000									1.00	
19	X	24	165,000									0.77	
20	X	24	114,000									0.90	
21	X	24	136,000									1.00	
22	X	24	105,000									1.10	
23	X	24	124,000									1.10	BOIL WATER TO GRANADA CONDOS
24	X	24	145,000									1.10	B/W RESCISSION TO GRANADA
25	X	24	107,000									1.10	
26	X	24	90,000									1.10	
27	X	24	109,000									1.10	
28	X	24	126,000									1.20	
29	X	24	134,000									1.10	
30	X	24	98,000									1.20	BOIL WATER TO GRANADA BLDG H
31	X	24	159,000									1.10	B/W RESCISSION TO GRANADA BLDG H
Total			3,695,000									1.00	
Average			119,193										
Maximum			165,000										

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



I. General Information for the Month/Year of: JANUARY 2005			
A. Public Water System (PWS) Information			
PWS Name: LAKE WALES UTILITY CO., LTD.		PWS Identification Number: 3531008	
PWS Type:	☒ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community
Number of Service Connections at End of Month: 156		Consecutive	
PWS Owner: LAKEHAVEN UTILITY ASSOCIATES, LTD		Total Population Served at End of Month: 2,000	
Contact Person: David K. Pearce			
Contact Person's Mailing Address: P.O. Box 9076		Contact Person's Title: GENERAL MANAGER	
Contact Person's Telephone Number: (863) 696-1128		City: Lakeshore	State: FL
Contact Person's E-Mail Address: LWUCO@MSN.COM		Zip Code: 33854	
Contact Person's Fax Number: (863) 696-1128			

Plant Name: LAKE WALES UTILITY CO., LTD		Plant Telephone Number: (863) 696-1128	
Plant Address: 10389 West Leisure Lane		City: Nalcrest	State: FL
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water		Zip Code: 33856	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 5,382,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV			
Plant Class (per subsection 62-699.310(4), F.A.C.): C			

Plant Category (per subsection 62-699.310(4), F.A.C.): IV

Plant Class (per subsection 62-699.310(4), F.A.C.): C

[illegible]

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.

David K. Pearce

C-8184

License Number

PWS Identification Number: 3531008

Plant Name: LAKE WALES UTILITY CO., LTD

III. Daily Data for the Month/Year of: JANUARY 2005

Means of Achieving Four-Log Virus Inactivation/Removal: *

☐ Ultraviolet Radiation

Free Chlorine	Chlorine Dioxide	Ozone	Combined Chlorine (Chloramines)
☐	☐	☐	☐

Type of Disinfectant Residual Maintained in Distribution System:

☒ Free Chlorine	☐ Combined Chlorine (Chloramines)	☐ Chlorine Dioxide
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[illegible]

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



I. General Information for the Month/Year of:

[illegible]

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.

Donald R. Pearce 3/6/05

David K. Pearce

C-8184
License Number



MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

I. General Information for the Month/Year of: MAR 2005

A. Public Water System (PWS) Information

PWS Name: LAKE WALES UTILITY CO., LTD.	PWS Identification Number: 3531008
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive	
Number of Service Connections at End of Month: 156	Total Population Served at End of Month: 2,000
PWS Owner: LAKEHAVEN UTILITY ASSOCIATES, LTD	
Contact Person: David K. Pearce	Contact Person's Title: GENERAL MANAGER
Contact Person's Mailing Address: P.O. Box 9076	City: Lakeshore State: FL Zip Code: 33854
Contact Person's Telephone Number: (863) 696-1128	Contact Person's Fax Number: (863) 696-1128
Contact Person's E-Mail Address: LWUCO@MSN.COM	

B. Water Treatment Plant Information

Plant Name: LAKE WALES UTILITY CO., LTD	Plant Telephone Number: (863) 696-1128
Plant Address: 10389 West Leisure Lane	State: FL Zip Code: 33856
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 5,382,000	
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C
Licensed Operators	License Class: License Number: 8184
Lead/Chief Operator: David K. Pearce	Day(s)/Shift(s) Worked: 5
Other Operators	

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 David K. Pearce 4/6/05 David K. Pearce C-8184 License Number



I. General Information for the Month/Year of: APRIL 2005

A. Public Water System (PWS) Information

B. Water Treatment Plant Information

II. Certification by Lead/Chief Operator

David K. Pearce 5/3/05

C-8184
License Number



MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

I. General Information for the Month/Year of: MAY 2005

A. Public Water System (PWS) Information

PWS Name: LAKE WALES UTILITY CO., LTD.	PWS Identification Number: 3531008
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive	
Number of Service Connections at End of Month: 156	Total Population Served at End of Month: 2,000
PWS Owner: LAKEHAVEN UTILITY ASSOCIATES, LTD	
Contact Person: David K. Pearce	Contact Person's Title: GENERAL MANAGER
Contact Person's Mailing Address: P.O. Box 9076	City: Lakeshore State: FL Zip Code: 33854
Contact Person's Telephone Number: (863) 696-1128	Contact Person's Fax Number: (863) 696-1128
Contact Person's E-Mail Address: LWUCO@MSN.COM	

B. Water Treatment Plant Information

Plant Name: LAKE WALES UTILITY CO., LTD	Plant Telephone Number: (863) 696-1128
Plant Address: 10389 West Leisure Lane	State: FL Zip Code: 33856
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 5,382,000	
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C
Licensed Operators	License Number: 8184 Day(s)/Shift(s) Worked: 5
Lead/Chief Operator: David K. Pearce	
Other Operators:	

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: David K. Pearce 6/5/05

David K. Pearce

C-8184

License Number

MONTHLY OPERATION REPORT FOR PWSS TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3531008

Plant Name: LAKE WALES UTILITY CO., LTD

III. Daily Data for the Month/Year of: MAY 2005

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

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide									
Days Plant Staffed for Visited by Operator (Place "X")	Hours of Plant Operation (Place "X")	Net Quantity of Water Produced, gal	CT Calculations, or UV Dose, as Demonstrated by Log Virus Inactivation, if Applicable*				Lowest Residual Disinfectant Concentration	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
			Lowest Residual Disinfectant Concentration (C) Before First Customer During Peak Flow, mg/L	Disinfection Contact Time (t) at Water, minutes	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²			
1	X	24	85,000					0.70	
2	X	24	84,000					0.80	
3	X	24	120,000					0.78	
4	X	24	80,000					0.79	
5	X	24	94,000					.86	
6	X	24	72,000					1.10	
7	X	24	95,000					1.00	
8	X	24	96,000					1.00	
9	X	24	102,000					1.10	
10	X	24	105,000					1.10	
11	X	24	93,000					1.10	
12	X	24	144,000					1.10	
13	X	24	105,000					1.20	
14	X	24	97,000					1.10	
15	X	24	137,000					1.10	
16	X	24	88,000					1.20	
17	X	24	128,000					1.10	
18	X	24	100,000					1.20	
19	X	24	139,000					1.10	
20	X	24	128,000					1.10	
21	X	24	78,000					1.10	
22	X	24	109,000					1.10	
23	X	24	88,000					1.00	
24	X	24	143,000					1.00	
25	X	24	89,000					1.10	
26	X	24	101,000					1.10	
27	X	24	102,000					1.10	
28	X	24	97,000					1.20	
29	X	24	108,000					1.10	
30	X	24	89,000					1.20	
31			103,000					1.10	
Total			3,199,000						
Average			103,193						
Maximum			144,000						

* 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

page 4 for instructions.

General Information for the Month/Year of: JUNE 2005	
Public Water System (PWS) Information	
PWS Name: LAKE WALES UTILITY CO., LTD.	PWS Identification Number: 3531008
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive	
Number of Service Connections at End of Month: 156	Total Population Served at End of Month: 2,000
PWS Owner: LAKEHAVEN UTILITY ASSOCIATES, LTD	
Contact Person: David K. Pearce	Contact Person's Title: GENERAL MANAGER
Contact Person's Mailing Address: P.O. Box 9076	City: Lakeshore State: FL Zip Code: 33854
Contact Person's Telephone Number: (863) 696-1128	Contact Person's Fax Number: (863) 696-1128
Contact Person's E-Mail Address: LWUCO@MSN.COM	
Water Treatment Plant Information	
Plant Name: LAKE WALES UTILITY CO., LTD	Plant Telephone Number: (863) 696-1128
Plant Address: 1889 West Leisure Lane	City: Nalcrest State: FL Zip Code: 33856
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 5,382,000	
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C
Licensed Operators	License Class License Number Day(s)/Shift(s) Worked
Lead/Chief Operator: David K. Pearce	C 8184 5
Other Operators:	

Certification by Lead/Chief Operator

I, 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 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.

David K. Pearce 7/1/05
Signature and Date

C-8184
License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

WS Identification Number: 3531008

Plant Name: LAKE WALES UTILITY CO., LTD

1. Daily Data for the Month/Year of: JUNE 2005

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 for UV Doses or Doses of Free Chlorine, Chlorine Dioxide, or Ozone Virus Inactivation, if Applicable									
Days Plant Staffed or Visited by Operator (Place "X" in front of "X")	Flow of Finished Water Produced, gal	Peak Flow Rate, gpd	Flow, mg/L	Disinfection Time, minutes	Free Chlorine Residual, mg/L	pH of Water, if Applicable	Minimum UV Dose, mJ/cm ²	UV Dose, mJ/cm ²	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	24	68,000							
2	X	24	97,000						
3	X	24	99,000						
4	X	24	65,000						
5	X	24	66,000						
6	X	24	91,000						
7	X	24	100,000						
8	X	24	98,000						
9	X	24	66,000						
10	X	24	102,000						
11	X	24	94,000						
12	X	24	56,000						
13	X	24	76,000						
14	X	24	90,000						
15	X	24	94,000						
16	X	24	97,000						
17	X	24	96,000						
18	X	24	67,000						
19	X	24	95,000						
20	X	24	72,000						
21	X	24	89,000						
22	X	24	71,000						
23	X	24	88,000						
24	X	24	87,000						
25	X	24	94,000						
26	X	24	67,000						
27	X	24	96,000						
28	X	24	69,000						
29	X	24	101,000						
30	X	24	71,000						
31									
Total			2,522,000						
Average			84,066						
Maximum			102,000						

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



JULY 2005

A. Public Water System (PWS) Information

[illegible]

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.

David K. Pearce

C-8184
License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3531008

Plant Name: LAKE WALES UTILITY CO., LTD

III. Daily Data for the Month/Year of: JULY 2005

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Days Plant Staffed or Visited by Operator (Place "X")	Hours of Operation (Place "X")	Peak Flow Rate, gpd	Peak Flow Rate, mg/L	CT Calculations or Log Dose to Demonstrate Four-Log Virus Inactivation, if Applicable				pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW- sec/cm ²	Lowest Minimum UV Dose Required, mW- sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point of Distribution, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Lowest Residual Disinfectant Concentration (G) Before or at First Customer During Peak Flow, mg-min/L	Disinfectant Concentration (G) at First Customer During Peak Flow, mg-min/L	Disinfectant Concentration (G) at First Customer During Peak Flow, mg-min/L	Disinfectant Concentration (G) at First Customer During Peak Flow, mg-min/L						
1	X	24	123,000									0.99	
2	X	24	65,000									0.98	
3	X	24	96,000									1.00	
4	X	24	99,000									1.00	
5	X	24	105,000									1.00	
6	X	24	93,000									1.00	
7	X	24	96,000									1.10	
8	X	24	104,000									0.97	
9	X	24	95,000									0.92	
10	X	24	101,000									0.95	
11	X	24	97,000									0.93	
12	X	24	101,000									1.00	
13	X	24	85,000									1.00	
14	X	24	102,000									1.00	
15	X	24	99,000									1.10	
16	X	24	101,000									0.99	
17	X	24	101,000									.90	
18	X	24	100,000									0.98	
19	X	24	96,000									0.96	
20	X	24	102,000									0.94	
21	X	24	133,000									0.99	
22	X	24	102,000									1.00	
23	X	24	124,000									1.00	
24	X	24	65,000									1.00	
25	X	24	100,000									0.98	
26	X	24	96,000									1.00	
27	X	24	103,000									0.95	
28	X	24	115,000									0.89	
29	X	24	137,000									0.80	
30	X	24	104,000									1.10	
31	X	24	78,000									1.10	
Total			3,118,000										
Average			100,580										
Maximum			137,000										

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



I. General Information for the Month/Year of: AUGUST 2005			
A. Public Water System (PWS) Information			
PWS Name: LAKE WALES UTILITY CO., LTD.		PWS Identification Number: 3531008	
PWS Type:	☒ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community
Number of Service Connections at End of Month: 156		Total Population Served at End of Month: 2,000	
PWS Owner: LAKEHAVEN UTILITY ASSOCIATES, LTD			
Contact Person: David K. Pearce			
Contact Person's Mailing Address: P.O. Box 9076		Contact Person's Title: GENERAL MANAGER	
Contact Person's Telephone Number: (863) 696-1128		City: Lakeshore	State: FL
Contact Person's E-Mail Address: LWUCO@MSN.COM		Contact Person's Fax Number: (863) 696-1128	
Water Treatment Plant Location:			

Water Treatment Plant Information		
Plant Name: LAKE WALES UTILITY CO., LTD	Plant Telephone Number: (863) 696-1128	
Plant Address: 10389 West Leisure Lane	City: Nalcrest	State: FL
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water	Zip Code: 33856	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 5,382,000		

[illegible]

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.

C-8184
License Number

MONTHLY OPERATION REPORT FOR PWSSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3531008

Plant Name: LAKE WALES UTILITY CO., LTD

III. Daily Data for the Month/Year of: AUGUST 2005

Means of Achieving Four-Log Virus Inactivation/Removal: *

☐ Ultraviolet Radiation ☐ Other (Describe):

☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide													
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours of Plant Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations				UV Dose					
				Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (t) at C, minutes	Lowest Residual Disinfectant Concentration (C) 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	98,000									1.10	
2	X	24	103,000									1.10	
3	X	24	101,000									1.20	
4	X	24	123,000									1.20	
5	X	24	104,000									1.10	
6	X	24	66,000									1.10	
7	X	24	68,000									0.85	
8	X	24	94,000									0.76	
9	X	24	101,000									0.76	
10	X	24	68,000									0.71	
11	X	24	92,000									0.69	
12	X	24	103,000									0.76	
13	X	24	98,000									0.86	
14	X	24	70,000									1.00	
15	X	24	92,000									1.00	
16	X	24	92,000									0.98	
17	X	24	102,000									0.99	
18	X	24	121,000									1.00	
19	X	24	118,000									1.10	
20	X	24	104,000									0.93	
21	X	24	103,000									0.90	
22	X	24	80,000									0.85	
23	X	24	72,000									0.78	
24	X	24	265,000									0.75	
25	X	24	87,000									0.86	
26	X	24	127,000									1.00	
27	X	24	77,000									1.00	
28	X	24	72,000									1.00	
29	X	24	78,000									1.10	
30	X	24	76,000									0.91	
31	X	24	82,000									0.90	
Total			3,037,000										
Average			97,967										
Maximum			265,000										

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



I. General Information for the Month/Year of:

A. Public Water System (PWS) Information

B. Water Treatment Plant Information

Plant Name: LAKE WALES UTILITY CO., LTD		Plant Telephone Number: (863) 696-1128	
Plant Address: 10389 West Leisure Lane		City: Nalcrest	Zip Code: 33856
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 5,382,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

II. Certification by Lead/Chief Operator

David K. Pearce 10/3/05

C-8184

License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3531008

Plant Name: LAKE WALES UTILITY CO., LTD

III. Plant Data for the Month/Year of: **SEPTEMBER 2005**

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 of Operation	Net Quantity of Water Produced, gal	Peak Flow Rate, gpd	CT Calculations, or UV Dose, (all Demonstrate Four-Log Virus Inactivation, if Applicable)					Temperature of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW/sec/cm	Minimum UV Dose Required, mW/sec/cm	Lowest Residual Disinfectant Concentration	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
					Lowest Residual Disinfectant Concentration	Disinfectant Contact Time, minutes	Measurement Point, During Peak Flow, minutes	Customer Peak Flow, mg-min/L	Temp. of Water, °C							
1		24	81,000													
2	X	24	81,000													
3	X	24	12,000													
4	X	24	46,000													
5	X	24	85,000													
6	X	24	110,000													
7	X	24	81,000													
8	X	24	83,000													
9	X	24	83,000													
10	X	24	122,000													
11	X	24	72,000													
12	X	24	100,000													
13	X	24	112,000													
14	X	24	123,000													
15	X	24	85,000													
16	X	24	133,000													
17	X	24	99,000													
18	X	24	93,000													
19	X	24	125,000													
20	X	24	90,000													
21	X	24	68,000													
22	X	24	125,000													
23	X	24	93,000													
24	X	24	125,000													
25	X	24	84,000													
26	X	24														
27	X	24														
28	X	24														
29	X	24														
30	X	24														
31																
Total			2,311,000													
Average			92,440													
Maximum			133,000													

FINISH WATER RECORDER IN-OP
AWAITING PARTS AND REPAIR BY
AWK INDUSTRIES

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



I. General Information for the Month/Year of: **OCTOBER 2005**

A. Public Water System (PWS) Information

B. Water Treatment Plant Information

II. Certification by Lead/Chief Operator

David K. Pearce 11/1/05

C-8184

License Number

MONTHLY OPERATION REPORT FOR PWSS TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3531008

Plant Name: LAKE WALES UTILITY CO., LTD

III. Daily Data for the Month/Year of: OCTOBER 2005

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									
* Calculations for UV Dose to Determine Four-Log Virus Inactivation, if Applicable:									
Day of the Month	Days Plant Staffed for Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before and After Customer Drinking Peak Flow, mg/L	Disinfection Contact Time (t) at C, minutes	Lowest Residual Disinfectant Concentration (C) After Disinfection, mg/L	Temperature of Water, °C	Minimum UV Dose Required, mJ/cm ²	Lowest UV Dose at Residual Disinfectant Concentration, mJ/cm ²
1	X	24							0.86
2	X	24							1.10
3	X	24							1.00
4	X	24							0.91
5	X	24							1.00
6	X	24							0.71
7	X	24							0.73
8	X	24							1.00
9	X	24							0.96
10	X	24							1.40
11	X	24							1.00
12	X	24							1.10
13	X	24							1.00
14	X	24							0.87
15	X	24							0.94
16	X	24							0.82
17	X	24							0.67
18	X	24							0.84
19	X	24							1.00
20	X	24							0.94
21	X	24							1.00
22	X	24							0.86
23	X	24							1.10
24	X	24							0.97
25	X	24							0.96
26	X	24							0.93
27	X	24							0.96
28	X	24							1.10
29	X	24							1.10
30	X	24							1.00
31		0							1.10
Total		0							
Average									
Maximum		0							

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



I. General Information for the Month/Year of: NOVEMBER 2005

I. General Information for the Month/Year of: NOVEMBER 2005

PWS Name: LAKE WALES UTILITY CO., LTD.		PWS Identification Number: 3531008	
PWS Type:	☒ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community
Number of Service Connections at End of Month: 156		Consecutive	
PWS Owner: LAKEHAVEN UTILITY ASSOCIATES, LTD		Total Population Served at End of Month: 2,000	
Contact Person: David K. Pearce			
Contact Person's Mailing Address: P.O. Box 9076		Contact Person's Title: GENERAL MANAGER	
Contact Person's Telephone Number: (863) 696-1128		City: Lakeshore	State: FL
Contact Person's E-Mail Address: LWUCO@MSN.COM		Zip Code: 33854	
Contact Person's Fax Number: (863) 696-1128			
Water Treatment Plant Information:			

Plant Name: LAKE WALES UTILITY CO., LTD		Plant Telephone Number: (863) 696-1128	
Plant Address: 10389 West Leisure Lane		City: Nalcrest	State: FL
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water		Zip Code: 33856	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 5,382,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV			
Plant Class (per subsection 62-699.310(4), F.A.C.): C			

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.

David K. Pearce 12/1/05

C-8184
License Number

MONTHLY OPERATION REPORT FOR PWSS TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3531008

Plant Name: LAKE WALES UTILITY CO., LTD

III. Daily Data for the Month/Year of: NOVEMBER 2005

Means of Achieving Four-Log Virus Inactivation/Removal: *

☐ Ultraviolet Radiation ☐ Other (Describe):

☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)

Type of Disinfectant Residual Maintained in Distribution System:

☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited	Hours of Operation (Place "X")	Net Quantity of Finished Water Produced (gal)	Peak Flow Rate (gpd)	CFE Calculations per MGD Dose to Determine Four-Log Virus Inactivation: Applicable					Lowest Residual Disinfectant Concentration (mg/L)	Minimum Operating UV Dose (mJ/cm ²)	Minimum UV Dose Required (mJ/cm ²)	Lowest Residual Disinfectant Concentration (mg/L)	Emergency or Abnormal Operating Condition: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
					Lowest Chlorine Provided (mg/L)	Chlorine Demand (mg/L)	Chlorine Residual (mg/L)	pH of Water at Applicable	Minimum Required (mg-min/L)					
1		24												
2	X	24											0.97	NOV 1 THRU TOTALIZER DOWN
3	X	24											0.95	AWAITING PARTS
4	X	24											1.00	
5	X	24											1.00	
6	X	24											0.98	
7	X	24											1.00	
8	X	24											0.96	
9	X	24											1.00	
10	X	24											1.00	
11	X	24											0.79	
12	X	24											0.63	
13	X	24											0.89	
14	X	24											0.83	
15	X	24											0.79	
16	X	24											0.75	
17	X	24											0.85	
18	X	24											1.00	
19	X	24											1.00	
20	X	24											1.00	
21	X	24											1.10	
22	X	24											1.10	
23	X	24	84,000										1.00	
24	X	24	154,000										1.10	
25	X	24	83,000										1.10	
26	X	24	116,000										1.20	
27	X	24	124,000										1.00	
28	X	24	108,000										1.10	
29	X	24	86,000										1.10	
30	X	24	114,000										0.93	
31	X	24	114,000										1.00	
			Total											
			Average											
			Maximum											

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



I. General Information for the Month/Year of:

A. Public Water System (PWS) Information

B. Water Treatment Plant Information

II. Certification by Lead/Chief Operator

David R. Pearce 1/3/06

C-8184
License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3531008 Plant Name: LAKE WALES UTILITY CO., LTD

Monthly Data for the Month/Year of: DECEMBER 2005

Means of Achieving Four-Log Virus Inactivation/Removal: *

☐ Ultraviolet Radiation ☐ Other (Describe):

☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide																					
Day of the Month	Days Plant Staffed for Visits	Hours of Operation (Place "X")	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	CT Calculations for 0.5 Dose (mg-min) Demonstrated for Log Virus Inactivation, if Applicable							Lowest Residual Disinfectant Concentration (C) Before Customer Peak Flow, mg/L	Time Between Disinfectant Measurements (minutes)	Lowest CT Provided to Customers During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum Required CT, mg-min/L	Operating UV Dose, mJ/cm ²	Minimum UV Dose Required, mJ/cm ²	Lowest Residual Disinfectant Concentration at Remote Point of Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
					Lowest Residual Disinfectant Concentration (C) Before Customer Peak Flow, mg/L	Time Between Disinfectant Measurements (minutes)	Lowest CT Provided to Customers During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum Required CT, mg-min/L	Operating UV Dose, mJ/cm ²										
1		24	122,000																		
2	X	24	119,000																		
3	X	24	115,000																		
4	X	24	108,000																		
5	X	24	110,000																		
6	X	24	108,000																		
7	X	24	109,000																		
8	X	24	83,000																		
9	X	24	138,000																		
10	X	24	70,000																		
11	X	24	101,000																		
12	X	24	109,000																		
13	X	24	106,000																		
14	X	24	108,000																		
15	X	24	92,000																		
16	X	24	145,000																		
17	X	24	105,000																		
18	X	24	74,000																		
19	X	24	93,000																		
20	X	24	123,000																		
21	X	24	110,000																		
22	X	24	106,000																		
23	X	24	145,000																		
24	X	24	108,000																		
25	X	24	68,000																		
26	X	24	112,000																		
27	X	24	119,000																		
28	X	24	128,000																		
29	X	24	109,000																		
30	X	24	134,000																		
31			107,000																		
Total			3,384,000																		
Average			109,161																		
Maximum			145,000																		

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMIT NUMBER: FLA110434-002-DW2P

Mr. David K. Pearce, Manager

Lake Wales Utility Company
P.O. Box 9076
Fedhaven, FL 33854

PERMITTEE NAME
MAILING ADDRESS

FACILITY: Lake Wales Utility Company WWTP
LOCATION: East Leisure Lane, Fedhaven
COUNTY: Polk

To: 040131

From: 040101

MONITORING PERIOD
Three Month Average Daily Flow:

CLASS SIZE:
N/A

LIMIT:
DISCHARGE POINT NUMBER: R001

REPORT: Monthly

GROUP: Domestic

WAFR SITE NUMBER: 34194

PLANT SIZE/TREATMENT TYPE: IIC

DMR Date: 06/00

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (existing permitted capacity)	Sample Measurement						
Flow (after expansion of the effluent disposal site)	Sample Measurement						
Flow	Sample Measurement						
CBODs	Sample Measurement						
CBODs	Sample Measurement						
Solids, Total Suspended	Sample Measurement						
Solids, Total Suspended	Sample Measurement						
pH	Sample Measurement						

Calculated Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average.

Calculated Rolling Three-month Average is the average of the current month's average and the preceding two (2) month's averages.

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
DAVID K. PEARCE GEN. MANAGER	David K. Pearce	(803) 646-1128	040203

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

DISCHARGE MONITORING REPORT - PART A (Continued)
 DISCHARGE POINT : JUMBER: R001

34194

FACILITY NAME Lake Wales Utility Company WWTP
 MON. H/YEAR 2004

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement		-1		#100/mL	Every 2 Weeks	Grab
Coliform, Fecal	Sample Measurement		-1		#100/mL	Monthly	-1
Total Residual Chlorine (For Disinfection)	Sample Measurement		61.52		Mg/L	7x Week	Grab
CBODs	Sample Measurement		151.3		Mg/L	Monthly	Grab
Solids, Total Suspended	Sample Measurement		62.5		Mg/L	Monthly	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA110434-002-DW2P (R001)

Three-month Average Daily Flow: ϕ 145'
(TM: DF/Permitted Capacity)x100: 72

Month/Year: ϕ 1/4

Lake Wales Utility Company WWTW

	Flow (MGD)	CBOD5 (mg/L)	THOD5 (mg/L)	TSS (mg/L)	THOD5 (mg/L)	pH (Min Max)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)
Code	50050	80082	30011	00530	00110	00400	74055	50060
Mon. Site	EFA-6636	EFA-6636	ONE-6636	EFA-6636	ONE-6636	EFA-6636	EFA-6636	EFA-6636
1	ϕ 139					7.24		ϕ 96
2	ϕ 186					7.25		ϕ 95
3	ϕ 148					7.52		ϕ 52
4	ϕ 110					7.32		ϕ 75
5	ϕ 149					7.20		1.16
6	ϕ 170	8.2	151.3	1.5	62.5	7.42	-1	ϕ 85
7	ϕ 149					7.40		ϕ 75
8	ϕ 156					7.44		ϕ 78
9	ϕ 162					7.45		ϕ 57
10	ϕ 182					7.29		ϕ 55
11	ϕ 136					7.41		ϕ 52
12	ϕ 145					7.54		ϕ 86
13	ϕ 145					7.36		ϕ 99
14	ϕ 167					7.41		ϕ 90
15	ϕ 142					7.34		ϕ 66
16	ϕ 163					7.32		ϕ 62
17	ϕ 145					7.57		ϕ 58
18	ϕ 160					7.58		ϕ 49
19	ϕ 155					7.34		ϕ 79
20	ϕ 151	15.4	200.0	4.0	79.0	7.32	2	ϕ 76
21	ϕ 158					7.45		ϕ 72
22	ϕ 155					7.48		ϕ 52
23	ϕ 161					7.46		ϕ 54
24	ϕ 136					7.50		ϕ 57
25	ϕ 154					7.42		ϕ 79
26	ϕ 153					7.31		1.22
27	ϕ 165					7.41		ϕ 56
28	ϕ 173					7.35		ϕ 61
29	ϕ 137					7.48		ϕ 85
30	ϕ 175					7.36		ϕ 95
31	ϕ 188					7.55		ϕ 56

PLANT STAFFING:

Day Shift Operator

Class: C

Certificate No: ϕ 012791

Name: W. Kent Hasdee

Night Shift Operator

Class: C

Certificate No: ϕ 017822

Name: JOHN H. RIDGWAY

Night Shift Operator

Class: C

Certificate No: ϕ 008832

Name: DAVID R. PEARCE

Lead Operator

Class: C

Certificate No: ϕ 008832

Name: DAVID R. PEARCE

Type of Effluent Disposal or Reclaimed Water Reuse:

LIMITED ACCESS SPRAYFIELD

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

Completed and this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMIT NUMBER: FLA110434-002-DW2P
 Mr. David K. Pearce, Manager
 Lake Wales Utility Company
 P.O. Box 9076
 Fedhaven, FL 33854
 Mr. David K. Pearce, Manager
 Lake Wales Utility Company WWTP
 East Leisure Lane, Fedhaven
 Polk

MONITORING PERIOD
 Three Month Average Daily Flow:
 CLASS SIZE:
 LIMIT:
 DISCHARGE POINT NUMBER:
 PLANT SIZE/TREATMENT TYPE:
 NO DISCHARGE FROM SITE:
 From: 040201
 To: 040229
 76% of capacity
 N/A
 Final
 R001
 IIC
 DMR Date: 06/00

REPORT:
 GROUP:
 WAFR SITE NUMBER:
 Monthly
 Domestic
 34194

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (existing permitted capacity)	Sample Measurement						
ARM Code: 00000 Mon Site No: EPA 11-66536	Permit Requirement (MADE)	MGD				Report Monthly	Calculated Roll-Avg
Flow (after expansion of the effluent disposal site)	Sample Measurement						
ARM Code: 00000 Mon Site No: EPA 11-66536	Permit Requirement (MADE)	MGD				Report Monthly	Calculated Roll-Avg
Flow	Sample Measurement						
ARM Code: 00000 Mon Site No: EPA 11-66536	Permit Requirement (MADE)	MGD				Report Monthly	Calculated Roll-Avg
BOD5	Sample Measurement						
ARM Code: 80082 Mon Site No: EPA 11-66536	Permit Requirement (MADE)	mg/L				Report Monthly	Calculated Roll-Avg
BOD5	Sample Measurement						
ARM Code: 80082 Mon Site No: EPA 11-66536	Permit Requirement (MADE)	mg/L				Report Monthly	Calculated Roll-Avg
Solids, Total Suspended	Sample Measurement						
ARM Code: 00050 Mon Site No: EPA 11-66536	Permit Requirement (MADE)	mg/L				Report Monthly	Calculated Roll-Avg
Solids, Total Suspended	Sample Measurement						
ARM Code: 00050 Mon Site No: EPA 11-66536	Permit Requirement (MADE)	mg/L				Report Monthly	Calculated Roll-Avg
PH	Sample Measurement						
ARM Code: 00000 Mon Site No: EPA 11-66536	Permit Requirement (MADE)	mg/L				Report Monthly	Calculated Roll-Avg

Calculated Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average.

Calculated Rolling Three-Month Average is the average of the current month's average and the preceding two (2) month's averages.

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
DAVID K. PEARCE GEN. MANAGER	David K. Pearce	(813) 696-1128	040309

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

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA110434-002-DW2P (R001)

Month/Year: 02/04

Three-month Average Daily Flow: 1,152
(TMADP/Permitted Capacity)x100: 76%

Lake Wales Utility Company WWTP

	Flow (MGID)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Min Max)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060
Mon. Site	EFA-6636	EFA-6636	EFA-6636	EFA-6636	EFA-6636	EFA-6636	EFA-6636	EFA-6636
1	.140					7.18		0.59
2	.174					7.39		0.73
3	.153	8.7	160.5	5.5	68.5	7.50	12	0.68
4	.164					7.40		0.59
5	.176					7.26		0.76
6	.145					7.28		0.92
7	.199					7.12		1.03
8	.147					7.38		0.78
9	.172					7.45		0.68
10	.123					7.27		0.74
11	.160					7.27		1.01
12	.165					7.32		0.57
13	.182					7.37		0.67
14	.145					7.51		0.54
15	.159					7.49		0.51
16	.152					7.45		0.53
17	.173	6.0	102.0	5.0	55.0	7.31	14	1.18
18	.159					7.46		0.92
19	.148					7.51		0.74
20	.153					7.45		0.62
21	.142					7.44		0.57
22	.119					7.39		0.54
23	.144					7.22		1.18
24	.162					7.33		0.73
25	.191					7.25		0.54
26	.163					7.38		1.01
27	.172					7.32		0.82
28	.167					7.54		0.55
29	.121					7.56		0.54
30								
31								

PLANT STAFFING:

Day Shift Operator

Class: C

Certificate No: 0012791

Name: W. KENT HARDEG

Evening Shift Operator

Class: C

Certificate No: 0012822

Name: JOHN H. RIDGEWAY, JR

Night Shift Operator

Class: C

Certificate No: 0008322

Name: DAVID K. PEARCE

Lead Operator

Class: C

Certificate No: 0008322

Name: DAVID K. PEARCE

Type of Effluent Disposal or Reclaimed Water Reuse:

LIMITED ACCESS SPRAYFIELD

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

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

When Completed

ERMITTEE NAME

DEPARTMENT NUMBER:

מכילתא דרבי יוחנן

MONITORING PERIOD
Three Month Average Daily Flow:

From: 024034/

To: *ep41331*

CLASS SIZE:
LIMIT:
DISCHARGE POINT NUMBER:
PLANT SIZE/TREATMENT TYPE:

REPORT: Monthly
GROUP: Domestic
WAFR SITE NUMBER: 34194

DMR Date: 06/00

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (existing permitted capacity)	Sample Measurement						
PARM Code: 8007 Mon Site No: EPA 11-6636	Permit Requirement (EDWADB)	MGD				Report Monthly	Calculated Roll-Avg
Flow (after expansion of the effluent disposal site)	Sample Measurement	MGD				Monthly	
PARM Code: 8007 Mon Site No: EPA 11-6636	Permit Requirement (EDWADB)	MGD				Report Monthly	Calculated Roll-Avg
Flow	Sample Measurement	MGD				7x week	meter
PARM Code: 8007 Mon Site No: EPA 11-6636	Permit Requirement (EDWADB)	MGD				5x Week	Recording Meter
CBOD5	Sample Measurement	7.52				MONTHLY	
PARM Code: 8007 Mon Site No: EPA 11-6636	Permit Requirement (EDWADB)	mg/l				Report Monthly	Calculated Roll-Avg
CBOD5	Sample Measurement	14.3				Every 2 weeks	8-Hour PPC
PARM Code: 8007 Mon Site No: EPA 11-6636	Permit Requirement (EDWADB)	mg/l				Every two weeks	8-Hour PPC
Solids, Total Suspended	Sample Measurement	2.11				Monthly	
PARM Code: 8007 Mon Site No: EPA 11-6636	Permit Requirement (EDWADB)	mg/l				Report Monthly	Calculated Roll-Avg
Solids, Total Suspended	Sample Measurement	5.83				Every 2 weeks	8-Hour PPC
PARM Code: 8007 Mon Site No: EPA 11-6636	Permit Requirement (EDWADB)	mg/l				Every two weeks	8-Hour PPC
pH	Sample Measurement	7.24				7x week	Grab
PARM Code: 8007 Mon Site No: EPA 11-6636	Permit Requirement (EDWADB)	mg/l				5x WEEK	Grab

calculated Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average.

Calculated Rolling Three-month Average is the average of the current month's average and the preceding two (2) month's averages.

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
DAVID L. PEARCE GEN. MANAGER	David L Pearce	(863) 960-1128	040412

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

DISCHARGE MONITORING REPORT - PART A (Continued)
 PERMIT NUMBER: FLA110434-002-DW2P
 DISCHARGE POINT NUMBER: R001

34194

FACILITY NAME: Lake Wales Utility Company WWTP
 MONTH/YEAR: 03/04

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement						
PARM Code: 01-6635	Permit Requirement		2.60	#100/mL	0	Every 2 weeks	Grab
Coliform, Fecal	Sample Measurement		6.0	#100/mL	0	Monthly	Grab
PARM Code: 01-6635	Permit Requirement		23.3	#100/mL	0	Report Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement		0.52	mg/L	0	7x week	Grab
PARM Code: 01-6635	Permit Requirement						Grab
CBOD5	Sample Measurement						
PARM Code: 01-6635	Permit Requirement		102.6	mg/L	0	Monthly	Grab
Solids, Total Suspended	Sample Measurement		78.3	mg/L	0	Monthly	Grab
PARM Code: 01-6635	Permit Requirement						Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA110434-002-DW2P (R001)

Month/Year: 03/04

Three-month Average Daily Flow: 0.157

(TMADF/Permitted Capacity)x100: 76.9%

Lake Wales Utility Company WWTTP

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Min Max)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060
Mon. Site	EFA-6636	EFA-6636	EFA-6636	EFA-6636	EFA-6636	EFA-6636	EFA-6636	EFA-6636
1	.169					7.40		0.79
2	.144	3.8	72.4	9.5	53.4	7.38	68	0.54
3	.154					7.37		0.67
4	.144					7.36		0.55
5	.148					7.35		0.52
6	.178					7.43		0.53
7	.127					7.29		0.50
8	.140					7.24		1.49
9	.140					7.40		0.86
10	.137					7.30		0.82
11	.160					7.35		0.79
12	.149					7.29		0.71
13	.153					7.49		0.60
14	.112					7.53		0.80
15	.146					7.35		1.10
16	.113	24.0	146.0	6.5	76.0	7.23	-1	1.17
17	.148					7.32		0.71
18	1.38					7.28		0.95
19	1.152					7.43		1.00
20	.153					7.43		0.73
21	.146					7.44		0.76
22	.141					7.27		0.97
23	.167					1.39		1.25
24	.133					7.49		0.62
25	.163					7.48		0.99
26	.176					7.52		1.16
27	.128					7.54		1.02
28	.169					7.56		0.74
29	.134					7.46		0.99
30	.129	10.2	128.4	1.5	146.4	7.48	2	1.14
31	.148					7.48		0.70

PLANT STAFFING:

Day Shift Operator

Class:

C

Certificate No:

4412791

Name:

W. KENT HADDEG

Day Evening Shift Operator

Class:

C

Certificate No:

00108822

Name:

JOHN R. RIDGWAY

Night Shift Operator

Class:

C

Certificate No:

0008832

Name:

DAVID K. PEARCE

Lead Operator

Class:

C

Certificate No:

0008832

Name:

DAVID K. PEARCE

Type of Effluent Disposal or Reclaimed Water Reuse:

Limited Wet Weather Discharge Activated: Yes No

discharge:

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

When Completed

Final Completed and this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

FLA110434-002-DW2P

PERMITTEE NAME
MAILING ADDRESS

MONITORING PERIOD
Three Month Average Daily Flow:

From: 6404 CD /
% of capacity

To: ~~040430~~

FACILITY: Lake Wales Utility Company WWTP
 LOCATION: East Leisure Lane, Fedhaven
 COUNTY: Polk

CLASS SIZE:
LIMIT:
DISCHARGE POINT NUMBER:
PLANT SIZE/TREATMENT TYPE:
NO DISCHARGE FROM SITE:

REPORT: Monthly
GROUP: Domestic
WAFR SITE NUMBER: 34194

DMR Date: 06/00

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (existing permitted capacity)							
PARM Code: 506 Mon Site No: EFA-06636	UFCO (AAD)	A/GD				Report Monthly	Calculated Roll-Avg
Flow (after expansion of the effluent disposal site)							
PARM Code: 506 Mon Site No: EFA-06636	φ.122	MGD			φ	MONTHLY	φ.122
Flow							
PARM Code: 506 Mon Site No: EFA-06636	φ.122	MGD			φ	MONTHLY	Calculated Roll-Avg
CBOD ₅							
PARM Code: 800 Mon Site No: EFA-06636	φ.116 φ.139	MGD			φ	7X/Week	Meter
Measurement							
PARM Code: 800 Mon Site No: EFA-06636	8.42	M/L			φ	Monthly	Recording Meter
Measurement							
PARM Code: 800 Mon Site No: EFA-06636	6.4	M/L			φ	Monthly	Calculated Roll-Avg
CBOD ₅							
PARM Code: 800 Mon Site No: EFA-06636	6.4	M/L			φ	Every 2 weeks	8-hour PAC
Solids, Total Suspended							
PARM Code: 005 Mon Site No: EFA-06636	1.9φ	M/L			φ	Monthly	Calculated Roll-Avg
Measurement							
PARM Code: 005 Mon Site No: EFA-06636	1.75	M/L			φ	Every 2 weeks	8-hour PAC
Solids, Total Suspended							
PARM Code: 005 Mon Site No: EFA-06636	1.75	M/L			φ	Every 2 weeks	8-hour PAC
pH							
PARM Code: 010 Mon Site No: EFA-06636	7.35	M/L			φ	7X/Week	Graab
Measurement							
PARM Code: 010 Mon Site No: EFA-06636	7.35	M/L			φ	7X/Week	Graab

Calculated Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average.

Calculated Rolling Three-month Average is the average of the current month's average and the preceding two (2) month's averages.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE

DAVID K. PEARCE GEN. MANAGER

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Lake Wales Utility Company WWTP
MONTH/YEAR: 04/04

PERMIT NUMBER: FLA110434-002-DW2P

DISCHARGE POINT NUMBER: R001

34194

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement							
PARM Code: 01-6653	Permit Requirement			3.15	#/100ML	0	Every 2 weeks	Grab
Coliform, Fecal	Sample Measurement			6.6	#/100ML	0	Monthly	Grab
PARM Code: 01-6653	Permit Requirement			23.3	#/100ML	0	Report Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			0.52	mg/L	0	7X Week	Grab
PARM Code: 01-5636	Permit Requirement				mg/L		5X Week	Grab
CBOD ₅	Sample Measurement							
PARM Code: 01-6653	Permit Requirement			122	mg/L	0	Monthly	Grab
Solids, Total Suspended	Sample Measurement			82.5	mg/L	0	Monthly	Grab
PARM Code: 01-6653	Permit Requirement				mg/L		Monthly	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA110434-002-DW2P (R001)

Month/Year: 04/04

Three-month Average Daily Flow:
(TMADF/Permitted Capacity)x100:

Lake Wales Utility Company WWTTP

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Min Max)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060
Mon. Site	EFA-6636	EFA-6636	INF-6635	EFA-6636	INF-6635	EFA-6636	EFA-6636	EFA-6636
1	.127					7.44		0.75
2	.131					7.55		0.64
3	.127					7.56		0.67
4	.111					7.54		0.84
5	.117					7.47		1.38
6	.138					7.42		1.30
7	.111					7.40		1.15
8	.122					7.44		0.81
9	.134					7.45		0.86
10	.128					7.61		0.68
11	.045					7.56		0.52
12	.142					7.33		0.62
13	.133	5.7	118.0	1.0	58.0	7.43	4	0.99
14	.122					7.44		0.95
15	.130					7.52		0.73
16	.133					7.57		1.09
17	.111					7.55		0.59
18	.103					7.61		0.67
19	.109					7.47		1.23
20	.112					7.34		1.43
21	.119					7.49		0.64
22	.099					7.38		1.06
23	.120					7.49		0.90
24	.094					7.61		0.82
25	.109					7.56		0.82
26	.091					7.37		0.96
27	.116	6.3	88.5	2.5	107.0	7.35	9	1.12
28	.105					7.49		1.06
29	.103					7.49		0.91
30	.112					7.45		1.17
31								

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 0012791 Name: W. KENT HARDEG
 Night Shift Operator Class: C Certificate No: 0012822 Name: JOHN H. RIDGEWAY
 Lead Operator Class: C Certificate No: 0008832 Name: DAVID R. PEARCE
 Type of Effluent Disposal or Reclaimed Water Reuse: LIMITED ACCESS SPRAY FIELD
 Limited Wet Weather Discharge Activated: Yes: ☒ No: ☐ Not Applicable: ☒ If yes, cumulative days of wet weather discharge: _____

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

When Completed this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMIT NUMBER: FLA110434-002-DW2P

MONITORING PERIOD
Three Month Average Daily Flow:

To: 44-4531

REPORT: Monthly
GROUP: Domestic
WAFR SITE NUMBER: 34194

DMR Date: 06/00

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (existing permitted capacity)	Sample Measurement						
PARM Code 500 Mon Site No. EPA 6636	Permit Requirement	MGD				Report Monthly	Calculated Roll-Ave
Flow (after expansion of the effluent disposal site)	Sample Measurement	MGD			0	MONTHLY	6/22
PARM Code 500 Mon Site No. EPA 6636	Permit Requirement	MGD				Report Monthly	Calculated Roll-Ave
Flow	Sample Measurement	MGD			0	1x week	meter
PARM Code 500 Mon Site No. EPA 6636	Permit Requirement	MGD				5x Week	Recording Meter
CBOD ₅	Sample Measurement		9.1		0	MONTHLY	9.1
PARM Code 800 Mon Site No. EPA 6636	Permit Requirement		200 (An Ave)			Report Monthly	Calculated Roll-Ave
CBOD ₅	Sample Measurement		12.5		0	Every 2 Weeks	8-hour APC
PARM Code 800 Mon Site No. EPA 6636	Permit Requirement		200 (Mo Ave)			Every two weeks	8-Hour APC
Solids, Total Suspended	Sample Measurement		2.1		0	MONTHLY	2.1
PARM Code 005 Mon Site No. EPA 6636	Permit Requirement		200 (An Ave)			Report Monthly	Calculated Roll-Ave
Solids, Total Suspended	Sample Measurement		6.5		0	Every 2 Weeks	8-hour APC
PARM Code 005 Mon Site No. EPA 6636	Permit Requirement		200 (Mo Ave)			Every two weeks	8-Hour APC
pH	Sample Measurement		7.3		0	1x week	GRAB
PARM Code 100 Mon Site No. EPA 6636	Permit Requirement		200 (Wk Ave)			5x WEEK	Grab

minimum monthly average of the current month and the preceding 11 months average.

Calculated Rolling Three-month Average is the average of the current month's average and the preceding two (2) month's averages.

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED	TELEPHONE NO	DATE
AGENT	AGENT		

DAVID R. PEARCE GEN. MANAGER

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

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement						
PARM Code: 0000 Mon Site No: 01-6635	Permit Requirement		3.9	#/100 mL	0	Every 2 weeks	Grab
Coliform, Fecal	Sample Measurement						
PARM Code: 0000 Mon Site No: 01-6635	Permit Requirement		9.0	#/100 mL	0	Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement						
PARM Code: 0000 Mon Site No: 01-6635	Permit Requirement		0.60	mg/L	0	7x week	Grab
CBODs	Sample Measurement						
PARM Code: 0000 Mon Site No: 01-6635	Permit Requirement		115.0	mg/L	0	Monthly	Grab
Solids, Total Suspended	Sample Measurement						
PARM Code: 0000 Mon Site No: 01-6635	Permit Requirement		82.0	mg/L	0	Monthly	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA110434-002-DW2P (R001)

Month/Year: 4/5/04

Three-month Average Daily Flow: 4...
(TMADE/Permitted Capacity)x100: 56%

Lake Wales Utility Company WWTP

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Min Max)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060
Mon. Site	EFA-6636	EFA-6636	EFA-6636	EFA-6636	EFA-6636	EFA-6636	EFA-6636	EFA-6636
1	1.085					7.52		0.75
2	1.14					7.37		1.02
3	1.12					7.31		0.76
4	1.088					7.30		0.60
5	1.090					7.43		0.95
6	0.85					7.51		0.82
7	0.84					7.47		0.81
8	1.13					7.49		0.69
9	1.063					7.65		0.60
10	1.094					7.43		0.96
11	1.086	19.4	108.5	9.5	70.5	7.34	-1	0.81
12	1.082					7.44		0.70
13	1.093					7.45		0.83
14	1.093					7.63		0.89
15	1.097					7.65		0.65
16	1.080					7.49		0.74
17	1.093					7.43		1.01
18	1.081					7.37		1.36
19	1.072					7.51		1.07
20	1.071					7.58		0.75
21	1.080					7.57		0.73
22	1.070					7.65		0.73
23	1.078					7.62		0.71
24	1.067					7.53		1.09
25	1.069	5.7	115.0	3.5	82.0	7.49	-1	1.23
26	1.054					7.60		0.86
27	1.053					7.56		1.24
28	1.056					7.57		1.36
29	1.073					7.59		0.96
30	1.068					7.47		0.88
31	1.057					7.56		0.89

PLANT STAFFING:

DAY Day Shift Operator Class: C Certificate No: 000791 Name: W. RAY HARDGG
Evening Shift Operator Class: C Certificate No: 0012822 Name: JOHN H. RIDGWAY
Night Shift Operator Class: C Certificate No: 0008832 Name: DAVID K. PEARCE
Lead Operator Class: C Certificate No: 0008832 Name: DAVID K. PEARCE
Type of Effluent Disposal or Reclaimed Water Reuse: LIMITED ACCESS SPRAY FIELD
Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes, cumulative days of wet weather discharge: _____
*Attach additional sheets if necessary to list all certified operators.

Mr. David K. Pearce,
Lake Wales Utility Co.
P.O. Box 9076
Fedhaven, FL 33854

PERMIT NUMBER: FLA110434-002-DW2P

MONITORING PERIOD
Three Month Average Daily Flow:

FACILITY: Lake Wales Utility Company WWTP
 LOCATION: East Leisure Lane, Fedhaven
 COUNTY: Polk

REPORT: Monthly
GROUP: Domestic
WAFR SITE NUMBER: 34194

Parameter	NO DISCHARGE FROM SITE: []				DMR Date:		06/00
	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (existing permitted capacity)	Sample Measurement						
PARM Code: 5003 Mon Site No: EFA-01-6636	Permit Requirement (MGD)	MGD				Report Monthly	Calculated Roll-Avg
Flow (after expansion of the effluent disposal site)	Sample Measurement						
PARM Code: 5003 Mon Site No: EFA-01-6636	Permit Requirement (MGD)	MGD			0	Monthly	Calculated Roll-Avg
Flow	Sample Measurement						
PARM Code: 5003 Mon Site No: EFA-01-6636	Permit Requirement (MGD)	MGD			0	7x Week	Recording Meter
CBOD5	Sample Measurement						
PARM Code: 8003 Mon Site No: EFA-01-6636	Permit Requirement (mg/L)	mg/L			0	Monthly	Calculated Roll-Avg
CBOD5	Sample Measurement						
PARM Code: 8003 Mon Site No: EFA-01-6636	Permit Requirement (mg/L)	mg/L			0	Every 2 weeks	8-Hour FPC
Solids, Total Suspended	Sample Measurement						
PARM Code: 0053 Mon Site No: EFA-01-6636	Permit Requirement (mg/L)	mg/L			0	Monthly	2.1
Solids, Total Suspended	Sample Measurement						
PARM Code: 0053 Mon Site No: EFA-01-6636	Permit Requirement (mg/L)	mg/L			0	Every 2 weeks	8-Hour FPC
Flow	Sample Measurement						
PARM Code: 0053 Mon Site No: EFA-01-6636	Permit Requirement (mg/L)	mg/L			0	7x Week	Recording Meter
Flow	Sample Measurement						
PARM Code: 0053 Mon Site No: EFA-01-6636	Permit Requirement (mg/L)	mg/L			0	Monthly	Calculated Roll-Avg
Flow	Sample Measurement						
PARM Code: 0053 Mon Site No: EFA-01-6636	Permit Requirement (mg/L)	mg/L			0	Every 2 weeks	8-Hour FPC
Flow	Sample Measurement						
PARM Code: 0053 Mon Site No: EFA-01-6636	Permit Requirement (mg/L)	mg/L			0	7x Week	Recording Meter
Flow	Sample Measurement						
PARM Code: 0053 Mon Site No: EFA-01-6636	Permit Requirement (mg/L)	mg/L			0	Monthly	Calculated Roll-Avg
Flow	Sample Measurement						
PARM Code: 0053 Mon Site No: EFA-01-6636	Permit Requirement (mg/L)	mg/L			0	Every 2 weeks	8-Hour FPC
Flow	Sample Measurement						
PARM Code: 0053 Mon Site No: EFA-01-6636	Permit Requirement (mg/L)	mg/L			0	7x Week	Recording Meter
Flow	Sample Measurement						
PARM Code: 0053 Mon Site No: EFA-01-6636	Permit Requirement (mg/L)	mg/L			0	Monthly	Calculated Roll-Avg
Flow	Sample Measurement						
PARM Code: 0053 Mon Site No: EFA-01-6636	Permit Requirement (mg/L)	mg/L			0	Every 2 weeks	8-Hour FPC
Flow	Sample Measurement						
PARM Code: 0053 Mon Site No: EFA-01-6636	Permit Requirement (mg/L)	mg/L			0	7x Week	Recording Meter
Flow	Sample Measurement						
PARM Code: 0053 Mon Site No: EFA-01-6636	Permit Requirement (mg/L)	mg/L			0	Monthly	Calculated Roll-Avg
Flow	Sample Measurement						
PARM Code: 0053 Mon Site No: EFA-01-6636	Permit Requirement (mg/L)	mg/L			0	Every 2 weeks	8-Hour FPC
Flow	Sample Measurement						
PARM Code: 0053 Mon Site No: EFA-01-6636	Permit Requirement (mg/L)	mg/L			0	7x Week	Recording Meter
Flow	Sample Measurement						
PARM Code: 0053 Mon Site No: EFA-01-6636	Permit Requirement (mg/L)	mg/L			0	Monthly	Calculated Roll-Avg
Flow	Sample Measurement						
PARM Code: 0053 Mon Site No: EFA-01-6636	Permit Requirement (mg/L)	mg/L			0	Every 2 weeks	8-Hour FPC
Flow	Sample Measurement						
PARM Code: 0053 Mon Site No: EFA-01-6636	Permit Requirement (mg/L)	mg/L			0	7x Week	Recording Meter
Flow	Sample Measurement						
PARM Code: 0053 Mon Site No: EFA-01-6636	Permit Requirement (mg/L)	mg/L			0	Monthly	Calculated Roll-Avg
Flow	Sample Measurement						
PARM Code: 0053 Mon Site No: EFA-01-6636	Permit Requirement (mg/L)	mg/L			0	Every 2 weeks	8-Hour FPC
Flow	Sample Measurement						
PARM Code: 0053 Mon Site No: EFA-01-6636	Permit Requirement (mg/L)	mg/L			0	7x Week	Recording Meter
Flow	Sample Measurement						
PARM Code: 0053 Mon Site No: EFA-01-6636	Permit Requirement (mg/L)	mg/L			0	Monthly	Calculated Roll-Avg
Flow	Sample Measurement						
PARM Code: 0053 Mon Site No: EFA-01-6636	Permit Requirement (mg/L)	mg/L			0	Every 2 weeks	8-Hour FPC
Flow	Sample Measurement						
PARM Code: 0053 Mon Site No: EFA-01-6636	Permit Requirement (mg/L)	mg/L			0	7x Week	Recording Meter
Flow	Sample Measurement						
PARM Code: 0053 Mon Site No: EFA-01-6636	Permit Requirement (mg/L)	mg/L			0	Monthly	Calculated Roll-Avg
Flow	Sample Measurement						
PARM Code: 0053 Mon Site No: EFA-01-6636	Permit Requirement (mg/L)	mg/L			0	Every 2 weeks	8-Hour FPC
Flow	Sample Measurement						
PARM Code: 0053 Mon Site No: EFA-01-6636	Permit Requirement (mg/L)	mg/L			0	7x Week	Recording Meter
Flow	Sample Measurement						
PARM Code: 0053 Mon Site No: EFA-01-6636	Permit Requirement (mg/L)	mg/L			0	Monthly	Calculated Roll-Avg
Flow	Sample Measurement						
PARM Code: 0053 Mon Site No: EFA-01-6636	Permit Requirement (mg/L)	mg/L			0	Every 2 weeks	8-Hour FPC
Flow	Sample Measurement						
PARM Code: 0053 Mon Site No: EFA-01-6636	Permit Requirement (mg/L)	mg/L			0	7x Week	Recording Meter
Flow	Sample Measurement						
PARM Code: 0053 Mon Site No: EFA-01-6636	Permit Requirement (mg/L)	mg/L			0	Monthly	Calculated Roll-Avg
Flow	Sample Measurement						
PARM Code: 0053 Mon Site No: EFA-01-6636	Permit Requirement (mg/L)	mg/L			0	Every 2 weeks	8-Hour FPC
Flow	Sample Measurement						
PARM Code: 0053 Mon Site No: EFA-01-6636	Permit Requirement (mg/L)	mg/L			0	7x Week	Recording Meter
Flow	Sample Measurement						
PARM Code: 0053 Mon Site No: EFA-01-6636	Permit Requirement (mg/L)	mg/L			0	Monthly	Calculated Roll-Avg
Flow	Sample Measurement						
PARM Code: 0053 Mon Site No: EFA-01-6636	Permit Requirement (mg/L)	mg/L			0	Every 2 weeks	8-Hour FPC
Flow	Sample Measurement						
PARM Code: 0053 Mon Site No: EFA-01-6636	Permit Requirement (mg/L)	mg/L			0	7x Week	Recording Meter
Flow	Sample Measurement						
PARM Code: 0053 Mon Site No: EFA-01-6636	Permit Requirement (mg/L)	mg/L			0	Monthly	Calculated Roll-Avg
Flow	Sample Measurement						
PARM Code: 0053 Mon Site No: EFA-01-6636	Permit Requirement (mg/L)	mg/L			0	Every 2 weeks	8-Hour FPC
Flow	Sample Measurement						
PARM Code: 0053 Mon Site No: EFA-01-6636	Permit Requirement (mg/L)	mg/L			0	7x Week	Recording Meter
Flow	Sample Measurement						
PARM Code: 0053 Mon Site No: EFA-01-6636	Permit Requirement (mg/L)	mg/L			0	Monthly	Calculated Roll-Avg
Flow	Sample Measurement						
PARM Code: 0053 Mon Site No: EFA-01-6636	Permit Requirement (mg/L)	mg/L			0	Every 2 weeks	8-Hour FPC
Flow	Sample Measurement						
PARM Code: 0053 Mon Site No: EFA-01-6636	Permit Requirement (mg/L)	mg/L			0	7x Week	Recording Meter
Flow	Sample Measurement						
PARM Code: 0053 Mon Site No: EFA-01-6636	Permit Requirement (mg/L)	mg/L			0	Monthly	Calculated Roll-Avg
Flow	Sample Measurement						
PARM Code: 0053 Mon Site No: EFA-01-6636	Permit Requirement (mg/L)	mg/L			0	Every 2 weeks	8-Hour FPC
Flow	Sample Measurement						
PARM Code: 0053 Mon Site No: EFA-01-6636	Permit Requirement (mg/L)	mg/L			0	7x Week	Recording Meter
Flow	Sample Measurement						
PARM Code: 0053 Mon Site No: EFA-01-6636	Permit Requirement (mg/L)	mg/L			0	Monthly	Calculated Roll-Avg
Flow	Sample Measurement						
PARM Code: 0053 Mon Site No: EFA-01-6636	Permit Requirement (mg/L)	mg/L			0	Every 2 weeks	8-Hour FPC
Flow	Sample Measurement						
PARM Code: 0053 Mon Site No: EFA-01-6636	Permit Requirement (mg/L)	mg/L			0	7x Week	Recording Meter
Flow	Sample Measurement						
PARM Code: 0053 Mon Site No: EFA-01-6636	Permit Requirement (mg/L)	mg/L			0	Monthly	Calculated Roll-Avg
Flow	Sample Measurement						
PARM Code: 0053 Mon Site No: EFA-01-6636	Permit Requirement (mg/L)	mg/L			0	Every 2 weeks	8-Hour FPC
Flow	Sample Measurement						
PARM Code: 0053 Mon Site No: EFA-01-6636	Permit Requirement (mg/L)	mg/L			0	7x Week	Recording Meter
Flow	Sample Measurement						
PARM Code: 0053 Mon Site No: EFA-01-6636	Permit Requirement (mg/L)	mg/L			0	Monthly	Calculated Roll-Avg
Flow	Sample Measurement						
PARM Code: 0053 Mon Site No: EFA-01-6636	Permit Requirement (mg/L)	mg/L			0	Every 2 weeks	8-Hour FPC
Flow	Sample Measurement						
PARM Code: 0053 Mon Site No: EFA-01-6636	Permit Requirement (mg/L)	mg/L			0	7x Week	Recording Meter
Flow	Sample Measurement						
PARM Code: 0053 Mon Site No: EFA-01-6636	Permit Requirement (mg/L)	mg/L			0	Monthly	Calculated Roll-Avg
Flow	Sample Measurement						
PARM Code: 0053 Mon Site No: EFA-01-6636	Permit Requirement (mg/L)	mg/L			0	Every 2 weeks	8-Hour FPC
Flow	Sample Measurement						
PARM Code: 0053 Mon Site No: EFA-01-6636	Permit Requirement (mg/L)	mg/L			0	7x Week	Recording Meter
Flow	Sample Measurement						
PARM Code: 0053 Mon Site No: EFA-01-6636	Permit Requirement (mg/L)	mg/L			0	Monthly	Calculated Roll-Avg
Flow	Sample Measurement						
PARM Code: 0053 Mon Site No: EFA-01-6636	Permit Requirement (mg/L)	mg/L			0	Every 2 weeks	8-Hour FPC
Flow	Sample Measurement						
PARM Code: 0053 Mon Site No: EFA-01-6636	Permit Requirement (mg/L)	mg/L			0	7x Week	Recording Meter
Flow	Sample Measurement						
PARM Code: 0053 Mon Site No: EFA-01-6636	Permit Requirement (mg/L)	mg/L			0	Monthly	Calculated Roll-Avg
Flow	Sample Measurement						
PARM Code: 0053 Mon Site No: EFA-01-6636	Permit Requirement (mg/L)	mg/L			0	Every 2 weeks	8-Hour FPC
Flow	Sample Measurement						
PARM Code: 0053 Mon Site No: EFA-01-6636	Permit Requirement (mg/L)	mg/L			0	7x Week	Recording Meter
Flow	Sample Measurement						
PARM Code: 0053 Mon Site No: EFA-01-6636	Permit Requirement (mg/L)	mg/L			0	Monthly	Calculated Roll-Avg
Flow	Sample Measurement						
PARM Code: 0053 Mon Site No: EFA-01-6636	Permit Requirement (mg/L)	mg/L			0	Every 2 weeks	8-Hour FPC
Flow	Sample Measurement						
PARM Code: 0053 Mon Site No: EFA-01-6636	Permit Requirement (mg/L)	mg/L			0	7x Week	Recording Meter
Flow	Sample Measurement						
PARM Code: 0053 Mon Site No: EFA-01-6636	Permit Requirement (mg/L)	mg/L			0	Monthly	Calculated Roll-Avg
Flow	Sample Measurement						
PARM Code: 0053 Mon Site No: EFA-01-6636	Permit Requirement (mg/L)	mg/L			0	Every 2 weeks	8-Hour FPC
Flow	Sample Measurement						
PARM Code: 0053 Mon Site No: EFA-01-6636	Permit Requirement (mg/L)	mg/L			0	7x Week	Recording Meter
Flow	Sample Measurement						
PARM Code: 0053 Mon Site No: EFA-01-6636	Permit Requirement (mg/L)	mg/L			0	Monthly	Calculated Roll-Avg
Flow	Sample Measurement						
PARM Code: 0053 Mon Site No: EFA-01-6636	Permit Requirement (mg/L)	mg/L			0	Every 2 weeks	8-Hour FPC
Flow	Sample Measurement						
PARM Code: 0053 Mon Site No: EFA-01-6636	Permit Requirement (mg/L)	mg/L			0	7x Week	Recording Meter
Flow	Sample Measurement						
PARM Code: 0053 Mon Site No: EFA-01-6636	Permit Requirement (mg/L)	mg/L			0	Monthly	Calculated Roll-Avg
Flow	Sample Measurement						
PARM Code: 0053 Mon Site No: EFA-01-6636	Permit Requirement (mg/L)	mg/L			0	Every 2 weeks	8-Hour FPC
Flow	Sample Measurement						
PARM Code: 0053 Mon Site No: EFA-01-6636	Permit Requirement (mg/L)	mg/L			0	7x Week	Recording Meter
Flow	Sample Measurement						
PARM Code: 0053 Mon Site No: EFA-01-6636	Permit Requirement (mg/L)	mg/L			0	Monthly	Calculated Roll-Avg
Flow	Sample Measurement						
PARM Code: 0053 Mon Site No: EFA-01-6636	Permit Requirement (mg/L)	mg/L			0	Every 2 weeks	8-Hour FPC
Flow	Sample Measurement						
PARM Code: 0053 Mon Site No: EFA-01-6636	Permit Requirement (mg/L)	mg/L			0	7x Week	Recording Meter
Flow	Sample Measurement						
PARM Code: 0053 Mon Site No: EFA-01-6636	Permit Requirement (mg/L)	mg/L			0	Monthly	Calculated Roll-Avg
Flow	Sample Measurement						
PARM Code: 0053 Mon Site No: EFA-01-6636	Permit Requirement (mg/L)	mg/L			0	Every 2 weeks	8-Hour FPC
Flow	Sample Measurement						
PARM Code: 0053 Mon Site No: EFA-01-6636	Permit Requirement (mg/L)	mg/L			0	7x Week	Recording Meter
Flow	Sample Measurement						
PARM Code: 0053 Mon Site No: EFA-01-6636	Permit Requirement (mg/L)	mg/L			0	Monthly	Calculated Roll-Avg
Flow	Sample Measurement						
PARM Code: 0053 Mon Site No: EFA-01-6636	Permit Requirement (mg/L)	mg/L			0	Every 2 weeks	8-Hour FPC
Flow	Sample Measurement						
PARM Code: 0053 Mon Site No: EFA-01-6636	Permit Requirement (mg/L)	mg/L			0	7x Week	Recording Meter
Flow	Sample Measurement						
PARM Code: 0053 Mon Site No: EFA-01-6636	Permit Requirement (mg/L)	mg/L			0	Monthly	Calculated Roll-Avg
Flow	Sample Measurement						
PARM Code: 0053 Mon Site No: EFA-01-6636	Permit Requirement (mg/L)	mg/L			0	Every 2 weeks	8-Hour FPC
Flow	Sample Measurement						
PARM Code: 0053 Mon Site No: EFA-01-6636	Permit Requirement (mg/L)	mg/L			0	7x Week	Recording Meter
Flow	Sample Measurement						
PARM Code: 0053 Mon Site No: EFA-01-6636	Permit Requirement (mg/L)	mg/L			0	Monthly	Calculated Roll-Avg
Flow	Sample Measurement						
PARM Code: 0053 Mon Site No: EFA-01-6636	Permit Requirement (mg/L)	mg/L			0	Every 2 weeks	8-Hour FPC
Flow	Sample Measurement						
PARM Code: 0053 Mon Site No: EFA-01-6636	Permit Requirement (mg/L)	mg/L			0	7x Week	Recording Meter
Flow	Sample Measurement						
PARM Code: 0053 Mon Site No: EFA-01-6636	Permit Requirement (mg/L)	mg/L			0	Monthly	Calculated Roll-Avg
Flow	Sample Measurement						
PARM Code: 0053 Mon Site No: EFA-01-6636	Permit Requirement (mg/L)	mg/L			0	Every 2 weeks	8-Hour FPC
Flow	Sample Measurement						
PARM Code: 0053 Mon Site No: EFA-01-6636	Permit Requirement (mg/L)	mg/L			0	7x Week	Recording Meter
Flow	Sample Measurement						
PARM Code: 0053 Mon Site No: EFA-01-6636	Permit Requirement (mg/L)	mg/L			0	Monthly	Calculated Roll-Avg
Flow							

Calculated Rolling Three-month Average is the average of the current month's average and the preceding two (2) month's averages.

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
AND K. PEARCE GEN. MANAGER	David K Pearce	(813) 681-1128	04-17-66

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

DISCHARGE MONITORING REPORT - PART A (Continued)

PERMIT NUMBER: FLA110434-002-DW2P DISCHARGE POINT NUMBER: R001

FACILITY NAME: Lake Wales Utility Company WWTP

MONTH/YEAR: 06/04

34194

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement							
PARM CODE 3012 Mon. Site No. 01-6635	Permit Requirement			3.2		# 100mL	Every 2 Weeks	Grab
Coliform, Fecal	Sample Measurement							
PARM CODE 3012 Mon. Site No. 01-6635	Permit Requirement			6.5		# 100mL	Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement							
PARM CODE 3012 Mon. Site No. 01-6635	Permit Requirement			0.5		mg/L	7x Week	Grab
CBOD5	Sample Measurement							
PARM CODE 3012 Mon. Site No. 01-6635	Permit Requirement			92.4		mg/L	Monthly	Grab
Solids, Total Suspended	Sample Measurement							
PARM CODE 3012 Mon. Site No. 01-6635	Permit Requirement			53.2		mg/L	Monthly	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA110434-002-DW2P (R001)

Month/Year: 4/6/04

Three-month Average Daily Flow: 44
(TMADE/Permitted Capacity)x100: 47%

Lake Wales Utility Company WWTTP

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Min Max)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060
Mon. Site	EFA-6636	EFA-6636	INF-6635	EFA-6636	INF-6635	EFA-6636	EFA-6636	EFA-6636
1	.471					7.59		1.51
2	.463					7.79		1.51
3	.471					7.68		1.15
4	.475					7.62		.495
5	.478					7.64		.63
6	.486					7.76		.61
7	.471					7.66		1.43
8	.485	19.7	78.6	1.5	51.6	7.49	-1	1.16
9	.477					7.47		1.48
10	.493					7.54		1.41
11	.496					7.49		1.44
12	.482					7.49		1.14
13	.494					7.48		.82
14	.117					7.49		.91
15	.163					7.47		.62
16	.492					7.47		.65
17	.140					7.38		1.11
18	.486					7.44		.96
19	.483					7.43		1.42
20	.492					7.55		.79
21	.487					7.49		.86
22	.474	8.1	146.8	.440	56.5	7.45	-1	.95
23	.468					7.45		1.26
24	.484					7.51		1.16
25	.467					7.54		1.42
26	.488					7.54		1.45
27	.482					7.47		.89
28	.479					7.56		.79
29	.149					7.48		.90
30	.485					7.51		.78
31								

PLANT STAFFING:

Day Shift Operator

Class: C

Certificate No: 0012791

Name: W. KENT HARDEE

Evening Shift Operator

Class: C

Certificate No: 0012822

Name: JOHN H. RIDGEWAY JR.

Night Shift Operator

Class: C

Certificate No: 0008832

Name: DAVID K. PEARCE

Lead Operator

Class: C

Certificate No: 0008832

Name: DAVID K. PEARCE

Type of Effluent Disposal or Reclaimed Water Reuse:

Limited Wet Weather Discharge Activated: Yes No: Not Applicable: LIMITED ACCESS SPRAYFIELD

discharge:

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

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Lake Wales Utility Company WWTP
MONTH/YEAR: 07/04

PERMIT NUMBER: FLA110434-002-DW2P

DISCHARGE POINT NUMBER: R001

34194

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement						
PARM Code 0002-01-6653	Permit Requirement		3.9			Every 2 weeks	Grab
Coliform, Fecal	Sample Measurement						
PARM Code 0002-01-6653	Permit Requirement		6.5			Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement					Report Monthly	Calculated Roll-Ann
PARM Code 0002-01-6653	Permit Requirement		0.58			7x Week	Grab
CBOD5	Sample Measurement						
PARM Code 0002-01-6653	Permit Requirement		124.8			Monthly	Grab
Solids, Total Suspended	Sample Measurement						
PARM Code 0002-01-6653	Permit Requirement		81.5			Monthly	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number:

FLA110434-002-DW2P (R001)

Month/Year:

Three-month Average Daily Flow:

(TMADF/Permitted Capacity)x100:

48.7
43%

Lake Wales Utility Company WWTP

	Flow (MGD)	CBOD5 (mg/L)	GBOD5 (mg/L)	TSS (mg/L)	TSS (lb/d)	pH (Min Max)	Fecal Coliform (#/100ml)	TRC (For Disinfect.) (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060
Mon. Site	EFA-6636	EFA-6636	INF-6635	EFA-6636	INF-6635	EFA-6636	EFA-6636	EFA-6636
1	.076					7.54		0.84
2	.084					7.58		1.02
3	.104					7.62		0.86
4	.087					7.63		0.58
5	.090					7.01		0.80
6	.101	5.4	63.0	3.0	51.0	7.32	-1	0.77
7	.109					7.42		0.94
8	.082					7.19		1.22
9	.090					7.45		1.13
10	.088					7.53		0.74
11	.100					7.58		0.76
12	.089					7.48		0.98
13	.082					7.47		1.05
14	.082					7.45		1.03
15	.094					7.51		1.25
16	.140					7.49		1.19
17	.107					7.36		1.10
18	.102					7.31		0.70
19	.129					7.50		0.79
20	.116	13.3	186.7	2.5	112.0	7.45	-1	0.67
21	.093					7.44		1.08
22	.092					7.42		0.94
23	.098					7.45		1.28
24	.080					7.55		0.61
25	.099					7.57		0.84
26	.077					7.55		0.90
27	.102					7.44		0.97
28	.094					7.44		0.59
29	.109					7.45		0.97
30	.103					7.48		0.76
31	.082					7.55		0.68

PLANT STAFFING:

Day Shift Operator

Class: C

Certificate No:

0012791

Name:

W. KENT HARDEG

Night Shift Operator

Class: C

Certificate No:

0012822

Name:

JOHN M. RIDGWAY

Lead Operator

Class: C

Certificate No:

0008832

Name:

DAVID K. PEARCE

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

When Completed ~~and~~ this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

To: 44083)

REPORT: Monthly
GROUP: Domestic
WAFR SITE NUMBER: 34194

PERMIT NUMBER: _____
MONITORING PERIOD: _____
Three Month Average _____
CLASS SIZE: _____
LIMIT: _____
DISCHARGE POINT: _____
PLANT SIZE/TREATMENT CAPACITY: _____

Company W
aven

Mr. D
Lake
P.O. H
Fedna

Lake
East L
Polk

PERMIT MAILING FACILITIES LOCATIONS COUNTIES

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (existing permitted capacity)	Sample Measurement							
PARM Code: 80036 Mon Site No: EPA-RI-6636	Permit Requirement (MGA/D)		MGD				Report Monthly	Calculated Roll-Avg
Flow (after expansion of the effluent disposal site)	Sample Measurement	0.115	MGD			0	MONTHLY	0.115
PARM Code: 80036 Mon Site No: EPA-RI-6636	Permit Requirement (MGA/D)		MGD				Report Monthly	Calculated Roll-Avg
Flow	Sample Measurement	0.088	MGD			0	WEEK	METER
PARM Code: 80036 Mon Site No: EPA-RI-6636	Permit Requirement (MGA/D)		MGD				Every two weeks	Recording Meter
CODS	Sample Measurement			10.1	mg/L	0	MONTHLY	
PARM Code: 80036 Mon Site No: EPA-RI-6636	Permit Requirement (mg/L)		mg/L				Report Monthly	Calculated Roll-Avg
CODS	Sample Measurement			2.56	mg/L	0	Every 2 WEEKS	S-JPL LDC
PARM Code: 80036 Mon Site No: EPA-RI-6636	Permit Requirement (mg/L)		mg/L	2.56 (Weekly Avg.)	2.56 (Max)		Every two weeks	8-Hour FPC
Solids, Total Suspended	Sample Measurement			2.4	mg/L	0	MONTHLY	
PARM Code: 80036 Mon Site No: EPA-RI-6636	Permit Requirement (mg/L)		mg/L				Report Monthly	Calculated Roll-Avg
Solids, Total Suspended	Sample Measurement			2.0	mg/L	0	Every 2 WEEKS	S-JPL LDC
PARM Code: 80036 Mon Site No: EPA-RI-6636	Permit Requirement (mg/L)		mg/L	2.0 (Monthly Avg.)	2.0 (Max)		Every two weeks	8-Hour FPC
pH	Sample Measurement			7.0	pH	0	TX / WORK	GROK
PARM Code: 80036 Mon Site No: EPA-RI-6636	Permit Requirement (pH)		pH				Report Monthly	Grab

Calculated Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average.

Calculated Rolling Three-month Average is the average of the current month's average and the preceding two (2) month's averages.

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE

DAVID K. PEARCE
GEN. MANAGER
DAVID K. PEARCE
GEN. MANAGER
(43) 69-1128
040921
(11/11/11)

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

DISCHARGE MONITORING REPORT - PART A (Continued)
 PERMIT NUMBER: FLA110434-002-DW2P DISCHARGE POINT NUMBER: R001

FACILITY NAME: Lake Wales Utility Company WWTP
 MONTH/YEAR: 03/04

34194

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement						
PARM Code: 301-01-6635	Permit Requirement		3.2	#/100 ml	0	Every 2 Weeks	Grab
Coliform, Fecal	Sample Measurement		6.5	#/100 ml	0	Monthly	Grab
PARM Code: 301-01-6635	Permit Requirement		23.3	#/100 ml	0	Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement		0.54	mg/L	0	7x/week	Grab
PARM Code: 301-01-6635	Permit Requirement						Grab
CBOD ₅	Sample Measurement						
PARM Code: 301-01-6635	Permit Requirement		98	mg/L	0	Monthly	Grab
Solids, Total Suspended	Sample Measurement		12	mg/L	0	Monthly	Grab
PARM Code: 301-01-6635	Permit Requirement						Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA110434-002-DW2P (R001)

Month/Year: 08/14

Three-month Average Daily Flow: 44%
(TMADE/Permitted Capacity)x100: 44%

Lake Wales Utility Company WWTTP

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Min Max)	Fecal Coliform (100ml)	TRC (For Infection) (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060
Mon. Site	EFA-6636	EFA-6636	EFA-6636	EFA-6636	EFA-6636	EFA-6636	EFA-6636	EFA-6636
1	.095					7.57		0.75
2	.092					7.46		1.07
3	.088					7.44		1.14
4	.106					7.46		1.11
5	.086					7.43		1.02
6	.085					7.51		1.12
7	.128					7.43		0.72
8	.106	2.1	98.0	2.0	34.0	7.43	-1	0.57
9	.100					7.43		1.39
10	.089					7.37		1.28
11	.108					7.31		1.20
12	.098					7.32		0.78
13	.094					7.26		0.61
14								
15	WWTTP DOWN DUE TO HURRICANE							
16	CHARLEY - NO ENVIRONMENTAL							
17	ISSUES OCCURRED DURING THIS							
18	PERIOD.							
19	.154					7.35		1.40
20	.096					7.38		1.31
21	.111					7.31		0.65
22	.129					7.23		0.64
23	.105					7.24		1.45
24	.156	3.2	60.0	0.0	12.0	7.18	-1	0.75
25	.119					7.08		0.67
26	.118					7.08		1.54
27	.127					7.25		0.98
28	.135					7.10		1.08
29	.128					7.03		0.84
30	.116					7.00		0.54
31	.127					7.10		0.59

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 0012791 Name: 10, KAT HARDEE
Evening Shift Operator Class: C Certificate No: 0012822 Name: JOHN H. RIDGWAY
Night Shift Operator Class: C Certificate No: 0000832 Name: DAVID K. PENNIE
Lead Operator Class: C Certificate No: 0000832 Name: DAVID K. PENNIE

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

When Completed **11/27** this report to: Department **Mr. David K. Pearce,**
PERMITTEE NAME **Lake Wales Utility Co**
MAILING ADDRESS: **P.O. Box 9076**
Fedhaven, FL 33854

FLA110434-002-DW2P

PERMIT NUMBER:

Mr. David K. Pearce, Manager
Lake Wales Utility Company
P.O. Box 9076
Fedhaven, FL 33854

FACILITY: Lake Wales Utility Company WWTP
LOCATION: East Leisure Lane, Fedhaven
COUNTY: Polk

To: 040930

From: 646901
54 % of capacity

MONITORING PERIOD
Three Month Average Daily Flow:

REPORT: Monthly
GROUP: Domestic
WAFR SITE NUMBER: 34194

DMR Date: 06/00

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (existing permitted capacity)	Sample Measurement						
PARM Code 3002 Mon Site No. EPA 11-6636	Permit Requirement (MADP)	MGD				Report Monthly	Calculated Roll-Avg
Flow (after expansion of the effluent disposal site)	Sample Measurement	MGD			4	MONTHLY	6.119
PARM Code 3002 Mon Site No. EPA 11-6636	Permit Requirement (MADP)	MGD				Report Monthly	Calculated Roll-Avg
Flow	Sample Measurement	MGD			4	7X/10 WEEK	METER
PARM Code 3002 Mon Site No. EPA 11-6636	Permit Requirement (MADP)	MGD				Report Monthly	Recording Meter
CBOD ₅	Sample Measurement	10.7			8	MONTHLY	10.7
PARM Code 3002 Mon Site No. EPA 11-6636	Permit Requirement (MADP)	mg/L (Monthly Avg)				Report Monthly	Calculated Roll-Avg
CBOD ₅	Sample Measurement	18.0			8	EVERY 2 WEEKS	8-HR FPC
PARM Code 3002 Mon Site No. EPA 11-6636	Permit Requirement (MADP)	mg/L (Monthly Avg)				Report Monthly	Calculated Roll-Avg
Solids, Total Suspended	Sample Measurement	2.7			8	EVERY 2 WEEKS	8-HR FPC
PARM Code 3002 Mon Site No. EPA 11-6636	Permit Requirement (MADP)	mg/L (Monthly Avg)				Report Monthly	Calculated Roll-Avg
Solids, Total Suspended	Sample Measurement	3.5			8	EVERY 2 WEEKS	8-HR FPC
PARM Code 3002 Mon Site No. EPA 11-6636	Permit Requirement (MADP)	mg/L (Monthly Avg)				Report Monthly	Calculated Roll-Avg
pH	Sample Measurement	6.81			8	7X/10 WEEK	Grab
PARM Code 1040 Mon Site No. EPA 11-6636	Permit Requirement (MADP)	mg/L (Monthly Avg)				Report Monthly	Calculated Roll-Avg

Calculated Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average

Calculated Rolling Three-month Average is the average of the current month's average and the preceding two (2) month's averages.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
DAVID K PEARCE GEN. MANAGER	David K Pearce	803-694-1128	02/10/04

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

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement			3.9		#100/mL	Every 2 weeks	Grab
PARM Code: 30-01-6636	Permit Requirement			(Mg/L)		#100/mL	Every two weeks	Grab
Coliform, Fecal	Sample Measurement			6.5		#100/mL	Monthly	Grab
PARM Code: 30-01-6636	Permit Requirement			(Mg/L)		#100/mL	Report Monthly	Calculated Roll-Average
Total Residual Chlorine (For Disinfection)	Sample Measurement					Mg/L	TX/wk	Grab
PARM Code: 30-01-6636	Permit Requirement			(mg/l)		Mg/L	5x/Week	Grab
CODS	Sample Measurement							
PARM Code: 30-01-6636	Permit Requirement							
Solids, Total Suspended	Sample Measurement					Mg/L	Monthly	Grab
PARM Code: 30-01-6636	Permit Requirement			Report Monthly Sample		Mg/L	Monthly	Grab
Solids, Total Suspended	Sample Measurement					Mg/L	Monthly	Grab
PARM Code: 30-01-6636	Permit Requirement			Report Monthly Sample		Mg/L	Monthly	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA110434-002-DW2P (R001)

Month/Year: 4/4

Three-month Average Daily Flow: 148

(TMADE/Permitted Capacity)x100: 54%

Lake Wales Utility Company WWTTP

	Flow (MGD)	CHOD5 (mg/L)	GBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Min Max)	Fecal Coliform Bacteria (#/100ml)	TRC (For Coliform) (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060
Mon. Site	EFA-6636	EFA-6636	INF-6635	EFA-6636	INF-6635	EFA-6636	EFA-6636	EFA-6636
1	0.184					7.12		0.61
2	0.151					7.42		0.68
3	0.147					6.99		0.76
4	0.187					7.43		1.25
5	0.271					7.41		1.18
6	0.217					6.96		0.87
7	0.142					6.98		0.67
8	0.187					6.98		0.69
9	0.206					6.84		0.74
10	0.199					6.81		1.46
11	0.188					6.87		1.37
12	0.127					6.87		0.74
13	0.139					6.84		1.38
14	0.151	10.0	60.0	3.5	20.0	6.87	-1	1.32
15	0.124					6.86		1.17
16	0.125					6.85		1.41
17	0.125					6.88		1.43
18	0.144					6.94		1.41
19	0.113					6.94		1.25
20	0.186					7.01		1.29
21	0.206					7.04		0.86
22	0.154					7.48		0.83
23	0.141					7.14		1.12
24	0.126					7.17		1.14
25	0.160					7.15		1.15
26								
27	HURRICANE JEANNE							
28	HURRICANE JEANNE							
29	HURRICANE JEANNE							
30	0.160					7.08		1.48
31								

50060 set of samples taken due to Hurricane Jeanne

PLANT STAFFING:

Day Shift Operator

Class: C

Certificate No: 1012791

Name: WIKENT HARDEG

Evening Shift Operator

Class: C

Certificate No: 1012822

Name: JOHN H. RIDGWAY

Night Shift Operator

Class: C

Certificate No: 1004832

Name: DAVID R. PEARCE

Lead Operator

Class: C

Certificate No: 1004832

Name: DAVID R. PEARCE

Type of Effluent Disposal or Reclaimed Water Reuse:

LIMITED ACCESS SPRAYFIELD

Limited Wet Weather Discharge Activated: Yes No Not Applicable: 2 If yes, cumulative days of wet weather discharge:

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

Completed and this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

COMMITTEE NAME: Mr. David K. Pearce, Manager
Lake Wales Utility Company
P.O. Box 9076
Fedhaven, FL 33854

PERMIT NUMBER: FLA110434-002-DW2P

ILLING ADDRESS: Mr. David K. Pearce, Manager
Lake Wales Utility Company WWTP
East Leisure Lane, Fedhaven
Polk

MONITORING PERIOD: From: 04/00/1
Three Month Average Daily Flow: 5.7 % of capacity

To: 04/03/1

REPORT: Monthly
GROUP: Domestic
WAFR SITE NUMBER: 34194

CITY: Lake Wales Utility Company WWTP
COUNTY: Polk

DMR Date: 06/00

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (existing permitted capacity)	Sample Measurement						
ARM Code 0000 for Site No: EPA-01-6636	Permit Requirement (MADP)	MGD				Report Monthly	Calculated Roll-Ave
Flow (after expansion of the effluent disposal site)	Sample Measurement	MGD				Monthly	On 12/1
ARM Code 0000 for Site No: EPA-01-6636	Permit Requirement (MADP)	MGD				Report Monthly	Calculated Roll-Ave
Flow	Sample Measurement	MGD				7x/week	Rec. Meter
ARM Code 0000 for Site No: EPA-01-6636	Permit Requirement (MADP)	MGD				7x/week	Recording Meter
BODs	Sample Measurement	mg/L				Monthly	14.1
ARM Code 0000 for Site No: EPA-01-6636	Permit Requirement (MADP)	mg/L				Report Monthly	Calculated Roll-Ave
BODs	Sample Measurement	mg/L				Every 2 weeks	On 12/1 5PC
ARM Code 0000 for Site No: EPA-01-6636	Permit Requirement (MADP)	mg/L				Every 2 weeks	8 Hour HPC
solids, Total Suspended	Sample Measurement	mg/L				Monthly	2.7
ARM Code 0000 for Site No: EPA-01-6636	Permit Requirement (MADP)	mg/L				Report Monthly	Calculated Roll-Ave
solids, Total Suspended	Sample Measurement	mg/L				Every 2 weeks	8 Hour HPC
ARM Code 0000 for Site No: EPA-01-6636	Permit Requirement (MADP)	mg/L				Every 2 weeks	8 Hour HPC
H	Sample Measurement	mg/L				7x/week	Grab
ARM Code 0000 for Site No: EPA-01-6636	Permit Requirement (MADP)	mg/L				7x/week	Grab

calculated Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average.

alculated Rolling Three-month Average is the average of the current month's average and the preceding two (2) month's averages.

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
David K. Pearce	David K Pearce	813-640-1128	06/00/00

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

DISCHARGE MONITORING REPORT - PART A (Continued)
 PERMIT NUMBER: FLA110434-002-DW2P
 DISCHARGE POINT NUMBER: R001

FACILITY NAME: Lake Wales Utility Company WWTP
 MONTH/YEAR: 11/16/14

34194

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement							
PARM Code: 0100	Permit Requirement			3.9			Every 2 weeks	Grab
Mon. Site No. 01-6635	Sample Measurement			6.5			Monthly	Grab
Coliform, Fecal	Sample Measurement							
PARM Code: 0100	Permit Requirement			23.3			Report Monthly	Grab
Mon. Site No. 01-6635	Sample Measurement							
Total Residual Chlorine (For Disinfection)	Sample Measurement			4.57			5x/Week	Grab
PARM Code: 0100	Permit Requirement							
Mon. Site No. 01-6635	Sample Measurement							
CBOD ₅	Sample Measurement							
PARM Code: 0100	Permit Requirement			63.6			Monthly	Grab
Mon. Site No. 01-6635	Sample Measurement							
Solids, Total Suspended	Sample Measurement			50.6			Monthly	Grab
PARM Code: 0100	Permit Requirement							
Mon. Site No. 01-6635	Sample Measurement							

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA110434-002-DW2P (R001)

Month/Year: 1/1/14

Three-month Average Daily Flow: 4.114
(TMADE/Permitted Capacity)x100: 5.75%

Lake Wales Utility Company WWTP

	Flow (MGD)	CHOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Min Max)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060
Mon. Site	EFA-6636	EFA-6636	INF-6636	EFA-6636	INF-6636	EFA-6636	EFA-6636	EFA-6636
1	4.137					7.06		0.69
2	4.113					7.04		0.89
3	4.124					7.10		1.18
4	4.110					7.06		0.80
5	4.124	8.6	63.4	2.5	54.4	7.44	-1	1.26
6	4.119					7.05		1.17
7	4.123					7.08		1.19
8	4.102					7.08		1.26
9	4.106					7.07		1.13
10	4.112					7.01		1.27
11	4.142					6.98		1.33
12	4.126					7.11		1.24
13	4.095					7.12		1.14
14	4.113					7.09		1.19
15	4.127					7.17		1.11
16	4.113					7.14		0.86
17	4.115					7.07		0.72
18	4.088					7.02		0.81
19	4.121					7.23		1.34
20	4.108	4.4	29.4	1.4	104.4	7.16	-1	1.36
21	4.109					7.04		1.29
22	4.127					7.18		1.30
23	4.113					7.22		0.85
24	4.085					7.26		0.57
25	4.099					7.16		1.11
26	4.101					7.13		1.07
27	4.122					7.01		1.09
28	4.114					7.11		0.90
29	4.099					7.24		0.79
30	4.105					7.20		0.84
31	4.107					7.25		0.64

PLANT STAFFING:

Day Shift Operator

Class: C

Certificate No: 4.012.791

Name: G. Kent HARDEE

Evening Shift Operator

Class: C

Certificate No: 4.012.822

Name: JOHN H. RIDGWAY

Night Shift Operator

Class: C

Certificate No: 4.012.832

Name: DAVIN K. PEARCE

Lead Operator

Class: C

Certificate No: 4.012.832

Name: DAVIN K. PEARCE

Type of Effluent Disposal or Reclaimed Water Reuse:

LIMITED ACCESS SPRAYFIELD

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

Version Completed and this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 5551, 3600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Mr. David K. Pearce, Manager
Lake Wales Utility Company
P.O. Box 9076
Ft. Pierce, FL 33854

MAILING ADDRESS: Lake Wales Utility Company WWTP
East Leisure Lane, Ft. Pierce
Polk

PERMIT NUMBER: FLA110434-003-DW2P

MONITORING PERIOD: Three Month Average Daily Flow:
CLASS SIZE: N/A
LIMIT: Final

DISCHARGE POINT NUMBER: R001
PLANT SIZE/TREATMENT TYPE: IIC
NO DISCHARGE FROM SITE: X

From: 04/10/1
To: 04/11/3

REPORT GROUP: Monthly Domestic
WAFR SITE NUMBER: 34194

Parameter: Flow (existing permitted capacity)
Sample Measurement: PARM Code: 5000
Mon. Site No.: EFA-01-6636

Flow (after expansion of the effluent disposal site)
Sample Measurement: PARM Code: 5000
Mon. Site No.: EFA-01-6636

Flow
Sample Measurement: PARM Code: 5000
Mon. Site No.: EFA-01-6636

Flow
Sample Measurement: PARM Code: 5000
Mon. Site No.: EFA-01-6636

Flow
Sample Measurement: PARM Code: 5000
Mon. Site No.: EFA-01-6636

Flow
Sample Measurement: PARM Code: 5000
Mon. Site No.: EFA-01-6636

Flow
Sample Measurement: PARM Code: 5000
Mon. Site No.: EFA-01-6636

Flow
Sample Measurement: PARM Code: 5000
Mon. Site No.: EFA-01-6636

Flow
Sample Measurement: PARM Code: 5000
Mon. Site No.: EFA-01-6636

Flow
Sample Measurement: PARM Code: 5000
Mon. Site No.: EFA-01-6636

Flow
Sample Measurement: PARM Code: 5000
Mon. Site No.: EFA-01-6636

Flow
Sample Measurement: PARM Code: 5000
Mon. Site No.: EFA-01-6636

Flow
Sample Measurement: PARM Code: 5000
Mon. Site No.: EFA-01-6636

Flow
Sample Measurement: PARM Code: 5000
Mon. Site No.: EFA-01-6636

Calculated Rolling Annual Average is the average of the current monthly average and the preceding 11 months' average.

Calculated Rolling Three-month Average is the average of the current month's average and the preceding two (2) months' averages.

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: David K. Pearce

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: [Signature]

TELEPHONE NO: 903-466-1128

DATE: 04/12/02

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Lake Wales Utility Company WWTP
MONTH/YEAR: 11/94

PERMIT NUMBER: FLA110434-002-DW2P
DISCHARGE POINT NUMBER: R001

34194

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement						
PARM Code 8000 Mon. Site No. 101-6636	Permit Requirement		3.9	200 (Ar. Avg.)	1	Every 2 weeks	Grab
Coliform, Fecal	Sample Measurement		615	200 (Ar. Avg.)	1	Every 2 weeks	Grab
PARM Code 8000 Mon. Site No. 101-6636	Permit Requirement		25.3	300 (Max)	1	Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement		0.53	Report Monthly (Mo. Geo. Mean)	1	Report Monthly	Calculated Roll-Avg
PARM Code 5000 Mon. Site No. 101-6636	Permit Requirement		0.5	0.5 (Min.)	1	7x week	Grab
CBOD:	Sample Measurement						
PARM Code 8000 Mon. Site No. 101-6636	Permit Requirement		57.2	Report Monthly Sample	1	Monthly	Grab
Solids, Total Suspended	Sample Measurement		59.6	Report Monthly Sample	1	Monthly	Grab
PARM Code 0050 Mon. Site No. 101-6636	Permit Requirement				1	Monthly	Grab

DAILY SAMPLE RESULTS PART B

Permit Number: FLA110-131-002 DW2P (R001)
 Month/Year: 11/04

Three month Average Daily Flow: 116
 (IMADE/Permitted Capacity)x100 54%

Lake Wales Utility Company WWTTP

	Flow (MGD)	COD5 (mg/L)	COD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Min Max)	Fecal Coliform (100ml)	TRC (For Disinfect.) (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060
Mon. Site	EFA-6636	EFA-6636	INE-6635	EFA-6636	INE-6635	EFA-6636	EFA-6636	EFA-6636
1	0.117					7.21		0.88
2	0.097	0.04	69.6	0.04	56.0	7.27	-1	0.86
3	0.112					7.33		1.25
4	0.121					7.22		1.10
5	0.117					7.45		1.41
6	0.099					7.46		0.81
7	0.144					7.13		1.43
8	0.115					7.18		1.24
9	0.117					7.27		1.46
10	0.144					7.25		0.78
11	0.116					7.18		0.91
12	0.118					7.24		0.88
13	0.111					7.33		0.87
14	0.093					7.21		0.95
15	0.122					7.24		1.45
16	0.139	2.0	37.0	2.0	72.0	7.18	-1	0.85
17	0.098					7.28		0.98
18	0.145					7.11		1.23
19	0.116					7.14		1.19
20	0.112					7.13		0.87
21	0.097					7.19		0.95
22	0.113					7.13		1.16
23	0.112					7.12		1.43
24	0.136					7.19		0.94
25	0.111					7.22		0.80
26	0.124					7.26		0.93
27	0.122					7.16		0.58
28	0.126					7.13		0.61
29	0.113					7.24		0.53
30	0.117	2.5	63.0	0.04	49.0	7.15		1.15
31								

PLANT STAFFING

Day Shift Operator: Class: C, Certificate No: 0012791, Name: W. Kent Harker
 Evening Shift Operator: Class: C, Certificate No: 0012822, Name: JOHN H. RIDGLEY
 Night Shift Operator: Class: C, Certificate No: 0012832, Name: DAVID E. PEARCE
 Lead Operator: Class: C, Certificate No: 0012832, Name: DAVID E. PEARCE
 Type of Effluent Disposal or Reclaimed Water Reuse: LIMITED ACCESS SPRAY FIELD
 Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: X If yes, cumulative days of wet weather discharge:
 *Attach additional sheets if necessary to list all certified operators.

PERMITTEE NAME
Mr. David K. Pearce, Manager
Lake Wales Utility Company
P.O. Box 9076
Fedhaven, FL 33854

PERMIT NUMBER:
FLA110434-002-DW2P

MAILING ADDRESS
Lake Wales Utility Company WWTP
East Leisure Lane, Fedhaven
Polk

MONITORING PERIOD
Three Month Average Daily Flow:
CLASS SIZE:
LIMIT:
DISCHARGE POINT NUMBER:
PLANT SIZE/TREATMENT TYPE:
NO DISCHARGE FROM SITE:

From: 04/20/11
To: 04/23/11
0.2% of capacity
N/A
Final
R001
IIC

REPORT:
GROUP:
WAFR SITE NUMBER:
DNR Date: 06/09

Monthly
Domestic
34194

FACILITY:
LOCATION:
COUNTY:

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No.	Frequency of Analysis	Sample Type
Flow (existing permitted capacity)	Sample Measurement						
PARM Code: 5003 Mon Site No: EF001-6636	Permit Requirement (MADE)	MGD				Report Monthly	Calculated Roll-Avg
Flow (after expansion of the effluent disposal site)	Sample Measurement						
PARM Code: 5003 Mon Site No: EF001-6636	Permit Requirement (MADE)	MGD				Report Monthly	Calculated Roll-Avg
Flow	Sample Measurement						
PARM Code: 5003 Mon Site No: EF001-6636	Permit Requirement (MADE)	MGD				Report Monthly	Calculated Roll-Avg
CBODs	Sample Measurement						
PARM Code: 8002 Mon Site No: EF001-6636	Permit Requirement (MADE)	mg/L				Report Monthly	Calculated Roll-Avg
CBODs	Sample Measurement						
PARM Code: 8002 Mon Site No: EF001-6636	Permit Requirement (MADE)	mg/L				Report Monthly	Calculated Roll-Avg
Solids, Total Suspended	Sample Measurement						
PARM Code: 8002 Mon Site No: EF001-6636	Permit Requirement (MADE)	mg/L				Report Monthly	Calculated Roll-Avg
Solids, Total Suspended	Sample Measurement						
PARM Code: 8002 Mon Site No: EF001-6636	Permit Requirement (MADE)	mg/L				Report Monthly	Calculated Roll-Avg
pH	Sample Measurement						
PARM Code: 8002 Mon Site No: EF001-6636	Permit Requirement (MADE)	mg/L				Report Monthly	Calculated Roll-Avg

Calculated Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average.

Calculated Rolling Three-month Average is the average of the current month's average and the preceding two (2) month's averages.

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
DAVID K. PEARCE GSW MANAGER	David K Pearce	(813) 666-1128	07/06/11

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

DISCHARGE MONITORING REPORT - PART A (Continued)
 PERMIT NUMBER: FLA110434-002-DW2P
 DISCHARGE POINT NUMBER: R001

34194

FACILITY NAME: Lake Wales Utility Company WWTP
 MONTH/YEAR: 10/04

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement						
PARM Code: 0050	Permit Requirement		3.9	#/100ML	0	Every 2 Weeks	Grab
Mon. Site No. 01-6636	Sample Measurement		6.5	#/100ML	0	Monthly	Grab
Coliform, Fecal	Sample Measurement						
PARM Code: 0050	Permit Requirement		13.3	#/100ML	0	Report Monthly	Grab
Mon. Site No. 01-6636	Sample Measurement					Calculated Roll-Forward	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement						
PARM Code: 0050	Permit Requirement		0.54	mg/l	0	7x/week	Grab
Mon. Site No. 01-6636	Sample Measurement					5x/week	Grab
CBOD:	Sample Measurement						
PARM Code: 0050	Permit Requirement				0	Monthly	Grab
Mon. Site No. 01-6635	Sample Measurement					Monthly	Grab
Solids, Total Suspended	Sample Measurement				0	Monthly	Grab
PARM Code: 0050	Permit Requirement						
Mon. Site No. 01-6635	Sample Measurement					Monthly	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number

FLA110434-002 DW2P (R001)

Month/Year: 12/04

Three-month Average Daily Flow: $\phi, 125'$

(IMAD/Permitted Capacity)x100: 62%

Lake Wales Utility Company WWT

Code	Flow (MGD)	COD5 (mg/L)	COD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Min Max)	Fecal Coliform (100ml)	TRC (For Disinfect.) (mg/L)
Mon. Site	EFA-6636	EFA-6636	INE-6635	EFA-6636	INE-6635	EFA-6636	EFA-6636	EFA-6636
1	$\phi, 125$					7.01		1.28
2	$\phi, 117$					7.16		$\phi, 72$
3	$\phi, 116$					7.07		$\phi, 63$
4	$\phi, 109$					7.14		$\phi, 67$
5	$\phi, 86$					7.07		$\phi, 74$
6	$\phi, 126$					7.16		1.35
7	$\phi, 132$					7.29		1.01
8	$\phi, 145$					7.12		1.19
9	$\phi, 169$					7.24		$\phi, 99$
10	$\phi, 150$					7.16		$\phi, 91$
11	$\phi, 147$					7.15		$\phi, 73$
12	$\phi, 148$					7.21		$\phi, 69$
13	$\phi, 162$					7.24		$\phi, 72$
14	$\phi, 158$	$\phi, 00$	81.0	$\phi, 00$	66.0	7.11	-1	$\phi, 91$
15	$\phi, 146$					7.20		1.14
16	$\phi, 167$					7.05		1.24
17	$\phi, 158$					7.09		$\phi, 80$
18	$\phi, 147$					7.05		1.02
19	$\phi, 142$					7.48		1.26
20	$\phi, 163$					7.23		1.52
21	$\phi, 160$					7.30		1.55
22	$\phi, 144$					7.28		$\phi, 89$
23	$\phi, 151$					7.01		1.43
24	$\phi, 170$					7.21		1.51
25	$\phi, 107$					7.28		$\phi, 94$
26	$\phi, 158$					7.24		$\phi, 54$
27	$\phi, 105$					7.35		$\phi, 93$
28	$\phi, 173$	$\phi, 00$	93.7	$\phi, 00$	64.0	7.32	21	$\phi, 83$
29	$\phi, 187$					7.16		1.34
30	$\phi, 166$					7.23		1.26
31	$\phi, 183$					7.23		1.28

PLANT STAFFING

Day Shift Operator

Class:

Certificate No:

Name:

Day/Evening Shift Operator

Class:

Certificate No:

Name:

Night Shift Operator

Class:

Certificate No:

Name:

Lead Operator

Class:

Certificate No:

Name:

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

Verify Completed and this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Mr. David K. Pearce, Manager
Lake Wales Utility Company
P.O. Box 9076
Fedhaven, FL 33854

FACILITY: Lake Wales Utility Company WWTP
LOCATION: East Leisure Lane, Fedhaven
COUNTY: Polk

PERMIT NUMBER: FLA110434-002-DW2P

MONITORING PERIOD: Three Month Average Daily Flow:
CLASS SIZE: 73 % of capacity
LIMIT: N/A Final

To: 05/01/31

REPORT: Monthly
GROUP: Domestic
WAFR SITE NUMBER: 34194

DISCHARGE POINT NUMBER: R001
PLANT SIZE/TREATMENT TYPE: IIC
NO DISCHARGE FROM SITE: []

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (existing permitted capacity)	Sample Measurement						
Flow (after expansion of the effluent disposal site)	Sample Measurement	0.121	MGD		0	Monthly	Calculated Roll-Ave
Flow	Sample Measurement	0.179	MGD		0	7x/week	meter
CBODs	Sample Measurement		1.96	mg/L	0	Monthly	7.96
CBODs	Sample Measurement		5.95	mg/L	0	Every 2 weeks	8-hr. LDC
CBODs	Sample Measurement		2.72	mg/L	0	Monthly	2.72
CBODs	Sample Measurement		2.5	mg/L	0	Every 2 weeks	8-hr. LDC
CBODs	Sample Measurement		7.03	mg/L	0	7x/week	6-hr. LDC
Calculated Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average.							
Calculated Rolling Three-month Average is the average of the current month's average and the preceding two (2) month's averages.							
certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.							

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: DAVID K. PEARCE GEN. MANAGER

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: David K. Pearce

TELEPHONE NO: (813) 446-1178

DATE: 05/02/14

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

DISCHARGE MONITORING REPORT - PART A (Continued)
 PERMIT NUMBER: FLA110434-002-DW2P
 DISCHARGE POINT NUMBER: R001

34194

Facility Name: Lake Wales Utility Company WWTP
 Month/Year: 01/05

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement		3.73		4	Every 2 weeks	Grab
Coliform, Fecal	Sample Measurement		6.5		0	Monthly	3.73
Total Residual Chlorine (For Disinfection)	Sample Measurement		0.63		4	7x/week	Grab
CBODs	Sample Measurement		133.1		0	Monthly	Grab
Solids, Total Suspended	Sample Measurement		96.0		0	Monthly	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA110434-002-DW2P (R001)

Month/Year: 4/1/25

Three-month Average Daily Flow: 4.155
(TMADE/Permitted Capacity)x100: 73.1

Lake Wales Utility Company WWTTP

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Min Max)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)
Code	50050	80082	00030	00530	00030	00400	74055	50060
Mon. Site	EFA-6636	EFA-6636	EFA-6636	EFA-6636	EFA-6636	EFA-6636	EFA-6636	EFA-6636
1	4.194					7.14		4.83
2	4.142					7.15		4.84
3	4.168					7.45		1.43
4	4.184					7.43		4.98
5	4.172					7.47		4.93
6	4.155					7.11		4.78
7	4.188					7.45		4.99
8	4.173					7.18		4.98
9	4.143					7.20		4.88
10	4.167					7.16		4.63
11	4.157	7.9	179.3	4.44	148.4	7.18	-1	1.21
12	4.165					7.23		4.97
13	4.165					7.24		4.45
14	4.193					7.26		1.18
15	4.211					7.24		1.29
16	4.179					7.14		4.76
17	4.189					7.16		1.33
18	4.243					7.19		1.42
19	4.145					7.22		4.81
20	4.166					7.21		4.69
21	4.178					7.14		4.75
22	4.208					7.15		1.17
23	4.155					7.49		4.84
24	4.191					7.26		1.44
25	4.163	4.4	87.4	2.5	84.4	7.15	-1	1.23
26	4.171					7.45		1.36
27	4.176					7.44		1.34
28	4.181					7.47		4.88
29	4.178					7.48		4.74
30	4.164					7.21		4.76
31	4.189					7.46		1.44

PLANT STAFFING:

Day Shift Operator

Class: C

Certificate No: 4412791

Name: W. KENT HARDEE

Evening Shift Operator

Class: C

Certificate No: 4412822

Name: JOHN H. RIDGWAY

Night Shift Operator

Class: C

Certificate No: 4408832

Name: DAVID K. PEARCE

Lead Operator

Class: C

Certificate No: 4408832

Name: DAVID K. PEARCE

Type of Effluent Disposal or Reclaimed Water Reuse:

Limited Wet Weather Discharge Activated: Yes: No: Limited ACCESS SPRAYFIELD

discharge: Not Applicable: If yes, cumulative days of wet weather

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

Completed this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMIT NUMBER: FLA110434-002-DW2P
 Mr. David K. Pearce, Manager
 Lake Wales Utility Company
 P.O. Box 9076
 Fedhaven, FL 33854

FACILITY: Lake Wales Utility Company WWTP
 LOCATION: East Leisure Lane, Fedhaven
 COUNTY: Polk

MONITORING PERIOD: From: 05/02/01 To: 05/02/08
 CLASS SIZE: Three Month Average Daily Flow: 0.3 % of capacity
 LIMIT: N/A
 DISCHARGE POINT NUMBER: R001
 PLANT SIZE/TREATMENT TYPE: IIC
 NO DISCHARGE FROM SITE: []
 DMR Date: 06/00

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (existing permitted capacity)	Sample Measurement						
PARM Code: 8000 Mon Site No: EEH-6636	Permitted Requirement (MADP)	MGD				Report Monthly	Calculated Roll-Avg
Flow (after expansion of the effluent disposal site)	Sample Measurement						
PARM Code: 8000 Mon Site No: EEH-6636	Permitted Requirement (MADP)	MGD				Report Monthly	Calculated Roll-Avg
Flow	Sample Measurement						
PARM Code: 8000 Mon Site No: EEH-6636	Permitted Requirement (MADP)	MGD				Report Monthly	Calculated Roll-Avg
CBODs	Sample Measurement						
PARM Code: 8000 Mon Site No: EEH-6636	Permitted Requirement (MADP)	MGD				Report Monthly	Calculated Roll-Avg
Solids, Total Suspended	Sample Measurement						
PARM Code: 8000 Mon Site No: EEH-6636	Permitted Requirement (MADP)	MGD				Report Monthly	Calculated Roll-Avg
pH	Sample Measurement						
PARM Code: 8000 Mon Site No: EEH-6636	Permitted Requirement (MADP)	MGD				Report Monthly	Calculated Roll-Avg

Calculated Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average.

Calculated Rolling Three-month Average is the average of the current month's average and the preceding two (2) month's averages.

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
DAVID K. PEARCE GEN. MANAGER		823-446-1128	05/03/07

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

DISCHARGE MONITORING REPORT - PART A (Continued)
 PERMIT NUMBER: FLA110434-002-DW2P DISCHARGE POINT NUMBER: R001

34194

FACILITY NAME: Lake Wales Utility Company WWTP
 MONTH/YEAR: 02/05

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement						
PARM Code: 00530 Mon Site No. 01-6635	Permit Requirement		3.23	#/100ml	0	Every 2 weeks	Grab
Coliform, Fecal	Sample Measurement						
PARM Code: 00530 Mon Site No. 01-6635	Permit Requirement		6.15	#/100ml	0	Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement						
PARM Code: 00530 Mon Site No. 01-6635	Permit Requirement		0.58	mg/L	0	1x/week	Grab
CBOD ₅	Sample Measurement						
PARM Code: 00530 Mon Site No. 01-6635	Permit Requirement						
Solids, Total Suspended	Sample Measurement						
PARM Code: 00530 Mon Site No. 01-6635	Permit Requirement						

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA110434 002-DW2P (R001)

Month/Year: 4/2/05

*Three-month Average Daily Flow: 4.16 cfs
(IMADE/Permitted Capacity)x100: 8.37%

Lake Wales Utility Company WWTTP

	Flow (MGD)	COD5 (mg/L)	COD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Min Max)	Fecal Coliform (#/100ml)	TRC (For Disinfect.) (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060
Mon. Site	EFA-6636	EFA-6636	EFA-6636	EFA-6636	EFA-6636	EFA-6636	EFA-6636	EFA-6636
1	4.163					7.21		1.27
2	4.165					7.14		1.10
3	4.179					7.17		1.31
4	4.171					7.27		1.47
5	4.184					7.32		4.93
6	4.148					7.31		4.87
7	4.169					7.39		1.17
8	4.160	3.0	94.5	4.04	88.4	7.06	-1	1.08
9	4.179					7.24		1.12
10	4.164					7.22		4.78
11	4.189					7.31		1.19
12	4.166					7.28		4.84
13	4.154					7.35		4.71
14	4.175					7.21		1.21
15	4.152					7.02		1.02
16	4.141					7.12		1.38
17	4.171					7.34		1.48
18	4.172					7.09		1.26
19	4.171					7.42		1.08
20	4.162					7.31		1.10
21	4.164					7.24		4.93
22	4.164	5.2	106.3	2.5	60.0	7.30	-1	1.41
23	4.181					7.27		1.11
24	4.145					7.26		1.05
25	4.182					7.24		1.05
26	4.188					7.51		4.75
27	4.207					7.28		4.86
28	4.209					7.37		4.58
29								
30								
31								

PLANT STAFFING:

Day Shift Operator

Class: C

Certificate No: 4012791

Name: W. KENT HADGE

Night Shift Operator

Class: C

Certificate No: 4012822

Name: J. H. RIDGWAY, JR.

Lead Operator

Class: C

Certificate No: 4008832

Name: DAVID K. PEARCE

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DISCHARGE MONITORING REPORT - PART A (Continued)
 PERMIT NUMBER: FLA110434-002-DW2P
 DISCHARGE POINT NUMBER: R001

34194

FACILITY NAME: Lake Wales Utility Company WWTP
 MONTH/YEAR: 03/05

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement		1.29		1	Every 2 weeks	Grab
PARM Code: 0050 Mon. Site No. 104-01-6835	Permit Requirement						
Coliform, Fecal	Sample Measurement		9.0		1	Monthly	1.29
PARM Code: 0050 Mon. Site No. 104-01-6835	Permit Requirement						
Total Residual Chlorine (For Disinfection)	Sample Measurement		0.55		1	1x week	Grab
PARM Code: 0050 Mon. Site No. 104-01-6835	Permit Requirement						
CBODs	Sample Measurement						
PARM Code: 0050 Mon. Site No. 104-01-6835	Permit Requirement						
Solids, Total Suspended	Sample Measurement		72.0		1	Monthly	Grab
PARM Code: 0050 Mon. Site No. 104-01-6835	Permit Requirement						
Solids, Total Suspended	Sample Measurement		53.0		1	Monthly	Grab
PARM Code: 0050 Mon. Site No. 104-01-6835	Permit Requirement						

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA110434-002-DW2P (R001)

Month/Year: 03/05

Three-month Average Daily Flow: 0.186

(TMADE/Permitted Capacity)x100: 94.11

Lake Wales Utility Company WWTTP

Code	Flow (MGD)	CHOD5 (mg/L)	GDOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Min Max)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)
Mon. Slit	EFA-6636	EFA-6636	EFA-6636	EFA-6636	EFA-6636	EFA-6636	EFA-6636	EFA-6636
1	1.204					7.19		1.01
2	1.204					7.25		1.12
3	1.201					7.30		0.72
4	1.206					7.19		1.05
5	1.204					7.27		0.71
6	1.181					7.24		0.76
7	1.182					7.15		1.05
8	1.198	4.1	84.0	2.5	60.0	7.30	-1	0.74
9	1.204					7.52		1.12
10	1.200					7.27		0.61
11	1.194					7.28		0.92
12	1.205					7.25		0.82
13	1.173					7.23		0.81
14	1.142					7.40		0.81
15	1.192					7.22		1.09
16	1.189					7.26		0.80
17	1.205					7.32		0.55
18	1.206					7.15		0.64
19	1.202					7.17		0.78
20	1.186					7.32		0.87
21	1.201					7.17		1.02
22	1.201	5.8	100.0	3.0	40.0	7.15	-1	0.69
23	1.202					7.19		1.19
24	1.198					7.32		0.99
25	1.201					7.13		0.88
26	1.209					7.11		0.82
27	1.107					7.18		0.97
28	1.211					7.04		0.77
29	1.199					7.15		0.73
30	1.189					7.04		1.04
31	1.193					7.02		0.75

PLANT STAFFING:

Day Shift Operator:

Class: C

Certificate No:

0012791

Name:

W. Kent Hardee

Evening Shift Operator

Class: C

Certificate No:

0012822

Name:

J.H. Edgely Jr

Night Shift Operator

Class: C

Certificate No:

0008832

Name:

DAVID R. PEARCE

Lead Operator

Class: C

Certificate No:

0008832

Name:

DAVID R. PEARCE

Type of Effluent Disposal or Reclaimed Water Reuse:

LIMITED ACCESS SPRAYFIELD

Limited Wet Weather Discharge Activated: Yes No

Not Applicable: X If yes, cumulative days of wet weather discharge:

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

Year Completed: this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Mr. David K. Pearce, Manager
Lake Wales Utility Company
P.O. Box 9076
Fedhaven, FL 33854

PERMIT NUMBER: FLA110434-002-DW2P

MAILING ADDRESS: Mr. David K. Pearce, Manager
Lake Wales Utility Company WWTP
East Leisure Lane, Fedhaven
Polk

MONITORING PERIOD: Three Month Average Daily Flow:
CLASS SIZE: N/A
LIMIT: Final
DISCHARGE POINT NUMBER: R001
PLANT SIZE/TREATMENT TYPE: IIC
NO DISCHARGE FROM SITE: ☒

From: 05-24-01
To: 05-09-03

REPORT: Monthly
GROUP: Domestic
WAFR SITE NUMBER: 34194

DMR Date: 06/00
Sample Type

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (existing permitted capacity)	Sample Measurement						
PARM Code: 3001 Mon. Site No: 11-6636	Permit Requirement (MGD)					Report Monthly	Calculated Roll-Avg
Flow (after expansion of the effluent disposal site)	Sample Measurement						
PARM Code: 3001 Mon. Site No: 11-6636	Permit Requirement (MGD)	0.131				Report Monthly	Calculated Roll-Avg
Flow	Sample Measurement						
PARM Code: 3001 Mon. Site No: 11-6636	Permit Requirement (MGD)	0.176				Report Monthly	Calculated Roll-Avg
CBODs	Sample Measurement						
PARM Code: 3001 Mon. Site No: 11-6636	Permit Requirement (MGD)					Report Monthly	Calculated Roll-Avg
CBODs	Sample Measurement						
PARM Code: 3001 Mon. Site No: 11-6636	Permit Requirement (MGD)					Report Monthly	Calculated Roll-Avg
Solids, Total Suspended	Sample Measurement						
PARM Code: 3001 Mon. Site No: 11-6636	Permit Requirement (MGD)					Report Monthly	Calculated Roll-Avg
Solids, Total Suspended	Sample Measurement						
PARM Code: 3001 Mon. Site No: 11-6636	Permit Requirement (MGD)					Report Monthly	Calculated Roll-Avg
pH	Sample Measurement						
PARM Code: 3001 Mon. Site No: 11-6636	Permit Requirement (MGD)					Report Monthly	Calculated Roll-Avg

Calculated Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average.

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: TELEPHONE NO: DATE:

DAVID K. PEARCE GENERAL MANAGER David K Pearce (863) 696-1128 050518

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

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement						
PARM Code: 000000 Mon. Site No. 01-0635	Permit Requirement				1000 ML	Every 2 weeks	Grab
Coliform, Fecal	Sample Measurement						
PARM Code: 000000 Mon. Site No. 01-0635	Permit Requirement				1000 ML	Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement						
PARM Code: 000000 Mon. Site No. 01-0635	Permit Requirement				ML	7x/week	Grab
CBOD ₅	Sample Measurement						
PARM Code: 000000 Mon. Site No. 01-0635	Permit Requirement				ML	Monthly	Grab
Solids, Total Suspended	Sample Measurement						
PARM Code: 000000 Mon. Site No. 01-0635	Permit Requirement				ML	Monthly	Grab

DAILY SAMPLE RESULTS - PART B

Three-month Average Daily Flow: 4,176
 (TMADE/Permitted Capacity)x100: 39%

Lake Wales Utility Company WWTP

Code	Flow (MGD)	CHODS (mg/L)	GBODS (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Min Max)	Fecal Coliform (#/100ml)	TRC (For Disinfect.) (mg/L)
Mon. Site	EFA-6636	EFA-6636	EFA-6636	EFA-6636	EFA-6636	EFA-6636	EFA-6636	EFA-6636
1	4.173					7.02		0.75
2	4.175					7.06		0.70
3	4.181					7.13		0.76
4	4.160					7.15		0.78
5	4.186	5.9	69.0	7.5	60.0	6.97	-1	1.59
6	4.156					7.14		1.36
7	4.184					7.04		0.97
8	4.193					7.06		1.05
9	4.190					7.15		1.02
10	4.152					7.34		1.22
11	4.174					7.03		1.56
12	4.185					7.48		0.93
13	4.163					7.47		1.02
14	4.151					7.50		0.89
15	4.203					7.46		0.91
16	4.160					7.45		0.72
17	4.137					7.42		0.82
18	4.169					7.43		1.06
19	4.169	4.0	190.4	0	112.0	7.19	-1	1.19
20	4.133					7.15		0.88
21	4.161					7.11		1.15
22	4.107					7.12		1.16
23	4.176					7.01		1.10
24	4.160					7.07		0.70
25	4.137					6.99		0.73
26	4.171					7.03		1.23
27	4.187					7.35		0.83
28	4.153					7.23		0.73
29	4.157					7.33		0.88
30	4.158					7.35		1.09
31								

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 0012791 Name: W. Kent HARDEE
 Evening Shift Operator Class: C Certificate No: 0012822 Name: JOHN N. RIDGWAY
 Night Shift Operator Class: C Certificate No: 0008832 Name: DAVID R. PEARCE
 Lead Operator Class: C Certificate No: 0008832 Name: DAVID R. PEARCE
 Type of Effluent Disposal or Reclaimed Water Reuse: LIMITED ACCESS SPRAY FIELD
 Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes, cumulative days of wet weather discharge: _____

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

Yacht Completed this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 5551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Mr. David K. Pearce, Manager
Lake Wales Utility Company
P.O. Box 9076
Fedhaven, FL 33854

FACILITY: Lake Wales Utility Company WWTP
LOCATION: East Leisure Lane, Fedhaven
COUNTY: Polk

PERMIT NUMBER: FLA110434-002-DW2P

MONITORING PERIOD: Three Month Average Daily Flow:

CLASS SIZE: N/A

LIMIT: Final

DISCHARGE POINT NUMBER: R001

PLANT SIZE/TREATMENT TYPE: IIC

NO DISCHARGE FROM SITE:

To: 050531

REPORT: Monthly
GROUP: Domestic
WAFR SITE NUMBER: 54194

DMR Date: 06/06

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (existing permitted capacity)	Sample Measurement						
PARM Code: 5005	0.137	MGD				Report Monthly	Calculated Roll-Avg
Mon. Site No.: EPA 11-6636							
Flow (after expansion of the effluent disposal site)	Sample Measurement						
PARM Code: 5005	0.137	MGD				Report Monthly	Calculated Roll-Avg
Mon. Site No.: EPA 11-6636							
Flow	Sample Measurement						
PARM Code: 5005	0.137	MGD				Report Monthly	Calculated Roll-Avg
Mon. Site No.: EPA 11-6636							
CSODs	Sample Measurement						
PARM Code: 8002	6.07	MG/L				Report Monthly	Calculated Roll-Avg
Mon. Site No.: EPA 11-6636							
CSODs	Sample Measurement						
PARM Code: 8002	6.07	MG/L				Report Monthly	Calculated Roll-Avg
Mon. Site No.: EPA 11-6636							
Solids, Total Suspended	Sample Measurement						
PARM Code: 0053	2.28	MG/L				Report Monthly	Calculated Roll-Avg
Mon. Site No.: EPA 11-6636							
Solids, Total Suspended	Sample Measurement						
PARM Code: 0053	2.28	MG/L				Report Monthly	Calculated Roll-Avg
Mon. Site No.: EPA 11-6636							
PH	Sample Measurement						
PARM Code: 0053	7.42	MG/L				Report Monthly	Calculated Roll-Avg
Mon. Site No.: EPA 11-6636							
Calculated Rolling Annual Average	Sample Measurement						
PARM Code: 0053	7.42	MG/L				Report Monthly	Calculated Roll-Avg
Mon. Site No.: EPA 11-6636							
Calculated Rolling Three-month Average	Sample Measurement						
PARM Code: 0053	7.42	MG/L				Report Monthly	Calculated Roll-Avg
Mon. Site No.: EPA 11-6636							

Calculated Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average

Calculated Rolling Three-month Average is the average of the current month's average and the preceding two (2) month's averages

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: DAVID K. PEARCE GEN. MANAGER
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: David K Pearce
TELEPHONE NO.: (888) 696-1128
DATE: 050606

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

DISCHARGE MONITORING REPORT - PART A (Continued)
 PERMIT NUMBER: FLA110434-002-DW2P
 DISCHARGE POINT NUMBER: R001

34194

FACILITY NAME: Lt. Wailes Utility Company WWTP
 MONTH/YEAR: 05/06

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement						
PARM Code: 00500 Mon. Site No. 001-01-6635	Permit Requirement		-1		100/mL	Every 2 wks	Grab
Coliform, Fecal	Sample Measurement						
PARM Code: 00500 Mon. Site No. 001-01-6635	Permit Requirement		-1		100/mL	Monthly	-1
Total Residual Chlorine (For Disinfection)	Sample Measurement						
PARM Code: 00500 Mon. Site No. 001-01-6635	Permit Requirement		0.58		M/L	7x/week	Grab
CODS	Sample Measurement						
PARM Code: 00500 Mon. Site No. 001-01-6635	Permit Requirement		93.75		M/L	Monthly	Grab
Solids, Tot Suspended	Sample Measurement						
PARM Code: 00500 Mon. Site No. 001-01-6635	Permit Requirement		110.0		M/L	Monthly	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA110134-002-DW2P (R001)
 Month/Year: 05/06

Three-month Average Daily Flow: 0.170
 (TMADE/Permitted Capacity)x100: 85%

Lake Wales Utility Company WWTTP

	Flow (MGD)	CBOD5 (mg/L)	COOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Min Max)	Fecal Coliform (b/100ml)	TRC (For Disinfect.) (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060
Mon. Site	EFA-6636	EFA-6636	EFA-6636	EFA-6636	EFA-6636	EFA-6636	EFA-6636	EFA-6636
1	0.115					7.22		1.44
2	0.147					7.18		1.47
3	0.207	4.4	143.5	2.5	152.0	7.34	-1	1.46
4	0.228					7.27		0.69
5	0.214					7.17		0.96
6	0.190					7.42		0.83
7	0.194					7.24		0.86
8	0.135					7.29		1.41
9	0.133					7.19		1.23
10	0.131					7.19		1.08
11	0.167					7.11		1.42
12	0.159					7.18		1.13
13	0.169					7.20		0.98
14	0.158					7.21		0.58
15	0.153					7.21		0.67
16	0.127					7.22		1.18
17	0.124	2.4	84.0	0	68.0	7.12	-1	1.43
18	0.141					7.28		1.36
19	0.154					7.34		0.42
20	0.133					7.31		1.33
21	0.123					7.28		0.90
22	0.117					7.33		0.72
23	0.140					7.32		0.99
24	0.123					7.22		0.73
25	0.156					7.26		1.32
26	0.169					7.29		1.24
27	0.155					7.17		1.44
28	0.123					7.23		1.42
29	0.136					7.20		0.75
30	0.112					7.34		0.73
31	0.195					7.43		0.74

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 0012791 Name: W. KENT HARDEG
 Evening Shift Operator Class: C Certificate No: 0012822 Name: J.H. RIDGWAY JR.
 Night Shift Operator Class: C Certificate No: 0012883 Name: DAVID K. PEARCE
 Lead Operator Class: C Certificate No: 0012883 Name: DAVID K. PEARCE
 Type of Effluent Disposal or Reclaimed Water Reuse: LIMITED ACCESS SPRAYFIELD
 Limited Wet Weather Discharge Activated: Yes No: Not Applicable: X If yes, cumulative days of wet weather discharge:

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

This report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMIT NUMBER:

MONITORING PERIOD
Three Month Average Daily Flow:

To: 657620

CLASS SIZE:
LIMIT:
DISCHARGE POINT NUMBER:
PLANT SIZE/TREATMENT TYPE:
NO DISCHARGE FROM SITE:

REPORT:
GROUP:
WAFR SITE NUMBER:
DMR Date:

06/00	Sample Type
-------	-------------

[illegible]

age of the current month's average and the preceding two (2) month

I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

PER OR AUTHORIZED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED	TELEPHONE NO	DATE
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GOV. MANAGER	AGENT	DATE
Daniel R Pearce		05/07/15

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Lee Waies Utility Company W.V. TP

PERMIT NUMBER: FLA110434-002-DW2P

DISCHARGE POINT NUMBER: R001

MONTH/YEAR: 06/05

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement						
PARM Code: 0030	Permit Requirement		-1		#/100ml	Every 2 weeks	Grab
Mon. Site No. 01-6635	Sample Measurement		-1		#/100ml	Monthly	Grab
Coliform, Fecal	Sample Measurement						
PARM Code: 0030	Permit Requirement		-1		#/100ml	Monthly	Grab
Mon. Site No. 01-6635	Sample Measurement		0.52		#/100ml	Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement						
PARM Code: 0030	Permit Requirement						
Mon. Site No. 01-6635	Sample Measurement						
CBOD ₅	Sample Measurement						
PARM Code: 0030	Permit Requirement		61.5		mg/l	Monthly	Grab
Mon. Site No. 01-6635	Sample Measurement		30		mg/l	Monthly	Grab
Solids, Total Suspended	Sample Measurement						
PARM Code: 0030	Permit Requirement						
Mon. Site No. 01-6635	Sample Measurement						

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA110434-002-DW2P (R001)

Month/Year: 06/05

Three-month Average Daily Flow: 4,117,490
(TMADE/Permitted Capacity)x100: 92%

Lake Wales Utility Company WWTP

	Flow (MGD)	BOD5 (mg/L)	CBOD5 (mg/L)	TSS (me/L)	TSS (mg/L)	pH (Min Max)	Fecal Coliform (#/100ml)	TRC (For Disinfect.) (mg/L)
Code	50050	80082	4380082	00530	400530	00400	74055	50060
Mon. Site	EFA-6636	EFA-6636	EFA-6636	EFA-6636	EFA-6636	EFA-6636	EFA-6636	EFA-6636
1	4.297					7.26		4.79
2	4.289					7.19		4.70
3	4.212					7.23		4.93
4	4.284					7.11		4.52
5	4.264					7.41		4.62
6	4.268					6.97		4.88
7	4.247	3.2	57.4	12	32.4	7.45	-1	1.27
8	4.186					7.11		1.25
9	4.269					7.22		1.46
10	4.214					7.14		4.71
11	4.287					7.11		4.75
12	4.243					7.46		4.62
13	4.248					7.43		4.53
14	4.249					7.14		1.15
15	4.182					7.12		1.27
16	4.197					7.18		1.33
17	4.161					7.17		1.18
18	4.156					7.14		1.16
19	4.151					7.25		4.91
20	4.244					7.27		1.26
21	4.234					7.32		4.85
22	4.241	2.2	66.4	2.5	28.4	7.23	-1	4.52
23	4.211					7.17		4.57
24	4.235					7.49		4.94
25	4.231					7.47		4.86
26	4.153					7.48		4.85
27	4.217					6.99		1.36
28	4.237					7.46		4.71
29	4.258					7.42		4.59
30	4.247					7.44		4.58
31								

PLANT STAFFING:

DAY Day Shift Operator Class: C Certificate No: 4412791 Name: W. Kent HARDEE
Evening Shift Operator Class: C Certificate No: 4412822 Name: J. H. RIDGWAY, JR.
Night Shift Operator Class: C Certificate No: 4448832 Name: DAVID R. PEARCE
Lead Operator Class: C Certificate No: 4448832 Name: DAVID R. PEARCE

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

Completed this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32309

PERMIT NUMBER: FLA110434-002-DW2P

PERMITTEE NAME: Mr. David K. Pearce, Manager
Lake Wales Utility Company
P.O. Box 9076
Fedhaven, FL 33854

MAILING ADDRESS: Lake Wales Utility Company WWTP
East Leisure Lane, Fedhaven
Polk

PERMIT NO. 6636

MONITORING PERIOD: From: 05/07/01 To: 05/07/01
Three Month Average Daily Flow: 4.8 MGD
CLASS SIZE: N/A
LIMIT: Final
DISCHARGE POINT NUMBER: R001
PLANT SIZE/TREATMENT TYPE: IIC
NO DISCHARGE FROM SITE: []

MONTHLY DOMESTIC 34194

SITE NUMBER: 06/00

Sample Type

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (existing permitted capacity)	Sample Measurement						
PARM Code 3000 Mon. Site No. EPA-1-6636	Report (MGD)	MGD				Monthly	Calculated Roll-Avg
Flow (after expansion of the effluent disposal site)	Sample Measurement						
PARM Code 3000 Mon. Site No. EPA-1-6636	Report (MGD)	MGD				Monthly	Calculated Roll-Avg
Flow	Sample Measurement						
PARM Code 3000 Mon. Site No. EPA-1-6636	Report (MGD)	MGD				Monthly	Calculated Roll-Avg
CBODs	Sample Measurement						
PARM Code 8000 Mon. Site No. EPA-1-6636	Report (MGD)	MGD				Monthly	Calculated Roll-Avg
CBODs	Sample Measurement						
PARM Code 8000 Mon. Site No. EPA-1-6636	Report (MGD)	MGD				Monthly	Calculated Roll-Avg
Solids, Total Suspended	Sample Measurement						
PARM Code 1005 Mon. Site No. EPA-1-6636	Report (MGD)	MGD				Monthly	Calculated Roll-Avg
Solids, Total Suspended	Sample Measurement						
PARM Code 1005 Mon. Site No. EPA-1-6636	Report (MGD)	MGD				Monthly	Calculated Roll-Avg
pH	Sample Measurement						
PARM Code 0000 Mon. Site No. EPA-1-6636	Report (MGD)	MGD				Monthly	Calculated Roll-Avg
pH	Sample Measurement						
PARM Code 0000 Mon. Site No. EPA-1-6636	Report (MGD)	MGD				Monthly	Calculated Roll-Avg

Calculated Rolling Annual Average is the average of the current month's average and the preceding 11 month's average

Calculated Rolling Three-month Average is the average of the current month's average and the preceding two (2) month's averages

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: David K. Pearce, Gen. Manager

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: [Signature]

PHONE NO: 904-178-0548

DATE: 05/07/01

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Lake Wales Utility Company WWTP
 Discharge Point Number: R001

Permit Number: FLA110434-002-DW2P

34194

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement						
PARM Code: 0050	Permit Requirement		-1		1000 ML	Every 2 weeks	Grab
Mon. Site No. 10-01-6635	Sample Measurement		-1		1000 ML	Monthly	Grab
Coliform, Fecal	Sample Measurement						
PARM Code: 0050	Permit Requirement		-1		1000 ML	Monthly	Grab
Mon. Site No. 10-01-6635	Sample Measurement		-1		1000 ML	Monthly	Grab
Total Residual Chlorine (for Disinfection)	Sample Measurement						
PARM Code: 0050	Permit Requirement		0.63		1000 ML	Monthly	Grab
Mon. Site No. 10-01-6635	Sample Measurement		0.63		1000 ML	Monthly	Grab
CBOD ₅	Sample Measurement						
PARM Code: 0050	Permit Requirement		108.6		1000 ML	Monthly	Grab
Mon. Site No. 10-01-6635	Sample Measurement		108.6		1000 ML	Monthly	Grab
Solids, Total Suspended	Sample Measurement						
PARM Code: 0050	Permit Requirement		34.4		1000 ML	Monthly	Grab
Mon. Site No. 10-01-6635	Sample Measurement		34.4		1000 ML	Monthly	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number

FLA110-13 002-DW2P (R001)

Month/Year: 07/15

Three month Average Daily Flow: 0.219

(TMAF/Permitted Capacity)x100: 98

Lake Wales Utility Company WWTP

Code	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Min)	Fecal Coliform (#/100ml)	TRC (For Indicator)
Mon. Site	EFA-6636	EFA-6636	EFA-6636	EFA-6636	EFA-6636	EFA-6636	EFA-6636	EFA-6636
1	0.218					7.00		0.73
2	0.250					7.01		0.75
3	0.223					7.12		1.14
4	0.187					7.08		1.03
5	0.159	9.0	108.6	11	34.0	7.13	-1	1.51
6	0.192					7.28		1.89
7	0.190					7.36		0.79
8	0.238					7.23		0.78
9	0.263					7.24		0.68
10	0.209					7.11		0.63
11	0.259					7.11		0.88
12	0.221					7.33		0.80
13	0.259					7.32		0.80
14	0.271					7.33		1.00
15	0.240					7.24		0.74
16	0.220					7.04		0.96
17	0.221					7.06		1.05
18	0.196					7.15		1.05
19	0.236	3.2	101.0	2.5	80.4	7.29	-1	1.07
20	0.191					7.47		0.92
21	0.189					7.26		0.85
22	0.223					7.15		1.00
23	0.191					7.14		1.09
24	0.233					7.16		0.90
25	0.223					7.20		0.89
26	0.222					7.25		0.70
27	0.177					7.28		0.85
28	0.189					7.31		1.05
29	0.181					7.35		0.96
30	0.257					7.39		0.86
31	0.245					7.31		0.72

PLANT STAFFING:

Day Shift Operator

Class:

C

Certificate No:

00012791

Name:

W. Kent HARDEE

Night Shift Operator

Class:

C

Certificate No:

00012822

Name:

J. N. RIDGWAY, JR.

Lead Operator

Class:

C

Certificate No:

00008832

Name:

DAVID K. PEARCE

Type of Effluent Disposal or Reclaimed Water Reuse:

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

discharge:

*Attach additional sheets if necessary to list all certified operators

... Completed ...

PERMIT NUMBER:

MONITORING PERIOD
Three Month Average Daily Flow:

REPORT: Monthly
GROUP: Domestic
WAFR SITE NUMBER: 34194

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No.	Frequency of	DMR Date:	Sample Type
NO DISCHARGE FROM SITE:			[]					06/00

[illegible]

Calculated Rolling Three-month Average is the average of the current month's average and the preceding two (2) month's averages.

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

JAMES H. F. OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED REPRESENTATIVE

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE

AGENT	AGENT	TELEPHONE NO	DATE
DAVID K. PEARCE GEN. MGR	DAVID K PEARCE	(813) 691-1129	050902

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

DISCHARGE MONITORING REPORT - PART A (Continued)

PERMIT NUMBER: FLA110434-002-DW2P DISCHARGE POINT NUMBER: R001

34194

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement						
PARM Code: 8002 Mon. Site No. 01-6635	Permit Requirement		-1	1000/L	0	Every 2 WKS	Grab
Coliform, Fecal	Sample Measurement						
PARM Code: 8002 Mon. Site No. 01-6635	Permit Requirement		-1	1000/L	0	Monthly	-1
Total Residual Chlorine (For Disinfection)	Sample Measurement						Calculated Roll-Over
PARM Code: 8003 Mon. Site No. 01-6635	Permit Requirement		0.53	mg/L	0	7x/week	Grab
CBODs	Sample Measurement						
PARM Code: 8004 Mon. Site No. 01-6635	Permit Requirement		81.0	mg/L	0	Monthly	Grab
Soil. Tot. Suspended	Sample Measurement						
PARM Code: 0050 Mon. Site No. 01-6635	Permit Requirement		72.0	mg/L	0	Monthly	Grab

Permit Number: FLA110434-002-DW2P (R001)

Month/Year: 08/05

Three-month Average Daily Flow: 0.214

(TMADE/Permitted Capacity)x100: 100

Lake Wales Utility Company WWTTP

	Flow (MGD)	CHOD5 (mg/L)	CHOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Min Max)	Fecal Coliform (#/100ml)	TRC (For Disinfect.) (mg/L)
Code	50030	80082	00030	00530	00030	00400	74053	50060
Mon. Site	EPA-6636	EPA-6636	EPA-6636	EPA-6636	EPA-6636	EPA-6636	EPA-6636	EPA-6636
1	2.00					7.02		0.86
2	1.79	2.6	81.0	2.5	72.0	6.95	-1	0.73
3	1.77					7.07		0.71
4	2.36					7.11		0.76
5	2.36					7.05		0.53
6	2.05					7.10		0.64
7	2.14					7.07		0.83
8	2.06					6.90		0.52
9	2.03					7.09		1.2
10	2.01					7.16		0.78
11	2.12					7.04		0.88
12	2.40					7.01		0.58
13	2.12					7.01		0.65
14	2.20					6.98		0.91
15	1.76					7.20		0.82
16	1.79	3.6	60.0	4.5	7.0	7.22	-1	0.89
17	1.01					7.26		1.03
18	1.52					7.31		1.09
19	1.56					7.05		0.79
20	1.51					7.19		0.77
21	1.39					7.18		0.83
22	1.41					7.28		1.21
23	1.35					7.39		0.90
24	1.35					7.16		1.00
25	1.19					7.30		1.10
26	1.27					7.35		0.65
27	1.23					7.10		0.70
28	1.29					7.08		0.86
29	1.23					7.21		0.68
30	1.24					7.06		0.59
31	1.20					7.06		0.84

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:

Type of Effluent Disposal or Reclaimed Water Reuse:

LIMITED ACCESS SPRAY FIELD

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

Attach additional sheets if necessary to list all certified operators.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 5551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Mr. David K. Pearce, Manager;
Lake Wales Utility Company
P.O. Box 9076
Fedhaven, FL 33834

MAILING ADDRESS: Lake Wales Utility Company WWTP
East Leisure Lane, Fedhaven
Polk

PERMIT NUMBER: FLA110434-002-DW2P

MONITORING PERIOD: From: 05/09/01 To: 05/09/04
Three Month Average Daily Flow: % of capacity

CLASS SIZE: N/A
LIMIT: Final

DISCHARGE POINT NUMBER: R001
PLANT SIZE/TREATMENT TYPE: IIC
NO DISCHARGE FROM SITE: ()

REPORT: Monthly
GROUP: Domestic
WAFR SITE NUMBER: 34194

DMR Date: 06/00

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency or Analysis	Sample Type
Flow (existing permitted capacity)	Sample Measurement						
PARM Code: 3003 Mon. Site No. EPA-11-6636	01167 (MADP)	MGD				Report Monthly	Calculated Roll-Avg
Flow (after expansion of the effluent disposal site)	Sample Measurement						
PARM Code: 3003 Mon. Site No. EPA-11-6636	01167 (MADP)	MGD				Report Monthly	Calculated Roll-Avg
Flow	Sample Measurement						
PARM Code: 3003 Mon. Site No. EPA-11-6636	01139 (MADP)	MGD				Report Monthly	Calculated Roll-Avg
CBODs	Sample Measurement						
PARM Code: 3003 Mon. Site No. EPA-11-6636	01182 (MADP)	MGD				Report Monthly	Calculated Roll-Avg
CBODs	Sample Measurement						
PARM Code: 3003 Mon. Site No. EPA-11-6636	3.68 (MADP)	mg/l				Report Monthly	Calculated Roll-Avg
Solids, Total Suspended	Sample Measurement						
PARM Code: 3003 Mon. Site No. EPA-11-6636	3.2 (MADP)	mg/l				Report Monthly	Calculated Roll-Avg
Solids, Total Suspended	Sample Measurement						
PARM Code: 3003 Mon. Site No. EPA-11-6636	2.59 (MADP)	mg/l				Report Monthly	Calculated Roll-Avg
pH	Sample Measurement						
PARM Code: 3003 Mon. Site No. EPA-11-6636	4.25 (MADP)	mg/l				Report Monthly	Calculated Roll-Avg
pH	Sample Measurement						
PARM Code: 3003 Mon. Site No. EPA-11-6636	6.98 (MADP)	mg/l				Report Monthly	Calculated Roll-Avg

Calculated Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average.

Calculated Rolling Three-month Average is the average of the current month's average and the preceding two (2) month's averages.

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: DAVID K. PEARCE, MANAGER

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: [Signature]

TELEPHONE NO: (863) 966-1128

DATE: 05/06/04

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

DISCHARGE MONITORING REPORT - PART A (Continued)

PERMIT NUMBER: FLA110434-002-DW2P

DISCHARGE POINT NUMBER: R001

34194

FACILITY NAME: Lake Wales Utility Company WWTTP

MONTH/DATE: 04/10

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement						
PARM Code: 0000	Permit Requirement		-1		1	Every 2 weeks	Grab
Mon. Site No. 10-01-6635	Sample Measurement		-1		1	Monthly	Grab
Coliform, Fecal	Sample Measurement						
PARM Code: 0000	Permit Requirement		-1		1	Monthly	Grab
Mon. Site No. 10-01-6635	Sample Measurement		-1		1	Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement						
PARM Code: 0000	Permit Requirement		0.51		1	7x/week	Grab
Mon. Site No. 10-01-6635	Sample Measurement		0.51		1	7x/week	Grab
CBOD ₅	Sample Measurement						
PARM Code: 0000	Permit Requirement		83.5		1	Monthly	Grab
Mon. Site No. 10-01-6635	Sample Measurement		83.5		1	Monthly	Grab
Solids, Total Suspended	Sample Measurement						
PARM Code: 0000	Permit Requirement		76.0		1	Monthly	Grab
Mon. Site No. 10-01-6635	Sample Measurement		76.0		1	Monthly	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA110134 002 DW2P (R001)
 Month/Year: 09/05

Three-month Average Daily Flow: 6,187
 (TMADE/Permitted Capacity)x100: 91%

Lake Wales Utility Company W WTP

Code	Flow (MGD)	COD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Min Max)	Fecal Coliform (#/100ml)	TRC (For Disinfect.) Total/L
Mon. Site	EFA-6636	EFA-6636	INE-6635	EFA-6636	INE-6635	EFA-6636	EFA-6636	EFA-6636
1	.223					7.01		0.76
2	.216					6.90		0.94
3	.251					7.01		0.65
4	.164					6.92		1.14
5	.156					7.00		0.79
6	.087	3.7	69.0	4.5	90.0	7.10	-1	0.96
7	.197					7.06		1.40
8	.164					7.17		0.76
9	.146					7.07		0.70
10	.053					7.02		1.01
11	.136					7.20		0.51
12	.132					7.16		1.02
13	.121					7.23		0.96
14	.120					7.25		0.95
15	.115					7.19		0.97
16	.113					7.25		0.88
17	.107					7.25		0.86
18	.127					7.18		0.88
19	.120					7.28		1.49
20	.128	2.7	83.5	4.0	76.0	7.20	-1	1.11
21	.160					7.19		1.07
22	.128					7.29		0.86
23	.154					7.22		0.80
24	.136					7.38		0.73
25	.114					7.26		1.14
26	.110					7.35		1.14
27	.114					7.33		1.28
28	.150					7.19		1.14
29	.123					7.30		0.78
30	.114					7.35		0.96
31								

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 0012791 Name: W. KENT HARDEG
 Evening Shift Operator Class: C Certificate No: 0012822 Name: J. H. RODGERS, JR
 Night Shift Operator Class: C Certificate No: 0008322 Name: DAVID K. PEARCE
 Lead Operator Class: C Certificate No: 0008322 Name: DAVID K. PEARCE
 Type of Effluent Disposal or Reclaimed Water Reuse: LIMITED ACCESS SPRAYFIELD
 Limited Wet Weather Discharge Activated: Yes No: Not Applicable If yes, cumulative days of wet weather discharge: _____
 *Attach additional sheets if necessary to list all certified operators.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Mr. David K. Pearce, Manager
Lake Wales Utility Company
P.O. Box 9076
Fedhaven, FL 33854

MAILING ADDRESS: Lake Wales Utility Company WWTP
East Leisure Lane, Fedhaven
Polk

PERMIT NUMBER: FLA110434-002-DW12P

MONITORING PERIOD: Three Month Average Daily Flow:

CLASS SIZE: N/A

LIMIT: Final

DISCHARGE POINT NUMBER: R001

PLANT SIZE/TREATMENT TYPE: IIC

NO DISCHARGE FROM SITE: []

From: 05/14/01 To: 05/14/01

% of capacity

N/A

Final

R001

IIC

REPORT: Monthly
GROUP: Domestic
WAFR SITE NUMBER: 34194

DMR Date: 06/00

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (existing permitted capacity)	Sample Measurement						
PARM Code: 8001 Mon Site No: BE-1-6636	Permitted Requirement (MGD)	MGD				Report Monthly	Calculated Roll-Avg
Flow (after expansion of the effluent disposal site)	Sample Measurement						
PARM Code: 8001 Mon Site No: BE-1-6636	Permitted Requirement (MGD)	MGD				Report Monthly	Calculated Roll-Avg
Flow	Sample Measurement						
PARM Code: 8001 Mon Site No: BE-1-6636	Permitted Requirement (MGD)	MGD				Report Monthly	Calculated Roll-Avg
CBODs	Sample Measurement						
PARM Code: 8001 Mon Site No: BE-1-6636	Permitted Requirement (MGD)	MGD				Report Monthly	Calculated Roll-Avg
Solids, Total Suspended	Sample Measurement						
PARM Code: 8001 Mon Site No: BE-1-6636	Permitted Requirement (MGD)	MGD				Report Monthly	Calculated Roll-Avg
pH	Sample Measurement						
PARM Code: 8001 Mon Site No: BE-1-6636	Permitted Requirement (MGD)	MGD				Report Monthly	Calculated Roll-Avg

Calculated Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average.

Calculated Rolling Three-month Average is the average of the current month's average and the preceding two (2) month's averages.

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE
DAVID K. PEARCE	DAVID K. PEARCE	(813) 460-1128	05/11/06

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

FACILITY NAME: Lake Wales Utility Company WWTP
 MONTH/YEAR: 10/19

DISCHARGE MONITORING REPORT - PART A (Continued)
 PERMIT NUMBER: FLA110434-002-DW2P
 DISCHARGE POINT NUMBER: R001

34194

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement						
PARM Code: 0050 Mon. Site No. 104-01-6635	Permit Requirement		-1		0	Every 2 weeks	Grab
Coliform, Fecal	Sample Measurement						
PARM Code: 0050 Mon. Site No. 104-01-6635	Permit Requirement		-1		0	Monthly	-1
Total Residual Chlorine (For Disinfection)	Sample Measurement						
PARM Code: 0050 Mon. Site No. 104-01-6635	Permit Requirement		0.68		0	7x/week	Grab
CBOD:							
Sample Measurement							
PARM Code: 0050 Mon. Site No. 104-01-6635	Permit Requirement		0.3.0		0	Monthly	Grab
Solids, Total Suspended	Sample Measurement						
PARM Code: 0050 Mon. Site No. 104-01-6635	Permit Requirement		80.0		0	Monthly	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA110434-002-1DW2P (R001)
 Month/Year: 1/1/05

Three-month Average Daily Flow: 4,174
 (TMADE/Permitted Capacity)x100: 85%

Lake Wales Utility Company WWTTP

Code	Flow (MGD)	CHOD5 (mg/L)	CHOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Min Max)	Fecal Coliform (#/100ml)	TRC (For Disinfect)
Mon. Site	EFA-6636	EFA-6636	EFA-6636	EFA-6636	EFA-6636	EFA-6636	EFA-6636	EFA-6636
1	0.152					7.29		1.21
2	0.114					7.27		0.91
3	0.112					7.36		1.14
4	0.159	3.2	63.4	4.4	84.4	7.44	-1	1.19
5	0.137					7.51		1.24
6	0.138					7.28		0.78
7	0.148					7.28		0.71
8	0.187					7.43		0.87
9	0.152					6.98		0.81
10	0.172					7.41		0.81
11	0.164					7.49		1.12
12	0.167					7.26		1.43
13	0.213					7.26		0.97
14	0.174					7.34		0.98
15	0.176					7.38		0.94
16	0.134					7.21		0.93
17	0.167					7.26		0.88
18	0.178	4.1	93.4	4.4	44.4	7.31	-1	0.84
19	0.165					7.35		1.05
20	0.185					7.27		1.29
21	0.199					7.13		1.24
22	0.244					7.31		0.72
23	0.241					7.26		0.68
24	0.232					7.18		0.71
25	0.289					7.45		1.41
26	0.249					7.14		0.76
27	0.238					7.34		0.68
28	0.223					7.15		1.44
29	0.247					7.34		0.84
30	0.181					7.19		0.76
31	0.247					7.19		0.86

PLANT STAFFING

Day Shift Operator Class: C Certificate No: 0012791 Name: W. KENT HARDEE
 DAY Evening Shift Operator Class: C Certificate No: 0012822 Name: J. H. RIDGWAY JR.
 Night Shift Operator Class: C Certificate No: 0012832 Name: DAVID R. PEARCE
 Lead Operator Class: C Certificate No: 0012832 Name: DAVID R. PEARCE
 Type of Effluent Disposal or Reclaimed Water Reuse: LIMITED ACCESS SPRAY FIELD
 Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes, cumulative days of wet weather discharge:

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

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Lake Wales Utility
MAILING ADDRESS: P.O. Box 9076
Fedhaven, FL 33854

PERMIT NUMBER FLA110434

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

FACILITY: Lake Wales Utility WWTP
LOCATION: 1/2 mile Northeast of Circle Drive
Fedhaven, FL 33854

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: restricted access, including influent

NO DISCHARGE FROM SITE: ☒
MONITORING PERIOD From 05/11/01 To 05/11/30

COUNTY: Polk

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (to R-001)	Sample Measurement						
PARM Code 50050 Y	0.25 (An.Avg.)	MGD			0	Monthly	4.178 Calculation 12-Mo. Roll. Avg.
Flow (to R-001)	Sample Measurement				0	Continuous	totalizers
PARM Code 50050 I	0.181 Report (Mo.Avg.)	MGD				Monthly	4.1 Calculation 12-Mo. Roll. Avg.
Flow (to R-001)	Sample Measurement						
PARM Code 80082 Y			4.1 (An.Avg.)		MG/L	Monthly	4.1 Calculation 12-Mo. Roll. Avg.
Flow (to R-001)	Sample Measurement						
PARM Code 80082 A			7.2 (Mo.Avg.)		MG/L	Every Two Weeks	8-hour FPC
Flow (to R-001)	Sample Measurement						
PARM Code 00530 Y			2.8 (An.Avg.)		MG/L	Monthly	2.8 Calculation 12-Mo. Roll. Avg.
Flow (to R-001)	Sample Measurement						
PARM Code 00530 A			1.25 (Mo.Avg.)		MG/L	Every Two Weeks	8-hour FPC

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

NAME TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TELEPHONE NO DATE (YY/MM/DD)

DAVID K. PEARCE GENERAL MANAGER

(863) 646-0504 05/12/03

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Lake Wales Utility WWTP

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: 05/10/1 To 05/13/0

PERMIT NUMBER: FLA110434

Parameter	Quantity or Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement							
PARM Code 00400 A	Permit Requirement		6.98	7.38	5U	0	7 DAYS / 10K	GRAB
Mon. Site No. EFA-01	Sample Measurement		6.0 (Min.)	8.5 (Max.)	5U		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement							
PARM Code 74055 Y	Permit Requirement		1		#100ML	0	MONTHLY	1
Mon. Site No. EFA-02	Sample Measurement		200 (An. Avg.)		#100ML		Monthly	Calculation 12-Mo. Roll. Avg.
Coliform, Fecal	Sample Measurement							
PARM Code 74055 A	Permit Requirement		1		#100ML	0	EVERY TWO WEEKS	GRAB
Mon. Site No. EFA-03	Sample Measurement		Report (Mo. Geo. Mean)		#100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement							
PARM Code 50060 A	Permit Requirement		0.56		MGL	0	7 DAYS / 10K	GRAB
Mon. Site No. EFA-04	Sample Measurement		0.5 (Min.)		MGL		5 Days/Week	Grab
Flow, Total Plant	Sample Measurement							
PARM Code 50050 P	Permit Requirement		0.167	0.162	MGD		CONTINUOUS	totalizer
Mon. Site No. FLW-01	Sample Measurement		0.25 (3-Mo. Avg.)	Report (Mo. Avg.)			Continuous	Flow meters and totalizers
Percent Capacity, (3MADF/Permit Capacity) x 100	Sample Measurement							
PARM Code 00180 P	Permit Requirement		4.167	Report		67	MONTHLY	Calculation
Mon. Site No. OTH-01	Sample Measurement				PER-CENT		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement							
PARM Code 80082 G	Permit Requirement		73.5	Report (Mo. Avg.)		0	MONTHLY	8-hour FPC
Mon. Site No. INF-01	Sample Measurement				MGL		Monthly	8-hour FPC
Solids, Total Suspended	Sample Measurement							
PARM Code 00530 G	Permit Requirement		68.0	Report (Mo. Avg.)		0	MONTHLY	8-hour FPC
Mon. Site No. INF-01	Sample Measurement				MGL		Monthly	8-hour FPC
Residuals Production, Total	Sample Measurement							
PARM Code 49019 P	Permit Requirement						MONTHLY	Calculation
Mon. Site No. OTH-01	Sample Measurement				Gallons		Monthly	Calculation

DAILY SAMPLE RESULTS - PART B

mil Number:
outgoing Period

FLA110434
From: 05/11/01

To: 05/11/01

Facility: Lake Wales Utility WWTP
R 001 and Influent

	Flow (MGD) R-001	COD5 (MG/L)	ISS (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU) Min. & Max	TRC (For Disinfect.) (MG/L)	Residuals Produced (Gals)	COD5 (MG/L)	ISS (MG/L)	Rainfall (MG/L)
le	50050	80082	00530	74055	00400	50060	49019	80082	00530	49019
Site	FLW-01	BFA-01	BFA-01	BFA-01	BFA-01	BFA-01	OTH-01	INF-01	INF-01	OTH-02
	0.249				7.13	0.78				
	0.248				6.98	0.67				.9
	0.246				7.06	0.88				
	0.244				7.18	0.92				
	0.245				7.05	0.91				
	0.178				7.17	0.83				
	0.213				7.15	1.26				
	0.249	7.3	2.5	20	7.07	1.33		69.0	76.0	
	0.194				7.10	0.88				
	0.180				7.13	0.81				
	0.179				7.34	0.85				
	0.198				7.35	0.97				
	0.160				7.16	0.80				
	0.176				7.23	0.66				
	0.164				7.24	0.82				
	0.160				7.24	0.78				
	0.189				7.27	0.74				
	0.178				7.27	1.04				
	0.161				7.27	0.83				
	0.165				7.30	0.76				
	0.183				7.21	0.79				.2
	0.166				7.21	0.52				
	0.190	7.1	4	4	7.27	1.07		78.0	100.0	
	0.163				7.30	0.78				
	0.159				7.28	1.50				
	0.174				7.27	0.98				
	0.154				7.36	1.03				
	0.155				7.30	0.98				
	0.185				7.38	0.70				
	0.158				7.42	0.56				.3
	5.433						0			1.4
	0.181	7.2	1.25	12	7.22	0.88		73.5	68.0	0.46

STAFFING:

Operator Class: C Certificate No: 0012791 Name: W. KENT HARDEE

Shift Operator Class: C Certificate No: 0012822 Name: JOHN H. RIDGEWAY, JR.

Operator Class: C Certificate No: 0008832 Name: DAVID K. PEARCE

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME

GOLD COAST UTILITY

MAILING ADDRESS: P.O. Box 9076
Ft. Lauderdale, FL 33354

GOLD COAST UTILITY

Lake Wales Utility WWTP

FACILITY:

LOCATION: 1/2 mile Northeast of Circle Drive

Ft. Lauderdale, FL 33354

COUNTY:

Folk

LIMIT:
CLASS SIZE:

Final
N/A

REPORT:
GROUP:

Monthly
Domestic

MONITORING GROUP NUMBER: R-001

MONITORING GROUP DESC: restricted access, including influent

NO DISCHARGE FROM SITE: ☒ *05/24/1* To *05/23/1*

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (to R-001)	<i>0.179</i>	<i>MGD</i>			<i>0</i>	<i>MONTHLY</i>	<i>0.179</i>
ARM Code 50050	<i>0.25</i>	<i>MGD</i>				<i>Monthly</i>	<i>Calculation</i>
Mon. Site No. FLW-01							<i>12-Mo. Roll. Avg.</i>
Flow (to R-001)	<i>0.1166</i>	<i>MGD</i>			<i>0</i>	<i>CONTINUOUS</i>	<i>Flow meters and totalizers</i>
ARM Code 50050	<i>Report</i>	<i>MGD</i>				<i>Continuous</i>	<i>Flow meters and totalizers</i>
Mon. Site No. FLW-01							
30D. Carbonaceous 5 day, 20C			<i>4.1</i>		<i>0</i>	<i>MONTHLY</i>	<i>4.1</i>
ARM Code 80082			<i>20.0</i>			<i>Monthly</i>	<i>Calculation</i>
Mon. Site No. EFA-01							<i>12-Mo. Roll. Avg.</i>
30D. Carbonaceous 5 day, 20C			<i>0.0</i>		<i>0</i>	<i>EVERY 2 WEEKS</i>	<i>4.11. CPC</i>
ARM Code 80082			<i>30.0</i>			<i>Every Two Weeks</i>	<i>8-hour FPC</i>
Mon. Site No. EFA-01							
Solids, Total Suspended							
ARM Code 00530			<i>3.04</i>		<i>0</i>	<i>MONTHLY</i>	<i>3.04</i>
Mon. Site No. EFA-01			<i>20.0</i>			<i>Monthly</i>	<i>Calculation</i>
Solids, Total Suspended							<i>12-Mo. Roll. Avg.</i>
ARM Code 00530			<i>2.0</i>		<i>0</i>	<i>EVERY 2 WEEKS</i>	<i>8-hour FPC</i>
Mon. Site No. EFA-01			<i>30.0</i>			<i>Every Two Weeks</i>	<i>8-hour FPC</i>
Solids, Total Suspended							

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

NAME TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TELEPHONE NO DATE (Y/Y/M/YY)

DAVID K. PEARCE *GENERAL MANAGER* *David K Pearce* *(863) 696-0504* *06/01/12*

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

DISCHARGE MONITORING REPORT - PART A (Continued)

GOLD COAST UTILITY
WATER TREATMENT PLANT

PERMIT NUMBER: FLA110434

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: 05/12/01 To: 05/12/01

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	Frequency of Analysis	No. Ex.	Sample Type
5H							
PARM Code 00400 A	Sample Measurement				7 DAYS	0	GRAB
Mon.Site No. EFA-01	Permit Requirement		6.97	7.47	5 Days/Week	0	GRAB
Coliform: Fecal	Sample Measurement						
PARM Code 74055 Y	Permit Requirement		-1	200	MONTHLY	0	-1
Mon.Site No. EFA-01	Sample Measurement				Monthly		Calculation
Coliform: Fecal	Permit Requirement						12-Mo. Roll. Avg.
PARM Code 74055 A	Permit Requirement		-1	800	Every Two Weeks	0	GRAB
Mon.Site No. EFA-01	Sample Measurement						
Total Residual Chlorine (For Disinfection)	Permit Requirement		0.73	0.5	7 DAYS	0	GRAB
PARM Code 50060 A	Permit Requirement				5 Days/Week		GRAB
Mon.Site No. EFA-01	Sample Measurement						
Flow, Total Plant	Permit Requirement						
PARM Code 50050 P	Permit Requirement				CONTINUOUS	0	Flow meters and totalizers
Mon.Site No. FLW-01	Permit Requirement				Continuous		
Percent Capacity, (3MADF/Permit Capacity) X 100	Permit Requirement				MONTHLY	0	Calculation
PARM Code 00180 P	Permit Requirement						
Mon.Site No. OTH-01	Permit Requirement						
BOD, Carbonaceous 5 day, 20C	Permit Requirement						
PARM Code 80082 G	Permit Requirement				MONTHLY	0	8-hour FPC
Mon.Site No. INF-01	Permit Requirement				Monthly		
Solids, Total Suspended	Permit Requirement						
PARM Code 00530 G	Permit Requirement				MONTHLY	0	8-hour FPC
Mon.Site No. INF-01	Permit Requirement				Monthly		
Residuals Production, Total	Permit Requirement						
PARM Code 49019 P	Permit Requirement					0	Calculation
Mon.Site No. OTH-01	Permit Requirement				Monthly		

DAILY SAMPLE RESULTS - PART B *used consistency*

Unit Number:
Monitoring Period

FLA110434
From: *051201*

To: *051231*

Facility: *Lake Wales Utility WWTP*
R-001 and Influent

	Flow (MG/D) R-001	COD5 (MG/L)	TSS (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU) Min. & Max.	TRC (For Disinfect) (MG/L)	Residuals Produced (Gals)	COD5 (MG/L)	TSS (MG/L)	Rainfall (MG/L)
Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	OTII-01	INF-01	INF-01	OTII-02
1	<i>.168</i>				<i>7.23</i>	<i>0.74</i>				
2	<i>.168</i>				<i>7.30</i>	<i>0.78</i>				
3	<i>.164</i>				<i>7.33</i>	<i>0.92</i>				
4	<i>.149</i>				<i>7.25</i>	<i>1.09</i>				
5	<i>.167</i>				<i>7.42</i>	<i>1.28</i>				
6	<i>.161</i>	<i>u</i>	<i>2.0</i>	<i>-1</i>	<i>7.29</i>	<i>1.19</i>		<i>72.0</i>	<i>74.0</i>	
7	<i>.189</i>				<i>7.38</i>	<i>0.86</i>				
8	<i>.198</i>				<i>7.42</i>	<i>0.99</i>				<i>.6</i>
9	<i>.161</i>				<i>7.21</i>	<i>0.73</i>				<i>.3</i>
10	<i>.170</i>				<i>7.34</i>	<i>0.86</i>				
11	<i>.161</i>				<i>7.25</i>	<i>0.75</i>				
12	<i>.167</i>				<i>7.24</i>	<i>1.07</i>				
13	<i>.173</i>				<i>7.47</i>	<i>1.33</i>				
14	<i>.163</i>				<i>7.42</i>	<i>0.81</i>				
15	<i>.177</i>				<i>7.40</i>	<i>0.95</i>				
16	<i>.186</i>				<i>7.41</i>	<i>0.92</i>				
17	<i>.161</i>				<i>7.28</i>	<i>1.02</i>				<i>.1</i>
18	<i>.133</i>				<i>7.20</i>	<i>0.97</i>				
19	<i>.159</i>				<i>7.24</i>	<i>0.98</i>				
20	<i>.160</i>	<i>u</i>	<i>u</i>	<i>-1</i>	<i>7.15</i>	<i>1.07</i>		<i>110.0</i>	<i>36.0</i>	
21	<i>.165</i>				<i>7.02</i>	<i>1.11</i>				
22	<i>.166</i>				<i>7.25</i>	<i>1.21</i>				
23	<i>.181</i>				<i>7.18</i>	<i>0.80</i>				
24	<i>.148</i>				<i>7.04</i>	<i>0.82</i>				
25	<i>.143</i>				<i>6.91</i>	<i>0.99</i>				
26	<i>.167</i>				<i>7.29</i>	<i>0.88</i>				
27	<i>.172</i>				<i>7.13</i>	<i>1.06</i>				
28	<i>.167</i>				<i>7.11</i>	<i>0.77</i>				
29	<i>.168</i>				<i>7.23</i>	<i>1.27</i>				
30	<i>.183</i>				<i>7.25</i>	<i>0.85</i>				
31	<i>.170</i>				<i>7.11</i>	<i>0.78</i>				
Total	<i>5.16</i>	<i>u</i>	<i>2.0</i>	<i>-1</i>			<i>0</i>	<i>182.0</i>	<i>110.0</i>	<i>1</i>
Avg.	<i>0.166</i>	<i>u</i>	<i>2.0</i>	<i>-1</i>			<i>0</i>	<i>91.0</i>	<i>55.0</i>	<i>.032</i>

STAFFING:

Shift Operator	Class: <i>C</i>	Certificate No: <i>0012822</i>	Name: <i>JOHN H. RIDGWAY, JR</i>
1st Shift Operator	Class: <i>C</i>	Certificate No: <i>0012791</i>	Name: <i>WILLIAM K. HARDEE</i>
Shift Operator	Class: <i>C</i>	Certificate No: <i>0012832</i>	Name: <i>DAVID K. PEARCE</i>

GOLD COAST UTILITY CORP.

DOCKET NO. 060246-WS

Polk County

25.30-440(5)

INSPECTION REPORTS

Test Year Ended December 31, 2005



December 7, 2005

CS/Gold Coast Utility
PWS: Id. No. 3531008

David Pearce
P. O. Box 9076
Lakeshore, FL 33854-9076

Dear Mr. Pearce:

A sanitary survey of your water system conducted on December 2, 2005 indicates that the system is substantially in compliance with the public drinking water requirements listed in *Chapter 62 Florida Administrative Code*.

The following items are reminders:

1. Establish a regular inspection schedule for all tanks equipped with access manholes. Chapter 62-555.350(2) requires that finished-drinking-water storage tanks, be inspected for structural and coating integrity at least once every five years by personnel under the responsible charge of a professional engineer licensed in Florida.
2. Ascertain compliance with the emergency preparedness/response plan requirement. Chapter 62-555.350(15) states that all community water systems serving, or designed to serve, 350 or more persons or 150 or more service connections, shall develop a written emergency preparedness/response plan in accordance with *Emergency Planning for Water Utilities, AWWA Manual M19*. Such plan must also include all the information required in Chapter 62-555.350(15) paragraphs (a) through (e). Please complete by December 31, 2005.
3. Ensure compliance with the operation and maintenance manual requirement. Chapter 62-555.350(13) states that the supplier of water shall provide an operation and maintenance manual for each drinking water treatment plant. The manual must be kept updated and shall contain operation and control procedures, and preventive maintenance and repair procedures, for all plant equipment. Bound and indexed equipment manufacturer manuals shall be considered sufficient to meet the requirements of this section. Please make certain that a manual will be made available for reference at the plant by December 31, 2005.

POLK COUNTY HEALTH DEPARTMENT

Daniel O. Haight
Director

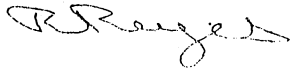
ENVIRONMENTAL ENGINEERING DIVISION
2090 East Clower Street, Bartow, FL 33830
Phone (863) 519-8330 / SC 515-7365 / FAX (863) 534-0245

Lynne M. Saddler, MD, MPH
Assistant Director

4. Make sure that a current drinking water distribution map is available onsite. Chapter 62-555.350(14) states that the supplier of water shall have an up-to-date map of the drinking water distribution system. The map must show the location and size of water mains if known; the location of valves and fire hydrants; and the location of any pressure zone boundaries, pumping facilities, storage tanks, and interconnections with other public water systems. Please complete the map by December 31, 2005.
5. Institute a piping color coding program. Chapter 62-555.320(10) indicates that all new or altered, aboveground piping at drinking water treatment plants shall be color coded and labeled as recommended in Section 2.14 of Recommended Standards for Water Works as incorporated into Rule 62-555.330.

If you have any questions, please contact me at (863) 519-8330 extension 1136.

Sincerely,



Rafael Reyes
Engineering Specialist III

RR/adh

Water Lines

Raw
Settled or Clarified
Finished or Potable
Reclaimed

Olive green
Aqua
Dark Blue
Purple

Chemical Lines

Alum of Primary Coagulant
Ammonia
Carbon Slurry
Caustic
Chlorine (Gas and Solution)
Fluoride
Lime Slurry
Ozone
Phosphate Compounds
Polymers or Coagulant Aids
Potassium Permanganate
Soda Ash
Sulfuric Acid
Sulfur Dioxide

Orange
White
Black
Yellow with Green Band
Yellow
Light Blue with Red Band
Light Green
Yellow with Orange Band
Light Green with Red Band
Orange with Green Band
Violet
Light Green with Orange Band
Yellow with Red Band
Light Green with Yellow Band

Waste Lines

Backwash Waste
Sludge
Sewer (Sanitary or Other)

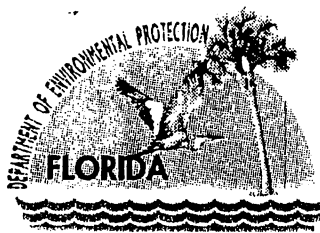
Light Brown
Dark Brown
Dark Gray

Other

Compressed Air
Gas
Other Lines

Dark Green
Red
Light Gray

In situations where two colors do not have sufficient contrast to easily differentiate between them, a six-inch band of contrasting color should be on one of the pipes at approximately 30 inch intervals. The name of the liquid or gas should also be on the pipe. In some cases it may be advantageous to provide arrows indicating the direction of the flow.



Jeb Bush
Governor

Department of Environmental Protection

Southwest District
3804 Coconut Palm Drive
Tampa, Florida 33619

Colleen M. Castille
Secretary

April 14, 2005

Mr. David K. Pearce, Manager
Lake Wales Utility Company WWTF
P.O. Box 9076
Fedhaven, FL 33854

Re: Compliance Evaluation Inspection
Lake Wales Utility Company WWTF
Facility ID No. FLA110434
Polk County

Dear Mr. Pearce:

The above-referenced wastewater treatment facility was inspected on March 22, 2005. Based on this inspection and a review of the information on file with the Department, the following items are being brought to your attention:

PERMIT

Domestic Wastewater Permit No. FLA110434 was issued on July 5, 2000 and expires on July 4, 2005. A permit renewal application was submitted on January 10, 2005 and was considered timely.

COMPLIANCE SCHEDULE

All of the items identified in Section VI, Compliance Schedules, of the permit have been completed.

LABORATORY

The facility is using Spectrum Laboratories, Inc. to perform permit requisite analysis.

SAMPLING

1. According to the facility's logbook, the daily monitoring of pH, chlorine residual and flow are being met.
2. Calibration procedures and records on the secondary gel standards for the chlorine meter and pH meter are in compliance with the Department's Standard Operating Procedures.

RECORDS AND REPORTS

Current copies of the laboratory certification, wastewater permit, flow calibration reports and operator's licenses were made available to Department personnel.

FACILITY SITE REVIEW

No deficiencies were noted during the time of the inspection.

"More Protection, Less Process"

Printed on recycled paper.

FLOW MEASUREMENT

No deficiencies were noted during the time of the inspection.

OPERATION AND MAINTENANCE

The facility appeared to be well maintained and operated.

EFFLUENT QUALITY

1. A review of monthly Discharge Monitoring Reports submitted for the period of September 2003 to October 2004 revealed no effluent violations.
2. The total chlorine residual was 0.60 mg/l as measured by Department personnel.

EFFLUENT DISPOSAL

No deficiencies were noted during the time of the inspection.

RESIDUALS MANAGEMENT

The facility's liquid residuals are permitted to go to A-1 Quality Services Residual Management Facility for further treatment and disposal.

GROUND WATER

Based on review of the 2004 cumulative summary of the quarterly ground water data, it appears there are no excursions at this time.

The type of inspection conducted was a Compliance Evaluation Inspection, and the overall rating of the facility is In Compliance. A copy of the inspection report is attached for your review.

The Department appreciates your efforts to maintain this facility in accordance with state regulations. A written response is not required at this time.

Sincerely,



James McNeil II
Environmental Specialist
Domestic Wastewater Program

Attachments

cc: Steve Thompson, DEP (e-mail)

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

WASTEWATER COMPLIANCE INSPECTION REPORT

FACILITY AND INSPECTION INFORMATION

@ = Optional

Name and Physical Location of Facility Lake Wales Utility Company WWTF	WAFR ID: FLA110434	County Polk	Entry Date/Time 3-22-05/1015
Name(s) of Field Representatives(s)	Title	Phone	@ Exit Date/Time
Name and Address of Permittee or Designated Representative	Title	Phone	@ Operator Certification #

Inspection Type	☒ C ☒ E ☒ I	Samples Taken(Y/N):	@ Sample ID#:	Samples Split (Y/N):
☒ Domestic	☐ Industrial	Were Photos Taken(Y/N):	@ Log book Volume :	@ Page

FACILITY COMPLIANCE AREAS EVALUATED

IC = In Compliance; NC = Out of Compliance; SC = Significant out of Compliance; NA = Not Applicable; NE or Blank = Not Evaluated
 Significant Non-Compliance Criteria Should be Reviewed when Out of Compliance Ratings Are Given in Areas Marked by a "♦"

PERMITS/ORDERS	SELF-MONITORING PROGRAMS	FACILITY OPERATIONS	EFFLUENT/DISPOSAL
IC 1. ♦ Permit	3. Laboratory	IC 6. Facility Site Review	IC 9. ♦ Effluent Quality
IC 2. ♦ Compliance Schedules	IC 4. Sampling	IC 7. Flow Measurement	IC 10. ♦ Effluent Disposal
13. Other:	IC 5. ♦ Records & Reports	IC 8. ♦ Operation & Maintenance	IC 11. Residuals/Sludge
			IC 12. Groundwater

Facility and/or Order Compliance Status:	☒ In-Compliance	☐ Out-Of-Compliance	☐ Significant-Out-Of-Compliance
--	---	--	--

Recommended Actions:

Name(s) and Signature(s) of Inspector(s) James Anderson II	District Office/Phone Number (813) 744-6100 x313	Date 4-11-05
@ Signature of Reviewer Joe Squitieri	District Office/Phone Number	Date 4/12/05

Fill Out This Section For All Surface Water Discharger Inspections (CEI, CSI, CBI, PAI, XSI, RI)

Transaction Code	NPDES Number	YR/MO/DA	Insp Type	Inspector	Fac Type
N	5		1	2	3

ADDITIONAL NPDES COMMENTS

Inspection Type (Field 1) A=PAI, B=CBI, C=CEI, S=CSI, X=XSI, R=RI
Inspection Code (Field 2): S=State, J=Joint EPA/State-EPA Lead, T=Joint State/EPA-State Lead, L=Local Program
Facility Type (Field 3): 1=Municipal (Publicly Owned), 2=Industrial and Privately Owned Domestic, 3= Agricultural, 4=Federal
Every other field is self explanatory

GOLD COAST UTILITY CORP.

DOCKET NO. 060246-WS

Polk County

25.30-440(6)

PERMITS

Test Year Ended December 31, 2005



Form #0299
Rev. 5/93

**South Florida
Water Management District
WATER USE PERMIT NO.
(NON-ASSIGNABLE) RE-ISSUE 53-00030-W**

Date Issued: SEPTEMBER 12, 1996

Expiration Date: September 12, 2006

Authorizing: THE CONTINUATION OF AN EXISTING USE OF GROUNDWATER FROM THE FLORIDAN AQUIFER SYSTEM FOR PUBLIC WATER SUPPLY USE WITH AN ANNUAL ALLOCATION OF 56 MILLION GALLONS.

Located In: Polk County,

S21,22/T30S/R29E

Issued To: LAKE WALES UTILITY COMPANY
(LAKE WALES UTILITY COMPANY)
P.O. BOX 402279
MIAMI BEACH, FL 33140

This Permit is issued pursuant to Application No. 960614-4 dated June 14, 1996. Permittee agrees to hold and save for the Use of Water as specified above and subject to the Special Conditions set forth below. Said application, including all plan and specifications attached thereto, is by reference made a part hereof.

Upon written notice to the permittee, this permit may be temporarily modified, or restricted under a Declaration of Water Shortage or a Declaration of Emergency due to Water Shortage in accordance with provisions of Ch. 373, Fla. Statutes, and applicable rules and regulations of the South Florida Water Management District.

This Permit may be permanently or temporarily revoked, in whole or in part, for the violation of the conditions of the permit or for the violation of any provision of the Water Resources Act and regulations thereunder.

This Permit does not convey to the permittee any property rights nor any privileges other than those specified herein, nor relieve the permittee from complying with any law, regulation, or requirement affecting the rights of other bodies or agencies.

Special Conditions are as follows:

SEE SHEETS 2-4 OF 4 - 24 LIMITING CONDITIONS.

Filed with the Clerk of the South
Florida Water Management District

South Florida Water Management
District, by its Governing Board

On 7-16-96

By [Signature]
Deputy Clerk

By [Signature]
Assistant Secretary

LIMITING CONDITIONS

- 1 . IN THE EVENT OF A DECLARED WATER SHORTAGE, WATER WITHDRAWAL REDUCTIONS WILL BE ORDERED BY THE DISTRICT IN ACCORDANCE WITH THE WATER SHORTAGE PLAN, CHAPTER 40E-21, FLORIDA ADMINISTRATIVE CODE. THE APPLICANT IS ADVISED THAT DURING A WATER SHORTAGE PUMPAGE REPORTS SHALL BE SUBMITTED AS REQUIRED BY CHAPTER 40E-21, FLORIDA ADMINISTRATIVE CODE.
- 2 . SOURCE CLASSIFICATION IS:

GROUNDWATER FROM THE FLORIDAN AQUIFER SYSTEM
- 3 . PERMITTEE SHALL MITIGATE ANY ADVERSE IMPACT ON EXISTING LEGAL USES CAUSED BY WITHDRAWALS. WHEN ADVERSE IMPACTS OCCUR, OR ARE IMMINENT, THE DISTRICT RESERVES THE RIGHT TO CURTAIL WITHDRAWAL RATES. ADVERSE IMPACTS ARE:
 - A) REDUCTION IN WELL WATER LEVELS THAT IMPAIRS THE ABILITY OF AN ADJACENT WELL, INCLUDING A DOMESTIC WELL, LAWN IRRIGATION WELL, OR PUBLIC WATER SUPPLY WELL, TO PRODUCE WATER BY 10% OR GREATER,
 - B) SIGNIFICANT REDUCTION IN LEVELS IN AN ADJACENT WATER BODY SUCH AS A LAKE, POND, OR A CANAL SYSTEM THAT IMPAIRS THE ABILITY TO PRODUCE WATER BY 10% OR GREATER,
 - C) SALINE WATER INTRUSION OR INDUCED MOVEMENT OF POLLUTANTS INTO THE WATER SUPPLY OF AN ADJACENT WATER USE, RESULTING IN A SIGNIFICANT REDUCTION IN WATER QUALITY, AND
 - D) CHANGE IN WATER QUALITY CAUSED BY THE PERMITTEE THAT RESULTS IN SIGNIFICANT IMPAIRMENT OR LOSS OF USE OF A WELL OR WATER BODY.
- 4 . PERMITTEE SHALL MITIGATE ANY ADVERSE IMPACT ON EXISTING OFF-SITE LAND USE AS A CONSEQUENCE OF WITHDRAWALS PERMITTED HEREIN. IF INCREASED WITHDRAWALS CAUSE AN ADVERSE IMPACT ON EXISTING LAND USE, THE DISTRICT RESERVES THE RIGHT TO CURTAIL FUTURE WITHDRAWAL RATES. ADVERSE IMPACTS ARE:
 - A) SIGNIFICANT REDUCTION IN WATER LEVELS IN AN ADJACENT SURFACE WATER BODY, INCLUDING IMPOUNDMENTS, TO THE EXTENT THAT THE DESIGNED FUNCTION OF THE WATER BODY IS IMPAIRED,
 - B) LAND COLLAPSE OR SUBSIDENCE CAUSED BY REDUCTION IN WATER LEVELS; AND
 - C) DAMAGE TO CROPS AND OTHER TYPES OF VEGETATION.
- 5 . AUTHORIZED REPRESENTATIVES OF THE DISTRICT SHALL BE PERMITTED TO ENTER, INSPECT, AND OBSERVE THE PERMITTED SYSTEM TO DETERMINE COMPLIANCE WITH SPECIAL CONDITIONS.
- 6 . IF ANY CONDITION OF THE PERMIT IS VIOLATED, THE PERMIT SHALL BE SUBJECT TO REVIEW AND POSSIBLE MODIFICATION, ENFORCEMENT ACTION, OR REVOCATION.
- 7 . APPLICATION FOR A PERMIT MODIFICATION MAY BE MADE AT ANY TIME.

8 . WITHDRAWAL FACILITIES ARE:

GROUNDWATER - EXISTING:

- 1 - 8" X 831' X 1100 GPM WELL CASED TO 300 FEET
- 1 - 10" X 835' X 750 GPM WELL CASED TO 420 FEET

9 . THIS PERMIT SHALL EXPIRE ON SEPTEMBER 12, 2006.

10. ANNUAL ALLOCATION SHALL NOT EXCEED 56 MG.

MAXIMUM DAILY ALLOCATION SHALL NOT EXCEED .23 MG.

11. USE CLASSIFICATION IS PUBLIC WATER SUPPLY.

12. THE PERMITTEE IS ADVISED THAT THIS PERMIT DOES NOT RELIEVE ANY PERSON FROM THE REQUIREMENT TO OBTAIN ALL NECESSARY FEDERAL, STATE, LOCAL AND SPECIAL DISTRICT AUTHORIZATIONS.

13. THE PERMIT DOES NOT CONVEY ANY PROPERTY RIGHT TO THE PERMITTEE, NOR ANY RIGHTS AND PRIVILEGES OTHER THAN THOSE SPECIFIED IN THE PERMIT AND CHAPTER 40E-2, F.A.C.

14. IF ADVERSE IMPACTS OCCUR TO NATURAL RESOURCES AS A RESULT OF THE PERMITTEE'S WATER WITHDRAWALS, THE PERMITTEE SHALL MITIGATE FOR SUCH IMPACTS. WHEN ADVERSE IMPACTS OCCUR, OR ARE IMMINENT, DISTRICT RESERVES THE RIGHT TO CURTAIL WITHDRAWAL RATES. EXAMPLES OF ADVERSE IMPACTS ARE:

- A) REDUCTION IN GROUND WATER LEVELS THAT RESULTS IN SIGNIFICANT LATERAL MOVEMENT OF THE FRESH WATER/SALT WATER INTERFACE,
- B) REDUCTION IN WATER LEVELS THAT ADVERSELY IMPACT THE HYDROPERIOD OF PROTECTED WETLAND ENVIRONMENTS,
- C) SIGNIFICANT REDUCTION IN WATER LEVELS OR HYDROPERIOD IN A NATURALLY OCCURRING WATER BODY SUCH AS A LAKE OR POND,
- D) INDUCED MOVEMENT OR INDUCTION OF POLLUTANTS INTO THE WATER SUPPLY RESULTING IN A SIGNIFICANT REDUCTION IN WATER QUALITY, AND
- E) SIGNIFICANT HARM TO THE NATURAL SYSTEM INCLUDING DAMAGE TO HABITAT FOR RARE OR ENDANGERED SPECIES.

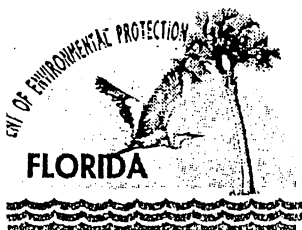
15. PRIOR TO MARCH 12, 1997, PERMITTEE SHALL PROVIDE THE RESULTS OF THE CALIBRATION TESTING OF THE IDENTIFIED WATER ACCOUNTING METHOD(S) AND EQUIP ALL EXISTING AND PROPOSED WITHDRAWAL FACILITIES WITH APPROVED WATER USE ACCOUNTING METHOD(S) PURSUANT TO SECTION 4.1 OF THE WATER USE BASIS OF REVIEW (MARCH, 1994).

16. PERMITTEE SHALL SUBMIT ALL DATA AS REQUIRED BY THE IMPLEMENTATION SCHEDULE FOR EACH OF THE LIMITING CONDITIONS TO: S.F.W.M.D., SUPERVISING PROFESSIONAL - P.P.C., WATER USE DIVISION (4040), P.O. BOX 24680, WEST PALM BEACH, FL 33416-4680.

17. EVERY TWO YEARS FROM THE DATE OF PERMIT ISSUANCE, THE PERMITTEE SHALL SUBMIT

RE-CALIBRATION DATA ON EACH WATER PUMPING ACCOUNTING FACILITY, FOR THOSE PERMITTEES WHOSE ACCOUNTING METHOD(S) REQUIRE RE-CALIBRATION.

18. PERMITTEE SHALL DETERMINE "UNACCOUNTED FOR" DISTRIBUTION SYSTEM LOSSES. LOSSES SHALL BE DETERMINED FOR THE ENTIRE DISTRIBUTION SYSTEM ON A MONTHLY BASIS. PERMITTEE SHALL DEFINE THE MANNER IN WHICH "UNACCOUNTED FOR" LOSSES ARE CALCULATED. DATA COLLECTION SHALL BEGIN WITHIN SIX MONTHS OF PERMIT ISSUANCE. LOSS REPORTING SHALL BE SUBMITTED TO THE DISTRICT ON A YEARLY BASIS FROM THE DATE OF PERMIT ISSUANCE.
19. PERMITTEE SHALL MAINTAIN AN ACCURATE FLOW METER AT THE INTAKE OF THE WATER TREATMENT PLANT FOR THE PURPOSE OF MEASURING DAILY INFLOW OF WATER.
20. THE PERMITTEE SHALL NOTIFY THE DISTRICT OF ANY CHANGE IN SERVICE TERRITORY OR AREA WITHIN 30 DAYS OF CHANGE IN BOUNDARY.
21. THE WATER CONSERVATION PLAN REQUIRED BY CRITERIA 2.6.1 OF THE BASIS OF REVIEW FOR WATER USE PERMIT APPLICATIONS WITHIN THE SOUTH FLORIDA WATER MANAGEMENT DISTRICT - MARCH, 1994, MUST BE IMPLEMENTED IN ACCORDANCE WITH THE IMPLEMENTATION SCHEDULE CONTAINED THEREIN.
22. DAILY WITHDRAWALS FOR EACH WELL SHALL BE SUBMITTED TO THE DISTRICT ON A MONTHLY BASIS. THE WATER ACCOUNTING METHOD AND MEANS OF CALIBRATION SHALL BE STATED ON EACH REPORT.
23. IF AT ANY TIME THERE IS AN INDICATION THAT THE WELL CASING, VALVES, OR CONTROLS LEAK OR HAVE BECOME INOPERATIVE, REPAIRS OR REPLACEMENT SHALL BE MADE TO RESTORE THE SYSTEM TO AN OPERATING CONDITION. FAILURE TO MAKE SUCH REPAIRS SHALL BE CAUSE FOR FILLING AND ABANDONING THE WELL, IN ACCORDANCE WITH PROCEDURES OUTLINED IN CHAPTERS 40E-3 AND 40E-30, F.A.C.
24. PERMITTEE SHALL SECURE A WELL CONSTRUCTION PERMIT PRIOR TO CONSTRUCTION, REPAIR, OR ABANDONMENT OF ALL WELLS, AS DESCRIBED IN CHAPTERS 40E-3 AND 40E-30, F.A.C.



Jeb Bush
Governor

Department of Environmental Protection

Southwest District
13051 North Telecom Parkway
Temple Terrace, FL 33637-0926
Telephone: 813-632-7600

Colleen M. Castille
Secretary

STATE OF FLORIDA DOMESTIC WASTEWATER FACILITY PERMIT

PERMITTEE:

Gold Coast Utility Corp.

RESPONSIBLE AUTHORITY:

Reginald J. Burge
President
2340 NE Dixie Highway
Jensen Beach, FL 34957

(772) 260-0650

PERMIT NUMBER:

FLA110434

PA FILE NUMBER:

FLA110434-004-DW2P

ISSUANCE DATE:

October 28, 2005

PA FILE NUMBER:

FLA110434-005-DWF/MT

REVISION DATE:

March 24, 2006

EXPIRATION DATE:

October 27, 2010

FACILITY:

Gold Coast Utility WWTF
½ mile Northeast of Circle Drive
Fedhaven, FL 33854
Polk County
Latitude: 27° 51' 52" N Longitude: 81° 24' 02" W

This permit is issued under the provisions of Chapter 403, Florida Statutes, and applicable rules of the Florida Administrative Code. The above named permittee is hereby authorized to operate the facilities shown on the application and other documents attached hereto or on file with the Department and made a part hereof and specifically described as follows:

TREATMENT FACILITIES:

An existing 0.450 mgd 3-Month Average Daily Flow (3-MADF) Type II contact stabilization domestic wastewater treatment plant consisting of: one contact basin of 65,043 gallons and one reaeration basin of 128,220 gallons providing a total aeration capacity of 193,263 gallons, one clarifiers of 83,189 total gallons and 884 square feet of surface area, one chlorine contact chamber of 13,000 gallons, and two digesters of 128,220 total gallons with two sludge drying beds of 1,680 square feet. The capacity of this facility is limited to 0.250 mgd based on the capacity of the existing land application system. This facility is operated to provide secondary treatment with chlorine gas providing basic disinfection.

REUSE:

Land Application: An existing 0.250 mgd Annual Average Daily Flow (AADF) permitted capacity Part II slow-rate land application, restricted public access system (R001). R-001 consists of one polishing/holding pond of 91,500 square feet and a 32 acre spray field re-rated to handle 0.250 mgd. The polishing/holding pond has a pump station to route effluent to the spray field. R-001 is located approximately at latitude 27° 51' 52" N, longitude 81° 24' 02" W.

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

"More Protection, Less Process"

Printed on recycled paper.

I. RECLAIMED WATER AND EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

A. Reuse and Land Application Systems

1. During the period beginning on the issuance date and lasting through the expiration date of this permit, the permittee is authorized to direct reclaimed water to Reuse System R-001. Such reclaimed water shall be limited and monitored by the permittee as specified below:

		Reclaimed Water Limitations						Monitoring Requirements			
		Max/Min	Units	Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number	Notes
Flow		Maximum	MGD	0.25	Report	-	-	Continuous	Recording flow meters and totalizers	FLW-01	See Cond.I.A.3.
BOD, Carbonaceous 5 day, 20C		Maximum	MG/L	20.0	30.0	45.0	60.0	Every Two Weeks	8-Hour FPC	EFA-01	-
Solids, Total Suspended		Maximum	MG/L	20.0	30.0	45.0	60.0	Every Two Weeks	8-Hour FPC	EFA-01	
pH		Range	SU	-	-	-	6.0 to 8.5	5 Days/Week	Grab	EFA-01	
Coliform, Fecal		Maximum	#/100M L	See Permit Condition I.A.4.				Every Two Weeks	Grab	EFA-01	
Total Residual Chlorine (For Disinfection)		Minimum	MG/L	-	-	-	0.5	5 Days/Week	Grab	EFA-01	See Cond.I.A.5.

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

Monitoring Location	Description of Monitoring Location
EFA-01	Effluent after disinfection prior to R-001.
FLW-01	V-Notch Weir after disinfection.

3. Recording flow meters and totalizers shall be utilized to measure flow and calibrated at least annually. [62-601.200(17) and .500(6)]
4. The arithmetic mean of the monthly fecal coliform values collected during an annual period shall not exceed 200 per 100 mL of reclaimed water sample. The geometric mean of the fecal coliform values for a minimum of 10 samples of reclaimed water, each collected on a separate day during a period of 30 consecutive days (monthly), shall not exceed 200 per 100 mL of sample. Any one sample shall not exceed 800 fecal coliform values per 100 mL of sample. [62-610.410 and 62-600.440(4)(c)]
5. A minimum of 0.5 mg/L total residual chlorine must be maintained for a minimum contact time of 15 minutes based on peak hourly flow. [62-610.410 and 62-600.440(4)(b)]

B. Other Limitations and Monitoring and Reporting Requirements

- During the period beginning on the issuance date and lasting through the expiration date of this permit, the treatment facility shall be limited and monitored by the permittee as specified below:

Monitoring Requirements										
Limitations										
Parameter	Units	Max/Min	Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number	Notes
Flow (Total Plant)	MGD	Maximum	0.250 3-MADF	Report	-	-	Continuous	Recording flow meters and totalizers	FLW-01	See Cond.I.B.3, 5
Percent Capacity, (3MADE/Permit Capacity) x 100	PERCE NT	Maximum	-	Report	-	-	Monthly	Calculation	FLW-01	
BOD, Carbonaceous 5 day, 20C	MG/L	Maximum	-	Report	-	-	Monthly	8-Hour FPC	INF-01	See Cond.I.B.4
Solids, Total Suspended	MG/L	Maximum	-	Report	-	-	Monthly	8-Hour FPC	INF-01	See Cond.I.B.4
Residuals	Gallons	Total	-	Report (Mo.Total)	-	-	Monthly	Calculation	OTH-01	See Cond.II.2
Rainfall	Inches	Total	-	Report (Mo.Total)	-	-	Monthly	Calculation	OTH-02	

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

Monitoring Location	Description of Monitoring Location
FLW-01	After disinfection prior to the effluent pump station and R-001.
INF-01	At the headworks prior to return activated sludge flows.
OTH-01	Volume of residuals transported off site.
OTH-02	Rainfall by rain gauge.

3. The three-month average daily flow to the treatment plant shall not exceed 0.25 MGD.
4. Influent samples shall be collected so that they do not contain digester supernatant or return activated sludge, or any other plant process recycled waters. [62-601.500(4)]
5. Recording flow meters and totalizers shall be utilized to measure flow and calibrated at least annually. [62-601.200(17) and .500(6)]
6. Parameters which must be monitored as a result of a surface water discharge shall be analyzed using a sufficiently sensitive method in accordance with 40 CFR Part 136. Parameters which must be monitored as a result of a ground water discharge (i.e., underground injection or land application system) shall be analyzed in accordance with Chapter 62-601, F.A.C. [62-620.610(18)]
7. The permittee shall provide safe access points for obtaining representative influent, reclaimed water, and effluent samples which are required by this permit. [62-601.500(5)]
8. Monitoring requirements under this permit are effective on the first day of the second month following permit issuance. Until such time, the permittee shall continue to monitor and report in accordance with previously effective permit requirements, if any. During the period of operation authorized by this permit, the permittee shall complete and submit to the Department Discharge Monitoring Reports (DMRs) in accordance with the frequencies specified by the REPORT type (i.e., monthly, toxicity, quarterly, semiannual, annual, etc.) indicated on the DMR forms attached to this permit. Monitoring results for each monitoring period shall be submitted in accordance with the associated DMR due dates below.

REPORT Type	Monitoring Period	Due Date
Monthly or Toxicity	first day of month – last day of month	28 th day of following month
Quarterly	January 1 - March 31	April 28
	April 1 – June 30	July 28
	July 1 – September 30	October 28
	October 1 – December 31	January 28
Semiannual	January 1 – June 30	July 28
	July 1 – December 31	January 28
Annual	January 1 – December 31	January 28

DMRs shall be submitted for each required monitoring period including months of no discharge. The permittee shall make copies of the attached DMR form(s) and shall submit the completed DMR form(s) to the Department by the twenty-eighth (28th) of the month following the month of operation at the address specified below:

Originals to:
 Florida Department of Environmental Protection
 Wastewater Compliance Evaluation Section, Mail Station 3551
 Twin Towers Office Building
 2600 Blair Stone Road
 Tallahassee, Florida 32399-2400

Copies to:
Florida Department of Environmental Protection
Domestic Wastewater Program
Southwest District Office
13051 North Telecom Parkway
Temple Terrace, FL 33637-0926

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

9. During the period of operation authorized by this permit, reclaimed water or effluent shall be monitored annually for the primary and secondary drinking water standards contained in Chapter 62-550, F.A.C., (except for turbidity, total coliforms, color, and corrosivity). Twenty-four hour composite samples shall be used to analyze reclaimed water or effluent for the primary and secondary drinking water standards. These monitoring results shall be reported to the Department annually on the Reclaimed Water or Effluent Analysis Report, Form 62-620.910(15), or in another format if requested by the permittee and if approved by the Department as being compatible with data entry into the Department's computer system. During years when a permit is not renewed, a certification stating that no new non-domestic wastewater dischargers have been added to the collection system since the last reclaimed water or effluent analysis was conducted may be submitted in lieu of the report. The annual reclaimed water or effluent analysis report or the certification shall be completed and submitted in a timely manner so as to be received by the Department by March 31 of each year. *[62-601.300(4)][62-601.500(3)]*
10. The permittee shall submit an Annual Reuse Report using DEP Form 62-610.300(4)(a)2 on or before January 1 of each year. The Annual Reuse Report shall be submitted to the following three addresses:
11. Unless specified otherwise in this permit, all reports and other information required by this permit, including 24-hour notifications, shall be submitted to or reported to, as appropriate, the Department's Southwest District Office at the address specified below:

Southwest District Office
13051 North Telecom Parkway
Temple Terrace, FL 33637-0926

Phone Number - 813-632-7600
FAX Number - 813-632-7662

All FAX copies shall be followed by original copies. All reports and other information shall be signed in accordance with the requirements of Rule 62-620.305, F.A.C. *[62-620.305]*

II. RESIDUALS MANAGEMENT REQUIREMENTS

1. The method of residuals use or disposal by this facility is land application or transport to a Residual Management Facility or disposal in a Class I or II solid waste landfill. Transportation of the residuals to an alternative RMF does not require a permit modification, however, use of an alternative RMF requires 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 residuals.
2. The permittee shall report the volume of residuals transported. *[62-640.650(3)]*
3. The permittee shall be responsible for proper treatment, management, use, and land application or disposal of its residuals. *[62-640.300(5)]*
4. The permittee will not be held responsible for violations resulting from land application of residuals if the permittee can demonstrate that it has delivered residuals that meet the parameter concentrations and appropriate treatment requirements of this rule and the applier (e.g. hauler, contractor, site manager, or site owner) has legally agreed in writing to accept responsibility for proper land application of the residuals. Such an agreement shall state that the applier agrees, upon delivery of residuals that have been treated as required by Chapter 62-640, F.A.C., that he will accept responsibility for proper land application of the residuals as required by Chapter 62-640, F.A.C., and that the applier agrees that he is

aware of and will comply with requirements for proper land application as described in the facility's permit. [62-640.300(5)]

5. The permittee shall not be held responsible for treatment, management, use, or land application violations that occur after its residuals have been accepted by a permitted residuals management facility with which the source facility has an agreement in accordance with Rule 62-640.880(1)(c), F.A.C., for further treatment, management, use or land application. [62-640.300(5)]
6. Disposal of residuals, septage, and other solids in a solid waste landfill, or disposal by placement on land for purposes other than soil conditioning or fertilization, such as at a monofill, surface impoundment, waste pile, or dedicated site, shall be in accordance with Chapter 62-701, F.A.C. [62-640.100(6)(k)3&4]
7. Land application of residuals shall be in accordance with the conditions of this permit, the approved Agricultural Use Plan(s) (AUP), and the requirements of Chapter 62-640, F.A.C. [62-640]
8. The permittee shall achieve Class B pathogen reduction by meeting the pathogen reduction requirements in section 503.32(b)(2) - Monitoring of indicator organisms or 2) in section 503.32(b)(3) - Use of PSRP (air drying) of Title 40 CFR Part 503, revised as of October 25, 1995. The process methodology to meet the pathogen reduction method of air drying shall be followed and documented (i.e. ambient temperature, detention time). [62-640.600(1)(b)]
9. The permittee shall achieve vector attraction reduction by meeting one of the following vector attraction reduction requirements: 1) in section 503.33(b)(4) - Meet a specific oxygen uptake rate (SOUR) for aerobically treated biosolids or 2) in section 503.33(b)(10) - Incorporation into the soil within 6 hours of application of Title 40 CFR Part 503, revised as of October 25, 1995. [62-640.600(2)(a)]
10. Treatment of liquid residuals or septage for the purpose of meeting the pathogen reduction or vector attraction reduction requirements set forth in Rule 62-640.600, F.A.C., shall not be conducted in the tank of a hauling vehicle. Treatment of residuals or septage for the purpose of meeting pathogen reduction or vector attraction reduction requirements shall take place at the permitted facility. [62-640.400(8)]
11. The parameters listed in the table below shall be sampled and analyzed at least once every 12 months.

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

pH	(Report only) standard units	Not applicable
Total Solids	(Report only) %	Not applicable

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

12. Sampling and analysis shall be conducted in accordance with Title 40 CFR Part 503, section 503.8 and the U.S. Environmental Protection Agency publication - POTW Sludge Sampling and Analysis Guidance Document, 1989. In cases where disagreements exist between Title 40 CFR Part 503, section 503.8 and the POTW Sludge Sampling and Analysis Guidance Document, the requirements in Title 40 CFR Part 503, section 503.8 will apply.
[62-640.650(1), 62-640.700(1), 62-640.700(3)(b), and 62-640.850(3)]
13. Grab samples shall be used for pathogens and determinations of percent volatile solids. Composite samples shall be used for metals. *[62-640.650(1)(e)]*
14. Residuals shall not be land applied if a single sample result for any parameter exceeds the ceiling concentrations given in this permit. Residuals shall not be distributed and marketed if the monthly average of sample results for any parameter exceeds the Class AA parameter concentrations given in this permit. Monthly averages of parameter concentrations shall be determined by taking the arithmetic mean of all sample results for the month. *[62-640.650(1)(f)]*
15. The permittee shall submit the results of all residuals monitoring to the Southwest District Office on DEP Form 62-640.210(2)(d), Residuals Monitoring Report. The analytical results from each sampling event shall be submitted along with the Report no later than the 28th day of the month that follows the month in which the monitoring was performed. Copies of all applicable analytical reports shall be submitted with the monitoring results. *[62-640.650(3)(a)&(e)]*
16. Class B residuals shall not be used on unrestricted public access areas. Use of Class B residuals is limited to restricted public access areas such as agricultural sites, forests, and roadway shoulders and medians. *[62-640.600(3)(b)]*
17. Plant nursery use of Class B residuals is limited to plants, which will not be sold to the public for 12 months after the last application of residuals. *[62-640.600(3)(b)1]*
18. Use of Class B residuals on roadway shoulders and medians is limited to restricted public access roads. *[62-640.600(3)(b)2]*
19. Food crops with harvested parts that touch the residuals/soil mixture and are totally above the land surface shall not be harvested for 14 months after the last application of Class B residuals. *[62-640.600(3)(b)3]*
20. Food crops with harvested parts below the surface of the land shall not be harvested for 20 months after application of Class B residuals when the residuals remain on the land surface for four months or longer before incorporation into the soil. *[62-640.600(3)(b)4]*
21. Food crops with harvested parts below the surface of the land shall not be harvested for 38 months after application of Class B residuals when the residuals remain on the land surface for less than four months before incorporation into the soil. *[62-640.600(3)(b)5]*
22. Food crops, feed crops, and fiber crops shall not be harvested for 30 days following the last application of Class B residuals. *[62-640.600(3)(b)6]*
23. Animals shall not be grazed on the land for 30 days after the last application of Class B residuals. *[62-640.600(3)(b)7]*
24. Sod which, will be distributed or sold to the public or used on unrestricted public access areas, shall not be harvested for 12 months after the last application of Class B residuals. *[62-640.600(3)(b)8]*
25. The public shall be restricted from application zones for 12 months after the last application of Class B residuals. *[62-640.600(3)(b)]*
26. Residuals that do not meet the requirements of Chapter 62-640, F.A.C., for Class AA designation shall not be used for the cultivation of tobacco or leafy vegetables. *[62-640.400(7)]*

27. Current Agricultural Use Plan(s) identify residuals land-spreading on the following sites:

Site Name	Site Type (AG or LR)	App. Area (acres)	Site Location						
			County	Latitude			Longitude		
				DD	MM	SS	DD	MM	SS
Gold Coast Utility WWTF	AG	37	Polk	27°	51'	38"	81°	24'	26"

The wastewater treatment facility permittee shall apply for a minor permit revision on DEP Form 62-620.910(9) for new, modified, or expanded residuals land application sites. The facility's permit shall be revised to include the new or revised Agricultural Use Plan(s) prior to application of residuals to the new, modified, or expanded sites. [62-640.300(2)]

28. Under unusual circumstances, a permittee who is authorized to land apply residuals may use a new, expanded or modified application site before permit revision if all of the following conditions are met:

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

29. Residuals application rates are limited to agronomic rates based on the site vegetation as identified in the Agricultural Use Plan. [62-640.750(2)]

30. Residuals shall be applied with appropriate techniques and equipment to assure uniform application over the application zone. [62-640.700(2)(c)]

31. The spraying of liquid domestic wastewater residuals shall be conducted so that the formation of aerosols is minimized. [62-640.700(2)(d)]

32. Residuals storage facilities at land application sites shall be subject to applicable setback requirements for residuals application sites. Residuals stored at land application sites shall be stored in a manner that will not cause runoff or seepage from the residuals, objectionable odors, or vector attraction. Storage areas must be fenced or otherwise provided with appropriate features to discourage the entry of animals and unauthorized persons. At the time of application, the stored residuals must meet the parameter concentrations, pathogen and vector attraction reduction requirements, and cumulative application limits of this permit. Residuals storage facilities at land application sites may be used only for temporary storage of stabilized residuals for no more than 30 days during periods of inclement weather or to accommodate agricultural operations, or up to the period (not to exceed two years) specified in the Agricultural Use Plan. [62-640.700(2)(e)]

33. Residuals application sites shall be posted with appropriate advisory signs identifying the nature of the project area. [62-640.700(2)(f)]

34. The pH of the residuals soil mixture shall be 5.0 or greater at the time residuals are applied. At a minimum, soil pH testing shall be done annually. [62-640.700(5)(d)]

35. The permittee shall maintain records of application zones and application rates and shall make these records available for inspection within seven (7) days of request by the Department, or delegated Local Program. The permittee shall maintain record items "a" through "e" below in perpetuity, and maintain record items "f" through "k" for five (5) years:

- Date of application of the residuals;
- Location of the residuals application site as specified in the Agricultural Use Plan;
- Identification of each application zone used by the permittee at the application site and the acreage of each zone.
- Amount of residuals applied or delivered to each application zone;

- e. Cumulative loading of each application zone;
- f. The names of all other wastewater facilities using each of the application zones identified in item c.
- g. Method of incorporation (if any);
- h. Measured pH of the residuals soil mixture at the time the residuals are applied (tested at least annually);
- i. Unsaturated depth of soil above the water table level at the time of application;
- j. Concentration of parameters in the residuals as required by this permit, and the date of last analysis; and
- k. The results of any soil testing that is done under Rule 62-640.500(4)(a), F.A.C.

[62-640.650(2)]

- 36. The permittee shall submit an annual summary of residuals application activity to the Southwest District Office on Department Form 62-640.210(2)(b) for all residuals applied during the period of January 1 through December 31. The summary for each year shall be submitted by February 19 of the following year. If more than one facility applies residuals to the same application zones, the summary must include a subtotal of each facility's contribution of residuals to the application zones. [62-640.650(3)(b)]
- 37. If residuals that are subject to the cumulative loading limitations of Rule 62-640.700(3), F.A.C., have been applied to an application zone, and the cumulative loading amount of one or more of the pollutants is not known, no further applications of residuals may be made to the application zone. [62-640.700(3)(f)]
- 38. A minimum unsaturated soil depth of two (2) feet above the water table level is required at the time the residuals are applied to the soil. [62-640.700(6)(a)]
- 39. Residuals shall not be applied during rains that cause runoff from the site or when surface soils are saturated. [62-640.700(7)(a)]
- 40. Land application of "other solids" as defined in Chapter 62-640, F.A.C., shall be conducted in accordance with the Agricultural Use Plan(s) approved for this facility. Land application of "other solids" is subject to Chapter 62-640, F.A.C., and the permit conditions that apply to land applied residuals. [62-640.860]
- 41. If the permittee intends to accept residuals from other facilities, a permit revision is required pursuant to Rule 62-640.880(2)(d), F.A.C. [62-640.880(2)(d)]
- 42. Storage of residuals or other solids at the permitted facility shall require prior written notification to the Department if the storage lasts longer than 30 days. [62-640.300(4)]
- 43. Disposal of screenings and grit from preliminary treatment components of wastewater treatment facilities, solids from sewer line cleaning operations, and solids from lift stations and pump stations shall be in accordance with Chapter 62-701, F.A.C. and may not be processed at a permitted residuals management facility. [62-640.100(6)(k)8 and 62-701.300(1)(a)]
- 44. The permittee shall keep hauling records to track the transport of residuals between facilities. The hauling records shall contain the following information:

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

These records shall be kept for five years and shall be made available for inspection upon request by the Department. A copy of the hauling records information maintained by the source facility shall be provided upon delivery of the

residuals to the residuals management facility or treatment facility. The permittee shall report to the Department within 24 hours of discovery any discrepancy in the quantity of residuals leaving the source facility and arriving at the residuals management facility or treatment facility. [62-640.880(4)]

III. GROUND WATER REQUIREMENTS

Operational Requirements

- During the period of operation authorized by this permit, the permittee shall sample ground water at the existing monitoring wells identified in Permit Condition III.3. in accordance with Rule 62-522.600, F.A.C. All ground water sampling shall be performed in accordance to the Department's "Standard Operating Procedures For Laboratory Operations and Sample Collection Activities," DEP-SOP-001/01, FS 2200 Ground water Sampling, January 1, 2002. [62-522.600(11)(b) and 62-601.700] [62-522.600]
- The ground water minimum criteria specified in Rule 62-520.400 F.A.C., shall be met within the zone of discharge. The zone of discharge for this project shall extend horizontally 100 feet from the application site or to the facility's property line, whichever is less, and vertically to the base of the surficial aquifer. [62-520.200(23)] [62-522.400 and 62-522.410]
- The following monitoring wells shall be sampled in accordance with the monitoring frequencies specified Permit Condition III.4. for Reuse System R-001. Quarterly sampling must be reasonably spaced to be representative of potentially changing conditions.

Monitoring Well ID	Alternate Well Name and/or Description of Monitoring Location	Aquifer Monitored	Existing	Sampling Frequency
MWB-1	At the sprayfield	Surficial	Existing	Quarterly
MWC-2	At the sprayfield	Surficial	Existing	Quarterly

MWB = Background; MWI = Intermediate; MWC = Compliance

[62-522.600][62-610.412]

- The following parameters shall be analyzed for each of the monitoring well(s) identified in Permit Condition(s) III. 3:

Parameter	Compliance Well Limit	Units	Sample Type	Monitoring Frequency
Water Level Relative to NGVD	Report	FEET	In-situ	Quarterly
Nitrogen, Nitrate, Total (as N)	10	MG/L	Grab	Quarterly
Solids, Total Dissolved (TDS)	500	MG/L	Grab	Quarterly
Arsenic, Total Recoverable	50	UG/L	Grab	Quarterly
Chloride (as Cl)	250	MG/L	Grab	Quarterly
Cadmium, Total Recoverable	5	UG/L	Grab	Quarterly
Chromium, Total Recoverable	100	UG/L	Grab	Quarterly
Lead, Total Recoverable	15	UG/L	Grab	Quarterly
Coliform, Fecal	4	#/100ML	Grab	Quarterly
pH	6.5 to 8.5	SU	In-situ	Quarterly
Specific Conductance	Report	UMHO/CM	In-situ	Quarterly
Sodium	160	MG/L	Grab	Quarterly
Temperature (field measurement)	Report	°C	In-situ	Quarterly
Sulfate, Total	250	MG/L	Grab	Quarterly
Turbidity	Report	NTU	In-situ	Quarterly
Dissolved Oxygen	Report	MG/L	In-situ	Quarterly

[62-522.600(11)(b)] [62-601.300(3), 62-601.700, and Figure 3 of 62-601][62-601.300(6)] [62-520.300(9)]

5. If the concentration for any constituent listed in Permit Condition III. 4. in the natural background quality of the ground water is greater than the stated maximum, or in the case of pH is also less than the minimum, the representative natural background quality shall be the prevailing standard. [62-520.420(2)]
6. In accordance with Part D of Form 62-620.910(10), water levels shall be recorded before evacuating wells for sample collection. Elevation references shall include the top of the well casing and land surface at each well site (NGVD allowable) at a precision of plus or minus 0.1 foot. [62-610.412(2)(c),]
7. Ground water monitoring wells shall be purged prior to sampling to obtain representative samples. [62-601.700(5)]
8. Analyses shall be conducted on unfiltered samples, unless filtered samples have been approved by the Department's Southwest District Office as being more representative of ground water conditions. [62-520.300(9)]
9. Ground water monitoring parameters shall be analyzed in accordance with Chapter 62-601, F.A.C. [62-620.610(18)]
10. Ground water monitoring test results shall be submitted on Part D of Form 62-620.910(10). For reuse or land application projects, results shall be submitted with the DMR for each month listed in the following schedule. The submitted results shall be for each year during the period of operation allowed by this permit in accordance with Permit Condition I.B.8. [62-522.600(10) and (11)(b)] [62-601.300(3), 62.601.700, and Figure 3 of 62-601] [62-620.610(18)]

<u>Sample Period</u>	<u>Report Due Date</u>
1st Quarter (January-March)	April 28
2nd Quarter (April-June)	July 28
3rd Quarter (July-September)	October 28
4th Quarter (October-December)	January 28

11. If any monitoring well becomes damaged or cannot be sampled for some reason, the permittee shall notify the Department's Southwest District Office immediately and a written report shall follow within seven days detailing the circumstances and remedial measures taken or proposed. Repair or replacement of monitoring wells shall be approved in advance by the Department's Southwest District Office. [62-522.600][62-4.070(3)]
12. The Permittee shall provide verbal notice to the Department's Southwest District Office as soon as practical after discovery of a sinkhole within an area for the management or application of wastewater, wastewater residuals (sludges), or reclaimed water. The Permittee shall immediately implement measures appropriate to control the entry of contaminants, and shall detail these measures to the Department's Southwest District Office in a written report within 7 days of the sinkhole discovery. [62-4.070(3)]
13. All piezometers and wells not part of the approved ground water monitoring plan are to be plugged and abandoned in accordance with Rule 62-532.500(4), F.A.C., unless there is intent for their future use. [62-532.500(4)]
14. In accordance with Part D of Form 62-620.910(10), water levels shall be recorded before evacuating wells for sample collection. Elevation references shall include the top of the well casing and land surface at each well site (NGVD allowable) at a precision of plus or minus 0.1 foot. [62-610.412(c), 08-08-99]
15. The Permittee shall provide verbal notice to the Department as soon as is practical after the 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 in a written report within 7 days of the discovery. [62-4.070(3), 10-22-00]

IV. ADDITIONAL REUSE AND LAND APPLICATION REQUIREMENTS

Part II Slow-Rate Land Application, Restricted Public Access System (R001).

1. Advisory signs shall be posted around the site boundaries to designate the nature of the project area. [62-610.418(1)]

2. Routine aquatic weed control and regular maintenance of storage pond embankments and access areas are required. [62-610.414(8)]
3. The annual average hydraulic loading rate to the sprayfield shall be limited to a maximum of 2.0 inches per week. The hydraulic loading rate shall not produce surface runoff or ponding of the applied reclaimed water. [62-610.423(3) and (4)]
4. The crops or vegetation shall be periodically harvested and removed from the project area. [62-610.310(3)(d) and 62-610.419(1)(b)]
5. Dairy cattle whose milk is intended for human consumption shall not be allowed on the project area for a period of 15 days after the last application of reclaimed water. No restrictions are imposed on the grazing of other cattle. [62-610.425]
6. Irrigation of edible food crops is prohibited. [62-610.426]
7. Overflows from emergency discharge facilities on storage ponds shall be reported as an abnormal event to the Department's Southwest District Office within 24 hours of an occurrence. The provisions of Rule 62-610.800(9), F.A.C., shall be met. [62-610.800(9)]

V. OPERATION AND MAINTENANCE REQUIREMENTS

1. During the period of operation authorized by this permit, the wastewater facilities shall be operated under the supervision of a(n) operator(s) certified in accordance with Chapter 62-602, F.A.C. In accordance with Chapter 62-699, F.A.C., this facility is a Category II, Class C facility and, at a minimum, operators with appropriate certification must be on the site as follows:

A Class C or higher operator 6 hours/day for 5 days/week and one visit on each weekend day. The lead operator must be a Class C operator, or higher.

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

2. An operator meeting the lead operator classification level of the plant shall be available during all periods of plant operation. "Available" means able to be contacted as needed to initiate the appropriate action in a timely manner. [62-699.311(1)]
3. The application to renew this permit shall include an updated capacity analysis report prepared in accordance with Rule 62-600.405, F.A.C. [62-600.405(5)]
4. The application to renew this permit shall include a detailed operation and maintenance performance report prepared in accordance with Rule 62-600.735, F.A.C. [62-600.735(1)]
5. The permittee shall maintain the following records and make them available for inspection 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 and a copy of the laboratory certification showing the certification number of the laboratory, for at least three years from the date the sample or measurement was taken;
 - b. Copies of all reports required by the permit for at least three years from the date the report was prepared;
 - c. Records of all data, including reports and documents, used to complete the application for the permit for at least three years from the date the application was filed;
 - d. Monitoring information, including a copy of the laboratory certification showing the laboratory certification number, related to the residuals use and disposal activities for the time period set forth in Chapter 62-640, F.A.C., for at least three years from the date of sampling or measurement;

- e. A copy of the current permit;
- f. A copy of the current Operation and Maintenance Manual as required by Chapter 62-600, F.A.C.;
- g. A copy of the facility record drawings;
- h. Copies of the licenses of the current certified operators; and
- i. Copies of the logs and schedules showing plant operations and equipment maintenance for three years from the date of the logs or schedules. The logs shall, at a minimum, include identification of the plant; the signature and certification number of the operator(s) and the signature of the person(s) making any entries; date and time in and out; specific operation and maintenance activities; tests performed and samples taken; and major repairs made. The logs shall be maintained on-site in a location accessible to 24-hour inspection, protected from weather damage, and current to the last operation and maintenance performed.

[62-620.350]

VI. SCHEDULES

This section does not apply to this facility.

VII. INDUSTRIAL PRETREATMENT PROGRAM REQUIREMENTS

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

III. OTHER SPECIFIC CONDITIONS

1. If the permittee wishes to continue operation of this wastewater facility after the expiration date of this permit, the permittee shall submit an application for renewal, using Department Forms 62-620.910(1) and (2), no later than one-hundred and eighty days (180) prior to the expiration date of this permit. *[62-620.410(5)]*
2. Florida water quality criteria and standards shall not be violated as a result of any discharge or land application of reclaimed water or residuals from this facility. *[62-610.850(1)(a) and (2)(a)]*
3. In the event that the treatment facilities or equipment no longer function as intended, are no longer safe in terms of public health and safety, or odor, noise, aerosol drift, or lighting adversely affects neighboring developed areas at the levels prohibited by Rule 62-600.400(2)(a), F.A.C., corrective action (which may include additional maintenance or modifications of the permitted facilities) shall be taken by the permittee. Other corrective action may be required to ensure compliance with rules of the Department. Additionally, the treatment, management, use or land application of residuals shall not cause a violation of the odor prohibition in Rule 62-296.320(2), F.A.C. *[62-600.410(8) and 62-640.400(6)]*
4. The deliberate introduction of stormwater in any amount into collection/transmission systems designed solely for the introduction (and conveyance) of domestic/industrial wastewater; or the deliberate introduction of stormwater into collection/transmission systems designed for the introduction or conveyance of combinations of storm and domestic/industrial wastewater in amounts which may reduce the efficiency of pollutant removal by the treatment plant is prohibited, except as provided by Rule 62-610.472, F.A.C. *[62-604.130(3)]*
5. Collection/transmission system overflows shall be reported to the Department in accordance with Permit Condition IX. 20. *[62-604.550] [62-620.610(20)]*
6. The operating authority of a collection/transmission system and the permittee of a treatment plant are prohibited from accepting connections of wastewater discharges which have not received necessary pretreatment or which contain materials or pollutants (other than normal domestic wastewater constituents):
 - a. Which may cause fire or explosion hazards; or
 - b. Which may cause excessive corrosion or other deterioration of wastewater facilities due to chemical action or pH levels; or

- c. Which are solid or viscous and obstruct flow or otherwise interfere with wastewater facility operations or treatment;
or
- d. Which result in treatment plant discharges having temperatures above 40°C.

[62-604.130(4)]

- 7. The treatment facility, storage ponds, rapid infiltration basins, and/or infiltration trenches shall be enclosed with a fence or otherwise provided with features to discourage the entry of animals and unauthorized persons. [62-610.418(1)] [and 62-600.400(2)(b)]
- 8. Screenings and grit removed from the wastewater facilities shall be collected in suitable containers and hauled to a Department approved Class I landfill or to a landfill approved by the Department for receipt/disposal of screenings and grit. [62-701.300(1)(a)]
- 9. The permittee shall provide adequate notice to the Department of the following:
 - a. Any new introduction of pollutants into the facility from an industrial discharger which would be subject to Chapter 403, F.S., and the requirements of Chapter 62-620, F.A.C. if it were directly discharging those pollutants; and
 - b. Any substantial change in the volume or character of pollutants being introduced into that facility by a source which was identified in the permit application and known to be discharging at the time the permit was issued.

Adequate notice shall include information on the quality and quantity of effluent introduced into the facility and any anticipated impact of the change on the quantity or quality of effluent or reclaimed water to be discharged from the facility.

[62-620.625(2)]

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(6), F.S., the issuance of this permit does not convey any vested rights or any exclusive privileges. Neither does it authorize any injury to public or private property or any invasion of personal rights, nor authorize any infringement of federal, state, or local laws or regulations. This permit is not a waiver of or approval of any other Department permit or authorization that may be required for other aspects of the total project which are not addressed in this permit. [62-620.610(3)]
- 4. This permit conveys no title to land or water, does not constitute state recognition or acknowledgment of title, and does not constitute authority for the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the State. Only the Trustees of the Internal Improvement Trust Fund may express State opinion as to title. [62-620.610(4)]
- 5. This permit does not relieve the permittee from liability and penalties for harm or injury to human health or welfare, animal or plant life, or property caused by the construction or operation of this permitted source; nor does it allow the permittee to cause pollution in contravention of Florida Statutes and Department rules, unless specifically authorized by an order from the Department. The permittee shall take all reasonable steps to minimize or prevent any discharge, reuse of reclaimed water, or residuals use or disposal in violation of this permit which has a reasonable likelihood of adversely affecting human health or the environment. It shall not be a defense for a permittee in an enforcement action that it would have been necessary to halt or reduce the permitted activity in order to maintain compliance with the conditions of this permit. [62-620.610(5)]

6. If the permittee wishes to continue an activity regulated by this permit after its expiration date, the permittee shall apply for and obtain a new permit. *[62-620.610(6)]*
7. The permittee shall at all times properly operate and maintain the facility and systems of treatment and control, and related appurtenances, that are installed and used by the permittee to achieve compliance with the conditions of this permit. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to maintain or achieve compliance with the conditions of the permit. *[62-620.610(7)]*
8. This permit may be modified, revoked and reissued, or terminated for cause. The filing of a request by the permittee for a permit revision, revocation and reissuance, or termination, or a notification of planned changes or anticipated noncompliance does not stay any permit condition. *[62-620.610(8)]*
9. The permittee, by accepting this permit, specifically agrees to allow authorized Department personnel, including an authorized representative of the Department and authorized EPA personnel, when applicable, upon presentation of credentials or other documents as may be required by law, and at reasonable times, depending upon the nature of the concern being investigated, to:
 - a. Enter upon the permittee's premises where a regulated facility, system, or activity is located or conducted, or where records shall be kept under the conditions of this permit;
 - b. Have access to and copy any records that shall be kept under the conditions of this permit;
 - c. Inspect the facilities, equipment, practices, or operations regulated or required under this permit; and
 - d. Sample or monitor any substances or parameters at any location necessary to assure compliance with this permit or Department rules.*[62-620.610(9)]*
10. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data, and other information relating to the construction or operation of this permitted source which are submitted to the Department may be used by the Department as evidence in any enforcement case involving the permitted source arising under the Florida Statutes or Department rules, except as such use is proscribed by Section 403.111, Florida Statutes, or Rule 62-620.302, Florida Administrative Code. Such evidence shall only be used to the extent that it is consistent with the Florida Rules of Civil Procedure and applicable evidentiary rules. *[62-620.610(10)]*
11. When requested by the Department, the permittee shall within a reasonable time provide any information required by law which is needed to determine whether there is cause for revising, revoking and reissuing, or terminating this permit, or to determine compliance with the permit. The permittee shall also provide to the Department upon request copies of records required by this permit to be kept. If the permittee becomes aware of relevant facts that were not submitted or were incorrect in the permit application or in any report to the Department, such facts or information shall be promptly submitted or corrections promptly reported to the Department. *[62-620.610(11)]*
12. Unless specifically stated otherwise in Department rules, the permittee, in accepting this permit, agrees to comply with changes in Department rules and Florida Statutes after a reasonable time for compliance; provided, however, the permittee does not waive any other rights granted by Florida Statutes or Department rules. A reasonable time for compliance with a new or amended surface water quality standard, other than those standards addressed in Rule 62-302.500, F.A.C., shall include a reasonable time to obtain or be denied a mixing zone for the new or amended standard. *[62-620.610(12)]*
13. The permittee, in accepting this permit, agrees to pay the applicable regulatory program and surveillance fee in accordance with Rule 62-4.052, F.A.C. *[62-620.610(13)]*
14. This permit is transferable only upon Department approval in accordance with Rule 62-620.340, F.A.C. The permittee shall be liable for any noncompliance of the permitted activity until the transfer is approved by the Department. *[62-620.610(14)]*

15. The permittee shall give the Department written notice at least 60 days before inactivation or abandonment of a wastewater facility and shall specify what steps will be taken to safeguard public health and safety during and following inactivation or abandonment. [62-620.610(15)]
16. The permittee shall apply for a revision to the Department permit in accordance with Rules 62-620.300 and the Department of Environmental Protection Guide to Wastewater Permitting at least 90 days before construction of any planned substantial modifications to the permitted facility is to commence or with Rule 62-620.325(2) for minor modifications to the permitted facility. A revised permit shall be obtained before construction begins except as provided in Rule 62-620.300, F.A.C. [62-620.610(16)]
17. The permittee shall give advance notice to the Department of any planned changes in the permitted facility or activity which may result in noncompliance with permit requirements. The permittee shall be responsible for any and all damages which may result from the changes and may be subject to enforcement action by the Department for penalties or revocation of this permit. The notice shall include the following information:
 - a. A description of the anticipated noncompliance;
 - b. The period of the anticipated noncompliance, including dates and times; and
 - c. Steps being taken to prevent future occurrence of the noncompliance.

[62-620.610(17)]

18. Sampling and monitoring data shall be collected and analyzed in accordance with Rule 62-4.246, Chapters 62-160 and 62-601, F.A.C., and 40 CFR 136, as appropriate.
 - a. Monitoring results shall be reported at the intervals specified elsewhere in this permit and shall be reported on a Discharge Monitoring Report (DMR), DEP Form 62-620.910(10).
 - 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. Any laboratory test required by this permit shall be performed by a laboratory that has been certified by the Department of Health (DOH) under Chapter 64E-1, F.A.C., where such certification is required by Rule 62-160.300, F.A.C. The laboratory must be certified for any specific method and analyte combination that is used to comply with this permit. For domestic wastewater facilities, the on-site test procedures specified in Rule 62-160.300(4), F.A.C., shall be performed by a laboratory certified test for those parameters or under the direction of an operator certified under Chapter 62-602, F.A.C.
 - e. Field activities including on-site tests and sample collection, whether performed by a laboratory or a certified operator, must follow the applicable procedures described in DEP-SOP-001/01 (January 2002). Alternate field procedures and laboratory methods may be used where they have been approved according to the requirements of Rules 62-160.220, and 62-160.330, F.A.C.

[62-620.610(18)]

19. Reports of compliance or noncompliance with, or any progress reports on, interim and final requirements contained in any compliance schedule detailed elsewhere in this permit shall be submitted no later than 14 days following each schedule date. [62-620.610(19)]
20. The permittee shall report to the Department any noncompliance which may endanger health or the environment. Any information shall be provided orally within 24 hours from the time the permittee becomes aware of the circumstances. A written submission shall also be provided within five days of the time the permittee becomes aware of the circumstances. The written submission shall contain: a description of the noncompliance and its cause; the period of noncompliance

including exact dates and time, and if the noncompliance has not been corrected, the anticipated time it is expected to continue; and steps taken or planned to reduce, eliminate, and prevent recurrence of the noncompliance.

a. The following shall be included as information which must be reported within 24 hours under this condition:

1. Any unanticipated bypass which causes any reclaimed water or effluent to exceed any permit limitation or results in an unpermitted discharge,
2. Any upset which causes any reclaimed water or the effluent to exceed any limitation in the permit,
3. Violation of a maximum daily discharge limitation for any of the pollutants specifically listed in the permit for such notice, and
4. Any unauthorized discharge to surface or ground waters.

b. Oral reports as required by this subsection shall be provided as follows:

1. For unauthorized releases or spills of treated or untreated wastewater reported pursuant to subparagraph a.4 that are in excess of 1,000 gallons per incident, or where information indicates that public health or the environment will be endangered, oral reports shall be provided to the Department by calling the **STATE WARNING POINT TOLL FREE NUMBER (800) 320-0519**, as soon as practical, but no later than 24 hours from the time the permittee becomes aware of the discharge. The permittee, to the extent known, shall provide the following information to the State Warning Point:

- a) Name, address, and telephone number of person reporting;
- b) Name, address, and telephone number of permittee or responsible person for the discharge;
- c) Date and time of the discharge and status of discharge (ongoing or ceased);
- d) Characteristics of the wastewater spilled or released (untreated or treated, industrial or domestic wastewater);
- e) Estimated amount of the discharge;
- f) Location or address of the discharge;
- g) Source and cause of the discharge;
- h) Whether the discharge was contained on-site, and cleanup actions taken to date;
- i) Description of area affected by the discharge, including name of water body affected, if any; and
- j) Other persons or agencies contacted.

2. Oral reports, not otherwise required to be provided pursuant to subparagraph b.1 above, shall be provided to the Department within 24 hours from the time the permittee becomes aware of the circumstances.

c. If the oral report has been received within 24 hours, the noncompliance has been corrected, and the noncompliance did not endanger health or the environment, the Department shall waive the written report.

[62-620.610(20)]

21. The permittee shall report all instances of noncompliance not reported under Permit Conditions IX. 18. and 19. of this permit at the time monitoring reports are submitted. This report shall contain the same information required by Permit Condition IX. 20 of this permit. [62-620.610(21)]

22. Bypass Provisions.

- a. Bypass is prohibited, and the Department may take enforcement action against a permittee for bypass, unless the permittee affirmatively demonstrates that:

FACILITY: Gold Coast Utility WWTF
PERMITTEE: Gold Coast Utility Company

PERMIT NUMBER: FLA110434

1. Bypass was unavoidable to prevent loss of life, personal injury, or severe property damage; and
 2. There were no feasible alternatives to the bypass, such as the use of auxiliary treatment facilities, retention of untreated wastes, or maintenance during normal periods of equipment downtime. This condition is not satisfied if adequate back-up equipment should have been installed in the exercise of reasonable engineering judgment to prevent a bypass which occurred during normal periods of equipment downtime or preventive maintenance; and
 3. The permittee submitted notices as required under Permit Condition IX. 22. b. of this permit.
- b. If the permittee knows in advance of the need for a bypass, it shall submit prior notice to the Department, if possible at least 10 days before the date of the bypass. The permittee shall submit notice of an unanticipated bypass within 24 hours of learning about the bypass as required in Permit Condition IX. 20. of this permit. A notice shall include a description of the bypass and its cause; the period of the bypass, including exact dates and times; if the bypass has not been corrected, the anticipated time it is expected to continue; and the steps taken or planned to reduce, eliminate, and prevent recurrence of the bypass.
- c. The Department shall approve an anticipated bypass, after considering its adverse effect, if the permittee demonstrates that it will meet the three conditions listed in Permit Condition IX. 22. a. 1. through 3. of this permit.
- d. A permittee may allow any bypass to occur which does not cause reclaimed water or effluent limitations to be exceeded if it is for essential maintenance to assure efficient operation. These bypasses are not subject to the provisions of Permit Condition IX. 22. a. through c. of this permit.

[62-620.610(22)]

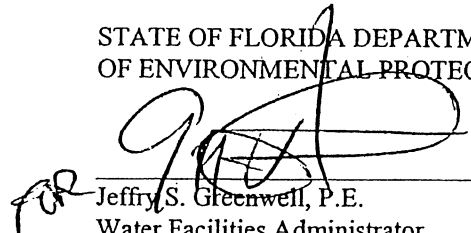
23. Upset Provisions

- a. A permittee who wishes to establish the affirmative defense of upset shall demonstrate, through properly signed contemporaneous operating logs, or other relevant evidence that:
1. An upset occurred and that the permittee can identify the cause(s) of the upset;
 2. The permitted facility was at the time being properly operated;
 3. The permittee submitted notice of the upset as required in Permit Condition IX. 20. of this permit; and
 4. The permittee complied with any remedial measures required under Permit Condition IX. 5. of this permit.
- b. In any enforcement proceeding, the permittee seeking to establish the occurrence of an upset has the burden of proof.
- c. Before an enforcement proceeding is instituted, no representation made during the Department review of a claim that noncompliance was caused by an upset is final agency action subject to judicial review.

[62-620.610(23)]

Executed in Hillsborough County, Florida.

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL PROTECTION


for Jeffrey S. Greenwell, P.E.
Water Facilities Administrator
Southwest District
13051 North Telecom Parkway
Temple Terrace, FL 33637-0926

PERMITTEE NAME: Gold Coast Utility Corp.
MAILING ADDRESS: 2340 NE Dixie Highway
Jensen Beach, FL 34957

PERMIT NUMBER
FLA110434

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

FACILITY: Gold Coast Utility WWTP
LOCATION: 1/2 mile Northeast of Circle Drive
Fedhaven, FL 33854

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: restricted access, including Influent

COUNTY: Polk
NO DISCHARGE FROM SITE: ☐ From: _____ To: _____
MONITORING PERIOD

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (to R-001)	Sample Measurement						
PARM Code 50050 Y Mon.Site No: FLW-01	Permit Requirement			MGD		Monthly	Calculation 12-Mo. Roll. Avg.
Flow (to R-001)	Sample Measurement						
PARM Code 50050 Y Mon.Site No: FLW-01	Permit Requirement			MGD		Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement						
PARM Code 80082 Y Mon.Site No: EFA-01	Permit Requirement		20.0 (An.Avg.)		MG/L	Monthly	Calculation 12-Mo. Roll. Avg.
BOD, Carbonaceous 5 day, 20C	Sample Measurement						
PARM Code 80082 A Mon.Site No: EFA-01	Permit Requirement		30.0 (Mo.Avg.)		MG/L	Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement						
PARM Code 00530 Y Mon.Site No: EFA-01	Permit Requirement		20.0 (An.Avg.)		MG/L	Monthly	Calculation 12-Mo. Roll. Avg.
Solids, Total Suspended	Sample Measurement						
PARM Code 00530 A Mon.Site No: EFA-01	Permit Requirement		30.0 (Mo.Avg.)		MG/L	Every Two Weeks	8-hour FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility: Gold Coast Utility WWTF

Monitoring Group Number: R-001
Monitoring Period From: To

Permit Number: FLA110434

Parameter	Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
ARM Code 00400 A on Site No. EFA-01 Uniform, Fecal	Sample Measurement Permit Requirement				6.0 (Min)	8.5 (Max)		SU	Grab
ARM Code 74055 Y on Site No. EFA-01 Uniform, Fecal	Sample Measurement Permit Requirement				200 (Ar. Avg.)			Monthly	Calculation 12-Mo. Roll. Avg.
ARM Code 74055 A on Site No. EFA-01 Total Residual Chlorine (For Disinfection)	Sample Measurement Permit Requirement				Report (Mo. Geo. Mean)	800 (Max.)		Every Two Weeks	Grab
ARM Code 50060 A on Site No. EFA-01 Flow, Total Plant	Sample Measurement Permit Requirement				0.5 (Min)			5 Days/Week	Grab
ARM Code 50050 P on Site No. FLW-01 Percent Capacity, (3MADF/Permit Capacity) x 100	Sample Measurement Permit Requirement	0.25 (3-Mo. Avg.)			Report (Mo. Avg.)			Continuous	Flow meters and totalizers
ARM Code 00180 P on Site No. OTH-01 OD, Carbonaceous 5 day, 20C	Sample Measurement Permit Requirement				Report			Monthly	Calculation
ARM Code 80082 G on Site No. INF-01 Sludge, Total Suspended	Sample Measurement Permit Requirement				Report (Mo. Avg.)			Monthly	8-hour FPC
ARM Code 00530 G on Site No. INF-01 Residuals Production, Total	Sample Measurement Permit Requirement				Report (Mo. Avg.)			Monthly	8-hour FPC
ARM Code 49019 P on Site No. OTH-01 Rainfall	Sample Measurement Permit Requirement	Report (Mo. Total)				Gallons		Monthly	Calculation
ARM Code 46529 P on Site No. OTH-02	Sample Measurement Permit Requirement				Report (Mo. Avg.)			5 Days/Week	Calculated

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA110434 Facility: Gold Coast Utility WWTF
 Monitoring Period: From: _____ To: _____ R-001 and Influent

	Flow (MGD) R-001	CBOD5 (MG/L)	TSS (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU) Min. & Max.	TRC (For Disinfect.) (MG/L)	Residuals Produced (Gals)	CBOD5 (MG/L)	TSS (MG/L)	Rainfall (MG/L)
Code	50050	80082	00530	74055	00400	50060	49019	80082	00530	49019
Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	OTH-01	INF-01	INF-01	OTH-02
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NT STAFFING:
 Shift Operator Class: _____ Certificate No: _____ Name: _____
 ing Shift Operator Class: _____ Certificate No: _____ Name: _____
 t Shift Operator Class: _____ Certificate No: _____ Name: _____
 Operator Class: _____ Certificate No: _____ Name: _____

GROUND WATER MONITORING WELL REPORT - PART D

County: Polk
 Facility Name: Gold Coast Utility WWTF
 Permit Number: FLA110434

Monitoring Well ID: MWB-1
 Well Type: Background
 Description: At the sprayfield

Monitoring Period: From: _____ To: _____

Date Sample Obtained: _____

Was the well purged before sampling? ☐ Yes ☐ No Time Sample Obtained: _____

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Statistical Base Code	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	FEET	Single Sample	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		10	MG/L	Single Sample	Quarterly				
Alkalinity, Total Dissolved (TDS)	70295		500	MG/L	Single Sample	Quarterly				
Ammonia, Total Recoverable	00978		50	UG/L	Single Sample	Quarterly				
Chloride (as Cl)	00940		250	MG/L	Single Sample	Quarterly				
Iron, Total Recoverable	01113		5	UG/L	Single Sample	Quarterly				
Copper, Total Recoverable	01118		100	UG/L	Single Sample	Quarterly				
Lead, Total Recoverable	01114		15	UG/L	Single Sample	Quarterly				
Coliform, Fecal	74055		4	#/100ML	Single Sample	Quarterly				
Turbidity	00400		6.5 to 8.5	SU	Single Sample	Quarterly				
pH, Total	00945		250	MG/L	Single Sample	Quarterly				
Specific Conductance	00070		Report	NTU	Single Sample	Quarterly				
Temperature	00095		Report	UMHO/CM	Single Sample	Quarterly				
Dissolved Oxygen	00923		160	MG/L	Single Sample	Quarterly				
	00010		Report	°C	Single Sample	Quarterly				
	00600		Report	MG/L	Single Sample	Quarterly				

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (yy/mm/dd)

COMMENTS AND EXPLANATION (Reference all attachments here):

GROUND WATER MONITORING WELL REPORT - PART D

County: Polk
 Facility Name: Gold Coast Utility WWTF
 Permit Number: FLA110434

Monitoring Well ID: MWC-2
 Well Type: Compliance
 Description: At the sprayfield

Monitoring Period From: _____ To: _____

Date Sample Obtained: _____

Time Sample Obtained: _____

Was the well purged before sampling? Yes ☐ No ☐

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Statistical Base Code	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	FEET	Single Sample	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		10	MG/L	Single Sample	Quarterly				
Solids, Total Dissolved (TDS)	70295		500	MG/L	Single Sample	Quarterly				
Arsenic, Total Recoverable	00978		50	UG/L	Single Sample	Quarterly				
Chloride (as Cl)	00940		250	MG/L	Single Sample	Quarterly				
Cadmium, Total Recoverable	01113		5	UG/L	Single Sample	Quarterly				
Chromium, Total Recoverable	01118		100	UG/L	Single Sample	Quarterly				
Lead, Total Recoverable	01114		15	UG/L	Single Sample	Quarterly				
Coliform, Fecal	74055		4	#/100ML	Single Sample	Quarterly				
pH	00400		6.5 to 8.5	SU	Single Sample	Quarterly				
Sulfate, Total	00945		250	MG/L	Single Sample	Quarterly				
Turbidity	00070		Report	NTU	Single Sample	Quarterly				
Specific Conductance	00095		Report	UMHO/CM	Single Sample	Quarterly				
Sodium	00923		160	MG/L	Single Sample	Quarterly				
Temperature	00010		Report	°C	Single Sample	Quarterly				
Oxygen, Dissolved	00600		Report	MG/L	Single Sample	Quarterly				

COMMENTS AND EXPLANATION (Reference all attachments here):

PART B - DAILY SAMPLE RESULTS

Monitoring Period: Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed.
Daily Monitoring Results: Transfer all analytical data from your facility's laboratory or a contract laboratory's data sheets for all day(s) that samples were collected. Record the data in the units indicated. Table 1 in Chapter 62-60, F.A.C., contains a complete list of all the data qualifier codes that your laboratory may use when reporting analytical results. However, when transferring numerical results onto Part B of the DMR, only the following data qualifier codes should be used and an explanation provided where appropriate.

CODE	DESCRIPTION/INSTRUCTIONS
<	The compound was analyzed for but not detected.
A	Value reported is the mean (average) of two or more determinations.
J	Estimated value, value not accurate.
Q	Sample held beyond the actual holding time.
Y	Laboratory analysis was from an unpreserved or improperly preserved sample.

Add the results to get the Total and divide by the number of days in the month to get the Monthly Average.

Plant Staffing: List the name, certificate number, and class of all state certified operators operating the facility during the monitoring period. Use additional sheets as necessary.

PART D - GROUND WATER MONITORING REPORT

Monitoring Period: Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed.
Date Sample Obtained: Enter the date the sample was taken. Also, check whether or not the well was purged before sampling.
Time Sample Obtained: Enter the time the sample was taken.
Sample Measurement: Record the results of the analysis. If the result was below the minimum detection limit, indicate that.
Detection Limits: Record the detection limits of the analytical methods used.
Analysis Method: Indicate the analytical method used. Record the method number from Chapter 62-160 or Chapter 62-601, F.A.C., or from other sources.
Sampling Equipment Used: Indicate the procedure used to collect the sample (e.g. airlift, bucket/bailer, centrifugal pump, etc.)
Samples Filtered: Indicate whether the sample obtained was filtered by laboratory (L), filtered in field (F), or unfiltered (N).
Signature: This report must be signed in accordance with Rule 62-620.305, F.A.C. Type or print the name and title of the signing official. Include the telephone number where the official may be reached in the event there are questions concerning this report. Enter the date when the report is signed.
Comments and Explanation: Use this space to make any comments on or explanations of results that are unexpected. If more space is needed, reference all attachments in this area.

SPECIAL INSTRUCTIONS FOR LIMITED WET WEATHER DISCHARGES

Flow (Limited Wet Weather Discharge): Enter the measured average flow rate during the period of discharge or divide gallons discharged by duration of discharge (converted into days). Record in million gallons per day (MGD).
Flow (Upstream): Enter the average flow rate in the receiving stream upstream from the point of discharge for the period of discharge. The average flow rate can be calculated based on two measurements; one made at the start and one made at the end of the discharge period. Measurements are to be made at the upstream gauging station described in the permit.
Actual Stream Dilution Ratio: To calculate the Actual Stream Dilution Ratio, divide the average upstream flow rate by the average discharge flow rate. Enter the Actual Stream Dilution Ratio accurate to the nearest 0.1.
No. of Days the SDF > Stream Dilution Ratio: For each day of discharge, compare the minimum Stream Dilution Factor (SDF) from the permit to the calculated Stream Dilution Ratio. On Part B of the DMR, enter an asterisk (*) if the SDF is greater than the Stream Dilution Ratio on any day of discharge. On Part A of the DMR, add up the days with an "*" and record the total number of days the Stream Dilution Factor was greater than the Stream Dilution Ratio.
BOD₅: Enter the average CBOD₅ of the reclaimed water discharged during the period shown in duration of discharge.
TKN: Enter the average TKN of the reclaimed water discharged during the period shown in duration of discharge.
Actual Rainfall: Enter the actual rainfall for each day on Part B. Enter the actual cumulative rainfall to date for this calendar year and the actual total monthly rainfall on Part A. The cumulative rainfall to date for this calendar year is the total amount of rain, in inches, that has been recorded since January 1 of the current year through the month for which this DMR contains data.
Rainfall During Average Rainfall Year: On Part A, enter the total monthly rainfall during the average rainfall year and the cumulative rainfall for the average rainfall year. The cumulative rainfall for the average rainfall year is the amount of rain, in inches, which fell during the average rainfall year from January through the month for which this DMR contains data.
No. of Days LWWD Activated During Calendar Year: Enter the cumulative number of days that the limited wet weather discharge was activated since January 1 of the current year.
Reason for Discharge: Attach to the DMR a brief explanation of the factors contributing to the need to activate the limited wet weather discharge.

INSTRUCTIONS FOR COMPLETING THE WASTEWATER DISCHARGE MONITORING REPORT

Read these instructions as well as the SUPPLEMENTAL INSTRUCTIONS FOR COMPLETING THE WASTEWATER DISCHARGE MONITORING REPORT before completing the DMR. Hard copies and/or electronic copies of the required parts of the DMR were provided with the permit. All required information shall be completed in full and typed or printed in ink. A signed, original DMR shall be mailed to the address printed on the DMR by the 28th of the month following the monitoring period. The DMR shall not be submitted before the end of the monitoring period.

The DMR consists of three parts--A, B, and D--all of which may or may not be applicable to every facility. Facilities may have one or more Part A's for reporting effluent or reclaimed water data. All domestic wastewater facilities will have a Part B for reporting daily sample results. Part D is used for reporting ground water monitoring well data.

When results are not available, the following codes should be used on parts A and D of the DMR and an explanation provided where appropriate. Note: Codes used on Part B for raw data are different.

CODE	DESCRIPTION/INSTRUCTIONS	CODE	DESCRIPTION/INSTRUCTIONS
ANC	Analysis not conducted.	NOD	No discharge from/to site.
DRY	Dry Well	OPS	Operations were shutdown so no sample could be taken.
FLD	Flood disaster.	OTH	Other. Please enter an explanation of why monitoring data were not available.
IFS	Insufficient flow for sampling.	SEF	Sampling equipment failure.
LS	Lost sample.		
MNR	Monitoring not required this period.		

When reporting analytical results that fall below a laboratory's reported method detection limits or practical quantification limits, the following instructions should be used:

1. Results greater than or equal to the PQL shall be reported as the measured quantity.
2. Results less than the PQL and greater than or equal to the MDL shall be reported as the laboratory's MDL value. These values shall be deemed equal to the MDL when necessary to calculate an average for that parameter and when determining compliance with permit limits.
3. Results less than the MDL shall be reported by entering a less than sign ("<") followed by the laboratory's MDL value, e.g. <0.001. A value of one-half the MDL or one-half the effluent limit, whichever is lower, shall be used for that sample when necessary to calculate an average for that parameter. Values less than the MDL are considered to demonstrate compliance with an effluent limitation.

PART A -DISCHARGE MONITORING REPORT (DMR)

Part A of the DMR is comprised of one or more sections, each having its own header information. Facility information is preprinted in the header as well as the monitoring group number, whether the limits and monitoring requirements are interim or final, and the required submittal frequency (e.g. monthly, annually, quarterly, etc.). Submit Part A based on the required reporting frequency in the header and the instructions shown in the permit. The following should be completed by the permittee or authorized representative:

No Discharge From Site: Check this box if no discharge occurs and, as a result, there are no data or codes to be entered for all of the parameters on the DMR for the entire monitoring group number; however, if the monitoring group includes other monitoring locations (e.g., influent sampling), the "NOD" code should be used to individually denote those parameters for which there was no discharge.

Monitoring Period: Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed.

Sample Measurement: Before filling in sample measurements in the table, check to see that the data collected correspond to the limit indicated on the DMR (i.e. interim or final) and that the data correspond to the monitoring group number in the header. Enter the data or calculated results for each parameter on this row in the non-shaded area above the limit. Be sure the result being entered corresponds to the appropriate statistical base code (e.g. annual average, monthly average, single sample maximum, etc.) and units.

No. Ex.: Enter the number of sample measurements during the monitoring period that exceeded the permit limit for each parameter in the non-shaded area. If none, enter zero.

Frequency of Analysis: The shaded areas in this column contain the minimum number of times the measurement is required to be made according to the permit. Enter the actual number of times the measurement was made in the space above the shaded area.

Sample Type: The shaded areas in this column contain the type of sample (e.g. grab, composite, continuous) required by the permit. Enter the actual sample type that was taken in the space above the shaded area.

Signature: This report must be signed in accordance with Rule 62-620.305, F.A.C. Type or print the name and title of the signing official. Include the telephone number where the official may be reached in the event there are questions concerning this report. Enter the date when the report is signed.

Comment and Explanation of Any Violations: Use this area to explain any exceedances, any upset or by-pass events, or other items which require explanation. If more space is needed, reference all attachments in this area.

GOLD COAST UTILITY CORP.

DOCKET NO. 060246-WS

Polk County

25.30-440(7)

NOTICES

Test Year Ended December 31, 2005

There have been no violations in the previous five years.

GOLD COAST UTILITY CORP.

DOCKET NO. 060246-WS

Polk County

25.30-440(8)

FIELD EMPLOYEES

Test Year Ended December 31, 2005

JOB DESCRIPTION FOR:

Title: Director of Utility Operations

Name: Mr. Keith A. Burge

Employment Started: November 2005 (Salary \$72,000)

Qualifications: B.S. Finance, Florida Atlantic University, 18 years experience in utility management and operations, Majority shareholder of Gold Coast Utility Corp.

Duties:

1. Managerial and Financial:

- a. Book Keeping: paying bills, reconciling checkbook on a daily and monthly basis.
- b. Create monthly financial reports used to manage budget.
- c. Ensure that payroll is timely produced and daily management of it.
- d. Human resources duties: keeping track of vacation time and sick days for all employees.
- e. Office filing of all bills, test results, operation and maintenance reports, and permits.
- f. Handle all potential customer complaints in a timely and professional manner.
- g. Yearly budgeting and the monthly tracking of it.
- h. Organizing, preparing, and the filing of the yearly price indexing and pass through at the Florida Public Service Commission.
- i. Prepare annual reports to be sent to the CPA for the final draft of the FPSC annual report.
- j. Filing of all financial and operating reports.
- k. Monitor and ensure that all tax reports are filed on time. This includes; monthly payroll reports, income tax returns, quarterly uct-6 and prepare for quarterly worker's compensation audits.
- l. Perform monthly insurance review to make sure all purchased assets have the proper insurance.
- m. Keep track of all vehicle registrations and make sure each truck has the most current insurance and registration papers.
- n. Ensure company has all required and updated insurance paperwork from all sub-contractors.
- o. Prepare and send out all required w-2 forms and 1099-misc forms to all those employees and contractors that require one.
- p. Continually monitor and research alternate financing for capital improvement projects.
- q. Perform semi-annual employee assessment reports.

- r. Perform daily banking and mailing duties.
- s. Perform any and all other tasks that may arise during the course of utility operations, whether it be in the day, at night, or on the weekend.

2. Operations:

- a. Create and install operations and maintenance plan.
- b. Create and install the required cross-connection control program.
- c. Arranging scheduled repairs for all equipment, vehicles, and machinery.
- d. Arranging and ensuring adequate supplies are sent for daily operations and any plant additions.
- e. Managing the required testing and ensuring that the test results get to the right regulatory agencies.
- f. Follow through on any and all worker's comp claims.
- g. Work with any and all developers to ensure system expansion is according to permit and all applicable laws and codes.
- h. Work with company engineers and consultants to keep permits timely filed and see that all permit conditions are properly followed.
- i. Oversee water plant operations and make sure that installed operating protocols are being followed.
- j. Continually monitor the utility operations for compliance with all safety codes and OSHA rules.
- k. Prepare disaster response plan and protocols.
- l. Oversee wastewater plant operations and make sure that installed operating protocols are being followed.
- m. Attend and participate in yearly disaster preparedness meetings with Polk County.
- n. Be on call 7 days a week, 24 hrs a day, 365 days of the year to respond to any utility emergencies.
- o. Consult with Polk County to ensure all required permits are applied for and received before any new capital improvement projects are started.
- p. Perform any and all other tasks that may arise during the course of utility operations, whether it is in the day, at night, or on the weekend.

JOB DESCRIPTION FOR:

Title: Facility Manager

Name: Mr. David K. Pearce

Employment Started: March 1991 (Salary \$57,200)

Qualifications: Licensed by FDBPR as class "C" wastewater treatment plant operator, Certificate #8832. Licensed by FDBPR as class "C" water treatment plant operator, Certificate #8184. Presently enrolled in advance wastewater treatment course from Cal State University. Plans to sit for class "B" wastewater license in early 2007

Duties:

1. Managerial:

- a. Represent the owners in a professional manner at all times.
- b. Be responsible for the operation of all systems in accordance with all existing regulations set forth by all appropriate regulatory agencies.
- c. Maintain direct liaison with FDEP and the Polk County health department.
- d. Remain abreast of all changes to existing regulations, implementing all changes as necessary
- e. Supervise on site staff ensuring the safe and effective performance of their duties.
- f. Ensure proper operation and maintenance of all systems and associated equipment.
- g. Be on call to troubleshoot and direct repair of all system malfunctions or failures.

2. Administrative:

- a. Complete and submit all required operational reports to ownership and regulatory agencies in an accurate and timely manner.
- b. Prepare and submit utility bills to customers in an accurate and timely manner.

3. Lead Operator at Wastewater Treatment Plant:

- a. Operate plant in a safe manner, making process changes and adjustments as necessary to produce the highest quality effluent possible.
- b. Perform required daily sampling and testing.
- c. Perform sampling for testing by outside laboratory.
- d. Perform daily housekeeping duties.

- e. Perform prescribed preventative maintenance and corrective maintenance duties as necessary to all plant equipment.
- f. Maintain 2.5 acre polishing pond in accordance with all existing regulations.
- g. Operate, maintain, and repair 50 acre wooded spray field as necessary.
- h. Perform clean out and maintenance duties on sludge drying beds.
- i. Maintain plant property and grounds to ensure pleasant appearance.

4. Lead Operator Water Treatment Plant:

- a. Properly operate and maintain all pumping equipment to ensure service quality and continuity.
- b. Operate all pumpage and distribution instrumentation.
- c. Operate and maintain all chlorination equipment to ensure proper and continuous disinfection of all distributed water
- d. Perform all tasks to ensure the highest quality product and service.
- e. Perform daily sampling and testing.
- f. Perform sampling for testing by outside laboratory.
- g. Maintain logs in an accurate and timely manner.
- h. Maintain grounds, property, and structures.
- i. Perform housekeeping duties as required.

5. Water Distribution System Operator:

- a. Operate and maintain water distribution system in the proper manner.
- b. Perform system repairs as necessary.
- c. Assist residents and commercial maintenance managers with water distribution problems.

6. Cross-Connection Control Manager:

- a. Ensure cross-connection control requirements are met throughout the system.
- b. Advise customers as necessary.

7. Wastewater Collection System Operator:

- a. Operate and maintain liftstations and collection systems.
- b. Effect repairs to system as needed.
- c. Perform housekeeping and cleaning duties as necessary.

8. Miscellaneous:

- a. Maintain all grounds and properties to an acceptable appearance.
- b. Operate and maintain all groundskeeping equipment.
- c. Operate and maintain all maintenance, repair, and auxiliary equipment.

JOB DESCRIPTION FOR:

Title: Wastewater facility technician / Water treatment facility technician (In Training)

Name: Mr. John H. Ridgway, Jr.

Employment Started: June 1999 (Salary \$35,100)

Qualifications: Licensed by FDBPR as class "C" wastewater treatment plant operator. Certificate #C-0012822. He is also completed course work for class "C" water treatment plant operator and is sitting for exam in August 2006.

ASSIGNED TASKS:

1. Wastewater Treatment Plant Operator:

- a. Operate plant in a safe manner, making process changes and adjustments as necessary to produce the highest quality effluent possible.
- b. Perform required daily sampling and testing.
- c. Perform sampling for testing by outside laboratory.
- d. Perform daily housekeeping duties.
- e. Perform prescribed preventative maintenance and corrective maintenance duties as necessary to all plant equipment.
- f. Maintain 2.5 acre polishing pond in accordance with all existing regulations.
- g. Operate, maintain, and repair 50 acre wooded sprayfield as necessary.
- h. Perform clean-out and maintenance duties on sludge drying beds.
- i. Maintain plant property and grounds to ensure pleasant appearance.
- j. Maintain logs and records in an accurate and timely manner.

2. Water Treatment Plant Operator (In Training):

- a. Properly operate and maintain all pumping equipment to ensure service quality and continuity.
- b. Operate all pumpage and distribution instrumentation.
- c. Operate and maintain all chlorination equipment to ensure proper and continuous disinfection of all distributed water.
- d. Perform all tasks to ensure the highest quality product and service.
- e. Perform daily sampling and testing.
- f. Perform sampling for testing by outside laboratory.
- g. Maintain grounds, property, and structures.
- h. Perform housekeeping duties as required.

3. Water Distribution System Operator:

- a. Operate and maintain water distribution system in the proper manner.

- b. Perform system repairs as necessary.
- c. Install new meters and backflows when needed.
- d. Read and record meter readings in an accurate manner.

4. Wastewater Collection System Operator:

- a. Operate and maintain liftstations and collections systems.
- b. Effect repairs to system as needed.
- c. Perform housekeeping and cleaning duties as necessary.

5. Miscellaneous:

- a. Maintain grounds to an acceptable appearance.
- b. Operate and maintain all grounds keeping equipment.
- c. Operate and maintain all maintenance, repair, and auxillary equipment.
- d. Be on call to assist with all water and wastewater system malfunctions and failures.
- e. Be a direct representative of the company when in contact with the public, performing all duties in a professional manner.
- f. Perform any other duties or tasks as assigned by system manager in a safe and timely manner.

JOB DESCRIPTION FOR:

Title: Wastewater facility technician (In Training)

Name: Mr. Terry W. Hackney

Employment Started: March 2006 (Salary \$30,200)

Qualifications: Is currently completing coursework for wastewater treatment operator. Expects to sit for exam in February 2007. Mr Hackney still does most, if not all, the enumerated tasks below under the supervision of either Mr. John H. Ridgway (Licensed wastewater plant operator) or Mr. David K. Pearce (Licensed water & wastewater plant operator).

ASSIGNED TASKS:

1. Wastewater Treatment Plant Operator:

- a. Operate plant in a safe manner, making process changes and adjustments as necessary to produce the highest quality effluent possible.
- b. Perform required daily sampling and testing.
- c. Perform sampling for testing by outside laboratory.
- d. Perform daily housekeeping duties.
- e. Perform prescribed preventative maintenance and corrective maintenance duties as necessary to all plant equipment.
- f. Maintain 2.5 acre polishing pond in accordance with all existing regulations.
- g. Operate, maintain, and repair 50 acre wooded sprayfield as necessary.
- h. Perform clean-out and maintenance duties on sludge drying beds.
- i. Maintain plant property and grounds to ensure pleasant appearance.
- j. Maintain logs and records in an accurate and timely manner.

2. Water Treatment Plant Operator (In Training):

- a. Properly operate and maintain all pumping equipment to ensure service quality and continuity.
- b. Operate all pumpage and distribution instrumentation.
- c. Operate and maintain all chlorination equipment to ensure proper and continuous disinfection of all distributed water.
- d. Perform all tasks to ensure the highest quality product and service.
- e. Perform daily sampling and testing.
- f. Perform sampling for testing by outside laboratory.
- g. Maintain grounds, property, and structures.
- h. Perform housekeeping duties as required.

3. Water Distribution System Operator:

- a. Operate and maintain water distribution system in the proper manner.
- b. Perform system repairs as necessary.
- c. Install new meters and backflows when needed.
- d. Read and record meter readings in an accurate manner.

4. Wastewater Collection System Operator:

- a. Operate and maintain liftstations and collections systems.
- b. Effect repairs to system as needed.
- c. Perform housekeeping and cleaning duties as necessary.

5. Miscellaneous:

- a. Maintain grounds to an acceptable appearance.
- b. Operate and maintain all grounds keeping equipment.
- c. Operate and maintain all maintenance, repair, and auxillary equipment.
- d. Be on call to assist with all water and wastewater system malfunctions and failures.
- e. Be a direct representative of the company when in contact with the public, performing all duties in a professional manner.
- f. Perform any other duties or tasks as assigned by system manager in a safe and timely manner.

GOLD COAST UTILITY CORP.

DOCKET NO. 060246-WS

Polk County

25.30-440(9)

VEHICLES

Test Year Ended December 31, 2005

Gold Coast Utility Corp. Vehicles

VIN #2GTEC19T221403677 -

2002 GMC truck, extended cab

Purchased Price 7/1/06 - \$9,558.59

Assigned to: David Pearce

VIN #2GTEK13Z761296888 -

2006 GMC 4 door, 4 x 4 truck

Purchased Price 6/21/06 - \$41,096.25

Assigned to: Keith Burge

VIN #1GTEK14V862100444 -

2006 GMC single cab, 4 x 4 truck

Purchased Price 12/22/05 - \$32,260.61

Assigned to: John Ridgway

All are 100% allocated to the utility.

GOLD COAST UTILITY CORP.

DOCKET NO. 060246-WS

Polk County

25.30-440(10)

CUSTOMER COMPLAINTS

Test Year Ended December 31, 2005

There have been no complaints received during the test year.